An Exploration of Relocation Decision-making and Experience: Wellbeing and Chronic Stress Outcomes for Older Under-Occupying Homeowners

Lincoln, G.

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An Exploration of Relocation Decision-making and Experience: Wellbeing and Chronic Stress Outcomes for Older Under-Occupying Homeowners.

GAIL LINCOLN

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ABSTRACT

This largely qualitative research used thematic analysis and some contextual quantitative data to supplement qualitative findings. It explored the decisions, experience and efficacy of 39 female homeowners, living alone in or near London, around downsizing to retirement housing. The focus was on wellbeing and chronic stress for participants who moved or did not. The timespan was: (1) 'decision-making' five months before the move, (2) just after moving, (3) 'settling-in' five months later. 'Mover' and 'Non Mover' cohorts were in two age groups 60-75; 76 and over. Structured interviews explored person-environment fit, quality of life, support networks and personal views and characteristics at Times (2) and (3) together with hair samples, for hair cortisol concentration (HCC) analysis of chronic stress. Depression, anxiety and stress measures were also taken retrospectively for Time (1). Two from each cohort had semi-structured interviews at Time (3). There were three 'Overarching Themes' and thirteen sub themes. Impediments and motivators to move were reported as either functional (practical) matters or 'meaningful' (emotional) matters, which had more influence for those disinclined to move. The inclination to move was dependent upon lifetime characteristics, beliefs, experience and self–efficacy, not age per se. Older Movers struggled with cognitive aspects and pressure to move from family, which was uncomfortably high in the research. Role diminishment within the community or family, and levels of autonomy, affected desire to move, the acceptance of help and time taken to settle-in. HCC results for chronic stress were interpreted using contextualised biographical material. This qualitative approach was essential in revealing individual delayed reactivity and different lengths/levels of response, depending on perception of 'stressors'. Future research, policy and practice have been recommended, using richer than previous relocation research, for this growing social group.

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Dedications

Albert A Lincoln 1927 – 2017

Betty J Lincoln 1931 – 2019

Frank Hucklebridge 1948 - 2018

Declaration

I declare that all of the material presented in this thesis is my own work and has not been submitted at any other University.

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List of Abbreviations

APPG	All party parliamentary group
DAS	Depression, anxiety and stress
DASS	Depression, Anxiety and Stress Scale
DFG	Disabled Facilities Grant
HCC	Hair Cortisol Concentration
HPA	HPA axis - Hypothalamic-pituitary- adrenal axis,
MOS-SSS	Medical Outcomes Study; Social Support Survey
M	Mover Group
NM	Non Mover Group
OPQOL	Older People's Quality of Life Questionnaire
PE fit	person environment fit
PWB-PTCQ	Psychological Well-Being-Post Traumatic Changes Questionnaire
RCM	Relocation Considerations Measure
RP	Relocating Psychometrics (Measure)
RTB	Right to Buy
SESS	Southampton Self-Esteem & Its Sources (older people) Scale
SPS	Social Provisions Scale
STPI	Stanford Time Perspective Inventory
TA	Thematic Analysis

Publications, presentations and research key dissemination events 2012 – 2018

Publications

Lincoln, G. (2019) In: Rhodes, Ella (2019) Guide to Retirement. *The Psychologist* publications, London (November 2019)

Lincoln G. (2019) The Psychologist Guide to Retirement – top tip paragraph. *The Psychologist* (Series of guides based on psychological research). Draft approved May

Lincoln, G. (2015) Older under-occupying owners, will they ever move? Is the decision to relocate a moving target, more difficult than the move itself? How Can FreeSpace schemes help? *Case Study paper 102 Housing Learning and Improvement Network.*

Presentations

Lincoln, G. (2017) An exploration of relocation and decision-making experience on wellbeing and chronic stress outcomes for older under-occupying homeowners. *Poster and rapid-fire presentation*: Australian Association of Gerontology (AAG) conference Perth, Australia: 8th – 10th November

Lincoln, G. (2016) Will FreeSpace style interventions work for vulnerable older people; An exploration of health and wellbeing outcomes for older under-occupying homeowners? *Poster presentation* HPPHN (Health Psychology in Public Health Network). Welwyn Garden City 11th February

Lincoln, G. (2015) Exploration of the health and wellbeing consequences of living in unsuitable accommodation for under-occupying homeowners age 60+ who feel they have no viable housing alternative: *Poster presentation* Cohort Studies Research Conference; Centre for Longitudinal Studies; (CLS) ; Mary Ward House, London16th and 17th March

Dissemination key events

Lincoln, G. (2018) The Future of Ageing 2018 – ILC innovation sessions: Physical and Mental Health - House of Lords; Loneliness – Southwark Cathedral; 9th & 12th July 2019
ILC-UK Health and Wellbeing Innovation Commission Inquiry - Social Connections including Isolation and Loneliness

Lincoln, G. (2017) Written submission to House of Commons CLG – *Parliamentary inquiry into housing for older people:* March, and September update, based on the research.

Lincoln, G. (2015) workshop contribution with potential funding agencies - homelessness Housing for Older People Conference, 'A Festival of Ideas' Housing LIN 4th conference; Riverside Park Plaza London 11th February

Lincoln G. (2012) Seminar at Fyvie Hall UoW for 70 housing organisations **-** pre-research preparation and dissemination of the researchers 'move on' scheme, FreeSpace (Appendix 1): Researcher organised the event and chaired the panel:- Elderly Accommodation Council (EAC) economist, Nick O'Shea, now at Kings Fund; Redbridge FreeSpace practitioner and Roger Wilshaw, DCLG Deputy Director of Homelessness and & Support now Director of Research and Public affairs at Places for People. 18th July

Definition of key terms – see also Glossary page 250

Mover – Someone who has moved during the month before starting to take part in the research (divided into those aged 60+ and those aged 76+)

Non-Mover – participants who chose to stay put. The timeframe for the research and age groups mirrors that of Mover groups

Staying-put is the accepted term used by practitioners and in academic literature for those who do not move.

Downsizing – in this research participants must be living in property that they own that has at least one room more than their bedroom number minimum requirement. Movers must be moving into owned or rented accommodation that is smaller.

Big Issue – this is a data analysis term introduced into established organisational stress research methodology, where factors with a high likelihood of influence are identified as 'big issues' distinct from those that are merely peripheral.

Motivator – any aspect that encourages a participant to look *positively* at moving, be it to do with the current situation, the desired situation or a personal view or characteristic.

Impediment – per motivator but looking *negatively* at and reducing the likelihood of moving.

Meaningful – is used in recent relocation literature and relates to aspects that have a predominantly emotional aspect (that may also be functional).

Functional – is used in recent relocation literature and relates to aspects that have a predominantly practical aspect (but may also be meaningful).

Planning efficacy - is a term used by the researcher for the combined effects of personality and environmental factors on the capacity to make relocation decisions.

Environment Fit – is a term used in housing and health research relating to the suitability of the accommodation for the purpose of the specific occupant/s. ***Environmental mismatch*** and ***environmental press*** (level of need to adapt, change or move)

CHAPTER 1 INTRODUCTION - and thesis outline

1.0 Introduction

This largely qualitative research has explored a wide range of issues related to moving home in later life. The research has addressed a shortfall in the literature by improving the knowledge and understanding of how to maintain the wellbeing of older people struggling with moving home. This research examines moving home as a process involving of 1) decision-making, 2) moving and 3) settling in. Considering relocation as a process rather than an event was considered essential by the researcher since this cohesive approach had not previously been used successfully in the literature. There has been a lack of sufficient qualitative investigation into the thoughts and feelings of individuals, when considering their person-environment context and the effects of the relocation process on their wellbeing.

Whether to move home or 'stay put' in the accommodation and location that has been their base for many years is a decision that many older people make at times of major life transition. This might be for example due to effects of physical or mental health changes, bereavement, or financial needs. Alternatives to moving such as homecare services and property adaptations, may fully address the personal and practical issues facing some older people. However, in some cases if the choice of moving was more easily achievable it might be felt to be more beneficial than 'staying put' and be pursued in greater numbers. The research investigates how these decisions are approached and the potential positive or negative consequences from how the process is managed.

In this research, consideration was given to why decisions about moving could be seen as illogical and experienced as difficult for some individuals but obvious and easy for others, who appeared to be in broadly similar situations. The experiential consequences, social and domestic, including the potential for chronic stress, were considered in terms of the participants'

expressed benefit or regret, generated by their decisions and their actions to either move or 'stay put'. The participants were lone females, downsizing from a property they owned, who were grouped to ascertain their views according to whether they had moved ('Movers') or stayed put ('Non Movers'). Participants fell into two age ranges: 60 to 75, or 76 and over. The innovative research design has added a qualitative, bio-psychosocial perspective to the debate by considering 'meaningful' (emotional) dimensions rather than primarily focusing on the 'functional' (practical) matters that have characterised much of the research to date.

The researcher, a chartered psychologist, with practitioner and strategic experience working in housing, social care, and counselling therapy, had become increasingly aware over the years of the issues surrounding the downsizing aspirations of older people. The inner feelings of those involved have been neglected in policy and practice. The researcher had experienced working in situations where superficial consultation and market research findings had been used for policy development. These were often based solely on frequency of a matter being mentioned in basic questionnaires and poor sampling of participants, rather than any exploration of participant feelings about the issues. In some cases this led to inaccurate assessments of what was most needed or attractive to a potential mover. This also led to production of homes that do not necessarily sell or let quickly (see ch2 and Wood, 2013 p.38). Moreover the published literature lacks holistic, qualitative investigation into the emotional impact on older people involved in relocation decision-making according to key researchers of this literature themselves (discussed in ch3 and ch4). Older people's feelings and attitudes needed to be acknowledged along with contextual aspects such as their personal relocation history rather than just their practical environment-fit or mismatch.

1.2 Ageing populations and housing demand

It is anticipated that the number of people aged 60 and over globally will more than double from 880 million to 2 billion by 2050 (UN, 2012). Those

aged over 80 will make up most of the increase. For the first time there will be more people aged over 50 than under, globally (Iecovich, 2014). "*These changes would affect every aspect of society at many levels"* (Harper, 2008).

Table 1.2 UK and EU Population increases for ages over 65

UK		% of population over 65	UK ranking out of 27 EU countries
1985	17%		2nd highest
2010	15%		15th highest
2025	25%	(prediction)	(no prediction)
2035	25+%	(prediction)	23rd highest (prediction)

The mortality rate in the UK older population is reducing so the numbers and percentage of older people compared with other age groups is increasing according to Eurostat figures (2016, 2017). However, despite these increases, older people in the UK will gradually represent a lower percentage of the population than in most other European countries. This is because there is a higher birthrate in the UK than in any other European country. Moreover, birthrates are expected to rise further. There is also an effect of large net increases in migration into the UK population, mainly of younger people (from 153,000 in 2012 rising steadily to 330,000 in 2015).

The responsibility of providing and allocating housing specifically for older people falls to both public sector registered providers, such as housing associations, and private sector developers of retirement housing. Housing and social care practitioners and property developers of housing aimed at older people have long been aware of the tendency for them to frequently change relocation decisions. This is thought to be due to ambiguity around whether to move at all. There remains a lack of understanding as to why this should remain fluid once the decision to move seemed finalised. This has resulted in people not moving when they seem to have committed to doing so, with a new suitable location chosen, sometimes very rapidly changing back and forth on a day to day basis. This ambiguity is seemingly stressful for the individual, is resource intensive for carers and practitioners, and is one

of the reasons that building retirement housing is less viable for developers (discussed fully in ch2 para 2.7), which then further exacerbates the situation by reducing supply and choice.

1.3 Benefits for individuals, policy and practice

There has been a move towards involvement and consultation on property design with older people who are considering relocation. A range of seemingly desirable property is being developed, as a preferable or at least acceptable, alternative to 'staying put'. However, there is still a serious shortfall and mismatch in what is required with what is available. Policy and practice on this issue are detailed in chapter two 'Background'. The potential benefits of enabling those who might benefit from moving, and importantly who wish to do so if impediments were reduced, fall into two categories as follows:

Individual personal factors:

1) Improved choice of accommodation, quality of life, mobility and independence

2) Reduced loneliness and isolation through increased social engagement

3) Benefits from improved person-environment fit and reduced costs to the NHS. Shaw Ruddock in 2014 calculated that a 135% return on investment would be possible due to reduced trips and falls, emergency admissions and delayed return to home from hospital – irreverently termed 'bed blocking'

4) Reduced chronic stress and associated subclinical pathways to serious ill health, for older movers and would-be movers. This is considered here in the literature review of health effects in chapter 4 and the findings for chronic stress and wellbeing in chapter 7.

Commercial, environmental and social policy factors:

5) Greater confidence in investment by developers if decision-making becomes more consistent

6) Releasing equity into the economy through sale followed by renting or the purchase of cheaper accommodation, including potential provision of

housing deposits for younger family members

7) Better use of national housing stock, including reduced homelessness in the case of a 'FreeSpace' scheme hub being developed between housing authority areas (details in Appendix 1 and Chapter 2)

8) Perceived increase in neighbourhood safety through reducing numbers of poorly maintained properties.

9) Reduced carbon footprint and increased effectiveness as services can be delivered more efficiently and sustainably to retirement developments; the distance or number of visits by family or carers is reduced.

1.4 Summary – key points

The current climate of housing shortage in the UK, combined with an ageing population and increasing person-environment mismatch, underlines the need to support older people with realistic, informed choices and support. This would help those who want to move can and those who wish to 'stay put', may also do so in comfort.

Relying solely on improving the design and availability of suitable homes (para 1.3 above) is only one element of choice that needs to be addressed.
Lack of individual relocation 'planning-efficacy' (meaning decision-making and/or financial, practical or emotional abilities and resources) may be a reason why those who might otherwise prefer to move do not.

Importantly, these aspects are neither part of policy discussions nor substantially supported by advice and practical services. Research on these issues has previously lacked the level of qualitative insight required to inform policy and practice.

1.5 Thesis outline – chapters that follow

Chapter 2 Background: Housing policy and practice

The benefits of housing choice and effective relocation to the public purse are discussed. An outline of relevant legislation, current innovation and successful housing development is provided. The impact of poor person-

environment fit is considered when limitations are the result of less than conducive surroundings. The related increase in intergenerational blaming for the housing shortage is discussed and financial aspects of housing that are more likely to affect older people. The difficulties for new-build developers are illustrated, specifically when consulting or building for older people.

Chapter 3 Literature: motivation and planning in decisions to move

Decision-making is considered within the established frameworks of motivation and reward, valence, risk and optimism. Links between those theories and perceived self-efficacy within the relocation context are made. Findings relating to relocation and older people, are discussed together with the most relevant relocation research case studies. Originality of the research, aim and objectives are stated.

Chapter 4 Literature: neuroendocrine reactivity to stress and hair cortisol concentration

Hair cortisol concentration (HCC) literature is reviewed in terms of relevance and suitability of the measure used in this research, where levels are measured to help determine participants' levels of chronic stress, only when considered in the context of their qualitative data. The development of HCC methods is captured in this chapter; collection and measurement standards have relatively recently become agreed internationally as an improved method for measuring chronic stress over salivary assays. The review includes literature on established chronic stress effects and subclinical pathways to illness most prevalent in older age people and their caregivers.

Chapter 5 Methods: design, materials and process

This chapter provides the overall design and reasons for choosing a qualitative approach, including the supplementary bio psychosocial aspects. Details of the sample and recruitment strategies are provided. Governance matters are addressed here and full details provided of materials and

processes used. The role of the researcher, is illustrated with examples. The use of thematic analysis is detailed for the initial structured and subsequent semi structured interviews. There is an explanation of how demographic and nomothetic information is collected, analysed and used in support of qualitative findings, as well as how the collection, storage and analysis of hair cortisol concentration is managed.

Chapter 6 Findings: Part 1 Participant group summaries

Part 1 of this chapter serves as an introduction to the participants and starts to tell their stories. Demographic information is provided and the current home situation noted with potential relocation motivators or impediments.

Chapter 6 Findings: Part 2 Thematic Analysis

Part 2 The findings from qualitative material collected at both stages of the research are thematically analysed to provide greater insight into emotional (meaningful) aspects of moving, arranged under three overarching themes. Relevant quotations from all participants and research stages are analysed here.

Chapter 7 Findings Health and Wellbeing – findings and interpretation

This chapter reports bio-data and more innovatively it seeks to advocate an approach, still novel in the international HCC research community. This innovative approach is, the interpretation of chronic stress results by using qualitative biographical information. This along with qualitative explanations of the scores is used to indicate the cause and type of stressor and thereby the implications for the health of those individuals.

Chapter 8 Discussion and recommendations

The originality of findings from the research are discussed in detail. A Thematic Analysis map is provided to illustrate findings from the analysis process. The importance of using qualitative methods alongside bio-data for interpretation is emphasised. Practical applications of the findings are

recommended, linked to theory, including an assessment approach for practitioners and developers. Social concerns from the research are raised.

CHAPTER 2 BACKGROUND – Housing policy and practice

2.0 Introduction

The changing UK demographics and the potential health and wellbeing benefits of moving home, referred to in chapter 1, leave little doubt about need to help those older people who would like to move. Provision of appropriate and appealing solutions for downsizing homeowners requires, policy flexibility, that is not currently available, innovative provision and a deeper understanding of psychological as well and physical support needs.

This chapter examines the cost to the public purse of failing to deal collaboratively with the change in demographics related to older people and housing. Some innovative policy approaches and efforts to make policy work are introduced, plus some insights into why they often do not work. The growing social phenomenon of blaming older people for housing and health problems is considered. Finally, issues specific to older people in respect of both finance and relocation decision-making are discussed.

2.1 Home ownership, older people and under-occupation

A particular UK feature, equally relevant to older people as it is to younger people wishing to move, is the mismatch between housing requirements and housing supply. There is a higher desire for home ownership than other tenures. The housing market is volatile; it is greatly affected by interest rates, lack of rent regulation and unrestricted foreign investment in housing as a commodity rather than to let (Savills, 2013).

A potentially more helpful difference from the rest of Europe is that in the UK, due to the high levels of home ownership, there is the vast amount of dormant equity in property owned by older people. Dormant equity is money that could be released into the economy if properties were sold and a new home purchased at a lower cost. This is most likely to happen when older people are downsizing (although smaller, desirable property can be of disproportionately high cost especially in desirable areas). This

unreleased equity value is estimated to be in excess of £756.3bn (Burgess et al., 2013). This figure fluctuates as house values change and does not take account of the fact that there has been an increase in equity-release borrowing by homeowners, which reduces national housing stock, capital value (Equity release council annual 2018). Seventy seven percent of older people occupy 33% of all owned property, 82% of this is owned outright and is under-occupied, (defined as having one or more rooms than needed to sleep in by current occupants DCLG 2012). This includes 49% by two bedrooms or more surplus to the occupants personal needs (one bedroom)(Pannell et al., 2012).

Older homeowners are not necessary well off financially in terms of income. Interestingly, 36% of the most revenue-poor older people, who are on benefits, are homeowners (Burrow and Wilcox 2000). Home ownership automatically excludes them from relocation assistance for downsizing such as the generous grants or practical assistance that public sector tenants can receive. Homeowners are expected to sell and find alternative accommodation without assistance from any public body (DCLG 2012; Localism Act 2011). In effect, older homeowners are left to their own devices when considering moving home. It might not be surprising then that very few do relocate even if they wish to. Of the estimated 3.8 million older under-occupying owners nationally, two million could afford to move, 25% say they would consider moving but only around 40,000 (2%) actually do (Pannell et al., 2012). National mortality of older-people households of 271,000 per annum, naturally releases 65,000 social housing places and 189,000 private homes for purchase or rent (Pannell et al., 2012). These are not necessarily of the size most in demand (2 bedroom) or in the locations with the highest demand (Pannell et al., 2012).

2.2 The cost of housing mismatch

Practical costs of moving for older people

Costs associated with moving such as fees and stamp duties obviously can be prohibitive. These factors together with heating and maintenance costs

in larger housing, often force the worst off home owning owners – those on benefits, to live in conditions that are not satisfactory or conducive to good health (Bolton, 2012; Pannell, 2012; Wood, 2014). Having been self-sufficient for many years, older homeowners often experience difficulties in obtaining assistance with social or specialist housing, homecare or residential care.

Public sector health costs

Costs to the public purse include grants for home adaptations, home-care or residential care costs, and hospital admissions for trips and falls in the home. The home environment is critical to full mobility and independence. Inappropriately housed older people make up over half of the 6000+ people in hospital at any time, waiting to be discharged because their home is not suitable to return to (NHS, Feb.2018).

Associated treatment for older people in poorly heated housing is estimated to cost the NHS around £3.6m per day (Age UK, 2013), a figure that is still current. The death and fuel-poverty statistics increasingly apply to older owner-occupiers because their homes are often larger and often less well insulated than social rented homes. The Decent Homes programme systematically increased insulation and energy efficiency in social housing. Private sector schemes to reduce fuel poverty such as boiler replacement and home insulation have been less effective. (Nicol et al., BRE 2015).

2.3 The World Health Organisation response

In a positive response to the global age demographics, the World Health Organisation is urging nations, through the 'Age-Friendly Cities Project' (Iecovich, 2014) to provide environments with a focus on the physical and psychological wellbeing of older people, which would automatically benefit the whole population. Their guidance emphasises the importance to older people of appropriate housing, outside spaces, accessible services, recreation, education and retraining, transport, affordability and

opportunity for social and civic participation. This social ecological ethos (e.g. Powell Lawton 1974) that suggests attenuated performance attributed to old age or disability can be attributed to difficulties (defects) created for them in the environment society creates. This is similar in approach to the person-environment fit approach within the home, measured by the Housing Health and Safety Rating System within UK policy (secn. 2.4 below)

2.4 UK policy

Relevant housing policies and initiatives will be briefly summarised here.

Social Care Acts 2012 and 2014

UK legislation including the Care Act (DCLG, 2014) places an obligation on housing and health authorities to provide a coordinated and integrated approach to health, housing and planning and to act early to prevent ill health. This includes a duty to "*promote wellbeing through suitable accommodation and related support or services*". Local Authorities and Health Authorities must consider the following in individual care plans:

- A general duty to promote wellbeing including suitable accommodation
- Include housing related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need
- Information and advice should reflect housing options, as part of a universal service offer.

"… services that prevent care needs becoming more serious and that provide high quality advice and information to service users and their carers in order for them to make good decisions about matters affecting future health and wellbeing" (ch2, 5 year forward view NHS England Oct 2014)

Consultants MHP Health revealed in their Health Report (April 2014) the difficulties in coordination of resources at a strategic level. It seems that silo working remains despite recent and similar earlier legislation. One in five (21%) joint strategic needs assessments (JSNA) did not recognise the key role of housing at all and many others (73%) did not consider housing as part of their integrated care services. 31% of national HWBs (health and wellbeing boards) had no housing contributor. Austerity measures are

affecting the infrastructure and networks previously established over many years in public sector organisations (Centre for Local Economic Strategies, 2014). This affects continuity of services in a complex area of service provision and encourages silo working due to competition between services for funding. Non-statutory grants for older people support groups such as luncheon clubs, have reduced and are vulnerable to further cuts. However, some local areas represent good examples in joint working in response to the 2015 Memorandum of Understanding (Harding, 2017)

Housing Health and Safety Rating System (HHSRS)

This legislation, a regulatory reform to the Housing Act 2004 (DCLG) can now be applied to any residential accommodation. It introduces a new dimension of assessing a building, not in isolation, but in respect of the potential vulnerability of the current and future occupiers. It could be used more proactively in respect of dwellings that older owners occupy to underpin support for relocation.

2015/16 Health and Housing Memorandum of Understanding and Joint Action.

That a further edict has been required indicates a lack of will or resources given the legal requirements for joint working already in place. The document is signed at the highest level in 22 National Organisations but essentially reiterates legislative requirements e.g. that:

"Evidence about the impact of the home/housing on health and wellbeing is more widely understood, accessible to and accepted by, national and local partners"

All Party Parliamentary Group on Housing and Care for Older People

1) HAPPI 1 excellence in design (Housing our Ageing Population Plan for Implementation) (Best and Porteus, 2009). The panel of housing experts with different perspectives together with potential occupants examined the relocation design needs and aspirations of older people and examples of excellence in design across Europe. This resulted in a standard and values statement.

2) HAPPI 2 (Best and Porteus, 2012). The new panel considered design further and urged the introduction of a requirement on local authorities to apply a 'homes for life' standard to new property, including in town centres and rural locations. More information for those wishing to downsize, was recommended, noting the beneficial impacts this would bring to health and local housing markets.

3) HAPPI 3 Making Retirement Living a Positive Choice (Best and Porteus, June 2016). The report again calls for greater numbers of high quality affordable options for older people and removal of impediments such as stamp duty, making retirement housing exempt from certain planning fees and levies that apply (these make building it less viable commercially). A further HAPPI report relates to rural areas that are served less well by retirement accommodation built near to local need.

4) HAPPI 4 (Best and Porteus April 2018) The report suggests older people should be considered as viable mortgage customers and benefit from schemes to encourage purchase, just as younger people benefit (e.g. Help to Buy). Continuing in an age-inclusive direction it asks that policy and practice move from assuming the needs, aspirations and resources of older people are homogeneous to recognising that they are individual, just like any other age group. A further Communities and Local Government all party review of housing for older people (DCLG 2018/19) is considering the HAPPI recommendations.

2.5 New retirement housing supply and innovation

All housing commentators highlight the need to provide additional housing for older people. The National Housing Federation (in press 2015) have stated that 100,000 new homes for older people need to be provided in the next fifteen years or the impact on the NHS will be 'catastrophic'. This primarily refers to the sometimes-sudden inability of older people to live in their own homes or to return home following hospital treatment.

Some providers are developing visions of property, judged from surveys to be the kind of inspirational living space required for older people, for

example ‘Silver Chic’ (Anchor Housing Trust, 2015*).* There are notable successes, with more retirement housing schemes being built for sale and rent in a range of income brackets (mainly high) and market niches. Private organisations such as the Associated Retirement Communities Operators (ARCO) coordinate approaches to development. Most social providers have very successfully upgraded their retirement housing, formerly and sometimes still known as, sheltered housing. A good example is a flagship scheme, Halton Court in the Royal Borough of Greenwich. Importantly, it housed people from the immediate vicinity and included facilities open to the whole community. It thereby encouraged closer community cohesion. Numbers of such developments remain small with limited availability to existing homeowners.

Increasingly private developers will offer flats to rent with an Assured (protected) Tenancy alongside flats for purchase. Older people can ‘try before they buy’ but only provided they have the financial and practical support to do so and at present the choice is very limited. Moving to rented accommodation still requires effort but can be achieved prior to selling. This eliminates some of the stress generated by the need to be out of your home on a certain day and the uncertainty of being in a purchase chain of buyers. Obviously renting means the property is never owned and a downside for owners is moving to the payment of rent in addition to service charges, they have not previously had to pay. Many prefer to pass their asset on to their family when they die. These aspects are fully explored with participants in the current research.

Some developers and private agencies are beginning to provide elements of relocation ‘move-on’ support packages, for purchase by the downsizer. FreeSpace is a cost neutral ‘move-on’ scheme (detailed in Appendix 1), designed by the current researcher for a London borough. It offers tangible assistance and trusted support to downsizers with every aspect of decision-making and moving through to settling into alternative accommodation, in the tenure and area of their choice. The Local Authority

lease the former home, act as a trusted landlord in letting it to a family in need but the ownership and the rent is retained by the owner until the owner's death when it reverts to their estate. At that point any local authority grants that were provided to cover relocation and upgrades to their owned property for letting are repaid.

A cost benefit analysis of the FreeSpace scheme was undertaken in conjunction with the researcher. A business case with on-line links is provided in the reference list (O'Shea, 2012, 2013). As with all new concepts, it can be seen as risky unless the idea becomes mainstreamed, resources for which are no longer available from the government for local authorities, who are still the most trusted 'not for profit' source.

2.6 Blaming the older generation

There is a tendency for value judgments to be made against older people for not trying to redress the housing shortage, and even suggestions they are the cause of it. Public resources are not available to meet the high profile need to develop new housing for young people and families. However, there is an equally urgent but lower profile need for suitable, desirable and affordable housing options for older people to downsize into from larger social and owner-occupied housing that they no longer need, provided they no longer wish to occupy it (Best & Porteus, 2012). Despite this overall shortage, pressure groups such as the Intergenerational Foundation (2013) suggest that all under-occupying owners should downsize and that no one with a home valued at £500,000 or more should receive universal benefits.

Irrespective of the ethical, physical, cognitive and emotional aspects of relocation for older people, the notion of a 'chain reaction' resolving the housing crisis is naïve, the idea. that older people move to one or two bedroom homes from larger accommodation, which is then occupied by overcrowded families moving from smaller properties. This does not work statistically even within the social rented sector (Pannell et al., 2012). There would still be a major under-supply of two bedroom housing nationally, even before taking account of the local preference, individual

finance, freedom of choice and imperatives about where to live. Limited supply of suitable housing that older people can afford is another factor but that reduces the ability of older people to move even if they would otherwise be able to do so.

For many, including older downsizers, location is possibly the single most important factor (Wood, 2013). Moreover a surge in older people downsizing to one or two bedroom social, private rented or purchased accommodation, would create more problems for younger single people and small families. Thus, many older and younger groups are looking for the same size accommodation, are competing in different markets, both of which have insufficient supply.

2.7 Relocation – Issues of provision, unique to older people

Many older people do not need 'extra-care housing' but need a type and style that, because of the lack of knowledge and familiarity with good examples, they find difficult to define. Homeowners, when responding to surveys and academic research provide a range of so termed 'pull factors' for accommodation they would like to move to, some of which may be unrealistic. The question is whether they are relating to the reality of them actually moving or rather to a more ethereal notion of what seems perfect in a property for a certain age group or for themselves at some indeterminate time in the future. The Demos report, The Top of the Ladder (Wood, 2013 p.38) describes one retirement development having to be sold with a 30% discount. Despite full consultation, once built it was not bought by purchasers from the older person market it was designed for.

The Demos report (p27) also explains that older people cannot be expected to purchase 'off-plan' as they have more personal needs than younger groups. Unlike younger people, they cannot just move on if the property turns out not to be to their liking. Therefore, advance deposits that usually help or fully fund development cannot contribute to the scheme viability in the way they would with a younger market (Wood, 2014).

There is a need then to properly understand what constitutes a suitable and desirable home for older people to downsize into, in a way that removes connotations of reduced social and personal status (Wood, 2014), meet the 'lifetime homes standard'. They should be situated in the heart of the community (Ball et al., 2011) and avoid the need for additional moves in later life, with the upheaval it involves. These findings should be central to neighbourhood planning (Ball et al., 2011).

2.8 Summary – of chapter 2 key points

People over age 60 own 77% of homes nationally. Around 80% is under occupied, half of that by two rooms or more. Of the two million older under-occupying owners, able to afford to move, 25% say they might but only 40,000 do each year. Around 189,000 privately owned homes become free annually due to mortality.

A substantial minority of owners (36%) is among the most deprived nationally and financially least able to move.

The main benefits to society of assisting older owners to move, who currently want to but feel they can't, would be their improved health and wellbeing, with subsequent reduction of pressures and costs estimated at 3.6m per day on the NHS.

Intergenerational blaming of older people for the housing crisis is misplaced, when required accommodation type, size and location are considered. The negative profile of older adults is not an optimistic approach that values their knowledge, skills, abilities and longevity; enabling their contribution to society as a strong potential source of social and economic capital.

Existing government policy allows for relevant assessment and collaborative action. However, resources are not available to underpin the

‘universal service offers’ proposed in the legislation quoted here. Some innovative ideas do reach fruition, despite the lack of cohesion and funding but significant change across the country is slow.

Whilst there is a great deal of research and policy about physical housing design for older people, the bio-psychosocial motivators and impediments for owners relocating and the interaction with practical aspects are still not well understood.

Chapter 3 reviews relevant relocation and decision-making literature, gaps in the literature, the aim and objectives of this study.

Chapter 3 LITERATURE - Motivation and planning in decisions to move

3.0 Introduction

3.0.1 This chapter provides an overview of relevant literature related to older people moving home, including to retirement housing schemes. This does not include relocation to accommodation where residential care is provided. The participants in this study were relocating to retirement housing and as such were relatively independent and able to live alone. The research considers 'functional' aspects of relocation, a term used in housing research to cover a range of practical matters. It also considers the 'meaningful' aspects, a term in housing research for emotionally influential matters.

3.0.2 The literature cited in this chapter from established motivational frameworks that readily transfer to major transitional decision-making such as housing relocation. They provide a useful perspective in understanding research findings and the psychological ramifications of moving home later in life. Motivation includes reward and valence, risk-taking and optimism. In addition, self-efficacy and locus of control are long established influences on action-planning related to 'personal efficacy' and 'controllability' (of context), within a tripartite model of temporality – past, present and future. The literature also finds that depression, anxiety and self-esteem affect perception of control and risk, which in turn may affect complex decision-making and planning behaviour.

3.1 Decisions and risk

3.1.1 Decisions to move home are multi-factorial. All studies reviewed for this research support the premise that relocation is a challenging process for older people. Studies show that this includes a reluctance to plan for the worst when it might never happen, particularly at the younger end of the over 60s age group. This leads to potential resentment at taking action prematurely (Lofqvist et al., 2013). Conversely, at the older end of the age

scale there can be regret at leaving it too late and losing the strength and where-with-all to manage a move (Lofqvist et al., 2013). Choi and Jun (2007) point to intrusive thoughts caused by regret, unfulfilled life and unattained goals in relation to all aspects of life's major transitions. Samsi et al (2010) report that for older people decision-making tends to fall into just two camps, those who plan and those who do not. The latter are not inclined to think in advance about ill health, 'hoping for the best' and 'facing that problem when it comes'.

3.1.2 Tversky and Kahneman (1986) noted that in overcomplicated or incomplete situations, underlying simplification and emotional systems play a major part in decision-making. People will tend to be less risk averse in situations where they stand to gain and have little to lose but more so where they have a great deal to lose. The potential emotional loss in relocating if the former home is cherished, is weighed against the sometimes unguaranteed benefits of moving. Accordingly Tversky and Kahneman (1992) suggest that given insufficient information people rely on transparency and trust but ultimately can sometimes only 'trust their gut' (what they think feels right). Thus in a long and complex relocation process with potential lack of transparency and trust in advice, people may act intuitively rather than use logic. As such, decisions can be rigidly 'safe' or confused and liable to change.

3.2 Depression, self-esteem, anxiety effects on decision making

Depression where self-esteem is low is said to affect decision-making in a curious way according to Raghunathan and Pham (1999). They refer to a 'present-bias', which often results in a need for instant gratification and therefore a tendency towards high risk/high-reward options. Conversely when anxious people appear to take action to improve their situation this decision-making is not necessarily due to optimism. They are said to favour low-risk, low-reward options; that is, the action is aimed at anxiety-reduction rather than present state improvement, is aimed at avoiding depression rather than searching for happiness (Veenhoven 2001).

3.3 Optimism, positive self-cognitive bias and coping strategies

Sharot (2011) proposed that optimism is a coping strategy, providing a 'cognitive bias' that is part of the human condition. When applied, we are less likely to think our situation will get worse even if told we are being over optimistic. However, we will adjust our estimate positively if we are told we are not being optimistic enough. Whilst this is a defence against depression, it can result in restricted planning and decision-making. Alternatively Sharot suggests that in other situations optimism can lead to better outcomes through positive reframing of the situation. Taylor and Brown (1988; 1994) also refer to optimism and positive self-cognitive bias or 'positive illusions' about the future with respect to planning and age. They conclude that these together with predictive levels of 'sense of worth' and control over maintaining 'happiness' are adaptive mechanisms, playing a role of between 70% and 80% in maintaining satisfaction with present situations, if there is nervousness about change.

3.4 Locus of control and self-efficacy

3.4.1 High internal Locus of control (LoC Craig et al., 1984) is linked to high optimism. Both LoC and self-efficacy relate to assessments of internal and external factors (Rotter, 1966). Negative predictions or perceived 'bad luck' may either be positively reframed or alternatively turned into an opportunity of a different type (Taylor & Brown, 1988; 1994). In a review of more than forty studies, Cummins and Nistico (2001) observed that internal LoC when positively correlated with self-esteem led to a more positive approach to change; that 'one can change the environment, optimistically in accordance with one's wishes'.

3.4.2 Conversely, high external LoC, especially without high self-esteem may contribute to the vulnerability of decisions via reappraisals throughout the lengthy, risky and complex relocation process. High external LoC (thus low internal LoC) is linked to a lack of optimism, associated with people who typically use expressions that indicate they generally feel unable to make a difference, such as 'it will probably be ok',

'there's no point in doing something or planning, it won't turn out well'. Relocation studies have consistently found decisions to move are highly subject to change (e.g. Hanson and Gottschalk, 2006). Developers of LoC scales (Craig et al., 1984) noted the highly predictive power of relapse (failure to pursue an action) related to this aspect of personal identity. It is thought that LoC is learned very early in life and behaviour is less likely to be mediated by using logic or support (Locke et al., 1981).

3.4.3 Self-Efficacy by contrast is developed throughout life. The theory of self-efficacy (Bandura, 1977; Bandura and Wood, 1989) holds that when assessing the ability to achieve a goal, personal effectiveness is constructed against prior experience, skills and knowledge, upbringing, societal norms and comparisons learned through life (Social Learning Theory, Bandura, 1986a). In developing the STPI (Stanford Time Perspective Inventory) scale, from which some items are incorporated in the current study, Zimbardo (1999) observed the tripartite self-regulatory nature of self-efficacy theory (Bandura, 1997). It relates to past experience, present appraisal and perspectives on future alternatives (D'Alessio et al., 2003).
A person may feel more effective and confident in one situation compared with others. Relocation has stages that involve a range of very different skills, physical and cognitive abilities. An individual may associate retirement housing with negative connotations of age and reduced self-efficacy. These effects are highly influential according to consensus studies (Cialdini, 2007).

3.4.4 Self-efficacy, as with LoC has internal and external self-perceived components (Rotter, 1996). Internal is personal efficacy about oneself and external is described as controllability. The difference between these is likened to asking the questions of oneself *a. am I personally capable?* (internal) *b. is it possible?* (external).

3.4.5 Perceived high internal self-efficacy is predictive of achieving goals (Terry and O'Leary, 1995; Armitage and Connor, 2001 etc.) in situations

where the goals are technically attainable, albeit in stages e.g. passing exams, dieting. This might be applied to the stages of relocation. However, controllability is not independently predictive according to Cheung and Chan (2000). They suggest that internal self-efficacy is predictive of action but external self-efficacy is only predictive of action if combined with internal self-efficacy. Applied to relocation, this suggests relocation must be considered possible by the older person but is unlikely to be achieved without them also having perceived high internal (personal) self-efficacy, i.e. competence (or possibly substantial, trusted and accepted assistance).
In motivational goal-setting theory Locke (1968) links self-efficacy to being able to express and visualise an outcome and the stages leading to it, with which logic and support from others can assist. In the theory of planned behaviour (Fishbein and Ajzen, 1975), often used by social workers to assess levels of support needed, self-efficacy is expressed as a person's behavioural beliefs about the extent to which the consequences can really be determined and achieved.

3.5 Extrinsic and intrinsic motivational factors

3.5.1 In addition to the self-efficacy questions of *a. am I personally capable? b. is it possible? …* A further question occurs in respect of motivation: *c. do I want to do it?* Which necessitates balancing *d. how satisfied will I be with the outcome; how dissatisfied am I with the present situation; is it really that bad?*

3.5.2 When considering the value of staying put against moving, individuals, their families and service providers tend to primarily assess extrinsic (physical) needs. Whilst these may also address intrinsic needs (e.g. reduction of distress) the action taken may only be what Herzberg (1959) terms 'satisfiers', meaning they are of immediate value but not holistic in approach. Motivational reward has long been studied through the theories of, for example, Maslow (1943); Herzberg (1968) and McClelland (1987). Findings show that beyond meeting basic needs there is a limit to which extrinsic rewards, such as material changes, will remain

rewarding and subsequently motivational. It is thought that intrinsic rewards are even more valued over extrinsic rewards with increasing age, which is related to reduced lifespan (Zimbardo et al., 1999).

3.5.3 Thus complex decisions involving both extrinsic and intrinsic aspects, such as relocation, are often the most difficult to make because they may not align. Improvements, such as moving to more appropriate housing or making repairs and adaptations that are extrinsically rewarding 'satisfiers' may actually result a reduction in intrinsic satisfaction because effects last only until control of the external problem is regained (Herzberg 1959). Addressing intrinsic elements e.g. lack of companionship and loneliness have greater and more lasting effects but require more ingenuity.

For example, if the existing environment is friendly or reassuring, the intrinsic reward predicts any mismatch associated with physical needs such as poor repair will be less important. In a study by Baldock (2005), participants did not credit going to their day centre as positively as meeting new people, even when the day centre was where the new people had been met. The scale used in the Baldock study is The Southampton Self Esteem & its Sources (older people) Scale -SSESS (Coleman, 1984), detailed in Appendix 7. Items from it are used in the current research. That research involved 339 people aged over 65 whose mobility became impaired. Their experience of interventions addressing their new extrinsic needs, such as property adaptations, did nothing to address their discontinuity of self-esteem.

3.5.4 The final question in the decision-making process is: *e. 'will this be easy for me or difficult and will the outcome be sufficient to warrant the emotional and physical effort?'* The need for mental and physical resilience to deal with relocation is well understood even in relatively straightforward situations.

For older people, particularly those who have not moved in the previous 10 years or who suffer constant pain, moving home is likely to be more onerous in terms of de-cluttering and packing (Lofqvist et al., 2013). This results in ongoing reappraisals of the ratio of input and effort to the value of the expected outcome (question e. Table 3.5.4 below), termed 'expectancy valance' (Vroom, 1964).

Table 3.5.4 Summary of questions decision-makers ask themselves in respect of efficacy, intrinsic value and expectancy valance.

a. am I personally capable? (internal self-efficacy) *b. is it possible?* (Controllability - external efficacy) *c. Do I want to do it?* These questions necessitate balancing extrinsic and intrinsic aspects of the situation and deciding: *d. How satisfied will I be with the outcome in the long term; how dissatisfied am I with the present situation; is it really that bad? Does staying here meet my emotional needs or will moving do that better?* This question necessitates having a vision of the alternative: *e. will this be easy for me or difficult and will the outcome be sufficient to warrant the emotional and physical effort?' Can I carry on?*

An extension to this line of questioning can be repeated throughout a process e.g. *have I got enough strength and support to carry on?*

3.6 Temporality and planning

3.6.1 Baltes et al (1999) found older people use fewer, simpler strategies, conserving energy and resources increasingly as they age, with reducing lifespan. The nature and enormity of a relocation task would obviously deter individuals who are feeling the mental and physical effects of ageing.

3.6.2 In his theory of lifespan adjustments, Erikson (1959) proposes the need for self-evaluation to maintain self-integrity. Many communities offer insufficient opportunities to adjust to new goals, aspirations or positive reappraisal of their previous life, an observation still relevant today.

Oswald et al (2006) refers to a present biased inertia in older old-age that can occur due to overwhelming decision-making and reduced enthusiasm for dealing with matters.

Zimbardo & Boyd (1999) developed a measure in respect of older people's mental health. This included five personality approaches to time-perspective: a *'Past Negative'* focus on previous events that have the power to disturb; *'Past Positive'* caution through nostalgia and concern about change; highly ambitious *'Future Focused'* caused urgency and stress for some in impossible situations and those with relationship issues. Those with a *'Present Hedonistic'* bias postponed events and those with a *'Present Fatalistic'* bias would not enjoy the present but would feel unable to do anything about it, becoming liable to anxiety or depression. These effects when using the STPI were more frequent in lower social status groups. A selection of questions from Zimbardo's Stanford Time Perspective Inventory (STPI D'Alessio et al., 2003) has been included in the Relocation Psychometrics questionnaire of the present research (Appendices 6 & 7).

3.7 Housing relocation studies

3.7.1 Participants in the literature generally wanted to be part of the community rather than a drain on it but 'home' ranged from being a social hub, a comfortable place to live in, to being a lonely isolating prison (Sixsmith et al., 2007). Social and personal identity was represented by home as "*a part of me*" and "*being part of a social network*". Retaining these was important, more so than practical help such as grants and care services. This reinforces the importance of intrinsic aspects over extrinsic aspects in moving. For the most part these were respectively 'meaningful' matters over 'functional' matters; terms used in housing research (Oswald et al., 2002) and throughout the current thesis. Likewise, Ball et al (2011) found remaining in a familiar community and not wanting to leave the community were cited reasons for wanting to stay put. Good neighbours and friends appeared to be a key determinant in decision-making outcomes; lack of them was linked to a reported fear of loneliness.

CASE STUDY A Hanson and Gottschalk (2006)
What makes older people consider moving house and what makes them move?

This Danish study used two terms 'environmental richness' and 'higher order motivation' for meaningful aspects and found them stronger than 'environmental press', such as the need to leave for practical, functional (extrinsic) reasons. Despite this, in the research involving 5684 interviews in Denmark, repeated 5 years later, the most common reasons for moving were extrinsic needs, to avoid gardening and stairs. Other main reasons were to reduce costs or the unsuitability of housing due to health. Whilst mainly extrinsic, these cases also included 'to escape loneliness'. Of 40% considering moving only 20% did. Whilst low, this is much higher than current research for the UK (Wood, 2013), which is likely to be due to the inclusion of tenants as well as owners in the Danish study.

3.7.2 Hanson and Gottschalk (2006) suggested that owners have a higher tolerance threshold and greater efficacy than tenants but there is no evidence for this. There is no reason why home ownership means greater self-efficacy especially in the UK where a property may have been inherited, have been purchased many years before, or be linked to the Right to Buy social housing discount purchase scheme. However the researchers were successful in contributing to Danish government policy in the provision of interest-only loans to older people.

CASE STUDY B Kearns et al (2011) – Social Identity
Material and meaningful homes: mental health impacts and psychosocial benefits of rehousing to new dwellings.

In Scottish NHS research, 334 households were relocated by a number of social landlords to new housing developments and another 389 control participants did not move from equally poor housing situations. They were all interviewed two weeks before moving. 73% remained in the study and were interviewed two years later. There were quantitative and qualitative aspects involving face-to-face interviews.

The mental health subscales were:

Impact on mental health; psychosocial benefits; finding the association between changes in mental health and psychosocial benefits; what caused any changes.

There were 4 impact dimensions: the dwelling itself; activity and infrastructure; sense of community; improved neighbourhood.

The most positive findings were for families with young children and mixed results for those with working age second-generation adults. There were negative results for older people, often more negative than the control group. Older people were less satisfied on all dimensions. However, of most interest was that positive improvement in social-identity and social status was apparent for all relocated groups including the older residents.

3.7.3 The Kearn's research shows the importance of good housing to self-identity and social status. Practical benefits were important but not sufficient for older people to *want* to relocate. This again supports the premise secn. 3.5.3 above, Herzberg's theory of motivation) that intrinsically rewarding changes have greater beneficial impact and older people have less to gain from moving if they are intrinsically happy with their current accommodation.

CASE STUDY C Lofqvist et al (2013)

Voices on relocation and aging in place in very old age – a complex and ambivalent matter.

The researchers monitored the relocation of 80 former homeowners age 80 – 89 years old across different European countries. They observed anxiety, perceived stress and ambivalence at high levels across each stage of the relocation process. Doubts occurred in respect of costs and burden of the process.

They concluded that moving should *not* be considered an isolated event. Furthermore Lofqvist et al (2013) were strongly in favour of an intervention to remove ambiguity and reduce stress by supplying adequate information, advice and hands-on assistance.

3.8 Support services, advice and information

3.8.1 The Thetford and Robinson research is of particular relevance for the current research due to its similar stages of pre, during and post relocation. Home is described as a place with substantial control as well as where physical needs are met.

CASE STUDY D Thetford and Robinson (2007)

Older people's experiences of decision-making, participation and moving as part of a regeneration project in Liverpool.

In a Liverpool regeneration project, benefits advice and community support teams with social workers and occupational therapists provided the support for moving to older residents. Their tower blocks were being demolished to make way for lower level new housing on the same estate. Home-care council teams provided the packing and moving requirements and the organisers worked with friends and family of those moving. Like the current research, the research involved a pre- and post-intervention qualitative design. It was undertaken with individuals before, during and 6 months after the moves.

Participants were all over 70. Themes that emerged included strong attachment to home over many years including family history. Their

'attachment to home' had changed and adapted over the years and new coping strategies developed with age, which involved friends and neighbours more so than families.
Uncertainty and stress over the moves was "huge" since the fabric of the community was gradually broken down. Key stressors included not being able to see the property more than two weeks in advance in order to know what to pack or get rid of, not sleeping the night before and being in a daze on the day.
The Community support team was highly praised but tenants felt abandoned after the move and some had not unpacked weeks later when the support was withdrawn. Although ongoing support was not thought to be sustainable, inadvertent health costs resulted. Some felt it had led to premature deaths and entry into residential care homes and, despite the improvements in warmth and updated facilities, the tenants felt less secure in their unfamiliar, low rise or ground floor surroundings. Many said they had not coped well due to their age and ability to deal with major change.

3.8.2 In the current research participants are asked if they are aware of FreeSpace (Appendix 1), which has similar support aims as case study D, also the level of support available and utilised by older people, from friends and family or charitable services. Social policy researchers Darnton, (2005) and Gilroy (2005) found older people trusted community service providers such as the council or GPs.

3.8.3 It seems that older people, much like everyone perhaps, tend to seek information aimed at specific problems (Godfrey and Denby, 2007) and broader questions may not be asked. Examples included asking how to lower heating bills rather than considering whether the accommodation is too large. Windle et al (2010) in a study of information and advice services found assessing qualitative outcomes rather than just outputs led to better understanding of the relevance of a service. Those aged over 60 benefitted less from the information, partly because of difficulty in absorbing and retaining it but also what they really wanted was more practical assistance with processes, especially those living alone. As more information sources and methods become available, knowing how information is received and how effective it is, are vitally important aspects for developing these services.

3.8.4 Rubinstein and Parmelee (1992) emphasised the key to successful ageing-in-place is timing, advice, assistance and critically the need for high levels of consultation and involvement. Baldock's (2005) research showed that sources of assistance were not thought to be related in simple ways to the respondents' disabilities or needs and how they "saw themselves". Likewise a health impact assessment (Thomson et al., 2003) found that there was insufficient evidence that interventions like home adaptations, often considered as the solution by professionals and family, alone made much difference to mental health. These findings further support the value of meeting intrinsic needs as well as extrinsic provision.

3.8.5 Cutchin et al (2007) found attachment to community and locations were necessary but not sufficient for satisfaction, which also applied to family involvement. Non-familial social involvement was 'pivotal' to settling into extra care retirement housing. Making friendships and socialising were associated with improved quality of life, rather than family contact, in a study by Callaghan et al (2009). It therefore follows that housing provision needs integral potential for communication and interaction within the community and socio-emotional support so "*companionship by proximity can naturally flourish*" (Harper, 2008). A number of newer developments are attempting to address this spatially (Berrington, 2013).

3.9 Family, independence and loneliness

3.9.1 There is mixed evidence about the importance of family proximity, with some studies suggesting elders wish to be near family and others that most are unconcerned about this. Looking across the literature, it seems likely that older people want to remain near families but not to move to be near them or to be seen as dependent and a burden to families. They are more likely to want to be nearby when there are grandchildren because they then have a defined role as grandparents (Van Diepen and Mulder, 2007). Being near to supportive friends and neighbours was often more

important to older people, if they did not play a supportive role to family members (e.g. Van Diepen and Mulder 2007; Kearns et al., 2011).

3.9.2 Sykes and Hedges (2008) found that older people generally tended towards 'I'll get on with it' and not be a burden, rather than asking 'what do I need to find out'. This indicates potential difficulties for information providers. Hill et al (2007) found many relied almost entirely on family to 'do what was best for them'. This put the older person in a position of less control or autonomy and into a position of passive compliance, which are known to be antecedents to depression.

3.9.3 However, the Victor and Bowling (2012) longitudinal analysis of loneliness among older people demonstrated that increased family contact as confidants allowed for 58% of reduction in loneliness and lack of family contact was a cause of loneliness in 44% of participants who lived alone. Family contact alone was not sufficient to completely address loneliness. Deterioration in social activity was extremely negatively implicated in causing loneliness for 42% of participants and caused depression. Poor quality of life caused loneliness for 43% of participants, whilst interestingly, health and chronic health rating were relatively low predictors of loneliness at 21% – 25%.

3.10 Summary key points

Moving home may be seen as too much of a risk and insufficiently intrinsically rewarding, which is frequently more important than achieving extrinsic improvement.

Lack of self-esteem will result in the situation seeming beyond a person's locus of control. Having depression may result in rash decisions that are also vulnerable to change. Even if seen as achievable (self-efficacy 'controllability'), in practice being achievable will not result in moving out of choice, if the person lacks personal self-efficacy.

A tendency to protect cognitive self-bias (natural optimism) can result in over optimistically ignoring the possibility of future problems or conversely taking risks. In complex situations there is a tendency to 'trust your gut'. The need for control of the future in anxious people may be the catalyst for taking action and moving.

Moving home for older people is generally an emotional, burdensome, and stressful individual experience. How it is handled will affect how robust the decision remains and how well and individual settles in.

Very different skills and personal attributes are needed for different stages of moving. Information and services (public or privately provided) focus less on 'meaningful' aspects. 'Functional' information is less valued than supportive action.

3.11 Gaps in previous research

3.11.1 The researcher observed that housing relocation research had tended towards measures of practical functionality, an objectivist perspective, due to the supply and demand nature of housing strategy and the political need for immediacy in results. This concurred with previous meta-analysis (e.g. Egan 2008). The emotional and cognitive components of relocation planning-efficacy had not been integrated when the physical aspects were studied. Oswald (2006) noted the need for more sophisticated qualitative investigation into the influence of underlying reasons for decisions to move and the connection to physical and psychological wellbeing.

3.11.2 No relocation studies were found that had considered past, present and future perspectives, had only applied to owner-occupiers downsizing - as opposed to tenants, and had included a wellbeing and qualitative approach. Those nearest to the present study are included here in section 3.7. Lutgendorf (2001) and ch4 (secn. 4.8.2), is the closest in design and includes a biomarker. However the researcher noted the need to use a

better measure of chronic stress with more biographical detail, more qualitative analysis and a single sex design.

The lack of relevant comparison studies is partly because those funded by the EU (European Union) and WHO (World Health Organisation) were undertaken across European countries where renting is far more prevalent. As such, moving is a less complex process and for example does not involve factors such as leaving inheritance. A key mixed-method study (Sixsmith et al., 2007) in a pan Europe study with some UK participants found a wide range of reflections and views of older people considering home in the past, present or future. The meaning of 'home' for the individual was somewhat different for men than for women. The bulk of relocation studies were in the USA and Canada where the housing systems, and long established housing alternatives such as condominiums, make the research, whilst useful, less relevant.

3.12 The originality of this study

The sampling strategy in this research focused on recruitment of UK, single, under-occupying female homeowners in two age groups, which is the most important and yet under-researched group in terms of relocation experience. Importantly, in this research the criteria did not include any factors that might predetermine or hide matters of importance.

This qualitative approach extended to interpretation of biomarker and health measures (ch7). Using primarily qualitative methods for the interpretation of biodata represents a change of approach in the field of HCC data analysis (see ch4 secn. 4.13)

Past, present and future perspectives were examined that included biographical, lifestyle and psychosocial aspects, interpreted thematically and examined within accepted theoretical frameworks. Gathered inductively, the design incorporated many strands from other studies that had left one or other of these potentially critical components out, thus gaining a level of understanding not previously examined. This ensured synthesis, a breadth and depth of perspective beyond the typically studied

aspects (although these were also included), to capture experience, views, attitudes, and feelings.

3.13 Aim and objectives

The aim of the research is to make a valuable contribution to this currently under-researched field, to better understand the underlying beliefs of older age homeowners, who are faced with relocation decision-making and their subsequent experience. Using a qualitative research approach, including when interpreting biomarker results, will go some way to filling the gap in current understanding of these issues, thus informing elements of housing policy for this important group in society.

Objectives:

1. To elicit qualitative information from older women who live alone and have made decisions about whether or not to downsize from their owner-occupied property. To ascertain their perceptions of the process, and in some cases, experience of actually moving through to settling-in after a move.

2. To use life history, recent biographical information and findings from the thematic analysis to qualitatively interpret the self-report wellbeing and chronic stress self measures (depression, anxiety, stress, self-esteem, and hair cortisol concentration assays).

3. To disseminate the findings so that they might enhance collaborative and effective 'housing and health' policy and practice.

Chapter 4 that follows is a continuation of the literature review linking chronic stress, such as might be expected to in relocation, to health effects. A meta-analysis by the researcher of current hair cortisol concentration (HCC) literature is included.

CHAPTER 4 LITERATURE - Neuroendocrine reactivity to stress and hair cortisol concentration (HCC)

4.0 Introduction

4.0.1 The literature discussed above shows that moving home later in life can be stressful. Therefore, a biomarker has been included in this study, namely; hair cortisol concentration levels (HCC). This chapter will first examine the difference between acute and chronic stress effects on health. Difficulties that could occur in the interpretation of results for hair cortisol concentration (HCC) are highlighted. These are due to the potential for habituation effects and blunted scores in response to long-term cortisol reactivity.

4.0.2 The researcher does not purport to be an expert in neuroendocrinology but relies on the breadth of related research and has long observed consequential signs and symptomology of stress, when providing psychological therapy.

4.0.3 The potential of HCC as a relatively new measure of chronic stress is considered in the light of existing HCC research and the value of a qualitative approach in considering biographical data of participants.

4.1 Cortisol – The 'stress hormone'

4.1.1 Hormones, known as glucocorticoids, including adrenaline and noradrenaline, are secreted by the adrenal cortex, from within the hypothalamic-pituitary-adrenal (HPA) axis. Their role is to enable the body to respond to perceived immediate stressors such as the anticipated need for effort and reverse that process when the perceived challenge subsides. The hypothalamus sends corticotropin-releasing hormone (CRH) to the anterior pituitary gland resulting in the release of adrenocorticotropic hormone (ACTH) into general circulation, which signals the release of cortisol. This hormone signals the enhanced supply of nutrients and oxygen, commonly known as the 'fight or flight' response. Bronchi are dilated and the heart rate increased to enhance oxygenation of the blood.

Digestive secretions are reduced and in general the body is prepared for muscular action.

If a stressor is perceived as a constant threat, broadly defined, rather than a challenge, an increased amount of cortisol is released into the blood stream, which can remain whilst the threat persists. Thus cortisol is often referred to as the 'stress hormone'.

Lack of ability or opportunity to control long-term, perceived problematic situations can result in repeated or maintained raised levels of cortisol and disruption to the hypothalamic-pituitary-adrenal axis (HPA). Cortisol depresses inflammatory and immune responses and can eventually negatively affect these processes as well as skeletal, cardiovascular, gastrointestinal and neural functions. This is known as allostatic overload, the potential negative consequences of which are discussed below (para 4.3). Allostatic load is the indicator of 'wear and tear' on the HPA. Allostasis is a term that refers to the maintenance of optimal endocrine responses to a situation.

4.2 Habituation to chronic stress

4.2.1 One seemingly paradoxical finding in long term-stress studies, for example in Generalised Anxiety Disorder (GAD) (Stuedte, 2011b), is that cortisol levels were below baseline levels. It is suggested that this occurs as a protective habituation against adverse effects (described in para 4.3 below) of prolonged high levels of cortisol and to achieve homeostasis (the process of returning to a level that will not cause damage) in prolonged stressful situations. Glucocorticoids contribute to dampening levels (termed habituation) of ACTH and cortisol in order to achieve homeostasis (McEwen, 2006). This down-regulation is usually seen in depressed patients as reduced levels of 5HT (serotonin), which is important for mood regulation (House et al., 1988). However, the extent to which depression causes or is caused by the lowered levels of cortisol is unclear. House et al (1988) examined the 'wear and tear' hypothesis that suggests 'protective homeostasis' (Selye, 1974), an optimal level to avoid damage, occurs in response to progressive dysfunction in prolonged stress situations. House

(1988) concurred that chronic stress experienced over prolonged periods eventually results in the habituation effect.

4.3 Health and ageing

4.3.1 Allostatic overload is evidenced as being directly implicated in increased rates of ageing and thereby age-associated illnesses (e.g. Uchino and Caciappo, 1996; Uchino 2006; Kiecolt-Glaser, 1999). This can adversely impact physical, cognitive and mental health in older people and their long-term carers (Kiecolt-Glaser, 1999). Causal pathways have been found in respect of dementia, cancers, type 2 diabetes and depleted bone mineral mass, prevalent in older people (McEwen & Seeman, 2009). Treatment of these is the most costly to society in developed countries and often the most distressing for carers (Kiecolt-Glaser et al., 1991).

Davidson and Baum (1993), and Esterling et al (1993) point to distress effects of allostatic overload prevailing after the chronic stressor has objectively ended. This is of great importance to the current research because cortisol levels are measured for the time periods following the stressful situations with a view to interpretation according to perceptions and contexts.

4.3.2 Cortisol has an important role the regulation and increase of blood glucose levels, including using fat and proteins as energy sources, which reduces muscle and inhibits bone formation (Sapolsky et al., 1986) in older people who are already vulnerable to osteoporosis. In extreme and/or prolonged cases of stress and high cortisol levels, cognitive capabilities can be negatively affected. This is due to atrophy of the temporal lobe (Herbert et al., 2006), observed in the hippocampus and prefrontal cortex structures, thus affecting verbal recall (Oliveira, 2013). Atrophy of these brain structures is implicated in diseases such as dementia, although causal direction is yet to be firmly established (Herbert et al 2006). Dehydro-epiandrosterone plays a regulatory role against high levels of cortisol. It decreases from middle age onwards, which has been implicated in age

related cognitive decline. Researchers in studies of older people (Perissinotto 2012; Herbert 2006; Griffin, 2010; Cacioppo 2008) thus suggest this contributes to loneliness and life course disease.

4.4 Gender differences

6.4.1 Levels of cortisol are thought to be higher in 38% of people aged over 65 and generally higher in women (Herbert et al., 2006). However, levels appear to rise more quickly with ageing in men (Feller, 2014). The current research uses female participants with separate findings in two older age groups.

A body of evidence since the 1980s (Martin, P., 1997 pp344; Cohen and Symes, 1985; Kennedy et al. 1988) has linked the quality of interpersonal relationships with HPA response and health outcomes. For example, women seem to have 'costs' to their social relationships, notably "non-discretionary kin ties", referring to the greater propensity in society for women to become carers and peacekeepers within families (Seeman and McEwen, 1996). In the current research, five of the eleven younger 'Non Movers' had caregiver responsibilities and some widows had, immediately prior to moving, nursed their husbands for long periods of ill health.

4.5 Decision-Making – biological component

4.5.1 (Seeman and McEwen, 1996) found that responses to decision-making learned at a time of anxiety will 'perpetuate in the memory'. These then affect the decision-making process at all times when cortisol levels are artificially high and memories of responses to anxiety are triggered. This is evidence for the possibility of bidirectional neuroendocrine effects for some people who are anxious over potentially emotional decisions such as relocation. MRI (Magnetic Resonance Imaging) scans during emotional 'loss and gain' decision-making (DeMartino, 2006) have shown the involvement of medial prefrontal activity as well as the amygdala, which it integrates emotion and fear. In the current research participants were asked about emotional experience related to their home and previous relocation experiences.

4.6 Clinical and public health relevance

4.6.1 Ader (2001) concluded that bidirectional neurological and psychosocial pathways provide an important route for influencing health and disease. The gradual decline in health and wellbeing associated with chronic stress and high cortisol levels is initially asymptomatic through sub-clinical pathways (McEwen & Seeman, 2009; Clow & Hamer, 2010). In the 1988 studies, Kiecolt-Glaser found a 30% increase in access to GP services due to prolonged stress in caregivers. The insidious, rather than acute nature of chronic stress, is possibly what has led to inconsistent approaches in public health disease-prevention policy.

Clow and Hamer (2010), when considering public health aspects, point to the need for awareness of psychosocial related impact and the need for societal interventions to reverse the deteriorating health profiles. These are needed from birth but are naturally more evident with age as long-term psychosocial factors generate and sustain pre-clinical disease in physiological systems.

4.7 Mediating effects - support and acceptance of support

4.7.1 Yancura et al (2008) found in a review of the literature that coping and decision-making styles involving 'seeking information' and 'taking action' had less negative HPA outcomes than 'denial' and 'avoidance' strategies. Active engagement in problem-solving through seeking support, as well as personal factors such as optimism, are seen to reduce stress levels in a study of acute stress (Endrighi, et al 2011) as did disclosure (Pennebaker, Kiecolt-Glaser, & Glaser, 1988 in press). However, Yancura et al (2008) warn against assuming a person with good coping strategies in respect of some life problems will be good at coping in all aspects. Some coping is emotionally based and some problem focused. This is acknowledged in the current research by the separation of stressors into functional and meaningful categories and considering personality constructs such as self-efficacy and optimism.

4.7.2 Cancer patients who sought assistance through talking therapy (Fawzy and Fawzy, 1993) improved their likelihood of living a further 5 years – this is 4 fold longer than a similar group who did not take the support. The strongest mediating factor for those with depression, such as caregivers, was supportive contacts and social ties (Kohut, 2002) both of which were 50% lower in those carers with depression, who tend to become socially isolated due to the intensity of their tasks. The current research considers the availability and role of emotional and tangible support, whether it is readily accepted and the impact of restrictive responsibilities. The impact on quality of life through socialising following a move to retirement housing is also considered.

4.8 Personality and biographical effects

4.8.1 Irwin (1997) points to the key differences in habituation effects between anxiety and depression. Personality is important because perception is to some extent linked to whether we consider situations as fearful or a challenge. Low self-esteem has been found to be 'a potent predictor' of cortisol response at times of stress, whereas those with higher self-esteem have greater habituation to stress (Kirschbaum et al., 1995 Pruessner et al., 2004; 2005). Being able to respond to and control challenges depends significantly on positive self-experience. As such, high levels of self-efficacy and self-esteem mediate against ill health (Siegrist, 2010).

4.8.2 The importance of environmental fit (P-E fit) on wellbeing is well documented as a causal concept for those suffering isolation, withdrawal from society and concomitant reduction of activity and social engagement. Poor PE fit is also associated with loneliness and falls in the home, endemic in the older population (Aldridge et al., 2012; Lutgendorf and Costanzo, 2003; Bowling, 2008). In the current research consideration is given to wellbeing at the physical and emotional (functional and meaningful) levels of the home environment. Findings from HCC (hair cortisol concentration

assays) are considered qualitatively using the participant's experience of environmental and biographical contexts.

CASE STUDY Lutgendorf et al (2001) – Chronic Stress; Illness episodes and cortisol in healthy older adults during a life transition.

Vulnerability to change of relocation decision-making in older people was noted by Lutgendorf et al (2001) where perceived stress levels were measured and were equally high at the decision-making time as at relocation itself. They studied 30 older white middle class owner-occupiers including male, female, married or single (mean age 77.8) moving to the American equivalent of sheltered housing. They measured cortisol levels in saliva a month before moving date and 2 weeks after using blood and salivary assays for DHEA and cortisol.

The cortisol levels were not only the same across the different times but between those who moved and controls who did not move. The research showed that the high levels of stress during moving were also matched at the decision-making stage. The researchers recognised that the control group should be people who had actively considered moving rather than recruited from a newspaper advertisement, and should be all male or all female. The timescale and method measured acute rather than chronic stress. They used an Impact of Event Scale (IES, Horowitz et al 1979) and The Life Experiences Survey (LES, Sarason et al 1978) as well as a self-report measure of 'intrusive thoughts and avoidant behaviours' to cover the previous 7 days.

The researchers recommended having more qualitative analysis, measuring self-efficacy and locus of control, and using a better measure of chronic stress.

Figure 4.8.2 below illustrates the complexities of psychosocial interactions and health.

Figure 4.8.2 **Life Span Influences on Health and Wellbeing**

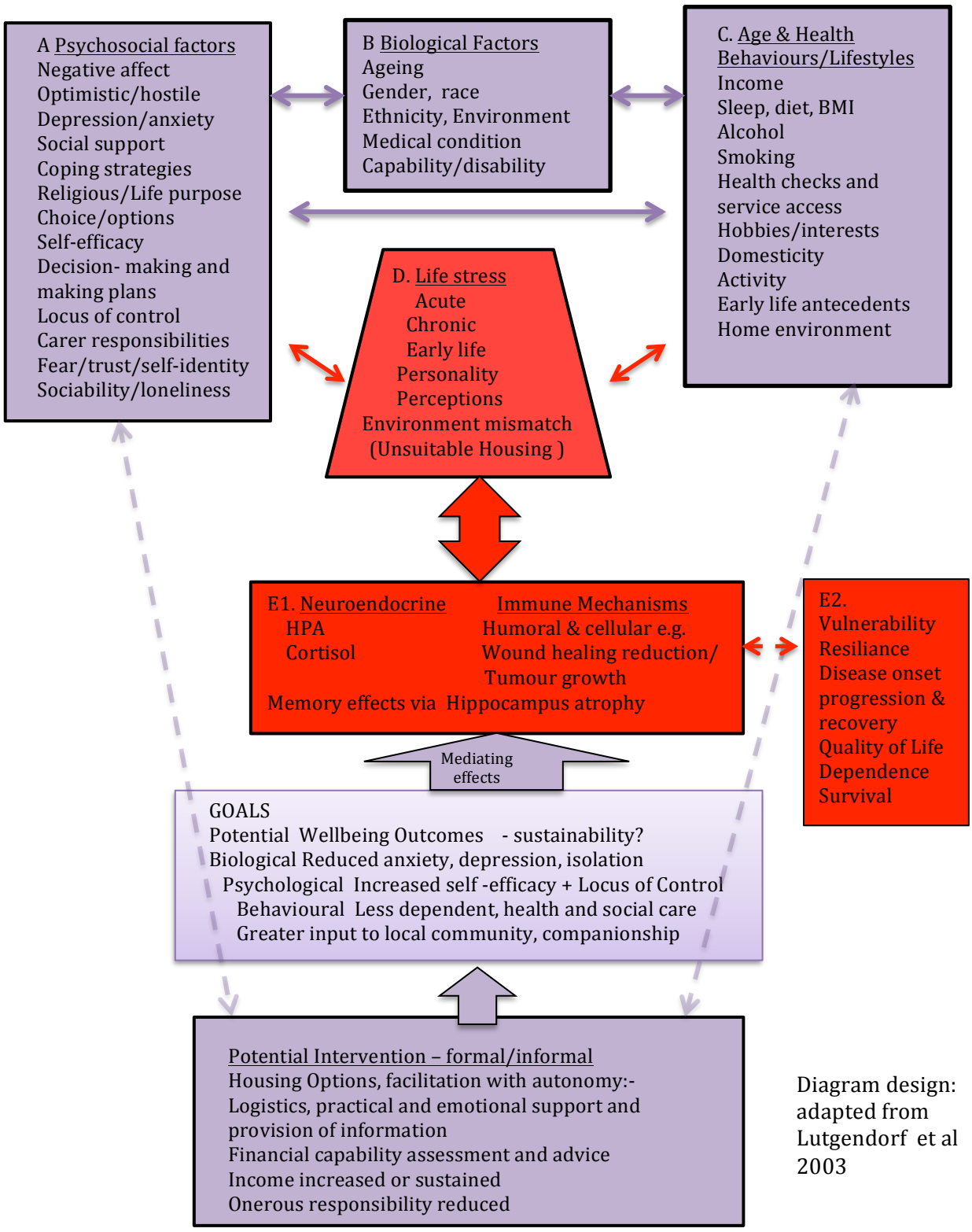


Diagram design: adapted from Lutgendorf et al 2003

Lutgendorf et al (2003) integrative model illustrated the need for research to consider effects of individual life experience, decision-making styles, self-efficacy, LoC and social support.

4.9 Hair Cortisol Concentration (HCC) as a measure of chronic stress

4.9.1 Measuring patterns of cortisol secretion into blood and notably saliva, have been widely used in stress-psychobiology research. Recently cortisol determination in scalp hair has found a place in psychobiology social research. Lutgendorf et al (2001) realised chronic stress was not determined when salivary assays were used. Saliva and blood assays are sensitive to acute levels of stress and therefore require many measures over the specified period for any chronic pattern to emerge. However, HCC assays for chronic stress are not influenced by circadian rhythms, or by occasional episodes of acute stress during the period being measured (Russell et al 2012). The current research design based on Lutgendorf (2001) uses HCC rather than salivary assays.

4.9.2 Raul et al (2004) proposed hair cortisol concentration (HCC) as a more practical and reliable measure of chronic stress. D'Anna Hernandez et al (2011) found salivary and hair cortisol measures rose correspondingly in 21 pregnant women at 15, 26 and 36 weeks of gestation and 3 months post partum. High base line levels can also be detected through HCC in the case of patients with Cushings syndrome, that is characterised by high cortisol levels (Thomson, 2010). Correlational data was also found by Koren et al (2008) in an animal study with multiple saliva and urine assays.

4.10 Concerns over reliability and hair characteristics:

HCC concerns fall into two main reliability categories: 1) characteristics of hair and 2) procedures:

4.10.1 Hair, Age and Gender

Whilst there appear to be some gender differences in cortisol levels (para 4.4 above) and some HCC studies have supported this (Stalder et al., 2013), no differences have been attributed to gender in most HCC studies (e.g. Dettenborn et al., 2012; Stalder et al., 2012a; Herbert, 2006) but none has focused on older people.

4.10.2 Hair growth rate

Hair growth varies according to hair type and ethnicity and even at different times of the year (Randall & Botchkareva, 2009). Van Neste (2004) also showed growth rates varied in older subjects according to the site with parietal, versus occipital rates, being faster. Koren et al (2008) found a 24% difference between adjacent areas. It has been agreed thus far (Wennig, 2000; Raul 2004; Gow, 2010), although research is not conclusive, that hair should be taken from the posterior vertex location, which has the most consistent growth rate. Van Neste (2004) also found slower hair growth in some older people, associated with grey hair and alopecia. Slow growth could account for higher cortisol concentrations and being aware of this potentially confounding factor was important in the present research between those aged 60 – 75 and those aged 76 and over.

4.10.3 Hair colour

White non-pigmented hair grows faster than pigmented hair, which was the only hair found by Saitoh et al (1969) to be growing slower in old age. Most participants in the current study will have grey or non-pigmented (although likely dyed) hair. The diameter of the hairs is greater in white hair due to increased size of the medulla (inner core of the hair strand) – where the cortisol is contained. This could be another important analysis factor. Thicker hair might result in fewer hairs per milligram with an impact on HCC rates.

4.10.4 Time-representative, length and 'washout effects'

Wennig (2000) produced a paper for guidance in global procedural practice for forensic situations. Wennig proposes 1 cm per month as the average growth rate, and as mentioned above, to be taken from the posterior vertex. However this is an approximate measure of growth, it follows that the longer the hair length being tested, the more likely the possible variation in growth rates will adversely affect the accuracy of results. Despite this, the standard has been routinely applied in every study. This is possibly because after many debates in the literature it has

been accepted that cortisol gradually washes out and that this effect means assays of hair longer than 5 to 6 cm are rejected as unreliable. Allowing for other factors such as hair treatment, the 'washout' effect, accounts for between a 30-40% reduction per 3 months (3cm segments) after the first 6 cm (e.g Kirschbaum et al 2009).

4.10.5 External factors affecting hair cortisol

The number of times hair is washed can affect findings. Hamel et al (2010) point to a significant washout effect after 20 washes with plain water and no shampoo. Some studies found effects of hair treatments such as perming and bleaching (Manenschijn et al., 2011a) and also chlorine, a bleaching agent in swimming pool water, as well as exposure to ultra violet (UV) light. Grass et al (2016) found a reduction of between 7.6% and 10.8% in-vitro due to simulated UV radiation, contrary to previous studies in natural situations. In the current research UV exposure is likely to be much lower and the top layer of hair is pinned up so the sample is taken from beneath (methods ch5 para 5.10).

The structure of hair is complex but the inner core (medulla) is well protected within the hair shaft and this is where the cortisol is located. It is unclear whether hair dye has any impact. Whereas earlier studies found an effect, more latterly it has been found not to make a difference in most studies (e.g. Gow et al 2010). However, specific treatments that stretch or alter the hair, such as perming and bleaching and laboratory washes, show greater leaching effects in distal sections (Manenschijn et al 2011a).

4.11 Concerns about procedures:

4.11.1 Collection stage

The guidance states that the hair should be snipped close to the scalp using underneath layers at the vertex, tied towards the proximal end and kept in tin foil in dry, room-temperature conditions supposedly indefinitely, although there is a need for research to establish this (Abell et al 2016).

Samples used in some earlier studies were kept refrigerated or even frozen. Even a small amount of moisture increased the overall hair shaft size.

Wennig suggests an allowance of around 4-5 days should be made before the hair affected by the stressful period emerges from the hair follicle. This is because of a remarkable find that hair follicles not only absorb cortisol from the blood stream but produce cortisol (Wennig, 2000; Ito et al., 2005). It is therefore important not to inadvertently collect any of the root. Exogenous cortisol may also be added by sebum, sweat and for example steroid crèmes, transferred by the participant or researcher.

4.11.2 Pre-analysis preparation

The general consensus is that prior to analysis hair should be washed in the laboratory twice (e.g. Raul et al., 2004; Kirschbaum et al., 2009; Abadeh et al., 2014) although other researchers say 3 times (e.g. Davenport, 2006; Gow, 2010). There has also been disagreement about the extraction method. The different wash chemicals used in ELISA* extraction all have steroid cross reactivity to different extents (Russell, 2015). Furthermore, the high reactivity with the steroid medication prednisolone, used for a number of conditions such as rheumatoid arthritis, was criticised by Gow (2010). Methods of extraction and analysis have been compared, including using methanol and acetate for extraction and LCMS, GC, MS and RIA for analysis* (Gow, 2010; Russell, 2015; Slominski, 2015). Others used methanol and acetate (Slominski, 2015). Procedural variations include drying of the hair naturally (Kirschbaum et al., 2009) or by incubation – 16 hours at 52° (Manenschijn et a.,l 2011a); 21.5 hrs (Abadeh et al., 2014).

*** ELISA** Enzyme Linked Immunosorbent Assay (or EIA=Enzyme Immuno-Assays)
GC/MS - Gas Chromatography/Mass Spectrometry
LC-MS/MS Liquid Chromatography-Mass Spectrometry
RIA – radio immunoassay

Some methods involve cutting the hair into small pieces, others pulverising it. The terminology is not consistent (chopping, snipping, cutting, mincing, pulverizing, powdered). Stalder (2012b) noted across two studies with the same participants that powdered hair did not seem to produce more yield and Slominski (2015) points to 'cut up hair' achieving a higher percentage, although different laboratory preparation washes were used.

4.12 Quantity to collect

4.12.1 The amounts of hair used can range considerably, causing difficulty in comparisons. In the literature the length of hair used may be given without the weight and sometimes hair is collected by diameter (Abadeh et al., 2014), a difficult process to manage. Alternatively hair has been collected by number of strands (Manenschijn et al., 2011a; Sauve et al., 2007). Sauve pointed out the impact on measures of using different weights. For example, anything that increases the size/weight of the hair shaft, such as moisture or hair type, will reduce the percentage of cortisol measured in the sample overall.

4.12.2 Gow et al (2010) reviewed the processes in use and noted extraction from LC/MS achieves 74% from 30mg; RIA, 74% from 25mg. There was 9.35% steroid cross reactivity in ELISA processes. Russell et al (2015) point to a pressing commercial and academic need for comparable harmonisation of methods. Using four international laboratories, four types of ELISA assays, 2 LC-MS/MS assays, testing of 40mg hair samples took place. They too found LC-MS/MS to be highly reliable with virtually identical results between labs.

4.12.3 However, realistically ELISA, is more likely to be economical and the recommendation is that a minimum of 10mg be used and a 10% retest rate (requiring a total of 20mg to be collected for 10% of participants). GC-MS assay method, considered to be the gold standard (Wennig, 2000) is used for forensic and sports purposes, where ELISA is deemed not acceptable due to concerns about higher false negatives.

4.13 Individual differences with HCC as a biomarker:

4.13.1 The research has mainly considered physical health rather than links to psychological health or person-environment context:
Smoking, age and obesity (Braig, 2014) independently predict higher HCC levels as do diabetes and alcohol consumption in women. However, pain was found to be associated with higher HCC only if measured together with high-perceived stress (Van Uum et al., 2008). Low educational background and recent unemployment were predictive of high HCC, and may be linked to self-esteem mentioned here in respect of HPA reactivity (Pruessner et al., 2005 para 4.8.1).

4.13.2 In a study of chronic stress and generalised anxiety disorder (GAD), which also included salivary assays, Steudte et al., (2011b) used a diagnostic interview along with questionnaires on perceived stress, chronic stress and depression. There was a 50-60% reduction in expected HCC levels for those with chronic stress and depression, which is in keeping with expected HPA habituation to longer-term stress. More recently Steudte-Schmiedegen et al. (2016) noted a link between cortisol dysregulation and traumatisation in posttraumatic stress cases.

4.13.3 Of particular relevance to the present research, Wester and Rossum (2015) found that where blunted scores are in keeping with HPA habituation, the increased cortisol levels returning to normal after long-term depression (see also paragraph 4.3 here) but not necessarily following repeated episodes. Importantly they found there are different impacts on cortisol levels depending on whether the life event stressors are considered to be chronic or acute. Cortisol levels were also influenced by whether the response separately from the stressor is longstanding/short term and whether it is dynamic (active vs. passive).

4.13.4 In a study of healthy students (Ullman et al., 2016) used scales for perceived stress, anxiety, depression, sense of coherence, resilience, acceptance of self and life dimensions. They found there were significant

HCC correlations with subscales of physical stress, stress perception and subjective perceived stress.

4.13.5 These recent studies are in contrast to previous findings. Stalder (2012a) used 6cm hair samples at three times 2 months apart. There was an online questionnaire for stress in the previous 2 months, a social support levels index and self-efficacy scale. The only significant results related to raised HCC and body weight. Study 2 of the same research included a longer stress questionnaire and measures of physical, emotional or mental exhaustion and a subscale for social overload. Again body weight was significant (but causal direction was not determined).
Importantly, this was deemed at the time to concur with all previous studies that there was no significant association between HCC and psychologically perceived stress except in pregnancy or due to chronic pain.

4.13.6 However, later the same year the intra-stability of HCC as a measure was found by Stalder et al (2012b) after controlling for major life situations in a study of 30 females average age 37. Statistical outliers were reconsidered rather than rejected for skewing the data (a flaw in statistical analysis of human factors). Those participants with outlier scores had had negative life experiences throughout the research time frame, which established a possible connection with significantly raised HCC and chronically stressful situations.

Farasjo et al (2014), whose participants were 112 middle-aged female nurses, found that those reporting high long-term stress, depression or low health had significantly elevated HCC. The Stalder studies (2011a; 2012b) and Farasjjo et al (2014) demonstrate the need for the inclusion of qualitative biographical methods within HCC research and deeper understanding of contextual factors beyond nomothetic data or bio data alone, particularly in considering causal direction.

4.13.7 Finally, of possible relevance is an animal relocation study by Davenport (2006). A group of rhesus monkeys was relocated and their HCC levels measured 13 weeks before relocation for a baseline measure, then 14 weeks after. There were raised levels of HCC that did not completely subside until 52 weeks from the move (which reflects the time frame for subsidence in Kirschbaum et al's 2009 study of post-partum women). The current study measures 20 weeks pre and 20 weeks post move. A 52-week post-move analysis of HCC for those human relocators with high HCC might be a useful area of research.

4.14 Summary - limitations

Caution in interpretation is urged as demonstrated in the following figure 4.14

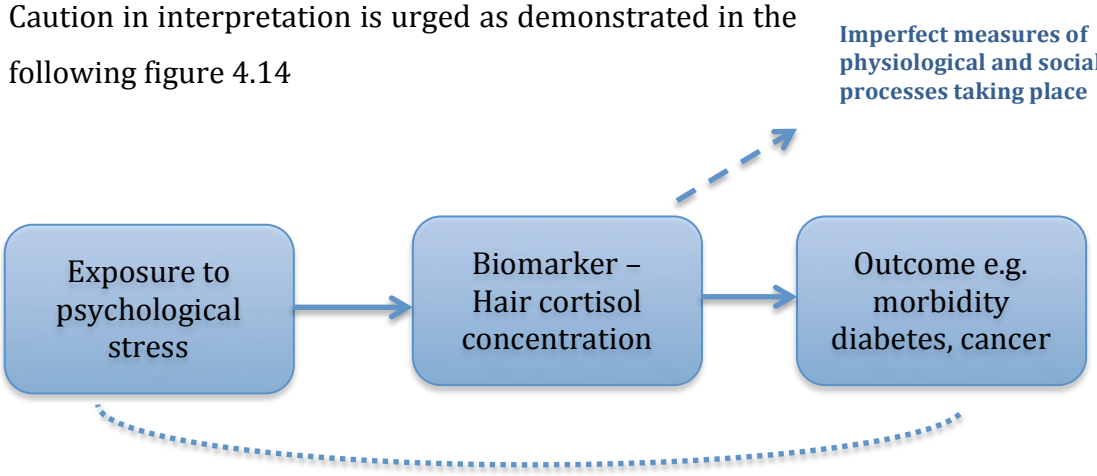


Figure 4.14 Effects of exposure on outcome not accounted for by the measure biomarker

after Loucks et al 2008 in McEwen 2012

Whilst these studies support the use of HCC as a measure of chronic versus acute stress, they show the need for qualitative, within-subject analysis to understand the individual effects of lifestyle, context and experience.

In chapter seven results of HCC assays are reported relating to self-esteem, depression, anxiety and stress. These are considered using qualitative biographical information to enable a picture for each individual or to identify commonalities between groups in respect of chronic stress and the relocations decisions they have made. Chapter five, General Methods that follows, describes the design, methods and materials used in the present, largely qualitative research.

CHAPTER 5. GENERAL METHODS: Design, Materials and Process

5.0 Introduction

This was a largely qualitative study that involved the collection of primary interview material and secondary quantitative wellbeing data to supplement and help contextualize the qualitative data. This chapter details the research approach, fieldwork and analysis undertaken from 2012 to 2016: Section 5.1 provides the rationale for using a qualitative approach and then section 5.2 provides an overview of the innovative design. Sections 5.3 and 5.4 cover sampling and recruitment. Sections 5.5 to 5.7 detail development of the questionnaires, interview schedules, their use and the role of the researcher. Section 5.8 relates to hair sample collection for cortisol assays and 5.9 details the management and analysis of quantitative data. Section 5.11 examines Thematic Analysis (TA) as a Qualitative data management and analysis method and details each stage taken in the current research. Section 5.12 covers all governance matters. Section 5.12 summarises the chapter in advance of progressing to the research findings in Chapter 6.

5.0.1 Research premise and propositions revisited

Meta-analyses of older people who relocate (e.g. Egan 2008) indicated a generally accepted premise that moving home late in life can be a lengthy, burdensome and often emotional process. The current research was conducted in order to improve understanding of how participants experience that relocation process as three stages involving 1. decision-making, 2. the move itself and 3. settling-in; or conversely deciding to stay put. The potential of this process to cause chronic stress was a wellbeing component that lacked sufficient examination in the relocation literature.

The research propositions were that a lifetime of experience, personal beliefs and values would affect self-efficacy. Moreover, how a decision was envisaged, emotionally and then practically supported by others, would affect how robust the decision to move home would remain throughout the process and how successful it would be for settling in after the relocation.

5.1 Research approach

Guba and Lincoln (2007) point to methodology being secondary to paradigm. The research approach adopted in this thesis leans to the right of the Guba and Lincoln (2007) paradigm table (Appendix 2), by using discursive methods of information collection and qualitative methods for analysing it. Previous relocation studies, discussed here in the literature review have leaned towards objectivist research designs mainly because of the tangible and functional nature of housing. The current research has attempted to give sufficient regard to tangible ('functional') aspects whilst concentrating on qualitative insight into underlying emotional ('meaningful') matters linked to moving. These terms were introduced into relocation (Oswald 2004) who refers to social and physical aspects but a lack of emotional insight in the relocation studies of older people. Following shortfalls in that researcher's own extensive study (2002) his paper (Oswald 2004; 2006) highlights the need for more qualitative insight that has so far, been largely missing from the literature. Thus a qualitative approach was adopted to gain thoughtful reflection from participants' about their decisions and actions, taken or rejected.

Interviews were organised and repeated at two stages using questionnaires so the researcher could hear, discuss and note views on the existing home situation, previous relocation and other life history, and participants' perceptions of the future needs and aspirations, which might influence their current feelings and perceived efficacy in respect to moving home.

Additionally questionnaires included scales for depression, anxiety, stress and self-esteem and hair samples were taken to measure hair cortisol concentration (HCC) as a biomarker for chronic stress. This introduces triangulation for the wellbeing measures. The researcher's review of HCC studies indicated using a biological measure could underpin interpretation of qualitative information since HCC would not be affected by social desirability or cognitive dissonance that qualitative accounts are prone to. In the other direction HCC results could be understood for individuals using the qualitative context (ch7 results).

Hair cortisol concentration (HCC) analysis had, as far as the current researcher was aware, never been used as a chronic stress indicator in relation to older people moving home and thus was considered an improvement on existing research. The (Lutgendorf et al 2001) research, (chapter 4 literature para 4.8.2), used salivary assays in a study of the three-stage process of relocation. Lutgendorf et al referred to design shortfalls, including failing to gain sufficient qualitative data to interpret the biomarkers.

An inductive (bottom up) approach was taken, gather information and carry out analysis. Information was gathered through face-to-face discussions at each interview stage described in the next section. Ample time was made for discussion and verbatim notes to be taken, around the answers given at each stage. Thematic Analysis (secn. 5.11.1 to follow) was used to develop themes within the narrative and interpret them with the aid of theoretical concepts. In particular, an abductive (top down approach) emerged from the literature review. This enabled a synthesis of theory with participant experience and potential health outcomes (Thomas 2006).

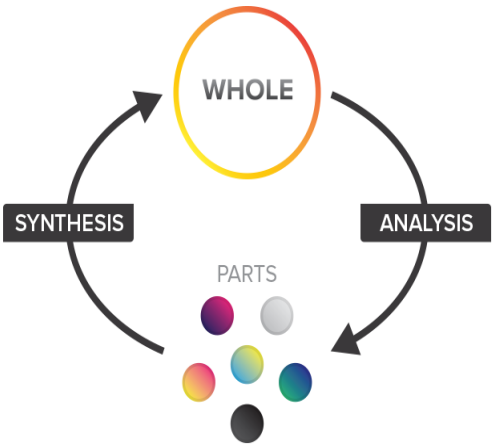


Figure 5.1 - Inductive and abductive processes start with specific knowledge that is likely to be or at least is potentially partly applicable.

5.2 Design Overview

5.2.1 Participants - cohort summary

The full sampling strategy and rationale is explained from section 5.3 below.

Table 5.2.1 Participant Cohorts – under-occupying homeowners

	Age 60 – 75	**Age 76+**
People who moved home	Group **A** Movers (*n*11)	Group **B** Movers (*n*12)
People who did not move home	Group **C** Non-Movers (*n*8)	Group **D** Non-Movers (*n*8)

The sample comprised 39 females, in two age groups, who were sole residents of technically under-occupied property (govt. definition is having one room more than is needed to sleep in). They owned their properties outright or with a mortgage and who either downsized (Movers groups) or had 'stayed-put' ('Non Movers' groups).

The Movers and Non Movers' two age groups were 65 to 75 years, 76 years and over. This mirrored most age-related research to allow for cognitive and physical health differences that are more prevalent in older age groups, as well as different socio-political life experience.

5.2.2 Timeframe and activity

Table 5.2.2 Timeframe (time-matched for Non Movers)

Time 1: 5 months pre move	**Time 2:** moving-in	**Time 3:** 5 months post move. (settling-in)
Period A – 5 months from Time 1 to Time 2		**Period B** – period of 5 months from Time 2 to Time 3

Stage 1

At Time 2 and Time 3 the researcher undertook face-to-face completion of questionnaires. (detailed from para 5.6 and produced in Appendices 5 & 6)

At Time 2 questions were asked twice for the psychometric items in the questionnaires measuring depression, anxiety and stress; Participants

were first asked to retrospectively assess these, i.e. Five months prior to moving, which represents Time 1. They were then asked to answer based on their current thoughts and feelings.

A hair sample of 5cm nearest the scalp (procedure para 5.8 to follow) was also collected from participants at Time 2 and Time 3 to be used for a cortisol concentration assay. This is an accepted biomarker for chronic stress (see ch4) with each cm representing a period of 1 month intended to represent the five months of Period A and Period B.

Stage 2

Eight participants at Time 3, took part in a semi-structured interview, instead of the Stage 1 questionnaire. They also completed the psychometrics, cognitive tests and provided hair samples in a similar way to the other participants).

Stage 3

Hair cortisol concentration and questionnaire items for depression, anxiety, stress and self-esteem were analysed on a participant-by-participant basis. This analysis was contextualised by the thematic analysis findings relating to experience and context (reported and interpreted in chapter 7)

5.2.3 Iterative Process

The analysis was not linear, more fully described in section 5.11 to follow. It involved considering and reconsidering interpretation as information was gathered, coded and linked to previous codes. Table 5.2.3 illustrates the overall process.

Table 5.2.3 Iterative process and corresponding analysis

Stage 1 to Stage 2

- The information from the questionnaires was collated, including the explanations encouraged from the participants face-to-face and noted down verbatim, about why the score was given and any associated issues or outcomes.
- Biographies were built up using the data, initial coding and identifying potential themes.
- The participants' responses were then fed into the design of the semi-structured interview used at Stage 2. This was to ensure that the questions asked were relevant and the language was familiar to the respondents.

↑↓

Stage 2 to Stage 3

- Coding and interpretation using Thematic Analysis of the interview material from Stage 1 and 2. Biographies were completed and overarching themes and sub themes finalised and discussed see secn. 5.11.4 for examples of themes being developed.

Stage 1 & 2 inform Stage 3

↓

Stage 3

- The Hair Cortisol Concentration (HCC) indicative of chronic stress and scales for depression, anxiety, self-esteem and stress were analysed bi-directionally with qualitative information from Stage 1 & 2 and interpreted for individual participant levels.

The psychosocial demographics and information from Stage 1 questionnaires inform the Stage 2 semi-structured interview design, that together inform the thematic conclusions and provide a qualitative basis for the thematic interpretation of chronic stress data at Stage 3.

5.3 Sampling size and selection rationale

The original design included use of inferential statistics and larger numbers of participants that would enable this. However in the light of the extensive literature review the researcher felt this would compound the mistakes of previous research by detracting from the most existential emotional aspects. Whilst the physical environment needed to be taken account of, this had not previously provided the insight into relocation ambiguity among older people. The intention was always to focus on individual, qualitative

experience and the gap in the literature emphasised the need for this. Ten participants per cohort was considered a sufficient number to provide individuals' socio-demographic, home environment and health information in relation to their decision-making about relocation (ch6 Part 1). The statistical analysis was thus descriptive rather than inferential (para 5.10 to follow). This was intended to help indicate areas of agreement or difference that might inform development of the semi-structured interview schedule and supplement qualitative interpretation. Health effects data were used speculatively, and otherwise mainly considered on an individual-by-individual basis (chapter 7).

Inclusion and exclusion criteria

The sampling design allowed for just four criteria: those who have moved or not moved, in two age groups, 60 to 75; and 76 and over. The design screening was limited to: the property, the location, being currently single and female. Excluded were those who may have wished to move but were already in a one bedroom property or were younger than 60. Participants should not have chosen to move previously at over, or approaching, age 60 in order to retire. Two participants accepted into the Non Movers group had moved many years before, as part of a couple into accommodation they thought would be suitable for retirement.

Definition of the criteria

The property

The present home of Non Movers and previous home of Movers had to be or have been owner-occupied, with or without a mortgage. This was because terms of occupation and the mechanisms for moving are completely different for owners and tenants. Moreover, national policy in relation to housing and assistance is very different for different tenures (see chapter 2 for background). The new tenure for Movers could be rented or owned, since both were increasingly available as options in retirement housing (although in practice only two of this sample, rented the new accommodation).

Under-occupation is defined according to a national technical standard (one more room than is needed for occupants to sleep in). It seemed likely that participants, all of whom lived alone, would not feel two bedrooms to be excessive under-occupation. However, imposing this government-defined criterion ensured that all cohorts had, as one decision-making influence, the consideration of the accommodation size and the purpose of its use. Because of the disproportionate cost and shortage of 2 bedroom properties (see chapter 2), many downsizers realistically, would not have had the choice financially of moving to a two bedroom property. Participants' views on size of present and future accommodation were thus important and fully explored in the research.

The location

The geographical recruitment area was North East London and surrounding Home Counties in high-density urban or suburban areas. Housing market influences were deemed to be important for relocation decision-making. These vary considerably by area nationally, although to a much lesser extent within the areas used for this research. These issues are relative and so would only become an issue if the requirement was to move to a more expensive area. Other important social factors such as population density, immigration, migration, provision of facilities and services such as health and transport, were relatively similar in the locations used.

Lone females

Lone females were the focus of this study is because statically they are the largest group of single occupiers in older age (ILC 2016). Importantly there are thought to be baseline cortisol differences between females and males (Herbert 2006 ch4 para 4.4) and perceptual differences found in some research about the meaning of home (e.g. Sixsmith et al., 2007, ch3 para 3.7) that may confound findings. Women are also more likely to have sufficient hair for the hair cortisol concentration sampling, which makes them a better choice overall for the current research design.

Person-environment fit – avoiding exclusion screening

The existing literature showed that something was impeding people from moving even when moving seemed beneficial and viable as an option for them and their carers. Conversely others, who had seemingly obvious impediments to moving, overcame adversity in order to relocate.

It was therefore, important not to select or deselect any variables that could influence and preempt findings, whilst purporting to keep an open mind by, for example, only including those with a certain level of health or wealth. This would have suggested a hypothesis or assumptions based on what might seem to be obvious reasons, needs or opportunities for moving or staying put. This would have compounded mistakes in the existing literature, where cohorts were limited due to assumptions in sampling (ch1 para 1.4 and 1.5). Nothing could be assumed. Even the research premise that a move is burdensome transpired to be more of an issue for some than others, despite them having similar practical contexts.

5.4 Sampling and Recruiting the participants

Purposive sampling

Purposive sampling is the method used in this research. It derives from purposeful sampling technique, defined as *"a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources"* (Patton 2002 in Palinkas 2015).

The sampling criteria in this research were very specific but not extensive (para 5.3.1). The researcher took a 'Purposive Sampling' approach, defined by Patton (2002) as *"recruitment focused on the judgement of the researcher as to suitability of each participant".* The emphasis was on gaining depth of understanding from those with actual experience, of moving or decision-making about moving (Patton 2002) and finding those who *"had a story to tell and were willing and available to tell it"* (Bernard 2002).

Movers

The researcher in this study used her judgement in cooperation with retirement scheme managers so that only those potential participants who met the criteria were selected. The researcher's previous local authority connections and verification assisted in this process. The managers and their organisations were supportive of the research when it was explained to them. They identified individuals who they thought might be suitable based on the criteria. Their knowledge about the person was based on the pre purchase meetings that scheme managers have with potential purchasers and sometimes their families. Scheme managers were able to say when purchase completion dates were imminent and get some idea from the new resident in advance, or just after the move as to whether they were likely to consider taking part in the research and would be happy for their details to be provider to the researcher. This gradual introduction was important since participants during this difficult transitional period might otherwise have been reluctant to take part. Posters in retirement housing venues or leaflet or letter drops would also have required the agreement of the scheme managers and would have been less successful than a reassuring personal approach.

Palinkas (2015) suggests being purposive rather than random or stratified in nature, the researcher in qualitative research makes a somewhat subjective decision about the extent to which a candidate will provide rich information and add to the cohort as it is collected. For example asking new retirement scheme owners to take part provided the researcher with participants who could also discuss the applicability of a scheme the researcher developed (FreeSpace Appendix 1) for downsizers moving to retirement housing, thus adding another useful dimension.

Non Movers

For the Non Mover cohorts, the sampling was more opportunistic. Participants were recruited by visiting settings where candidates in the

study's older age ranges might be found, who might be willing and able to contribute.

Palinkas (2015) points to the range of variations in a qualitative sample not being known at the outset of the research. This was not a problem for the researcher in the current study since the primary approach to analysis was inductive (bottom up), meaning that it was led by the information derived from participants. Although the research analysis stage would involve some top down application of theory from the literature review, the selection of participants did not use the 'Theory based' purposeful sampling method (Patton 2002). Nothing had specifically to be known at the time of recruitment about the previous lives and the personalities of the candidates beyond the basic criteria. However neither could this be considered a 'convenience sample' (Patton 2002) that might be more randomly opportunistic and easier to achieve. Potential candidates were questioned carefully and sensitively before being accepting or rejected, especially with Non Mover cohorts where the less tangible criterion was important, the notion of having thought about moving but ultimately deciding to stay put.

Flyers (Appendix 3) were put on the notice board of an Age UK drop-in centre for those aged 50 and above and at two Women's Institute Meetings, where an announcement was also made as the researcher could not personally attend. The researcher visited a number of luncheon clubs for older people to explain the research and gain suitable candidates. Local authority occupational health and improvement grant sections were contacted, where service users who had chosen home adaptations instead of moving might become participants. Word of mouth resulted in 4 introductions where participants recommended the research to friends, who met the criteria.

Stage 2 semi-structured interview participant selection

Two participants were selected from each cohort, based on the Stage 1 interview data. These participants had raised issues expressed by most of the group but not necessarily that the issues were experienced in the same

way for all in the group. No cases were selected that were very unusual or extreme. However, the importance of the more unusual and extreme cases was explored within the overall analysis. Due to the limited numbers in the research, the Stage 2 participants could not be determined as typical statistically in their cohorts. However Patton (2012) describes a typical case sample in qualitative research *as "to describe and illustrate what is typical to those unfamiliar with the setting, not to make generalised statements about the experiences of all participants".* The cases selected were suited for the qualitative nature of the research using Thematic Analysis discussed in secn. 5.9.1 here (Braun and Clarke 2013). This discussion aims to identify themes and patterns rather than to specifically quantify outcomes.

Recruitment issues and overall time taken for fieldwork

(Ethical considerations are detailed in secn. 5.12)

Recruitment took over 18 months, meaning the last data collection was 5 months after that, totalling nearly 2 years for fieldwork. The housing market determined how quickly people could sell and move to retirement housing. Despite many vacancies at the beginning, the properties were not being sold very quickly. Within a year the market changed and there were plenty of sales, but the vacancy to completion period when the participant could move in, was still lengthy.

The attrition rate

It was anticipated that death or deteriorating health could affect the Time 3 interview numbers but it transpired not to be a problem; participant numbers were stable and there were few drop-outs. One Non Mover died before Time 3 and one became cognitively unable to do the follow up, having been perfectly able to participate at the first visit. Both were in the 76+ age group. Their comments were included but their Time 2 hair sample scores disregarded.

5.5 Materials - Questionnaire development and use

The questionnaires were structured in design at Stage 1, meaning they had *"a specific order and many, potentially closed questions with a Likert scale, in order to control the breadth of response if necessary and attain factual data such as demographic data".* (Robson, 2011). Established, tried and tested cognitive and health measures were used (DASS scale Sherbourne & Stewart (1991) detailed in Appendix 6) for depression, anxiety and stress (per para. 5.2.2 and discussed in ch7 results).

5.5.1 - Relocation Considerations Measure (RCM)

Using a structured questionnaire ensured discussion of the same topics across all participants. A Likert scale of 1 – 5 was used. However, the process was qualitative in approach; it was carried out discursively and face-to-face at each participant's home. Participants were encouraged to elaborate on or explain their answers. Comments were noted down verbatim by hand on the questionnaire paper.

- See full details here at 'conducting Stage 1 interviews' (para 5.6).

– The questionnaire items are provided in full at Appendix 5

- The discussion of data management starts from para. 5.9.2
- Details of the analysis details are in sections 5.10 and 5.11

Questionnaire items were compiled to identify widely used markers of lifestyle, social and health demographics, cognitive tests, individual housing contexts and individual concerns or preferences that motivate or impede relocation.

Participants were asked, where appropriate, the extent the following items were an issue (e.g. the need for repairs may be high but not a worry and thus overall not a 'big issue' or motivator to move, when analysed).

Demographic factual questions were completed in the following order:

Current age, age when last moved and comment on what is thought to be the best age for moving

Factors affecting cortisol measures: chronic illness and medication; disability; acute illness; and trauma over last 1 year, 18 months, 2 years. Self report for under weight, over weight or obese; hair treatments/frequency of washing.

Cognitive ability tests, which were Trail A and B; semantic fluency; number span recall and complex drawing (Rey test)

Lifestyle behaviours – whether diet is considered to be healthy, exercise hours per week, sleep hours per week; levels of smoking and alcohol now and highest in the past, how long ceased.

Self report social status, education and employment and extent that this is the same or different from parents.

Details of the house lived in now (also before for Movers) – size, type, level and number of storeys, tenure. Level of repair, Level of maintenance, costs associated with these and household costs.

Preferred size, type, storey, if one level (no stairs)

Options or Lack of options available to move

Financial difficulties and financial considerations made to do with moving and maintaining the home.

Functional and meaningful impediments and motivators:

- The items collated here represent the most used items across housing relocation research and were rated to the extent that they were a 'big issue' in deciding to move – using the Likert scale (para 9.2 and Appendix 5)

Too many possessions to move; No one to help me; Don't understand the processes; Coping with packing and moving; Garden too large or conversely must have garden or outside space; Want one level, no stairs; Must have ground floor facilities; Must have less cleaning and DIY; Need cheaper bills.

Loss of confidence or status; Memories in present home; Feeling safe and secure; Energy levels; Familiarity of surroundings; support of friends, neighbours, family, community; Socializing facilities;

Transport aspects; Local shops, post office, bank; Safe green space and parks; Nearness to or retaining current doctor, health and/or social services;

Being able to have pets; Spare room for visitors; Leaving inheritance for the family; Level of trust in agents, solicitors, officials; Any other comments

5.5.2 Relocating Psychometrics (RP)

The questionnaire and details of the scales they were taken from can be viewed in full at Appendix 6 and 7

As with the Relocation Considerations Measure questionnaire, the RP questionnaire gathered free flowing narrative that was collected verbatim, within a structured but informal, face-to-face approach, where discussion around the questionnaire answers was encouraged (see coding the items at para 5.6).

Identifying the 8 validated scales, suitable for research with older people

Details of the scales from which questionnaire items were taken is included in the Appendix 7

A search was made of relocation literature involving older people's wellbeing, feelings, attitudes and psycho-neuroendocrinology that measured relocation effects of policy, practice and associated interventions (see lit. review chapters 3 and 4).

Thirty scales were identified that purported to measure the dimensions considered in this research, including locus of control, self-efficacy, self-identity and self-esteem. Nine of these were rejected as not suitable for older participants and twelve as not sufficiently relevant. This left 8 highly validated scales for full or partial use, previously used specifically with older participants (Appendices 6 and 7).

Eight Scales representing subjective, perceptual dimensions of the study:-

Table 5.5.2 Research perceptual and subjective dimension items in the RP (Chronbach's alpha)

1) Self-Efficacy	**2) Support**	**3) Locus of Control**	**4) Self-Esteem**	**5) Health & Wellbeing**
11 items relating to temporality (.73)	16 items relating to more emotional aspects (.87) 21 relating to practical difficulty (.70 - .87)	9 items relating to views and attitudes (.87)	8 items relating to views and self/attitude 4 items relating to controllability (.70)	7 items each (21) for depression, anxiety and stress; (.81) 4 items for physical ability and pain. (.87)
				TOTAL 94 items

Harmonisation with other research

The selected scales have been used in qualitative and quantitative studies with older participants. For example the OPQoL (Appendix 7) has been used in major longitudinal studies. This includes since 1999 in epidemiological social studies by the International Longevity Centre (UCL - more than1000 subjects aged 65+).

Satisfaction feedback questionnaires

At the final appointment (Time 3) after the questionnaires had been completed, all participants were asked about their satisfaction with relocation advice. Participants were also asked about the information and support they received or thought was available, who provided it and at what stage. Suggestions for improvement to policy and services were incorporated in the recommendations (chapter 8)

5.5.3 Piloting the questionnaires.

Two of the three volunteers in the pilot were slightly younger than the third, aged 60, who was a former social worker for older people. Cognitive dissonance and social desirability aspects were considered (see also secn.

5.7.2 below). This indicated that the Relocating Psychometrics (RP) questionnaire should be used after the Relocation Considerations Measure questionnaire, to establish the higher level of rapport needed for the RP. Also both should be completed on the same day if possible, in order to maintain continuity given the nature of the questions (this happened in practice, but the option to complete them over two visits was always given).

5.6 Conducting the Stage 1 interviews with RCM & RP questionnaires

Following the informed consent stage of the process (see secn. 5.12), at Stage 1 the interview process was informal, carried out face-to-face in participants' own homes and discursive in nature. This resulted in large amounts of qualitative information from participants. Answers were written down verbatim on the questionnaire forms.

Questions merged in a way normally seen in semi-structured interviews (Robson 2011, p285 and defined in para 5.7 that follows). The participants' contribution was not restricted and they were actively encouraged to give reasons for their answers and to discuss the impact on them, even in respect of functional items, for example the level of disrepair. For instance asking about the number of hours spent outside the house would lead naturally to a discussion about the local area and changes relating to safety, physical health and neighbours, which were also due to be asked later in the questionnaire. Thus the order of asking questions was not adhered to. Questions about diet led to discussions about changes in day-to-day "cooking for one" following bereavement, to discussions of loneliness or isolation from local facilities, the cost of food, neighbourhood friendliness and so forth.

The conversations revealed emotional aspects of moving such as loss and changes in personal identity, for example when completing items for depression, anxiety, stress, self-esteem, restrictive health, emotional and practical support. One particular aspect the researcher noted was that participants often made observations about the experience of others who they knew or knew of, rather than their own direct experience. This was

prominent when decisions that acquaintances had made turned out to be a mistake and thus were experienced as a warning against that action.

RP questionnaire retrospective health items – depression, anxiety, and stress (DASS scale)

(Chronic stress hair cortisol concentration (HCC) method and protocols is covered in full at para 5.8)

The experience of moving home and settling in, alternatively of staying put might be affected by the potential for emotional and physical strain in relocation (research para 5.01). The purpose of the biomarker (hair cortisol concentration) was to look at actual cortisol reactions on an individual basis and to interpret these biological reactions in the light of qualitative data (and as it transpired the qualitative perceptions of stress in the light of cortisol findings). Cortisol is the so-called 'stress hormone' (see chapter 4). Results and interpretation are reported in Chapter 7.

The DASS scale items (App 7) were covered at the last stage of the RP questionnaire, which followed the RCM questionnaire, ensuring the DASS items were the last to be covered at both interview Times (Times 2 & 3). Therefore a high level of rapport had been built up during the one to two hour interviews. The questions were first asked retrospectively. This was intended to reflect participant feelings 5 months before the move (time matched for Non Movers). To prepare them, participants were first asked if they could remember events of 5 months ago and the researcher asked them to think about what was happening in the news and their lives at that time. After considering the questions retrospectively, they were then asked the same questions as they applied in the present time. Thus at Time 2 the retrospective questions related to Time 1. These were the only items in either questionnaire to specifically cover Time 1, although there was plenty of general discussion about decision-making that would have taken place some months and years earlier, including for Movers, critically at 5 months before. Nearly all of the Stage 2 semi-structured interviews were retrospective, reflective questions.

5.7 Development and purpose of Stage 2 semi-structured interviews.

Semi-structured interviews contain mostly prepared questions that can be supplemented with additional questions. The interviewer can use a range of interviewing techniques in order to produce richer qualitative data, Importantly *"the interviewer does not have to follow the sequence on the schedule, nor does every question have to be asked, or asked in exactly the same way of each participant" (Smith 2012 pp62 – 65).*

The purpose was to set aside sufficient time to better understand the thinking, emotions and experience behind participants' beliefs within a dialogue framework. Smith (2009 p62) refers to entering "*as far as is possible, the psychological and social world"* of the respondent. This includes observing the impact of the interview on the participant, accepting that the participant is the 'experiential expert', rather than the researcher.

Questionnaires at Stage 1 were based on prior experience of the researcher and previous studies that would be most likely to provide the participants functional and meaningful relocation experience. The findings from Stage 1 interviews informed the design of Stage 2 interviews (Table 5.2.3), thus ensuring the continuity of frankly expressed attitudes and beliefs.

Interview Schedule –planning and focus

The starting point to constructing potential questions for the interview was the interview schedule (Table 5.7A). The researcher asked *'how will the interview help to answer my research question?'* (Braun and Clarke 2013 p81).

Table 5.7A Initial Interview Schedule – based on format Smith (2013 p 59)

1) Goal/planning – questions 1 to 4 - satisfaction with decision/s - personal efficacy - support from others - dependency Focus on: feelings, wellbeing and health 2) Influences from past experience and that of others – question 5 - relocation experience and decisions Focus on: values, attitudes 3) How Age affects decisions - questions 6 to 8, (most sensitive areas) - satisfaction with present situation - controllability of decisions - regrets - loss Focus on: temporality, choice and health

Questions in semi-structured interviews should be either totally open ended or, as in this case (Table 5.7B), be designed to focus the discussion to some extent. This is referred to as 'controlled reflection' (Smith et al 2012 p188; 189) given that "*implicit in the formation of a question is an assumption about what the data can tell us*". In this case, ultimately whether moving or staying put was a good or a bad outcome for each participant and how they made their decision.

Question 1 (Table 5.7B) required an initial definite response, as could questions 6, 7, and 8 to some extent. Participants were required to affirm or reject a suggestion at the outset and then the researcher and participant explored reasons for the answer to elicit whether the initial response held firm. The most immediate answer to a closed question can be the most revealing if asked face-to-face because the researcher can gauge the strength behind it. If it seems weak or strong, the participant might feel obliged, or be encouraged to qualify that. Question 1 required an initial definite response, as could questions 6, 7, and 8 to some extent.

The questions

Table 5.7B Semi-structured interview questions

The questions were asked of Movers in both age groups. The questions in brackets were asked of Non-movers in both age groups, worded slightly differently to allow for context:-

Q1. 'Do you see the move (staying put) as positive overall?'

Followed with discussions asking for reasons behind a yes or no answer

Q2. a. What options did you consider? (a. What options did you consider about moving against the issues you might have by staying put?)

b. Why did you choose the one you did? (b. Did you ever think there might be issues if you stayed put?) Typical prompt, 'tell me about those'.

Q3. a. Did you have a goal and work towards it in order to move or did it happen differently? (Did you make a conscious decision and have a plan for your future or work towards making any arrangements?) Typical prompt for yes or no = tell me why that was/how that worked?

b. How did you start going about it? (How did you start/are you going to start going about it?) Prompt: E.g. care in the home, adaptations.

Q4. a. To what extent were you dependent on others?

b. Could you have managed it alone? (Could you have managed to remain here without support?)

Q5. Were there things you would have preferred to have been different if starting again in respect of the following……

a. … thinking back over your housing moves and decisions?

b. …thinking about the recent move? (most recent decision to stay put?)

Q6. With what you know now, what would you say would have been (or will be) the best age for moving for you?

Q7. Are you planning ahead now?

Q8. Do you see yourself being able to live here forever?

The researcher when working with clients in counselling therapy, where depth and honest insight is important, was experienced in this technique (Rational Emotional Behavioural Therapy, (REBT), Albert Ellis (1957, 1973). In practice, participants tended to elaborate before being asked to do so and the conversation flowed naturally. The importance of the interviewer's role will now be explained further.

5.7.2 Conducting the semi-structured interviews

Selection of participants for Stage 2 was explained at para 5.4

Role of the researcher

Rapport had been established at Stage 1 with the participants selected to take part, when questionnaires took nearly two hours. This was helpful as participants readily agreed to Stage 2, where interviews also took an hour or more. The interviews were recorded (see para 5.11.2 below, heading 'Familiarisation'). The researcher was entrusted with personal information and the biographical backgrounds that underpinned decisions and attitudes. Potter and Hepburn (2005) refer to questions being "*aimed at creating a dialogue, that is modified in the light of responses and probing where interesting and important areas arise*." Notably in this research, elaboration on family and sociopolitical factors considerably added to findings from Stage 1 about what Oswald (2004), in terms of environmental fit, would see as "*social, physical and autobiographical insidedness*".

Houtkoop-Steenstra (2000) suggests guarding against assuming responses that are "*unmediated expressions of respondents real opinions*". There were instances where a response seemed to be slightly guarded, unclear or felt to the researcher to be long established, potential rhetoric. This led to further gentle prompting and reassurance by the researcher, to put individuals at their ease in order to gain mutual understanding of the reality of their latent experience, so far as the participants perceived it This is discussed further below in relation to cognitive dissonance and social desirability effects.

Impartiality and bias affecting answers

Total impartiality is impossible in qualitative research: for example it was implicit in the researchers view that the research, which was subject to a premise and proposition (para 5.0.1), was necessary. The researcher has had to retain an open mind and be true to the point of qualitative research, to "*examine from all angles and discover answers that have not necessarily become available through other research*" (Smith, 2009).

The researcher has been what Lincoln (1991) would describe as the 'passionate participant', with experience in social policy and practice, organisational and counselling psychology, which was relevant and active in the design, the use of materials, the fieldwork and interpretation. This is particularly important when looking at retrospective feelings and events where there is the potential to bias or distortion by simply filling in gaps in memory. Using repeated face-to-face stages allowed the participants' views and researcher's interpretation to be revisited together to gain mutual understanding. The challenge was to gain insight without influencing the meaning of answers when obtaining or reporting the data. Once the themes were developed the professional and theoretical knowledge of the researcher was important for further interpretation

Cognitive Effect (Festinger & Carlsmith 1959)

This was thought to be a potential issue at questionnaire pilot stage (para 5.5.3); because as the research relates to practical decisions that have been made there is a potential need for people to align their physical situations with having made the right choice. Cognitive dissonance can be used to minimise feelings of regret. Question 5 of the semi-structured, in-depth interview (secn 5.7 *The questions*) was aimed at trying to detect this but it is not necessarily a conscious reframing and so was difficult to judge. There was evidence to suggest an effect in some cases and this is brought out when appropriate in the Thematic Analysis in chapter 6 part 2.

Demand characteristics and social desirability

The researcher was mindful of the need to be sensitive in order to attain genuine answers and how to ask about matters of personal nature or questions related to social status. For example, the Relocation Considerations Measure (RCM) questionnaire included questions about health behaviours, such as how frequently participants wash their hair. The question was asked 'how many times have you washed your hair in the last 5 months?' This usually led to a more automatic response of the weekly amount before a calculation was made for 5 months, or in one case an answer simply of 5 (i.e. once a month), or in one case 1 (once in 5 months). Asking for a weekly figure would have indicated that there should be a weekly norm and could have resulted in a social desirability biased response (Orne 1962).

5.8 Hair Cortisol Concentration method and protocols

Hair was collected in accordance with the Anglia University laboratory requirements. This was the globally accepted method (ch4 para 4.11.2). The hair was tied with string near to the scalp at the vertex and snipped with sharp scissors as close as possible to the scalp. The top layer of hair was pinned up so that the layer used had been less exposed to UV light and the bare patch where the hair was taken would be less likely to show.

The sample was then folded into a tin foil 'parcel' and stored in a dry, even room temperature location. Where possible the batch of hair taken was roughly half the diameter of a pencil, at least 5 cm long and 25mg in weight. The weight of hair varied between participants because of the density of hair available. Hair thins with ageing and some participants had very little hair. These matters were not an issue due to the decision to have within-subject analysis. The samples were collected at Time 2 and 3 measuring a minimum of 5cms to represent the 5 months prior to moving and 5 months after moving. A delay of 2 to 4 weeks after the move and after the Time 3, ensured that sufficient time had elapsed for the hair affected to grow out of the scalp and not be contaminated by exogenous cortisol produced at the hair route

(see ch4 para 4.10.5). The ELISA method used is detailed in chapter 4 para 4.11.2

5.9 Quantitative data management and analysis

5.9.1 HCC – Sending samples for analysis to the laboratory

The labels on the hair sample packages were coded to identify the participant and indicate at which stage the hair was taken (Time 2 or 3). The codes were entered on to forms provided by Anglia University laboratory. The researcher provided instructions about how the findings should be recorded. The most important aspects were that the amount of hair analysed should be 5cms from the cut edge to represent the previous 5 months and be of equal weight for both samples per participant. The laboratory required a formal statement from the Westminster University Director of Studies also required an example of the consent form to confirm informed participant consent had been given and that the purpose of the research met academic ethical, legal and laboratory code of practice requirements. The longest time a sample was stored was 24 months.

5.9.2 Interview data - Questionnaires scoring consistency

The Relocation Considerations Measure (RCM)

The RCM, detailed in para 5.5.1 and itemised in Appendix 5 asks questions using a five point Likert scale for answers about demographics, lifestyle choices, housing needs and relocation preferences. This differs from the RP that seeks a response to statements from negative to favourable judgements in respect of statements rather than questions.

RCM examples of questions with potential responses are as follows: unconcerned/fairly unconcerned/neither concerned or unconcerned/fairly concerned/very concerned

Overall how satisfied are you with the state of repair?
Not a big issue 1 2 3 4 5 Is a big issue

Overall to what extent does disrepair bother you ?
Not a big issue 1 2 3 4 5 Is a big issue

- where a higher score indicates the most negative answer.

Relocating Psychometrics Questionnaire (RP)

The RP is discussed in 5.5.2 above and itemised in Appendix 6. Items brought together from a range of scales into one questionnaire required a uniform Likert scale to mirror differing presentations in the original scales.
The STPI, Family Mosaic Survey and SPS, (detailed in appendix 6), use a Likert scale: Very unlike me/ fairly unlike me/neither like or unlike me/fairly like me/very like me.

The OPQoL, PWBPTCQ, MOS-SSS (detailed in appendix 6) use a Likert scale: 1. 'Strongly disagree' through to 5. 'Strongly agree'. Both scales were consistent with the RP, which uses statements rather than questions:
RP item example: Disagree/disagree somewhat/neither agree or disagree/ agree somewhat/Agree

I have someone to help me if I am confined to bed
Disagree 1 2 3 4 5 agree

I have been feeling part of my community
Disagree 1 2 3 4 5 agree

In contrast to the scoring of the RCM above, selecting a high score (i.e. 5) indicates the most positive answer with negatively phrased questions reverse scored after completion.

5.10 Statistical methods and analysis

The quantitative data were, as previously stated, gathered in order to provide demographics and other contextual background and to supplement the qualitative data where links were identified (relating to primarily psychosocial experience and perceptions of health outcomes). The data were entered initially on an excel database in columns headed up using all questionnaire items from both the Relocation Considerations Measure (RCM) and Relocation Psychometric (RP) questionnaires (secn. 5.6 above). Stage 1 questionnaires. For analysis these were then transferred to SPSS statistical analysis software.

Questionnaires Likert scale data

This research utilised an established non-parametric data management and analysis method from organisational stress psychology (Cox et al., 2005). It was appropriate because it was specifically designed to differentiate the main issues from a plethora of peripheral and less important ones in person-environment contexts. These researchers coined the phrase 'big issues' to indicate items where more than half of the participants scored them to be a problem of 4 or 5 on a Likert scale. The method involved removing items scoring less than 4 or 5 for 50% of participants. Typically Cox et al (2005) linked the subsequently emerging 'big issues' with qualitative, contextual evidence collected in interviews from participants to interpret the likelihood (using chi squared statistics) of participants 'feeling ill' or wanting to 'leave their employment'. Notably those two factors would be replaced in the current research with the factors 'wanting to move' or 'wanting to stay put' and no chi-squared analysis of likelihood was undertaken. The current research also differs in that the level set for indicating an item to be a 'big issue' was higher at 75% of participants saying it was a concern. This is a useful speculative, rather than inferential approach to look at potentially related factors and can't be said to indicate likelihood in the current research due to smaller participant numbers.

Q methodology was used in the current research, to look at the distribution of answers linked to 'moving home' or 'health and wellbeing'. Q methodology (Coogan and Herrington 2011) is a basic visual method of laying out data from a small number of participants to indicate the distribution of strength of feeling among participants for any item. The questionnaire item number is entered under a percentage heading according to the number of participants who by scoring it as a 4 or 5, thus had gauged it to be a big issue.

Table 5.10 gives an example of Q methodology, used to separate data in this research to indicate 'big issues' requiring further understanding through discussion and qualitative analysis with participants.

Table 5.10 Example of Q methodology – Group B questions scoring 4 or 5 = 'big issues'

0 – 50% (1 to 20 people)	51 -59% (none)	60 +% (23 people)	75+% (29 people)	80+% (31 people)	90+% (53 people)	100% (39 people)
6		1	8	2		11
7		3	14	9		
12		4		10		
13		5				

Key to Relocation Considerations Measure questionnaire items relating to the following property items:
1 Garden/outside space 2 Less isolated 3 Smaller Gdn 4 Outside space 5 Shared Garde acceptable 6 Balcony only acceptable 7 Must be smaller 8 Must be one level 9 Fewer repairs 10 Lower cleaning 11 Reduced costs 12 Lease cost ok 13 Bills not too high 14 Afford bills

From this example it can be seen that of the 15 questions from this section, there were six items where 75% of the participants scored the issue as being a big issue: The first four columns were items 8,14,2,9,10 & 11: being housed on one level, affording bills, being less isolated, having fewer repairs, lower amounts of cleaning and reduced costs. Thus the columns up to 75% contain issues that were the most likely to be only peripheral or contributory motivational satisfiers (Herzberg 1959 ch.3 para 3.5.2). This process was carried out for all items, grouped according to areas they related to (summarised in Appendices 5 & 6).

For cognitive, HCC and other health measures

The battery of cognitive tests, and the depression, anxiety and stress results, included within the Stage 1 questionnaires were separately analysed using non-parametric statistics suitable for studies with less than 100 participants (Glover and Dixon, 2004). Again, the number of participants in this study was insufficient for clear inferential claims about the direct effects on health. The data were used if they supported qualitative interpretation using biographical and contextual data. The findings, along with the HCC biodata, are reported and discussed further in chapter 7 and the final discussion chapter 8.

5.11 Management and analysis of the qualitative data

5.11.1 Thematic Analysis (TA) and why this method was chosen

Thematic Analysis was used to analyse the narrative information from both Stage 1 and Stage 2 interviews. It is defined by Braun and Clarke (2013 p174) *as "a method of identifying themes and patterns of meaning across a dataset in relation to a research question"* . In the current study this would mean attempting to determine how the three stages of relocation were experienced for older under-occupiers, with a focus on their wellbeing. The method was chosen because it allows for theoretical flexibility. It allowed the researcher to make use of a contextualist method, suited to the subject being studied, which sits between realist and constructionist approaches. Qualitative information from both interview stages and the semi-strucured interviews was brought together and interpreted in conjunction with a range of descriptive and nomothetic data. Braun and Clarke (2015) point to the lack of appreciation of the sophistication of the method but state that the method is particularly suited to health and wellbeing research. They point out the need for an approach that is accessible to practitioners but does not mean it will lack academic rigour provided the work is thorough and reflexive, with clear arguments for the interpretation.

To be effective the process necessitates thorough familiarity with the information and the participants' circumstances so that patterns and themes can be found and developed. This involves a specific process of six stages. They are not strictly sequential as the information evolved throughout the collection of information and is iterative in nature, reading and rereading, defining and redefining, searching for patterns, reviewing, naming, renaming and improving definitions to determine whether there is "*an explanatory fit with the narrative and other evidence*" (Braun and Clarke 2014).

5.11.2 Familiarisation – consistent with process stages 1 and 2 of Thematic Analysis

Transcription of the interviews

The interviews were recorded using a Philips Pocket Memo 381 Dictaphone with cassette tapes. They were subsequently transcribed verbatim, by the researcher indicating gaps and gestures e.g. 'shrugs shoulders', 'laughs', 'smiles'. Data has been kept securely on the researchers pass-worded computer and USB flash drive ('memory stick') to conform to the consent provisions (para 5.12 to follow and and App. 4). Details captured in the interview that might identify participants were not used for the profiles in any part of the research documents, nor will they be in subsequent papers. Contextual circumstances and views were referred to in general terms when viewed by anyone other than the researcher. However, in more than one situation, the cumulative effect of details provided in different sections of the thesis could result in identifying participants if in the public domain, and if those reading the details were aware the individual had taken part. In one example, a blind participant's family defrauded her and moved her many miles from her home. The story was important in that extreme case and the participant was asked if she was prepared to potentially be identifiable. She agreed readily in the presence of a trusted relative.

Organising the data, reading and rereading

The fieldwork followed a set process that was adhered to by the researcher (Appendix 8) to ensure interviews were set up correctly, second visits diarised and data collated in different ways to facilitate the Thematic Analysis stages.

Firstly the interview narrative was organised verbatim directly after each interview. At stage 1. quotes from the questionnaire structured interviews were loaded at both Times 2 & 3 onto four separate (1 per cohort) excel spreadsheets, on two rows under columns using the code headings (Appendix 9). Thus quotes from Time 3 could be seen underneath Time 2

quotes on the same spreadsheet. New codes had to be added as information was collected – see the next section.
The quotes were attributed on the spreadsheet using the participant's individual number in brackets after a quote from them e.g. (1) to (11) for the eleven members of Mover group A. (1) to (12) for Movers group B etc. The quotes from the Stage 2 semi-structured interviews were also noted on the second row but in a different colour to differentiate them.

A biographical information table containing quotes and background stories from each participant was completed after each home visit (example appendix 10). The biographical material for events in period A and B and also, as it transpired, prior to period A were vital for Thematic Analysis and later in the within-participant analysis of hair cortisol concentration.
Recording the data and text in different ways (Appendix 8) assisted in further familiarisation and ensured nothing was overlooked.

5.11.3 Preliminary coding and additional coding of the data

Consistent with process stages 3 and 4 of TA

From initial observation and reading of the transcripts, key points were identified relating to current person-environment fit, relocation history and views on relocation. These together with the researcher's prior practitioner experience, resulted in a list of relatively obvious 'semantic' priori codes, of initially 12 headings that expanded to over 50 (Appendix 9). For example simply gathering data in respect of packing and moving resulted in a rich array of comments, some positive and some negative in respect of the level of emotional support, tangible support, independence, guilt, feeling a burden to family, self-efficacy (both physical and mental ability), achievement and pride, planning and age, emotional attachment to cherished items and memories. These are indicated in the following small selection, most of which were included under more than one heading.

Table 5.11.3 Preliminary coding for possessions/de-cluttering

Participants' quotes	Potential Code
I felt guilty selling my husbands antiques	Respecting memory of deceased husband. Guilt at doing something he wouldn't have wanted Possessions hold emotional memories
I was gradually de-cluttering the whole time my husband was ill in the care home	De-cluttering is a lengthy process Planning
I did it all myself, I guess I'm not sentimental	Sense of achievement Not affected emotionally about possessions. Autonomy
I can't expect too much help, don't like to be a burden (on the family)	No expectation of family Aware of family pressures Independence is important
I couldn't move now, I've been here 49 years you accumulate a lot. How could I, how could any of us?	Dealing with amount of possessions when relocating is overwhelming Assistance may not be sufficient
Move before 75, after that you haven't got the energy. It took a week to clear out one cupboard.	De-cluttering, packing and moving is effortful Energy and time are required relative to age
I found it difficult to throw out records of work I'd been involved with and projects	Attachment to past achievement Is proud of how she used to be/status & self ID Previous life is important Loss - possessions are important to self identity and sense of purpose

These examples are all from different participants taken and fed into sub coding (Appendix 9). They are out of context and tell the whole story only when themed. For example no participant achieved a move physically by themselves but expressed they had done it "all themselves" if they had autonomy over moving, the location and de-cluttering. This is reflected in Overarching Theme 2, Personal Independence and Autonomy (ch6 Table 6.2.0) and its subthemes.

5.11.4 Grouping codes, developing themes, reviewing and naming them

Consistent with Thematic Analysis stage 5.

All transcripts were entered on NVIVO (narrative analysis system Appendix 11) to further aid the process of defining, redefining and grouping nodes (NVIVO term for codes). For example the frequency of words that express particular emotions or similar events can easily be found using that system. However, frequency of mention itself does not necessarily indicate importance or contribution to a pattern. Another example of the theme development process is provided at Appendix 12 (starting with 'parent nodes').

"Developing themes from coded data is an active process" (Braun and Clarke 2013). Codes, having initially been formed on what might be expected or had been found, were deleted altered or added throughout as necessary and grouped to examine patterns. Codes of particular interest could be common to all groups, or unpopulated for one or more cohort groups, thus there were matters that generated discussion and strong views or conversely no view. These, despite being different between groups, evolved as patterns that could be grouped under a superordinate overarching theme with sub themes to also highlight differences within the theme.

Evidence of themes, differed between those who had decided to move and those who had not. Some codes, however, did not neatly particularly apply to any cohort group and so the interpretation was assisted by a thematic mapping exercise (fig.8.1 in ch8 discussion). This led, for example, to the unexpected finding that age per se, whilst relevant, was not a key influence on decisions to move.

As mentioned, quotes could be included under more than one code, for example 'not feeling part of the community' and 'feeling lonely'. These were often connected in the interview narrative, indicating underlying latent themes being developed from within the narrative.

The complexity of links required using one cohesive *'organising concept'* under which to organise *'candidate themes'* (Braun and Clarke 2013 p226 to 227). As such, it was necessary to have sub themes for each of the overarching themes in order to reflect the complex nature of the social interactions.

In the example given, the researcher looked for indicators of how often they applied together or separately, what was the most dominant view was, also in what way did they co occur with codes such as family, socialising, facilities, friends and neighbours. This resulted in Overarching theme 3, Local Community; Needs and Social Identity – (ch 6.2 table 6.2.0), because clearly communities were perceived as becoming less friendly. In addition the importance of social identity to participants was evident. This was a sense of belonging, dependent on facilities and good neighbours and non-familial contact in respect of settling in after a move. Loneliness per se was distinctly more personal and dependent on companionship (including pets as a special case) and one to one social interaction.

5.11.5 Reporting the findings – Final Thematic Analysis stage

A thematic map *"offers a mode to visually explore and refine the connections between [these] elements"* (Braun and Clarke 2013 p232) Visual mapping helped in this study to identify two discreet sets of characteristics and pathways in the decision-making of participants who moved and those who stayed put. The process helped explain findings. Thus the visual mapping in this study is reproduced and explained in the discussion section (ch8 Table 8.1B).

Chapter 6 Part 2, provides a table of overarching themes and sub themes. Sub themes might include aspects of more importance to one group than another or for different reasons. The chapter continues with examples and interpretation of the qualitative material focusing on differences, commonality and strength of influence between semantic and latent aspects. Final Conclusions and recommendations are presented in chapter 8.

5.12 Research Governance

Ethical considerations and approval

Given the vulnerability of these participants, good research governance was adhered to throughout. The participants were potentially vulnerable by virtue of age, illness and disability and because they were living alone. It was agreed by the supervisory team that should extreme scores (high stress levels) be found from the hair cortisol concentration assays, individuals would be advised so they could discuss these with their GP. Full details of how the participants would be identified and approached, the formalities in the process, the face-to-face meetings and hair collection, were provided to the University of Westminster Ethical Committee, prior to the start of fieldwork. This was to comply with the University Code of Practice, governing the ethical conduct of investigations, research and experiments. Ethical approval was given, which allowed for the collection of hair and due consideration of health and safety issues, including insurance cover because of the risks associated with lone researcher on off-site visits.

I*nformed consent*

A copy of the consent and information form (Appendix 4) was provided to participants and signed jointly by each participant and the researcher. Information given on the form was also given verbally. Participants were advised that they could stop the interview at any point without needing to give a reason and could refuse to take part in the follow up. They were also advised the sessions would be quite long and could be completed over more than one visit (in practice all sessions were completed on the same day). They were advised of measures taken to ensure confidentiality, data and identity protection (described in transcription of interviews (para 5.9.1). Participants were given the opportunity to opt out of providing a hair sample when signing the consent form, at which point the paragraph that explained the purpose could be crossed through in pen. In practice two participants refused, one of whom did not proceed to Time 3. Two candidates refused to take part in the cognitive tests at Time 3 because they

found them 'awful' (difficult) and had only agreed to the follow up visit if the tests were excluded.

Confidentiality and security

All information was anonomysed and password protected on the researcher's personal computer and when necessary a password protected USB. Information that could identify the participant from the quotes or transcripts was removed including any references to names and locations. All papers relating to the study were kept in a locked cabinet when not in use. Further details are here in transcription of the interviews (para. 5.11.2)

Author permissions for questionnaire scale items

Permissions were requested and gained where necessary; most authors indicated their scales were available for academic use provided they were correctly used and cited (Appendix 7).

5.13 Methods summary and following chapters

In summary the method was designed to achieve a qualitative examination of relocation decision-making as a process for those who moved and those who did not, as experienced over the three critical stages of decision-making, moving, settling-in (time matched for Non Movers). These are proposed to be the process stages when potential relocators subjectively consider functional as well as meaningful matters, using perceptions of present conditions, previous and envisaged experience. All data, including the health measures for depression, anxiety, stress, self esteem and biomarker for chronic stress are interpreted speculatively rather than inferentially, and are contextualised using qualitative and biographical information from the interviews with participants.

CHAPTER 6 Findings Part One. Participant contexts

6.0 Introduction

This chapter has two parts:

Part one: Information is provided about physical aspects of a participant's home and location and the extent to which participants find it suitable to remain living there. The findings arise from the structured questionnaire interviews (Appendices 5 and 6), used at the first stage of the research, just after relocation and repeated five months later. (ch5, secn. 5.2 and 5.6). Information from the discussions that took place around questionnaire items is included where this adds clarity.

The findings are grouped to provide:

- An introduction to the participants as individuals, their relocation history and biographical context of possible relevance (Table 6.1.1).
- Reasons given for moving by 'Mover' groups (Table 6.1.2) with a focus on health, functionality and design
- 'Relocation Efficacy' included: health, social status, education, cognitive ability, and availability of emotional and practical support.

***Part* two** that follows, provides qualitative information from the research Stage 2, the semi-structured interviews (ch5 paras 5.2 and 5.9), together with qualitative material from Stage 1. Thematic Analysis draws out and develops latent themes (Braun and Clarke 2006) from the participants' accounts, and provides insight into the more personally meaningful and emotional aspects of relocation.

6.1 PART ONE

6.1.1 Participants' current home situation and relocation context.

Table 6.1.1 describes the present, and for Movers also the previous, home environments that affected their choice to move home or avoid moving if they had chosen not to. The findings provided in this part of the chapter begin to illustrate the complexity of participants' lives and housing history.

Table 6.1.1 - Housing situation and basic relocation context

All Movers were in retirement housing with lifts and were interviewed within 2 to 3 weeks of moving-in.
Shaded = indicates the sample who also took part in a semi-structured interview at Stage 2

Group A Movers age 60 – 75 Average age 69

Name	TO: Housing Situation, current home and basic details DF = disabled facilities	FROM: Former home E = emotional P = practical
A1Gail	1 bed. first floor. Former home of many years following divorce and then bereavement became like a prison when her health failed. She became overwhelmed and felt unable to sort her situation out for herself.	3 bed. High rise private flat. High level of E&P voluntary sector support at each stage.
A2 Beatrice	1 bed. ground floor. Has moved several times before. Moved here when her husband was in a long-term hospital stay prior to his death. She organised everything herself. Very independent, paid for support.	3 bed. ground floor maisonette. Would not accept family help but had E & paid P support.
A3Evie	1 bed. first floor. Moved here (tenant) after transferring ownership of her house to her son and new daughter in law. Their subsequent harassment led to her leaving, although the son and daughter in law have since split up..	3 bed. former social housing E&P support from 'church family' rather than her own.
A4Jill	2 bed. first floor. Moved from a nearby flat with external staircase when her husband died and she lost confidence. Daughter and son in law purchased this flat as an investment and she lives rent free. Important to stay in same area.	2 bed. first floor over shop. Welcomed extensive E&P support from family.
A5Laura	1 bed. first floor Did not want to leave until much older or of necessity. Neighbours were noisy and caused problems with building work etc. Moved to friends during purchase in order not to lose sale.	Large 3 bed. house. E&P support from friends.
A6Jane	1 bed ground floor. Moved to clear equity release she had needed after the sudden death of her husband. They had been intending to retire and move away. Now same area, says moving away would have been a mistake. Cleared debts, refurbished, Disabled facility bathroom and bought a holiday static home.	3 bed. house with DF bathroom had been installed. Full E&P support from family.
A7Annette	1 bed. second floor. Was purchasing this flat when husband was in residential care prior to his death and he knew. Annette was looking for a new home. Prime reason was to be able to socialise more easily and not feel isolated. Got rid of all previous possessions, doesn't feel she is sentimental type.	3 bed. house Paid for help but has E&P family support.
A8Gloria	1 bed. ground floor. Family persuaded her to move and she agrees it was the right thing. Since she saw it as being dependent on them. Although in charge, she was frustrated at her lack of ability to take part in the packing etc. Gradually settling-in by 2nd visit. Disabled facility bathroom.	3 bed. house with Disabled facilities and stairlift. Total E&P support.

Group B Movers age 76 and over Average age 86

Name	TO: Housing Situation, basic details DF = disabled facilities	FROM: Former home E = emotional P = practical
B1Masie	1 bed. ground floor. Having fallen once at home soon after her husband died, her daughters insisted she move to sheltered accommodation but there is no warden, or communal facilities. She feels isolated, trapped and bored, no space for her crafts and no direct access to the garden, a key regret. Wants to move again but was told she is too old by daughters, who she shared the excess money from the sale, between. DF bathroom.	3 bed. house with DF bathroom and stairlift. E&P support.
B2Eliza	1 bed. first floor. When her husband died her son and daughter in law got her to sign papers to sell her bungalow against her will (she is blind). She moved to theirs, was abused and nearly died. When rescued, she eventually got some money back to purchase this flat, which is near a sister but many miles from previous home where she wanted to remain. Upset and depressed.	3 bed. bungalow E&P support from family.
B3Beryl	2 bed. first floor. She had moved many times with her husband's work and the current move, even nearer to a daughter and her church than previously was described as well managed, not stressful.	3 bed. flat Total E&P support.
B4Megan	2 bed. first floor. Never wanted to move but even before her husband's death the house and garden (they both loved) was becoming too much to maintain and afford. Stayed with family at one point before completion but was de-cluttering for years, even before husband's death. Important to be in charge of the move. The process/pressures before and after were the 'most stressful time of her life'.	3 bed. house, exceptionally large garden. E&P support
B5Meral	1 bed. first floor. Previously moved many times with husband's work and relied on him for all house-hold paperwork. Wanted to stay- about 100 miles from London. Needed to move near daughter or into residential care. Found the process overwhelming, highly stressful. Until recently when she nearly died, had been in two minds about moving. Took a long time to settle. DF bathroom.	2 bed. Bungalow – retirement site.
B6 Stephanie	2 bed. ground floor. When husband died, she could not manage, could afford to move without selling sooner than face de-cluttering. Had possessions from de-cluttering after deaths of hers and previous 2 husbands' parents so retained the house as well as moving, eventually giving it to her sons to sort out.	Large 4 bed. house (retained). E&P support
B7Joanna	1 bed. ground floor. Would have moved years ago, husband was strongly against. Moved 2 years after his death despite adaptations, as house was too big. Took 6 months of family gradually de-cluttering with her in charge but unable to help. Full handholding support, health improved, feels happy.	3 bed. house with DF bathroom and stair lift. Total E&P support.
B8Bella	1 bed. ground floor. DF bathroom. Wanted to stay. Felt she could have coped with support and close friend neighbours. Moved near son and daughter who chose the flat. It has no view from her window, a key feature in last home. Feels depressed/trapped. Misses friends, grandchildren in the former area.	2 bed. bungalow, DFG Bathroom.

Group C Non-Movers age 60 to 75 Average age 64

Name	NOW: Housing Situation, basic details DF = disabled facilities	FUTURE: Views on moving; E = Emotional P = Practical
C1Amelia	3 bed. house, purchased 15 years ago on divorce for self and teenage daughter. Feels she should have waited and bought flat to suit her in old age. Daughter moved, can't afford upkeep. She provides day care for grandson with special needs.	May sell cheaply to her daughter and buy sheltered. Has E&P support
C2Lee	3 bed. house. Widowed 4 or 5 years ago. Lived here 20+ years. Poor state of decoration, dislikes home and associations with former partner, overwhelmed, self-described low self-esteem. Has formed a busy social life, needs to stay locally, states lack of companionship since leaving work. Carer jointly for parents – regular visits of more than 60 miles. Children local. Self-assessed 'hoarder'	Hopes to move in next 10 years. Depends on market, children's relocation & carer responsibilities. Has E&P support.
C3Jackie	2 bed. ground floor flat in block of 4. Former social housing with an expensive lease. Does not feel safe as most neighbours moved and new ones were mainly transient tenants of those who formerly owned; they don't talk. DF bathroom. Garden is 'massive' and a problem to maintain.	Would like to move, stay near to local friend and routine. Can't afford to. Limited practical support.
C4Lisa	3 bed. former social housing. Moved from inner London when children were young; they and grandchildren still nearby. Installing raised beds in garden - osteoarthritis, DF bathroom/stairlift. Good repair, family mutually supportive and help with maintenance. Very active in the community, babysits, grandchild stays.	Hopes to stay put. May rent sheltered and let her current home to tenants (wants FreeSpace if available). Has E&P support
C5Verinda	3 bed. former social housing. Previously active. COPD now confines her. Former plans to move but husband wouldn't. Likes present home, especially large rooms because of her breathing difficulties. Misses old neighbours, and previous community. Feels "afraid" due to change in community ethnic profile. Stairlift. Couldn't stand small rooms in retirement housing.	Health would make moving difficult. Could not cope with small rooms. Daughter may return to support her. Has E&P support.
C6Avril	2 bed. first floor conversion in listed building. Lived alone for 20 years since divorce, purchased this flat 10 years ago. Carer for two parents who live nearby. Rh arthritis attributed to stress. Loves flat but area deteriorated; other residents (sub-lets and homeless families) make living there unpleasant.	Can't move 'until parents die'. Wanted to stay put but now wants better area so will take 1 bedroom. Must stay near friends. Has E&P support.
C7Jemma	2 bed. purpose built maisonette. Lived here for over 30 years. Doesn't feel old enough for retirement housing and will work full time until 70 to build pension. Some health problems not related to person-environment fit. Parents living quite nearby, and important in her life. Talked about downsizing, converting and buying larger or 2nd home – uncertain.	Never considered moving, except to upsize to a 3 bed. house or getting a 2nd home. Has E&P support. Very unclear about future.

C8Sally	3 bed. modern house. Single for many years. Moved here on retirement over 8 years ago from large former family home and hopes to stay put. Took several years to de-clutter, continues to do so. Family at a distance; wouldn't want to move near them or be cared for by them. Active in the community and has planned re housing situation.	Moved as part of a plan rather than choice, due to location & repairs. Is now opposite extra-care retirement housing where she plans to move if necessary.
C9Billie	4 bed. house. Moved here after working abroad several years ago and intends to stay put indefinitely. Finds hoarding possessions comforting, lets out rooms. Is buying more property as part of her plan to remain financially independent if she can no longer work or has to downsize.	Future plans do not include moving but nothing is ruled out. Has E & limited P support.
C10Sheila	3 bed. house. Moved here from a flat. Would not want to live in a flat again ideally, due to noise issues. Works full time. Hopes to stay put. Has had raised garden beds installed.	Might move if neighbours changed and were not good or area deteriorated. Has E&P support.
C11Marjorie	3 bed. house. Widowed 2 years ago, working full time. Had intended to stay put. Will do until not working or carer to parents, unless they will also move. However, sees being widowed as enough change in her life. House is fine, area is becoming almost entirely one culture, which she doesn't think is good in any area and would bother her if she were the only old outsider. Very unclear about future.	If moved would want to be in centre of 3 children and grand-children, if too near, would feel a burden; conversely wants diversity and social life of London. Has E&P support. Ambiguous.

Group D Non-Movers age 76 and over Average age 84

Name	**Housing Situation, basic details** **DF = disable facilities**	**Views on moving;** **E = Emotional P = Practical**
D1Moira	3 bed. house. Moved here in her 50's property is suitable. Severely harassed by son who uses her money and damages the property in anger. Depressed due to situation, won't consider moving.	Does not want to move, may have to, to avoid son. Refuses E&P support by other family members.
D2Jan	2nd floor of three storey block, with no lift. Former social housing with high lease costs because new roof and external decs. required. DF bathroom. COPD extremely restricting but gets down two flights of stairs very gradually each week. Family visit and assist with shopping and outings but she refuses any greater assistance.	Highly attached to area, near school she went to as an infant. Sees moving as 'giving up' diminished role in the family. Has E&P support.

D3Rowena	3 bed. house. Moved here 30 years ago on retirement when daughter moved here from shared house with relatives who then died. Carers come twice a day. Pays gardener. Daughter, son in law and grandson live very nearby.	Only the second home since marriage. Would not move, attached to home & memories. Has high level of E&P support.
D4Emily	4 bed. house. Lived here most of her married life and recently widowed. Has one son nearby, others further away who she visits. Family help with decorating and maintenance, pays for gardener and cleaning. Drives.	Wanted to move but husband never did. Now feels it is too late as not many years to live. Fears being a burden. Has E&P support.
D5Amy	2 bed. house RTB. Was converted to three then back when children left. DF bathroom, stairlift. Exceptionally good repair including original 1960s kitchen and garden (can't go down steps to garden, has maintained it in honour of husband). Has paid help with housework, jobs, has gardener. Fiercely independent, pays for all her needs happy to accept council help but not to burden family beyond admin. matters.	No question of moving, can't understand why people do, however bad it gets, or why need for bigger and better, alterations. Has E&P support.
D6Vanessa	3 bed. chalet bungalow. DF bathroom, quite a distance from shops. Family help with repairs. Lived here since marriage. Would make other arrangements if she could not get shopping. Recent illness makes her less able to travel for holidays (some family abroad). Drives.	Would not consider moving. Lived here since marriage when parents gave it to her. Has E&P support.
D7Violet	3 bed. bungalow, moved in 30 years ago with husband to retire. DF bathroom – repairs necessary but not at all concerned. Priority is being near people, children take her out etc. Like others she states she is lonely at home. Thinks Retirement Housing is not necessarily sociable or therefore the answer. Restrictive mobility and daily carers.	Considered moving but the rooms in Retirement housing said to be too small. Has E&P support.
D8Kath	3 bed. chalet bungalow, moved in 40 years ago with husband to retire. DF bathroom. Carers daily and lives close by very attentive family. Active in the community, gardening and hobbies.	Would not move. Community has become unfriendly and disrespectful. Has E&P support.
D9Alison	3 bed. large house, DF bathroom. Home since marriage, husband died young. Family in the same road, others at a distance who she visits. Worries about decoration but some help from family. Severe harassment from neighbours – council involved. Feels they were trying to force her out to sell to them. Drives.	Had not considered moving until the harassment. Does not want to move. Has E&P support.

D10Gemima	1 bed. flat self-contained but connected within plot of three houses. Retired with husband 40 years ago. Moved here (initially a 3 bed house) 20 years, Became fearful of the future need for more manageable property or residential care and gradually bought neighbouring property and funded conversion so two daughters and grandchildren can all live under one roof. Very active in the community, when health permits.	Instead of moving when her health deteriorated she made it attractive for her daughters to move to her and assists them with child minding and cooking. This fulfills her need for a useful role. Has E&P support
D11Molly	3 bed. house. RTB. Lived here all of married life and attached. Health deteriorated suddenly. DF bathroom and stair lift. Feels the area to be quite dangerous for younger people; neighbours no longer communicate with each other. She doesn't feel scared. Some disrepair, doesn't worry her.	Could not imagine moving, has been here so long and so many possessions. Has limited E&P support.
D12Dora	3 bed. house. Lived here over 50 years and brought children up here. Main attachment is to friends and life built up in the area. Feels confident in local area. Wouldn't move, having a house allows for adaptations including converting to provide ground floor living if needed.	Despite a strong desire to stay put, revealed some hesitation if community cohesion further deteriorates. Has E&P support.

6.1.2 Reasons given for moving home

Table 6.1.2 collates the responses of both younger and older Mover groups when asked to state their main reasons for moving home. They were asked, to indicate which were the most influential in their decision to move home using ten items from the structured interview (Appendix 5 and 6) just after relocating and again five months later. Most offered five reasons although one participant (column B7) felt all ten had been influential and one (column A3) had only one reason, which unfortunately was 'family pressure' and thus not entirely of choice.

Pressure to move and neighbour harassment

Group B columns 1, 2 and 8 represent participants who said they had moved because of family pressure to do so against their wishes. A further three participants (younger Movers column 5, older Movers columns 1 and 7) moved due to harassment from neighbours (and this was a current issue for three participants who, because they were in the Non Mover groups, do not appear in Table 6.1.2).

Health – see also Tables 6.1.4 B & C

Health concerns were the most often stated influence on moving home (12 out of 16 participants) Movers. This was followed by the cost of repairs and maintenance (eight out of sixteen), the level of disrepair (seven out of 16), followed equally by the cost of heating, size of property, loneliness and wanting to be in a community (six out of 16), lastly, moving from the community and moving nearer to family (both three out of 16). All older Movers had health issues, but the column 5B participant was the sole individual across both groups who was moving near to family out of choice and with no other reason to move. Desire to be nearer family as an influence on decisions to move is further considered in Part two of this chapter. For Mover groups who moved close to family reluctantly, it was rarely just due to poor health. Four of the eight younger Movers had health issues but none moved for those reasons alone. Of the four without health

grounds, three of that group's participants had five other reasons each for moving (column 3). In addition, one was made homeless by her family.

Table 6.1.2 Number of Reasons to Move

	Grp. A Movers 60+ Participants (*n8*)								**Grp. B Movers 76+ Participants (*n8*)**								
Participants	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**Total**
Health	1			1		1		1	1	1	1	1	1	1	1	1	12
Property Size		1			1		1					1		1	1		6
Repair		1			1		1	1				1		1	1		7
Cost repair & maint.		1			1	1	1	1				1		1	1		8
Cost heating & bills		1			1	1						1		1	1		6
Move nr family etc.											1		1		1		3
Isolation/lonely	1			1			1	1			1				1		6
Be in a community	1	1		1			1				1				1		6
Move from community					1				1						1		3
Family pressure			1					1	1	1	1		1		1	1	8
No. of reasons	**3**	**5**	**1**	**3**	**5**	**3**	**5**	**5**	**3**	**2**	**5**	**5**	**3**	**5**	**10**	**2**	**65**
Adaptations				**1**		**1**		**1**	**1**		**1**	**1**	**1**	**1**	**1**	**1**	
Information re adaptations, both groups	**Movers** Group A 3 (0.25%) Group B 7 (87.5%)								**Non Movers** Group C - 3 (27.3%) Group D - 7 (58.3%)								

Caution should be exercised in interpretation of this table because the most often cited items in a questionnaire may not indicate they have the strongest impact for individuals as can be seen in the more qualitative analysis in Part Two of this chapter. For example, the most cited reasons may be the most readily identifiable and most discussed rather than most urgent or life changing.

6.1.3 Home environment – functionality and design

Seven property-related reasons were frequently identified during participants' interviews across all groups, particularly in discussions about whether they might motivate or impede relocation decisions. These are examined further below:

Size of property – not a main impediment -

Table 6.1.3A shows 16 participants in the Mover groups downsized from having 48 total bedroom spaces (line1) to 28 fewer (Line 3).

The 23 Non-Movers occupy 65 bedroom spaces (line 1). If they chose to downsize to 1 bedroom accommodation, this would create a further 42

bedroom spaces (line 3). However, preferred accommodation size varied between individuals as shown in Table 5.1.4B.

Table 6.1.3A - Size of home before and after (Mover Groups) - Bedrooms made available due to the move

	Group A Movers 60+ (*n*8)	**Group B Movers 76+ (*n*8)**	**Group C Non Movers 60+ (*n*11)**	**Group D Non Movers 76+ (*n*12)**
1. Pre-move (Movers) and current (Non Movers) no. of bedrooms. Total	8 x 3 24 bedr	8 x 3 24 bedr	7 x 3 3 x 2 1 x 4 31 bedr	8 x 3 3 x 2 1 x 4 34 bedr
2. Post-move (Movers) no. of bedrooms. Total	7 x 1 1 x 2 9 bedr	5 x 1 3 x 2 11 bedr	No move	No move
3. Bedr. already made available/potential if Non Movers chose to move to 1 bedroom. Total	made available 15	made available 13	potentially available 20	potentially available 22

Table 6.1.3B: Ten of the 16 Movers and 15 of the 23 Non Movers stated a clear preference for two bedrooms. However, three Non-Movers who currently occupied two bedrooms (Table 6.1.3A) said if they decide to move, they would prefer one bedroom.

Table 6.1.3B Preferred size compared with present (Mover and Non Mover Groups).

	Group A Movers 60+ (*n*8)	**Group B Movers 76+ (*n*8)**	**Group C Non Movers 60+ (*n*11)**	**Group D Non Movers 76+ (*n*12)**
Stated preference (Movers pre move/Non Movers – current).	7 x 2 bedr 1 x 1 bedr (15 bedr)	3 x 1 bedr 5 x 2 bedr (13 bedr)	9 x 2 bedr 2 x 1 bedr (20 bedr.)	7 x 2 bedr 1 x 3 bedr 4 x 1 bedr (21 bedr.)
Number of bedrooms now vs. row 1 stated preference (Non Movers current)	7 = x 1 less 1 = matched	5 = x 1 less 3 = matched	2 = matched 6 = 1 over 2 = 2 over	1 = matched 1 = 2 over 10 = 1 over
	12 Movers compromised by accepting a move to 1 bedroom smaller than their stated preference		19 Non Movers felt they had 1 or 2 bedrooms more than they would prefer to have. (total: 22 excess bedrooms)	

It is worth noting here, in the light of these preferred options, that the demand for smaller homes, especially with two bedrooms, disproportionately increases the purchase price. Some flexibility was shown however. Twelve participants moved to one-bedroom homes, smaller than their stated preference, but later stated that, in hindsight, compromising had not been a problem. Four Movers who did acquire two bedroom homes used the second room variously as a hobby room; a place to keep their deceased husband's prized items and for two participants, a dining room come guest room.

Options and design – not a main impediment for this part of the country

Half of the younger Non Movers and one participant in each of the other groups were concerned about lack of options in the housing market, but no one stated it to be a main cause for not being able to move. If the accommodation was dark, or the view from windows was poor or there was no warden, these factors impeded accepting a move for those selecting a move or affected outcomes for those who moved.

Size of rooms – an impediment to moving if small, dark or no view

Of greater importance than the number of rooms was their size. Half of the 16 Movers and six of the 24 Non Movers mentioned the difficulty of moving from larger airy rooms to small rooms as being important in deciding whether to move when looking at available property.

Both younger and older Movers were happy with the size of the kitchens, which were small, and situated within a sectioned area of the living room. Bathrooms in retirement housing are large to enable disabled facilities to be fitted and carers to assist.

Guest rooms – an impediment to moving if none in the new location

Six of the younger Non Movers and one participant in each of the other groups had someone to stay regularly. Others did not deem the occasional

need that they had as important to them when considering moving to a one bedroom flat. All Movers had access to a bookable guest room, with the exception of one person who said the effects of not having people to stay were loneliness and depression. Others stated problems with there being only one bookable guest room. Only one housing development had more than one guest room.

Maintenance – costs rather than impact of disrepair a motivator to move

Three quarters of participants felt the standard of repair in their pre-move property (or existing property for Non Movers) needed to be improved. However, only half of those who mentioned repairs really worried about them and one Mover added that said she would not have been able to cope with getting repairs done if she had stayed put so was not complaining. Most of the eight older Movers and six of the 12 older Non Movers paid for cleaning services or qualified for funding due to their health.

Thus, repairs, maintenance and cleaning were important considerations and were expected to be easier as a result of any move. However, for most participants these appeared to be contributory factors in considering relocation, which, alone would not be sufficient to motivate a move. This is also logical as the cost and disruption of getting repairs done is often less compared with the cost and upheaval of moving.

Gardens as a motivator or impediment to moving represented a more complex picture. Discussions went beyond maintenance and costs into emotional aspects and generated substantial material and strong views, which are analysed in part two of this chapter.

Costs of accommodation – not a main motivator to move

Both the younger and older Movers will have had some disposable savings from their property sale. The younger Non Movers had a generally higher income as half were still employed full or part time, although two of the younger Non Movers were on benefits and only heated their homes partially due to low income. Older Non Movers were likely to be facing higher maintenance and running costs due to the size of their property, and

six of the twelve individuals in that group reported problems with bills, or lack of income restricting their life. Moving home would be the only way of reducing housing costs (all had adequate insulation). Unaffordable costs, alongside perceived deterioration in community cohesion and friendliness (explored in part two) were the two reasons most often given by the older Non Movers that would make them consider moving when they otherwise would not.

Location

Differences between groups included transport facilities. This was not essential overall for older Non Movers but was a big issue for the other groups who travel more, some to work, some using free travel concessions. Both younger Movers and Non Movers cited safe parks as a priority, various reasons were given including that it indicates a good environment, to go to with grandchildren, for exercise and four wanted a park to exercise their dog.

Data in Appendix 13A shows that in the area they had moved to, or for Non Movers where they remained, shops, medical services and facilities were functional aspects of importance for all participants. Neighbourhood safety was also considered important, and they were said to be acceptable in the urban areas they were currently in. Some Movers in both age groups had however, moved from areas where safety, health facilities or shops were not as good. Staying near to existing health support was the most important aspect for the older Non Movers and change in community cohesion was, as already mentioned, alongside costs, the only stated cause for this group to potentially change their minds about moving. The table in Appendix 14 shows that the older Non Movers in older (*n*12) and younger Non Movers (*n*11) ranked seven and ten location items of high importance to them respectively. Conversely, the younger and older Movers (both *n*8) ranked eighteen and sixteen items respectively of high importance to them for location satisfaction.

6.1.4 'Relocation Efficacy' Health and lifestyle demographics

Factors identified in the literature (ch3) as associated with successfully moving home include social status, level of education, cognitive ability, emotional and practical support. Thus this information was gathered along with standard health information (Table 6.1.4A Appendix 13B).

Cognitive function

The younger Non Movers had on average three years more education compared with the other groups and scored more highly on social mobility than the other groups (Appendix 13B). Age appears to be important in terms of educational attainment, which in turn may have an affect on cognitive efficacy and confidence, although this would need further research with greater numbers to be established.

There was a clear cognitive advantage of age on cognitive tests for younger groups facing this complex situation as might be expected. Seven of the eight older Movers reported that understanding the process, the amount of paperwork involved and high number of decisions caused confusion and stress during the move. They had considerable support in overcoming these problems. In younger Movers, three of the eight participants also felt this and received outside support. The improvement on memory tests from Time 2 to Time 3 for all groups, remarkably so for semantic memory, may result from a familiarity effect for the task and possibly participants at Time 3 were feeling more at ease with the researcher or less stressed since the move.

Weight and diet (self-assessed)

Obesity was not prevalent in any group, Seven of the 11 participants in the younger Non Movers were overweight. Low weight was a higher feature across the groups due to illness and poor diet. Each group, except older Non Movers had one participant who lacked motivation to 'cook for one person' following bereavement. Two participants in both younger and older Mover groups and older Non Movers mentioned difficulty in getting

their shopping. Younger Movers and Non Movers, in addition to older Non Movers, had one participant in each who reported a lack of funding to buy food. Eight of the total of 16 Movers – of any age- said that their opportunity to socialise had improved in their new surroundings and they were more likely to eat lunches, make friends and meet for coffee.

Smoking & alcohol

For those participants who previously smoked, the average time in years they have given up was relatively recent, at just over four years.

Neither younger nor older Movers had been high consumers of alcohol. One older Mover and one older Non Mover consumed above the UK medical officer for health recommendation of no more than 14 units per week. However, in younger Non Movers more than half the 11 participants consumed alcohol above the guidance (group range six – 41 units per week) and they were also previously the heaviest smokers.

Acute self-report stressors

For those relocating, sleep was disrupted but otherwise poor sleep patterns in participants were reported to be longstanding. Younger Non Movers compared with same age Movers reported relatively high acute stressors from work as well as chronic stressors from carer roles.

Restrictive health and pain

There were more ailments in the older participants, as might be expected, but perception of restrictive health as reflected in the scores (Table 6.1.4B) is worse for those with COPD (younger and older Non Movers). Pain (older Non Movers) such as arthritis was more concentrated in Non Movers in both age groups. However, physical mobility problems were also high among the older Movers. The nature of the health conditions was also important (Table 6.1.4C).

Table 6.1.4B Restrictive health and pain

Number in each group reporting a difficulty at 4 or 5 on a 1 to 5 Likert Scale where higher is more problematic.

Age	**Group A Movers 60-75 (*n*8)**	**Group B Movers 76+ (*n*8)**	**Group C Non Mover 60-75 (*n*11)**	**Group D Non Moves 76+ (*n*12)**
'Healthy enough to be independent'	7	7	10	7
'Health Restricts my life'	1	3	2/4*	7
'Physical mobility problems'	4	6	1	8
'Pain affects my wellbeing'	3	3	2	7
'Healthy enough to get out'	1	5	3	3
Total and maximum score	16 of 40	24 of 40	20 of 55	32 of 60

* difference from Time 2 to 3 = 2 new incidents of cancer.

Table 6.1.4C Chronic health conditions

At Time 2 (Time 3 is only reported if there is a change)

	Group A Movers 60+ (*n*8)	**Group B Movers 76+ (*n*8)**	**Group C Non Movers 60+(*n*11)**	**Group D Non Movers 76+ (*n*12)**
Resp'tory/COPD	0	1	3	4
Osteoarthritis	1	3	2	7
Rh. arthritis	0	1	3	1
Cancer	1/0	1/2	0/1	3/4
Heart Disease	3	4	1	3
Stroke	1	0	0	0
Digestive	1	3/4	0	3
Diabetes	2	3/4	3	3
Thyroid	3 hypo	0	1 hyper 1 hypo	1 hypo
Disability	0	2	0	1
Depression	2	3	1	1
Time1/Time 2 Total illnesses	14/13	21/24	15/16	28/29
Distribution of health condition for individuals	3 had 1 5 had 2	1 had 2 6 had 3 1 had 4	7 had 1 3 had 2 1 had 3	2 had 1 3 had 2 4 had 4 1 had 5

However, health as a sole or main motivator to move can be over stated in research (Egan 2008 meta-analysis), if not fully considered alongside other factors. Restrictive illness was as prevalent or more prevalent in Non-Movers who had taken full advantage of adaptations in order to stay put. In addition, it was the family who instigated a move in six of the eight older Movers group, against their parent's wishes in five cases (albeit with good intention and ultimately favourable outcomes in three of those cases).

6.1.5 Summary of Part One findings

Person-environment fit, motivators and impediments

Part one of this chapter has provided an introduction to the participants, their housing environment both past and present and has focused on functional (practical) aspects that might be affecting relocation efficacy.

Unlike assumptions often made by policy makers and the media, property size, availability of retirement housing options, poor repair or mobility difficulties within their present homes, were not given as the main and most influential factors in moving or staying put for the participants in this research.

However, concerns about the lack of large airy rooms in some retirement housing and lack of adequate guest rooms were highlighted across the groups as important considerations and potential impediments to moving, as were costs and any reduction in local health, shopping or community facilities in a new location.

Age differences for Movers and Non Movers

Differences between younger Movers (Group A) and younger Non Movers (Group C). These related mainly to lifestyle.

- Five of the eight younger Non Movers had people to stay with them regularly and also had carer, family and work commitments. No one in the younger Movers group had this level of complexity or responsibility in their daily lives, although two had been carers to their recently deceased husbands.

- Younger Movers were on average five years older than younger Non Movers. This could indicate the years between 60 and 65 to be a transitional period, with initially higher levels of commitments, impeding relocation choice.
- Younger Non Movers were also of interest in that they showed greater upward mobility and educational attainment than any other group, requiring further interpretation as to whether this would be relevant to relocation decisions.

Differences between older Movers (Group B) and older Non Movers (Group D). These related mainly to health and family matters:

- Six of the eight older Movers relocated due to pressure from others and the same number appear to have been more heavily influenced by illness or pain affecting mobility.
- Conversely six of the 12 older Non Movers cite the same reasons for not being able to move and therefore were staying put.

Beyond these fundamental practical aspects of person-environment fit, relocation decision-making becomes complex, for example, in respect of

- attachment to the current home
- previous imperatives to move for work or family reasons
- proximity to and changing perceptions of the need for emotional and practical support
- the neighbourhood and the impact of change in the community

For some individuals the changing physical needs in relation to their home and community begin to conflict with their personal attachment to their location and home. Clearly levels of cognitive function that deteriorate with age add to the physical need for support.

Emotional and Physical support

Family influences both negative and positive, start to emerge as important at the three stages, decision-making, relocating and settling in. Support was

one of the most complex issues because of needs relating to perceived self-efficacy, health and many practical aspects. This included the amount to be done if moving and proximity to assistance, but also acceptance of help, family dynamics, the relationship with self-identity. These are explored in Part two of this chapter.

Temporality

Whilst some participants seemed to look to the past and did not see the need to deal with present changes and needs, others seemed to be planning for assumed future needs. This provided a potential binary temporal element to how moving home is approached that required deeper understanding.

The introductory material in this chapter is already indicates complex factors that might contribute to ambiguity in decision-making. These matters are analysed thematically in Part Two using the qualitative material from interviews at Stages 1 and 2 of the research.

CHAPTER 6 Part two - Thematic Analysis

6.2 Introduction

Chapter six is split into Part 1 and Part 2:

Part one of this chapter provided an introduction to the participants' housing situation and recent relocation history. This included relevant health and lifestyle demographics and participants' views that potentially affected decision-making about the design, size, condition and physical usefulness of their home.

Part two aims to provide a greater understanding of individual experiences and the lived reality of relocation. It begins with a table of 'Overarching Themes' and subthemes that have been developed through Thematic Analysis of the qualitative information from Stages 1 and 2 of the research. These are then used as a structure for grouping findings.

The reader is advised:

NAMES IN BOLD CAPITALS: these are used alongside quotations to identify the eight individuals (two from each group) who at Stage 2 took part in semi-structured interviews.

Names are given in italics within paragraph text – for ease of cross-referencing.

Participant reference numbers are given next to their names (pseudonyms)

The terms practical/functional and emotional/meaningful are used interchangeably.

The term self-efficacy (defined ch3 secn. 3.4) comprises 'personal efficacy' and 'controllability' (feasibility).

The term 'planning-efficacy' was devised by the researcher to encompass the full spectrum of relocation considerations, and the research dimensions (ch3 para 5.6.2), consistent with housing being a lifetime planning need.

Table 6.2.0 **Overarching themes**	**Subthemes**
6.2.1 Ambiguity in decision- making, predicting the future & planning	6.2.1.1 Inclination to plan (or not) for age-transitions and changes in person-environment fit, contingency, optimism and luck. 6.2.1.2 Informational support, financial hardship and benefits to moving. Inheritance a special case 6.2.1.3 De-cluttering and hoarding as impediments 6.2.1.4 Conflict between functional and meaningful matters 6.2.1.5 Enjoyment of and contentment with home; memories and attachment to routines and location 6.2.1.6 Personal identity and purpose. Gardens, a special case
6.2.2 Personal independence and autonomy	6.2.2.1 Accepting help from family versus from others; feeling of being a burden and guilt, reversal of roles in the family 6.2.2.2 Desire for proximity to family, mixed findings 6.2.2.3 Pressure to move from family, well meaning or self- serving?
6.2.3 Local community; needs and social identity	6.2.3.1 Loneliness companionship and social contact versus 'outings'. Pets, a special case 6.2.3.2 Community facilities, neighbours and community friendliness 6.2.3.3 Retirement housing, socialising and sense of belonging 6.2.3.4 Change, social identity and social integration

6.2.1 OVERARCHING THEME ONE - Ambiguity in decision-making and predicting the future

6.2.1.1 Subtheme: *Inclination to plan (or not) for age-transitions and changes in person-environment fit, contingency, optimism and luck*

Participants did not cite age per se as a clear determining factor for moving home. Participants acknowledged that age reduces levels of controllability, in terms of physical and mental self-efficacy, but those were the only factors directly related to age in their reasons given for moving. Whether age might intensify needs and force a decision rather than being a sole reason for moving is discussed further in chapter 8.

Group A Younger Movers

The younger Movers expressed little ambiguity around relocating. There was a sense of 'planning for the worst' in this group, an expression used by more than one participant, in contrast, younger Non Movers more often expressed feelings that portrayed a sense of being prepared, rather than assuming the worst. Although there were pressing health reasons to move for only two participants in the younger Movers group *(*A1 *Gail and* A8 *Gloria)* discussions in this group generally expressed urgency to relocate. Veenhoven, (2001, ch3 para 3.2) refers to anxiety-driven decision-making aimed at anxiety reduction rather than present state improvement and this is discussed further in chapter 8 in respect of the younger Movers.

Participants in this group said they had thought about whether to move for some considerable time and had continued to prepare by being aware of options and making plans. Thus in terms of temporality, they were future orientated and they planned.

> **A4.Jill** *Tell people to think about it sooner!*

> **A6.Jane** *We were going to move to* [ ] *when he retired. I'm glad we stayed in the area. He said goodbye and went out, had a heart attack, never returned. I had the last place adapted in case I needed it and pull chords, after my heart attack. I wish I'd moved then instead.*

A7.Annette *A lot say you shouldn't do anything for a year or two after bereavement. But I don't agree with that. My husband knew what I wanted to do and approved of it so I thought why wait? If you wait for a year how is it going to help you: if you've got your mind and health why not?*

A2.BEATRICE *Well I was looking for a flat while he was in the home because I knew he was never coming home.*

A1.GAIL *.... I think probably 70 to 75 would probably be a good time because as you get older it's harder to, to move, it's harder to get to know where you are.*

Younger Movers' motivation was expressed more in terms of them visualising potentially difficult times ahead, of being 'left on their own' through widowhood or becoming ill in older age. They were concerned that the home would become too big and burdensome. Conversely five of the eleven younger Non Movers talked about planning to have adaptations if managing their home became too difficult for them to manage there.

Group B: Older Movers

The older participants in this group also said the family home and garden could become burdensome and too big but expressed more ambiguity about having moved; issues among them varied. Five of the eight participants had not wanted to move and another was reluctant to. For example, B1.*Masie* and B8.*Bella* felt they had been coerced by family, having had no inclination to move and subsequently regretted their new situation; they expressed being lonely and depressed. B2.*Eliza,* was fraudulently deprived of her home by family and was distressed at the move. B5.*Meral* expressed having little choice medically and thus reluctantly moved closer to her daughter. B5.*Meral* felt this was the right decision in the end but still experienced sadness at the loss of her former home. This was in direct contrast to views expressed in the younger Movers in Group A. However, in hindsight, she regretted not thinking about moving sooner after her husband died two years earlier, and felt she should have moved then when her health started to deteriorate.

B5.MERAL *You need to think in your 60s but you don't know what's around the corner, … the thing is to be able to move quickly when you need to. You need help, you need family.*

An unusual case, B6.*Stephanie*, felt it was necessary to move when her husband died only because, having depended on each other previously, she could no longer cope alone in the house. She could not face having adaptations to provide a downstairs toilet, due to the amount of clutter that had accumulated in the house. Dealing with clutter when relocating was an issue for several participants and is explored in subtheme three.

Thus five of the eight participants in Group B were disinclined Movers and expressed that they had never intended to move and had not made plans and preparations to move. Of the remaining three, B3.*Beryl,* aged in her 90s, had moved many times with her husband's job and said she was happy to move a few miles from one flat to a smaller one nearer to her daughter and her church. B7.*Joanne* aged in her 80s expressed a realisation that she should have moved many years earlier when her husband died. He had prevented them from moving before but she had always been inclined to move.

> **B7.Joanne** *I don't know why people don't want to leave the family home when it isn't that anymore, I would have moved sooner but for my husband. You can't keep thinking for all those years, 'we might have someone to stay'; and there's a visitor's room here. I paid for a gardener and grandsons helped with repairs but it was cluttered. I had a stair lift for a year. My health stopped me looking after my house before; it doesn't now….I didn't realise how much I could benefit. Life is marvellous here.*

Cited below, B4.*Megan* moved because she felt she had no choice. She had wanted to move for some years from a large house that was expensive to maintain with a very large garden. However, she felt emotionally attached to the house because of memories of her husband and their love of the garden. This led to ambivalence towards relocating and delay in decision-making. She felt that the move put a strain on her physical and mental health:

> **B4.Megan** *I think it would be good if I'd done it a bit younger but since I managed it I don't suppose it's not done me much harm. I wouldn't advise leaving it till… 83 wasn't I? It's been the most stressful time of my life. I still say the phrase 'I know it was right but that doesn't mean to say it was easy' because it wasn't easy.*

Group C: Younger Non Movers

For the younger Non Movers, ambiguity was far higher than for any other group. There were those who seemed to be generally inclined towards moving and those who were disinclined. No one had ruled out moving and there was some sense of planning but not the same urgency as the younger Movers in Group A. Six of the eleven younger Non Movers expressed the probability that they would move as soon as commitments permitted. This cohort included four participants who were still in full time employment, and half the Group had carer or family support responsibilities, one of whom also worked full time.

The five-year average age difference between the younger Movers and younger Non Movers could have been a confounding aspect in respect of freedom to take immediate action. The lives of the younger Non Movers seemed complex with less clarity when compared with those of younger Movers who had fulfilled their desire to move home. Distracting thoughts intrude into their thoughts when considering relocation.

> **C7.Jemma** *You have to think what you can do, fine now but having that at the back of your mind. They're so erm nice when they* (retirement flats) *come up for sale because I see them. They look nice so why so cheap? Then I think retirement home. Wow cheaper, not really sure why I would want charges but I'm not old enough yet, I would be eligible and free up money but then it's still not… I could have a second home and a retirement flat, a home in Norfolk as well! But I have to carry on working. There are major changes coming, my parents are still alive, they're prevalent in my life; re personal issues, I go to Mum and Dad. I have to work until 70 because of no pension…. I could convert this flat into two and sell or let it out!*

Ambiguity was due mainly to participants' inability to visualise the future based on current information. They expressed ambiguity around moving from 'the home you love' in order to cater for future health eventualities and then finding that you did not need to, which is also reflected in the literature (Lofqvist et al 2013, ch3 para 3.1.1)

However, having foresight is especially difficult with respect to health, physical needs and external aspects such as changes in local friends, family, neighbour contacts, local area or community.

> **C5.Verinda** *In your head you're still 30. Moving all depends on health – If I had all my health, I would love living here. You always assume you won't get ill, will do your garden when you retire and go on holiday with your mates. You don't think you're going to be ill; if you moved then didn't need to, you'd regret that too.*

Unlike younger Movers, who moved mainly as a way of planning for the worst, younger Non Movers were mainly optimistic and expressed contingencies, the last of which might be to move. This suggested they expected or hoped their restrictive commitments would be resolved in time to make choices about their future. Thus, planning for the worst could be important in planning-efficacy, either for moving immediately or for contingencies.

> **C8.Sally** *If you leave it too long sheer physical strength will be a problem. You've got to have a plan A, B and C and hope you never have to book C.*

Younger Non Movers often mentioned leaving it too late to plan. For example, as highlighted in the third quote above C7.*Jemma* who felt retirement housing was something to consider once a person had retired, not before. Some younger Non Movers did feel they had already left it too late to plan because they were deterred by negative age-related connotations that they associated with 'retirement housing' or 'sheltered' housing. Others felt they were still too young (e.g. again C7.*Jemma* above, and C6.*Avril* quoted below).

The four participants in the younger Non Mover group who had the most definite intentions to move, even then stated that these were mainly contingent upon other things happening, beyond their control. All four had carer responsibilities and C11.*Marjorie* worked full time too.

> **C1.Amelia** *I used to plan for five years, big mistake, I won't ever do that again. What you think of first isn't always the right thing in five years*

> **C2.Lee** *I know what my plans are for the future, which depends on house prices and family circumstances at the time.*

> **C6.AVRIL** *The best stage would be now …but I can't due to needing to live near my parents. I will when I haven't got parents to look after.*

> **C11.Marjorie** *My main problem is my parents live nearby and they're not well. I've got to do it before I retire, at least have an idea.*

Personal inclination to move or stay put, appears to reflect long held views and experiences. C11.*Marjorie*, had expected to remain in the same location; her life changed due to being widowed, becoming a carer to her parents, children moving away and changes in the area's age and ethnic demography, none of which had she anticipated. She expressed some anxiety feeling she might 'have' to move. C6.*Avril,* in contrast, whilst being a carer, had never viewed her current or previous locations as necessarily permanent.

> **C11.Marjorie** *I don't like to think it could, it would be a new start, a different part of your life.*

> **C6.AVRIL** *Looking after people as a carer makes you think … who would care for me? You've got to be prepared. At this age, currently being in some kind of retirement home* [sheltered housing with extra care] *doesn't appeal but I do think there is a change in the type of offer available… The website...shows no worries about repairs, gardening…..all looks very inviting and the knowledge that should by the time you get to 80 you need some level of care that you haven't got to move to get it.*

Overall younger Non Movers' decisions to move appear to be guided both by emotionally meaningful aspects that are intrinsically motivating in decisions to remain or to move, as well as by functional (practical) ones that provide the extrinsic motivational element in the decision-making. This uncertainty of predication concurs with literature (Sharot, 2011 ch3 from para 3.3), and is discussed fully in chapter 8. Thus, the emotional component could make it less likely that all individuals, given choice, will move, even after they have fewer family and work commitments.

Group D: Older Non Movers

As with the younger Movers, there was little ambiguity about the decision to stay put that older Non Movers had made. They presented clear and firm decisions. These were sometimes made as early as when they settled into their home after marriage. The following three participants had home adaptations to assist with their changing mobility difficulties, rather than relocating.

D5.AMY *You move into a property and you should keep it. Never occurred to me, never given it a thought. Moving out is not always the answer. I came here after I married from my mum's; it's part of me.*

D6.Vanessa *It has never occurred to me to move. I've been here 54 years. My parents gave us the house when we got married. It's part of me.*

D9.Alison *I don't plan. My father said when your times up you go. We lived in the East End during the war but never went down the underground when the bombs were dropping. It's a question of luck.*

Locus of control and trusting to luck when reframing negative situations of change were important to the older Non Movers' decision-making and were discussed in chapter 3 (Sharot 2011, secn. 3.3 Tversky and Kanneman ch3 secn 3.1.2) and further in chapter 8.

The older Non Movers had not just drifted into their situation. Their statements show they had been proactive in planning adaptations and services in order to stay put. Some had previously given serious consideration as to whether they would move at a later stage due to widowhood or health reasons and decided against it. They recognised the enormity of the task and when considering the best age to move were clear about the limitations age can bring.

Older Non Movers' questionnaire answers indicated they perceived themselves to be in control of their lives and lucky. However they were not optimistic about the future and were more reluctant than the other cohorts to consider major change.

D12.DORA *We put a limit on it of 65 to move or stay put… and stayed. I don't make long term plans unless I think it's likely, equally I make plans on an 'all being well' basis. Well you have to think about it …just after the children have left or not at all.*

D10.Gemima *People don't think ahead and then they have to move again. For other people they leave it too late. They're not strong enough. They won't accept help and think tomorrow I'll feel better and won't need it but they're wrong.*

Gemima planned ahead meticulously since 2003 for her old age. She moved before age 60 on the early retirement of her husband, to a three bedroom house in a location *with "good shops and near the station"* next to her daughter's house. Instead of moving when both her and her husband's

physical health deteriorated, she eventually acquired the other neighbouring house. Eventually both daughters and their children were living within their own converted spaces across the three properties under one roof (that had also been converted for extra space). *Gemima* had an adapted ground floor area. All family members were mutually supportive:

> **D10.Gemima** *When I was ill recently they were both here. I now cook for everyone, it's worked out perfectly. I can't do as much in the community* [was on committees etc.] *but I help with the children.*

> **D12.DORA** *If for any reason I can't cope here* [a 3 bedroom house]*, I would have a bathroom put in downstairs and I would use this room as a bedroom. The back room would be my living room because it overlooks the garden. I'd have a gardener I suppose; I need one now and a cleaner!*

> **D5.AMY** *I've got a cleaner; she does washing and ironing. I pay for a gardener and hairdresser. … well someone knows someone and that's how I got decorated, the neighbours are good to me. Alterations? oh that's the council, occupational health take care of that. A walker and frame, bathroom and stair lift and that's how I managed all them years.*

Only one participant of the 12 older Non Movers *(*D4.*Emily)* would previously have liked to move but her husband did not want to. She was now reluctant to move she said due to age particularly when coming to terms with a new location and different routines.

> **D4.Emily** *I should have moved years ago, I'm too old to get used to a change. In seven years time I'll be 90, don't think it's worth selling for a short time. I have thought about it for years. I would like to have moved to the country with my husband.*

Having made the decision to remain and adapt, older Non Movers had sometimes required remarkable resilience and determination despite knowing that there were local relocation options they could consider. In some cases they faced pressure to move from family or due to financial difficulties that would be resolved by moving but chose to remain.

> **D2.Jan** *Determination gets me out. I can get out. I get down* [top floor of a 3 storey block with no lift] *a couple of times a week. I walk a few paces and sit. Get a bus to* [ ] *where there are seats in the High Street. Walk a few paces and sit.*

These findings indicate that meaningful/emotional aspects, even in the face of more obvious functional/practical benefits of moving, were important

for older Non Movers, and this was accompanied by a longstanding disinclination towards relocation.

6.2.1.2 Subtheme: *Informational support, financial hardship and benefits of moving. Inheritance – a special case* (because a relatively small numbers of participants discussed this but did so with very strong feeling)

A lack of knowledge and information about retirement housing was evident across the interviews. It can be assumed that accurate information would be useful in aiding decision-making, particularly for those inclined to be influenced by functional matters because moving might resolve some of those such as mobility and financial problems. The geographical locations covered by the research (North East London and surrounding counties) were well served by a range of retirement housing but aside from younger Non Movers, who used the Internet for information; participants were not knowledgeable about relocation financial matters and potential benefits.

Even younger Movers said they had moved to retirement accommodation and locations already known to them or found through friends or relatives. Most of the older Movers had accommodation in effect chosen for them by family. Most older Non Mover participants had not actually been inside a retirement scheme and did not know of anyone who lived in one.

Most participants gathered information from friends or informal sources. Younger Non Movers C4.*Lisa* and C6.*Avril*, who had researched the options, liked the idea of renting in a retirement scheme in order to have capital from selling, or income from renting out their present home:

> **C4.LISA** *I don't know why someone moving at this age would buy again. I would rent and keep the house and let it out, I'd use that council scheme* [FreeSpace – Appendix 1] *if it's going. You don't know with agents.*

> **C6.AVRIL** *Renting retirement housing might be better and leave me money in case a new car is needed.*

Some were wary of renting for example younger Non Mover C9.*Billie* and younger Mover A1.*Gail*:

> **C9.Billie** *I'm buying, buying, buying as many properties as possible. When my parents died they were actually in debt, I guess that's why I need to own and I keep buying more and more property. I don't feel secure for my*

old age. I would expect to cash up and tie it in with my reducing income. I've looked at equity release and that's not good when weighing it up.

A1.GAIL *I was frightened of renting, the loss of security. Rents are high and the money might run out. I didn't know where to start.*

No participant had received impartial advice and information, provided by knowledgeable others, except for two participants who had received a first stage FreeSpace scheme (Appendix 1) interview. Younger Mover A6.*Jane* delayed moving when her husband died, hoping to be able to cope with bills using an equity release loan.

A6.Jane *After my husband died, I borrowed £36,000 and 3 years later owed £51,000. They tried to charge me £8,000 to close it but the agent saw it was a con. I didn't have to pay it. They* [friends and neighbours] *said 'why do you want to move' but they didn't know about the debt. People say 'I wouldn't pay that'* [£203 pm lease] *but it's swings and roundabouts – there are no bills.*

The experience of A6.*Jane* illustrates the vulnerability of individuals left with financial difficulties following separation from or death of a partner. She did not want to "*bother people*" or let them know she was having financial difficulties. Moving home resolved her financial problems and completely changed her life for the better. When she sold her marital home, she had sufficient money to buy a retirement flat within easy distance of her former home, refurbish it and buy new goods as well as invest in a caravan in an area where she previously rented a caravan for just one month of the year.

Whilst half of the older Movers had been reluctant to move, they had benefitted in terms of finance. Older Movers B4.*Megan* who gained financial freedom for the first time in her life, and B2.*Beatrice*, were typical of the opinion of Mover Groups regarding finance:

B4.MEGAN '*I've been used to living frugally but now there are proceeds from the sale, I've spent a great deal modernising the flat and have bought some clothes'.*

B2.BEATRICE *I know I've got to pay maintenance here but they clean the halls, but now, they do the gardens, they're going to replace the windows, they've got a window cleaner, you know. Some say why have a monthly payment?.. but for a pensioner, I*

did the right thing. If I was still in the house, I'd have had to get other people to do all that…. better off moving than having constant upkeep.

Older Non Movers, as discussed in Part 1 (6.1.3) have the most concerns about bills and that was one of the their, only two, key motivators for moving. Interestingly, despite this, no one in that group contemplated moving for financial reasons, even though it is difficult to see how else they might reduce costs.

It is usual for purchase prices within neighbouring areas to vary greatly, in the UK. A shortfall in funding was not a problem for those wishing to buy in the same neighbourhood but would be if they wished to live nearer friends in a more desirable area. It is likely to be more of a problem for those who have been divorced at some point:

C6.AVRIL *The home I had before for 10 years was all I could afford at the time and I moved on when I could. At one time it was in negative equity for five years. It depends critically on cost in a nicer area I would have to downsize or rent... or I'd be moving too far away from people I want to be near to.*

Some participants in the younger and older Non Mover groups mentioned the importance of leaving an inheritance for loved ones, which for those who mentioned it, was a key impediment to moving.

Four younger Non Movers and two of the older Non Movers who wanted to leave inheritance, cited the difficulties young people had affording housing, being old fashioned, or just that it is a nice thing to do, as reasons to leave inheritance. Two favoured the FreeSpace scheme (Appenidx 1) to use if they moved, since the house could be retained and rented out by the local authority until their death and this would safeguard the inheritance whilst enabling them to move and rent elsewhere.

C1.Lee *If I move I will always have a house to sell I've arranged that for them and a funeral plan*

C10.Sheila *I don't want to spend it all* (if selling and repurchasing) *and have nothing left for my nephew and niece.*

D3.Rose *They're good to me, they're alright but I'd like to leave them something* (daughter and grandson)

C4.Lisa *I'd use that FreeSpace scheme if the council were still doing it, then I could rent this place out to pay for the rent on the sheltered block along there. Then they would still have their inheritance.*

6.2.1.3 Subtheme: *De-cluttering, an impediment*

A further impediment to relocation, was the challenge of de-cluttering. Although only the older Movers indicated this initially, it became apparent for both younger Movers and older Movers alike that de-cluttering had been very challenging. All Movers found the process exhausting. Younger Movers perceived moving as their choice, unlike half of the older Movers, and thus whilst difficult and tiring younger Movers expressed moving as a major rewarding achievement, which enabled them to overcome the challenge.

By the second interview, at Time 3, most Non Movers in both age groups acknowledged de-cluttering as an important influence on decisions about whether to move. Three younger Non Movers described themselves as hoarders whilst others who appeared to the researcher to have similar quantities of possessions did not. Younger Non Mover C8.*Sally* had been taking steps to reduce her possessions for months. Younger non Mover cited below, C9.*Billie,* very differently, feared poverty in later life and saw actively increasing her possessions as a positive approach to feeling more secure. Others, for example younger non Mover C11.*Molly* (quoted below) and older Non Mover D2.*Jan* (featured in sub theme 6.2.1.4 to follow), seemed resigned to their inability to move, as de-cluttering was something they could not deal with.

> **C2.Lee** *I'm a hoarder. My biggest fear is I will die and my kids will have to deal with it. I won't even have my mother and father in my house, as it's so bad.*

> **C8.Sally** *It took us 3 years to get rid of that bungalow, as it had been our home and Mum and Dad's before that. Why do I want to waste my time when I'm so busy, looking after possessions? I could walk away but would want it to go to the right place. I'm trying to get rid of stuff. My dad died suddenly, it could happen any time. I've got beautiful stuff that my girls don't want belonging to my Mum.*

C9.Billie. *The last time I saw my Mum she was in a home with dementia and it breaks my heart; she didn't have any of her familiar things around her. That's why I'm a bit of a hoarder because she had to leave everything.*

D11.Molly *I couldn't move from here, I've been here 49 years, you accumulate a lot. How could I, how could any of us sort it out?*

Possessions passed on in families have been problematic to participants. Unlike other participants, B6.*Stephanie,* an older Mover, who had physical mobility problems, had sufficient funds to buy her retirement flat outright and retain her former large house. This enabled her to avoid de-cluttering by continuing to house possessions including those inherited from her family, husband's and husband's family. The scale of the job physically and emotionally had become too much for her to deal with.

B6.Stephanie *When my husband died I knew I had to move. I had to clear my mum's house out and believe me you don't want to do it. I don't know if it's a good thing or not to keep the house and I've still got to find ways to get rid of the stuff.*

This made her relocation the least stressful of all the Mover participants. She stated that she would not have moved if she had had to de-clutter first and by the second interview had given the house and its contents to her sons to sort out.

6.2.1.4 Subtheme: *Conflict between functional (practical) and meaningful (emotional) matters*

Intrinsically meaningful aspects of the current home and its location are usually perceived to be more important for those who are disinclined towards moving, discussed in Chapter 3 and again in Chapter 8. D2.*Jan's* situation, as an older Non Mover, illustrates this:

Jan had suffered with arthritis and COPD, family members wanted her to move from her three bedroom ex local authority flat on the top floor of a three storey block with no lift. She instead opted for adaptations, despite having an unaffordable monthly lease and outstanding maintenance costs she could not afford to pay. New, desirable retirement blocks were a short walk away, with lower expenses. Support with moving was readily available from family. *Jan* had made no contingencies apart from having an

adapted bathroom installed. She said that before age 75 she started the process of de-cluttering with a view to moving but overall she remained determined to stay. Being attached to the area and her self-identity were paramount influences despite the obvious practical reasons to move:

– Functional issues:

Jan D2. *Some rooms need doing desperately. I might not be able to manage the stairs forever. I would like a retirement flat, but it would have high service charges though. I can't pack this flat up; I've already cleared out a lot. I took a week to do out the kitchen cupboards. Two to three weeks for the drawers, it takes months.*
I don't look at papers I put them on one side my son gets annoyed about that.

- Meaningful Issues:

All the original residents died, I only know the person opposite. They're all out most of the day. Every one of them comes to see me [family, none live nearby] *yet I might not see someone for days.*

It's important to have the 2nd floor and being able to view what's going on. I know everyone and they know me by sight. I can see the school out of my back window that I went to as a child and watch them all coming and going.

Jan's story was typical of older Non Movers in Group D in the strength of feeling and desire for continuity with the past in participants who were disinclined to move. In addition D2.*Jan,* as with most participants across all groups (discussed further in overarching theme. 6.2.2 that follows), had reservations about her self-efficacy but was adamant about not accepting the support of family members.

D2. Jan *I can't expect them* [family] *to be here all the time. I wouldn't tell them if something was wrong. They say I'm stubborn. They offered me a button round the neck because I fell and couldn't get up. I didn't take it. I can't expect too much help, don't like to be a burden.*

Jan and others in Group D expressed difficulty in coming to terms with changes in independence associated with ageing, pride and preservation of self-identity. She associated moving with giving up and giving-in to her illness and the effects of age: "*I don't give up".* For *Jan*, maintaining her self-identity seems to be associated with showing she can stay where she is with it's many connections to her past. However, her ultimate conclusion

seems to show some regrets and resignation "*You should move by age 75, after that you can't be bothered*".

6.2.1.5 Subtheme: *Enjoyment of and contentment with home; memories and attachment to routines and location*

As discussed in the previous section, participants provided an insight into their attachment to the past, to their home, location and existing routines, and how this relates to their disinclination to move. This could be interpreted as an individual's reluctance to change. However, with the exception of the older Non Movers, there were just two individuals in each of the groups, who said they 'preferred old and familiar places and people' in answer to that questionnaire item. For the younger Movers, this changed to four individuals after the move. In comparison ten of the twelve participants in older Non Movers said they preferred familiar places and people. Younger Non Movers C3.*Jackie* and C7.*Jemma* quoted below were very settled. Older Non Movers D7. *Violet* and D5. *Amy* were typical of their group.

> **C3.Jackie** *I know some people here. I have a routine, I drive to friends with the dog, she walks them both in the park and I watch, I get any* bits (of shopping) *I need on the way home.*
>
> **C7.Jemma** *I need to stay locally for friends and routines.*
>
> **D7.Violet** *I love to be warm, keep the heating on all the time even if it's expensive and I have a fantastic bathroom* [adaptation] *I love it. I looked at sheltered, so many doors off the hall.*
>
> **D5.AMY** *I'm happy here. You mean if it got worse, no, I don't' even think about that* (moving)*. I can't see people why they move around, I don't, to keep on going into somewhere and settle into somewhere, I've been here for so long it's part of me, I wouldn't, I don't want to know, I never thought about going anywhere else!*

The greatest impediment to moving for both younger and older Non Movers was found to be simply that they liked and enjoyed their home, felt comfortable and safe in the familiar surroundings. This had mediated against many drawbacks in their present homes. Older Mover B5.*Meral* had to move near to family for health reasons and was anxious to make her

home as comfortable as the one she left. Seven of the sixteen participants who moved, immediately made improvements.

> **B5. MERAL** *The new bathroom is going in, in two weeks. I'm dreading the mess but I'll feel more at home then. The next step is the decorating and then I can't have the radiators renewed 'til after that and that will be that.*

Individuals such as younger Mover A4*Jill* who were disinclined to move considered moving after all, when the enjoyment of home was substantially jeopardised. Younger Mover A2.*Beatrice,* attributes her decision to move after her husband's death mainly to not having liked her former home and not being comfortable, experiencing enjoyment nor wanting to spend money on changing it.

> **A4.Jill** *I really wanted to move, didn't feel safe at* [former area] *due to all the new pubs and bars* [previous high street location]. *I'm not a killjoy but all the high streets are full of them really late at night now.*

> **A2.BEATRICE** *I'm actually…. content. If you've got a nice home and you like it, if you've paid for it, it's your prerogative to stay in it unless it's too much to manage. I hated where we lived before and a lot of money needed to be spent.*

Other examples quoted below are from older Non Mover and younger Non Mover (D12.*Dora* and C5.*Verinda)* who feature in subtheme 6.2.3.4 to follow, relating to changes in community.

Whether it is perceived to be physically and emotionally possible to recreate a comparably pleasing or better environment is important for decision-making and later adjustment and settling-in. This could be even more important for those forced to relocate. Older Movers, B1.*Masie* and B8.*Bella,* are featured in section 6.2.3.1 below. This is because of the negative effects caused when, in addition to being moved by family from homes they loved, they did not choose the new accommodation and had subsequently not felt 'at home' there.

Memories associated with their life and home were expressed by eight of the 12 older Non Movers as being an important reason for not wanting to leave. For several participants, the thought of leaving their home created

fear and uncertainty about loneliness and their self-identity. Three of the younger Non Movers (Group C) and half (four) of older Movers (Group D), also saw memories as a potentially important impediment to moving. This left half of the older Movers (Group B) and most of the younger Movers (Group A) who could manage moving away from the location of their memories:

> **D4.AMY** *It's a comfort, the memories and familiarity. They go to homes that are not their surroundings and they die. I look around and remember* [husband] *did this and this happened in this room.*
>
> **C5.Verinda** *Friends moved within two years they were dead. They all die once they move. They move to the countryside and the coast and don't know anyone, then one dies.*
>
> **D12.DORA** *I moved in here with my husband when we got married and we had to save hard to get it and have a mortgage. We brought our children up here. The house has a lot of memories and it's big enough to change if I need that.*
>
> **A4.Jill** *Memories of my husband are in the other flat. He would have loved this place and it's the same size in rooms but they are smaller. When I sit here alone I miss my husband, moving to nearby was important - keeping everything else the same.*
>
> **B4.MEGAN** *When I reflect on that, of course when you're in your home, when you both worked 56 years, …you've got all the memories all around you. I've still got the memories but it's not quite the same.*

Conversely older Movers:

> **B2. BEATRICE** *There were no good memories in that last place*.
>
> **B7. Joanne** *Memories are in the head and having the children around*

6.2.1.6 Subtheme: *Personal identity and sense of purpose*

The effect of change in self-identity that comes with ageing, was clearly expressed by older Non Movers. Several participants expressed a connection between their home, their status and their personal identity. Older Non Movers, D6.*Vanessa* and D5.*Amy* both referred to home as 'part of me'. They, as with older Non Movers D9.*Alison*, D4.*Emily* and D12.*Dora* associated home with their former role as wives, mothers and

grandparents. Home was very much a part of their identity and represented achievements.

They, also indicated they were less open to change and were not comfortable with the way they were now seen by others, primarily family. The changing roles were expressed as positive or negative depending on how individuals perceived and adjusted to change. Autonomy and choice were seen to follow and this played a key part in making adjustments.

The first four quotes below, two each from Group A younger Movers and Group B older Movers are typical of those who felt that a loss of self-identity had led to their move. This is the opposite for the last two Non Movers quoted, one younger and one older, who have preserved their self-identity in other ways.

> **A1.GAIL** [health imposed move] *People think I'm too old and frail and probably lost my marbles but I'm used to being the one to solve problems. I miss not having a purpose. They don't like to bother me by ringing if they have a problem but I wish they would.*

> **A3.Evie** [fraudulent, imposed move] *When I lost my house I lost my confidence. When I had a house everybody came to me, now I've lost it nobody wants to.*

> **B2.Eliza** [fraudulent imposed move] *I wish it never happened and I stayed in my marital home. I hate it here; it's a place not a home. I don't feel useful to anybody… My aim? Yes, to die. I don't do anything now. I was a* [profession] *before.*

> **B8.Bella** [lack of autonomy over process] *My daughter thinks I can't do anything but I don't want to sit down and look at the four walls. I need peace of mind, I've never had that kind of life.*

Conversely…. Non Movers younger C8.*Sally* and older D10.*Gemima* (below) had planned and controlled their moves, prior to necessity to do so, many years previously.

> **C8.Sally** *I'm having the time of my life. When I'm not fit to do that I'll be happy not to be here! I volunteer, they give me responsibility.*

> **D10.Gemima** *I found it difficult to throw out records of work I'd been involved with and projects. That was my life, so I've just kept them contained in a couple of boxes and when I go they can throw them on the skip!*

Gardens were said in some cases to relieve loneliness and low mood by providing purpose and exercise, for those still able to carry out gardening, plus it provided increased hours in sunlight. Several participants referred to being emotionally attached to their garden due to memories, often when gardening had been their husband's hobby. The importance placed on the garden contributed to delaying the decision to move in at least two older Mover cases (B5.*Meral* and B4.*Megan*). They felt they needed to come to terms with losing their garden but found it very difficult.

> **B4.MEGAN** *Erm I think the garden started to overwhelm me. Because we adored, we both adored the garden.*

> **B5.MERAL** *It's difficult you can't see forward. I loved my garden but couldn't do it anymore. I was never happy with what the gardener did.*

Alternatively, seeing the decline of the garden, the cost and exertion of maintaining it that can emphasised decline in physical ability and hastened decisions to move. Ten participants in total already had a gardener but the cost can be high and therefore for the number of hours that are affordable, the standard cannot always be maintained.

Younger Non Movers generally require their own garden if moving, although C3.*Jackie* had a huge garden and it is her main reason for wanting to move, despite also owning a dog. Younger Non Mover, C4.*Lisa* was having raised flowerbeds built and C10.*Sheila* already had raised beds built. Both are in their early 60s and already feeling the strain of gardening work, a reminder of failing strength and mobility. However, older Non Mover D8.*Kath,* in her 90s and D4.*Emily* in her 80s were still enjoying gardening themselves as well as having some paid assistance.

> **C3.Jackie** *What's changed* [since first visit] *is that I would move now because of the garden but I can't afford to*.

> **C5.Verinda** *I used to garden for hours, now I need a small garden or balcony.*

> **D3.Rowena** *I pay someone to do the garden, if they go what would I do?*

> **D8.Kath** *It* [garden] *keeps me busy, and the house. I do things everyday and I go out as well.*

A paid gardener maintains the garden for older Non Mover D5.*Amy* in memory of her husband. She is unable to get into the garden but can see it from her kitchen window. Older Movers B4.*Megan* and B1.*Masie* from Group B were emotionally affected by the loss of their gardens, especially because of the connection with their late husbands. Meanwhile, B4.*Megan* took the decision to movebut it remained a source of loss.

The retirement scheme garden where younger Mover *A6.Jane* moved to is large but basic and she is trying to set up a community group to improve it. Whilst retirement housing gardens may appear underused, having them as an outlook and the enhancement they bring to any block was important for both Mover group participants, when considering their decision to move and options available. Moving to a more desirable location, associated with improved status was the only thing that mediated against the dissatisfaction of having to move out of necessity for older people (Kearns ch3 para 3.7.3).

6.2.2 OVERARCHING THEME TWO - Personal independence and autonomy

6.2.2.1 Subtheme: *Accepting help from family versus from others; being a burden and guilt; reversal of roles in the family*

Group A Younger Non Movers

Emotional and practical support was provided to younger Mover A1.*Gail* from volunteers; "*they literally saved my life"*. Due to isolation and loneliness she actively sought voluntary sector help in order to avoid asking for help from her family and feels guilty about the level of day-to-day assistance the family previously gave her. A1.*Gail* felt the loss of her role within the family where she had previously been the person who others turned to for help and advice.

> **A1.GAIL** *...that was actually when I phoned ...* (voluntary sector day centre) *So comforting to have someone to talk to, to be able to help with the decisions, lovely. Sometimes I prefer not to say anything to anyone* [to family]*. They all have problems. I relied on my son and I thought this is not good, he's got a family and he'd had a heart attack.*
> *I had no neighbours; I used to have. I could have lain there for days. Everyone I spoke to said you don't want to go there it's for old people and I said... you're living a normal life and I'm not.*
>
> *She* [social worker] *said we've had a meeting and we're all going to get together and help you. .....and we made a day and bring boxes and start to pack things and that's how it started. The support team helped me, to see the flat, sort out solicitors, mostly I worried about the utilities. I had been trying for 10 years. I should have gone earlier, didn't know what to do... I couldn't go out looking at places, I needed someone to take me... so I left it and left it.*

Interestingly, the action taken for younger Mover A1.*Gail* by the voluntary sector group mirrors the FreeSpace scheme in Appendix 1, which is proposed as a model of trusted, autonomous 'move-on' assistance from outside of the family. Further, A1.*Gail* said that she had settled in *"remarkably quickly".*

In a contrasting approach, A4.*Jill,* another younger Mover, was one of just two participants in this research who were happy to totally trust and rely on family to relocate them. She freely admits she did not feel competent to

resolve the situation herself. Her family purchased a property as an investment that she now rents from them. Her only stipulation was remaining in the same area, moving home but "*keeping everything else the same"*. Her lack of perceived self-efficacy and her attachment to the former home and routines would otherwise have been an impediment. In hindsight A4.*Jill* wishes she had planned sooner, de-cluttered and moved to a more suitable flat for both of them, when her husband was alive.

> **A4. Jill** *My husband was older than me - it affects a lot of women. I thought when he died, what's the point of going on? Packing up home after so many years was the hardest thing. I worry more now I'm older. Notifying the utilities and every single person you have to inform. I'm very happy I moved, can't thank them* [family] *enough. I wouldn't have done it on my own but I would have been housebound after my husband died.*

All participants received extensive support from family, friends or purchased services. Younger Mover A3.*Evie* is one of four individuals across both Mover age groups who specifically refer to substantial help from their religious community friends, rather than family. Her son had been responsible for her homelessness. She referred to family not helping but also that she would not have let them.

> **A3.Evie** *My son was abusive as if I was the enemy as soon as his wife moved in and I put his name on the house, now I have to pay rent* [moved to rented retirement housing]. *My other children wouldn't get involved, stopped coming around. I cry when I think of what happened. All my confidence went. I won't ask the family for help. I'm a very stubborn lady, I don't want for them to say I gave you this or gave you that.*

An independent and capable person throughout her life, the younger Mover cited below, A8.*Gloria* expressed frustration and difficulty in accepting her dependency on others, particularly family. After a lifetime in work and family roles where others were dependent on her, she settled-in slowly and was anxious to regain privacy, control and autonomy.

> **A8.Gloria,** *At first I thought I don't like it. Second time I visited it was empty and I thought, OK I like it but it's different. I'm quite contented really; they ring up and see me every week. Everyone's done everything and it was impossible. I stayed with a friend for a week. I don't know where anything is. If they found a belt loop in a drawer they thought 'she doesn't need that' but I knew it was there and it fits a belt on a favourite*

dress - now I can't wear it. I'm angry I can't do what I want to do. It worries me a bit [that] *I will need help, it gets me down.*
My family would come out in the middle of the night but would I ask for help? What would I have done without them? I like things done. I will soon get control of my life….. They said move out for a week when the work's done (bathroom) *I would like everyone else to leave us* [refers to self and dog] *to it and let me get on with it.*

Younger Movers, A8.*Gloria,* and A1.*Gail* (fourth prior quote above) agreed their physical and mental wellbeing would have been seriously at risk had they not moved. They both acknowledged that the provision of home services would not have achieved the freedom to remain independent that they desired. They also stated they could not have moved without the level of practical and emotional support provided. Notably A1.*Gail* and A4.*Jill* (third prior quote above) both settled in quickly, having been content with the process, albeit one assisted by family and one by the voluntary sector. However, A8.*Gloria* (above) had settled less quickly than A1.*Gail* or A4.*Jill* because of feelings of frustration at having to move and accept family help. A3.*Evie* (second prior quote above) said she did not feel settled in the new location five months after moving, which she attributed to the trauma of the move *"I still cry when I think of what happened".* Settling-in following a move was consistently evidenced throughout the research as dependent on the level of autonomy and choice in the process.

The remaining four younger Movers in Group A proactively organised and planned, taking the lead on decision-making and actions such as de-cluttering:

Younger Mover participants A2.*Beatrice and* A7.*Annette* (quoted below) were planning to move whilst their husbands were terminally ill in hospital, one with the encouragement of her husband, one whose husband had dementia and did not know. Meaningful issues in their former location did not hold them back; they focused on addressing functional issues.

A2.BEATRICE *I have friends and family here.* W*hen you come from a three-bedroom place.. you've got to get rid; No I didn't depend on anybody. No my daughter's got two children… and she's got her own life to lead. I knew what I had to do. I packed up, photos and the things that were really precious to me. I let them* [removal service] *do the rest. No, I'm a person who doesn't depend on anybody. Getting rid of my husband's stuff was emotional but getting rid of my stuff no.*

A7.Annette *I went through every cupboard and threw away so much and gave away. I packed everything myself. I've done everything on my own. I never thought I would. It was a lot of hard work but worth it. I love my flat. I wondered if I'd done the right thing but he* [husband] *would be proud. My son is impressed I've put nothing in the loft here* [top floor flat]. *I think I may not be sentimental!*

Despite accepting a lot of practical help, A2.*Beatrice* and A7.*Annette* described themselves as having moved on their own because of their level of control and autonomy over the situation. This was also because of an important distinction that the help was from non-family members and was assistance that they had organised and paid for independently.

Group B Older Movers

B4.*Megan's* case illustrates the level of physical and mental input required to move and that it was a greater strain than she had anticipated, even when substantial assistance was given. She felt she had autonomy and independence in dealing with the move B4.*Megan – "I was always in control of my life and I still am, I'm more secure now".* She was relieved at changing from a "*somewhat frugal*" life to one where she can purchase services to avoid being a burden to her family. Despite these factors, the assistance was not intrusive and was managed by her, albeit slowly over a long period of time. Her medical symptoms however, increased substantially in the period after the move, which she and her doctor attributed to the strain of moving.

B4.MEGAN *I started turning out and I thought well if ever I do move at least I've started something and that took me ages. Once I knew I was moving some while after his death I finished all the photographs, I started getting rid. I don't know how someone without family or a group who support them would cope, it would be chaos. My family helped with packing and unpacking. I did all the de-cluttering myself. My daughters were proud of me and they say my husband would be proud of me.*

I stayed with my daughter and her husband for a month. My church family were very supportive, very very loving and caring. It was the most stressful time of my life, moving from a family home of 56 years… I lost weight, I was so tired and if I woke up in the night I was thinking what I'd got to do the next day, and so I was tired-out when I moved although you still keep going. Change is tiring, pain is tiring.

Whereas younger Movers A2.*Beatrice and* A7.*Annette* (2nd prior quotes above) settled quickly, older Mover B4.*Megan* was still trying to recover from the strain. They all had the same level of organisation, lead-in time to the move, assistance and high level of autonomy. However, B4.*Megan,* despite being realistic in planning to move over the years, and stating she felt in control, left a home she was deeply attached to, so effectively it was not a choice. She struggled with the decision to move, and with restrictive mobility and pain. Interestingly whilst both older Mover B4.*Megan* and younger Mover A7.*Annette* had also both lived in their former homes for many years, A7.*Annette* suffered no detrimental effects from leaving it behind as she had not felt attached to her home. She described it only as a base where her husband worked and they travelled the world from. Both B4.*Megan* and A7.*Annette* expressed a sense of relief and pride in their achievement of moving, but A7.Annette found it easy to settle-in and expressed happiness whereas B4.*Megan* who found it difficult to settle-in, expressed relief and exhaustion.

There were two participants who readily accepted family help with relocation; younger Mover A4.*Jill* (quoted 2 pages previously) and older Mover B7.*Joanne* (quoted below). B7.*Joanne*, like B4.*Megan* (above), said her home was cluttered and difficult to maintain. Unlike B4.*Megan*, B7.*Joanne* was not attached to her home and in hindsight wished she had moved sooner. Another major difference is that she did not do any physical work during the move and whilst being frustrated by this physical inability she, as with Megan (above), had total control over all decisions. B7.*Joanne* reported recovering immediately and had substantially benefitted medically since moving. She began using a mobility scooter to go out and socialise. She chose a development equidistant from each of her children, who now visit. Her diabetes medication was reduced almost immediately, and she made a decision to have treatment for her cataracts. She attributes all of these health improvements to the move *"it's marvellous here, before I couldn't do my housework, now I can".*

> **B7.Joanne** *I made all the decisions. New things were bought but nothing thrown* away *in those days*. *The children had it all under control I just had to sit there and watch and felt frustrated. You can't just bash your way through it. Packing took seven months with everyone helping. My granddaughter was the project manager and did all the paperwork. Impossible just impossible to do it all at once; I felt positive as if something was shifting and it was taken in stages.*

Conversely B5.*Meral,* also an older Mover (quoted below) found it difficult to accept her only choice was to move nearer to family in retirement housing or to move to residential care. B5.*Meral,* like some other older participants, had been more dependent on her husband for things that women would be just as likely to deal with now.

> **B5.MERAL** *I literally couldn't think straight, my family were getting worried. He* (husband) *did everything. After a day's work he dealt with buying a house. It's difficult you can't see forward. I know it's two years since he died but he did everything - it was mostly down to men.*

B5.*Meral* was independent in nature but not confident in her efficacy. She had not prepared for the possible need to move and was not in control of the process, despite reluctantly having to agree to it. She felt totally out of control:

> *It was horrendous to me* [the move]*. If I hadn't had my daughter and her husband I don't know what I would have done, I don't think I would have coped. I stood there and held my head and said 'this is no good, I've got to live near you'. I thought I was getting dementia.*
> *I had such a nice place before and got it just as I wanted it and just walked away. I still think 'you are crazy' but I can just pick the phone up and they come over. My daughter can be here inside the hour on the tube. I didn't want to move, I had to bite the bullet, still not settled, I stay quiet and don't open my mouth. I should have said more. .... but in the end I don't want to go into a home and so you need a place like this, and near to people that help you.*

B5.*Meral's* ambivalence about moving is evident. This increased the trauma and has taken a long time to settle in. Whilst recognising the benefits fully she still strays back in conversations to disbelief at leaving the original home she loved. The move had to be quickly organised and she missed basic attachments to place such as her garden, the number of birds to watch from the window and being near the sea. However, overall she had benefitted more than most in her older Mover cohort. Her actual survival

has, not unreasonably, been accredited to the move, support within her new community and proximity to family (evidenced in sections 6.2.3.3 and 6.2.3.4 sub sections to follow).

6.2.2.2 Sub theme: *Desire for proximity to family*

Participants expressed mixed feelings in terms of their desire for proximity to family and family pressures to move. In this research and in the existing literature (e.g. Van Diepen and Mulder 2007; Kearns et al., 2011 ch3 para 3.9) day to day support was preferred compared to formal services, sourced independently. Participants valued the companionship of family currently living nearby, and would not want to move away (or for family to move away) but they did not wish to move near to family out of choice. The following quotes are from a Group B older Mover, Group C younger Mover and four Group D older Movers. One Group A younger Mover had relocated nearer to family but she was independent and insistent on making all the arrangements herself.

> **B7.Joanne** *They said live with me when he died, in the granny flat but I wanted to stay in the middle of them all and be independent*

> **C2.Lee** *It's not that there's no one who would help me, it's that I wouldn't let them. I don't expect my kids to look after me when I'm old. That's not why I had them.*

> **D9.Alison** *I want my own independence and they need their privacy. I wouldn't ask them. They do minor jobs. We work together around problems.*

> **D12.DORA** *Well they* [family] *asked us …. we weren't dependent on them and I wouldn't want to be. I have a lot of friends in this area and my life is here. Why change when you're happy just to suit your family.*
> *It would be like losing everything you have built up over the years and your independence. At the end of the day you're doing that for their benefit. The grandchildren are grown up. The help children gave me when I was ill, would be better if they had been nearer but only for them!*

> **D8.Kath** *…the daughters don't think that when the grandchildren have grown up you're on your own again in a strange place. Another had to move as they said it was too far to keep coming down. She lives opposite them but they're out all day… They have her once a week for dinner but all I get* [on the phone] *is I wish I was back in my little place.*

A diminishing role within the family, from being a provider to being dependent, mentioned previously, adds to the sense of being a burden and feelings of disrupting the lives of others. It is a theme common to all but is particularly prominent for two participants who see close proximity to family as potentially causing intrusion for both parties if there is no specific purpose for them to be nearby. This does not vary between cohorts, by age or inclination to move; for example, in the following quotes from younger Non Movers in Group C and older Non Movers in Group D.

> **D4.Emily** *It's always been us helping them, I'm useless always asking for help, they're all getting sick of me. The family do a lot for me. I think if I moved nearer to my other son, it's a bit remote and I'd become a burden you know if anything happened, they've got their own lives to live.*

> **D7.Violet** *My daughter stayed here for a while but it didn't work out. They say you changed our nappies as children, now it's our turn to change yours.*

> **C8.Sally** *I would feel awful getting them* [daughters] *to travel. I wouldn't want to live with them. Both my sister and I are terrified of having to live with the children. You want your own privacy. You don't want a role reversal. Almost strangers would be better than your own family.*

> **C11.Margorie** *I'm trying to be as independent as possible without pushing them away. If my husband had been alive I would have moved nearby as I wouldn't feel dependent or imposing*

Many younger Non Movers (Group C) have responsibilities to family members that keep them from fulfilling their own housing and other aspirations. For example, one participant visits parents living locally three times a day as well as working, and another travels a significant distance once a week to visit family. Three participants had few or no family members.

Generally younger Non Mover Group C participants were more concerned with being near to friends than family. Both Mover groups expressed the importance of staying near to friends when they relocated and this added to the negative impact of being moved when not of choice, to new locations:

> **C6.AVRIL** *When I am on my own as parents are dead, it will leave a huge gap, so even though here are lots of friends, I may feel lonely and the right housing environment could alleviate that. I had thought I'd move out to the country, I wouldn't now, as friends are so important.*

Interestingly the importance of staying near to friends was expressed by nine of the eleven younger Non Movers, but was very important to only two of the twelve older Non Movers. They seem to have let family or husbands take the lead socially previously and some refer to friends having moved away or died.

6.2.2.3 Subtheme: *Pressure to move from family, well meaning or self-serving?*

Pressure from family to move was evident in different forms. It ranged from open discussions with family about options, due to mutual concerns that did not necessarily result in a move (e.g. older Non Mover D2.*Jan* in section 6.2.1.4 above), to well meaning but ill thought out imposed moves, mainly carried out for the peace of mind of family. The latter resulted in distress and loneliness for older Movers B8.*Bella* and B1*Masie* (featured in section 6.2.3.1 subtheme below on loneliness, rather than in this section, since loneliness is the key outcome of their moves). More appropriate moves instigated by family benefitted the individual greatly (such as older Mover B7.*Joanne in previous* sections 6.2.1.1 and 6.2.2.1 sub themes above). Essential moves saved lives in two cases, irrespective of the initial desire not to move and subsequent difficulty in adapting (B5.*Meral* featured above and younger Mover A8.*Glenys.* Both stories feature in section 6.2.3.3 and 6.2.3.4 to follow). There were those where plans to move were without doubt malicious and financially self-serving for the family such in the case of younger Mover A3.*Evie,* section 6.2.1.1 above *and* B2.*Eliza* featured as the example here, since it is the most extreme case:

> **B2. Eliza** *When my husband died a year ago my son and partner said you can't stop here as there's no-one to look after you. You're blind, you've got to come to* [ ]*. Next thing the bungalow was on the market - it was a lovely place* (cries) *and the neighbours looked out for one another. I'm blind they brought a piece of paper to sign. I never saw a solicitor. They put all my stuff into storage and now ever such a lot of stuff is missing.*

B2.*Eliza* ended up sleeping in the conservatory at her son's house. Attempts were made to give her food she was allergic to, her access to insulin and a private phone were removed. Following this social workers and doctors

were called in a bid get her moved to a council nursing home, which failed. Eventually she was 'rescued' " m*y grandson came to get me out of a window and I had to stay at my sister's* [near the present location that is many miles from her former home]. Although *Eliza* pursued the return of her money at court and did not press other charges, the effect on her was devastating to the point of her feeling suicidal (GP was aware). She was previously a very capable professional and found it difficult to come to terms with her loss of independence and also loss of trust in her son. She referred to the new retirement housing that she found with the help of her sister as '*a place, not a home*' and felt she would never settle. She particularly missed being in the marital home and her former neighbours who had become friends. (explicit consent was obtained to tell her story per ethical consideration Ch5 section 5.11.2 re transcribing of interviews)

6.2.3 OVERARCHING THEME THREE - Local community; needs and social identity

6.2.3.1 Subtheme: ***Loneliness, companionship and contact versus visits and outings; Pets a special case*** (because a relatively small numbers of participants discussed this but did so with very strong feeling)

Five older Non Mover participants attended luncheon clubs and those who were less able generally had relatives who arranged outings for them. Participants made the point that whilst these contacts were welcomed, loneliness occurs most often due to lack of daily companionship, despite organised events. Six participants moved to retirement housing specifically to combat loneliness and to be part of a community. However, for two older Movers (B8.*Bella* and B1.*Masie* below), inappropriate moves caused greater loneliness, with no other apparent benefits to them:

> **B8.Bella Time 1** *Sometimes I feel miserable, when you're on your own you want company. If you don't talk you go a bit mad. Before, I could see life going by, I can't see past the wall* [outside] *I liked my old neighbours. I miss them. I must go out every day if I can, I can't sit still……. I don't go out now, I have to wait for my daughter to take me out it's uphill.*
> *They pushed me too soon. We know that now. My son chose this, he lives nearby and calls in a couple of times a week, my daughter comes, every week, the station is nearby. I miss my* [adult] *grandchildren who live in* [near to previous home, 30 miles away]*. They moved me too soon didn't they?*

B8.*Bella's* family may have rushed after their father's death into what they saw as keeping her safe. Despite an effort to sound positive at having moved against her wishes "*moving some good things, some bad"*, B8.*Bella*, aged in her 90s could not easily list good things. She said "*the neighbours are nice here'"* but she desperately missed her old neighbours, grandchildren and the passing community who she saw daily out of her window. She mentioned having an outside space as being good but the outlook is a brick wall. The new location is on a slight hill and her confinement resulted in her sitting for hours. By the second meeting with the researcher, she had swollen feet; she said she felt "*odd*" (obtrusive) when exercising by walking up and down the corridors. Which, she complained, were long and straight with nowhere to sit *"people wonder*

what you are doing". She was more depressed than at the first visit, and her summary; "*It's like a prison, I can't go out and I can't see out".*

Another older Mover, B1.*Masie,* experienced a similar situation. Her seemingly well-meaning daughters, who live abroad, misjudged her needs to allay their own fears about her safety, with detrimental effects on her.

> **B1.Masie** *After my husband died my daughter came over from* [abroad] *and when she saw me she said I don't like leaving you here you could fall. I'm never going to go in a flat I said. I had a stair lift... When I first came* [ground floor 1 bedr. flat] *here I thought I'm not going to last long.*
>
> *If they'd looked around more they would have got a better place with more to do. I would move to a better one now but they said I'm too old now and I split the money left over between them so probably couldn't afford it..... It's a long day just sitting here worrying about your illness. The cleaner is like a daughter; she takes me out instead of cleaning if it doesn't need doing. There's no communal room, guest room or laundry. I so miss the garden, can't get out directly to the shared one; it's not the same. I feel tied here. When my daughters come over there's no guest room. They moved me too soon. I was in turmoil. I'd been there 60 years. I don't like being a nuisance to anybody. I never ask anyone for help. I wouldn't have moved at all.*

B1.*Masie* immediately produced photographs of the previous house and garden at her interviews and stressed she would still be capable of maintaining them. This participant, like others in the research, does not regularly wear her security pendant around her neck and there is no on-site warden. She is effectively no safer than when living at her former address. The daughters may have peace of mind but they have missed the opportunity to make her more secure and less lonely. She had less purpose and said she had become depressed as a result. She expressed bitter regret about complying with her daughters' wishes to move her at a time when she felt in turmoil but did not like to worry them. They moved her to a place that she dislikes; she blamed the lack of a garden and familiar neighbours for her loneliness. She was attending a luncheon club twice a week but missed the companionship she had had previously from neighbours and sense of community from having a street view with plenty going on. She wished she still had a spare bedroom for her crafts and for her daughters to stay.

The stories of older Movers B1.*Masie* and B8.*Bella* are in contrast to that of younger Mover A1.*Gail* whose well-managed move and autonomy over the process is described above (secn. 6.2.2.1). This is despite A1.*Gail* feeling her identity and purpose had suffered during the years before she moved and her mental health previously being affected by loneliness. She described a desolate picture prior to her move, and a complete turnabout after moving, including that her high blood pressure medication needed to be reduced immediately following her move because her high blood pressure reduced.

> **A1. GAIL** *I was getting very isolated, living a bit of an odd life. I lost the ability to talk. If someone phoned up I wanted to talk but couldn't. I got to the pitch I was frightened to answer the phone. I could be there two weeks before I could ever get out and not see a soul… It was actually quite tiring to start with* [mixing with people] *as I wasn't used to it* [laughs]. *I was getting up in the morning* [before] *and washing and dressing and then I was moving around the flat and watching the television and I thought I've lost myself, I'm not there any more, I'm just this funny old person erm, really most odd. It was more like I'd been beaten into a corner like a sick old lady that no one listens to whatever you say no one takes any notice. Now I've taken control of my life.*
>
> *Well strangely enough the most positive thing, it's talking to people here and also in the street…It seems like there's quite a lot of older people around and they stop you in the street and they say 'oh good morning, hello, how are you' and it's not people that I know, which is lovely.*

Lack of daily interaction had led to a mental state resembling dementia for A1.*Gail*. In a number of participant stories, isolation came from loss and bereavement, when their partners who were their main source of human interaction died. Therefore, as might be expected, bereavement was a key cause of loneliness but as discussed in section 6.2.2.2 above, bereavement and loneliness did not create a general wish to move near to family in a different area. Neither was there an expectation that doing so would reduce loneliness following bereavement as Group D older Movers, Group A younger Mover and C younger Non Mover explain:

> **D12.DORA** *Some want to move to their children's area… but if you leave it too late you can be very lonely even near your family. I've spent a lot of my time helping others so I would accept help. Not to be dependent but a bit of company and maybe a lift to the doctors.*

A2.BEATRICE *I sit here and think about him a hell of a lot, I do and I get upset but I don't think that's depression I just think I miss him.*

C2.Lee *I enjoy independence but despite all the socialising it can be lonely in terms of companionship and having a partner to go places with.*

D9.Alison *I don't make it my business to be a lonely person….but I never got over losing my husband in his 60's.*

D7.Violet *The family take me out every week but it's when you're back on your own, it hits you. It's not going out, it's having someone to stay in with. My daughter stayed for a while but it didn't work out.*

Being able to keep a pet was extremely important for the four participants who moved, to the extent that they would not have moved without them. At least two younger Non Movers expressed the intention to get a dog when they retire, which is possibly one reason for more individuals in that group requiring a garden and to be near to a park.

6.2.3.2 Subtheme: *Community facilities, neighbours and community friendliness*

The local community is extremely important in choosing to stay in or move from a location. Participants connected this to getting exercise, having a good quality of life and wellbeing, and having nearby facilities. Good local facilities resulted in a more natural integration and social connectivity than might occur purely within retirement housing itself, in which some exclusion occurred (see subtheme 6.2.3.3 to follow). Older Mover B5.*Meral* has benefitted despite her initial resistance to moving home, as has younger Mover A1.*Gail*. Non Movers can become isolated if local facilities change or they become unable to drive.

B5.MERAL *I go to the shops every day for food and they know me. The greengrocer said he wondered where I'd got to* [when she was in hospital]*. I only buy a little because I can't eat much; it gets you talking to people.*

Registering with a new doctor is mind-blowing. I had the last doctor for 10 years…I have a laugh with that doctor [new one] *… He was really good to me; he said if you won't go into hospital today, you will tomorrow! So I agreed, he actually walked me home. It's only around the corner, how could I get a cab? But it was one of those really windy days.*

A1.GAIL *Everything is so near, the shops are here and just across there is the doctor's, there are buses and trains to everywhere you need to go. I dread to think of it now, what might have happened. I couldn't cope there*

D6.Vanessa *When the local shops closed down it was a real problem.*

D12.DORA *I try to go out every day. You get used to an area and feel more confident.*

As reported in Part One of this chapter, transport was said to be of key importance for participants and their visitors; for example older Movers B5.*Meral* and B8.*Bella* had moved near to a tube station for the convenience of relatives. A1.*Gail* gained independence by moving to a high street location with good transport links and older Non Mover D2.*Jan* would be housebound without the bus stop outside. Free travel passes were considered to be essential to participants, for example *Sally* and *Megan* (younger and older Non Movers) who described a social life that seemed to centre on going out, using the pass to travel.

All of the participants in various contexts mentioned neighbours. Bad neighbours were a source of harassment, severe in two cases, cited as a source of stress by three older Non Movers and actually resulted in a move by another in the younger Mover group. However, participants generally recognised that reliance on neighbours was not sustainable. Frequently participants referred to the loss of previous neighbourly support when neighbours die or move. Having to leave good neighbours, however, does not feature as an impediment to participants' moving except in the cases of older Movers B2.*Elisa* and B8.*Bella.* As previously mentioned, they moved a considerable distance from neighbours who had become very close friends, and this factor contributed to their depression.

Neighbours dropped by with shopping during one of the semi-structured interviews, not intruding, not close friends but leaving shopping on the doorstep, having knocked on D5.*Amy's* door, an older Non Mover, to check if she needed anything. Another older Mover D6.*Vanessa* was "*fetched to sit with neighbours"* who she didn't know well, when there was a power cut.

There was, however, also a negative side. Several participants talked about market changes that had led to owners moving out and letting their former property to short-term tenants rather than selling it. New neighbours were thereafter often transient. Several participants mentioned they had a sense that relatively new neighbours who owned property were just waiting for them to die in order to get their property too. This was expressed by younger Mover A5.*Laura in addition to* several younger and older Non Movers:

> **A5.Laura** *I loved the house, I wanted to stay forever. New people came, knocked down chimneybreasts and built a big shed. Other neighbours built an extension causing a dispute as it blocked my light.*
>
> **C3.Jackie** *The ones renting, they're transient so you don't get to know them. It would be if someone died we used to all put in a collection but no one would know now.*
>
> **C8.Sally** *Her family* [an Aunt] *weren't close by but at one time there, all of her neighbours knew her but by the time she was 90 there was no-one left.*
>
> **D5.AMY***....you know it will be sold and they'll spend thousands adding bits and building at the bottom of the garden, it disturbs you and you wonder who is going to move in. I don't get it, be satisfied with what you've got.*
>
> **D8.Kath** *All the neighbours are new people … I agreed next door could use the driveway to park. Now the brother drives right up to the door and I asked politely three3 times, they took no notice….. A lot of neighbours have gone, when a wife or husband dies. The other side is 97, they* [other neighbours] *are just waiting for her to die.*
>
> **D12.DORA** *This road has changed a lot of course, everyone obsessed with making their houses bigger and better, never satisfied*
>
> **D9.Alison** *Neighbours die and others move in, they don't respect us. Everyone wants more and more. Next door cut down the rose tree my husband planted in my garden and put a kango* [large electric drill] *through the wall.*

When older Mover D9.*Alison* suffered harassment and damage to her property, the council took enforcement action against her neighbours who, also during their refurbishment used of their back garden as a rubbish dump for building and domestic waste. She had become uncomfortable in her home; she said this was because the large family living next door were watching her and trying to befriend her, only to be sure of buying her home

when she moves or dies, as they wanted to join the two houses. On the day of the researcher's second visit, refurbishment work started on the property neighbouring her on the other side and D9.*Alison* was visibly distressed.

6.2.3.3 Subtheme: *Retirement housing; socialising and sense of belonging*

One important feature of moving to retirement housing is that neighbours are more likely to be of a similar age group and 'like-minded' a phrase used by several participants, referring to age and culture.

In older Mover B5.*Meral's* case [featured in secn. 6.2.3.1 above], the beneficial difference that social environment made to settling-in was apparent, particularly in conjunction with having good local facilities that were used to share social experiences.

> **B5.MERAL** *They are really nice here, we have coffee mornings and other things. My neighbour knocks every day to see how I am… I said I'd like to light a candle for my husband and she took me* [to the church] *I've only been twice because then I got ill but I really enjoyed it and on the way back, it's only down the road, we stopped at the cafe for coffee and cake. She said don't worry, come again when you're better. That's why sheltered housing is ideal because you're checked on and someone would know.*

Non-familial socialising (Cutchin et al. (2007); Callaghan et al. (2009) in ch3 para 3.8.5) is crucial for older people settling into a new communal setting and for effective inclusion. Thus facilities at the retirement block were important for fostering a sense of belonging, the lack of which caused problems. For example, another older Mover B1.*Masie,* mentioned in this section previously in the discussion of loneliness, had no communal areas, guest room for her daughters to stay or garden.

Not everyone wants to be involved in organised social activities. D4.*Emily* a Non Mover aged in her 80s had an outgoing nature and but for her husband would have moved sooner. However, she did not want to be living with all older people so was against moving to retirement housing.

> **D4.Emily** *I'm not communal, I like people but I'm not communal. Half of them* [older people] *only go to the doctors to sit and talk about their pills.*

A8.*Gloria* in the younger Mover group, who moved of necessity rather than choice was taking a while to settle in (para 6.2.2.1 above). Although she was content not to join in at present and did not feel pressure to do so, she was starting to feel the move had been necessary and advantageous to her health.

> **A8. Gloria** *There's all those things you can do here but I'm not interested. Quite a lot going on. There are one or two people* [shrugs]. *Since I've moved here I get more visitors. I'm quite contented really they ring up and see me every week.*

Negative connotations associated with age and thereby retirement housing, were mentioned by four younger Non Movers, who thought age difference would be too great. Conversely C2.*Lee,* one of the youngest Non Movers and most sociable participants had no qualms about moving whilst still in her early 60s. A5.*Laura, a* younger Mover, who moved due to harassment from neighbours found she could join in at an appropriate level and not feel out of place.

> **C2.Lee** *I would like to find a small ground floor apartment or bungalow in one of those retirement villages. Somewhere you know someone is there if you need them. Opportunity for social life, easy access to bank, hairdressing salon on site. Wanting to socialise but know I'm safe.*

> **A5.Laura** *I thought I'm too young for fish and chip suppers and bingo, most of them are older, but it was ok; no regrets except everyone has a car and there aren't enough spaces.*

Older Non Mover D8.*Kath* had family visits and outings with them but companionship was mainly through friendships at the local authority funded luncheon club and a range of organised events. She was visibly changed by the time of the researcher's second visit; she was negatively affected when funding was cut back, which reduced the daily interaction available to her.

> **D8.Kath** *There are outings once a month, I never say no to an outing. I'm in the choir… I can't sing but they take me there from the club, and we do a show. They say, if you can't sing just open your mouth the audience won't know* [laughs].
> Second visit: *They've put the prices up* [luncheon club] *and stopped the choir. He* (council officer at discussion forum) *said the council has no money anymore, that wasn't a discussion.*

Social events at retirement housing can be less circumstantial and vulnerable to change and funding is not necessary for routine socialising. However, the social make up or age mix cannot be guaranteed to work well, as younger Mover A6.*Jane* and older Mover B8.*Bella* experienced:

> **B8.Bella** *The people here are nice and the manager is a nice lady. I go to the coffee mornings; I don't feel I can join in. The people here are nice but they sit together.*

> **A6.Jane** *They're very set in their ways, I had some complaint when the work was done. They're polite but they do like a moan. It needs looking at when they get to 90, if it can be checked if they're on their own. Us younger ones are trying, the elderly ones aren't interested enough. They have nothing to look forward to and are stuck in a rut. They start to just sit it out. They come in younger than me then when they get to 90 they need more because they can't get out.*

Their experience contrasts with younger Mover A7.*Annette* who chose the development especially for the social advantages and is critical of those who do not join in:

> **A7.Annette** *I'm in the inner circle. I love my flat, I've made one good friend, some good friends, I get invited to lunches. One lady here doesn't endear people to her. Why move here if you don't want to mix? I'd have gone to the house I lived in,* [after her six week holiday] *made a few calls and that's it. Here several new friends were pleased to welcome me back.*

6.2.3.4 Subtheme: *Change, social identity and social integration*

Most participants in all the groups had strong views on housing issues. They sometimes discussed these at length and expressed real concern about housing costs for young people and the lack of proper job opportunities, or local jobs that had been available to previous generations and had contributed to community cohesion. Although not specifically asked, at least three participants challenged the value, other than commercially, of the increase in nighttime social culture to the community. More than half of all participants think the impersonal nature of technology is making society less friendly. Younger Mover Gloria expressed this:

> **A8.Gloria** *You could go into the bank and talk to a person. Where are people going to work? I think of young people. It drives me mad automation. I can't stand the aggravation, it's wrong.*

The threat of disruption to familiarity within the community and rapidly changing community profiles was expressed in terms of concern or fear, amidst genuine expressions of tolerance and appreciation of the benefits of diversity and change. Nearly all participants said they would not want to see a 'return to before, mainly white British'. However, there were expressed fears such as from younger Non Mover Verinda, about how she might be affected by staying put.

> **C5.Verinda** *There's no community anymore because you haven't got second and third generation families living in the area now, the kids can't afford to live here and there's no council tenancies left. As the old people move out or die.... it was just lovely* [before]*....* [now], *I don't feel like I'm in a community… plus no one is English, it is frightening.*

The declining sense of community from C5.*Verinda's* perspective did not necessarily mean there was not a local community but if there was, it was not one to which she felt affinity and she felt she had become an outsider. She, like several others, pointed to the increase in private rented property resulting in more transience and people going out of the area to socialise with the reduction of local social hubs such as public houses.

The majority of participants were white-British with two participants of Asian heritage and one of Caribbean heritage. The neighbourhoods were mainly culturally diverse including some, where white-British was not the largest ethnic group. Whilst some areas had been highly ethnically diverse for many years, others were relatively recently adjusting to high levels of inward migration, which also changing the age demographic to a lower average age.

Whilst positive responses can be biased as a result of social desirability or 'political correctness', participants appeared to the researcher to have been honest and frank. They accepted and valued diversity whilst having concerns about local community diversity in respect of age, religion and ethnicity in that order. No group rated diversity issues as a strong reason to

move or stay. However, perceived imbalance was a potential reason to move in the future.

Social change was cited by nearly all participants as a reason for an area deteriorating in their appraisal of friendliness. Participants recognised that mixing with neighbours was often dependent upon common language, meeting through children or religion and other aspects that might be affected by age, religious profile or ethnic make up of an area. Younger Non Mover Verinda added:

> **C5.Verinda** *My* [ethnicity] *next*-door *neighbours are nice…they talk so loudly, we always think they're rowing and it's weird sitting in the back garden with sounds of all different languages around. Please don't put down that I'm racist, it would just be nice to hear English sometimes. My front door was always open, everyone's was* [before].

B7.*Joanne,* an older Mover, who made the following statement, moved for health reasons and, despite her statement, would not have moved for reasons of diversity. She missed the cohesion the area had had, as a former council estate (now almost completely owner-occupied). This, she felt was due to there being so many nationalities and languages and so few older people for continuity with the past.

> **B7.Joanne** *We were the only two white ones left. There was nothing wrong with them, kept their houses nice and all that. Different neighbours all different and were difficult to understand and chat to. They were nice people and would come to help you if you fell in the street sort of thing. Immediate neighbours were fabulous; she cried the day I left. But once* [at one time] *everyone went in and out of each other's back doors.*

There was a real concern, in some cases expressed as fear and a feeling of threat to cultural identity and values, about the level and pace of social and cultural change and its impact on participants' individual wellbeing.

Other younger Non Movers (for example C3 and C6 quotes below) and some in older Non Movers (for example D12 below) were disappointed with what they saw as a gradual decline in cohesion and standards. Again, this was associated with the lack of appropriate, more permanent housing.

> **C3.Jackie** *Every property that was up for sale,* [ethnicity] *buy it and let it out. Upstairs tenant bought it* [Right to Buy] *and lets it out for £850pm now. The gardens are large and everyone is putting sheds in to let out.*

C6.AVRIL *The flat itself I'm very happy with, I feel safe, like the size of it. It's the building that is nice but the residents have changed over the last six months a lot of property's gone up for rent* [including by the local authority for homeless families]. *It's the noise levels, general anti-social behaviour. These flats aren't suitable for families.*

D12.DORA *This road has changed a lot of course. We have so many different nationalities which is good in some ways but some types don't want to say good morning. I don't know what they think you're going to demand of them for saying good morning. They're happy for you to take their parcels in though. Some are quite weird, you never see them walk in the street, just from the house to the car and creep back in.*

Others felt they were becoming outsiders, which could become an issue in the longer term and would affect their decisions around moving. D12*Dora* an older Non Mover was previously quoted due to her careful planning to stay put (2.6.1.1 above). She made a clear decision to adapt if the need arose rather than ever moving from the area where she had previously always felt she belonged. However, during her second interview, she reflected that older people can become "*invisible*" in society. There was a level of concern from younger Non Movers (for example C2, C8 and C11 quotes below) who seemed to be content for the moment but cautious about a potential loss of identity in the future, in the light of change.

D12.DORA *I wouldn't want to be the last older person in the street.... moving would be an upheaval but I'd cope. The neighbour the other side is very old, I never see her now.*

C2.Lee *I prefer diverse neighbourhoods, doesn't bother me, don't want all white British. It's friendly only because I say hello – some good neighbours though. This area is supposed to be improving I've waited 30 years of it being changed for the worse! More young people are moving in, previously they were low income and houses converted to flats, now young white couples with kids and young middle class pubs…They can't afford* [two London areas quoted] *any more so they come here. I wouldn't want it all to be white, my kids are mixed race of course…My social life is outside of my physical community.*

C8.Sally *I love it here* [diversity] *a complete mix. I enjoy the colourfulness. But I would hate to go into a road where everyone was of one ethnicity– including all white British. Some areas, one culture takes over and that isn't good.*

C11.Marjorie *diversity is not a problem now but to be old in an area where I haven't got like-minded people frightens me I have so many*

different ethnic friends but certain ethnic groups don't mix. How would I fit in? I wouldn't want to be the only white British person in the street, which is a real possibility now. I'm worried about not being part of a community.

In some locations social integration was working at its best, with benefits to health and wellbeing, such as for older Movers B7. *Joanne* and B4.*Megan,* Younger Movers A2.*Beatrice, A4.Jill, A6. Jane* and A7.*Annette*. The last word goes to two participants who felt strongly that but for their relocation, they would not have survived (A4.*Jill and B5.Meral*).

B5.MERAL *The neighbours care, the doctor cares, that makes such a difference. I don't want to go into a home but I can see from the care I had here after I was ill and the amount that people notice if they don't see you that I'd be okay. She* [daughter] says *and so does the doctor, I have to realise I nearly died.*

6.2.4 Summary of Part 2 findings

The research proposition that moving is generally a complex, lengthy, burdensome and often emotional process, was supported by the discussions held with these participants. Physical, cognitive, emotionally meaningful and functional aspects combined to make unique scenarios. However, previous research reported here in chapter three (for example Samsi 2010 ch3 para 3.1) suggests there are predominantly just *"two types of older people, those who plan and those who don't"* in respect of planning to move and this has been supported by the participants' views expressed in the current research. Yet, what leads some to plan and others not to plan is complex, it is determined by outlook on life, previous experience, personal self-efficacy and controllability within their developing situations as health, social status and environment change. Levels of autonomy and independence interact in complex ways with family interventions and these factors influence the time taken to settle in as well as the depth of integration following a move. Findings relating to chronic stress and wellbeing effects are reported and discussed in Chapter 7 that follows.

CHAPTER 7 HEALTH AND WELLBEING - Findings and interpretation

7.0 Introduction – qualitative analysis of stress measures

Consideration of the participants' experience in this research had a health and wellbeing focus for the reasons given and explained in Chapters 1 to 4. This included the research premise that relocation can be emotionally and physically demanding, involving in many cases a prolonged process with the potential for chronic stress. It seemed clear to the researcher from what was known about cortisol reactivity that the numerical data alone is somewhat redundant without context and qualitative information about an individual's feelings and perceptions of the situation they are in. Thus the qualitative approach, used throughout the research extends to examining the wellbeing measures - depression, anxiety, stress, self-esteem and hair cortisol concentration (HCC). Since there was some commonality between views on relocation within the groups, there were some discernable patterns within the cortisol reactivity of participant groups.

Moreover, contextual interpretation shows differences discussed in the literature (chapter 4), depending on the type of stressor. Due to the low numbers of participants per group, these speculatively support the theory in the literature but the findings are primarily useful for interpretation on an individual-by-individual basis.

The health measures were introduced as part of discussions at the end of the Relocating Psychometrics (RP) structured questionnaire (ch5 para 5.5.2 and 5.6 *RP questionnaire*). Depression, anxiety and stress questionnaire items were the only questions asked retrospectively. This was so that at Time 2 scores were gained relating to feelings at Time 1 before the research fieldwork. Time 2. Time 3 answers were concurrent.

Table 7.0 Research Timeframe - Time-matched for Non Movers.

Time 1 5 months before the move	**Time 2** the move	**Time 3** settling-in 5 months after
Period A - period of 5 months from Time 1 to Time 2		**Period B** - period of 5 months from Time 2 to Time 3

Hair samples for (HCC) occurred at Time 2 and Time 3 to measure cortisol reactivity for Period A the whole five month period before the move and Period B the whole five month period after.

7.1 Traumatic events prior to the research timetable

Table 7.1 shows the traumatic events experienced by the participants of each group that might be expected to have an impact on self-esteem, depression, anxiety, stress and thus the cortisol levels.

Table 7.1 Widowhood and traumatic events occurring in the last two years, in addition to the ordeal of moving for Groups A and B.

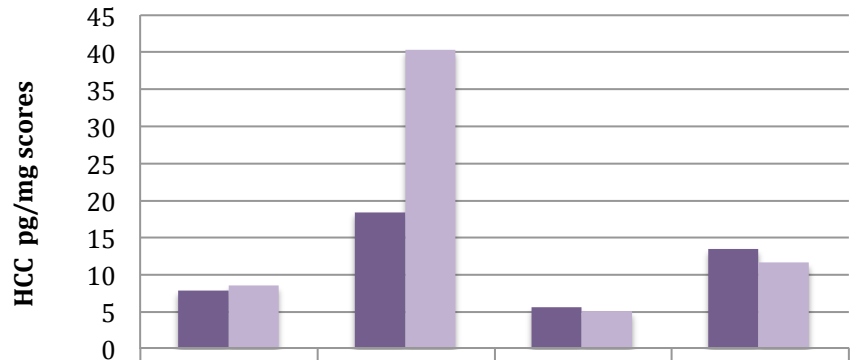
Group A Younger Movers	6 were widowed, (5 in the last 2 years) 1 has had serious mental health issues 1 had been fraudulently displaced from her former home 1 had a serious, as yet undiagnosed ailment 1 moved because of harassment from neighbours.
Group B Older Movers	8 were widowed, (6 in the last 2 years) 3 were moved with insufficient autonomy to accommodation they remain unhappy with. 1 lost her property fraudulently and suffered a related attack on her life. 2 were diagnosed with life threatening illness.
Group C Younger Non Movers	3 were recently widowed or divorced 3 were diagnosed with a serious illness. 5 feel restricted currently by work and carer commitments.
Group D Older Non Movers	5 were recently widowed 1 was being severely harassed in her own home by a relative

It is clear that coping strategies and adaptive mechanisms (Taylor and Brown 1988; 1994), discussed in chapter 3 paragraphs 3.3 and 3.4, and further in Chapter 8, help define the extent to which traumatic events are processed and thus this should be taken into account when assessing psychometrics and bio data. For example, not all participants were suffering trauma from their situation. One younger non Mover stated in her interview: "*I'm having the time of my life. When I'm not fit to do that I'll be happy not to be here!"*

7.2 Hair cortisol concentration (HCC) results

Supporting data for section 7.2 is contained in Appendix 15. Chart 7.2 below provides the mean HCC scores for each cohort, in picograms per milligram (pg/mg). The HCC collection and analysis procedure is in ch5 para 5.8 to 5.10).

Chart 7.2 Hair cortisol concentration (HCC) Period A of 5 mnths duration before the move and Period B of 5 mnths duration after



	Group A	Group B	Group C	Group D
Period A	7.79	18.32	5.52	13.35
Period B	8.46	40.29	4.96	11.56

Potential extraneous effects

No reliable HCC reference range has yet been established for specific groups (Russell, et al., 2015). Extreme scores were removed and those participants advised to consult their GP in accordance with ethical considerations (ch5 para 5.12). Older age groups in this research generally had higher HCC rates when considered as a whole than the younger age groups (see discussion in literature ch4 from para 4.10.1). Other than this, any extraneous effects on hair cortisol concentration could not be detected because of insufficient numbers of participants taking part to represent various conditions, for example effects of dyes, bleach (ammonia) and treatments, including perms (ch4 para 4.10.1 to 4.10.5). However, the general consensus in the literature points to these not reaching the core of the hair (medulla) where the cortisol resides (ch4 para 4.10.4 and 4.20.5). Any 'washout effects' from frequency of washes, would not affect the results since the samples used were 5cm from the scalp (ch4 para 4.10.4). There is a known affect of weight on scores HCC scores (ch4 4.13.5).

Whilst it might be assumed overweight participants might have slightly higher HCC scores, there were insufficient overweight participants for generalisation. There was a wide range of medical conditions and prescribed medication taken across the participants. However, there appeared to be no obviously wide variation in HCC scores for individuals taking medication, including steroids, from those not on medications. Similarly there was no wide variation of scores for UV light exposure, when there was insufficient hair to avoid using layers exposed to UV light (method ch4 para 4.10.5).

7.2.1 Summary of differences in HCC; Period B compared with Period A

Younger Movers (Group A) had a 9% increase in HCC during Period B, the five months after the move. Conversely older Mover (Group B) scores were high and changeable, having more than doubled in Period B. This is despite a less dynamic change in depression, anxiety and stress scores than younger Movers (Group A) (charts 7.3A to 7.3D).

Observation based on habituation, delayed response and type of stressor

No generalisation can be drawn from the scores, not only due to the small numbers involved but because of the individual nature or HPA reactivity, in response to stressors. Also delayed reactivity of the HPA can result in increase and subsequent decreased cortisol in chronic stress situations (versus immediate up regulation or down regulation in acute stress situations). Therefore the type of threat is important and whether it is perceived as long term (chronic) and whether retrievable or insurmountable (i.e. dynamic or static).

Older Movers (Group B) (featured in section 7.4 case studies that follow) represent chronic situations that remain dynamic. Conversely five of the eight participants were moving from longer term stressful circumstances where HPA response may have been blunted, prior to Period A, before the fieldwork started. Taking account of delayed reactivity, an increase in Period B represented an up-regulation in HPA cortisol response that may have occurred when their situation

improved in Period A. If so increased HCC indicates improvement, despite adding to the overall mean for increased levels of cortisol. Individual cases are examined here further in section 7.4 tables 7.4A and B.

Younger Non Movers' HCC scores were stable across both periods, as were their stress scores. Half the participants in this group were dealing with long-term carer and work commitments. Levels of cortisol were likely to be an appropriate response to acute day-to-day events that rise and fall quickly, do not enter the hair medulla and would not be reflected by HCC levels in the way that chronic stress would be.

Older Non Movers' overall scores showed a drop in HCC levels of 9%. Four of the twelve participants in Group D expressed regret at not having moved when they had more opportunity to do so, potentially blunting scores to represent resignation. However one of those had a raised rather than lowered cortisol result, likely due to very recent bereavement. Another had a high increase due to renewed harassment (case D7) that whilst chronic is an active situation so habituation would not occur. These results emphasize the difficulty in reading too much into statistical output for small cohorts.

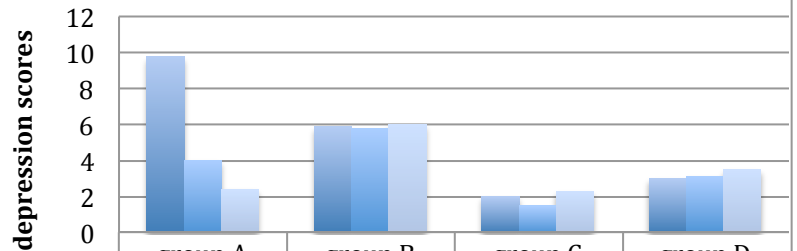
7.3 Depression, anxiety, stress and self-esteem results

Charts 7.3A to 7.3D on the following page provide the group scores for depression, anxiety and stress for specific points in time: Time 1, collected retrospectively Time 2, just after the move and Time 3, five months later. Self-esteem measures were not collected retrospectively so they are concurrent with Time 2 and Time 3.

7.3 Depression, anxiety and stress results

7.3.A

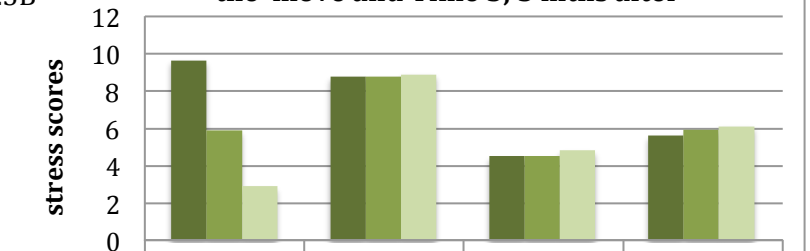
Depression Time 1, 5 mths before the move; Time 2, the move and Time 3, 5 mths after



	group A	group B	group C	group D
Time1	9.75	5.88	2	3
Time 2	4	5.75	1.46	3.1
Time 3	2.38	6	2.27	3.5

7.3B

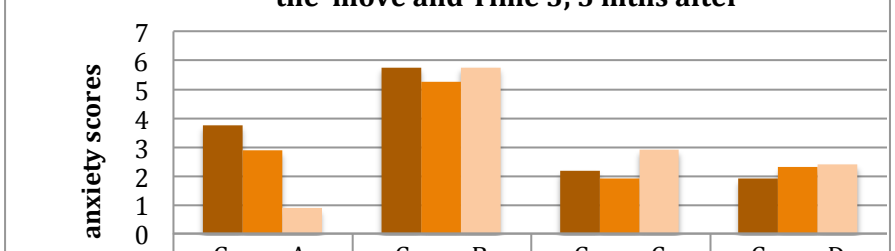
Stress Time 1, 5 mths before the move; Time 2, the move and Time 3, 5 mths after



	Group A	Group B	Group C	Group D
Time 1	9.63	8.75	4.5	5.6
Time 2	5.88	8.75	4.5	5.9
Time 3	2.88	8.88	4.8	6.1

7.3.C

Anxiety Time 1, 5 mths before the move; Time 2, the move and Time 3, 5 mths after



	Group A	Group B	Group C	Group D
Time 1	3.75	5.75	2.18	1.9
Time 2	2.88	5.25	1.91	2.3
Time 3	0.88	5.75	2.91	2.4

7.3.D

Self-esteem at Time 2, the move and Time 3, 5 mnths after

	Group A	Group B	Group C	Group D
Time 2	4	5.5	7.09	6.33
Time 3	5.88	5.88	7.09	5.9

7.3.1 Depression, anxiety and stress differences between groups

(Charts 7.3 A to D)

The number of participants in this study is insufficient to make inferences in respect of the self-assessed psychological states and connections to the biodata. However, since the move was the main life event happening at the time for younger Movers, the self-assessed reductions in depression, stress and anxiety were persuasive that the move itself had at least been partly responsible for the positive changes.

Younger Movers (Group A) had a 24% reduction in depression scores over the timeframe of the research; a reduction of 23% for anxiety scores and a reduction of 30% for stress scores. Five months after the move, their scores were the lowest across all groups, close to younger Non Movers (Group C) in respect of depression but lower in terms of anxiety and stress.

Older Mover (Group B) depression, anxiety and stress scores started high and, in contrast to younger Mover (Group A), remained high five months after the move. Participants in this group had more debilitating illnesses and five of the eight participants had less choice and autonomy, in contrast to younger Movers.

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Younger Non Movers (Group C) reported a rise in depression and anxiety scores of 13% and 33% respectively. However, Group C stress scores did not increase, so were stable compared with younger Movers (Group A). They were lower than the other Non Movers (Group D).

Older Non Mover (Group D) depression, anxiety and stress scores rose over the timeframe (17%, 26% and 9% respectively). However, they started with and maintained much lower levels of depression, anxiety and stress scores than older Movers (Group B), despite a similar age and health profile.

7.3.2 Self-esteem differences between groups; observations

Chart 7.3D above shows the marked difference between groups on combined questionnaire items relating to self-esteem – at Time 2 and Time 3.

Self-esteem is important because of its generic nature as a measure of wellbeing. Low self-esteem predicts depression (ch3 para 3.2) and continuity of self-esteem is adversely affected by life changes that reduce control (ch3 para 3.0.2). Moreover it is a strong predictor of positive response to high levels of stress, including inclination to early habituation (ch4 para 4.8.1).

Scores needed to be interpreted in the light of qualitative thematic analysis, reported in chapter 6 Part 2. The comments here were adduced from the views and feelings expressed in that analysis. The potential explanation for patterns between wellbeing based on self-esteem group scores and HCC are considered in section 7.3.3.

Younger Mover (Group A) scores improved on all self-esteem items by the second visit, five months after the move (see Table 7.3.2 in Appendix 16). This group's depression scores at Time 1 decreased by Time 2.

There was very little movement in self-esteem scores for older Non Movers (Group D). Self-esteem scores slightly reduced and depression scores slightly rose.

Group B older Movers' self-esteem item 'aim in life' had slightly improved, with some of the participants expressing their move as having achieved a challenge. However, three participants in this group said they were still depressed five months after the move and this related mainly to not having wanted to move.

Notably young Non Mover (Group C) self-esteem scores did not change but they were high to start with. Response to the item 'Confidence in the future'

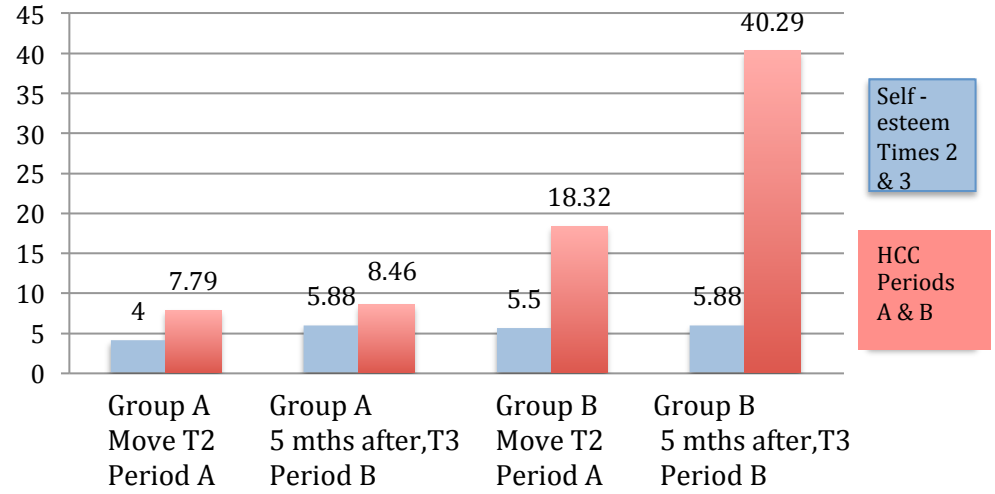
was higher than for other groups. Ambiguity about the future was due to current restrictive commitments, rather than to any link to low self-esteem.

7.3.3 Observations of self-esteem associations with hair cortisol concentration

This technical aims to consider matters raised in the HCC literature about delayed cortisol reactivity used for interpretation in the remainder of this chapter.

Pruessner et al. (2005, per ch4 para 4.8.1) observed that "*self-esteem is a potent predictor of cortisol*" and those with high self-esteem have a greater habituation to stress. This would mediate against high levels of cortisol in stressful situations and predict lower cortisol scores (HCC) in those with high self-esteem, conversely cortisol scores to be higher if self-esteem scores were lower.

7.3.2A **MOVER GROUPS A & B**
Self-esteem Time 2, the move and Time 3, 5 mths after.
HCC - Period A 5 mths leading up to the move; Period B 5 mths after



On first examination, there were no associations to support Pruessner's findings. Instead the reverse applied for Mover Groups A and B – cortisol appeared to be higher when self-esteem was low. However, seen in the light of a delayed reaction that applies in longer-term chronic stress, versus day-to-day acute stress fluctuation, interpretation of the results can be deemed to be more supportive of the Pruessner et al (2005) findings.

Chart 7.3.2A shows self-esteem and hair cortisol concentration together in order to consider the effects of delayed reactivity. That is whether Period A HCC results for Group A (7.79 pg/mg) and Group B (18.32 pg/mg) were deemed to be responding to a period before Period A, leading up to Time 1, (the period before the research commenced) that would lend support to the theory.

Unfortunately self-esteem was not measured retrospectively for at Time 1 in the way that depression, anxiety and stress were. Thus the extent that Period A HCC results for each group reflect the self-esteem in the research, and support the theory of a delayed reaction, can only be adduced using the biographical information about what was being experienced before Time 1 (per secn. 7.4 to follow), which indeed does support Pruessner's 2005 findings.

Regarding Period B, if HCC for Group A (8.46 pg/mg) and Group B (40.29 pg/mg) are deemed to reflect the self-esteem measure taken at Time 2, at the end of Period A, it could be interpreted that HCC is higher when self-esteem is lower and HCC is lower when self-esteem is higher. This is intuitive and supports Pruessner's findings and the position that there is a delayed response.

7.3.2B **NON MOVER GROUPS C & D Self esteem time match for the move and 5 mths after. HCC for Period A - 5 months leading up to move; Period B 5 mths after**

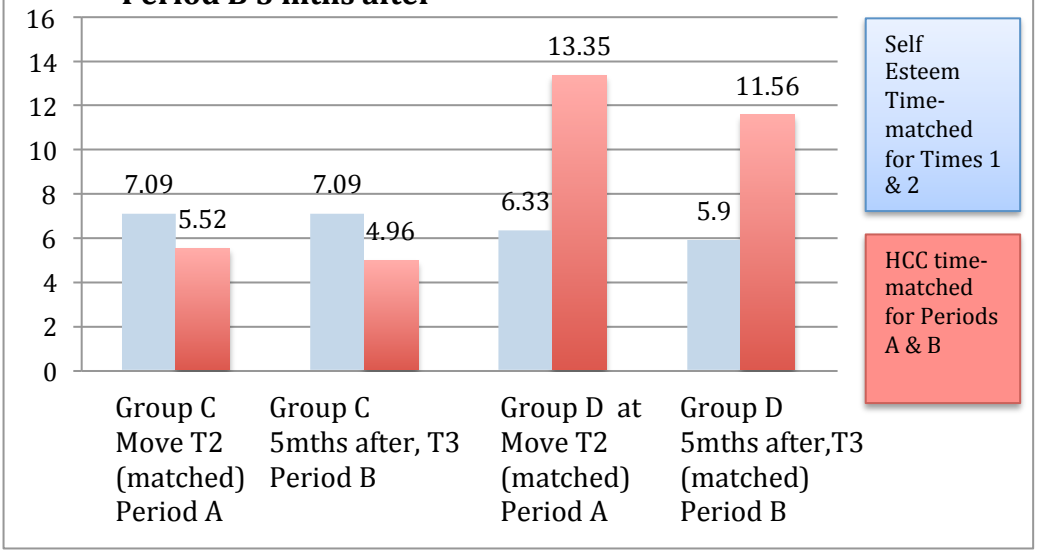


Table 7.3.2B has been included for completeness for the Non Mover Groups C and D where, as expected there was much less reactivity since most individuals did not experience new, prolonged stressors. However, it can proposed that the lower Group D HCC (11.56pg/mg), relates as expected to a higher self-esteem score (6.33), occurs in the period that follows. If HCC decreases as self-esteem rises these changes again support findings of delayed reaction

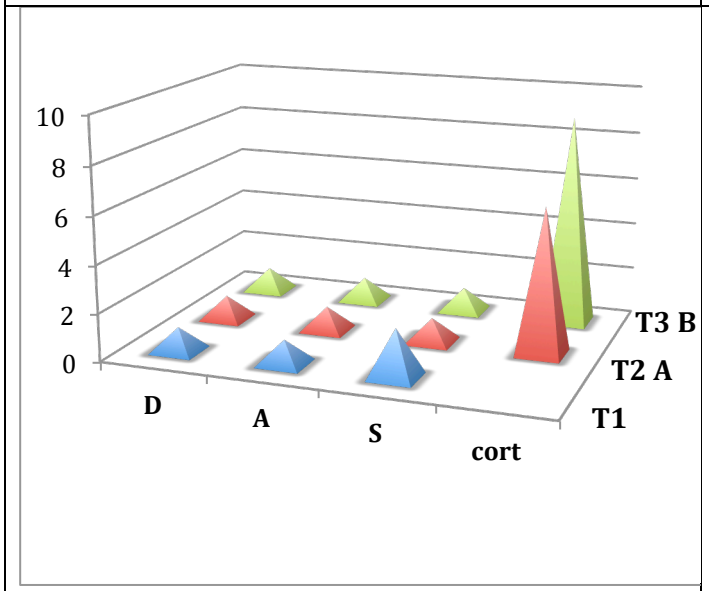
7.4 Individual biographical analysis of HCC effects

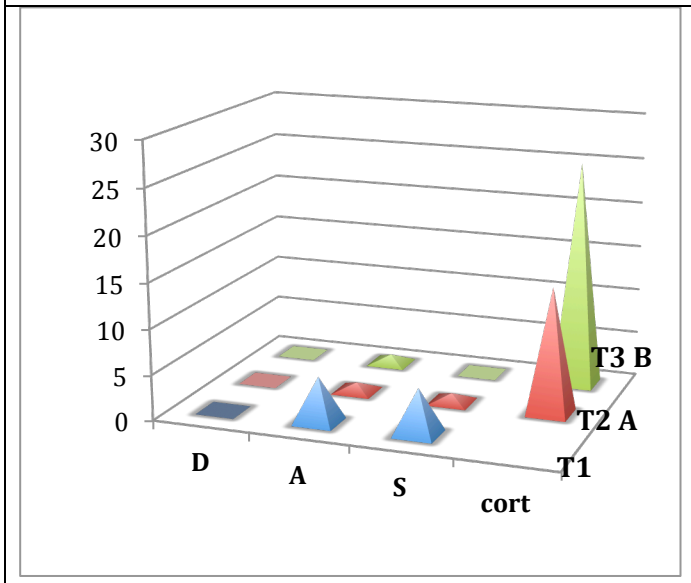
Introduction to Tables 7.4 A and 7.4B

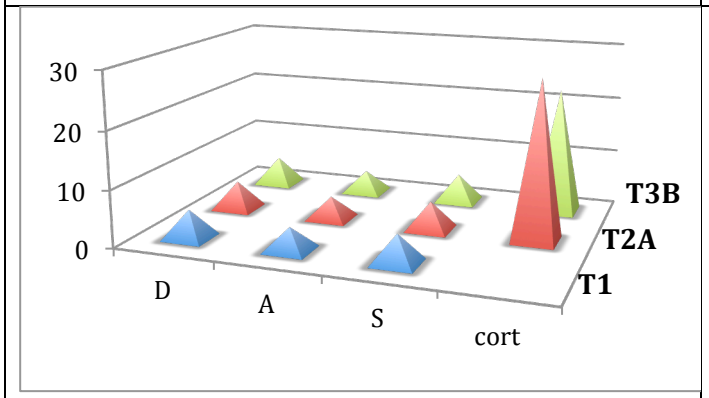
Table 7.4A contains ten illustrative cases to show the health effects according to perception and longevity of the situation. HCC scores indicate a cortisol concentration average for each cohort for Period A and Period B (timescale - table 7.0);

Effects have been interpreted, using knowledge about HPA reactivity (chapter 4 secn. 4.2) alongside the qualitative material from both stages of the research when participants expressed their perceived ability to cope and their perception of outcomes.

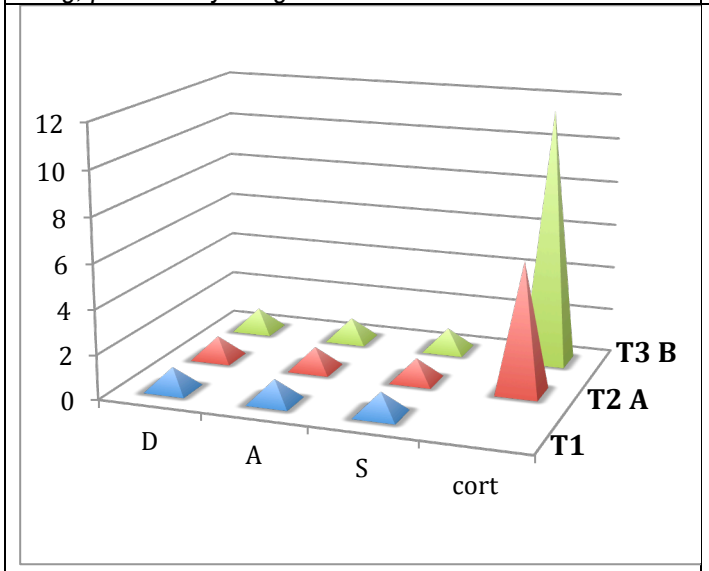
A discussion of the findings follows the table. Table 7.4B – provides a summary of the HCC reactivity for the 10 cases, followed by an explanation.

TABLE 7.4A PARTICIPANT CASE STUDIES Association Depression, Anxiety and Stress scores, HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-T3)HCCpg/mg
A2 Beatrice Mover 60 - 75 **Time 1 to Time 3 HCC increased 2.77 (45%)** Time 2: *Once I knew I was moving then I started planning…. Getting rid of my husband's things was emotional, mine no.* Time 3: *I'm quite happy as things are at the moment. I don't expect a wonderful life, I've got a nice life. I can't complain.*	**D A S** **1 1 2** Pre Period A – she was getting ready to move when husband was in a nursing home.	**D A S** **1 1 1** **HCC 6.14** Period A – Husband died and move finalised. Self-managed move – autonomy re location, control over packing, paid for assistance as fiercely independent. Family gave emotional support	**D A S** **1 1 1** **HCC 8.91** Relatively settled and content with decisions and outcomes.
	**Interpretation** The cortisol for Period B is higher at a time when the participant is said to be feeling more settled and her stress score has reduced. This appears to be a delayed cortisol reaction to the more stressful Period A. Cortisol for Period A appears to be blunted response (other recently bereaved participants score around 10+) to Pre-Period A - long term illness of her husband, a situation with lower control. Although not especially low, she had already started to take action in his last months. Thus cortisol levels rise from the blunted level, even though the stress score has dropped, as action enables her to regain control.		

Association DAS/HCC scores and biography Participant reference/age group	Time 1Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
A6 Jane Mover 60 - 75 **Time 1 to Time 3 HCC increased 115.14 (29%)** Time 2. *At first I wondered if I'd done the right thing. I lay awake, not knowing how I would cope… the caravan, was the bed too big, now it's all fallen into place. I thought what have I done? Now I have money to make myself comfortable.* Time 3. *I feel so rested. I feel like something's lifted off me. I think thank god I'm here not to be frightened. I was frightened. He would be proud of what I managed.*	**D A S** **0 5 5** Pre Period A was in debt for long period following death of husband and took equity release loan. Extremely worried about taking the step to move and lost sleep over the complex process.	**D A S** **0 1 1** **HCC 1392.26** Period A - Relocation had removed debt, allowed refurbishment of new home and purchase of holiday static caravan. Had completed move with considerable practical assistance friends, family and estate agents. Remains near friends, utter relief from worries.	**D A S** **0 1 0** **HCC 2507.4** Period B - Increase in self-esteem and pride in achievement.
	**Interpretation** Period A HCC is lower than Period B despite obvious major improvements on DAS in Period B. The HCC score for Period B seems to reflect activity during Period A – the move. This was the stage of her maximum anxiety and stress; whereas Period A cortisol appears to fit the difficult but less stressed situation pre-Period A. Note no blunted scores, participant has 'never been depressed' despite the high anxiety & stress, has always been active in addressing problems and not seen them as insurmountable. (cortisol figures used 13.92 ; 25.07). These HCC results were excluded from the group results tables – as extreme scores.		

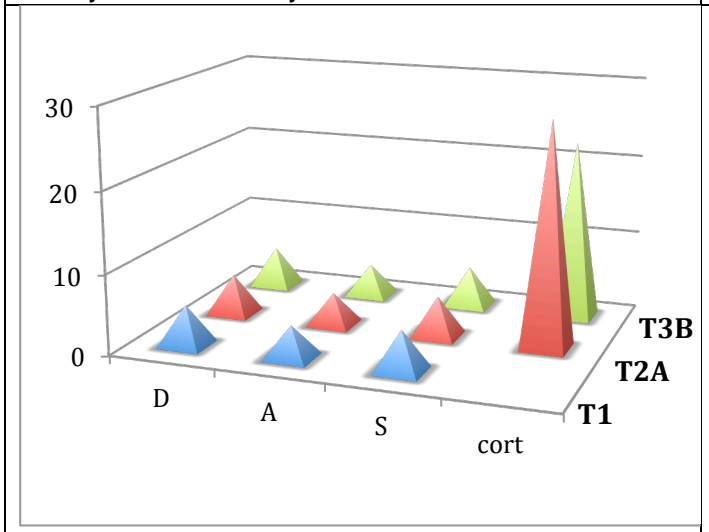
Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
B2 Eliza Mover 76+ **Time 1 to Time 3 HCC decreased – 5.5 (19%)** Time 2 *I wish it never happened and I stayed in my marital home. I hate it here, it's a place not a home. I don't feel useful to anybody… I would go to Switzerland* (assisted euthanasia) *but It would affect the insurance.* Time 3 *I don't feel useful to anybody, My aim? yes, to die. I don't do anything now. I was a* [profession] *in* [ ]. *I hate it here, it's a place not a home. I don't feel useful to anybody… The people here are very friendly but I hate it.*	**D A S** **5 5 5** Pre Period A, on the sudden death of her husband she was asked to sign papers by son and daughter-in-law. Being almost blind, she did not realise they were for sale of her home. She was moved into the conservatory at her son's, not allowed to use the telephone alone. They asked for her to be sectioned but social workers & doctors realised she was denied insulin & substances she is allergic to put in her food.	**D A S** **4 4 4** **HCC 28** Period A - She was 'rescued' by a nephew and moved to her sister's miles from her former home. After a court case she was able to purchase her retirement housing. She is now completely blind but independent and goes out despite not knowing the area. She misses her former neighbours and her new housing doesn't feel like home despite the flat and people being pleasant. She receives support from RNIB and nearby sister. Many valuables & mementos in storage were never found.	**D A S** **5 5 5** **HCC 22.5** Period B - Whilst more settled she is depressed and expresses a wish to die.
	**Interpretation** Although the situation has been ongoing for some time, it has been dynamic throughout and there is no indication of habituation or blunting of HCC. The HCC scores again suggest a delay, being reflective of high DAS scores for the preceding periods (graph cortisol figures at 50%).		

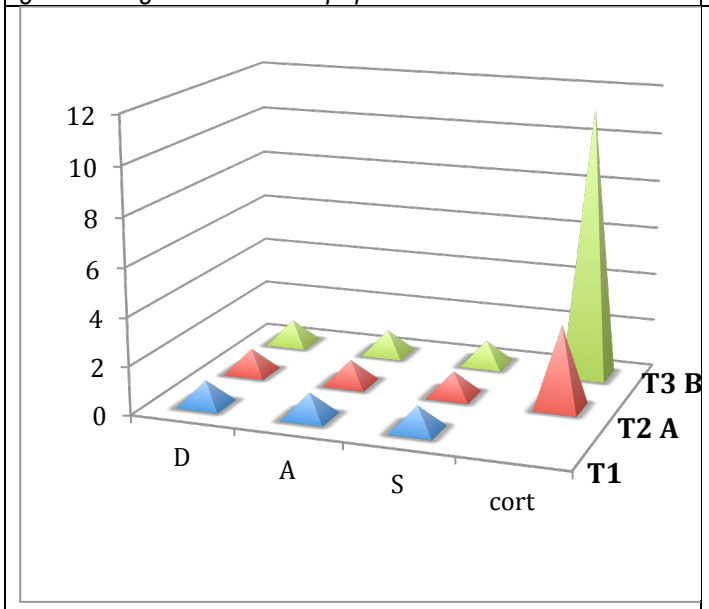
Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
B4 Megan Mover 76+	**D A S**	**D A S**	**D A S**
Time 1 to Time 2 increased 56.69 (97%)	**1 1 1**	**1 1 1**	**1 1 1**
Time 2 *I mean it brought it home when I was turning out. I lost weight, I was so tired and if I woke up in the night I was thinking what I'd got to do the next day.* Time 3 *It was the most stressful time of my life, moving from a family home of 56 years. It was the right thing but it wasn't easy….. I've felt tired ever since. Stress is very tiring, pain is very tiring.*	Pre Period A - participant and her husband became unable to cope with their beloved garden and home. She began de-cluttering over months. Shortly after his death an opportunity to move arose.	**HCC 58.51** Period A – The move was relatively independent of the family. Difficulty with work done at the new flat. Emotional support from church friends and family, who she stayed with awaiting completion of contracts. She expressed exhaustion.	**HCC 115.2** Period B - settling-in was ongoing it was felt to be the right decision, a proud achievement. Infections and pain now due to stress & exertion.



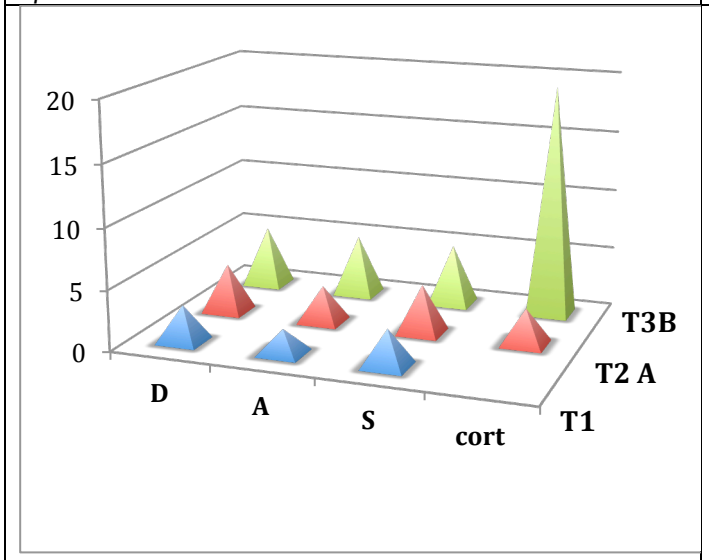
Interpretation

DAS for this case suggest a stoic period of resignation to the inevitable, but though she was actively taking action to move she was sad at doing so, recently widowed and feeling the physical strain. Her cortisol scores seem to reflect the situation more than this participants self-assessed DAS. The participant describes a difficult mission refusing help until it was over. Period A was definitely her most stressful time so period B scores again appear to be a delayed reaction to Period A. However, Period B is linked to increased ongoing tiredness and pain so could be concurrent. Although not entirely clear, future HCC measures, if taken and returning to well below 50 would indicate recovery from the ordeal (graph cortisol figures used 10%). It appears the cortisol measures are a more accurate reflection of the strain than the participant expresses in the scores, but does reflect the qualitative material gained from her.

Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
B6 Stephanie Mover 76+ **Time 1 to Time 3 HCC decreased – 5.04 (42%)** Time 2 *I thought I don't want to leave all the de-cluttering to my sons. I haven't cleared much stuff, his stuff and my mother's stuff. … I knew I had to move… I had to clear my mum's house out and believe me, you don't want to do it. I don't know if it's a good thing or not to keep the house, I've got to find ways to get id of the stuff.* Time 3 *The hardest thing is holidays … we both liked our holidays 3 or 4 times a year.*	**D A S** **1 1 1** Pre –Period A - the death of her second partner left her with a house she could not manage and overwhelmed by possessions of many years belonging to deceased relatives of hers and former partners.	**D A S** **1 1 1** **HCC 12.16** Period A - The move was financed separately and the former home retained to avoid the de-cluttering that was still worrying her. Her other main concern was not having a partner to holiday with.	**D A S** **1 1 1** **HCC 7.12** Period B - The house was given to her sons on the basis they would de-clutter sympathetically. Another resident had become a friend to travel with.
	**Interpretation** Period A scores are typical of post bereavement HCC levels (that full for most around 10 pg/mg) and could be a response to pre Period A or to Period A the move, although this was not a stressful process given it was not dependent upon a sale and de-clutter of the former home. Thus it is not clear whether this is concurrent or delayed. Period B does appear to reflect Time 2 to 3 rather than a delayed effect in this case so over all these scores can be interpreted as concurrent.		

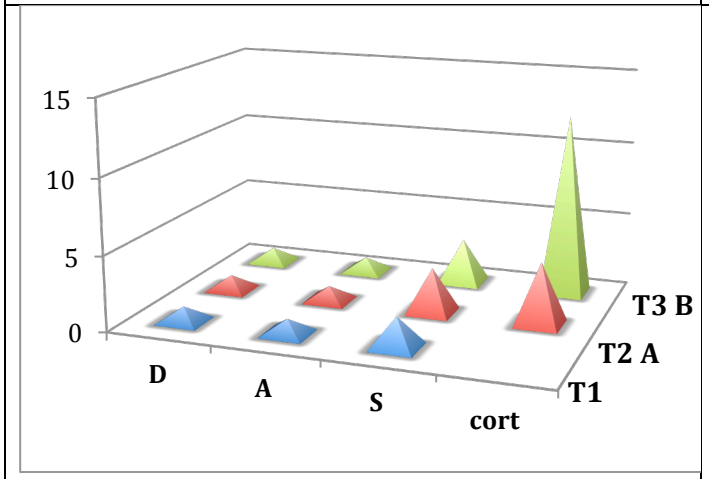
Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
B7 Joanne Mover 76+	**D A S**	**D A S**	**D A S**
Time 1 to Time 3 increase 7.89 (231%)	**1 1 1**	**1 1 1**	**1 1 1**
Time 2 *Everyone is so nice here… before I couldn't do the housework, I just had to sit and watch and felt frustrated. I've no regrets, life is marvelous here. It's impossible to move without a family the children had it under control, you can't just bash your way through it. My grand-daughter did all the paperwork.*	Pre Period A – Depressed by many years of wishing to move, husband wouldn't & many years after his death of trying to cope with a larger house/adaptations. De-cluttering started.	**HCC 3.41** Period A - Given total autonomy and assistance in location/property choice and long slow period of de-cluttering by family, overseen by her. All legal matters covered. Problems with kitchen refurb. at new flat.	**HCC 11.3** Period B - Totally happy, increased social life and outside using scooter. Diabetes under control.
	**Interpretation** This participant is happy, relaxed and healthy in her new home. It seems highly likely the HCC scores are a delayed reaction and her low initial HCC score is due to Pre Period A habituation. Period B score reflects Period A, activity and could be predicted to stabilise later at a level below 10. 3.41 is a low score, suggesting it is blunted due to a long term seemingly insurmountable situation. Thus in this case, an increase to 11.3 could be considered a healthier indication of her situation that reflects her 'new lease of life'.		

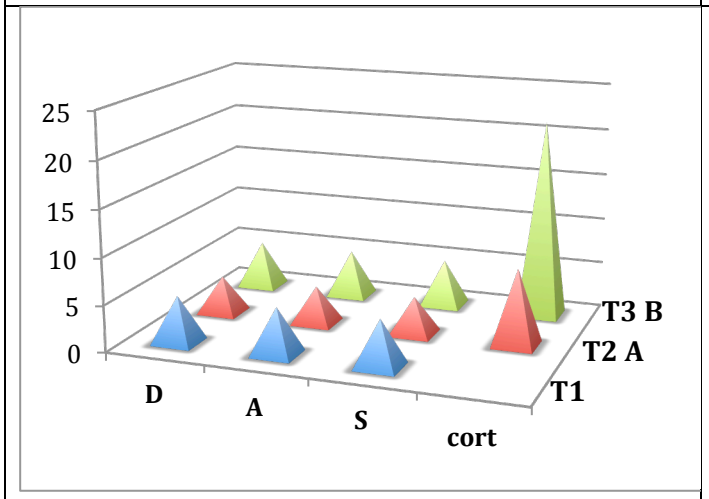
Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCmg/pg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
B8 Bella Mover 76+ **Time 1 to Time 3 HCC increased 81.31 (549%)** Time 2 *They all* (sic.) *brought boxes, it was sad to throw away. I don't like anyone telling me what to do I get fed up. It's like a prison, I can't see out and I can't go out. I can't see what's going on. I miss my grandchildren and neighbours, if you don't talk you go a bit mad. Before I could see life going by, I can't see past the wall. My daughter thinks I'm helpless, I don't want to sit down and look at the four walls. I need peace of mind. I've never had that kind of life. I don't feel I can join in. I mustn't give up or I'll be finished.*	**D A S** **3 2 3** Pre Period A – property was a bungalow with good contact from neighbours and passers-by plus nearby grandchildren (adult). Felt part of the community. Husband died and very soon after family decided she should move nearer to son and daughter.	**D A S** **4 3 4** **HCC 14.81** Period A - Family are well meaning but made all decisions re area/property, to meet their concerns and proximity of one son but daughter has to travel across London. All decisions were made by family including packing and disposal of possessions. The flat has no outlook, she feels cut off from the community.	**D A S** **5 5 5** **HCC 96.12** Period B - Slight hill outside; walking is difficult even with daughter. Neighbours are nice but she had no hearing aid to start with and it was hard to mix. Has less exercise, ankles swollen; sad/lonely.



Interpretation

The effect of reduced autonomy results in HCC rising from what would be expected due to bereavement (Period A score reflects bereavement situation) to a level associated with high frustration and sadness. Period B HCC reflects activity in Period A; continued frustration/despair. If no action is taken to improve this participants situation HCC could be expected to habituate to a blunted score in due course.

Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
D4 Emily Non Mover 76+ **Time 1 to Time 3 increased 7.87 (137%)** Time 2 *People don't want you. At the funeral they all say we'll meet up but you don't. When he died they all (family) said, it's too big. It's a comfort (the house), the memories and familiarity. They go to homes that are not their surroundings and they die. If they put me in a home, I'd die. I'm not communal.* Time 3 *In 7 years I'll be 90, I don't want to be 100 I really don't. It's always been us helping them, I'm useless always asking for help they're all getting sick of me. The family do a lot for me . Repairs are a worry.*	**D A S** **1 1 2** Pre Period A - Husband was being treated as an outpatient.	**D A S** **1 1 3** **HCC 4.15** Period A - Husband was in hospital & died. Discussion with the family about moving and she has concerns as had been dependent on her husband for all aspects of maintaining the house and finances – her role was more concerned with family and domestic aspects, maintaining family and to a lesser extent social ties.	**D A S** **1 1 3** **HCC 12.19** Period B - Her most difficult situations relate to having to ask family for help and loneliness on a day-to-day basis, although visited by family regularly. Had engaged a gardener and cleaner.
	**Interpretation** Period A, relatively low HCC reflects an extended period pre Period A when her husband was ill. The HCC for period B is around the level seen for recently widowed participants (10 – 12 mg/pg) reflects the level expected due to bereavement and therefore more reflective of Period A. In this case a delayed response can again be seen and the higher level may well be expected to continue beyond the time measured in this research. The cortisol level seems to be operating to match the context irrespective of the reported level of stress – which isn't reported as different from Period A to B.		

Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
D9 Alison Non Mover 76+ **Time 1 to Time 3 increased 13.17 (160%)** *Time 2* *I was depressed for a while…. I never got over losing my husband in his 60's. I think of him here, there (around the house). I want my independence and they (family) need their privacy.*	**D A S** **5 5 5** Pre Period A - Widowed in her 60s. Prone to anxiety had never fully come to terms with her loss despite strong support from friends who she is in daily contact with and some family who live close by.	**D A S** **4 4 4** **HCC 8.21** Period A – Staying put due to memories but finding house expensive to maintain. Stress caused by new neighbours e.g. uprooted bushes planted by her husband, put a pneumatic drill through her living room wall, piled household rubbish so high as to cause rat infestation. She feels they want her to vacate and buy her house too.	**D A S** **5 5 5** **HCC 21.38** Period B - A total refurbishment of the empty neighbouring house the other side is about to be commenced. Dreads consequences based on her previous experience and feels threatened.
	**Interpretation** In this case Period A HCC is not especially high given the DAS profile, the neighbour situation is longstanding but active, it is beginning to subside but there are residual bad feelings. 8.21 for this participant could be an habituated score or, more likely given it is a moderate level it is due to the return to relative normality, matching a lowering of the DAS scores. Period B HCC is now high and seems to reflect new, stressful period B activity, as do the DAS scores at time 3. So the HCC responses in this case are not delayed but seem concurrent.		

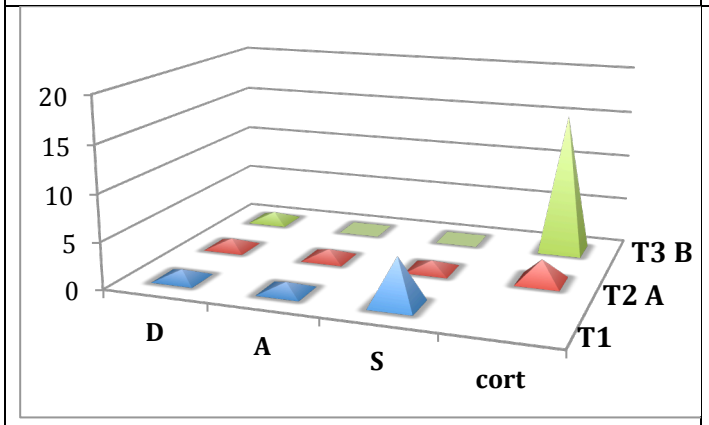
Association DAS/HCC scores and biography Participant reference/age group	Time 1 Raw scores DAS scale 1-5	Time 2 Raw scores DAS scale 1-5 Period A (T1 - T2) HCCpg/mg	Time 3 Raw scores DAS scale 1-5 PeriodB(T2-3)HCCpg/mg
C6 Avril Non Mover 60 - 75 **Time1 to Time 3 increased 12.78 (530%)** Time 2 *No, no it's not going to happen, not while my mum and dad are round the corner. If it was just for me (about me) I'd be looking now. It's the noise levels and general anti-social behaviour. The best stage would be now while I'm fit and well and able to make considered decisions about what is the best option, but I can't.*	**D A S** **1 1 5** Pre Period A - she was still employed in a high-level job role in which she had to remain until her retirement (5years). She blamed her ailments including active Rheumatoid Arthritis on extreme work stress. Moreover she is a committed carer to her parents who live nearby and require twice-daily visits.	**D A S** **1 1 1** **HCC 2.41** Period A - Unexpectedly she was offered early retirement, which she took but she was required to be on standby to appear at an employment tribunal in respect of a previous, distressing work place dispute. Her carer role prevents her from leaving the area, which she would like to do as her apartment block is no longer exclusively owner-occupied and the internal and external environments have deteriorated.	**D A S** **1 0 0** **HCC 15.19** Period B - Her carer role is no longer challenging in terms of time mgt., although she is still cannot move. The tribunal was held and she did not have to appear. The neighbours are less noisy than before. Her Rheumatoid Arthritis is in remission.
	**Interpretation** The blunted Period A HCC score show this participant was totally resigned (habituated) to her pre Period A situation. Again the cortisol levels are raised at a time when previously very disturbing situations have been resolved and DAS are reduced to low levels. The raised cortisol is initially a positive response, albeit high due to a temporary residual threat in the previous Period A.		

Table 7.4A discussion

HCC, DAS psychometrics and qualitative interpretation when used together provide an enlightening analysis when applied to individuals. Moreover patterns speculatively support the qualitative findings of negative effect for those individuals who felt dependent with little choice and autonomy (overarching theme 2 ch6 part 2 Table 6.2.0). This mainly applied to the stories about moving and its effects, provided by older Movers Group B, in contrast to Group A younger Movers Group.

Depression, anxiety and stress scores given in the table 7.4A reflected participants' own assessment of their level of depression, anxiety and stress. This was collected face to face and reflects discussion about participants' experiences then and at other times during the collection of information. Participants commented on how traumatic they felt the experience was and the perceived effects on them. However, perception, particularly retrospectively, can be subject to cognitive dissonance, social desirability or biased recall, whereas HCC is indicative of an individual's actual HPA response to chronic stress. Differences between scores for depression, anxiety and stress compared with HCC results are most apparent in case B4 (*Megan)*; a stoical participant who said there was "no difference" in her feelings of depression, anxiety and stress across the three stages of relocation when completing the scales face to face. The HCC scores however, indicated chronic stress reactivity. Later during her semi-structured interview, reported in chapter 6 part 2, she noted "*this has been the most stressful time of my life*", which is reflected very closely in her HCC levels,

Thus the scores are only useful when interpreted with reference to individual biographical data and environmental context. Therefore HCC literature that seeks to generalise to groups, as is currently mainly the case, is automatically limited by the amount of common context. In this research, the number of participants means the findings are speculative rather than generalisable beyond people in that group with similar situations. Neither can HCC levels alone be used to compare individuals directly because of

differences in every aspect of their lives and physiology including baseline levels.

Table 7.4B discussion

Table 7.4B (below) summarises the cortisol reactivity, given in detail for the ten cases in Table 7.4A. In Table 7.4C in Appendix 17, the same method is applied to summarise the reactivity relating to the remaining 29 participants to demonstrate the patterns of experience.

Table 7.4B Blunted HCC scores due to habituation, longstanding insurmountable or dynamic and active, delayed or concurrent response.

1. Participant Case ref Type: Mover/Non Mover & age	2. Blunted score: habituation	3. Previous longstanding insurmountable problem or no action	4. Problem: dynamic situation or active response	5. HCC Scores seem: delayed or concurrent
A2 M60-75	yes	yes	no	delayed
B7 M76+	yes	yes	no	delayed
D4 NM76+	yes	yes	no	delayed
C6 NM60-75	yes	yes	no	delayed
A6 M60-75	no	no	yes	delayed
B2 M76+	no	no	yes	delayed
B4 M76+	no	no	yes	possibly delayed
B6 M76+	no	no	yes	concurrent
B8 M76+	no	no	yes	delayed
D9 NM76+	no	no	yes	Possibly concurrent

Key:

Blunted score = a low HCC score due to habituation.

Delayed score = the HCC score appears to reflect, activity and feelings described by the applicant relating to the previous Period to the one when the sample was taken

Concurrent scores = reflecting HCC for the Period in which the sample was taken.

Dynamic = the challenging situation is still perceived as active in that response to it remains high

Previous, longstanding = a problem the participants has become resigned to or accepts there is not likely action to be taken.

1. Where there were blunted scores (column 2), the participant had a previous longstanding problem (column 3) viewed as not being addressed (columns 3 and 4). Scores were delayed (column 5) unless highly dynamic and recent relative to the problem. See also Appendix 17, where most cases were highly dynamic (Movers) and they were still the subject of action starting from well before the hair sample was taken.

2. Even when scores did not appear to be blunted (column 2) as the situation was not longstanding (column 3) and action was being taken (column 4) the majority of HCC scores were delayed; scores in Period B reflect the activity and context described for Period A within this group of six cases. This appears to demonstrate that in all cases there is a protective delay in raised cortisol levels. Once raised, there may be a later habituation to a below baseline (blunted scores), if the stressor is perceived to be insurmountable and no action has or is likely to be taken.

3. Concurrent HCC scores only occur where there was a dynamic (changing) situation and sufficient action (negative or positive) was ongoing. High cortisol levels needed to be current when the fight or flight situation had not reduced to one of habituation to chronic, inactive situation that would have resulted in blunted levels.

4. All 4 cases of blunted HCC scores (A2, B7, D4, C6) point to habituation and were linked to prior longstanding problems, deemed by participants to be insurmountable and/or where no action had taken place. All four had a delayed response as might be expected, given that habituation is a result of prolonged stress. However, even in relatively dynamic situations with no habituation/blunted scores, the response was a delayed (A6, B2, B4, B7 and B8).

5. Interestingly, only two cases had HCCs appeared to be concurrent with the same Period A or B being measured (cases B6 and D9). In the case of B6 her worry was very short lived and her move was less stressful than would

usually be the case (buying without selling and taking very few possessions with her). Two residual problems were very quickly resolved so seemingly her HCC levels drop concurrently within Period B, having not been prolonged. In other words her cortisol stress response was mediated by it being a more current and active (dynamic) situation and thus not chronic. Acute cortisol reactivity does not reach the hair medulla and thus affect HCC.

In case D9 there may have been some habituation in Period A to the original chronic stressor which pre-dates Period A (neighbour harassment one side, where building works had come to an end but relations were still bad). Then exactly the same stressor commenced during Period B, in the empty property neighbouring the other side of her home. The current stressor was therefore relatively dynamic again and her concurrent cortisol reactivity more immediate than might be expected for a chronic stress reaction.

6. Case B4's situation was longstanding with different prolonged stages of stress, some seeming insurmountable, some active. She had suffered infections and pain since the move that she and her doctor attributed to the physical and mental strain of moving. It is therefore difficult to judge if the high scores relate concurrently to the moving and after-effects of moving or if they were a delayed response to the previous period. Only measurement of a further period would have answered this question.

7. In cases D9 and B4 the research of Wester and Rossum (2015) may apply. They suggest that with repeated traumatic events, the base line homeostasis can become lowered and therefore permanently more vulnerable to a more immediate response to stress.

7.5 HCC and chronic stress conclusions

These cases appear to illustrate is the following:

The relationship between stress and cortisol levels is complex. So that interpretation of HCC data is greatly enhanced by qualitative analysis of the contextual impact on the individual.

Considering individual case histories qualitatively has advantages because it avoids the danger in generalising too simplistically to groups or missing reactivity all together. Even an individual's own perception of stress may be different to the initial up-regulated and subsequent protective down-regulated endocrine response affecting their cortisol levels and reflected in HCC assays.

This research reflects previous habituation literature, including where the stressful situation is moving from habituation to one that is more dynamic.

This research supports novel proposals put forward as a result of recent research Wester and Rossum (2015) (ch4 para 4.13.3) on delayed endocrine response to chronic stress and varying chronic stress responses dependent on the category of stressor.

The apparent delay between the participants' self-reported recovery from trauma, the end of the traumatic event and lowering of HCC levels helps to explain the lack of conclusive literature, for example Stalder 2012a, (later revised 2012b ch3 para 4.13.5) on the interaction between perceived stress, personality and HCC.

Chapter 8 OVERALL DISCUSSION AND RECOMMENDATIONS

8.0 Introduction

This chapter provides a discussion of the findings from this largely qualitative study that includes quantitative data where this has helped contextualise and supplement the qualitative data. Section 8.1 provides a summary of the originality of the research and its key findings. A thematic analysis map is then provided in section 8.2, which illustrates the differences discovered between those 'inclined' or 'disinclined' to move. In section 8.3 there is a fuller discussion of overarching themes and subthemes followed by a discussion of specific wellbeing findings in 8.4. Section 8.5 provides practical and policy recommendations are provided. 8.6 considers strengths of the research and potential future research requirements prior to section 8.7, the research concluding statement.

8.1. Originality; key findings – summary

Note, originality of the research design is outlined in section 8.6

Using a qualitative approach in this research has provided greater breadth of bio psychosocial perspective and relevance to the UK than previous research to date. This has resulted in greater understanding of personal experience and efficacy about relocation decision-making, moving and settling-in using past, present and envisaged experiences. For the first time, this was examined using UK, female, homeowning downsizers compared to those 'staying put', in two older age groups. The researcher accepts that when applied to qualitative findings and health measures overall, theoretical interpretation is abductive rather than deductive and health data speculative rather than conclusive.

8.1.2 Key findings summary

Original findings, findings that support or challenge previous research.

1. Decision-making efficacy and planning

There was little evidence that inertia, expressed in previous studies about older people relocating, had led to participants in this research remaining

in the same home. It transpired, contrary to previous literature that decisions to move home for older people do not link mainly to age or life transitions but are to do with deeper-rooted views, personality and personal history. Predisposing characteristics determine if a person is likely or not to move home. The factors for inclined or disinclined Movers are shown and described in thematic analysis mapping section 8.2 that follows and in section 8.3A that follows.

Older people were also defined by Samsi (2010 ch3 para 3.1.1) as just two types; 'those who plan' and 'those who do not' for their future care needs, irrespective of age. Insight into these opposite decision-making styles is considerably developed and enhanced in the current research in the context of relocation planning.

2. Autonomy, independence, family pressure

1. What mattered most to all participants whether moving home or staying put was the autonomy and choice about whether to move and if so, where and when to move and how this could be managed. This concurs with relocation research featured in chapter 3 to some extent but the current research does more to measure the negative effects of lack of autonomy and choice (discussed in sections K and Q). Failure to find a suitable location, rushing into moving following the death of a husband, and not having control over what to keep or let go of, all led to inappropriate moves resulting in loneliness and depression for some participants.

Unfortunately, coercive control, fraud and harassment, relating to home circumstances or relocation affected 20% of participants, highlighted in this research. In the UK this is a contemporary issue, on the increase because of market and socio-economic factors around home ownership and this social group, which is newly explored here.

3. De-cluttering, role in family and personal identity

Dealing with possessions was a major difficulty for all participants and was, or had been a key impediment to moving for some participants,

several of whom were self-assessed hoarders. This relocation impediment is a relatively new and previously unexplored phenomena discussed here at section 8.3F, because of increasing levels of possession ownership. De-cluttering presents emotional and physical challenges to participants' feelings of independence, linked to the need for assistance. The changing role within the family and becoming more dependent was an issue that affected relocation and featured in discussions with all but two participants. The importance of family supporting relocation, rather than controlling it, and the potential negative impacts from family dynamics are not explored in previous literature.

4. Practical considerations, preferences

Impediments and motivators cited as key in earlier literature, are in the current research, shown to be important but not sufficient to impede or motivate a move. The emphasis in the current research on feelings and views rather than on obvious physical aspects around the home environment, reveal more about why individuals in apparently similar situations make different decisions (discussed further in section 8.3G).

Poor physical and cognitive health made moving more difficult for those over 75 years old but given the choice, they were as likely to stay put as move home. This again challenges previous research that attributes decisions mainly to age and physical needs as the overriding factors in decision making around moving home (for example Hanson and Gottschalk 2006). Physical mismatch, when discussed in terms of influence was not found not to be an overriding motivator to move, unless combined with life threatening health reasons. Interestingly, size of rooms, lack of a view or a guest room in the new accommodation were impediments to moving for those who had already decided to move.

Being near to shops, transport and services were found in this research, when fully explored with participants, to be influential only in so far as they met more meaningful needs such as enabling independence and integration into the community. Older non movers had one impediment to moving; this was their intrinsically rewarding love of their present home

combined with just two motivators to move, which were the daily costs of staying put and the fragmentation of communities. .

5. Attachment/memories

Attachment to an area or to friends living nearby and the importance of belonging in a community were often mentioned factors in decision-making. The binary nature of decision-making was further emphasised regarding memories formed around occupation of the property that were said to either 'go with you' or be 'part of you'. The latter was a strong impediment to leaving. Findings on staying near family have varied in previous literature. While staying near to family was important, moving to a new location to be near family was resisted by the participants in this research, sometimes even when there were overriding medical factors, unless there was a purposeful role in the new location, such as caring for grandchildren.

Not being able to have a pet was a strong impediment to moving for those who had or would like them, as was not being able to leave inheritance and leaving a previously well-loved garden.

6. Community and social identity

Findings here are new in that they reflect the contemporary situation relating to high levels of demographic change. Being in (or moving to) a sociable, integrated community was of high importance. All participants saw local communities as changing too rapidly, losing friendliness due to levels of transience and automated services that reduce interaction. For some, this resulted in a reduced sense of security and confidence outside the home. Despite older people becoming a greater percentage of the demographic overall, older and younger Non Movers feared becoming a minority 'invisible old person' within their road, due to rapid and high levels of demographic change in terms of age, culture and religion, discussed in detail in section P. The importance of non familial socialising to settling in, concurred with previous research in respect of older people

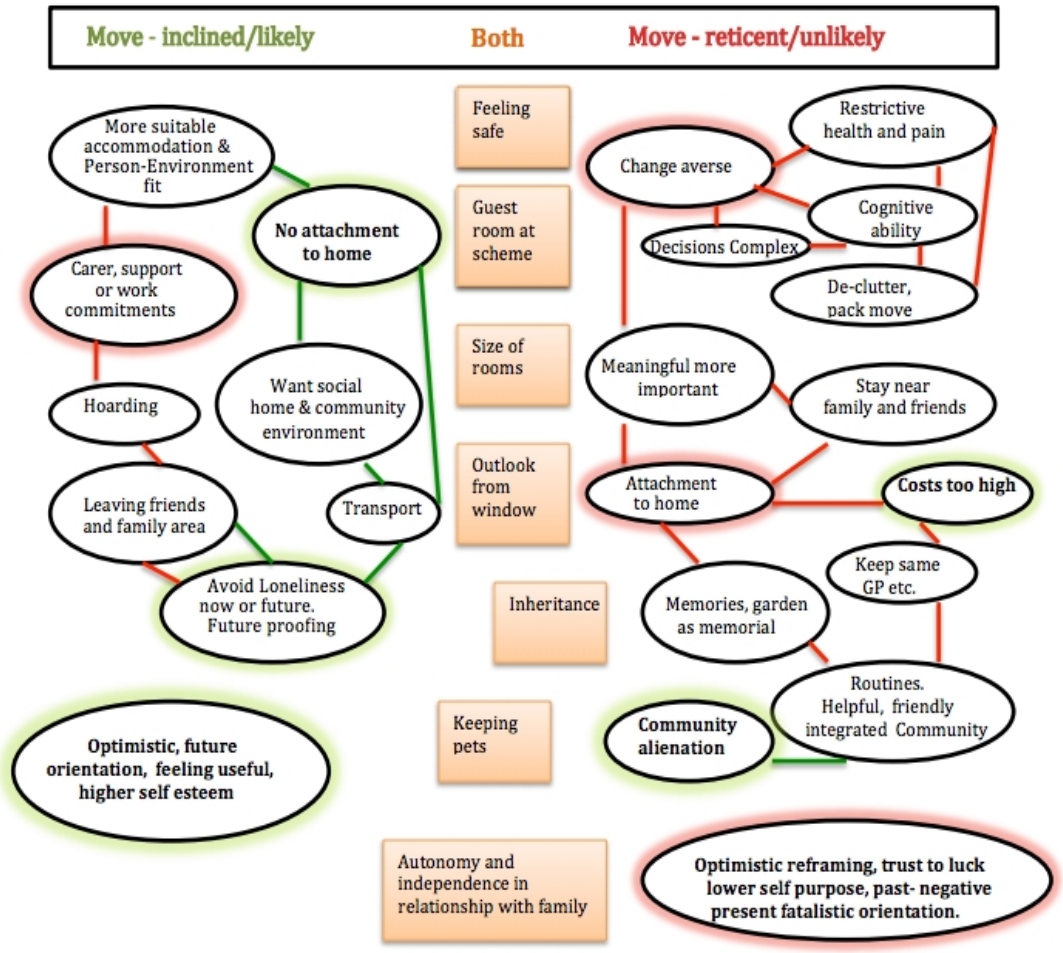
(although in the different setting of moving to extra care housing Cutchin 2007).

7. Wellbeing and chronic stress

Health and wellbeing impacts, not previously explored elsewhere to the same extent show that the decision-making process alone can cause individuals to suffer feelings of inadequacy and stress, a finding, explored and developed using more appropriate assays than in previous research (Lutgendorf 2001). The current research premise (ch5 para 5.0.1) that relocation is a complex, lengthy and burdensome process is supported. This fits with the findings clearly supported throughout the research findings that negative health outcomes occur if insufficient thought is given to relocation. If the move is imposed or badly managed and/or the person-environment fit with the new home, is worse or no better than previously, the move is then not beneficial in the short to medium term and settling-in may be difficult and/or was said by some participants to be impossible. Hair cortisol concentration (HCC) changes could be explained by qualitative information and conversely positive qualitative statements about health were sometimes shown to be affected by cognitive dissonance or social desirability factors, in the light of HCC data. This showed the importance of combining qualitative approach, not used previously in the HCC literature when considering physiological markers of wellbeing. It is rare and very recent to use this combination to understand psychosocial effects in HCC research.

8.2 Thematic Analysis mapping and how to interpret the map

Fig. 8.2 Thematic Analysis Map



Key
Green shadow = key motivators to move; Green lines - interactive route.
Red shadow = key impediments to moving; Red lines - likely interactive route.
Centre point issues apply to both left and right but inheritance more to the right.

The thematic Analysis map here (figure 8.1B) is used to illustrate the themes and interactive decision-making pathways. The two sides of the map represent the factors involved for those who are inclined to move (left) and those who are disinclined to move (right). So the map does not refer to age per se but to factors for and against moving that each group expressed.

Perceived impediments to moving are more numerous in both functional and meaningful matters for participants who are less inclined to move

(right side of the map). On the right side, 'costs being too high', cited by participants as a big issue was said to be unlikely ultimately to result in moving out of choice. Hence only one factor provides a serious motivator to move, 'community alienation', which involves community and social need factors from overarching theme 3.

Common to both sides is the issue of attachment to home and location but at opposite ends of the scale. That is those who can emotionally detach from the present home (left) and those who cannot (right). Managing possessions (de-cluttering), affects both sides and interacts with attachment to home and the past. De-cluttering also interacts with physical ability and pain but individuals with a strong inclination to move overcame the problems, whilst for other individuals who are disinclined to move, they were factors that entrench their position not to move.

It would be wrong to attribute the factors on the right side of the map to older age, just because they apply strongly to older Non Movers or to attribute factors on the left hand side to younger age – because they apply strongly to the younger Movers. Non Movers, also younger, are as likely to be represented on the right as the left, being split in inclination/disinclination to move in the future. Three of the eight participants in older Movers were more representative of the inclined attitude on the left of the table despite being older. Moreover those decisions not to move by older Non Movers were mainly made when in the younger age range, they were never inclined to move even when younger.

8.3 Overarching Planning Efficacy Themes and subthemes

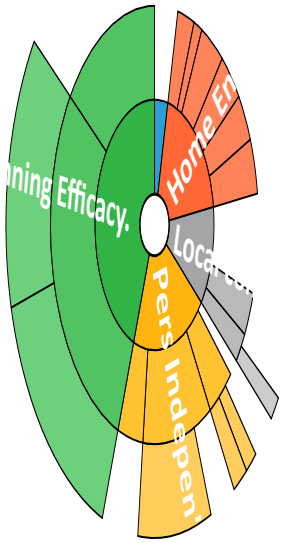


Figure 8.2 Proportional Overarching themes

8.3.1 **Ambiguity in decision-making** (Overarching theme 1)

A. *Inclination to plan (or not) age, and personality*

This research found that overall there were just two types of participant those 'inclined to move' and those 'disinclined to move', irrespective of age. The 'inclined' participants talked about their predisposition to planning, being open to change, less sentimental, and being anxious to address current health needs. They also referenced anticipating and planning for the worst rather than moving simply to improve their quality of life, which overrode any sentimental reason to keep the family home.

Conversely the 'disinclined' participants were determined that they would not need to relocate, were somewhat averse to change, more attached to their homes, more trusting to luck. However, they were as active in

planning and adapting by changing their environment or routines as those who moved were active in moving. Some older Non Movers regretted not moving earlier because their husband's hadn't wanted to and now felt too old to cope with moving. However, mostly they had decided in their 60s, or many years before, that moving from the home they raised their family in was not something they would do out of choice. Decisions may have been fleeting, have involved high optimism and trusting to luck but for others meticulous planning to meet the intention of moving or staying-put. For at least three older Movers (cases D5. *Amy,* D6.*Vanessa* and D9.*Alison*), their decision to stay put was firmly made some 50 years earlier, the day they married and moved in. Thus it transpired that emotional factors such as attachment to homes, possessions, location and associated memories were the main influences against moving home for those who were disinclined to do so.

It seems that increasing age strengthened existing decisions and courses of action but did not form or alter them. Long-standing decisions did not necessarily change when age transitions occurred for those individuals who had decided not to move. The response to life transitions was not uniform, since a reason to move for some individuals, was the same reason to remain for others. Triggers such as retirement, bereavement and age-related health, given choice, were as likely to result in adaptation to the new situation rather than moving.

Younger Non Mover comments were a mix of long held intentions but there was also a greater ambiguity and flexibility in contingencies termed by one participant as *"planning for A, B and C".* Just as many younger Non Movers seemed potentially to be moving in the future as not. Half were employed and had care-giver responsibilities to older or younger relatives. They had less clarity about what their future options would be due to these responsibilities.

There was an average age difference between the younger Movers and Non Movers (Groups A and C) of five years. Although these age groups are

standard in research, they may no longer be acceptable due to retirement age changes. None of the younger Movers had work or carer responsibilities, whereas most of the younger Non Movers did.
Ambiguity had also existed for those older Movers who had health reasons or family pressures to move and had not previously had an inclination to. This was affecting their ability to settle-in. This is in contrast to younger Movers and older Non Movers who were not ambiguous about their albeit opposite decisions.

B. *Temporality*
The discussions with younger Movers showed the most future orientated responses, especially when giving views on structured interview items such as the need to 'feel safe at home in the future', 'avoid loneliness now and in the future' and 'not being change averse'. They expressed a desire to take control and take action now in anticipation of potential future need. In direct contrast, older Non Movers largely expressed retaining their feeling of independence by staying put and hoping for the best, typically: *"it never occurred to me"* [to move] *"I don't plan".*

Whilst younger Movers said they had benefitted socially, three of the eight became somewhat deflated after the exhilaration of achieving the move.
Veenhoven, (2001: at ch3 para 3.2) indicated that for highly anxious people motivation to act is linked to anxiety-reduction, rather than to present-state improvement. Anxiety about the future can override an aversion to change if doing nothing is seen as a greater risk than moving and they were not held back by meaningful matters, described by one participant as 'sentimental'. Thus younger Movers mainly expressed being influenced by functional aspects and least by meaningful ones.

Intrinsic rewards, emotionally meaningful in nature, were found to be more greatly valued, as lifespan reduces (Zimbardo, 1999; at ch3 paras 3.5.2 and 3.6). Thus the inclination to stay put for meaningful reasons may have strengthened in older Non Movers, who had already firmly decided

not to move. They also expressed a leaning towards being 'past oriented' and 'present fatalistic' when discussing their responses to questionnaire items about temporality. Functional issues, if they had ever been important, had declined in importance to them, except for immediate concerns over day-to-day costs.

Half of older Movers who had managed to move out of choice, often with some major exertion and despite debilitating illness and pain scored highly on 'present hedonistic' questionnaire items and used language associated with having been saved or rescued B5.*Meral* "*I would have died*" B7.*Joanne* "*life is marvellous here, I couldn't do…. before*". Older Non Movers in the research with literally no change or expectation of change scored highly for 'present fatalistic' questionnaire items and in thee surrounding discussion expressed stronger preferences for past and people and places than any other group (discussed further in para H)

C. *Optimism/luck*

Younger Movers had none of the commitments younger Non Movers had to take into consideration but lacked optimism for the future if no action was taken. Interestingly younger Non Movers had the highest levels of optimism despite restrictive commitments, some of which were long-term – they expressed a 'greater confidence in a better future'. As observed by Lofqvist et al., (2013; at ch3 para 3.1.1), moving to avoid future person-environment mismatch might be regretted if good health was sustained and the move became seen as unnecessary. This was the exact sentiment expressed by half of the eleven younger Non Movers, adding to their ambiguity about whether to move. It remains to be seen if the younger Movers will regret moving but after five months most expressed improved social life, sense of achievement and feeling settled.

The 'optimism bias' that Sharot (2011; at ch3 para 3.3) refers to may be working here to reinforce a decision in either direction, to support or defer a change for Movers and Non Movers alike. Taylor and Brown (1988 and 1994 ch3 para 3.3) refer similarly to optimism as, 'self cognition bias' or

'positive illusions' used to reframe potentially negative situations. These were found to be 'adaptive mechanisms' playing a role of 70% - 80% in maintaining present situations, where there is nervousness around change. In keeping with this the older Non Movers rather than being unoptimistic about moving, simply preferred to trust to luck. Thus an alternative interpretation could be that trusting to luck represents having optimism that they would be fine if they stayed put. They were the most likely to say that luck, was extremely important and that they were lucky. This is claimed in the literature as a sign of high external locus of control a feeling that life is largely mapped out in advance (Craig et al., 1984; at ch3 para 3.4.1). However, many had seen plans over the years destroyed by bereavements, illness and other changes beyond their control and some referred to never planning, since "*it doesn't work out"*. Their personal history included surviving a wartime period and the post war austerity 'mend and make do' period that had influenced their beliefs about planning. The research found their values reflected the 'war spirit' of ingenuity and 'sitting it out'. "W*e didn't go into the tube when the bombs dropped my dad said when your times up you die, people died going into the underground"* (D7.*Alison*) *"I was in charge of 50 women* [in the war]*, we did what we had to, moving isn't always the answer"* (D5.*Amy*). It follows that some of the next generation coming up to 60 may have a different approach and more in that generation may be inclined to move.

D. *Inertia*

Despite a level of resignation older Non Movers' situation was not due to inertia, as was previously assumed in literature (Oswald et al (2006) ch3 para 3.6.2). The current research found that older Non Movers' decisions were planned, based on determination, independence, optimism or trusting to luck, a range of coping strategies, and functional adaptations. The choice to 'stay put' and adapt to environmental mismatch, shows proactive resilience rather than inertia. The planning in older Non Movers ranged from laissez faire, to meticulously organised adaptation. Their

values included being critical of constant striving for bigger and better housing and homes, *'never being satisfied with what you have'*.

It would also be wrong to say that living somewhere for a long time is the cause of people being reluctant to leave. Rather, because they were always reluctant to leave, they have been there for a long time. In addition, the number of previous moves suggested in previous research as being an indicator of likelihood to move in the future, was in the current research as likely to be of necessity, due to work location changes or at a partner's request.

E. *Informational support and finance*

Information needs about relocation options and other services were met by word of mouth, family, or for younger Non Movers, the Internet. Some participants, who stated they were aware of options, clearly had limited information, particularly about the financial aspects of moving. Interestingly the council was no longer considered to be the main source of trusted information. Councils have become reactive rather than proactive providers. This is another contemporary issue, resulting from austerity measures that. This could be considered a serious social cohesion issue largely beyond the scope of this research. Councils were criticised, not just for removing important services but for not effectively promoting schemes and services that were available. Adaptations whilst administered by councils had been mainly instigated through health service routes.

F. *De-cluttering and hoarding*

De-cluttering as a strong impediment to moving was not only due to the effort involved but to the reluctance to ask for help, especially from family (see section K). This would not have been elicited without face-to-face discussions; thus illustrating the value of the qualitative approach over self-completed survey responses to seemingly straightforward questions of this sort. All participants strongly expressed the negative physical and/or emotional impact de-cluttering, packing and unpacking had on the viability of moving, which was initially only cited as an issue by older

Movers who had recently experienced it. Participants may initially have felt that to call it a problem could suggest dependency on family or that there was not enough support available from friends and family.

There were several self-assessed hoarders and others where the visual evidence of hoarding was tangible. One participant, B6.*Stephanie*, (ch6 part 2 secn. 6.2.1.3) who could not cope with adaptations or de-cluttering, purchased a retirement flat without selling, which she left unoccupied, solely in order to store possessions. Older people wanting to move who become overwhelmed by their possessions, most of whom will not be able to afford to buy without selling their current home, will simply not move. This is a poor outcome for them and poor use of national housing stock. Services to assist from trustworthy sources are not readily available at a reasonable cost as the process can be complex and lengthy.

G. *Conflicts in decision-making – whether Functional or meaningful matters are more influential.*

Group A younger Movers had 15 motivators to move and five impediments against moving, whereas older Non Movers had the opposite; two motivators to move and 16 impediments against moving. A full summary of motivators and impediments by Group and whether they are meaningful or functional in nature is provided at Appendix 14)

The effects of meaningful and functional issues are more complex than a simple push/pull approach, much used in previous relocation research. Establishing 'big issue' factors (methods ch5 para 5.10) revealed that the most obvious and most often rehearsed practical arguments for moving by participants or their families are not necessarily the most influential. Examples (chapter 6 Parts 1 & 2) include the current property being to big or proposed property too small, costs, cleaning, difficulty climbing stairs and moving near to family for support. These in some cases worried families more than they concerned the older participant, leading to unwanted moves. Conversely, some things that nearly all participants initially failed to mention as major concerns, when fully and openly discussed were deemed to be influential. For example, as mentioned, de-

cluttering, attachment to home and location, and self-identity were strong emotional impediments to moving or asking for help.

Participants who were disinclined to move, irrespective of age, had a high tolerance level for poor functionality in their present homes, even when moving would have been the only way to become more mobile or reduce costs (ch6 part 2 secn 6.2.1.1 *Group D*). The ability to appreciate the intrinsic value of the present home or location, plays an important part in rejecting physical extrinsic needs when deciding to 'stay put', and if moving, of being able to accept the move after it has happened. This concurs with reward and motivation theories (ch3 para 3.5)

Functional needs caused by restrictive mobility and pain, were found by a Danish study Hanson and Gottschalk (2006; at ch3 para 3.7.1) to be the most common reasons for moving. They overrode any intrinsically meaningful reasons to remain. In the current research this applies to five of the older Movers who moved when they did not want to. Otherwise in the current research functional health needs are as likely to result in not moving at all. Unlike Hanson and Gottschalk's study, the current research does not include rented property, and takes account of family pressure put on participants when their health deteriorates and considers the impact 'having' to move has on the process of settling-in, which is not covered by the Danish, or other studies.

H. *Contentment with home; Memories and attachments*

Older Non Movers valued 'feeling safe at home', a context they already enjoyed, felt a strong sense of attachment to their present home (also applies to half of the older Movers who did not want to move, regarding their former home).

Attachment to home was not strong in either of the younger age groups. Thus younger Movers, as discussed focused on meeting present and anticipated future needs in the new home. They had done this without any emotional loss associated with the pre move accommodation. They

expressed taking action as an achievement that their family was, and deceased husband would have been proud of. It was important to continuity of self-identity for participants to achieve their wishes to move home or indeed to stay put if that was the goal, such as for the older Non Movers.

However, attachment to community and routines appeared for all groups to be intrinsically linked to feelings of belonging and social identity. Even those who expressed little or no attachment to home were keen to remain in the same area when moving *"keeping everything else the same"* sticking to what they knew, routines and friends built up over a lifetime. Even when describing deterioration in the area, for example due it feeling unsafe, participants felt being well-established in an area gave them a sense of belonging and interestingly confidence.

I. *Personal identity and purpose*

Individuals most disinclined towards moving, used the expression home is 'a part of me', in respect of the home and its contents. It is the tangible representation of their achievements and memories and they find comfort in material things. For those more inclined to moving, variations on the expression 'you take memories with you' were more common. The feeling of 'presence' of a deceased loved one was strongest in widowed women, also a desire to stay put and keep the gardens that had been their husbands' 'pride and joy'.

Gardens were viewed with strong feelings in equal measure as motivators to move or to stay. Gardens were related to functionality and viewed as being costly and burdensome to maintain and a reminder of physical decline. Alternatively they were described as providing a purpose in life and source of physical and mental wellbeing. In several cases gardens were maintained as a meaningful memorial to former husbands.

The need for purpose was equally important for all groups but whilst younger Non Movers generally still had clear useful roles in the family and community, this was less apparent in younger Movers, who were mostly

seeking more social situations. There were two participants from the older age groups who had voluntary roles helping at church functions and two others had voluntary community work. This lack of engagement of older people's potential contribution appears to be a great waste, an indictment of the community system and lack of application of national stated values of equality and involvement.

8.2.2 Personal independence and autonomy (Overarching theme 2)

J. *Independence and self-efficacy*

Independence is determined by perceived levels of self-efficacy, comprising personal competence and controllability (Bandura 1977, ch3 para 3.4.3), and is developed according to a tripartite model of how the past and present are experienced and how the future is perceived. Cheung and Chen, (2000; at ch3 para 3.4.5) found that even in fairly highly 'controllable' situations, action would not be taken if personal efficacy was low. In the current research, the reverse was also true: Having high expressed personal efficacy, in both younger Non Mover and older Mover groups did not help them when they felt there was a lack of controllability, at least for the foreseeable future. These effects were demonstrated in younger Non Movers, where it was not feasible to act whilst constrained by carer and work commitments. Similarly, some older Non Movers, when referring to the impossibility of moving now if they changed their minds. They lacked physical energy for de-cluttering and did not want to rely on family.

K. *Accepting help from family vs. from others*

Participants' personal identity, sense of purpose and role in the family were all linked to their home as a representation of their life history and personal identity. All participants had high, or adequate, levels of available assistance variously from friends, family, social, voluntary or paid private service. However, they considered themselves to be independent only if they personally made the planning decisions and carried out or closely

supervised, de-cluttering. Those 'staying put' considered themselves independent through having made that decision and having arranged for property adaptations that enable them to stay put. This is an important factor to understand, for those supporting an older person with relocation, and property or lifestyle adaptations.

Apart from two cases out of the 39 participants, accepting help from family with moving or caring in the home was considered to be a burden to the family, causing guilt and humiliation. They expressed, often with emotional regret, a loss of role and perceived status in the family, moving from provider and adviser to appearing dependent and lacking in competence. Interestingly, all participants were happy to accept help from formal sources such as councils or voluntary sector agencies at remarkably high levels without feeling it compromised their independence. Notably these services deal with recipients directly and in an inclusive manner. It was felt by participants to be something they had accessed to facilitate and thereby increase their independence.

L. *Desire for proximity to family*

All participants who lived near family wanted to remain close, those who did not live nearby felt a move nearer to family would be an intrusion and a burden on the family, alternatively only for the family's peace of mind. One exceptional participant had developed an interdependent family role (D10.*Gemima,* ch6 secn. 6.2.1.1), not common for the white British community to which they belong, whereby the extended family have converted 3 neighbouring properties in order to live in separate units under one roof and help each other. Some participants mentioned moving near to be of use to relatives or to live roughly equidistant from several children to be accessible and later so the family could share any burden they might cause.

Demographically family sizes have decreased over the years (although birthrates overall are increasing again) and this may further change social dynamics regarding care. Carer responsibilities will increasingly fall to only-children and many of those will also be older adults and not live very

close by. The tendency to live near or provide housing more collectively may differ for families in other cultural groups, not represented in the current research.

M. *Pressure to move by family, well meaning or self–serving?*

The level of family harassment was an unexpected and unpleasant finding in the current research. Four cases have resulted in the family members gaining financially. In two cases this was their main fraudulent objective. With high house values being a contributory factor, it can be expected that there will be more adult abuse of this type. The level of harassment from neighbours that caused one participant to relocate and serious distress for others was also unexpected. Whether the community is less caring or whether the effect seems greater with age is an interesting question not covered by this research. With the exception of some notable examples of neighbourly support, most participants described feeling alienated by the loss of continuity of residents in more transient locations (discussed further in paragraphs O and P to follow) or themselves having been removed from an area they identified with.

Well-meaning families who fail to recognise the level of patience, time and consideration that is needed to relocate an older person, cause almost as much harm as those who deliberately impose an unwanted move. Participants in the current research complain of being rushed "*bringing boxes and bringing boxes, sad to see all the things being taken away"* (B8. *Bella).* Successful moves involve a decent period of consideration of the benefits before a decision to move is taken *'they moved me too soon, we know that now' (*B8.*Bella).* An additional period and choice about what to keep and where to move is essential "*it took 6 months with everybody helping" (*B7.*Joanne)* - for maintaining the sense of autonomy and self-worth.

8.3.3 Local community; needs and social identity

(Overarching theme 3)

N. *Loneliness, social contact and belonging*

Some innovative schemes mentioned in Chapter 2 (para 2.5) and visited as part of the research were successful, as participants were able to live close to where they previously lived or in a community that was designed to be enabling and inclusive for older people. A sense of belonging was expressed as important for continuity of self-esteem, status and identity. Settling into retirement housing requires daily non-familial social contact (Cutchin et al. (2007); Callaghan et al. (2009). Participants said this companionship cannot be replaced by weekly outings and organised contact or just by putting people in closer proximity to other people. Some participants expressed a negative view of mixing, or lack of it, in retirement housing. Those who failed to settle, cited loss of the daily contact previously provided by neighbours and loss of feeling connected to the community they had previously gained from seeing familiar routines or people out of their window. These aspects had previously also provided a sense of structure to the day.

Those who had never intended to move but agreed to (e.g. Ch6 Part 2 B5.*Meral,* A8.*Gloria,* B4.*Megan*) took longer to settle in, even though they benefitted greatly. Several participants eventually accredited moving, not unduly, to having saved their lives. Conversely some participants (B8.*Bella,* B1.*Masie*) suffered increased loneliness and depression and increased levels of cortisol after moving, where they felt that their families had focused mainly on their own concerns. That several older Movers ended up in accommodation that causes them to suffer speaks to the ineptitude of families to look beyond the functional aspects and understand what is really needed for contentment and stimulation. This seemed to be in part due to a shortfall in known informational support to older people and their families, particularly when decisions may be considered to be urgently required, such as when a partner dies. Families were not interviewed in

the current research but several participants referred to feeling they had *"been moved to soon".*

Pets were considered a special case, since those who had or wanted to get a pet would not move to schemes that would not allow pets. All those in the research with pets referred to the important part they play in reducing loneliness through companionship, encouraging communication (with the neighbours and directly with the animal), aiding socialisation and exercise Not all retirement schemes in the research accepted pets.

O. *Community facilities, neighbours and community friendliness*

Improvement in socialisation opportunities were strong motivators to move for younger Movers, and for those in older Movers who had moved out of choice. Younger Non Movers, also cited it as a motivator to move at some point in the future.

Local facilities and transport were important in aiding the process of integration and settling-in and were frequently cited as motivators or impediments to moving depending on whether they were already available in the existing area. Shops, banks and health facilities provided a reason to go out and the council's Freedom Pass (free travel pass) provided a means of participating more easily. However, participants saw local amenities declining and funding for council run facilities such as day centres reducing. They expressed a feeling of helpless frustration and concern. The health impact assessments that all councils are supposed to include in all policy changes are clearly futile in the context of exponential funding cuts over the 10 years preceding the research. Participants feared the loss of known medical or carer staff if they moved. Relocation research by Ball (2011: at ch2 para 2.7) emphasised the importance of accessibility to local facilities and also showed that a reducing numbers of friends and social neighbours was linked to a fear of loneliness.

Locational change can have more impact on mobility, self-identity and confidence than change within the home. Ensuring these aspects are acceptable for the person moving is vital to settling-in and a sense of

belonging as lifespan diminishes. As stated, participants saw communities as becoming less friendly. Automation, the nighttime economy and transient neighbours were cited as examples of how communities were becoming less friendly. Several participants felt that people were becoming obsessed with wanting more and more change to their houses and that neighbours were waiting for older people 'to go' in order to take over.

P. *Change. Social identity and social integration*

Those moving wanted to move to where there are "like minded people", a term used by most participants in this research who either had moved or wanted to. This was expressed as being because of the comfort, inclusivity and/or opportunity for socialising provided by living near people with a similar social history and age. Changes in an existing area can also break continuity of self-identity. The rapid change in demographics was the only serious motivator to move for older Non Movers apart from daily living costs. It was also a cause of ambiguity about whether to move or not in younger Non Movers. It threatened some individuals' original vision of growing old in a community where they would be respected elders to one where they would "*feel an outsider"* because of age, culture and religion.

The social impact of housing markets, rather than migration per se has caused rapid change and transience that causes concerns about remaining part of a community where "*some types don't mix".* Nearly all participants expressed a dislike of an area or their street being predominately one culture, including white British. Some participants in all groups felt the influx of mainly white gentrification, had priced out the younger generation in their own families. Alternatively there was concern and in some cases fear, "*it's frightening",* of being in an area where English is rarely heard. The age-old fear of being lonely and an outsider in your community is present and affected by greater speed of change and transience than those participants had become used to.

This was reflected in the discussions around the wellbeing questionnaire items and in the biomarkers of who were against their wishes and said they had become more lonely or depressed. The research of Kearns et al

(2001) and Thetford and Robinson (2007) in chapter 3 (paras 3.7.3 and 3.8) showed older people did not benefit functionally when moving to 'more suitable accommodation' except in respect of social status in the Kearns's study, due to the social identity of the new location (which was a much more desirable location). Consistent with the current research, sensitively managed moves to a location that meets needs and values of the individual were important for retaining positive self-identity and confidence.

8.4 Health and Wellbeing

Depression, anxiety, stress (DAS), self-esteem

This section discusses findings from the psychometric and biometric, wellbeing measures that were more fully reported in chapter 7 and contextually interpreted there using qualitative information.

Analysis using qualitative material

Younger Movers who said they had benefitted from the moves in terms of increased sociability, were found to also have higher self-esteem scores after their move. They reported reduced depression, stress and anxiety (DAS) and had lower scores after the move. Older Movers at the end of the research timeframe had slightly higher DAS and HCC (hair cortisol concentration) scores, having entered the research timeframe already in a state of high reactivity on these dimensions. These findings support the qualitative data that younger Movers benefitted from the move itself and that less than half of the older Movers felt they had.

Younger and older Non Movers, had low levels of reactivity on these measures. Older Non Movers' scores were slightly higher at the end but they had much lower levels and reactivity over the whole of the research period than their age matched Movers group. The scores for older Movers, as with those for younger Movers, were supportive of the qualitative analysis of the information they imparted during interviews and their

reflections on relocation. For more than half of the older group, relocation had been experienced as traumatic and unwelcome.

Interestingly in more than one case the item scores for depression anxiety and stress were more positive than the HCC scores indicated (e.g. cases B4 and D4, in ch7, Table7.4A and D12 discussed later in that section). Qualitative analysis of discussions noted when the DAS scores were completed face to face, and information from other parts of those interviews, concurred with the HCC findings rather than the DAS scores. This shows the benefit of having a second measure when quantitative self assessed DAS is obtained. In this research the participants scored their DAS using a Likert scale over the relevant period, secondly they talked about their existential experience of DAS over that period and thirdly the biological response was measured using HCC. This is particularly important where demand characteristics are likely to dominate in one part of the information gathering process, such as in this research. For example thematic analysis indicates in one overarching theme where participants like to be seen as independent and capable. They dread any reversal of role within the family by which they may be seen as needy and vulnerable or a failure by their decisions or course of action.
The researcher was aware of the need to use a measure of chronic stress that would not be affected by cognitive dissonance, social desirability or cognitive bias (Sharot 2011 ch3 para 3.3 and methods ch5 secn. 5.7.2). HCC appears to show the genuine response for the preceding period.

Delayed response was illustrated when comparing HCC to self-esteem results (ch7 secn 7.3.3). Self-esteem is an accepted mediator of chronic stress (Preussner et al., 2004; 2005). When self-esteem was high, HCC was low and vice versa but only if considering HCC results in Period B in respect of self-esteem results in Period A, rather than concurrent self-esteem. Thus all HCC activity in the research was interpreted in the context of there being a delayed response to the chronic stressor and the end of the

chronic stressor. This concurred with the individuals experience of and perception of events in those periods.

8.4 Chronic stress and hair cortisol concentration (HCC)

Overall findings

There was very little evidence found in the researcher's meta-analysis of the relatively small HCC literature (chapter 4) about habituation and delayed reaction, or variation in endocrine responses according to different types of long term stressor. In respect of these, the current research supports the findings of one seminal paper, published during the course of the current research Wester and Rossum's (2015) (here at ch 4, para 4.13.3; ch7 para 7.4-7). The nature of the perceived threat and its anticipated outcome, affects level of chronic stress response and speed of recovery.

Threat or challenge, impact, duration, resolvability

The perception by participants of the events surrounding relocation as a challenge versus. a chronic threat is important on three levels.

1) Length of risk - whether it is considered to be long term.

2) Type of risk - whether it is perceived as traumatic and/or adversely effortful.

3) Type of action available - whether the situation is dynamic in the sense that participants feel action is/can be taken versus being deemed insurmountable and action is not/cannot be taken.

In summary, the response is delayed until the threat has been present for sufficient time to be understood and experienced as chronic; conversely it needs to be absent for sufficient time for it to be understood and experienced as passed. Thus there is a delay for the cortisol level to change. Moreover, the direction will be up regulated or down regulated ('habituated' with 'blunted' scores) depending on the previous period having been a situation perceived as dynamic (up-regulated response) or inactive and insurmountable (down regulated response).

Finding 1 Habituation

In cases of chronic stress there can be a reduction of cortisol reactivity from the initial high response, which would become harmful if allowed to continue without respite. Habituation, reflected in a blunting of scores, is therefore understood to be a protective physiological response to reducing the allostatic load (e.g. Selye 1974; McEwen 2006 here at ch4 secn 4.2).

In this research, habituation is evident in a number of participants with ongoing fairly static situations to which they seem resigned. However, for some participants, the expected habituation and blunting of scores does not occur, even in chronic situations. In those fewer cases where HCC remained high, despite a long-standing situation, this was linked to contexts that remained highly dynamic (ch7 secn 7.4). That is, the situation remained active, or action was still expected to be possible and the situation had not been accepted as insurmountable. Levels of cortisol were then sustained to support action, just as they would be in an acute stress situation, even though that level of cortisol reactivity, if prolonged, would become undesirable for good health. Levels of cortisol failed to subside in participants for some time after the challenge was over (finding 2)

Finding 2 Delayed response

Increases or decreases in HCC for Period B (between the move and settling-in five months later), reflected activity that took place in period A (five months leading up to the move and move itself). Period A scores reflected what was said by participants to have happened ahead of the start of the research. The delayed response to chronic stress and the potential reversion to previous levels at the end of chronic stress supports Wester and Rossum's (2015) findings that a return to normal levels from habituation does not happen quickly. The cortisol remains high in the period following when the chronic stressor has been managed. Wester and Rossum (2015) proposed that it may never return to the original level, if there are repeated episodes of chronic stress. This would cause allostatic overload and subsequent potential health consequences described in Chapter 4.

Summary – HCC findings

HCC can be useful in assessing wellbeing for individuals and effects of social or personal events but only when used in conjunction with qualitative information. This is because it is crucial to know the type of stressor event and how it is perceived, which was in this research participant experience of the decision to move, the move itself and during the settling-in period. Cognitive dissonance can be identified in qualitative studies using HCC and HCC analysis is well served by a qualitative approach. However, due to biological individuality and differences in individual perceptions, HCC is possibly better suited for use in conjunction with other personal and contextual measures to assess individuals' recovery from events, perceived as personally traumatic such as moving home or bereavement, rather than generalising to groups experiencing similar events.

8.5 Recommendations for practice and policy

8.5.1 Practitioners – assessing needs and effective involvement

Ambiguity challenge

Practitioners may find themselves in the position of trying to assist clients who are moving against their inclination or those who want to move but feel a lack of planning-efficacy (sections 8.2 and 8.3 here). The key to good service provision is understanding individual differences.

Strengthening planning efficacy, holistic problem-solving

Interestingly, participants refer to feeling the logistics, cost and upheaval of having property adaptations are unacceptable, rather than a cheaper and less traumatic alternative to moving. Moreover, adaptations when offered too quickly as a permanent solution can be an impediment to considering a more holistic solution that moving home might provide "*I had the wet room done, I wish I'd moved earlier instead" (*A6 *Jane). "I had a stair lift but the house was too big once the children went" (*B7 *Joanna)*.

Adaptations are not evidenced as key determinants of improved mental wellbeing (Thompson et al 2001). Improved socialisation is clearly shown to be of greater importance to mental wellbeing than home adaptations (Baldock, 2005; Rubinstein and Parmalee, 1992; at ch3 para 3.8.4).

Thus, beyond an initial emergency situation, practitioners may consider some of the qualitative, theory-based findings from this research, useful in helping individuals determine the best and most sustainable course of action for them. Planning efficacy and meaningful (emotionally rewarding) as well as functional (practicalities and health) issues should be established with clients.

This theory-based framework of questions developed by the researcher (Table 8.5.1 here and Table 3.5.4 discussed at ch3 secn. 3.5) could be useful for relocation or home adaptation services, for gaining insight fairly quickly about attitude to moving,: -

Table 8.5.1 Summary of questions decision-makers ask themselves in respect of efficacy, intrinsic value and expectancy valance. (also at ch 3 para 3.5.4 with explanatory theory)

a. Am I personally capable? (internal self-efficacy)
b. Is it possible? (controllability - external efficacy)
c. Do I want to do it?

….Which necessitates balancing extrinsic and intrinsic nature of the situation and deciding

d. How satisfied will I be with the outcome in the long term; how dissatisfied am I with the present situation; is it really that bad? Does staying here meet my emotional needs or will moving do that better?

… Which necessitates having a vision of the alternative.

e. Will this be easy for me or difficult and will the outcome be sufficient to warrant the emotional and physical effort?' Can I carry on?

Being able to visualise the process, the desired outcome and the viability is essential for making and sustaining a relocation decision (Irving ch3 para 3.5.4). Using EAC's (Elderly Accommodation Council) on-line tools and

information, and the increasing number of on-line video clips of retirement housing may help to provide realistic information more quickly and as a precursor to actual visits. Critically, the scenarios shown may not relate to the person's self-identity. As discussed in chapter 2, Background, (para 2.7) experience shows that expressing admiration for generally desirable schemes and actual intention to move to them do not correlate.

Some participants considered living and socialising with other older people to be potentially alien to their self-identity. Reassurance should be provided that there is no 'holiday camp style' pressure to actively socialise. Simple aspects frequently mentioned are important for reassurance, such as the view from a window that provides the opportunity to observe nature or 'the world going by'. Provision of assistance, if needed, with viewing a range of schemes before making a decision is essential to visualisation of a successful outcome and encouraging a positive future orientation.

Motivators and impediments

Functional concerns, such as property maintenance can as discussed here (section 8.2.1 heading 4), be peripheral satisfiers so may add weight to a decision at one stage and be disregarded later on.

Practitioners should explore the latent views of clients and reasons for moving (see ch6 part 1 section 6.1.2) and be aware that meaningful (emotional) reasons may carry greater weight over functional (practical) ones, for individuals who are disinclined.

Emotional support and inter-agency work

Having established the need for both emotional and practical support in successful moves, those without family or other support cannot do it alone. Moving may be rejected as impossible, even if viewed as desirable and logically the best option. The research has highlighted case studies (Thetford & Robinson, 2007, ch3 para 3.8) and participant cases (A1.*Gail*, B8.*Bella* and B7.*Joanna* ch.6 Part 2) that can assist if relocation support is

going to be provided; especially to ensure the support is not started too early or withdrawn too soon.

Adaptations after or instead of moving should be linked to meaningful aspects that make a home a social hub and base, enabling other services such as befriending that might be needed. Third sector (voluntary and charitable) assistance is shown in some examples (e.g. A1.*Gail*) as more readily available for aspects such as ongoing support that is important beyond the move itself. Technical support is readily available from some developers, estate agents and mortgage brokers who made a positive contribution to participants directly after the decision to move was made.

Respect and autonomy

The contrast in outcomes for participants who did or did not have respect and autonomy during the whole process shows the importance of sufficient time being factored in at the outset, after any emergency action, and for this be continued at the settling-in stage. The national home improvement agency (HIA) has recently proposed development of 'move-on' services within their remit at local HIA level (Foundations 2019), to assist homeowners to downsize. The FreeSpace scheme (Appendix 1) was designed by the current researcher to be administered entirely by existing trusted agencies, roles and expertise, such as housing and local authority HIAs, health or voluntary sector services.

8.5.2 Recommendations - Policy development

Joint working

There are examples of good joint working in the research but also lack of information about housing options, and evidence of needs left unidentified. Demand on services and lack of housing supply often prevents excellence despite good intentions and signing of agreements (ch2 para 2.4).

Joint working between local authorities and 'not for profit', commercial and voluntary sector resources is key to supporting innovation, for identifying pockets of need and provision in order to focus on person-centred assistance.

Scheme requirements

It is better to have fewer developments than developments that when built, are not occupied or do not improve the intended quality of life of those moving there. In this research some participants have moved to accommodation where the design in comparison to their previous home is so lacking in relevance to them, they state this as a main cause of them becoming depressed as a result (e.g. cases B1, B2, B8). Accommodation design is the focus of most activity and innovation at present, discussed here in chapter 2. Some basic facilities were lacking at the retirement housing schemes visited by the researcher. Communal facilities were underused if there was insufficient warden or local community input. Some communal lounges in the research were locked all day.

Where occupants are seen generally socialising, there were open plan areas near to the main entrance that could be used any time. Moving to a one bedroom flat was not an impediment, provided there were sufficient guest facilities but one scheme had none. Small room sizes and no outlook onto the street or a green view were named impediments from the start which, if lacking resulted in a feeling it being 'like a prison'.

Pets provide a level of companionship, clearly seen to reduce loneliness in the literature and the present research, so should be catered for.

In one new award-winning scheme (not featured in this research) residents were obliged to have their pets destroyed before moving in and the providers noted clear negative effects on those residents - but did not change the policy. Practitioners should be aware of the Emotional Support Animal (ESA) registration process.

Viability for homeowners and developers

Moving expenses and viability varied in the research. Those with valuable existing housing can afford to purchase more support and newer, more relevant retirement village accommodation or executive homes. There is a danger of inequality for those currently living in less valuable property.

Consideration should be given for those with low value homes to the sort of support and relocation grants available to social tenants, together with relevant tax measures to reduce financial burden. There should be regulation inducements for developers prepared to build quickly in the right locations who include relocation packages (e.g. recommendations of HAPPI 3 & 4, ch2 para 2.4). All new, medium and large general needs social housing developments should make some specific provision for older and disabled people, which, ironically was commonplace on estates built in the large building programmes of the 1950s.

Changing demographics suggest there will be more people renting than previously. The availability of Assured Tenancy (protected tenancy) opportunities that are cost effective for older people should be increased. The process of moving to rented accommodation is easier than selling and buying (see chapter 2) and releases equity. However, a change in the market, with older people primarily renting, could ultimately result in high housing benefit costs in the longer term.

Finance

Opportunities should be available for further downsizing within retirement schemes (a concept already used in retirement villages) with more mortgage and shared ownership options available such as those available to younger people.

There is no reason why lower percentage of value to loan mortgages should stop at any age, given the capital asset available and current lower cost of mortgage payments compared to rent (see HAPPI 3 report ch2 para 2.4). A slightly higher but still low interest rate payment could be provided on a long-term fixed rate or interest-only basis. The work already undertaken by lenders in respect of this e.g. by the Building Society Association (Pannell and Jenkins 2018) should be developed in order to gain cost benefits. Relaxation of rules to enable councils to lend or provide services in conjunction with partners would also improve lending and borrowing opportunities (see O'Shea ch2 para 2.5 business case).

Adult abuse

The prevalence of adult abuse in the research ranges from being excluded by the community and having views overridden by family, to harassment from neighbours or family harassment and fraud. Public debate on coercive control has focused on abuse from partners. Awareness of coercive practices within domestic situations has grown and new specific legal powers were introduced in December 2015 (S76 of the serious crime Act 2015). The examples of abuse in the current research could well come within the remit of this legislation

Intergenerational blaming (discussed in ch2) needs to be reduced alongside an increase in the provision of facts for very public discussion in order to dispel the myths underlying the blaming. Appropriate advice and support should be easily available to help identify and reduce the risk to older owners of being misled, bullied or excluded. Practitioners working with older people should be made aware of the scope of the legislation and be prepared to use it on their behalf.

Cultural shift – strategic planning, public health and information

The participants of all ages were under informed about options and detail. Findings in the research suggest that it is time to aim for a cultural shift towards bringing accessible information into communities (currently good information is still left for them to discover). It should aim to also help remove the negative connotations of for example, terms such as 'last move' or 'sheltered housing'. Consideration of downsizing at an earlier age should be promoted commercially and socially, just as planning for pensions is considered from the start of employment. This would not mean moving but planning by understanding the issues. For example, visualising the future realistically and being ready to move at a moments notice or making mobility changes to home and garden while financially able to do so.

In the future older people will more likely be single or have no brothers, sisters or children living nearby. The potential for higher levels of

loneliness and dependency that might be alleviated by them to some extent through individuals forward planning, are reasons enough for public health information initiatives to encourage this.

The lack of purpose in the lives of some of the participants especially when compared to their lifetime of being useful is reflected in the research through loss of self-identity, changing relationship with the family and within the community. Outside the scope of this research, the findings do support those academics and practitioners who are attempting to promote age inclusive societies and invigorate the lives of older people, which in turn automatically benefit to the whole of society. Older peoples' value as contributors to the community, including in the support of other older people, is far from properly recognised and harnessed in UK culture. For example in the area of social ecology (Powell Lawton 1974), briefly mentioned here in chapter 2 and Harper (2008) discuss ageing society and opportunities for human capital. Reducing loneliness, improving community engagement and home from hospital person-environment fit,, has been estimated would provide a 135% return on investment (Ruddock 2014) via reduction of use of NHS services.

8.6 Strengths and limitations of this study and future research

Strengths:
This research achieves a qualitative approach, supported by effective bio psychosocial factors. The lack of this has long been identified by established researchers in older age relocation and health research (Oswald 2006), discussed in ch3 secn. 3.11, Lutgendorf (2011) in ch4 para 4.8.2. A qualitative approach has also been missing in the interpretation of HCC (Stalder 2012a and 2012b) – discussed from ch4 para 4.13.5 ch4 para 4.8.2.

The research addresses a shortfall (ch 1 and 2) in qualitative findings to directly support person-centred UK housing relocation policy and practice for older people, and provides recommendations based on the findings.

The research design is unique, underpinned by theory so that the inductive approach (bottom up) and abductive (top down) interpretive approaches meet, recommended by Braun and Clarke (2006) when the reasons for design or interpretation need to be explained. The research views relocation as a three-stage process, uses triangulation for wellbeing findings and draws upon psychosocial theory relevant to decision-making, such as motivational reward, self-efficacy and locus of control. Greater understanding has thus been gained of the personal and psychosocial matters, which either enable or restrict choice in relocation for this important social group.

The term 'Planning efficacy' is introduced as a useful new term to reflect the full spectrum of relocation considerations, consistent with housing being a lifetime planning need. The concept of inclination vs. disinclination is introduced, for what transpired, to be the basis of influence in decision-making rather than age per se. These explain the little understood phenomenon resulting in liability in older relocators' liability to frequent changes of decision during the long relocation process (background chapter 2).

This research supports, extends, or challenges previous literature, indicated throughout this chapter. It specifically improves on the small body of relevant relocation studies and supports the small body of HCC research.

Further research to address limitations

Any HCC time-lapse research should extend the design to include a further period to test the delayed response findings. That is, whether having a Period C HCC would match events at Period B (since in the current research Period B HCC appears to match events at Period A). This would reinforce or throw doubt on the assertions of delayed reactivity.

Subsidence times may be up to 52 weeks, which also suggests the value of longer periods of assessment (Davenport 2006 ch4 para 4.13.7).

Self-esteem should be measured retrospectively similarly to depression, anxiety and stress. Participants should also be asked to discuss more directly whether they feel their decision is being made to maintain happiness, reduce depression or due to anxiety about the future (Veenhoven 2001 ch3 para 3.2).

The differences in age between the Mover and Non Mover younger groups averaged five years. This was found to be potentially confounding (per para 8.3.1 *inclination to plan*). Possibly future research cohorts should comprise ages 65 – 75 (instead of 60 – 75); ages 76 and over (as now). This would fit more readily with lifestyle changes like retirement, health milestones and the increase in life expectancy.

The research took place in a relatively affluent area of the country. Aspects affected by market values and availability of local retirement housing, for example, in rural areas, will affect viability. Using information from this research, purposive samples with greater contextual and individual differences could be recruited. For example couples or single male cohorts; selection on cultural identity, private tenants versus owners; consistency of education or social status across groups; and younger than older aged people in respect of the factors related in this study that relate to early age inclination and disinclination. Investigations might include perspectives from family members and could involve views of retirement home managers.

8.7 Research conclusion

The need for a wider range of housing for older people has been better understood in the last few years (see ch2). There are technical reasons, not least planning requirements and land availability in the desired locations, as to why logistically and commercially providing sufficient choice and

desirable standards will not be easy or necessarily widely affordable. Importantly there has been no corresponding policy recognition, or even public debate, about the decline of personal efficacy or perceived controllability in relation to relocation that comes with ageing. Decisions are affected by age-related changes in physical and cognitive efficacy, relationships and identity within the family and the community.

This research recognises that the majority of people will want to stay put and should be enabled to do so. This research has been carried out for single female homeowners who wish to downsize, for those who wish to support them and have a need to understand how to help. It is also for those who have never wished to move and find they have little choice, where understanding of their experience is even more important. It challenges the thinking, enshrined in legislation (ch2 para 2.1) that simply by virtue of being a homeowner, competency in relocation is automatic so that assistance is not required (ch1 para 1.4). On the contrary this thesis considers it as a major issue of community need and cohesion. The research provides evidence of the need for 'move-on' support schemes such as FreeSpace (Appendix 1).

Generations to come may approach the issue differently, with changes in the housing market and housing options. Many older people, currently under 60 years old, will lean towards a different set of educational and other socio-demographic backgrounds than their parents. This may result in more confidence for some individuals in decision-making. However, it may be adduced from this research that the experience will still be onerous and reflect a binary situation of those who inherently do and those who do not make relocation decisions. There will be largely similar psychological and physical underlying matters to consider, that are currently only at the very margins of commercial and public police makers' consideration and understanding. Importantly, negative health outcomes, including isolation and chronic stress, are shown to link to a. relocation choice and viability, b. independence and c. autonomy. This research has met it's aim to enhance this under researched and not well understood area; it provides evidence

for these three key components to be the focus of relocation policy, practice and personal support in matters of older people relocating.

Reflexive Statement – Gail Lincoln lead researcher

When I started this research it was because I had experienced, as had colleagues, the constant changes in views and intentions, which seemed detrimental to older people, when considering housing options. As the Principal Officer for Housing Strategy (and health liaison), in a London borough I was responsible for the original updating of the borough's sheltered housing and I designed the FreeSpace scheme (Appendix 1), aimed at resolving a number of apparent difficulties in moving home for older downsizing homeowners. The process included an early financial capability assessment and a wider assessment of needs to facilitate individual handholding packages for those wishing to move on.

Despite all-party local and national backing for FreeSpace at government cabinet level, with an airing in 'the Commons' by the Dept. of Work and Pensions Secretary, central funding was pulled away due to the application of austerity measures and diversion of staff time to reducing under-occupation in social housing. The Dept. of Communities and Local Govt. Head of Homelessness Finance spoke in support of the scheme at a seminar for 70 housing organisations, which I held at Westminster University Fyvie Hall. I planned to develop an inter-borough hub to trial the scheme; the business case cost-benefit assessment had been made, by an enthusiastic economist and promoter of the scheme, funded by the EAC (Nick O'Shea). Having decided an assessment of FreeSpace would be a good opportunity for research with automatic access to those considering moving home, and some who would proceed to move. Failure of the scheme to take off in large numbers due to the under resourcing, left a dilemma.

Creative housing strategy is more necessary at times of austerity but at the same time roles are reduced. The activity is downgraded to the level of planning with an emphasis on land management rather than innovative options. This reductionist approach was a source of personal frustration for me as an occupational psychologist with strong views on the economies of integrated systems and strategic improvement, ironically often abandoned by organisations at times of pressure. By now in year two, having completed the learning year of the research degree, perhaps I should have given up but I was still intrigued by

'applicant ambiguity', when expressing excitement and commitment to moving, then changing their minds on an almost daily basis. Hence the research changed from evaluation of relocation experience and FreeSpace scheme impact, to one of deeper exploration where numbers would be lower. This enabled a redesign to a contextualist, qualitative focus, with which I was more comfortable.

To use primarily quantitative methods just because plenty of participants would have been available would have been to repeat mistakes of the past. Even in mixed method studies, there appeared to be a lack of synthesis leading to meaningful recommendations due, I felt to the dominance of quantitative interpretation.

Drawing on my background as a chartered occupational psychologist I felt it was appropriate to to consider decision-making in the context of motivation and reward literature, used so often in Occ. Psych. work. A major amount of research went into selecting items from validated scales, designed for use with older people, suited to the issues and participant numbers involved to consider views and attitudes. Context, and practical matters had to synthesis with theory and qualitative material to interpret effects of 'functional' and more 'meaningful' relocation matters. This would harmonise with the work of Oswald and of Lutgendorf whose mixed methods approaches had been determined by them to lack sufficient qualitative input.

It transpired the HCC, my choice to support wellbeing findings at a level of triangulation, could not be done in house. Next, applications for external funding, caused months of delay to the fieldwork. From further consideration of the literature and discussions with Frank Hucklebridge we decided to analyse within and not between-subjects, with 5cm segments representing five months rather a larger number of 1cm segments for each month. Fortunately this also reduced costs. We liaised with Tobias Stalder, who Frank previously worked with, a key international expert in HCC, (whose findings I subsequently challenged in respect of lack of qualitative input and with whom we had intended to produce a paper, save for Frank's untimely death just weeks after providing support to me at my final viva).

Having a qualitative researcher come on board was critical to success. Not least because Jay MacKenzie is an enthusiastic problem solver and gained in-house

funding for the cortisol tests and two (albeit slightly premature) conference dissemination opportunities in year 5.

Fieldwork eventually started at the end of year 3, taking 2 years due to market factors reducing the numbers of people relocating. Interviewing is second nature to me through my experience over years of customer facing investigative, mediation and counselling roles. However, a skill I have never developed sufficiently, is reporting information in a way that is best understood by the audience, even when I know my audience. With this research there are so many different individuals and groups one is writing for. Albeit that targeted papers can follow, the information has to come from the research thesis. It has to have different perspectives to make sense to different audiences. This was a difficult area for me despite words of wisdom on 'writing up' from the team, notably tutorials from Catherine Loveday and Mark Baldwin; commentary on my writing style, how to approach the subject with greater clarity from Gill Rhodes.

I did however, always record and store the information effectively in different ways in order to achieve high levels of familiarisation. I began to think of the participants as people I had known for years, so familiar were their stories to me, and how touching sometimes too. I thought maybe I should just write a novel to include some of them, suited to my writing style.

However, the findings were not leaping out as clearly as they should, despite me getting the feeling they were in there, links were missing. The sticking point was delivering an effective integration of nomothetic data and 25,000 words of qualitative material. Helpful objective feedback from the director of studies and at vivas achieved focus. I have tried, considered, redone and learnt from the process, albeit relatively lately. I separated the quantitative from the qualitative observations. This did not work because the quantitative results cannot tell a story in themselves but serve mainly to underpin qualitative findings and theoretical interpretation. This recent and final process resulted in an integration using only the quantitative data that were important to understanding the experience within the life stories being told. The most rewarding aspects are simple but have come like light bulbs at the end. I am glad to say this made me realise I did not confine myself to the obvious and kept an open mind until the final re-examination from all angles. This is the process and

purpose of qualitative research and has enabled sufficiently meaningful information to offer recommendations for improved practice and policy.

Whilst interacting with participants was natural to me, working in such isolation, even with a good supervisory team, was not. It was part of the learning process and very new to me. At times it resulted in serious issues of confidence and self-doubt. However, that enhances self-reliance and resilience until the next breakthrough occurs!

The process has taught me that at the risk of sounding like an EU negotiator, nothing is final until everything is final. I found it difficult at stages to be asked to comment on findings and final thoughts intelligently that would come only at the end of the whole process. The process is indeed reflective and circular, not as linear between stages as the model frameworks (e.g. Gibbs 2011) propose. It is a question of 3 steps forward and two back before the learning is achieved and is a test of resilience. There are examples, where a defeat in one direction is a win in another, or at a later stage. I used the optimistic bias and reframing evident in many of my research participants. The process has been lengthy and during the process my soap opera life has withstood two operations, family feuds, bereavements, house moves and challenging work demands, to mention a few!

Theses, like housing strategies can be written 100 times and in different ways and still not be quite satisfactory to the author. Aiming for excellence makes the concept of 'good enough' seem redundant but especially in this context one should remember learning never ends. I hope I have achieved something worthwhile when it is presented to those doing the job. I see the socially functioning world in terms of housing; that shelter is more important to survival than literally anything else, which working with homelessness teaches us.

If nothing else, I know that I have done some good because of comments from participants who felt the process of intimating their situations had been therapeutic, just from being asked and properly listened to.

FreeSpace schemes – the basics: for those owners of 60 or over

APPENDIX 1

- The Local Authority or Housing provider acquires the under-occupied property – The FreeSpace property on a long term renewable lease in exchange for 'handholding' the owner through each stage of finding and moving to alternative, smaller accommodation in the tenure and location of choice. The owner can be temporarily living elsewhere. The scheme is not confined by council area boundaries, a FreeSpace property can be in any location that families would consider being rehoused to. For the owner, finding their new accommodation is a key part of the handholding and requires creativity and flexible use of resources..Financial support is given for moving and settling in and for upgrading the FreeSpace property for letting. This can be funded via an interest free secured grant, repayable only when the property is sold. Owners can even use the loan towards purchase. E.g. in a cheaper area. Other financial options are available. The council or other housing provider acts as landlord, managing and letting the FreeSpace property to a family in need. The owner receives the rent and the house reverts to their estate with vacant possession on their death or end of the long-term lease, whichever occurs first.
- All activity is subject to independent financial capability and legal advice, the cost of which can be included in the repayable grant.
  The aims of FreeSpace over and above empty property home improvement schemes are: to provide rehousing for the older person if moving would ultimately be a better and preferred choice to staying put; to provide a family size property, to add for a reasonable time, to the council or other housing provider's letting portfolio.

APPENDIX 2

Research Paradigms. Based on Guba and Lincoln (2007).			
Positivism	*Post Positivist Most housing Research*	*Critical Theory (Current study)* 	*Constructivism*
Ontologically 'naïve realism' assumed cause and effect measurable. Objective researcher experimental conditions are manipulated. Hypotheses and quantitative methods.	'Critical realism' probability rather than naïve realism investigation is still objectivist, more naturalistic than positivism can include qualitative findings e.g. using questionnaires or common beliefs	Ontologically a 'virtual reality' where historical realism and effects of socio-economic, political, educational and social learning environments have a major effect on views over time. Primarily qualitative transformational and interactive to find answers.	All things relative and individually constructed, more 'locally' thus potentially alterable. Personal realities are as important or more so than historical realism. Focused on the individual's felt experience and their relationship with the researcher. Realities created between them. Hermeneutical or dialectical approaches. Iterative interchange agreement on findings.

APPENDIX 3

Are you interested in taking part in some important research?

We are contacting people on behalf of a researcher from the University of Westminster, who previously worked for our housing service.

The research will help to inform government policies about the housing needs and views of older people, focusing on their health and wellbeing. This is important given the rising number of older people who may require assistance now or in the future.

About 40 participants are needed and each will stand the chance of a winning a prize draw with one amount of £100 and 2 x £50

To qualify you need to be in all the follow categories:

a. **You must be female**

b. **You must own the property you live in (can be recently lived in if you have moved or you are temporarily staying elsewhere)**

c. **You must be in the age range 60 and above**

The research will take about 2 hours talking to the researcher in your own home.

Interested in taking part and want more details?
You can contact the researcher by phone (she will take your number and ring you back to save you any expense). You can also email if you prefer.

For more details contact the researcher:
Gail Lincoln glin57@aol.com
0208 989 5332 - please do leave your name and number if she is not available to answer when you first call.

UNIVERSITY OF WESTMINSTER

APPENDIX 4

Director of studies: Dr Gillian Rhodes, Faculty of Life Science, University of Westminster 115 New Cavendish Street, LONDON W1W6UW 020 7911 5000 extn. 64626

Research information and consent form

CONSENT FORM

Information about the study:
This research will consider feelings, thoughts and behaviours involved in decision making in respect of housing relocation in people aged 60 and over.
All participants will be people who own their properties, or who did until recently.

Procedures
The first stage
The researcher will sit with you to answer a number of questions about lifestyle and particularly about your views on your accommodation past and present. Questions will include where you hope to move to or already have moved to. This will include how and why you personally make decisions about your housing situation, how this affects the way you feel and your wellbeing. It could take up to 2 hours. Your answers will be noted directly on paper. 40 people are expected to take part, individually interviewed at home. You can have someone else such as a family member or friend present if you prefer. There will be a prize draw by raffle ticket of 1 x £100 and 2 x £50

A small selection of the participants from stage one, numbering about 12 will be selected to take part in a follow up interview to cover themes that have come out of stage one in more detail.

The second stage
About 5 months after your first interview, you will be contacted again. The researcher will call on you again to cover some (but not all) of the questions asked at stage one to see if your views or your situation has changed.

Measuring wellbeing – hair samples
An important part of the research is measuring your wellbeing. A very effective way of doing this is to measure the levels you have of a chemical called cortisol. To do this the researcher will need a few strands of your hair on 2 occassions. This can be collected at the time of your interview. The researcher will cut a few strands from the back of your head and send them off to a laboratory. The analysis will provide

information about your wellbeing in terms of chronic stress. The researcher can give you the results if they are unusually high and you would like to know.

Confidentiality
The only personal details required are your name, contact details and age range. You will also be asked about your current health, as people with certain conditions cannot take part in the hair analysis stage (e.g. diabetes and people taking steroid type drugs as these affect the hair sample tests). You can even use a fictitious name if you like but the data will be coded so that you will appear as a number in the results. Any personal disclosures will be written in such a way to ensure you are not recognisable from the comments. Only the researcher will have full access to the data. Data will be held solely by the researcher and separate from your name and contact details. The data will be stored by the researcher for a maximum of 10 years and you may give consent for it to be used again if the data is required by other researchers.

I…….. have read the above information and I consent to taking part in the research.

I understand that the researcher Gail Lincoln will be collecting the data, which will be anonymised and kept confidentially and securely.

I understand that the results are anonymised and treated to ensure it is not possible to attribute views to individuals.

I understand that the data will only be used for the purposes of the study but that the study may be published or results of the study may be used to inform other research and potentially public policy.

I understand that this research is being supervised at the University of Westminster, whose details are given at the beginning of this document. I understand that I can make a complaint to The Director of Studies if I have cause to do so provided my complaint has not initially been dealt with to my satisfaction by the researcher. **I can withdraw from the study and/or remove data provided by me at any time prior to the publication of the research without having to give any reason.**

SIGNED
Participant (Sign and print name)

Researcher (Sign and print name)
DATE

APPENDIX 5

RCM – RELOCATING CONSIDERATIONS MEASURE

– devised by the researcher See section 5.5.1, 5.6 and 5.10 in Methods chapter 5, for further information regarding completion and analysis. Items were chosen to link with previous research and from the prior knowledge of the researcher as a practitioner.

For the 'Motivators and Impediments' section - the purpose was to establish the extent to which each item was an issue for the participant and if it was a 'big issue' (a definition used by researcher Cox et al 2005)– first by marking it on a Likert scale of 1 to 5 with 5 always being the most negative (4 or 5 indicate it is a 'big Issue').

Participants were then encouraged to discuss the reason for their answers. Narrative was taken down verbatim.

DEMOGRAPHICS

Opening questions were asked in the order that follows.

Cognitive tests were asked at a point when participants were sufficiently relaxed, having discussed their medical situations. Questions that followed continued to be easy to answer/discuss for them to recover from the tests that some participants found difficult.

Each answer had a code for use in Excel and SPSS statistical systems.

Age – circle choice from 3 age-range options in the 60-75 cohorts; 3 age range options in the 76 and over cohorts.

Chronic illness

Physical disability, cardiovascular, COPD, arthritis, allergies, Thyroid - hyper/hypo cortisol, auto immune, rheumatoid arthritis perceived high anxiety, depression, stress/other psychological requiring treatment, cancer and 'other'. Others disease added as necessary.

Major traumatic events – bereavement, job loss relationship breakdown in last 6 months, year, 18 months, 2 years

Acute illness or regular bouts of recurring illness e.g. colds and flu

Medication asked by type that might affect cortisol. Medication might account for differences between first and second Hair cortisol tests, which would have to be disregarded.

Answers were coded e.g. for steroid, mood up or down, anti-inflammatory, hormone (thyroxine, HRT), pain, digestive, HBP/statins, cancer/chemo or radiation, water retention, insulin, supplements etc.

Weight – self assessed too low/ideal/moderately over/high (BMI guidance)

Hair treatments – asked number of washes over 5 months (recalculated later to weekly average), also bleaching or straightening, dyeing and frequency of swimming pool use.

Cognitive ability – a battery of 1-minute tests including Verbal fluency F A S scores, categories, number span repeats and reverse repeats, trail test and complex drawing. Scored in accordance with the authors and normative charts.

Diet 3 categories: Overall Sufficient; Vegetables; Fluid intake
– self-assessed as to whether it is varied and extent it is an issue:- low/medium/high.

Exercise per week – using average hours for standing or moving; walking; aerobic – fast activity, cleaning etc; specific e.g. sport or hobby; sitting or sedentary.

Time in sunlight against recommended 50 mins per day

Sleep average good / average bad night, per week and relative hours – against over 41 and under 56 recommended

Smoking – present, previous and relative amounts and time since cessation

Alcohol – units (nhs defined) per week against 14 maximum recommended by the UK medical officer of health.

Education - maximum attainment of self and highest attaining parent, scored and calculate a plus or minus figure compared with parent

Current and former employment – self and parent - categories scored from low skill manual to high skill professional and calculate plus or minus figure compared with parent

Social class mobility – self assessed as a child and now - scale of 4,' lower working' to 'upper middle or higher' Calculate plus or minus from previous class.

Present home
Type – by number of storeys and ground floor or other level
Size and type of home – by bedrooms, storey and descriptor e.g. house, flat
Preferred type and size of home now/future

Condition – level of repair – prompts of 6 areas ranging from roof to dampness. Overall satisfaction/ level of concern

Costs associated with home/location – includes travel, heating, bills

Best Age for Moving – their view - by decade – 40's 50's etc and discussion

MOTIVATORS AND IMPEDIMENTS

Strongly disagree	**Disagree somewhat**	**Neither agree or disagree**	**Agree somewhat**	**Strongly agree**
1	**2**	**3**	**4**	**5**

Psychosocial – impediments to moving	
Previous experience of moving was stressful	1 2 3 4 5
Loss of status due to: Size of home or Ownership vs. rent	1 2 3 4 5
Memories	1 2 3 4 5
Feel safe and secure – familiarity of surroundings	1 2 3 4 5
Attachment to possessions and furniture that might have to go	1 2 3 4 5
Size of house helps me occupy my time	1 2 3 4 5
Size of house keeps me fit	1 2 3 4 5
Use spare space for visitors:	
Occasional/just in case	1 2 3 4 5
Regular/frequent	1 2 3 4 5
Use spare space for hobbies	1 2 3 4 5
Use spare space for work	1 2 3 4 5
Inheritance for children/grand child	1 2 3 4 5
Some trust issues with	1 2 3 4 5
agents	1 2 3 4 5
developers and those selling	1 2 3 4 5
council	1 2 3 4 5
family	1 2 3 4 5
Energy levels	1 2 3 4 5
Concentration	1 2 3 4 5
Decisions too numerous or difficult	1 2 3 4 5
The garden is important to me	1 2 3 4 5
Location and facilities keep me	
The local area has the facilities I need	1 2 3 4 5
Social support from care and medical services	1 2 3 4 5
Doctor and health care	1 2 3 4 5
Staying near friends	1 2 3 4 5
Staying near neighbours	1 2 3 4 5
Staying near family	1 2 3 4 5
Socialising/community facilities and clubs	1 2 3 4 5
Diversity (defined as age, ethnicity, beliefs) suits me	1 2 3 4 5
Transport	1 2 3 4 5
Local shops	1 2 3 4 5
Post office	1 2 3 4 5
Bank/building society	1 2 3 4 5
Safe green space and parks	1 2 3 4 5
Feeling safe in the area, safe neighbourhood	1 2 3 4 5
Practical difficulty/self efficacy	
Have pets/having pets	1 2 3 4 5
Lack of options to choose from	1 2 3 4 5
Too many possessions	1 2 3 4 5
No one to help me	1 2 3 4 5
Don't understand all the processes	1 2 3 4 5
Coping with packing and moving	1 2 3 4 5
Coping with change of address, Utilities and moving details	1 2 3 4 5

Coping with solicitors and agents' paperwork……	1 2 3 4 5
Unpacking and dealing with minor work e.g. curtain rails, washing	1 2 3 4 5
machine plumbing……	1 2 3 4 5
Packing up all my possessions……	1 2 3 4 5
Effort of clearing out all of my clutter and possessions……	1 2 3 4 5
Choosing another place – getting there and looking around……	1 2 3 4 5
Can't afford the cost of fees and moving plus relocating……	1 2 3 4 5
Don't think it would benefit me much financially……	1 2 3 4 5
Physical mobility and health reasons that make it more	
difficult to cope……	1 2 3 4 5
Psychosocial Motivators to move/stay	
Nearer to friends……	1 2 3 4 5
Nearer to family……	1 2 3 4 5
Nearer grandchildren……	1 2 3 4 5
Effort & Cost (practical)	
Require	
smaller garden manageable……	1 2 3 4 5
garden or outside space important (must have)……	1 2 3 4 5
shared garden acceptable……	1 2 3 4 5
balcony only is acceptable……	1 2 3 4 5
I don't use all the space……	1 2 3 4 5
Want one level, no stairs……	1 2 3 4 5
Want to reduce repairs and DIY and decorating, ok for me to	1 2 3 4 5
cope with……	1 2 3 4 5
Concern over repairs and decoration……	1 2 3 4 5
Cleaning must be lower……	1 2 3 4 5
Cheaper repairs and DIY important……	1 2 3 4 5
Location – important factors required in NEW location	
Feel less Isolated……	1 2 3 4 5
New area must be better than current/present area has	
deteriorated……	1 2 3 4 5
Local services:	
Transport……	1 2 3 4 5
Medical and social care……	1 2 3 4 5
Local shops……	1 2 3 4 5
Post office……	1 2 3 4 5
Bank/building society……	1 2 3 4 5
Safe green space and parks……	1 2 3 4 5
Neighbourhood is safe……	1 2 3 4 5
Better activities/community in the area……	1 2 3 4 5
New accommodation:	
Cost of lease/repairs etc. must be less……	1 2 3 4 5
Bills are not too high……	1 2 3 4 5
Can afford the bills……	1 2 3 4 5
Can keep pets……	1 2 3 4 5
Have you had any financial capability assessments in connection with – a. formal assessment of your income and how to maximise i outgoings and downsizing ?	Yes/No, discuss

APPENDIX 6

RELOCATING PSYCHOMETRICS (RP)

Items are complete scales, or selected from established scales that are described in more detail in APPENDIX 7.

The items are arranged here according to the study dimension they address (Appendix 7).

Methods Chapter 5 para 5.5.2, para 5.6 and 5.10 give further explanation of use and analysis.

Answers were given face to face on a 1 – 5 Likert scale with 5 always being the most positive (unlike the RCM questionnaire that is used prior to the RP, where scoring higher is negative and indicates the item to be a 'big issue').

Discussion about answers was encouraged and statements taken down verbatim.

Key:
R= reversed scored.
Numbering - the numbers refer to those used in the original scale.
(See Appendix 7 for more details of the measures used)

OPQoL	Older People's Quality of Life Questionnaire. Ann Bowling
STPI	- Stanford Time Perspective Inventory Zimbardo and Boyd (1999)
PWBPTCQ	- PWB-PTCQ – Psychological Well-Being-Post Traumatic Changes Questionnaire Joseph et al 2011
Family Mosaic	- In-house survey
SPS	- Social Provisions Scale. Cutrona & Russell 1987
MOS-SSS	- Medical Outcomes Study. Sherbourne & Stewart (1991)
SSESS	- Self Esteem and its Sources in Elderly People (Coleman1984)
DASS	- Depression, Anxiety and Stress Scale. Generally used practitioner tool developed by Psychological Foundation of Australia, Uni New South Wales Medical Outcomes Study. Sherbourne & Stewart (1991)

RELOCATING PSYCHOMETRICS

High is positive unless R = reverse scored
Numbering where given, refers to original scale (some were not numbered)

Strongly disagree	Disagree somewhat	Neither agree or disagree	Agree somewhat	Strongly agree
1	2	3	4	5

Physical Health *OPQoL*

1. I have a lot of physical energy…….. 1 2 3 4 5
6R Pain affects my wellbeing…….. 1 2 3 4 5
7R My health restricts me looking after myself or my home…… 1 2 3 4 5
8. I am healthy enough to get out and about…… 1 2 3 4 5

Purpose/reassurance of worth *SPS*

6R Other people do not view me as competent…….. 1 2 3 4 5
9R I do not think other people respect my skills and abilities…….. 1 2 3 4 5
13. I have relationships where my competence and skills are recognised…… 1 2 3 4 5
1 2 3 4 5
20. There are people who admire my talents & abilities…….. 1 2 3 4 5

Purpose/worth *OPQoL St. 1 & 3*

29. I have social or leisure activities/hobbies that I enjoy doing…… 1 2 3 4 5
30. I try to stay involved with things…… 1 2 3 4 5
31. I do paid or unpaid work or activities that give me a role in life.. 1 2 3 4 5

Locus of Control/Independence *OPQoL*

13. I am healthy enough to have my independence…….. 1 2 3 4 5
14. I can please myself what I do…….. 1 2 3 4 5
16. I have a lot of control over the important things in my life…… 1 2 3 4 5

Control and direction *PWBPTCQ*

1.I like myself…… 1 2 3 4 5
2. I have confidence in my opinions…… 1 2 3 4 5
3. I have a sense of purpose in life…… 1 2 3 4 5
4. I have strong and close relationships in my life…… 1 2 3 4 5
5. I feel I am in control of my life…… 1 2 3 4 5
6. I am open to new experiences that challenge me…… 1 2 3 4 5

Neighbourhood *OPQoL*

17.I feel safe where I live…… 1 2 3 4 5
19. I get pleasure from my home…… 1 2 3 4 5
20. I find my neighbourhood friendly…… 1 2 3 4 5
18. The local shops, services and facilities were/are good overall…. 1 2 3 4 5

Loneliness *Family Mosaic*

a. R I have been feeling lonely…… 1 2 3 4 5
b. I have been feeling connected to my community…… 1 2 3 4 5

Positive Interaction/loneliness *OPQoL*

10R I would like more companionship or contact with other people…… 1 2 3 4 5
12R I would like more people to enjoy life with…… 1 2 3 4 5
11R I have someone who gives me love and affection…….. 1 2 3 4 5

Sociability/hostility *OPQoL*

21. I take life as it comes and make the best of things…… 1 2 3 4 5
22. I feel lucky compared to most people…….. 1 2 3 4 5
23. I tend to look on the bright side…….. 1 2 3 4 5
24. If my health limits social/leisure activities, then I will compensate and find something else I can do…….. 1 2 3 4 5

Finance *OPQoL St.1&3 (adjust for Movers vs Non Movers)*

15R The cost of things compared to my pension/income restricts my life…… 1 2 3 4 5
25. I have enough money to pay for household bills…… 1 2 3 4 5
26. I have enough money to pay for household repairs or help needed in he house…… 1 2 3 4 5
27. I could/can afford to buy what I want to …….. 1 2 3 4 5
9a. My family would have/will help me if needed…… 1 2 3 4 5
9b. My friends would have/will help me if needed…… 1 2 3 4 5
9c. My neighbours would have/will help me if needed…….. 1 2 3 4 5

Guidance *(Trust) SPS*

3R There is no one I can trust…… 1 2 3 4 5
12. There's someone I could talk to re important decisions in my life…… 1 2 3 4 5
16. There is a trustworthy person I could turn to for advice if I were having problems…….. 1 2 3 4 5
19R There is no one I feel comfortable talking about problems with…….

Tangible support *MOS-SSS*

There is someone to help me if I were confined to bed…… 1 2 3 4 5
There is someone to take me to the doctor if I need it…….. 1 2 3 4 5
There is someone to prepare my meals if me if unable to do it myself.. …… 1 2 3 4 5
There is someone to help with daily chores if I am sick…… 1 2 3 4 5

Informational Support *MOS-SSS*

There is someone to give me information to help me understand a situation…… 1 2 3 4 5
There is someone to give me good advice about a crisis…… 1 2 3 4 5
There is someone to share my most private worries and fears with. 1 2 3 4 5
There is someone who understands my problems…… 1 2 3 4 5
There is someone to turn to for suggestions re how to deal with a personal problem…… 1 2 3 4 5

Select response from:

Very unlike me	Fairly unlike me	Neither like or unlike me	Fairly like me	Very like me

Self-efficacy *STPI* *Temporality*

Future

3. Thinking about the future was/is pleasant for me…….. 1 2 3 4 5

4. When I want to get something done, I first set short-term goals to reach this big future goal…….. 1 2 3 4 5

11. I try to be realistic about what the future holds for me…….. 1 2 3 4 5

13. I have fantasies about a better life ahead of me…….. 1 2 3 4 5

Past

1R I find myself daydreaming a lot about better times in my past *(past neg)*…….. 1 2 3 4 5

9R I prefer old and familiar people, experiences and ideas instead of the new and changing *(past Neg)*…….. 1 2 3 4 5

Present

3R I don't do things that will be good for me if they don't feel good now *(pres fatalistic)*…….. 1 2 3 4 5

5. I take risks to put a little more excitement into my life *(pres hedonistic)*…….. 1 2 3 4 5

10R. I believe that to be successful you must be lucky *(pres hedonistic)*…….. 1 2 3 4 5

11. It's fun to gamble on the lottery, or make small bets when I have spare money *(pres hed)*…….. 1 2 3 4 5

12R. I think that it's useless to plan too far ahead because things hardly ever come out the way you planned anyway. *(pres fatalistic)*…….. 1 2 3 4 5

Self Esteem *SSESS* ***Select one from each choice*** 1 2 3 4 5

1. I feel useful / I feel useless
2. I get little enjoyment out of life/ I get much enjoyment out of life
3. I am still capable of doing quite a lot / I am quite helpless 1 2 3 4 5
4. I have no aim left in my life/ I have a clear aim in my life 1 2 3 4 5
5. I am of importance to others / I don't count any more
6. I am rather unsure of myself / I have confidence in myself 1 2 3 4 5
7. I am as bright and alert as ever / I have become rather foolish
8. I have little hope for the future / I look to the future with confidence 1 2 3 4 5

Select response from:

Never	Sometimes	Often	Almost Always
1	2	3	4

Depression *DASS*

3R I can't seem to experience any positive feeling at all…… 1 2 3 4
5R I find it difficult to work up the initiative to do things…… 1 2 3 4
10R I feel that I have nothing to look forward to…… 1 2 3 4
13R I feel downhearted and blue…… 1 2 3 4
16R I am unable to become enthusiastic about anything…… 1 2 3 4
17R I feel I am not worth much as a person…… 1 2 3 4
21R I feel that life is meaningless…… 1 2 3 4

Anxiety *DASS*

2R I am aware of dryness in my mouth*…… 1 2 3 4
4R I experience rapid breathing or pulse racing…… 1 2 3 4
7R I experience a trembling e.g. in he hands…… 1 2 3 4
9R I worry about situations in which I might panic & make a fool of myself/let people down…… 1 2 3 4
15R I feel close to panic (regularly)…… 1 2 3 4
19R I am aware of the action of my heart in the absence of physical exertion (palpitations)…… 1 2 3 4
20R I felt/feel scared or apprehensive without any good reason…… 1 2 3 4

Stress *DASS*

1R I find it hard to wind down…… 1 2 3 4
6R I tend to over react in situations…… 1 2 3 4
8R I feel I have a lot of nervous energy…… 1 2 3 4
11R I find myself getting agitated…… 1 2 3 4
12R I find it difficult to relax…… 1 2 3 4
14R I am intolerant of anything that keeps me from getting on with what I was doing…… 1 2 3 4
18R I feel rather touchy…… 1 2 3 4

*This question was removed from results due to the high number of people taken medicine that can cause mouth-dryness.

APPENDIX 7

Relocations Psychometrics (RP)
Taken from other scales

OUTLINE OF SCALES and ITEMS SELECTED – chapter 5 paragraphs 5.6.4 and 5.7 show how consistency of scoring was achieved between scales and how data was analysed.

Relocating Considerations Measure (RCM) – questionnaire 1
The first questionnaire used in this research was designed by the author and covers demographics. Most of the questionnaire is about the condition and suitability the current housing, the requirements or preferences of future housing and those push and pull factors in context. Cognitive function tests are also covered in the questionnaire procedure.

Relocation Psychometrics Measure (RP) – questionnaire 2
Decision-making dimensions:
Self efficacy; Social Support; Locus of Control; Self-esteem; Cognitive function; Health and Wellbeing; (depression, anxiety and hair cortisol concentration as a physical measure of chronic stress)….

Research perceptual and subjective dimension items in the RP (Chronbach's alpha)				
1) Self-Efficacy	**2) Support**	**3) Locus of Control**	**4) Self-Esteem**	**5) Health & Wellbeing**
11 items (.73) 4 items re control-lability (.70)	16 items emotional aspect (.87) 21 practical difficulty (.70 - .87)	9 items views and attitudes (.87)	8 items views and attitude	7 items each (21) for depression, anxiety and stress; (.81) 4 items for physical ability and pain.
Cognitive tests				

The above matrix helps define the study parameters and the numbers in boxes refer to the items in the 2nd questionnaire designed by the researcher for the study using items from the validated scales – per below - called the Relocating Psychometrics (RP) Questionnaire, it incorporates the DASS (depression, anxiety and stress scale)

Scales for measuring the study dimensions used in the Relocation Psychometrics Questionnaire

A full version of the questionnaire is produced in Appendix 6

1) Self Efficacy

• STPI Stanford Time Perspective Inventory – Zimbardo and Boyd (1999)

The 11 items are from the 32 item short form, which is particularly suitable for older people because it measures self-efficacy from various time orientations that differ between individuals and evolve with age. The items used measure dominance of future, present or past perspectives and thereby this matches the tripartite approach in self-efficacy theory (Bandura 1977 etc).

Examples:

- *I think that it's useless to plan too far ahead because things hardly ever come out the way you plan anyway (present fatalistic).*
- *It is fun to gamble on the lottery, or make small bets when I have spare money (present hedonistic)*

2) Social Support

- OPQoL Older Peoples' Quality of Life Questionnaire (Bowling 2008)
- SPS Social Provisions Scale (Cutrona and Russell 1987)
- MOS-SSS Medical Outcomes Study; Social Support Survey (Sherbourne & Stewart 1991)
- Loneliness – Family Mosaic Housing Assn. survey 2013/14

All 32 items from the OPQoL short form were used in this research, 22 related specifically to emotional or practical support as did 4 from the SPS and 9 from the MOS-SSS. To mirror a Family Mosaic Housing survey 2 questions were used asking about feeling lonely and community involvement.

The SPS was developed to look at loneliness and social support in low income minority groups, items relating to general support and others to trust and someone to confide in, were selected for the current research.

The MOS-SSS differentiates between emotional, tangible and informational support and positive social interaction some of which were added for more emphasis to the OPQoL items.

Examples:

- *I feel safe where I live (OPQoL)*
- *I would like more people to enjoy life with (OPQoL)*
- *I do paid or unpaid work or activities that give me a role in life OPQoL)*
- *I have been feeling lonely (Family Mosaic)*
- *I can afford to buy what I want (OPQoL)*
- *There is someone to prepare your meals if you are unable to do it (MOS-SSS)*
- *There is someone to give me good advice about a crisis (MOS-SSS)*
- *There is a trustworthy person I could turn to for advice if I had problems (SPS)*

3) Locus of Control

- OPQoL Older Peoples' Quality of Life Questionnaire (Bowling, 2008)
- PWB-PTCQ – Psychological Well-Being Post Traumatic Changes Questionnaire (Joseph et al 2012)

3 items were from the OPQoL and the other 5 from the PWB-PTCQ, which was designed to measure growth following adversity or traumatic change, particularly useful when used retrospectively at the time of relocation and 5 months later. Moving has been described in the relocation literature (e.g. Egan 2008) as a major, effortful and traumatic life experience. Examples:

- *I have a lot of control over the important things in life (OPQoL)*
- *I like myself (PWBPTCQ)*
- *I am open to new experiences that challenge me (PWBPTCQ)*

4) Self Esteem

- SSESS – The Southampton Self Esteem & its Sources (older people) Scale (Coleman, 1984)
- SPS Social Provisions Scale (Cutrona and Russell, 1987)

Self esteem is closely related to depression and Coleman (1984) used the SESS with 455 older people in 3 relocation studies with significant findings in three countries included the UK before reducing it to 8 key factors, all of which are included in the current research. The SPS already mentioned

above has a subscale relating to reassurance of worth and the 4 items were included in the RP.

Examples

- *I feel useful/useless - yes/no*
- *I am of importance to other / don't count anymore – yes/no*

5) Health & Wellbeing

- DASS Depression, Anxiety and Stress Scale. (Psychological Foundation of Australia)
- OPQoL Older Peoples' Quality of Life Questionnaire (Bowling, 2008)
- PWB-PTCQ Psychological well-being post traumatic changes questionnaire (Joseph et al., 2012)

The DASS 21 item version was used. The Scale has very good utility and face value, important to participants, especially since they are asked to answer retrospectively 5 months at the Time 1 meeting. It is widely used with high validity and reliability. 4 OPQoL items were also used, relating to physical ability and pain.

Examples:

- *I am unable to become enthusiastic about anything (DASS depression)*
- *I worry about situations in which I might panic and make a fool of myself (DASS anxiety)*
- *I find it hard to wind down (DASS stress)*
- *Pain affects my wellbeing (OPQoL)*

Fieldwork process checklist

APPENDIX 8

	Time 1 & 2 Order
1	Score, adjust and correct questionnaire forms x2
2	Write comments/quotes from questionnaires process in participants record book
3	Check hair sample label is correctly coded and time 1 or 2 is indicated, store correctly
4	Type participant history on Biogs record
5	Organise quotes identified by participant number under relevant codes on the Excel quotes and themes worksheets (which are set out as time one and time two). One tab per cohort.
6	Copy and paste quotes and main biog info onto NVIVO system
7	Log the scores from 1. above (questionnaire) in Excel Questionnaires workbook database. (Also transfer to SPSS after last participant when complete)
8	**Time one only:** Diarise time 2 visit on year to view diary page
	Time 2 follow up visit (also applies for the 8 semi-strucutred interviews)
1	Repeat 1 – 7 per Time 1
2	Add final Feedback form info onto the Quotes Summaries form
3	Record Feedback form comments and suggestions on the Feedback Summary sheets
4	Log feedback scores on the relevant Excel Questionnaires workbook , new, separate tab
	Semi-structured Interviews (in addition to Time 1 & 2 procedures…)
1	Transcribe full Semi-structured text from Dictaphone recording
2	Reduce full text to key Interview structure summary of main themes and quotes for each interviewee to further aid line by line coding.
3	Copy and past full text into NVIVO

APPENDIX 9

Priory headings for initial coding of narrative		Additional sub codes developed
Decision to Move	• Have to vs. want to move • Too traumatic • Wished had moved earlier • Never considered and wouldn't	Memories, attachment Financial imperatives to move (none financially unable to move) Age – best age/age not relevant/not age but health When partner dies Stay as long as possible approach Gardens – memories, memorial attached exercise, a burden. Former partner would be proud, respect memory of husband Family proud – independent role in family endorsed Identity within community Identity within family Fraud theft, deceit abuse. Other reasons to move - family beneficiaries or rushed decision to move Inheritance
Attitude to Present Situation	• Positive • Negative • Confused/difficult to decide	
Planning Ahead/self efficacy/locus of control/self esteem	• Positive • Negative • Peoples' views of my abilities/my opinions • Sense of purpose	
Possessions/de-cluttering	• I'm slow at it • Takes a long time • Physically demanding • Emotional	
Emotional Support	• Family • Friends • Social support groups, e.g. church • Voluntery or Social Service	
Practical Support	• ditto	
Independence in relocation decision-making	• Personality/attitude • Don't want to be a burden to: • Friends • Family • Family have their own lives • Don't want to ask for official help • Happy to ask for help from • Friends • Family • Social services	
Sociability	• Very private person – sharing and mixing. • Energy and Enthusiasm	
Loneliness	• Attitude • Increased due to move • Lonely despite a lot of contacts • Activities that help/pets	

Community /Location	• Neighbours positive • Neighbours negative • Crime and Safety • Community Cohesion • Local Facilities • Routine and practice dependent on location	Pride, lifetime and current achievement Reduction of friendliness in communities Community safe Familiarity helps feel safe Belonging Companionship Pets Acceptance and non familial contact within retirement housing
Family	• Want to be near • Don't want to be near • Friends and community more important	
Adaptations	• Can't cope with upheaval • Positive Impact • Negative Impact	

APPENDIX 10

EXTRACT: FROM BIOGRAPHICAL INFORMATION TABLE - COMPLETED IMMEDIATELY FOLLOWING QUESTIONNAIRE SESSIONS IN ONE DOCUMENT FOR ALL 39, PRIOR TO FORMATION OF NODE HEADINGS		
ID	**Circs. RH= Retirement housing *= follow up interview**	**KEY THEMES EMERGING**
60-75 Non-movers	**BIOGRAPHIES & QUOTES**	**WTMA – wanted/wants to move ambiguous** **WTME – wants to move eventually** **WTMM – wanted to move missed the opportunity due to age, health or circs changing.** **WTMD – want to move, dilemma e.g. carer or affordability.** **S, HS, NS at home – supported, highly supported, not supported = family or paid for gardener/cleaner** **A – adaptations SC - social care**
NM8 age 60+	3 bedr S/D newish build. Small garden, new estate. From 3 bedr bung.	Standard hair sample, not treated. WTMA *(wants to move ambiguous)* Not Supported; volunteers
Retirement transition Decluttering Clutter from past Emotional attach to possessions Planner Goals, plan a b &c Eye on the future, Prevent eventuality Indep. From family Anyone but family Purpose Healthy active Likes diversity,	Visit 1) Moved here from large bungalow which had previously been the family home with her parents 5 years ago on retirement. Achieved some de-cluttering and is still trying to as dad died suddenly and wants to be prepared for the unexpected. Finding it a bit difficult to part with some items of her parents. Is a planner and openly discussed with parents, now with her sister and daughters about the future. Hopes to stay in the house indefinitely but accepts goals aren't always achieved. Keeps money aside in case of need for respite recovery if she is ill, or to fund a move to sheltered. Has her eye on the place opposite which is a lively RH 'like a village' with plenty going on but own privacy. Worst nightmare would be living with family – would sooner be in a home	**Lifestyle, autonomy, independence –**I'm always busy, can't seem to get to bed early. Could sleep all the time if given the opportunity. Freedom pass is the best thing ever. Having that and never having to think about it. Senior Rover and C2C all day too. I just decided to go to Brighton – was there all day with food it cost £15. I couldn't go in the direction of my dtrs. to live beyond Hampton Court (because of the Freedom Pass). I volunteer, they give me responsibility, I don't think they should give me. They don't realise as you did something 10 years ago you still can. **Housing in retirement/autonomy** -In my head when I came here this was my final house, although I came from a bungalow, it was bigger. Now I think when I can't manage

concern 'one culture' area – social ID Preparing for future - declutter Bad move in past Not burden family Concern for future generations	or cared for by strangers. Enjoys her life, very busy, ( ) public duties, sometimes too much – thinking of slowing down a bit with commitments but is healthy and very active. Likes Freedom pass, and vibrant multi ethnic community but would hate the community to become dominated by any one culture and sees that happening in areas nearby but not her estate. Visit 2) Even more positive than 5 months ago, has 'no worries' although natural concerns that daughters and grandchildren get on. Having the 'time of her life', dtr. says one big holiday. Feels if she is suddenly ill or becomes unfit will not have regrets and will be happy not to be here. That would invoke plan C – moving to sheltered and she is gradually clearing things she no longer needs as it is a driver for streamlining her life in case the worst should happen. Will display some favourite things in a cabinet and get rid of the rest. Wouldn't want to burden anyone in the family. Is very clear that the last move became a logistical nightmare through circumstances that were beyond control, including house not being ready to move into on completion and looking after children, animals and work commitments. She wouldn't want a repeat, would not be able to cope and says she only coped before as she was seriously ill and taking morphine which controlled her anxiety!! Is even more content, enjoying life, has plans A, B, C – staying put through to residential care that hopefully won't happen. Still hoping for sheltered across the road should she have to move and still gradually de-cluttering as that's important whatever happens. Has no worries for herself but worries for her daughters, mainly grand children as housing is a bigger problem for	this house – hopefully that's ok. I want to live opposite in the sheltered housing. They've got lovey large bedrooms. **Planning -** I have told my girls I could have 30 or more years here but I would want to select sheltered accomm I always plan. I'd like to move there. We talk openly and get plans in place. I wouldn't want to live with them. You should keep enough as a safety net e.g. moving into sheltered or residential care – renting for a while for convalescence. You should always have a goal but accept that might not happen. **Independence -** Mobility is the big thing, I wouldn't want to think I was dependent on anyone else. Every year that goes by everything is a little bit harder. I've got certain icons of people who lived to be old in my head and those are the people I try to emulate. I know someone of 94 who I admired. As long as she could walk she went to get her paper and that's why we need to go out, not just sit indoors. **Possessions –** in my head I could walk away from anything and be alright. It took us 3 years to get rid of that bungalow as it had been our home and Mum and Dad's before. My girls know my feelings. I communicated with my parents and I know how you change. I'm ever so busy, why do I want to waste my time when I'm so busy looking after possessions? I used to have rooms full of books, now it's all on the internet. I could walk away but would want it to go to the right place. I'm clearing my house, trying to get rid of stuff. My dad died suddenly, it could happen any time. I've got beautiful stuff that my girls don't want belonging to my mum. **Community when retired -** Her family weren't close by

	young people now.	and at one time there everybody knew her but by the time she was 90 here was no-one left. You need people aound you. People need privacy and to be able to see a bit of life. People coming and going and not the ones (RH) where nothing is going on. It's like a village over there (RH opposite). **Family/independence -** My sister and I are really close and speak everyday. Both my sister and I are terrified of having to live with the children. You want you own privacy. Don't want a role reversal. Almost strangers would be better than our own family. I absolutely love my family but I want them to go home at night! I wouldn't expect my dtrs. to help me (if I'm ill) they both work and have families. I would get by with help from friends and neighbours. I would feel awful getting dtr to travel1.5 hrs to get here and back. You'd use Wiltshire Farms! **Age for moving** - I'd move across the road or somewhere similar. If you leave it too long, sheer physical effort would be a problem. You should always have a goal but accept that might not happen. **N'hood/Community diversity -** I love it here (diversity) a complete mix. I enjoy the colourfulness. But I would hate to go into a road where everyone was of one ethnicity – including all white British. Some areas one culture takes over and that isn't good Others think I'm more competent than I am.

Name	Sources	Referen...	C
Planning Efficacy.	8	199	
Types of support needed.	8	107	
Practical support, advice and information	8	87	
Self Efficacy situation deemed to be controllable	7	17	
finance key issue	8	38	
Emotional support	6	20	
Self efficacy - believed competence, purpose	8	43	
Locus of Control and with self esteem	8	29	
best age and time to consider moving & vision	8	92	
Pers Indepen'ce & Autonomy.	8	123	
Sociability	7	24	
Personality	8	66	
receiving help family, friends, official and living near family	6	49	
Autonomy of decision-making	6	25	
Pressure to move	3	8	
harassment and fraud	5	10	
Local community needs & social identity.	8	79	
Social identity	6	14	
Attachment and routines	5	8	
Location facilities	8	20	
Home Environment.	8	117	
size and facilities, effect on health	6	25	
memories & pesonal identity	7	22	
Loneliness	7	23	
Enjoyment and contentment	8	23	
Burden	3	8	
Adaptations	6	16	
H&W effects of moving	2	22	

ANALYSIS AND CONSIDERATION OF NVIVO CODING OUTCOMES – PART OF READ AND RE-READ PROCESS AND FORMATION OF QUESTIONS TO ASK ONESELF/USE AS TOOL FOR PRACTITIONERS WORKING WITH POTENTIAL MOVERS. **APPENDIX 12**

PARENT NODES	FAMILY F = functional M = meaningful	Definition for including narrative - examples	SIBLINGS - General	Definition for including narrative - examples
PLANNING EFFICACY &AMBIGUITY *Do I want to move, do I have enough information to decide?* *Is it possible as an idea, do I have the level of physical support and money I need?* *Am I capable – knowledge and skills?* *Should I just wait and see?*	**F Best Age and Time for Moving**	Wished I moved sooner. Never moved/will move. Memories prevent moving. Been here too long. Moved frequently. Not age but health. When partner dies, when kids leave.	**Vision (of potential benefits or none)**	Options that might be available or necessary or not necessary and/or available.
	F Practical Support, Advice and Info	Help de-cluttering, to pack and move, help to look at potential accommodation, advice and information - legal and financial	**Self Efficacy – situation deemed to be controllable** **Self Efficacy – competence and purpose** **Finance Key Issue** **Locus of control/ and combined self esteem**	Lack of places to buy – lack of practical support, info and advice. Purpose, decisions too complex, process too complex process, I am capable or not capable of doing this with my skills and approach. Not enough money to move, can't afford to pay for services like cleaning and gardening, can't afford upkeep of repairs or utilities. Can't afford food. Have more money now I have moved. Moving would not benefit financially. Optimism, I sort problems out vs I'm a lucky person, Risk averse. In the present. People's views of my abilities. Don't plan it's all about luck, it'll be ok.

PERSONAL INDEPENDENCE , AND AUTONOMY *Will I cope?* *Do I want to accept help or will that burden other people?* *Will I be forced into something I don't want to do?* *I should/must do what others want me to do?*	**M Emotional Support**	Having to dispose of possessions is emotional. Accepting need to move. Leaving home of many years. Support from family, friends, voluntary or church group. Someone to turn to for emotional support and understanding.		
	M Personality	Resilient. Don't want to be a burden. Not happy to receive help.	**Receiving Help - family, friends, official and Living Near Family**	Duty vs. genuine. Feel a burden to family. Happy to receive help - family and friends. Happy to receive help from voluntary or official sources. Happy to give help to family. Key role in helping family. Family have own lives. Don't want to live near family if not already nearby. Wouldn't live with family. Want to stay near family. Want to move to be near family.
	M Autonomy of Decision-making	Impact on individual of autonomy in decisions to do with location, size and type of accommodation, when to move, what to keep or throw away, financial matters.	**Pressure to Move** **Harassment and Fraud**	Pressure to move due to health, lack of choice of area, possibly well meaning relatives reduce autonomy Family or others benefitting from the move more than participant. Family or others force the move against wishes or harass the participant in respect of inheritance.
HOME ENVIRONMENT *What does my home mean to me?*	**F Size and Facilities, and Effects on Health**	Size too large, must have guest room, need two bedroom, one bedroom ok, layout effects mobility and health, can't cope due to health.	**F Adaptations** **F Burden**	Can't cope/dislike having them done Positive /negative outcomes. Condition of property, cleaning, repairs, gardening, cost to run, size. Worry over repairs and cost.

How bad is it now really, is it worth the effort of moving? *Will it be that much better is it worth the effort and strain?* *How much better is it now? (Movers)*	**M Memories and Personal Identity**	Part of me, memorial to husband, activities and routines in this home/ home and garden that are important to me.		
	M Sociability	Very private person. Good at sharing and mixing/not good at sharing and mixing. Want more people to enjoy life with. Have energy and enthusiasm. Communal areas and gardens within retirement housing. Not a mixer, don't go in other people's houses. Don't share information.		
	M Loneliness	Lonely at home, increased loneliness due to move, loneliness despite a lot of activities (lack companionship or contact at home, esp. non familial).		
	M Enjoyment and Contentment	Comfort, familiar routines, pets, good neighbours. Love for home.		
	F/M Health & Wellbeing effects of moving.	For movers, what were the main functional & meaningful benefits and problems.		
LOCAL COMMUNITY NEEDS AND SOCIAL IDENTITY	**M Social Identity**	Levels of crime and safety, like change or fear change in current location e.g. to one culture or lack of integration of races or religions; getting old and being isolation by age, culture. Age bias in self or others, implications of moving to 'sheltered'.	**Attachment and Routines**	Friendly neighbourhood, social activities, vibrant and good cultural mix. Green open spaces 'good area' Able to walk to facilities or travel easily.
	F Location facilities	Near to banks, PO, shops, transport, near to doctor and social services.		

Location items of importance (RCM questionnaire) **APPENDIX 13A**

Chapter 6 Part 1 section 6.1.3 *location*

KEY The percentage of scores of 4 & 5 (scale 1-5) for 75%or more participants
pres. = present situation, relates to present area (Non Movers);
prev. = previous situation, relates to area they moved from (applies to Movers);
new = indicates importance of that item when considering the new location (applies to Movers; also to Non Movers hypothetically)
trans = transport, s'care = social care.

Table 6.1.3C Summary of RCM & RP(where indicated) % scores for location items of importance (75% or more of participants in that group scored highly)

Group A M60+*n*8	**Group B M76+ *n*8**	**Group C NM60+*n*11**	**Group D NM76+ *n*12**
RP 42Good shops & facilities new.	RP 42 Good shops, & facilities prev.	RP 42 Good shops & facilities pres.	21Friends nearby help pres.
20 Facilities new.	**30** Med/s' care. new	28 Trans. new	29 Dr/health pres. **100%**
24 Community is active prev.	38 Safe n'hood prev. **100%**	37 Safe parks new	RP 42 Good shops, facilities pres.
38 Safe n'hood prev./new 100%	24 Comm. Help prev.	38 Safe n'hood pres. **90%**	RP41Feelsafewhere I live. pres. **95%**
27 Trans prev	29 Dr prev.	30Med/s'care new	20 Area facilities pres
29Dr/s'care prev	30a Shops prev.	30a Shops present	30 Med/s'care new
RP 41 Feel safe where I live new.	RP 41 Feel safe where I live new.	RP 41 Feel safe where I live pres	38 Safe n'hood new **75%**
30 Med/s'care new	39 Safe n'hood new	39 Community is active* new **80%**	
31 Shops new	32 PO prev	20 Facilities new	
37Safe parks new	33 PO new 80%	31Shopsnew **75%**	
39 Community is active new 80%	20 Area facilities		
21Friends nr new	27 Trans. prev.		
23Family nr new	28 Trans. new		
28 Trans. new	31 Shops new		
30a Shops prev.	34 Bank prev.new**75%**		
32 PO prev/new			
34Bankprev.**75%**			
A. 16 items of high importance	**B. 14 items of high importance**	**C. 8 items of high importance**	**D. 5 items of high importance**

Table 6.1.4A Physical activity, smoking, alcohol, social status

Age	**Group A Movers 60-75 (*n8*)**	**Group B Movers 76+ (*n8*)**	**Group C Non Mover 60-75 (*n11*)**	**Group D Non Movers 76+ (*n12*)**
Current Smokers *years smoked* **average per day**	*1 x 30+ yrs.* **8pd** *1 x 30+ yrs.* **13pd**	0	0	*1 x 30+ yrs.* ***2 pd***
Previous smokers *years smoked;* **average per day**	*2 x 20+ yrs.* **10-20pd** *1 x 15+ yrs.* **10-20pd**	*3 x 20+ yrs.* **10-20 pd** *1 x 15+ yrs.* **10-20 pd**	*2 x 20+yrs.* **20+ pd** *3 x 25+ yrs.* **20+ pd** *2 x 5-10 yrs.* **10 pd**	4 x 25+ yrs. **20+ pd** 2 x 20+ yrs. **10 pd**
Alcohol *units per week*	*1 person* **8 units**	*1 person* **27 units**	*All consume* **R6–41 units**	*1 person* **21 units**
Physical *hours per week activity average*	17.5	15.9	24	25
Sunlight hrs. pw *average of Summer and Winter figures*	8	8	6	5
Away from the house *average hours per week*	16	15.5	27	7
Holidays *per year - range*	0 -1	0 -1	2	1 - 2
Education; *level more/less than parents (plus/minus)*	Same level	Same level	Plus 13	Minus 4
Status (class) *up/down compared with parents*	Plus 5	Plus 4	Plus 10	Plus 6

Given the low numbers involved in this research it is not possible to draw inference or generalise from theses findings. However the findings concur with known health risks for future illness and types of illness, reported in Table 6.1.4C. Much of it is debilitating so might affect the necessary levels of cognitive and physical efficacy needed for relocation, which according to the research premise should be viewed as a lengthy and burdensome process. Thus the data should be considered as potentially relevant when

viewed in conjunction with answers to health efficacy questions in Table 6.1.4B and chronic illness Table 6.1.4C or wellbeing measures at chapter seven as extraneous effects when participants are reporting how relocation has affected them.

Physical activity, holidays and sunshine

The older Non-Movers report higher levels of physical activity relative to the other groups and relative to their physical health profile, the amount they say they have spent in sunlight or away from the home each week. There may have been a social desirability effect or exercise may be perceived in terms of the time it takes as opposed to the amount of actual activity within that time; four of the 12 participants in that group drive. Younger Non Movers, where over half work full or part time, have twice as many holidays as both younger and older Mover groups. They also went outside more than the other groups, largely as a result of working and also for that reason had slightly more exercise although in the winter, by far the lowest levels of sunlight of any group. Eight-of the 11 had cars.

Upward mobility - Level of education, employment attainment, perceived change in social class

The younger Non Movers surpassed their parents' educational age and educational attainment, having 20% more time in education and more qualifications, which for the older Non Movers was the reverse. Both older Movers and Non Movers were in the exact age range for being educated during WWII.

Self-assessed social status or 'class' had for all groups improved, compared with their parents but using a points system for class categories and employment attainment, the increase for the younger movers is plus 10, whereas upward mobility ranges for the other groups from plus four in the older Movers to plus five and six for younger Movers and older Non Movers respectively. Social status and relocation was mentioned in the literature review in this research (ch3 para 3.7.3) and will be discussed further in Part 2 of Chapter Six.

APPENDIX 14

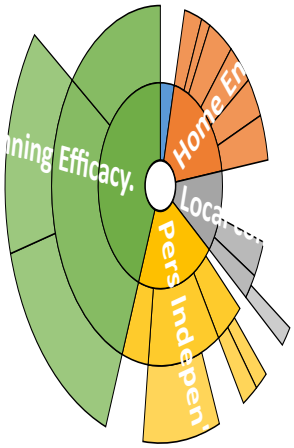
Motivator/ Impediment summary table Reflects findings Chapter 6 (Parts 1 & 2)				
Key for text: **Bold** = meaningful *italics = functional* normal = functional and meaningful **Key for symbols:** ✓ = motivator to move × = impediment to moving B = equally both for that group	A	B	C	D
Age – too young, equate retirement housing with getting old.			✖	
Age – too old to consider moving				✖
Ambiguity (unclear about future situation)			✖	
Attachment (happy to leave previous home)	✔		✖	
Attachment to current home that gives enjoyment		**B**		✖
Change (not change averse)	✔	✔		
Change (change averse)				✖
Carer, being a carer of parents or support to children			✖	
Cognitive ability, complex decisions & process		✖		✖
Community (must be helpful)		✔		
Community (new must be more active)	✔		✔	
Community (involved now, can stay involved)	**B**			
Community (lack of integration, unfriendly and/or may feel an outsider in future)			✔	✔
Costs (if considerably lower)		✔		✔
Declutter, pack and move (wish to be free from possessions)	**B**		✔	
Declutter enormity of task			✖	
Declutter pack and move, emotional and a physical strain		✖		✖
Doctor, wanted to remain with previous one		✖		
Employment (won't move whilst working)			✖	
Family (able to stay near)	✔		**B**	
Family (if had to move away from)	✖	✖		✖
Friends (stay near)	✔		**B**	

Friends if having to move away	✖	✖		✖
Garden (have shared garden only)	✔			
Garden (must have exclusive use, for 75%)			**B**	
Guest room (if not available at new location)	✖	✖	✖	
Health (poor, moved mainly out of necessity than choice, some imposed by family)		**B**		
Home (to feel safe indoors at home now/in the future)	**B**			
Home (to feel more safe indoors than now)		✔		
Health (is poor now or just in case it may become so)	✔			
Independence and autonomy – restricted in imposed cases		**B**		
Independence and autonomy (own decisions, don't burden family with needs or accept family help)				✖
Information lack of option and service information		✖	✖	✖
Inheritance (want to have sufficient to leave some)			✖	✖
Isolation/lonely (to address or avoid for the future)	✔			
Isolation,loneliness (increased in cases of necessity or imposed move vs. choice		**B**		
Medical services (must remain at least as good)	**B**			
Medical and social care support is generally better		✔		
Medical services if they failed in present area				**B**
Memories (include house, gardens and local area)				✖
Optimism – I can alter, safeguard the future	✔			
Optimism (future focus but mediated by commitments)			✔	
Optimism (hope for the best, positive reframing/luck)				✖
Neighbours (move away from bad neighbours or must be better and safer than now)	✔		**B**	
Neighbourhood safe (must remain at least as safe)	**B**	**B**		**B**

One floor level is essential	✔	✔		
One floor level is preferable to stair lift				**B**
Pain and restrictive illness				✖
Parks (safe, required nearby)	✔		✔	
Past negative (prefer old & familiar places & people)				✖
Pets (if not allowed)	✖		✖	
Present fatalistic (need to be lucky, resigned)				✖
Risk (not averse)	✔	✔		
Risk (averse under present circs)			✔	
Room size, outlook and light (if small rooms and dark in new location)	✖	✖		
Shops and PO & facilitites (must remain at least as good)	**B**	**B**	✖	**B**
Transport (must be at least as good)	**B**	**B**		
Transport better than now)		✔		
Useful (feeling useful)	✔			
Widowed (as a trigger or later based on feeling isolated)	✔	✔		
Widowed (wish to remain for memories, garden may be memorial)				**B**
Worth (low self-worth - purpose)				✖
	( ) = number of meaningful items included (i.e. balance are functional)			
Total motivators to move	15 (11)	9 (6)	7 (5)	2 (1)
Total impediments to moving	5 (4)	8 (5)	10 (5)	16 (12)
Total that are both (cause ambiguity)	7 (4)	7 (5)	4 (4)	5 (4)
	28 (10)	24 (16)	21 (14)	23 (17)

PERIPHERAL

1. Cleaning (reduced cleaning)
2. Disrepair
3. Heating (cost)
4. Lease costs new property
5. Moving near family unless serious health need or grandchildren
6. Size of property
7. Neighbours (their help is not sustainable. Leaving. If close friends – above 6.)
8. Options (lack of suitable retirement housing in the area)
9. Repair and maintenance costs



5.3.1 Interpretation Table 5.3 above

The data has been assessed according to combined information from Parts 1 and 2 of chapter 5. Inevitably there is an amount of subjectivity in assessment but this is consistently applied. Items are included where they were issues for at least 75% of the participants in the group at 4 or 5 on a scale of 1 – 5.

Motivators and impediments can be 'two sides of the same coin'

Thus if the Table 5.3 was about *not* moving, older Non Mover Group D's impediments to moving would become motivators to stay. It is important to take this into account so that Group D is not automatically viewed as being overly negative or lacking in decision-making.

Both Motivator and Impediment items.

There are some items that fall into the Motivator and Impediment area of the table. This occurs where the desired item is available already and available in the moving option so they cancel each other out as a key decision factor. It can also occur where there are inconclusive scores or ambiguity within the group.

Peripheral items

These were described by participants in a way that suggested, irrespective of scores, that they are relatively easily resolved or tolerated and are not central to a decision to move.

5.3.2 Meaningful; Functional

All bio-psychosocial aspects are brought together for discussion and conclusion in Chapter 8 including the influence of meaningful vs. functional aspects.

It can be seen from table 5.3a that Group A younger Movers have more reasons to move than other Groups and relate mainly to their response to transitional change and preempting problems by planning for the worst.

Group A Young Movers have 15 reasons for moving, 11 of them meaningful compared to Group D older Non Movers who had 16 reasons not to move, i.e. reasons to stay put, 12 of them meaningful.

Group B, older Movers, have greater ambivalence, weighing up meaningful aspects for moving or staying against functional reasons. Both older groups have functional impediments that tend towards age related concerns, cognition and health, trusted health services. These do not feature for younger Non Movers, Group C who have functional aspects such as employment, financial and carer commitments, of more concern. Notably Group A did not have those day-to-day restrictions or a strong attachment to their former home.

Older group meaningfulness in both groups tends towards attachment to the home and location, and for older Non Movers, Group D, related personality factors. Group C younger Non Movers are different in being less likely to be restricted by meaningful aspects associated with the home and optimistic that their functional commitments will reduce. However, the uncertainty causes ambiguity about the future and how to plan for it.

APPENDIX 15

Key – within these cohorts:
Very High = over 30 pg/mg
High = over 20pg/mg
Moderate = 10 to 20 pg/mg
Slightly raised = 5 – 10 pg/mg
Low or no change = under 5pg/mg

Table 7.2A Hair Cortisol Concentration changes between Time Period A and Period B

	Group A M60+(*n*7)		Group B M76+ (*n*8)		Group C NM60+(*n*10/8)		Group D NM76+ (*n*10)	
HCC level	**Period A to B**		**period A to B**		**period A to B**		**period A to B**	
Very high	0	0	1	2	0	0	0	0
High	0	0	1	1	0	1	1	1
Moderate	1	2	4	3	2	1	3	4
Slightly raised	6	5	1	2	5	3	4	4
Low or no change	0	0	1	0	3	3	2	1
Mean	7.79	8.47	18.32	40.29	5.52	4.96	13.35	11.56
Period A to B	Increase 1%		Increase 120%		Decrease 10%		Decrease 13%	

This Table relates to text in Chapter 7 para 7.2. Note two extreme scores have been excluded from the data.

Younger age groups have generally lower HCC rates when considered as a whole than older age groups - agrees with literature.

HCC is high for Mover group A younger Movers compared with younger Non Movers of the same age in Group C and cortisol is higher for older Mover group B compared with older Non Movers in Group D. 5 of the Movers in Group B moved of necessity or pressure and not of choice.

Movers scores increase for HCC at time 2 = 1% (60-75 age) and 120% (76+ age) over their pre move levels. The Non movers HCC decreased 10% (60 - 75 age) and by 13% for Group D (76+age).

This Table relates to the text in Chapter 7 para 7.2

Table 7.2B Hair treatment 5 mths prior to Time 1/Time 2 (only reported if a change)

5 mnths period	**Group 1 M60+*n*8**	**Group 2 M76+ *n*8**	**Group 3 NM60+*n*11**	**Group 4 NM76+ *n*12**
Hair washes				
Range *Mean* *Median*	8 – 75 39.4 41	10 – 60 26.25 20	2 – 143 55.91 46	1 – 20 13.00 18
Swimming	0	0	1 person 150 hrs.	0
Dyed	2	0	3/2	0
Perm/straighten	1	2/1	3/2	5/2
Bleached	0	0	2	0
Approx. UV hrs. 5 mths. *mean*	153	162	113	108

APPENDIX 16

The SSESS scale has only yes/no response options and as such the results indicate the number answering positively 'yes'.

Table 7.3.2 Southampton self esteem & sources (older people) SSESS scale. Those answering Yes (positive) vs. No (negative). Arrows indicate direction of change at the second visit.

SSESS item number	**Group A** M60+ *n*8	**Group B** M76+ *n*8	**Group C** NM60+*n*11	**Group D** NM76+ *n*12
141. I feel useful	4 6 ↑	4	10	8 7 ↓
142. I get much enjoyment out of life	5 8 ↑	5	11	10
143. I am still capable of doing quite a lot	5 6 ↑	7	10	11 10 ↓
144. I have a clear aim in my life.	3 4 ↑	2 3 ↑	9	9 8 ↓
145. I am of importance to others	5 7 ↑	7	11	10 8 ↓
146. I have confidence in myself	4 5 ↑	7 6 ↓	10	11 10 ↓
147. I am as bright as ever	4 6 ↑	7	10	10 8 ↓
148. I look to the future with confidence	3 6 ↑	6 5 ↓	9 10 ↑	7 4 ↓

The information in this table relates to Chapter 7 para 7.3.2 text. The arrows have been added to help illustrate at a glance the changes, where any have occurred at time two, from which it can be seen that the younger Movers are reporting more they have more positive wellbeing five months after the move compared with at the time of the move, as gauged by the general wellbeing factor of self esteem.

APPENDIX 17

Remainder of participants not reported at Chapter 7, table 7.4C				
1. Participant Case ref Type: Mover/Non Mover/age	**2. Blunted score: habituation**	**3. Previous longstanding insur-mountable problem or no action**	**4. Previous problem: dynamic situation or active response**	**5. HCC Scores seems: delayed or concomitant**
A3 M60+	no	yes	yes	concurrent
A4 M60+	no	yes	yes	concurrent
A5 M60+	no	yes	yes	delayed
A7 M60+	no	yes	yes	concurrent
B5 M76+	no	yes	yes	concurrent
C2 NM60+	no	yes	yes	concurrent
B3 M76+	no	no	yes	concurrent
D8 NM76+	no	no	yes	concurrent
B1 M76+	no	yes	no	concurrent
D11 NM76+	yes	yes	no	delayed
A1 M60+	yes	yes	yes	delayed
A8 M60+	yes	yes	yes	delayed
C9 NM60+	yes	yes	yes	concurrent
C3 NM60+	yes	yes	yes	concurrent
D1 NM76+	no	n/a	n/a	delayed
D2 NM76+	no	n/a	n/a	concurrent
D5 NM76+	no	n/a	n/a	concurrent
D6 NM76+	no	n/a	n/a	concurrent
D10 NM76+	no	n/a	n/a	delayed
D12 NM76+	no	n/a	n/a	concurrent
C4 NM60+	no	n/a	n/a	concurrent
C5 NM60+	no	n/a	n/a	concurrent
C8 NM60+	no	n/a	n/a	concurrent

Missing as no sample or no time two sample: C1, C10, C11, D3, D7and C7 extreme score

Table 7.4C
Further to detailed analysis of selected cases in Chapter Seven, section 7.4 and Table 7.4a and 7.4B. Findings for participants in the above table might be better understood in the context of theory relating to differing cortisol reactivity according to type of stressor and delayed reactivity

A – younger Movers; B – Older Movers
C – younger Non Movers; D – older Non Movers
In this Appendix only Case references are used, the personal biographical summaries are provided at the start of Chapter 6 Part One.

Where the perceived threat in long term and insurmountable, cortisol levels that had been raised to deal with the challenge, subsequently become habituated to below normal level reflected in 'blunted scores'. This is thought to be a health-protective biological response as to maintain high levels for long periods where no action can be taken results in detrimental health outcomes, explained in the literature chapter Four and findings chapter Seven.

In Table 7.4C
Where the researcher has put 'no' in column 2, this indicates that there is no blunting of cortisol response even with a 'yes' in column 3 that indicates there are long-term insurmountable problems and habituation might be expected. This is because the situation has become dynamic, is being dealt with (i.e. 'yes' in column 4), when cortisol scores would once again be dynamic to reflect the need in active challenging situations.

The anomaly in the table is case B1. Not having a blunted score ('no' in column 2) despite a long-term seemingly insurmountable problem has, unlikely those preceding that case, not been as a result of a dynamic response to the problem (column 4), there is no activity associated with addressing it. This participant who did not move out of choice has continued to suffer a chronic situation of loneliness and refers to being depressed. It might be expected that the scores would be blunted. The relationship between depression and cortisol is discussed in chapter 4 but the direction of effect is not well understood.

For all those with 'yes' in column 4, the cortisol response would be expected to be 'concurrent' (column 5). However, it could be 'delayed' if the action has been recent relative to the problem, for example it hadn't been commenced in the previous period being measured, so cortisol changes had not been achieved. Cortisol levels will only habituate when a threat has been established to be chronic and likewise will only return reach a more 'normal' level when the threat has been clearly perceived as dissipated.

Case A5's long standing issue involved harassment prior to moving and then a period of further prolonging the challenge when, having sold her home, she had to stay with friends, not knowing for certain when and if the new accommodation would be available.

Case A1 and Case A8 are the two cases with most serious chronic health issues that remain an issue, irrespective of the perceived benefits of moving to address those. Their cortisol scores remain blunted. Recovery to more 'normal' levels if/when that occurs might well be a good indicator of their improved health for them. Case A8 was highly ambiguous about the move and her felt helplessness.

Cases D10, D1 - interestingly, these two in the last block of participants in the table, without home relocation issues, were experiencing health and harassment problems of a complex nature where situations might move in and out of the perception as chronic.

GLOSSARY OF TERMS

5-HT – serotonin hormone, a neurotransmitter that plays a part in mood regulation.

ACTH – Adrenocorticotropic hormone, which has a regulating role in respect of increasing cortisol

Allostastis – equilibrium or homeostasis within the immune and related systems, achieved by HPA axis and other systems responsible for up regulating and down regulating responses to perceived stress and habituation to chronic stress.

Allostatic Load – 'Wear and tear' effects of chronic stress as a result e.g. excessive cortisol levels.

Animal emotional support (ESA) scheme – with the support of a health professional individuals can register on the scheme and it enables them to keep animals with them when moving home, or at work irrespective of house rules, in some cases.

ANS – Autonomic nervous system, within the sympathetic nervous system (SNS) and parasympathetic nervous system (PNS) responds to threats and challenges in the environment to achieve homeostasis (see allostastis above)

APPG – All party parliamentary group, usually set up to oversee and investigation into a matters of high level concern to the public involving MPs and members of the House of Lords.

CAD - Cardiovascular disease

Carer – Any person who provides a significant amount of support to another person who needs that help. It can be personal care, nursing, advice, information and assistance to another person. It may or may not involve family, friends, neighbours and moral or legal obligations but in the case of provision of services by the council or nhs there will be a care plan and services are governed by legislation such as the Care Act 2014 and local council policy.

Cortisol assay types:

ELISA = Enzyme Linked Immunosorbent Assay (or EIA=Enzyme Immuno-Assays)
LC-MS/MS = Liquid Chromatography-Mass Spectrometry
RIA – Radio Immuno-Assay
GC/MS = Gas Chromatography/Mass Spectrometry
LIA = Luminescence immunoassay

Chronic Stress - A prolonged period. as distinct from acute stress that usually lasts for minutes or hours or days, of perceived inability to cope psycho-physiologically with what is perceived to be a pressure (stressor). Stressors can be tangible or psychological and are subjective involving an individual's assessment of demands against their resources for coping. There are individual differences in responses including at physiological levels and the time it takes for the initial central nervous system (neurochemical) highly activated response to subside to a position of habituation which, importantly for this study, is characterised by levels of free ranging cortisol**.**

CNS – Central Nervous System

COPD – Chronic obstructive pulmonary disease

CRH – Corticotropin releasing hormone – part of the neuroendocrine feedback system (see ANS above) which helps regulate the release of up regulatory endocrine system hormones.
Cytokine – Immune system proteins released by cells that affect interaction between cells such as inflammation.

DAS – depression anxiety and stress per se

DASS - Depression, Anxiety and Stress Scale. Psychological Foundation of Australia, Uni New South Wales

Decent Homes Standard - This was applied in 1997 by the government and the standard has been reviewed and update regularly with over 3 million homes being brought within the standard to date. Local Authorities and Housing Associations across the UK were required to bring their properties up to a minimum standard in terms of repair and facilities and warmth requiring in most cases renewal of windows, insulation, bathroom and kitchen facilities. To achieve this councils often needed to work in partnership with Housing Associations or other Registered Landlords including Arms Length Management Organisations (ALMOs), effectively transferring management of their housing stock but not the responsibility for it or the allocation rights.

Demos – this is a politically influential cross-party think tank on contemporary issues of public importance, dealing with identifying facts and causes as well as innovative approaches. It has reported on older people and downsizing and age as well as housing issues for the provision of suitable housing for older people.

DFGs – Disabled Facilities Grants, provided for home adaptations by councils – see also HIAs.

Downsizing – a common term used in social sector renting or private ownership for people who live in accommodation that is too big for their needs who want to move or have moved/are in the process. This is subjective to some extent because many people view additional space as necessary for their wellbeing and lifestyle. In social housing there is a penalty for those who 'under occupy' and claim benefits. A property is considered to be of appropriate size based on the number of rooms excluding only kitchen and bathroom and 1 reception, that can be slept in against the number of occupants. Most siblings are expected to share depending on age and gender.

DHEA – Dehydroepioandrosterone, part of a feedback system, which has a regulatory role of cortisol.

EAC – Elderly Accommodation Council, government funded information and advice and on line depository of national information on housing schemes and related services.

Epistemology – knowledge and theoretical approach determined by the paradigm the research is carried out within and the methods that will be employed.

ELISA Enzyme Linked Immunosorbent Assay (or EIA=Enzyme Immuno-Assays)
ESA – Animal emotional support scheme

FreeSpace – (see also Appendix 1) Designed by the current research author to provide greater choice and autonomy for older people. The London Borough of Redbridge runs it in order to acquire properties in and around that area of London or Essex to let to families in need. It enables older under-occupying owners to retain ownership and receive rent whilst their property is let and totally managed by the council or other trusted social housing provider. It depends on the council assisting the older person's move to accommodation of their choice, be that private or social rented or smaller owned property if they have sufficient savings. Every stage of their move is supported from decision-making and decluttering through to handyperson jobs at the new property, which as stated can be a range of tenures but also locations depending on individual circumstances.

GAD – Generalised anxiety disorder

GC/MS - Gas Chromatography/Mass Spectrometry assay methods

Hermeneutic – approach to understanding by looking at the whole evidence, then at parts of the evidence and how they fit together and examining the whole again after that in an iterative, inductive process to 'find evidence for' and achieve a synthesis. Thus it is suitable for relativist paradigms as opposed to studies using logical deduction based on irrefutable facts.

HCC – Hair cortisol concentration. This is amount of cortisol that can be detected in the core of the hair (most central part of the hair shaft). Higher concentrations are thought to indicate in most cases, chronic stress – defined above.

HPA axis - Hypothalamic-pituitary-adrenal axis, responsible for the chemical response to the environment, particular immune response and 'fight or flight' or effortful activity.

LC-MS/MS Liquid Chromatography-Mass Spectrometry assay method

Lifetime Homes Standard – A requirement that can be placed by Local Authorities on housing developers to build to a specification that would continue to meet future occupants needs in the event of deterioration of health, for example due to disability or age. This can substantially increase the cost and thereby the viability of a scheme from the developers point of view.

Likert Scale – named after psychologist Rensis Likert, this is a bipolar scale and therefore minimum of 2 choices but no upper limit. Used to rate answers to questions in surveys and show the strength of agreement or match. Usually having 5 numerical choices with the centre choice of 3 being 'don't know'; 'no opinion' but equally could be adapted e.g. for symptoms in a medical survey where circling 3 would indicate 'no symptoms'.

Nomothetic – in the context of this research – what is measured (might appear to be) shared between individuals from the psycho-bio measures used.

Off-plan purchase – This is usually a legally binding arrangement by which a purchaser puts a deposit on a house or flat that has yet to be built and therefore

their decision is based on the plan and other visual and legal information. It is important to many developers as it provides forward funding for schemes that they would otherwise have to borrow more for. It therefore makes schemes more attractive to build for developers who often charge a premium to allow for cost increases and market price rises but it saves uncertainty and competition with other buyers or price rises for purchasers. NB Older people rarely buy off-plan because they have more exacting needs and want to see the accommodation rather than have to adapt to anything that isn't quite right and they are less likely to be moving again.

LIA- Luminescence immunoassay - assay method

Movers – In the current research: Former under occupying homeowners who have moved home

Non-movers – In the current research: Under occupying homeowners who have not moved home

OPQoL - Older People's Quality of Life Questionnaire. Ann Bowling (2008)

MOS-SSS – Medical Outcomes Study; Social Support Survey. Sherbourne & Stewart (1991)

Paradigm – philosophical term for a group of ideas and way of viewing the world/topic with established frameworks and models, which underpin ways of understanding phenomena.

Person-Environment fit – The extent to which the environment in the context of living or work matches the physical and psychological needs of the individual – so it is subjective and can be tangible or perceived, the immediate or wider environment.

pg/mg – pictograms per milligram – the measure used in assessment of concentration of a substances – in this research, cortisol, in hair

POMC – pro-opiomelonocortin, from the pituitary gland, stimulates release of up regulatory hormones such as adrenaline and cortisol.

PNS - Parasympathetic nervous system see ANS above

Purchase chain – The 'chain' develops when a person sells their property to someone who also has to sell a property in order to complete the purchase, and in turn their buyer may be waiting for a sale. In theory there is no limit to the number who can be in a chain. The process is managed by estate agents and solicitors but is fraught with difficulties, more so in other parts of the country than in Scotland, as in other parts of the UK people may decide to vary the amounts they are prepared to offer if the process goes on for too long and market prices change; or people simply opt out of the chain as no deposit is required at the initial stages. It can be very stressful and particularly difficult for older people anxious making a last move transition.

Push/pull factors – Used regularly in housing research for things turning an occupier away from their current home and drawing them towards a different environment (actual or envisaged). The descriptors use is simplistic and flawed in

that confusion arises because things that make occupiers want to remain might also be described as pull factors and things they do not like about a proposed new location, a push factor. In the current research context 'motivators' and 'impediments' either to staying or moving used for individual items.

PWB-PTCQ – Psychological Well-Being-Post Traumatic Changes Questionnaire

RCM – Relocation Considerations Measure – Collection of questions and cognitive tests used in this research, designed by the researcher

Right to Buy (RTB) - The legal entitlement for most council and now housing association tenants to purchase the property they rent. Established in many conservative councils in the 1960's it became law in 1975 with a range of local and minimum national and cross border criteria and discounts over the decades. It has resulted in the sale of well over 2 million properties with the income going to central government and not ring fenced for replacement of social housing. Councils now have to replace the number of homes they sell but the building costs often far outweigh income from the sale.

REBT – Rational Emotive Behavioural Therapy (Albert Ellis 1955) – psychotherapy that challenges and seeks to understand illogical or troublesome emotions, thoughts and behaviours, typically using ABC (Affect – emotional and physical, Behaviour and Cognition) questioning processes.

RIA – Radio Immuno-Assay assay method

RP – Relocating Psychometrics (Measure) – collation of psychometric items used in the current research, designed by the current researcher

SESS - Self Esteem and its Sources in Elderly People. Peter Coleman (1984).

Social Capital - this expression comes from an economic approach to recognising that by enabling good community and social networks to flourish there is a saving to the public purse through the benefits to health and wellbeing. This includes infrastructure and design of the built environment as well as carefully designed and integrated services and community collaborations. In the current research context it can refer to the familiarity with an area, albeit imperfect from a purist or technical perspective, that gives confidence, purpose and a feeling of belonging to the long-term local population.

Salimetrics LLC – laboratory carrying out biometric assays of saliva and hair cortisol concentration who work in a joint venture with Stratech Scientific Ltd.

SAM – Sympathetic adrenal medulla

SNS – Sympathetic nervous system – see ANS above

SPS Social Provisions Scale. Cutrona & Russell 1987

STPI - Stanford Time Perspective Inventory Zimbardo and Boyd (1999)

TA – In this paper it is Thematic Analysis (not housing abbreviation temporary accommodation). A qualitative method used in relativist paradigms to code and theme transcribed interviews.

Under-Occupation – see downsizing above. There is a technical and subjective view. In the research having one bedroom or more that is not needed for someone to sleep in is under-occupying (govt. definition).

UV – Ultra violet light (daylight)

Vertex – in the current research context**,** the highest point at the top, back of the head.

WI – Women's Institute

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