

**'KNOWING ME – KNOWING YOU' – AN
EXPLORATORY AND ANALYTICAL STUDY OF
THE FACTORS AT AN INDIVIDUAL AND
ORGANISATION LEVEL WHICH INFLUENCE
HOUSING CHOICES FOR OLDER PEOPLE**

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A submission presented in partial fulfilment of the
requirements of the University of South Wales for the
degree of Doctor of Business Administration

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DECLARATION

This work has not previously been submitted for a degree or diploma in any University. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed.....

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June 2013

ABSTRACT

This research study is concerned with the projected, significant rise in the number of older people in the next 20 to 30 years with a consequent growth in demand for health, social care and specialised housing. There is also an added challenge of meeting this growing demand alongside government policy requirements on 'choice' and 'voice', as they operate in Wales, as well as current and projected fiscal challenges.

In the context of the challenges posed by an increasing older people population this research study will explore the concept of choice and specifically whether housing choice exists for older people in maintaining their independence in old age. The significance of independent living in the context of this research study, relates to an individual's ability to maintain choice and control over their daily lives within their home environment.

The research findings indicate that decisions made, or not made, by individuals in terms of planning ahead for old age, can potentially impact on their ability to sustain independence as they age in the home of their choice. The tendency for older people to 'discount the future' is explored by the researcher highlighting the potential to influence such behaviour by encouraging older people to 'count the future' and plan for it in terms of their individual needs. The impact on individual housing choice of decisions made by organisations, in particular local authorities, the NHS and Registered Social Landlords, is also explored within the Literature Review and discussion of the research findings.

The consequences of a growing elderly population will be explored by focusing on how the housing choices available to older people with a long term condition, and potentially increasing care needs as they age, may be influenced by decisions made at an individual and organisation level.

The findings of this qualitative, exploratory study are based on data collected and analysed from 22 one to one, semi-structured interviews with 2 groups of older people. The Prospective Group (forward looking to potential changes in

their housing needs) comprised 10 older people aged between 57 to 80 years, all of whom live in their own home in the community, and the Retrospective Group (looking back to the circumstances that prompted changes in their housing needs) comprised 12 older people aged between 66 to 84 years, all of whom have moved in to sheltered housing. The research findings were also reviewed and discussed with a number of community based groups and a Focus Group.

Analysis and discussion of the research findings enabled the identification of a number of themes which the researcher has distilled in to 3 overarching themes:

- Enabling informed choice
- Issues for organisations
- Issues for Individuals

The findings of this research study are important because they illustrate that, while most if not all Individuals wish to remain independent in the home of their choice as they age, achievement of this outcome is usually left to chance. The researcher argues that this will continue to be the case unless action is taken at a national and local level to clarify the role of organisations and individuals in supporting and achieving independent living in to old age. The findings point to potentially significant implications for individuals and organisations in terms of an erosion of choices available for sustaining independence in to old age, at an individual level, and an inability to sustain services, at an organisation level.

Emerging policy and continued national and local debate on the issues explored by this research study illustrate an increased focus on the consequences of an ageing population. The researcher suggests that future planning of housing and communities will need to more effectively reflect the diverse needs, wants and expectations of current and future generations of older people in terms of the homes they wish to live in.

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The motivation for undertaking this research study came largely from the experience of my mother in seeking and achieving continued independence in to old age. Projected increases in the number of older people and associated increases in demand for health, social care and housing services in supporting individual independence, provided an important context to the research study.

I am grateful for the support of my supervisors in skilfully guiding my efforts, from the initial research proposal to undertaking the field research and writing up. Sadly my first supervisor passed away (Professor Stephen Prosser) but I vividly recall him telling me from the outset that doctoral research was ‘a marathon, not a sprint’ – it certainly has been a big part of my life for the past 5 years!

The individuals who welcomed me in to their homes as volunteer research participants, and without whom this research study would not have happened, are due particular praise. They shared their experiences openly and honestly and were keen to support the aims of the research study.

My family and work colleagues have also been hugely supportive as well as interested in the issues covered by this research study. Family, friends and work colleagues have also commented on the wider relevance of the areas studied, noting that we all wish to remain independent in to old age and have choices in relation to how we achieve this.

I hope that the conclusions reached through this research study will inform future policy and practice at an organisational level and encourage action at an individual level so that independent living in to old age, on our own terms, is something we can all expect to achieve as we age.

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CHAPTER 1 - INTRODUCTION

1.0 Introduction

The current and projected rise in the number of older people poses particular challenges. For organisations there are challenges associated with an increasing demand for specialised housing, health and social care services. For some older people there are challenges in maintaining their independence in the home of their choice which will be dependent on the choices available to them.

This research study will explore the concept of choice and how the housing choices available to older people are influenced by factors operating at an individual and organisation level. Choice policy, as it operates in Wales, provides an important context to the research study and will be explored within Chapter 2, the Literature Review. While this research study does not focus on the financial challenges of enabling choice the Literature Review chapter does explore these issues in context.

Oliver (2001) provides a helpful definition of independent living for older people as it relates to this research study. He suggests that independent living does not mean doing things for yourself, or living on your own. Instead, he suggests, it means having choice and control over the assistance and/or equipment needed to go about your daily life, having equal access to housing, transport and mobility, health, employment and education and training opportunities.

The consequences of a growing elderly population will be explored by focusing on how the housing choices available to older people with a long term condition, and potentially increasing care needs as they age (Sherbourne et al,1992), may be influenced by decisions made at an individual and organisation level in enabling individuals to live independently in the home of their choice.

The impact on individual housing choice of decisions made by organisations, in particular local authorities and Registered Social Landlords (RSLs), in terms of housing provision, will also be explored within the Literature Review and discussion of the research findings.

The issue of forward planning for old age at an individual level will be given particular focus through the older person research participants, all of whom have a long term condition and are more likely to experience deteriorating health with age. Poorer health may impact on an individual's ability to remain independent in their current home.

This chapter sets the context within which the research study sits.

1.1 Justification of the research study

The numbers of older people are set to rise over the next twenty years and these demographic changes will significantly alter the balance of the population, with an associated growth in the demand for health, social care and specialised housing. Comparison of the 2011 census results with those of the 1911 census illustrates this point noting there has been a decrease in the proportion of the population aged under 15 years and an increase in the proportion of the

population aged 65 years and over (ONS, 2012). Phillips et al (2010) reflect on an increasing interest in ageing across the world and how this has raised issues for policy and practice.

Further data from the 2011 census (ONS, 2012) shows that the percentage of the UK population aged 65 and over is the highest seen in any census at 16.4% (1 in 6 of the population was aged 65 and over at the time of the 2011 census, in the 1911 census this figure was 1 in 20 of the population).

In relation to Wales, on census night in 2011 the population of Wales was 3.06 million (an increase of 153,300 or 5.3% since the 2001 census) and the percentage of the population aged 65 and over was 18.2% (563,000), the highest seen in any census. In 2011, 25,000 residents in Wales were aged 90 or over (compared with 700 in 1911 and 19,000 in 2001).

Population projections for Wales to 2030 (Welsh Assembly Government 2010a) show that the number of males aged between 65 and 80 years will increase by 50,580 (20% increase) and the number of females aged between 65 and 80 years will increase by 57,030 (20.3% increase). However, the projected increase in the number of 'very old' (those aged 80 years plus) is even more stark – an increase of 67,700 for males (52.5% increase) and 64,500 for females (39%). Such a large projected change in the number of 'very old' has long term policy implications and poses significant challenges for housing.

The places where people live are vital in supporting quality of life, well being and independence (Hughes, 2012). There is, however, generally across Wales

limited availability of choice of housing which fully meets the needs of older people (Older People's Commissioner for Wales, 2012).

In terms of the basis of potential increases in demand on health and social care services in particular, Grundy (2003) points out international recognition of the increasing number and proportion of older people living in their own homes while experiencing growing mobility, dexterity and mental capacity challenges to their continued independence, health and well being.

The research study focuses on the impact that factors, operating at an individual and organisation level, have on housing choice for older people. The research study will examine how the independent living housing choices open to individuals as they grow older may be influenced by:

- decisions individuals make or do not make, in planning ahead for old age;
- decisions made by organisations on housing provision, in particular local authorities and RSLs.

The researcher is particularly interested in how such influences may affect where people are able to live as they get older and still maintain their independence.

The researcher is also aware, through work based experience within the NHS, of the outcome that faces a number of older people with a long term condition who, on leaving hospital after a prolonged length of stay, find that a return to their home is no longer possible as their level of frailty and dependence has

increased. The Welsh Assembly Government commissioned 'Review of Delayed Transfers of Care in Wales' (Welsh Institute for Health and Social Care, 2008), described delayed transfers of care as situations which arise when hospital inpatients no longer need to remain in hospital but their discharge from hospital is delayed. This delay is caused by either a lack of agreement on where the individual should be discharged to or their discharge destination has no space available, for example a residential or nursing home.

The challenges of delayed transfers of care from hospital are arguably compounded where the individual housing and support circumstances of older patients present barriers to their discharge back home. There may be a role for local authorities, the NHS and RSLs, working collaboratively in proactively identifying older people (such as those with a long term condition) and addressing their changing needs in order to avoid such scenarios.

The challenges posed by current and projected demographic changes (Godfrey and Shaffi, 2009 and Fahy et al, 2011) and the desire of most individuals to remain independent in to old age, provide the rationale for this research study.

1.2 Context

The scope of the research study is defined by the research question and underpinned by the context of a growing older person population and consequent growth in demand for healthcare, social care and specialised housing. The field research is confined, for practical purposes in meeting the research aims, to one local authority area. Thus the research findings are not

generalisable.

The research study context includes the concept of choice and choice policy, older people and demographic changes and housing for older people. The impact of financial constraints and challenges on the independent living housing choices available to older people, is also acknowledged and explored in context within the Literature Review chapter.

The research study will explore, through the research participants and key respondents, the impact on choice of contributory factors which operate at an individual level as well as organisation level.

Selection of the research participants will be based on purposive sampling techniques using both the 'typical case' and 'criterion case' definition referred to by Patton (1990). For this research study, participants will be chosen, based on selection criteria, from a targeted sub-set of the wider population, that is older people, within specific age bands, who have a long term condition.

The research will specifically review the experiences of 2 groups of older people in this regard:

Retrospective Group: comprising older people with a long term condition who have already moved from their previous home into sheltered housing in order to address their changed housing and well being needs. One to one interviews with Group members will explore individual knowledge and actual experience of housing choice and the support that was available to them at the time of moving home.

Prospective Group: comprising older people with a long term condition currently living in their own (owner-occupied) home in the community. Here one to one interviews with Group members will explore the potential change in their housing needs should their health deteriorate with age.

The research study, in exploring the experiences of the research participants, aims to identify the key factors which influence the independent living choices available to older people and how these factors may be impacted upon by action at both an individual and organisation level.

1.2.1 Location of the field research

The research study field research was undertaken in Caerphilly County Borough as the researcher's NHS role within the borough enabled access to local authority and NHS officers and premises in undertaking the research study.

This borough, which was created in 1996 as part of the reorganisation of Local Government in Wales, occupies 28,000 hectares of the South Wales Valleys. It stretches over 40 kilometres between the urban centres of Cardiff and Newport in the south and the Beacon Beacons to the north, taking in all parts of the valleys of the rivers Rhymney, Sirhowy and Ebbw. It comprises 33 wards, with approximately 50 distinct towns and villages, the largest being Caerphilly town itself with a population of approximately 28,000 and other significant settlements including Bargoed, Blackwood, Newbridge, Risca and Ystrad Mynach. A map of the borough is shown in Appendix A and illustrates the main towns and layout of the borough.

The 2011 census data (ONS, 2012) shows that, for Caerphilly County Borough, the population totalled 178,800 on census night. The total population figure has remained relatively stable for the borough as a whole however, numbers in the south of the borough have increased, while those in the north of the borough have decreased.

The ONS data (ibid) also shows that 49% of the borough population is male and 51% female, with an age composition that is broadly in line with that of the rest of Wales. In relation to older people, however, there are regional variations across Wales. 16.8% of the Caerphilly County Borough population are aged over 65 years, compared to 24.5% in Conwy and 13.1% in Cardiff. In relation to ethnic groups, 98.4% of the population describe themselves as 'White' with the remainder of the population made up of mainly Asian or Chinese ethnic groupings. 14% of males and 18% of females aged 16 – 74 years describe themselves as retired while 10% of males and 15% of females in this age group state they are looked after at home by either health/social care support services or family and are long term sick/disabled.

From an economic perspective, over the last 20 years there has been a dramatic decline in the traditional heavy industries of coal and steel in south Wales and the borough now has the third lowest rate of economic activity in Wales, exacerbated by low levels of skills, educational achievement and necessary qualifications. There is well documented evidence of a high correlation between socioeconomic deprivation and ill health (Beveridge, 1942; Tudor Hart, 1971; and National Public Health Service for Wales, 2004), including higher than

average rates of chronic illness such as heart disease and respiratory disease. 11 % of Caerphilly County Borough is in the “most deprived” category in Wales. Caerphilly County Borough Council Policy Unit (2008a) has reviewed the implications for the borough of the 2008 Welsh Index of Multiple Deprivation. The resulting report provides details on the level of deprivation within the borough and highlights the above average for Wales number of ‘Lower Super Output Areas’ for overall deprivation, high unemployment, poor health and low educational attainment within the Borough.

1.2.2 Choice policy

Current Welsh Government policy on choice provides a key context for the research study by ‘putting the citizen centre-stage’ (2004,9). A key aspect of the citizen approach within this policy is the assurance of the ‘voice’ of individuals being heard in relation to service planning and provision, based on the concept of partnership. This model of voice and choice, as advocated in *Beyond Boundaries: Citizen-Centred Local Services for Wales* (Welsh Assembly Government 2006a,3), suggests that what individuals may value most is different forms of choice and the opportunity to express preferences, so influencing service provision.

The ‘Citizen Model’ is central to current Welsh Government Policy which promotes the ‘voice’ of the Citizen in public service planning and delivery. The Welsh Assembly Government (*ibid*) reported on a review of local public service delivery in Wales which explored the ‘Citizen Model’ and which noted that

implementation of this model required a weakening of organisational boundaries. This research study will explore the issue of effective collaboration between local authorities, the NHS and RSLs in the context of the proactive provision of information and support to older people with a long term condition in planning forward for their older age.

Making the Connections; Delivering Better Services for Wales (Welsh Assembly Government, 2004) refers to the delivery of citizen-centred services which ensure the voice of the citizen counts and provides the opportunity for citizens to be involved in decisions about the right services to meet their needs. The 'Citizen Model', described within *Beyond Boundaries; Citizen-Centred Local Services for Wales* (Welsh Assembly Government, 2006a), has five core principles:

Access – to information and advice about services

Personal Experience – citizens are dealt with politely and mutual respect operates between citizens and public services

Responsiveness – services offered to citizens take account of their needs, circumstances and any barriers they may find

Language Options – access to and use of services by citizens caters for language preferences for example Welsh language, use of sign language and minority ethnic languages

Redress – there is a responsive complaints process in place for citizens who experience difficulties with public service provision.

The research study has particular relevance to the **Access, Personal Experience** and **Responsiveness** core principles of the 'Citizen Model' having directly tested the level of involvement of citizens in the choices offered to meet their housing and care service needs.

The 'Citizen Model' of choice policy in Wales contrasts with the 'Consumer Model' of choice policy operating in England which is based on the concept of consumer choice driving competition and contestability between service providers leading to service change and efficiency, and which has, at its heart, competition and marketing principles.

The ultimate danger of the 'Consumer Model', in addition to waste of resources and inequity of service provision, is that services will become unviable leading, for example, to the closure of hospitals (Roche, 2004). This is because patients as 'consumers' could opt to go to hospital A at the expense of hospital B which then becomes unviable. The Welsh Government argues that the 'Citizen Model' offers, potentially, a more successful means of delivering different forms of 'choice' and 'voice', linked to greater citizen trust in public services. The Welsh Government may see this as an antidote to competition, an alternative driver to choice.

It is in this context of Welsh Government policy on 'choice' and 'voice' that the research study will focus in examining the concept of choice, as applied to the provision of independent living housing for older people. A further important context to the research is the challenge to be addressed by current and future

housing policy approaches, in responding to the increased demand for older people housing, which recognise the different aspirations, needs and wants of older people.

Porteus (2012) argues that, in addressing the housing needs of older people, there is a need for planners and builders to reflect individual diversity of tastes in housing design and ability to pay as well as viability of tenure. It is also important to note where older people currently live, including size and location, as this may influence where they wish to live in future should their housing needs change.

Porteus (*ibid*) provides examples of the current picture in England:

- 90% of older people live in ordinary housing;
- Nearly 70% are home owners, the remainder are predominantly in social housing;
- 3 out of 4 older people at retirement are owner-occupiers and this is set to increase

The survey results set out in *Living in Wales 2004 – Tenure* (Welsh Assembly Government 2008a) illustrate a similar picture in Wales with 73% of people aged 65 years and over owner occupiers and 20% living in social housing (Office for National Statistics, 2008).

The literature review will examine current housing policy in both a national Government context and local authority context. The variation in availability of specialised housing choices across Wales, including sheltered and extra care

housing, reflects the different housing stock investment decisions by local authorities. Many local authorities in Wales have agreed the transfer of their housing stock to RSLs which may enable improvements in housing choice over time noting that RSLs are able to access funding sources that are not available to local authorities.

1.3 The concept of choice

The Literature Review will explore what we mean by the term 'choice' from the perspective of theory as well as the perspective of the individual and organisations. A key focus of the research study is whether housing choice for older people is influenced by factors operating at both an individual and organisation level. What the concept of choice means in this context and how it is defined in theory and practice by the various stakeholders, will also be explored.

This requires a more detailed understanding of the concept of 'choice'. In this context, Kahneman and Tversky (2000) refer to choice and values in the context of the chooser being biased towards choosing the 'status quo' against alternative choices which may have a 'gain' as their value or a 'loss' as their value. In terms of older people whose housing needs have changed, unless the 'value' of the choice offered is clear, through 'informed choice', there is an increased likelihood of individuals choosing the status quo' and remain in their current home which may have significant implications for their continued wellbeing and independence.

Barker (1989) puts forward a 'working definition of choice' suggesting that choice would involve a reflection in the 'present', memory (of the past) and imagination (of possible futures). In other words that someone choosing between options would do so based on past experience and formed values in order to guide their choice. Such a view reflects key elements of Social Construction theory, which is described further within the Literature Review chapter.

In exploring the concept of choice through the literature review, other elements emerge including how one might 'measure' choice, as put forward by Pattanaik and Xu (1998), whether offering choice motivates or demotivates the chooser ((Iyengar and Lepper 2000), the role of 'choice architects' in steering people's choices (Thaler and Sunstein, 2008) and choice theory put forward by Glasser (1999) who points out that we all choose how to behave and that we cannot control anyone's behavior but our own.

1.4 Housing for older people

The research study will explore, from a housing policy and current and future housing provision perspective, the housing choices available to older people with actual or potential changes in their housing needs.

The key context to current and future older people housing demands includes the increasing numbers of older people, changed perspectives amongst older people on their housing needs & wants as well as current and future housing policy. The Literature Review will explore the issue of housing for older people, with a particular focus on 'ordinary/mainstream housing' (age-integrated and

thus not designated for a particular population group) and 'specialised housing' (including sheltered housing, very sheltered/assisted living housing and extra care housing) and care homes (both residential and nursing homes). Review of the literature on older people housing takes account of past and current national and local housing policy, the need for a housing policy response to changing housing expectations of successive generations of older people, the meaning of 'home' to individuals, housing and the internal and external environment and informing housing choice.

Past housing policy and practice has, arguably, led to the development of older people housing which assumes older people are a homogeneous group when in reality the housing aspirations of older people will vary tremendously, as will their preferred choices. Riseborough et al (2008) present evidence that shows people experience old age differently and have different requirements which are also influenced by education, social class, family and social networks. Indeed, any assessment of need for older people housing must capture these differences if more comprehensive housing choice for older people is to become a reality (Housing our Ageing Population: Panel for Innovation (HAPPI Panel), 2009 and Bourton, 2009).

There is a generational context to the changing housing design and quality needs/wants of older people which is likely to continue as generation replaces generation. The 'baby boomer' generation (a 'birth cohort' generation who were born after the Second World War and are now entering old age) is an example of a generation of older people who will probably be more flexible in relation to

housing options and more eager to use 'new' technology such as the internet and high tech solutions to address their housing and care needs. This is, however, unlikely to apply to current groups of older people in their 70s and 80s.

In relation to current housing choice for older people, Hughes (2012) points out that there is little suitable housing for older people between retirement villages for the affluent and subsidised sheltered housing for those on low income. Housing options available to older people may also vary depending on the type and level of housing investment made by local authorities and RSLs which can vary across local authority areas.

Despite the development of alternative housing solutions for older people in maintaining their independence, for most individuals the option of choice is to remain in their existing home (Appleton, 1997; Tinker et al, 2001; Murray et al, 2009; and Welsh Government, 2012a). This option may, however, not be achievable for those individuals with increasing mobility and/or other health and well being problems where their current home does not lend itself to necessary adaptation. In such instances the individual may be faced with moving to smaller accommodation such as rented sheltered housing or moving to a care home.

Peace et al (2005) point out the importance of also acknowledging what 'home' means to individuals as they age, when examining housing choice for older people. The concept of 'home' to individuals can include both the internal home environment as well as the wider neighbourhood within which they live. Sinclair et al (2007) estimate that a third of older people leave their homes only twice a

week thus internal space, alongside accessible outdoor space, is particularly important to older people.

While acknowledging the importance of housing choice for older people, Means et al (2006) and Bourton (2009) point out that many older people require information on the choices available as well as support in making their choice. Indeed, Hughes (2012) points out that many older people want to stay in their existing homes because they have no information about other options. The Welsh Government Framework (2012a) also acknowledges that older people may well need face to face support in both interpreting and applying the information provided in terms of their own individual circumstances.

1.5 Chosen research methods

In considering the data required to answer the research question, the application of quantitative and qualitative methodologies will be considered. However, the ability of the researcher to capture the necessary detail of research participant experiences, including their emotions and concerns, as well as indications of their value set and culture, will inform the choice of research methodology. In considering the research strategy, the researcher has noted the importance of capturing the individual research participant's interpretation of events. The research methods chapter details the researcher's chosen ontology and epistemology and exploration of quantitative and qualitative methods in developing the research strategy.

The chosen research strategy will enable the exploration of the experiences of older people with a long term condition who are either, potentially, facing an increase in care needs in the future (Prospective research group) or who have already made accommodation changes on the basis of existing or increasing care needs (Retrospective research group). The selection criteria for each of these groups is described within the research methods chapter.

The need for ethical approval of the research strategy reflects the vulnerability of the research participants. The seeking of ethical approval also recognises the power imbalance between the researcher and participants. The social constructionist view of the perceived power imbalance between researcher and subject, is that the research relationship should be 'democratised' (Burr, 2003), with the accounts of respondents in research interviews being equally as valid as the researcher's reported outcomes or 'facts'. The researcher will seek ethical approval for the research study from Caerphilly County Borough Council and the University of Glamorgan. The research methods chapter sets out the process for securing ethical approval and the development of the ethical approval statement.

The field research will enable the collection of data from the Prospective and Retrospective research groups based on the use of semi-structured, one to one interviews. Chapters 4 and 5 of the thesis will set out the detailed analysis of the findings.

1.6 What factors enable or inhibit choice for older people in need of independent living housing?

The research study will not explore the impact of financial constraints and challenges on choice, other than contextually within the literature review chapter. The researcher does acknowledge that the affordability and provision of current housing choice options to enable people to maintain their independence in to old age, presents challenges to individuals and organisations. Older people who are today's owner-occupiers may have greater funding flexibility and, ultimately, choice in terms of ability to pay, than those in social housing. Changes to pensions could, however, impact more widely and increase the number of pensioners living in poverty, with an associated impact on choice, based on ability to pay. This is exacerbated where pensioners rely on the state pension alone for income in retirement, potentially impacting on equitable access to choice of housing for older people.

In this context, the Chancellor of the Exchequer (George Osborne, MP), in his budget announcement on 21 March 2012, set out the following changes to pensions:

- An automatic review of state pension age to ensure it keeps pace with increasing life spans
- New single-tier state pension for future pensioners to be set at about £144 and based on contributions.

In addition, pensioners will no longer receive a larger personal income tax allowance than people of working age. At present, the over 65s can earn £10,500 before tax, while those over 75 can earn £10,660. The Government announced on 29 November 2011 that State Pension age will increase to 67 between 2026 and 2028. For those who will rely solely on the State Pension for income during retirement, the deferral of the eligible State Pension age means that many individuals will have to work for longer which could, in itself, impact adversely on individual health and well being in old age.

Older people with the lowest incomes tend to have fewer choices when it comes to moving to more suitable housing (Maxwell and Sodha, 2006 Help the Aged, 2008). While it may appear obvious that reduced income in older age limits choices, in relation to housing provision for older people, there are other factors which affect choice. For example, newer homes are likely to be more energy efficient, a key cost factor noting rising fuel costs. The location of older people housing and proximity to transport, retail and other amenities could also have an impact on costs to the individual. The recent welfare reforms and so called 'bedroom tax' may also have increased cost implications for some older people in social housing which could ultimately affect their ability to remain in their current home.

The report of the Commission on Funding of Care and Support (2011) also makes clear recommendations on the support people need to plan ahead in order to meet their future care needs. The report (*ibid*,6) recommends that the Government should encourage people to plan ahead for their later life by

investing in an awareness campaign, linked to information on the proposed new system for funding care costs.

Denham (1997,59) refers to the lack of a national definition for what services constitute health and/or social care and provides a helpful table which describes care services across the spectrum of health and social care:

Table 1 – Describing Health and Social Care Services

GENERAL	HEMOCARE	REHABILITATION	MEDICAL
Repairs	Cleaning	Physiotherapy	Consultant
Shopping	Cooking	Occupational Therapy	Specialist Nursing
Leisure	Bathing	Speech Therapy	
Transport	Dressing	Day Hospital	
Companionship	Medicines		
	Personal Care		

SOCIAL ← → **HEALTH**

(Denham 1997,59)

Research has shown (Denham,1997) that the majority of older people, who are in need of care services, would prefer to receive these care services within their own homes where they can retain their privacy and, to some extent,

independence and control over their lives. Care service choices, including alternative service locations, vary across local authority areas in Wales. Choice can include sheltered and extra-sheltered housing, usually comprising self-contained, warden controlled flats, where in-reach home care support services can be delivered and which offer increased security, flexibility and social interaction for residents. Where there has been little or no investment in sheltered housing accommodation based home care support, choice is often limited to residential homes and nursing homes, with choice dictated by the level of the individual's care needs and dependency as well as the availability of vacancies in the residential and nursing home sector.

While choice of specialised housing may be limited by what is available, choice is also constrained by the nature of the individual's disabilities which may dictate whether an individual can remain within their own home (perhaps with necessary adaptation) and receive care services or be required to enter a residential home or nursing home.

Several research studies have shown that a high proportion of older people, who have entered a residential or nursing home in order to receive the care service support they need, experience the decision as having been taken by someone else, and consequently have exercised little or no choice (Counsel and Care, 1992). Such findings raise the issue of 'informed choice' and the mechanisms used to enable informed choice for those requiring specialised housing services, while acknowledging the barriers to an individual's use of information which can be intellectual, physical and time related. Roche (2004) argues that there is little

research addressing the extent to which patients utilise information sources aimed at assisting the individual in making choices on treatment and care options. The concept of informed choice will be explored within the Literature Review and as part of the collection and analysis of the research data.

In addition to acknowledging evidence within the literature, in order to identify factors which enable or inhibit choice for older people, the research study will also draw on the experiences of those whose increasing need for care and support services has been a key factor in the move from their original home in to sheltered housing.

Other factors may be more fundamental in terms of enabling or inhibiting choice, for example, local 'power' relations across organisations and availability of specialised housing.

1.7 Organisation collaborative working and potential impact on housing choice for older people

In examining this issue, current theory, in relation to collaborative working across organisations, will be reviewed and evaluated within the Literature Review. In the context of collaboration between organisations, Bardach (1998) describes collaboration as a joint activity between two or more agencies that adds value through their working together rather than separately. Schrage (1995) refers to collaboration as a 'purposive relationship' designed to address known problems by jointly developing solutions within an agreed set of constraints, for example time and money.

There are clear benefits for increasing collaborative working across health, social care and housing, which has been recognised in Government policy (Welsh Assembly Government, 2007a, Welsh Assembly Government, 2008b, Welsh Local Government Association, 2011 and Department for Communities and Local Government, 2012).

A further view on collaboration across organisations is put forward by Sullivan and Skelcher (2002) who describe drivers for collaboration based on optimistic, pessimistic and realistic perspectives as follows:

Optimistic perspective – achieving shared vision and maximising resources

Pessimistic perspective – maintaining or enhancing organisation position

Realistic perspective – responding to new environments and the scope and scale of challenges facing organisations.

The financial challenges facing public sector organisations across the UK are an example of the ‘realistic perspective’.

Collaboration between organisations also aims to solve problems that cannot be solved by single organisations. Bryson et al (2006) suggest that ‘sector failure’ is one of the factors which influence the formation of cross-sector collaborations, where single sector efforts have failed to solve a public problem. Recent Welsh Government policy and guidance, as set out in the Social Services and Well Being (Wales) Bill (Welsh Government, 2012b) puts increased emphasis on the

implementation of effective collaborative links across health, social care and housing.

Gray (1989) identifies the potential benefits of collaborative working across organisations including:

- the establishment of processes which ensure each stakeholder's interests are considered in any agreement;
- relations between stakeholders improve;
- mechanisms for coordinating future action among the stakeholders can be established.

There are also references within the literature to barriers to collaboration which typically include power imbalances, difficulty in achieving consensus on issues such as targets, objectives and outcomes and resource problems. Hudson et al (1997) describe the barriers to collaboration based around five categories: Structural, Procedural, Financial, Professional and Status.

The re-structuring of organisations, as commonly seen in the past and more recently across the public sector, can present barriers to collaboration. Indeed, McMurray (2007) argues that organisational reforms:

“destroy, often delicate, communication channels, decision processes and inter-organisational relationships”.

1.8 Theoretical context of the research study

The Literature Review chapter will explore relevant theory in relation to choice and collaboration while the Findings, Discussion and Analysis chapters will expose current organisational practice and individual experience. The researcher puts forward the following hypotheses which are explored through the research study:

- If individuals, in this instance those with a long term condition, are encouraged and supported to plan ahead for old age, including a review of any potential changes to their health and housing needs, there is an increased likelihood of their being able to either 'age in place' or move proactively to accommodation better suited to their needs. Such an approach should also help to minimise the potential for traumatic upheaval and poor outcomes for those moving home in later life.
- If organisations, in particular local authorities, the NHS and RSLs, work more collaboratively, those older people in need of care and support to remain independent, could be proactively identified.

The research study is limited to the experience of older people with a long term condition, who are actually or potentially in need of housing and care support in order to maintain their independence. The research study will not explore whether offering choice in the provision of housing and care support improves the quality of service provision.

In evaluating the perception of the Retrospective Group research participants of their experience of being offered choice within housing and care support service provision, the research study will draw on Social Constructionism theory (see for example Burr, 2003). Jackson and Penrose (1993,3) refer to Social Constructionism theory as:

“being concerned with the ways we think about and use categories to structure our experience and analysis of the world”.

In research terms, accounts of human behaviour by psychologists arguably focus on the individual and make generalisations. The approach taken by social constructionists is fundamentally different as they view human behaviour as having been shaped by social context and issues of power and knowledge. The focus in social constructionism is to extend research enquiry beyond the individual in to the social, political and economic contexts that are relevant to the individual. The individual experiences of Retrospective Group participants, as residents within Caerphilly County Borough, will reflect these contexts to greater or lesser degrees.

Burr (2003) points out that, within social constructionism research, objectivity is an impossibility as the researcher must view the research as having been co-produced between themselves and their research subjects, noting the different perspectives which underpin the responses of research subjects.

The potential impact of collaborative working, across local authorities, the NHS and RSLs, on choice for those older people in need of care and specialised housing, will be debated within the literature review in the context of academic

work which either questions or supports the effectiveness of collaboration and partnerships as ways of managing and delivering public policy, for example Sullivan and Skelcher (2002).

1.9 Research study contribution to knowledge and organisation practice

This research study aims to contribute to knowledge and future organisation practice in improving the experience of older people who wish to remain independent in the home of their choice. The researcher will develop an argument for improving current organisation practice aimed at enabling the proactive identification of older people in terms of housing and care needs. The research study contributions to knowledge will relate to gaps in the current literature, recognising that new research is being continually added to the areas covered within this research study. Chapter 6, Conclusions, sets out the research study contributions to knowledge and organisation practice.

Proactive identification by organisations of those older people who are subject to 'push factors' (which can result in older people having to move to alternative accommodation) should enable early provision of the necessary care and support to enable individuals to maintain their independence in the home of their choice. There may be implications for both policy and practice in this regard as developed and implemented by local authorities, the NHS and RSLs, working collaboratively.

1.10 Research study question and aims

The research question seeks to identify the ‘architects’ of choice in older people housing and asks:

How are the factors which influence independent living housing choices for older people impacted upon by action at an individual and organisation level?

The research study aims are drawn from the research question and are to:

- Identify the factors which operate at an individual and organisation level and which impact upon the housing choices available to older people in maintaining their independence;
- Explore the meaning of choice as a concept and Government policy on choice;
- Explore current experience and practice in relation to the proactive identification and management of specialised housing, based on choice.
- Contribute to knowledge and future practice in order to positively improve the experience of older people in achieving continued independence in old age in the home of their choice.

1.11 Conclusion

This chapter has demonstrated the need for this research study in contributing to an understanding of the roles individuals and organisations have as ‘architects’ of housing choice for older people.

The projected population changes over the next 20 to 30 years, in particular significant growth in the numbers of older people, provide a key context to the research study. The interest of the researcher in the areas covered by this research study reflects personal and professional experience of the reality of the choices that face older people who wish to continue living independently in the home of their choice as they age.

This research study has focused on older people with a long term condition as this sub-set of the population is more likely to experience deteriorating health as they age and to face greater challenges in maintaining independence in the home of their choice. The increase in numbers of older people and associated increase in demand for care and specialised housing services also signals challenges for organisations. The research study review of current choice and housing policy suggests that the challenges at an organisation level are influenced by national policy and local implementation of policy and practice.

The Literature Review chapter will explore these challenges based on three key elements of the research question, namely the concept of choice & choice policy, the challenges facing older people in terms of demographic, societal and Government policy changes and housing choice for older people.

Review of the literature will demonstrate a high level of interest in the areas focused upon within this research study, noting that the debate on how to address the challenge of an ageing population continues, resulting in an

evolving discourse within the literature as well as an increasing national policy focus.

The Research Methods chapter will identify the chosen research strategy and resulting data collection based on the experience of two groups of older people, in order to highlight the experiences of individual research participants from a prospective and retrospective perspective. The Findings, Discussion and Analysis chapters will set out the common themes identified from this data and the reflections of a wider pool of older people on the initial research findings, enabling the researcher to propose contributions to knowledge, theory and practice. The identified contributions are discussed in the Conclusions chapter in the context of the research study aims.

The researcher suggests that future planning of housing and communities will need to more effectively reflect the views, needs and wants of older people in terms of the homes they wish to live in. Such an approach will also need to take account of the diversity of needs, wishes and expectations of current and future generations of older people.

The thesis chapters include the Introduction, Literature Review, Research Methods, Findings and Analysis and Conclusions.

CHAPTER 2 – LITERATURE REVIEW

2.0 Introduction

Having justified the research study within chapter 1, this chapter focuses on a review of the literature relating to the research study question and aims. There is international recognition of the increasing number and proportion of older people living in their own homes while experiencing growing mobility, dexterity and mental capacity challenges to their continued independence, health and well being. This is a particularly topical area given the challenges posed to public sector organisations by a growing older people population and associated increasing service demands at a time of significant budget constraints (Local Government Association, 2012).

Demographic projections for the UK population, which form a key context to the research study, signal no end to the growth in demand for housing and care services (Office for National Statistics, 2008). While the research study does not explore the impact of financial constraints and challenges on choice, review of the literature does include the impact of affordability on choice, both at an individual and organisation level, in the context of paying for public services.

The range and scope of the review has been sufficiently broad to enable a robust examination of identified key areas in relation to the research question, in particular the concept of choice, older people as a population group and housing policy in facilitating housing choice for older people. Articles and text have been largely sought from the social sciences literature.

Having set out the scope and limitations of the research study within chapter 1, review of the literature is structured around three key elements of the research question namely:

- Concept of choice (section 2.1, pages 45-83);
- The challenges facing older people in terms of demographic, societal and Government policy changes (section 2.2, pages 83-98);
- Housing choice for older people in the context of increasing numbers of older people, changed perspectives amongst older people on their housing needs & wants and housing policy (section 2.3, pages 98-136).

The research study has focused specifically on older people with a long term condition and has been undertaken within Caerphilly County Borough.

2.1 Concept of choice

This section of the Literature Review explores what we mean by the term 'choice' and considers how we might measure choice, whether choice gives benefits or non-benefits (from the perspective of the 'chooser), informing choice, the potential for collaboration across organisations to influence housing choice and the Welsh Government policy approach to choice.

While Dowding and John (2009) refer to the difficulties of conceptualising and measuring choice, further examination of the literature does provide suggested means of describing choice and measuring choice in particular circumstances.

Pattanaik and Xu (1998) put forward a “Cardinality Rule” or means of counting alternatives where, simplistically, choice is measured on the basis of the number of items from which one can choose. However it would be important in this context to differentiate between what could be termed options as opposed to choices in that choice needs to be informed, facilitated and available for example, whilst there may be a range of housing options in place within a local authority area, they only become choices if they are available and within the affordability means of an older person.

The literature also exams the issue of choice of alternatives, which is described as ‘hard choice’, and choice based on the provision of information, advice and help, which is described as ‘soft choice’ choice (Dowding and John, 2009).

Whether older people experience housing choice as ‘hard choice’ or ‘soft choice’ is likely to be based on the availability of housing options, from which they can choose, and the provision of relevant information and advice to support the act of choosing.

Whether choice motivates or demotivates is also explored within the literature, (Iyengar and Lepper, 2000) against a background assumption that more choice is better. The literature also implies that choosing between a smaller set of options is more satisfying than choosing from a large range of options as the latter can increase stress and dissatisfaction (Iyengar and Lepper, 2000).

Indeed, Lewis (2011) made the following comment, during a television interview, when discussing energy utility tariffs:

“They say it’s about choice but it isn’t, it’s about confusing us with too much choice so that we make the wrong choice”.

In relation to the concept of choice and whether housing choice exists for older people in maintaining their independence as they age, it is useful to explore the term ‘Libertarian Paternalism’, (Thaler and Sunstein, 2008), a phrase which describes the notion that people should be “free to choose”. The paternalistic aspect of the phrase maintains that it is legitimate for choice architects to try to influence people’s behaviour in order to make their lives longer, healthier and better. This approach is clear in public health policy which aims to steer the choice of individuals in directions that will improve their lives, for example stopping smoking and reducing alcohol consumption. The research study explores both the availability of choice to individuals but also the responsibility that lies with individuals in terms of the choices they make, for example, examining individual responsibility in terms of forward planning their housing needs. Being ‘free to choose’ however, is also dependent on the availability of choices and having knowledge of those choices.

There are examples within public health where the concept of choice, from an organisation perspective, versus that of the consumer, becomes polarised. Fluoridation of water, from a public health perspective, bestows health, particularly dental health, benefits on all, while the view of the public can often be vehemently against such a move. Evans (2009,12) refers to the proposed fluoridation of water supplies in Southampton as:

“a totemic argument between state and individual” noting that *“individual choice is really precious to some people now – probably a shift from where we were twenty years ago”*.

Thus the argument put forward by Thaler and Sustein (2008) of individuals being free to choose may be overridden by those who consider a particular choice bestow benefits to the majority. This approach has been reflected to some extent in older people housing as a result of the stereotyping of older people and their housing needs (Sumner, 2002).

In considering why, how and when people make choices it is interesting to explore choice theory from the perspective of Glasser (1999) whose work is based on theory and practice in psychology and counselling. Glasser (*ibid*) points out that we all choose how to behave and that we cannot control anyone's behavior but our own and notes (*ibid*, 4):

“choice theory teaches that we are much more in control of our lives than we realize”.

While this view may be true for many individuals, it does over simplify the difficulties faced by many older people for whom choice is constrained by the housing options available in the area in which they live and by issues of affordability (Heywood et al 1999).

There are critics of Glasser's choice theory including Weinstein (2001) who argues that people are not always aware of all the choices in behavior they can make and that they will not always select the most beneficial option open to

them. This viewpoint highlights the importance of informing choice as a means of enabling individuals to make the right choice for their personal circumstances.

2.1.1 Our ability to measure choice

Initial examination of the literature has revealed a number of references on how one might measure choice. Many of these refer to formula based models which offer, arguably, too complex an approach for the purposes of this research study.

Pattanaik and Xu (1998) put forward a more simplified counting rule for measuring choice and they present three axioms as follows:

- No choice situations – where the opportunity or choice sets consist of only one item requiring no choice at all, thus the chooser is indifferent about two sets each offering no choice.
- Monotonicity – where the opportunity or choice set consists of two items thus yielding more choice than axiom one.
- Independence – where there are two opportunity or choice sets for example A & B and alternatives X, each of which give at least as much choice as the other.

Pattanaik and Xu (1998) show that these three axioms yield a unique 'Cardinality Rule' where choice is measured simply by the number of items in an opportunity or choice set. Thus the measurement of choice is based on a count

of how many items are open to the chooser. In a housing policy context, the cardinality rule could be applied in terms of measuring the housing choice available to older people across local authority areas in Wales, highlighting factors such as type of specialised housing and availability.

The 'Cardinality Rule' is further explored by Carter (2004) as a basis of measuring freedom of choice in that more options or alternatives means more freedom while fewer options or alternatives means less freedom. However, Carter (*ibid*) points out that this simple counting rule fails to take account of degrees of similarity between the options.

Bavetta (2004) also reflects on whether freedom of choice reduces where the extent or range of options also reduces. Dowding (1992), in reflecting on the value of choice, questions whether value is gained from the act of choice itself or purely relates to the value of individual options or alternatives compared one against the other.

In order to fully examine what housing choice, to maintain independence, exists and what this means for older people whose care needs are likely to increase as they age, it is necessary to understand what we mean by choice as applied, in this instance, to public policy.

2.1.2 Choice Policy

The literature review explores the policy contrast that currently exists between Wales, England and other European countries on the question of choice in order to more fully explain the policy approach in Wales. Review of the literature draws

on examples from health, social care and housing policy, acknowledging the research study question and aims and the likely increase in care needs amongst older people with a long term condition which may or may not impact upon their housing needs.

In England, choice policy is based on the 'Consumer Model' where, particularly in relation to health care services, access is based on 'free choice', where, for example, patients can choose which hospital they attend for their treatment. Crump (2009a) points to the difficulties of finding evidence of patients actually making such choices.

The 'Citizen Model', which is central to current Welsh Government policy on public service planning and delivery, contrasts with 'consumer model' based choice policy in England. *Making the Connections; Delivering Better Services for Wales* (Welsh Assembly Government, 2004) refers to the delivery of citizen-centred services which ensure the voice of the citizen counts and provides the opportunity for citizens to be involved in decisions about the right services to meet their needs. This citizen-centred policy model, promoting the 'voice' of the citizen, is further strengthened in *Beyond Boundaries; Citizen – Centred Local Services for Wales* (Welsh Assembly Government 2006a) and *Delivering Beyond Boundaries: Transforming Public Services in Wales* (Welsh Assembly Government, 2006b) which call for partnership and collaboration across public service organisations in order to maximise the citizen responsiveness of public services. The 'voice' policy approach in Wales was referred to in a Public Administration Select Committee report (2005,16) as giving:

“users a more effective say in the direction of services, by means of representative bodies, complaints mechanisms and surveys of individual preferences and views”.

This diversification in Welsh policy was first hinted at in a speech to the National Centre for Public Policy, given in Swansea in November 2002 by Rhodri Morgan, in which he stated his opposition to the choice approach in England maintaining that this approach did not fit Welsh attitudes and values and would not work effectively in a smaller and more rural country (Osmond and Mugaseth, 2003). In his speech, the First Minister referred to the ‘clear red water’ separating policies in Wales and in Westminster. Subsequently, it is notable that policy direction in Wales has centred around partnership not competition to deliver choice for the citizen in public service delivery.

In reviewing whether choice and competition improve services, Le Grand (2007) points out that, where there is no choice e.g. patients are compelled to go to the only hospital in the area, and, if they feel they are getting a poor service, the only mechanism they have for improving services is to use their ‘voice’ in order to complain to the service provider or a ‘higher authority’. This approach, he argues, favours the confident and articulate individual.

While Le Grand (*ibid*) may be setting out a very generalised view on whether competition and choice or ‘voice’ affects service quality, his view does illustrate the challenge of operating a citizen-centred public service model which lacks the ‘grit in the system’ potentially provided by a service model based on choice and competition. The ‘Citizen Model’ of Welsh Government policy, thus clearly

contrasts with the consumer based policy approach in England which has, at its heart, competition and marketing principles.

As a further reflection on choice policy, Burgess et al (2005) considered the economic impact of choice policies noting that the evidence suggested choice increases competition between providers and can lower costs (however the majority of evidence about choice was taken from the US health system and may not be directly relevant to the UK context). In the same study, Burgess et al (*ibid*) point out that studies of patient choice behaviour indicate that choice is least likely to be exercised by people who are older, female, with lower educational attainment and who look after children.

In order to better understand the origins of this policy contrast across England and Wales, it is necessary to go back to the election of Margaret Thatcher's Conservative Government in 1979. Le Grand (2003) refers to this new government as viewing the public sector, in general, and public sector professionals, in particular, with great suspicion. Le Grand (*ibid*) goes on to refer to the "State Monopoly" where professionals and other workers in the public sector behave more like "Knaves than Knights" treating the users of services as "Pawns". The, then, Thatcher Government response to this perceived state of affairs was to introduce market mechanisms (the so called 'quasi-market') to the delivery of public services. The 'quasi-market' approach contrasts sharply with the early model of the NHS when, as Klein (1995, 62) describes, "*it would be the doctors' judgement which would determine who should get what*".

Titmuss (1974,141) sets out, in the following quote, the potential dangers of market forces:

“The private market narrows the choices for all men.... whatever freedom it may bestow, for a time, on some men to live as they like. It is the responsibility of the state, acting sometimes through the processes we call ‘Social Policy’, to reduce or eliminate or control the forces of market coercions which place men in situations in which they have less freedom or little freedom to make moral choices, and to behave altruistically if they so will”.

The contrast between business-driven markets and the quasi-market operated in public services in England, is explored by McGowan (2009) who argues that traditional markets give consumers alternatives and provide an incentive for providers to innovate and develop the best product. McGowan (*ibid*) also highlights the benefits of competition that traditional markets bring, contrasting the application of this notion to public services where ‘competition’ implies some areas having better services than others. The literature also refers to another fundamental difference between traditional markets and the quasi-market in that within traditional markets, providers tend to ‘segment’ their customers in order to ensure they more effectively respond to identified customer needs. Within the quasi-market operated in the public sector in England, there appears to be more of a homogeneous approach to service provision.

Dowding (1992), in referring to the basic elements of traditional markets, points out that increased choice is a ‘by-product’ of the value of marketing. Dowding (*ibid*) also notes that markets, which offer a range of alternatives, reflect that

consumers have diverse interests and tastes and therefore demand alternatives which address that diversity. Noting that the majority of older people live in owner occupied housing, and the bulk of housing and care services are in the private and voluntary sector (Directors of Adult Social Services (adass) and Housing Learning and Improvement Network (LIN), 2011) it could be concluded that capacity for housing choice and a housing market driven by consumers, already exists amongst older people. However, there are still a large number of older people who are reliant on social housing through local authority or Registered Social Landlord (RSL) provision and who may have a more limited set of housing options and thus choice, while choice for those who have some degree of physical incapacity may often be even more limited. These issues are noted by the Older People's Commissioner for Wales (2012) who points out the current limited availability of choice of housing which fully meets the needs of older people. The Commissioner (*ibid*) calls for current and future housing provision to take full account of the diversity of needs, wishes and expectations of current and future generations of older people.

Looking at more recent policy changes, the 'quasi-market' was allegedly abolished in 1997 however, in England, elements of the market remain, including the 'Purchaser/Provider split'. In addition, policy changes in England have signalled a further shift back to other aspects of the internal market including the use of private providers and the setting up of independent 'Foundation Trusts' (Lewis, 2002; Le Grand, 2002). Noting that the key aim of 'quasi-market' policy in England is to increase the choice and control of patients,

Glendinning (2008) sounds a word of caution in applying this policy to disabled and older people, as enabling them to have increased choice and control over the social care support and services they receive, could run the risk of introducing new forms of disadvantage and social exclusion for these groups, unless they are fully supported in taking advantage of this increase in control and choice.

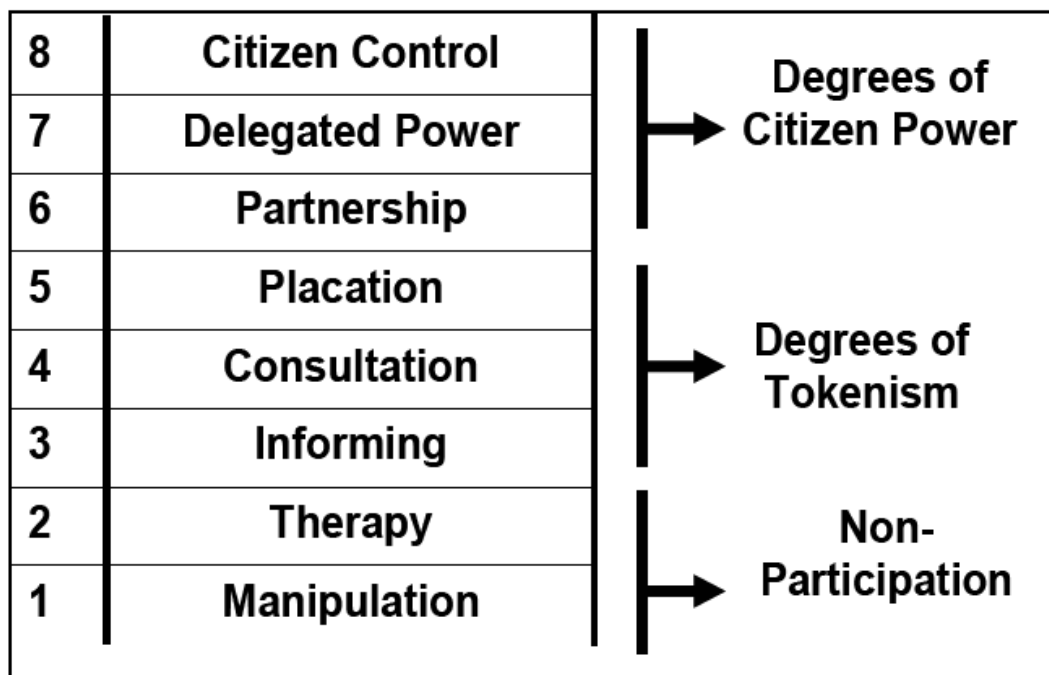
In relation to current Welsh Government public service policy, which is based on the 'Citizen Model', *Beyond Boundaries; Citizen-Centred Local Services for Wales* (Welsh Assembly Government, 2006a) reports on a review of local public service delivery in Wales, Chaired by Sir Jeremy Beecham, which noted that implementation of the 'Citizen Model' required a weakening of organisational boundaries. The basis of this policy approach is to promote collaboration and effective partnership working across public sector organisations in order to improve the experience of the citizen. Noting changes to NHS organisational boundaries in Wales (Welsh Assembly Government, 2009) it remains to be seen whether this reduction in co-terminosity between NHS organisations and local authorities further challenges attempts to improve collaborative working across the public sector.

Strengthening of the role of the citizen in public services is also championed by the Socialist Health Association in Wales (SHAW), which includes doctors, clinicians, managers, Board Members and patients from within the NHS as part of its membership. SHAW was founded in 1930 to campaign for a National Health Service and is affiliated to the Labour Party. SHAW states that its

purpose is to promote health and wellbeing, social justice and the eradication of inequalities through the application of socialist principles to society and government.

This organisation, in referring to citizens being entitled to have a voice in the expenditure of large sums of public money on their behalf, refer to Arnstein's Ladder of Citizen Participation (1969) as a useful model against which to measure the effectiveness of public and patient involvement mechanisms (Figure 1).

Figure 1 – Arnstein's Ladder of Citizen Participation
(Arnstein1969)



The 'ladder' illustrates the range of participation levels starting with the lowest levels 'manipulation' and 'Therapy', which are classified as 'Non-participation'

and ending, at the top of the 'ladder', with 'Partnership', 'Delegated Power' and 'Citizen-control', said to represent 'Citizen Power'.

It is interesting to reflect on Arnstein's conceptual model of citizen participation when considering the 'citizen model' of Welsh Government public policy in relation to choice, as the intention of this policy approach would seem to be the achievement of high levels of citizen participation. Whether this in itself increases choice is debatable as, despite the opportunity for citizens to be involved in decisions about the right services to meet their needs, choice will still be constrained by issues of resource availability as well as public sector decision making at a local level (Bourton, 2009; Means et al, 2006 and Welsh Government, 2012a).

The choice policy contrasts between England and Wales can be summarised as a consumerist/market driven approach in England, with competition between public sector organisations at its core, whilst in Wales choice is based on the participative citizen model with collaboration and partnership working across public sector organisations at its core.

In exploring choice policy in other European countries, it is worth noting the work of Coulter and Magee (2003) who undertook a comprehensive survey of patient choice and public involvement across 8 European Countries and point out that European states are claiming to give greater emphasis to the wishes of individuals as 'users' or 'consumers' in pushing for improvements in care. In the Swedish healthcare system, patients can directly book an appointment with a

hospital outpatient department, thus providing patients with more direct access to specialist treatment without the necessity of visiting a primary care clinic first (European Observatory on Healthcare Systems, 2001). Coulter and Magee (*ibid*), in reviewing the Swedish health system, also point out that patients already have virtually free choice of hospital, noting however that there is little movement outside the local region, in terms of accessing services, for such patients. Whilst there is some comparison with the choice policy approach in England in terms of service choice however it should be noted that choice within the Swedish system reflects significant investment in service provision as opposed to being based on a consumerist market approach to choice.

Similar to the approach in Wales to choice and 'voice', the corporate and social and democratic regimes within Europe have tended to rely more on principles of social solidarity and citizenship rather than competition to underpin patient choice (Dent 2003). Esping-Andersen (1990) points out that there is an assumption that the 'corporate' and 'social democratic' welfare regimes within Europe already provide their citizens with far greater choice and, in the case of corporatist regimes, their 'sickness funds' and 'health insurances' already provide 'patient-centred' governance. However, as Henley (2004) points out, a number of European Countries have needed to constrain choice as part of mechanisms to control costs, citing French attempts to gain some control over the escalating cost of healthcare within France.

De Swaan (1988) undertook a comparative study of Germany, Britain, France the USA and the Netherlands and highlighted a growth in popularity of patients

wanting to express their preference for accessing specific doctors with known reputations. This point is further explored by Dent (2006) who points out that the seeking out of the best medical service an individual can afford is usually facilitated within the private sector (in France or Britain) or within the “subterranean economy” as in Poland and Greece. This state of affairs presents a further aspect to the choice process within healthcare in that only those who know the rules of the game or can afford to do so can access the private and possibly “subterranean” services (*ibid*). Duffy (1997) suggests that the co-existence of the private and “subterranean” sectors within Europe may help to avoid the rationing of services, given the dispersal of access points within the healthcare system.

Thus there seems to be more similarity between Wales and other European countries on choice policy approaches based on the citizen ‘voice’ and participation as opposed to market forces. The review of choice policy approaches in Wales, England and other European countries illustrates the contrasts that exist in relation to the principles which underpin choice. However, in general terms and in relation to older people, there appears to be an emphasis on independence and empowerment which runs through many policy initiatives (Peace and Holland, 2001 and Welsh Assembly Government 2008b).

2.1.3 Benefits and non-benefits of choice

While it is to be expected that policy proponents of choice, in England, and ‘voice’, in Wales, emphasise the benefits of providing the public with the option

to choose and to influence how choice is enabled, the literature also highlights potential non-benefits of offering choice.

Those who support choice within public services, point to the empowerment of individuals as a key benefit (Le Grand, 2003). An alternative view on whether offering people choice is empowering or disempowering is expressed by Fook (2002,45) when she argues that:

“People do not fit easily into “powerful” or “powerless” groupings, sometimes having membership of both at the same time. As well, members of powerless groups do not necessarily agree on the form of their empowerment. Some people may experience the very same experiences as empowering and others as disempowering. Sometimes what is empowering for some might actually detract from the empowerment of others”

This perspective is also explored in relation to how supported individuals feel in any process which requires their participation, including making choices.

Servian (1996,37) describes the findings from a research study which examined the differences between empowering theory and disempowering practice:

“Managers and other players saw the development of user and carer participation as empowering, but all players also saw the actual process of participation as disempowering through incomprehensible agendas and unwelcoming membership”.

Thompson (2007) offers a further concept to the issue of empowerment, that of society and the position an individual holds in society, noting that some people hold a stronger position in society than others in terms of the degree of power

they have, thus society is not 'a level playing field'. Thompson (*ibid*) provides a further example of how this lack of a 'level playing field' within society leads to profound social inequalities, citing the marked differences in life expectancy between people in the highest and lowest income groups in society. The Welsh Assembly Government Strategy for Older People in Wales (2008b) also reflects on these issues noting that the negative images and portrayals of ageing reinforce inaccurate stereotypes of older people, potentially leading to discrimination and marginalisation in society.

Rowlands (1998,32) explores another dimension of the issue of empowerment which is the role played by working in partnership i.e. working with people rather than doing things to or for them:

"We need to move away from any notion of empowerment... as something that can be done 'to' people or 'for' people. Empowerment is important not as an instrumentalist notion or rhetorical device, but it is an active tool which, if used thoughtfully, can be used to achieve change with justice".

Le Grand (2003) takes the empowerment argument to a metaphorical level asking whether the decision over choices, for example what treatment and at which hospital? should be with the user or elsewhere and asks - should the service user be 'pawn' or 'queen'? He goes on to point out that some patients may prefer to delegate the choice decision to their doctor but notes that in this instance the 'voluntary pawn' is not really a 'pawn'.

On the subject of partnership working and the empowerment of people, Thompson (2007) puts forward the view that involving people in decision making provides a “sound foundation” for professionals where the power imbalance can be stark.

Thus examination of the literature on the issue of empowerment and whether offering individuals choice is an empowering or disempowering experience for the individual, generates a range of views and the identification of key influencing factors, including societal and process related factors, as well as partnership, to achieve empowerment of the individual.

Whether choice bestows benefits or non-benefits on the chooser is explored by Iyengar and Lepper (2000) who challenge the notion that more choice is better, pointing out that the human ability to desire and manage choice is not unlimited and that too much choice can have demotivating consequences. They conclude, having reviewed the findings from three studies, that participants reported greater satisfaction with their ‘choices’ when choosing from a small set of options. The authors (*ibid*) also suggest that future research studies on this issue could focus on the effect of offering choice from an extensive list of options which have been self-generated as opposed to externally-generated or imposed, which is in contrast to the case studies they reviewed.

Findings, such as these, could have implications for the application of choice policy, particularly in England, where there appears to be an emphasis on

offering the 'consumer' of healthcare services the choice of receiving their treatment from a number of different hospitals.

There may also be links between the issue of empowerment and social constructionism theory which refers to the influence life experience, culture and values can have on individual perception of issues and situations (social constructionism theory is explored further in section 2.1.4 of this chapter). Thus, in social constructionism terms, whether one feels empowered or not by choice may vary amongst individuals exposed to the same choice circumstances.

In exploring the issue of equity and choice, Le Grand (1991) argues that inequity arises where the outcomes are beyond the control of the individual, for example the outcomes are affected by socio- economic factors which impact on the individual and that such inequity is reduced where the individual is given choice and is able to choose. Cohen (1989, 924) supports this point in stating:

“The relevant distinction for equity purposes is not between preferences and resources, but between factors that are beyond an individual’s control and those that are not”.

However, given that Le Grand, in particular, is a strong supporter of the patient choice system in operation in the NHS in England (he was also health policy advisor to the Blair Government), Crump (2009b) points out the importance of exploring the issue of patient choice and equity further in light of the outcomes of relevant research by the King’s Fund which suggests that free choice does not,

necessarily, improve the quality of NHS services (Appleby et al, 2009; and Harvey et al, 2009).

As an example of choice inequity, older people housing choice tends to vary across local authority areas in Wales depending on the housing investment decisions made by Councils and RSLs.

Review of the literature provides a number of examples of the potential non-benefits of creating choice for the 'consumer'. Botti and Iyengar (2006) suggest, using the example of the United States Government's attempts to regulate social welfare through choice, that the provision of choice may have a "dark side". In other words there may be a hidden agenda behind the provision of choice which could ultimately disadvantage the chooser.

There are other processes which aim to address the balance of decision making and equity of choice. The 'Citizen Model' of Welsh Government policy is centred around the 'voice' of citizens enabling greater citizen involvement in decisions on what services are provided to meet their needs. This concept of 'voice' driving choice has been further developed through, what has been termed, 'co-creation'. The term 'co-creation' has been used to describe working in partnership with people as a means of collaboratively pursuing improvement, for example, pursuing improvement in public service provision.

Both Boviard (2007) and Wooding (2008) refer to the 'co-creation' involvement agenda which facilitates citizen involvement at the highest level of decision making. Wooding (*ibid*, 9) refers to co-creation as a mechanism through which

“multiple agencies and citizen groups participate fully in the design of services”
and *“citizens have equal involvement in the design, delivery and feedback elements of public services”*.

In relation to housing for older people, work by Heywood et al (1999) highlighted the importance of involving and supporting older people to both acknowledge and contribute to decisions on their future housing needs.

‘Co-creation’ also underpins the Co-Creating Health mechanisms being taken forward by The Health Foundation (2008). ‘Co-creating Health is currently targeted at those people living with a long term condition and aims to improve ‘self-management’ skills in order that people can have more control over their disease and their lives. Such programmes also have the potential to raise awareness of the benefits of forward planning for old age amongst individuals whose health is likely to deteriorate as they age.

Co-creation, as a citizen involvement mechanism, could provide greater clarity to the role of the citizen in the design, delivery and monitoring of public sector services as part of continual service improvement. In relation to housing for older people, co-creation mechanisms could enable the proactive identification and involvement of older people in the planning and provision of older people housing.

The examples of benefits and non-benefits of choice, highlighted from within the literature, illustrate, in particular, the potential impact on the individual in terms of whether choice empowers or disempowers, motivates or demotivates and

results in equitable or inequitable outcomes. Where choice has a potentially negative or non-beneficial effect, mechanisms for addressing these issues are proposed (Dixon and Le Grand, 2006; Rowlands, 1998) including supporting the individual in making their choice and working in partnership with people.

2.1.4 Informing choice

In examining choice as a concept, review of the literature also exposes the issue of whether or not choice is informed and what effect this may have on the 'chooser'. Barnes and Prior (1995) suggest that consumer choice policy, as operated in England, could have a disempowering effect on public service users, in that the requirement to make a choice may lead to confusion, uncertainty and possibly greater stress for service users, where they are unsupported and poorly informed in making their choice. Where individuals are informed the outcome is more positive as argued by Patel and Ingleton (2009,16) who refer to empowered patients as:

“those who exercise control over their care and have the information to compare different offerings and make informed choices”.

Coulter (2002) contends that when individuals are given the opportunity to make informed choices they usually welcome it. However, while acknowledging the role of information in informing choice, Glasser (1999,3) makes the point that:

“.....by itself, information cannot make us do or feel anything. It goes into our brains, where we process it and then decide what to do”.

This view suggests an inability to influence choice through the provision of information. However, Thaler and Sustein (2008), in referring to the term ‘choice architecture’, describe how decisions are influenced by how the choices are presented, in order to influence the outcome. The issue of informing and influencing choice through the provision of information has also been explored by Margiotta et al (2003) who highlight the preference of some older people to receive information in person in order to inform choice. The authors (*ibid*) point out that such an approach facilitates further discussion and exploration of the choices available in meeting the needs and preferences of the individual.

Specifically in relation to older people, the Older People’s Commissioner for Wales (2012, 3) notes:

“Many older people feel that they do not have access to the information that they need to make major decisions, that they do not have choice or control” and (*ibid*, 12) that older people should:

“receive information and advice at the right time, in the right way and as close to home as possible. It needs to be given in a way that offers voice, choice and control”.

However, Welsh Government policy on digital access to information and services (Welsh Government, 2011a), could disadvantage older people, the

majority of whom remain digitally excluded for a variety of reasons (Radcliffe and Winckler, 2011). Noting the way that society is moving with increased use of online technologies, individuals who do not have the skills to get online or see it as irrelevant, are likely to become increasingly economically and socially excluded (Welsh Government, 2011a).

Dowding (1992) argues that an individual needs more information about an option than simply being able to distinguish it from others in a choice set, if the individual is to make a reasoned choice. This view resonates with that of Margiotta et al (2003) in terms of the importance of enabling informed choice through the provision of information in a number of formats, including written information and one to one discussion.

In expanding on the argument set out by Dowding (1992) on informing choice, it is interesting to reflect on what influences an individual's perception of whether they have been given choice or not. Social Constructionism theory examines the role played by factors such as culture, values and life experiences in how one then perceives different situations and issues. There are some links between Social Constructionism theory and Glasser's choice theory (1999) which refers to how individuals function through combining what they inherit genetically with what they learn and experience as they live their lives.

The theory of Social Constructionism, an approach to the social sciences, is multidisciplinary in nature, its influences coming from philosophy, sociology and linguistics. Social Constructionism theory maintains that all ways of

understanding are historically and culturally relative in that the way the world is seen, as individuals, is the product of history and culture, which in themselves are formed by the particular social and economic circumstances which prevailed in a person's past. Individuals 'construct' the world differently and social constructionism focuses on the social interaction between people, the notion that the ways in which we think, talk and react to situations are the product of the society and culture we grew up in (Burr, 2003). Gergen (1989) maintains that social constructionism allows us to notice that things are different in different cultures.

The exploration of the impact of a citizen's life experience and value set, drawing on Social Constructionism theory, is potentially contentious as it may imply that citizens are more or less accepting of the choices they are offered depending on their socio-economic background. Such issues are explored by Gergen (1973) who refers to the historical and cultural basis of individual knowledge and the influence of social, political and economic factors on the behaviour of individuals. Mackenzie and Benzeval (2005) identify social constructionism as one of the three 'dominant paradigms' or models in evaluation research, where the idea of 'objective knowledge' is contested, noting that research participants bring with them sets of values which inform how they construct knowledge and therefore respond and contribute to the research being conducted. The role of the research participant is further explored in Chapter 3 as part of the described research strategy and chosen research methodology with particular reference to the collection of data and its evaluation.

A further reflection on Social Constructionism theory is offered by Coulter & Ellins (2005) who, having investigated how engaged people are in their healthcare, noted key differences between demographic groups with lower levels of knowledge, confidence and skills for self-management of a chronic condition being observed among respondents who were elderly, from lower social economic groups and who had finished their education by the age of 16. In reviewing their findings, the authors noted implications for future Government policy, particularly in relation to the targeting of health information to patients and the public, as well as the intensive support required by certain population groups, for example the elderly.

A number of studies have explored, more broadly, patient and public perception of the health and social care services they have received. Work by Leatherman & Sutherland (2007) showed that people prioritise a number of issues when reflecting on their experience of public services including information, communication and involvement in decision-making and choice, where it makes a difference.

Noting the choice policy approach in England, Rosen et al (2005) and MORI (2005) point out that, while the opportunity to choose a provider of services is popular with patients, many patients lack the necessary information and are still unclear about the implications of current government policy and the choices on offer. Coulter (2005) identifies the importance of information, if individuals are to be expected to make choices, in order that they are able to make a truly

informed decision. The accuracy and source of information is also deemed to be important (Cline & Haynes, 2001 and Margiotta et al, 2003).

2.1.5 Choice and the role of collaboration across service provider organisations

In exploring the potential role of collaborative working across organisations that provide housing and care services, it is acknowledged that there are other factors that impact on choice, including affordability. However, the research study must meet the requirements of the Doctorate in Business Administration (DBA) which includes a contribution to practice. In reviewing the potential benefits of collaborative working across organisations and, in the context of the research findings, the researcher aims to identify contributions to relevant areas of organisation practice.

Despite Welsh Government policy emphasis on public sector collaboration and partnership in order to enable improvements in public service delivery and sustainability, with more recent emphasis on effective collaboration between health, social care and housing services (Welsh Government, 2012a and 2012b), there is a general lack of evidence within the literature on whether collaboration and partnerships deliver benefits. Current and projected public sector budget challenges could, however, lead to a reduction in choice where, for example, local authorities are forced to cut back on services in order to address budget deficits. The Local Government Association (2012) has modelled the impact of implementing the current Government deficit reduction

policy on local authority services over a 10 year period to 2020 and concluded there will be a £16.5 billion shortfall in funding by 2020 and, in order to protect social care and waste services provision, other services face cuts of 66% to over 90%. There may, therefore, be service sustainability imperatives to an increased use of collaborative mechanisms.

In relation to the planning and development of housing for older people which enables continued independence in to old age, there have been a number of references within the literature to the importance of collaboration and joint working across health, social care and housing, for example, Heywood, 2007; Department for Communities and Local Government, 2008a; Bourton, 2009 and adass and Housing LIN, 2011. More recently, the Older People's Commissioner for Wales (2012, 17) has pointed out the need to:

“encourage a cohesive approach across Wales for older people”
and *“maintain effective partnershipsbecause the challenges to improve services for older people cannot be met by just one organisation, we all have a role to play”*.

Cowan (2007) argues that UK politicians should stop *“fighting for the soul of public services”* and instead harness the combined energies of public services to enable delivery of objectives as defined by UK citizens themselves.

Geographical location and co-terminosity of public services is also felt to be important if collaborative relationships are to be established and maintained.

This point was made in a report on affordable housing by the Welsh Local Government Association (2011,10) which notes:

“some authorities had found the recent health re-organisation had removed previous good working relationships which had yet to be replaced”.

The Social Services and Well Being (Wales) Bill (Welsh Government, 2012b) signals the need for greater service integration, including the pooling of budgets across public sector organisations. The Bill also recognises the need for improved joint working across health, social care and housing. Hudson et al (1997,26) also support this need having referred in this earlier work to effective joint working between health, social services and housing professionals as *“vital to the provision of ‘seamless’ services for the most vulnerable members of society”*.

Maddock (2002,35), having evaluated the effectiveness of collaborative Health Action Zones in England in the late 1990s, reflected on the role of relationships in enabling transformational change within public services:

“... the twenty first century requires a greater confidence in people to transform their relationships. Such transformation is not a rational process and requires confidence in the effect of learning about oneself and relationships There is a transforming theory of change waiting to emerge, which is much needed because it would provide an anchor for innovators and for transforming public bodies” (p35).

Glendinning (2003) examines the integration barriers posed by professional domains and power relationships which can undermine seemingly successful organisational integration. On a similar relationships theme, Thompson (2007,68), highlights the limits that exist in relation to partnership working noting that:

“there will be times.....when people are not willing or not ready to work in partnership (perhaps due to a lack of trust as a result of previous negative experiences at the hands of disempowering professionals)”.

Despite Government policy emphasis on citizen and consumer empowerment, it would appear that professionals can still exert power dominance within public services affecting both efforts to facilitate more effective integration across public services and the ‘voice’ of the citizen/service user (Hugman,1991).

Other references within the literature, for example Hudson & Hardy, 2002 and Hudson 2008, also point to the significant influence professional and personal behaviours have upon the success or otherwise of partnership and collaboration efforts by organisations. However, it is also clear that the current and projected financial constraints placed upon public sector organisations will demand innovative, effective and sustainable collaborative solutions if future service demands are to be met.

Wood and Gray (1991) point out that any definition of ‘partnership’ needs to answer the following questions:

- Who is involved?;

- Who is doing what?;
- With what means?; and
- Towards which ends?.

The authors (*ibid*, 146) also offer a useful definition to address these questions:

“Collaboration occurs when a group of autonomous stakeholders of a problem domain engage in an interactive process, using shared rules, norms and structures, to act or decide on issues related to that domain”.

Hardy et al (2000) comment that, while there is a substantial body of knowledge, including theoretical, conceptual and empirical, on the key factors and issues involved in getting partnerships to work effectively, delivery at a practical level is not easy because of the inherent complexity involved and the problematic nature of the issues that are steeped in *“paradox, ambiguity and tension”*.

Glendinning (2003), in reflecting on current Government policy within England which emphasises collaboration and partnership in order to reduce the fragmentation of services for older people, comments that the resulting organisational upheaval of service integration may fail to deliver the changes valued by older people themselves as such changes often exclude the voices of older people. Lank (2005) argues that collaboration can bring particular benefits to organisations and stakeholders and cites a number of successful examples of collaborative working across all sectors.

A report commissioned by the National Leadership and innovation Agency for Healthcare (NLIAH, 2007) has suggested that a wide range of factors and influences shape collaborative working. These factors can be categorised as one of three types: Contextual factors (external to the collaboration, for example national policy and culture), Governance (for example financial and legislative frameworks) or Individual factors (for example personal skills, characteristics and attributes). The authors point out that such factors can sometimes be used as an excuse for not progressing collaborative efforts or may be presented as barriers to progress.

People and organisations are motivated in different ways to solving complex problems in order to improve the delivery of services. The fact that public service partnerships are formed by people and organisations from a wide range of sectors, backgrounds, professions and cultures and are accountable in different ways to governing bodies and the recipients of their services, further emphasises the complexity of partnership working. The key motivations for people and organisations in seeking collaborative partnerships have been identified as follows (NLIAH, 2007):

Having to: because of national government edict and mandate including statutory duties to “work in partnership”, general exhortation and the use of financial incentives and flexibilities.

Needing to: because of the recognition that organisations are inextricably linked in the design and delivery of many public services, because of the need to

avoid duplication and promote better coordination, and because of the need to share resources and learning (this has become a key policy driver noting the current economic climate challenges and pressures on public sector budgets).

Wanting to: because it is evident that services should be grounded in the needs of citizens and users and not in the administrative convenience and configuration of service providers i.e. citizen centered/client-focused.

Work undertaken by Agranoff & McGuire (2003) concluded that working and managing in collaborative structures demands different skills and capabilities from those used when working in single organisations. Williams (2008) went on to summarise the capabilities for collaboration which included an ability to develop and sustain inter-personal relationships based on trust and reciprocity, a tolerance for ambiguity and diversity with an appreciation of different perspectives and world views and an ability to seek consensus and resolve conflict through negotiation and diplomacy. There is general agreement in the partnership and collaboration literature that, 'trust' is a pivotal factor in determining the effectiveness of collaborative working, although there is less confidence in proposing how this is achieved in practice (NLIAH, 2007).

The literature also refers to the different leadership approaches and practices required within collaborative organisations compared to those traditionally deployed in single organisations (Crosby & Bryson, 2005; Lipman-Blumen, 1996). Rittel & Webber (1974) refer to collaborative settings as "wicked"

because of the difficulty of achieving consensus amongst a diverse set of stakeholders and interests.

The issue of accountability is often a source of confusion in collaboratives, particularly in relation to performance. The type of problems encountered, as cited by NLIAH (2008), often include lack of agreement amongst partners on which results to measure; fear of losing control over results they are asked to achieve (this has been a particular issue in relation to delayed transfers of care from hospital targets which are applied to both health and social care organisations but which require joint effort across health and social care in order to be achieved). Other problems include an overly narrow focus on implementation efforts at the expense of broader goals and the need to clarify who should be accountable to whom and for what results, both between the collaborative partners themselves, and between the collaborative and its external stakeholders (*ibid*).

Despite the potential benefits 'rhetoric', including more effective use of scarce resources and better outcome for service users, that surrounds the growth of collaborative working in most policy areas, the evidence of its impact and success is often unconvincing. In addition, the potential benefits can be outweighed by the costs associated with collaborative working including, higher transaction costs, failure to reach consensus on purpose and priorities and problems of converting policy intervention in to real action. Glasby (2012) supports this view pointing out that the literature relating to effective partnership working tends to assume that partnership is automatically a 'good thing'. He

argues that in practice this remains a relatively untested assumption with research and practice often struggling to link partnership to improved outcomes for service users. Glasby (*ibid*,7) also warns that “*partnership working can easily become an end in itself rather than a means to an end*”.

Glasby (*ibid*,8) suggests a simple framework to encourage partner organisations to focus on what they need to achieve (outcomes), how well or otherwise they do this at present (context) and what needs to change to get them from where they are now to where they want to be (process), as shown below in figure 2:

Figure 2 – Framework to inform collaborative working



While there is a view that collaboration is intrinsically the most effect method of organisation, Alter and Hage (1993,36) highlight the real costs of collaborative partnerships in their review of collaborative costs and benefits (calculus of inter-organisational collaboration) as set out in table 2 overleaf:

Table 2 – Costs and benefits of inter-organisational collaboration

Calculus of Inter-organisational Collaboration	
Costs	Benefits
Loss of technological superiority; risk of losing competitive position	Opportunities to learn and to adapt; develop competencies; or jointly develop new products
Loss of resources – time, money, information, raw material, legitimacy, status etc.	Gain of resources – time, money, information, raw material, legitimacy, status, etc; utilisation of unused plant capacity
Being linked with failure; sharing the costs of failing such as loss of reputation, status and financial position	Sharing the cost of product development; and associated risks.
Loss of autonomy and ability to unilaterally control outcomes; goal displacement; loss of control	Gain of influence over domain; ability to penetrate new markets; competitive positioning and access to foreign markets
Loss of stability, certainty and known time-tested technology; feeling of dislocation	Ability to manage uncertainty, solve invisible and complex problems; ability to specialise or diversify; ability to fend off competitors
Conflict over domain, goals, methods	Gain of mutual support, group synergy and harmonious working relationships
Delays in solutions due to problems in co-ordination	Rapid responses to changing market demands; less delay in use of new technologies

(Alter and Hage 1993,36)

While some elements of the cost and benefits calculus developed by the authors appear to be targeted at non-public sector organisations, there are clearly areas that apply equally to the application of collaboration and partnership within the public sector. In particular, the likelihood of both losing and gaining resources such as time and money, the sharing of risks, conflict over goals and methods and yet gaining the benefits of support and synergy across organisations.

The benefits of collaborative working across health, social care and housing in addressing the needs of older people can apply organisationally, for example a reduction in emergency hospital admissions and delayed discharge from hospital through a collaborative approach to the proactive identification of frail older people in the community. There are also benefits to the wellbeing of older people in being proactively enabled to maintain their independence in the home of their choice.

2.1.6 Summary of section 2.1

Review of the literature on choice, including choice theory, policy and practice, illustrates contrasting views on whether choice benefits the chooser. The role of the chooser in both enabling and accessing choice, is also identified in the literature. For example, Coulter (2002) and Patel & Ingleton (2009) point out the benefits of empowering individuals by informing choice while Glasser (1999) argues that information is more of an insignificant aspect of choice as it is what individuals do with the information in making decisions that matters. Social constructionism theory provides further insights in to the perceptions of the

individual when choosing which may be influenced by their life experience and values as a product of the culture and society they have grown up in. How choice is informed could have particular implications for those older people who experience a change in their housing needs and may need to move to alternative accommodation.

In exploring the potential benefits of collaborative working across public sector organisations, review of the literature shows a general lack of evidence of such benefits. There may, however, be service sustainability imperatives to an increased use of collaborative mechanisms, noting current and projected fiscal challenges (Local Government Association, 2012), which may otherwise erode service choice for individuals.

Choice, in terms of the experience of the chooser, is thus influenced by a number of factors in particular the provision of information to inform choice and a recognition of the support individuals may need in making their choice.

2.2 Older People

Within Wales, older people are the largest demographic group and parts of Wales have the highest levels of older people in the UK (Office for National Statistics, 2012). Whilst older people comprise a significant section of the population and can have specific needs, it is argued that older people should not be treated as a group apart but more effectively integrated in to society and communities which recognise the significant economic and other benefits that older people contribute across Wales (Older People's Commissioner for Wales,

2012). The current and projected growth of older people is a particularly topical issue given the challenges posed by a growing demand for care and other support services which has been directly linked to current and projected population changes in the United Kingdom and Europe.

2.2.1 Demographic changes

In a press release, issued on 26 October 2011, the Office for National Statistics (ONS) projected that by 2035 the number of people within the United Kingdom living in to their nineties would treble, with a consequent and, potentially, significant impact on public services provision, particularly health and social care. Further data from the 2011 census (*ibid*) shows that the percentage of the UK population aged 65 and over is the highest seen in any census at 16.4% (in the 1911 census this figure was 5% of the population). This trend is noted by Triggle (2011) who points to research that suggests children born today will probably spend a third of their life in retirement.

In relation to changes in the balance of the population, a comparison of the 2011 census results with those of the 1911 census shows a decrease in the proportion of the population aged under 15 years and an increase in the proportion of the population aged 65 years and over. A further demographic change is that almost half of those older people aged 75 and over live alone, a rare occurrence at the turn of the 20th century (ONS, 2003). This can bring its own challenges in terms of loneliness and isolation as well as financial difficulties for some.

In relation to Wales, on census night in 2011 the population of Wales was 3.06 million (an increase of 153,300 or 5.3% since the 2001 census) and the percentage of the population aged 65 and over was 18% (563,000), the highest seen in any census. In 2011, 25,000 residents in Wales were aged 90 or over (compared with 700 in 1911 and 19,000 in 2001).

Specifically in relation to Caerphilly County Borough, where the research study fieldwork was undertaken, within the total population of 178,800 on census night 2011, 16.5% (29,600) were aged 65 and over (compared with a figure of 7.6% (12,845) in the 2001 census). Residents aged 90 or over rose by 289 or 0.1% between the 2001 census and 2011 census.

As a local authority example of projected population change, the Welsh Assembly Government publication *Local Authority Population Projections for Wales* (Welsh Assembly Government, 2006c) highlights the following population statistics for Caerphilly County Borough:

- The total population of the county borough is projected to increase by 12,800 (7.5%) by 2030/31. This is below the average population growth for Wales (14.1%).
- Life expectancy is projected to continuously rise from 78.5 years in 2005/06 to 82.7 years in 2030/31.
- The population of the 85+ age group is projected to increase steadily until the end of the projection period in 2031. The number of people in this age group is projected to increase by 166.2% between 2006 and 2031.

- There are currently 2,257 older people with dementia living in the county borough and numbers of older people with dementia are estimated to increase by nearly 28% by the year 2020.
- Figures from the 2001 census report that a higher percentage (45.1%) of older people in the county borough live alone compared to Wales as a whole (43%).

In the context of a growing number of older people and associated increase in demand for public services, Fahy et al (2011) refer to the particular challenges which face the National Health Service in meeting the potential cost of an ageing population. Lilley, a past NHS Trust Chair in England (2012, 1) reflects on this growing challenge in his online blog and refers to

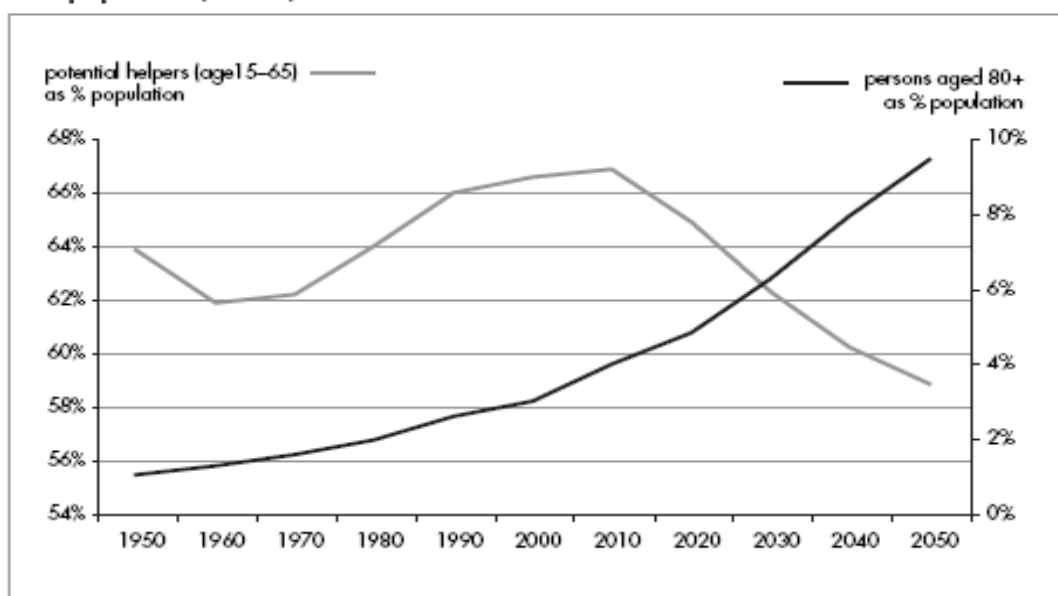
‘The Tsunami of problems created by a society determined to eat itself into costly long-term conditions and a coffin and others stubbornly living longer but without the mental capacity to enjoy it’.

However, Wales and the rest of the United Kingdom is not alone in facing these challenges as the number of people aged over 65 years in the European Union is projected to increase by 30% in 2025 and the number of those aged over 80 years projected to almost double in the same period. In addition, there will be only two people of ‘working age’ for each person over 65 years compared with four today (Fahy et al, 2011). Further examples of projected population change are given by Godfrey and Shaffi (2009) who point out that there are now more

people over state pension age within the United Kingdom than there are children under 16 years of age and that such changes are part of global population change.

The fact that people aged 80 years or older are the fastest growing population segment in Europe is illustrated by the graph overleaf, taken from Tjadens and Colombo (2011,13):

Figure 1: Working age population and population aged over 80 years as share of the total population, OECD, 1950–2050



Source: OECD Labour Force and Demographic Database, 2010.

The authors estimate that, across Europe, between 2011 and 2050, the need for care is likely to more than double while the number of those available to care will reduce. This point is supported by Colombo and Mercier (2011) who also highlight a continued decline in the number of family carers with a consequent increase in the need for paid care. A further consequence of the ageing population was highlighted in earlier research by Hillcoat-Nallétamby and

Dharmalingam (2002) in the context of family members increasingly having to support both an ageing parent as well as their own children.

2.2.2 Older people and society

We are regularly presented with negative images of ageing and older people, with later life typified as a time of inactivity, disability and decline (Sinclair et al, 2007 and Older People's Commissioner for Wales, 2012). Indeed, such negative images and portrayals of ageing reinforce inaccurate stereotypes of older people, potentially leading to discrimination and marginalisation in society (Bond et al, 2007b). This affects how others perceive older people and also how they come to perceive themselves (Welsh Government, 2012d).

This argument is reinforced by Nash (2012) who points to the potential of a self-fulfilling prophecy amongst older people and how they view themselves, due to the impact of age stereotyping (older people have negative expectations of physical and mental decline in to old age which can lead to an actual decline in their capabilities). Indeed, Trigg (2011), in noting the outcome of work by the Commission on Funding of Care and Support (2011), comments on research that suggests three-quarters of people in England aged over 65 will develop a care need.

Bond et al (2007a) refer to the factors which, in addition to personal health and well being, influence and shape ageing: economic circumstances, family and social surroundings, housing and neighbourhood quality. In relation to housing, it

is suggested that the development of older people housing schemes which are not integrated in to existing towns, cities and suburbs could lead to the segregation and 'ghettoisation' of older people (Peace et al, 2007).

Thompson (2007) refers to groups in society who are particularly prone to 'powerlessness' and greater vulnerability, for example those with mental health problems, learning disabilities and physical disabilities. Thompson (*ibid*) also refers to older people as one of the groups in society prone to "powerlessness" owing to their occupying a marginalised position in society. However, while older people are usually included amongst those described as 'vulnerable', whether they can also be described as powerless and marginalised is debatable, noting higher levels of self-determination amongst successive generations of older people, in particular those within the so called 'baby boomer' generation (Bond et al, 2007a and Burholt et al, 2011). 'Baby boomers' are a 'birth cohort', as described by Mannheim (1952), in that the behaviour of this population group has been influenced by the historical time that group members were born in to and have lived through. The generation of baby boomers, who were born after the Second World War, had their formative years in the late 1960s and early 1970s and are now entering old age.

Nash (2012) also points out that the traditional concepts of later life and what this means for individuals is being challenged as more of us live longer whilst still experiencing good health. Wooding (2008) also notes that citizens in general are becoming more discerning and demanding in relation to the

provision of public services, pointing out that citizens are also harder to please, more informed, active and assertive.

2.2.3 Living independently as we age

The significance of independent living in the context of this research study relates specifically to the impact of the home environment on an individual's ability to remain independent. The term 'independent' implies that an individual is not dependent on, or controlled by, any other person or thing. The term also implies an ability to exercise free will, to be in charge of one's own life, choices and decisions.

Whilst many of us will reach old age in good health, for those in the population with a long term condition, there is an increased likelihood of deteriorating health with age (Sherbourne et al, 1992) which may or may not impact upon an individual's ability to function independently within their current home environment. Peace and Holland (2001) make the point that it is often when older people are on their own again, perhaps after raising a family, that there is an increased consciousness of their need for support and assistance in order to continue living independently.

The home environment may require adaptation to facilitate this continued independence or the older person may need to consider alternative housing options, where these are available (Means, 2007; adass and Housing LIN, 2011 and Hughes, 2012). In relation to weighing up the advantages and disadvantages of available alternative housing options, the older person will also

need to consider whether they wish to live alone or with others (Peace and Holland, 2001).

While the research study does not explore the impact of financial constraints and challenges on choice, affordability is clearly a factor in determining the options and choices available to older people who may need to either adapt their current home or move to more suitable accommodation in order to maintain their independence (Heywood et al, 1999 and Hughes, 2012).

A number of older people across the UK live in high value properties with significant equity (Terry and Gibson, 2010) however, this does not always translate in to adequate levels of disposable income in that such households are often 'property rich, income poor'. There are also older person households living below the poverty line with no assets and little income (Brown and Calnan, 2010). Help the Aged (2008,11) point to "*The haves and the have-nots*" stating that:

"The richest 10% of pensioners have an average income of over £600 per week.....in sharp contrast to the bottom 10%, who have an average of less than £150 per week".

The Welsh Government Living in Wales, 2008 Survey, also noted that two-thirds of households in Wales, headed by a person of pensionable age, have an annual income of less than £15,600pa. Furthermore, older people with the lowest incomes tend to have fewer choices when it comes to moving to more suitable housing (Maxwell and Sodha, 2006; Help the Aged, 2008).

Despite the fact that some older people will continue to benefit from housing property wealth, there are deemed to be:

“Different attitudes to debt, paying off mortgages later on in life, and the potential of fewer people coming into retirement with housing wealth...issues which make the financial circumstances of older people very different in future” (Welsh Government, 2012a, 64)

Under current legislation, the State Pension age is set to increase. The changes to the state pension could also result in the level of poverty amongst older people worsening. The age at which individuals receive a state pension is set to rise further over the next 10 – 30 years meaning that many older people will be required to work for longer, if their personal health enables them to do so.

However, the generation of people retiring now are wealthier than any previous generation, noting that an average 70 year old saw their assets, such as homes, pensions and savings increase to around £215,000 from £88,000 a decade before (Department of Health, 2009).

For those older people living in large properties, who may be housing rich and income poor, and who are in need of social care services, which are means tested, there could be issues of ability to pay. This also presents a further dynamic to the question of equity of choice. The Welsh Assembly Government (2009b) has recognised this inequity and is taking forward proposals for reforming the current system of paying for social care in Wales which aims to

ensure that charging is undertaken in a broadly consistent way across Wales and addresses issues of equity, complexity and fairness. In addition, people should only be expected to pay additional amounts for care where this is to meet their own particular wishes and preferences, over and above core provision of services. Noting that approximately a third of all men and half of all women will, on reaching the age of 65, need long term care and support as they age (Welsh Assembly Government, *ibid*), it will be interesting to observe what further changes to this policy of charging for care may be necessary in terms of future Government affordability.

A further very important element of the provision of care relates to the fact that families often provide a substantial amount of informal (unpaid) care to their relatives and also make contributions through ‘top ups’ (payments made by individuals in addition to the funding provided by social services) for more expensive residential accommodation and additional services for their relatives in care homes (Welsh Assembly Government, 2009b). Owen-Evans (2008,113), in debating whose responsibility it is to provide long term care for older people, made the point:

“We presumably all want to know that our needs will be catered for as we age, and that we can expect the health and social care system to provide this for us, where our own resources cannot. Yet, thinking about what we might want or require as our needs change, and how this might be funded, is something that many people wish to put to the back of their minds”.

This comment highlights wider concerns regarding the need for a more proactive approach at both an organisation and individual level in relation to current, and projected, health, social care and housing needs for older people (Welsh Government, 2012a). It also highlights the role individuals have in planning forward for their old age. The young, and even the middle aged, perhaps understandably, pay scant regard to such issues, assuming there will be state provision of state care at the point of service for all, much in the same vein as the NHS, while there are others that maintain that the individual is responsible for ensuring that they have made arrangements for their retirement years.

Recent Government legislation does signal a shift towards more responsibility being placed on individuals. For example, the Pension Act (Department of Work and Pensions, 2008) requires employers to auto-enrol all jobholders in a pension scheme from 2012 if they are aged between 22 and state pension age and earn more than a minimum level of ('banded') earnings. Thus employees are now required to 'opt-out' of paying pension contributions as opposed to the previous system of 'opting-in' to a pension scheme.

With particular regard to younger members of society, the term 'discounting the future' has been used to describe the dismissive attitude displayed by younger people when referring to potential future problems they may face, for example health problems. This attitude has presented challenges to public health campaigns aimed at younger people, for example 'stop smoking' and 'binge

drinking' campaigns, which aim to alert young people to the future health dangers such activities pose.

The concept of 'discounting' originates in economics (Broome, 1994) with goods or commodities deemed to have less value in the future than they would in the present or near future. The tendency for some older people to 'discount the future' and not plan forward for potential changes in their housing needs is an issue which may be influenced through a different conceptual approach. Such an approach would aim to change this attitude and behaviour amongst older people by encouraging them to 'count the future', and in so doing acknowledge that they can have greater control over choices and decisions aimed at enabling their continued independence in to old age. This point was echoed in a statement by the Welsh Government Deputy Minister, (Thomas, 2010,1), aimed at encouraging older people to have their say on local services:

"We are fast becoming an ageing society and the sooner we all understand this, the sooner we can make good decisions about how we effectively plan for these changes".

Martin and Cialdini (2010) propose that more attention is paid to 'the field of social influence' in persuading individuals to take more responsibility for their behaviour and decision making. They point out the 6 responses, identified by social scientists, which guide the action of individuals (these responses could also be described as 'decision triggers'):

Social Proof – people are more likely to comply and behave in ways that they see as similar to others around them

Reciprocity – people are more likely to comply with the requests that come from those who have given something to them first

Consistency – people are more likely to comply in line with previous commitments, especially those made public

Authority – people will often defer to and comply with those who they see possessing expertise and credibility

Liking – people are influenced by and comply more with those who they like and who like them

Scarcity – people will comply more with requests to the extent that an opportunity is rare or could be lost

Noting that care is increasingly provided by a variety of professionals, the ‘Authority’ response described above might prove useful in influencing the behaviour of individuals who tend to be guided by those they see as knowledgeable experts.

The reality of choice for older people in the type and location of housing and care services they need will be influenced by a number of factors at both an organisation and individual level. Such factors include local authority and NHS policy, availability of services, funding and value for money considerations at an organisation level and planning forward for old age at an individual level. These

and other factors, including the extent of successful collaborative working between local authorities, the NHS and RSLs, are likely to dictate whether older people are afforded housing choice.

2.2.4 Summary of section 2.2

The challenges facing the growing number of older people include access to relevant services, should they face deteriorating health and well being, in particular housing which enables individuals to remain independent in the home of their choice. Other challenges relate to the perception of society and older people themselves on what it means to be old. Negative age stereotyping can reinforce the message of expected decline in physical and mental health as we age (Nash, 2012).

Whether such effects are generation specific is illustrated by the 'baby-boomer' generation who arguably exhibit greater self-determination and have greater disposable wealth than previous and future generations. This has implications for future housing choice as older people become less accepting of traditional older people housing, for example sheltered housing and demand more bespoke housing. Older people are, however, not a homogeneous group and there will be those who experience less choice as a result of poverty and poorer health as they age.

The roles of individuals and organisations in facilitating a fair system of choice, now and in the future, links to issues of forward planning for old age at an individual level and proactive identification of need to inform choice provision, at

an organisation level. While the fiscal challenges cannot be ignored, this research study has not examined these issues other than in context.

2.3 Housing for older people

The places where people live are vital in supporting quality of life, well being and independence. There is, generally across Wales, a current limited availability of choice of housing which fully meets the needs of older people (Older People's Commissioner for Wales, 2012).

In the context of enabling older people to live independently in the home of their choice, this research study has focused particularly on ordinary/mainstream and specialised housing.

The provision of appropriate housing, including ordinary/mainstream and specialised housing, which is responsive to the changing needs of older people, is just as critical to peoples' independence as social care (Allardice, 2005).

The Older People's Commissioner for Wales (2012, 15) has given a commitment to:

“debate and action on the current and future housing needs of older people, seeking to ensure that full account is taken of the diversity of needs, wishes and expectations of current and future generations of older people”.

Reporting on a survey, commissioned by Shelter, of individuals aged 55 and over, Hughes (2012) noted that 27% of older people are currently managing in

their current home but they anticipate it will become harder in the next 10 years to do so while 1% are finding their current home so unmanageable they would like to move (in a study by Hillcoat-Nallétamby and Ogg (2009) this figure was 2.5%).

It can be argued that, in relation to older peoples housing, the lack of vision, consultation and planning 15 to 20 years ago is already impacting on housing provision, with schemes no longer fit for purpose being closed and demolished. Peace and Holland (2001) also refer to the “institutional ageism” that has underpinned the development of most currently available forms of housing and support.

The Audit Commission (1998) found that many local authorities provided sheltered housing without sufficient regard to changing needs and demands. As a result, current patterns of sheltered housing do not fit well with the needs of frail older people. Indeed, the Directors of Adult Social Services (adass) and Housing LIN (2011) call for the need to review current sheltered housing availability (whether stock is in the private sector, held by RSLs/Housing Associations or by the local authority) and how this might meet future housing need, covering issues such as quality, physical accessibility, value, location and tenure of existing sheltered housing. The Audit Commission report (1998) also called for a national framework to address the role of housing in the support of increasing numbers of vulnerable people, this was 14 years ago and progress is still arguably slow and disparate across Wales (Bourton, 2009).

In order to avoid making the same past mistakes and ensure a more proactive approach to housing for older people, it may be argued that the housing sector should be consulting not only with those older people who live in today's housing but also with those who are currently in their 40's and 50's. Such an approach would acknowledge the changing needs and aspirations of successive generations in terms of their housing needs and wants.

This section of the literature review explores the meaning of 'home' to individuals, the history and context relating to housing for older people, housing policy, housing and environment, informing housing choice and future housing choice for older people.

2.3.1 Meaning of 'home' and attachment to place

In examining housing choice for older people, it is important to acknowledge what 'home' means to individuals as they age (Peace et al, 2005). As people grow older, the familiarity of their home environment and the wider neighbourhood within which they live become increasingly important, noting that older people tend to spend more time at home (Bond et al, 2007a). Sinclair et al (2007) estimate that a third of older people leave their homes only twice a week thus internal space, alongside accessible outdoor space, is particularly important to older people.

Glasser (1999), in describing the phrase 'quality world' points out that from birth and throughout our lives we place the people, 'things' and systems of belief that are important to us within a framework of our own 'quality world'. This view has

some resonance with the theory of people and place in that when choosing where we wish to live as we age, we take into account what 'home' means to us – it is not just 'bricks and mortar' but a manifestation of our lives, experiences, memories, values and culture.

The meaning of home can also have greater significance for those with decreasing functional capabilities as they age in that a familiar environment may serve to compensate for such changes whilst a new and unfamiliar environment may exacerbate them – this is a particular issue for those with dementia (Cantley, 2001). These issues also strengthen the importance of ageing in place for such individuals, facilitated by home adaptation and in-reach health and social care services, where necessary. Peace et al (2005,195) point out that:

“attachment to place is of importance in mainstreaming self through the continuity of history and in providing a shield of support in times of change”.

In other words, the home provides an 'anchor' to what is familiar as well as a sense of security when other key changes may be occurring in an individual's life, perhaps deteriorating health or the loss of a loved one.

Rubinstein and Parmelee (1992) echo the conclusions of others on why place attachment is important to older people citing three reasons - keeping the past alive, remaining constant during times of change and maintaining a sense of continual competence. Peace et al (2005, 200) point out the importance of bringing together the *“significance of objective place characteristics and*

subjective place experiences”, thus whether the place allows you to do what you want to do or whether an alternative place would be better, and who decides. Peace et al (ibid) also found that those older people living in their own, non-age related mainstream housing considered extra space important, for example guest bedrooms for visiting relatives as well as expansion space to move around within the house.

Is attachment to place an issue for particular generations? Arguably the ‘baby boomer’ generation and subsequent generations may have more experience of moving and accept more readily the need to move to meet home environment requirements at various points in the life course (Peace et al, 2005 and Porteus, 2012). There is also evidence that the ‘baby boomer’ generation are more likely than earlier generations of older people to move home in later life (Andersson and Abramsson, 2012 and Welsh Government, 2012a).

2.3.2 Housing and environment

The national Strategy for Housing in England, based on *‘Delivering Lifetime Homes, Lifetime Neighbourhoods’* (Department for Communities and Local Government, 2008a), sets out a new policy initiative with an emphasis on supporting ‘active ageing’ in sustainable communities. ‘Lifetime Neighbourhoods’ enable local access to amenities, such as shops and public transport based on an ethos of physically well-connected places which aid and sustain the social connections that become increasingly important with age (HAPPI Panel, 2009).

Gerontologists have long argued that the environment should be built for all ages (and disabilities) in order to facilitate ageing in place (Bond et al, 2007a). This has clear implications for spatial planning in terms of designing and building life-long housing, transport systems and public spaces that are accessible to all ages. As Bond et al (2007b,303) point out: *“The environment can be a major barrier to ageing in place”*.

Oliver (2001) argues that, in the same way that people are not disabled, it is the environment which disables individuals, so with older people it is not age that is the barrier to life fulfilment but the environment in which they live. More recently the Older People’s Commissioner for Wales (2012, 15) has pointed out the need for action in Wales which *“promotes the practical adoption of the steps needed for cities and communities in Wales to become ‘Age Friendly’”* (including the provision of amenities such as community halls, bus stops and public toilets).

Croucher (2008) makes the point that neighbourhood is a ‘powerful determinant of housing choice’ with location having particular relevance, not just in terms of shops and transport links but how the neighbourhood fosters a meaningful sense of place. Hughes (2012) notes that only 22% of those aged 55-64 and 27% of those aged 65 plus wanted to stay in or near their current neighbourhood when moving home – being close to shops, transport and services plus somewhere with size and security scored more highly.

Remaining active in the context of a community, in a neighbourhood we know, is crucial to our quality of life, and how we feel about the future, thus having to

move to more suitable accommodation in an unfamiliar area may deal with one problem but also create others for the individual, for example isolation and loneliness.

Peace et al (2006) refer to the need for a 'layered environment' approach in addressing the issue of ageing in place. While recognising that deterioration in an individual's physical and/or mental health may lead to restrictions on independence both inside and outside the home, individual well being is also influenced by the wider environment including the residential area, opportunities for engagement with the community, availability of transport and other local services as well as the security and safety of the area.

Bond et al (2007a, 209) point out that:

“The types of environment in which older people live their lives form the context for continuing or maintaining activity, social interaction and developing personal identity.”

Bond et al (*ibid*) refer to the concept of 'environment' as complex when applied to how older people live their lives as they age. The authors highlight a number of dimensions relating to environment including physical/material (natural landscape and open spaces), social/cultural (neighbourhood and the home and local events) and psychological (meaning of 'place' and how people feel about themselves). The authors (*ibid, 209*) go on to point out that:

“In later life, people will be affected at all these levels and their experience and behaviours will reflect their own personal resources”.

In exploring the impact of environment on older people, Lawton and Nahemow (1973) refer to the ‘press-competence’ model which is based on the assumption that the lowered competence of the older person in conjunction with strong ‘environmental press’ negatively impacts on the individual’s daily life and well being. In this model ‘competence’ includes sensory loss, poor physical mobility or cognitive decline, such as dementia. Examples of ‘environmental press’ are low housing standard, bad neighbourhood conditions or under-developed public transport. Bond et al (2007a) note that the implementation of housing adaptations and designing of institutions still directly or indirectly adheres to the press-competence model. Peace et al (2005, 200) also note that:

“the point at which attachment to place becomes insufficient for tolerable living equates to the point where adaptive behaviour cannot rebalance environmental press”.

In order to avoid reaching this point, some older people make the necessary changes to their behaviour or environment or both however, for some older people reaching such a point may require them to move to accommodation more suited to their changed needs.

In addition to the negative impact of environmental press, Weisman et al (2003) acknowledges potential positive impacts in relation to stimulating action by the

older person and agencies and providing engagement, for example with the wider community.

Peace et al (2005, 190) provide further reflections on the impact of environment on older people, arguing that:

“How an older individual copes with change will relate to personal competence, personality and whether they can adapt behaviour in order to cope and maintain well being in the face of an environment that has become oppressive, or adapt the environment to facilitate preferred activity”.

Seligman (1975) argues that it is more the environment than chronological age which exacerbates decline in well being and ability to cope amongst older people, including age-related loss in physical and mental functioning, and hence their ability to age in place.

However, despite an individual’s best efforts to adapt and cope with their environment and maintain their independence, other life events can still impact negatively upon this for example bereavement and/or deteriorating health.

2.3.3 History and context of housing choice for older people

Any attempts to future-proof housing must recognise that ‘one size’ does not ‘fit all’ as the age of retired people can vary widely, with different needs and interests. Older people are not a homogeneous group and it is clear that their aspirations will vary tremendously, as will their preferred choices. Amongst

older people there is an increasing diversity of lifestyle and identity as well as the interplay of factors such as income, biography, age and culture, thus any assessment of need for older people housing must capture these differences if more comprehensive housing choice for older people is to become a reality (HAPPI Panel, 2009 and Bourton, 2009). Riseborough et al (2008) support this view presenting evidence that shows people experience older age differently and have different requirements which are also influenced by education, social class, family and social networks.

Statistical probabilities, based on population trends, show gender related mortality patterns will shift with more men surviving into later life, more couples and a greater variety of ethnic minority origins (ONS, 1999). Thus both private and public sector housing policy makers and providers will need to take these population changes into account, for example, more space for couples (given the increased likelihood of couples ageing together).

The emphasis on choice driving decision making on housing as opposed to compulsion, is referred to in the 20/20 Vision for Housing and Care research report (Allardice, 2005,8) which sets out the following vision:

“A society where people will be able to access and benefit from the housing support, telecare and health services they aspire to, with a full knowledge of the options available”.

Age alone will not be the main driver as the majority of older people will make their housing decisions on the same basis as everybody else does – availability,

location and cost (Department for Communities and Local Government, 2008b; Bourton, 2009 and Porteus, 2012). It should come as no surprise that older people's housing preferences are, in some respects, no different to those of other people (adass and Housing LIN 2011). Most of us wish to live in a nice neighbourhood and have a home that looks good. Older people also generally prefer housing that has low maintenance costs and is easy to look after (Older People's Commissioner for Wales, 2012). However, in relation to housing choice, Hughes (2012) argues that there is little suitable housing for older people between retirement villages for the affluent and subsidised sheltered housing for those on low income.

Within the adass and Housing LIN report (2011, 17) the contrast in attitudes of some older people to their future housing needs is described:

“For some people, even at 65, older old age may seem a long way off, yet for others, particularly those who have cared for their own older parents, they may have very clear views of their future accommodation needs and also what they may wish to avoid”.

Housing options open to older people include ordinary or mainstream housing (age integrated with no specialised features) and specialised housing (includes sheltered/retirement housing, very sheltered/extra care housing, close-care housing, retirement villages and co-housing). Specialised housing can enable older people to receive additional support services, including crisis response services and scheme manager/warden control services, as well as extra care

housing, where individuals can receive additional and more direct care services based on their higher dependency needs.

While there is a need for a range of housing options for older people there is also a requirement to make housing for older people less homogeneous, stereotyping and isolating as well as more bespoke, recognising both the needs and aspirations of older people regarding where they wish to live in old age (Bond et al, 2007a). A solution preferred by some older people is the development of retirement communities but for some this spells segregation leading to ghettoisation of older people and the reinvention of a different type of 'asylum' (Goffman, 1961).

Despite the development of alternative housing solutions for older people, for most individuals the option of choice is to maintain their independence in their existing home (Appleton, 1997; Tinker et al, 2001; Murray et al, 2009; and Welsh Government, 2012a). It is possible that this view may change amongst future generations of older people with potentially much lower levels of home ownership and perhaps attachment to their current home. For many years property has been the most lucrative form of long-term investment and this has encouraged us to stay put, often under-occupying multi-bedroom houses that don't meet our needs very well and which could better serve younger families. The Intergenerational Foundation (2011) makes a similar point regarding the under-occupancy of homes by older people.

While the issue of older people moving to, arguably, more suitable or specialist accommodation seeks to address the needs of the individual, Davies and Craig (2011) discuss the wider benefits to society of such changes, specifically the benefits of 'vacancy chains' in helping to bring housing supply in line with local housing needs. They point out that the development of more specialist accommodation for older people, including extra care accommodation, would enable the release of family type accommodation, currently occupied by older people, to meet other needs. Clark (2012) points out a scheme, which was proposed by the Government Housing Minister in December 2011, under which councils would help older homeowners move out of large properties and let them to younger families who need the space.

Brown and Yates (2010) also refer to the important function of extra care or specialist housing in freeing up under-occupied family housing. Comparing the UK to other countries, Sutherland (2011) points out the comparatively low percentage of older people in the UK who occupy specialist accommodation (5%), compared with the USA (17%), Australia (13%) and New Zealand (13%).

Housing choice for those who have some degree of physical incapacity may often seem limited - either staying in the 'not fit for purpose' family home, moving to smaller accommodation such as rented sheltered housing or moving to a care home. Thus older people can feel trapped in their family home, finding it increasingly hard to cope physically and financially or faced with a move they do not want to make. In addition, population, social and cultural changes have made it less certain that successive generations will be able and willing to take

on the responsibility of looking after others, with family members now often living at a distance. This can impact on the housing choices older people have as they age should they require greater support in remaining independent within their current home.

Space available in older people housing can also be a major factor for older people who are considering a move, or who need to move, to alternative housing. By profiling space available in older people housing in England through analysis of house plans, Hanson et al (2001) produced a measure of self-containment and breakdown of space standards for the main activities of the home. This study shows that space declines within more recent designs, with the sharpest decrease being in purpose-built housing for older people within the social rented sector, for example sheltered housing studio and 1 bedroom flats. In contrast, private sector space in bungalows and retirement flats is a third greater than in corresponding social accommodation (Kellaheer, 2002). Work by Huisman et al (2004) also notes that in some European countries housing tenure, whether owner-occupied or rented, has been seen as an indicator of socio-economic status impacting on and reflected in the material environment of housing for older people.

In considering the needs of older people for housing, support and care, Hanson et al (2001) and Kellaheer (2002) also show how in practice not all homes are capable of facilitating variations in individual needs through adaptation, thus further exacerbating the need for older people to move on with age and diminishing choice for staying put or ageing in place. Marshall (2001) also noted

that research has focused on enabling people to 'stay put' by adapting the environment and eliminating hazards, however this is only possible where the home lends itself to adaptation both in terms of space and cost (value for money being a particular requirement of such decisions for cash strapped local authorities and Housing Associations).

An example of pro-active approaches to the changing housing needs of the older population is seen in Sweden where the current Government has initiated an "elderly housing delegation" which has the remit to work on the provision of more institutional beds, as well as other private and public housing alternatives. This initiative forms part of the "aging-in-place" policy which recognises that elderly people within Sweden are moving to institutional care today in a more frail and dependent state than before. Within the 'ageing-in-place' policy, efforts are also being made to support ambient assisted living, both in terms of adapted housing for the elderly (senior housing alternatives), handicap aids and the use of information technology in home-based care.

In their report, the HAPPI Panel (2009) makes the point that the growing number of older people and associated growth in demand for suitable housing, should be tackled as a managed opportunity rather than through a housing crisis. In reviewing a number of older people housing schemes in European countries, the HAPPI Panel (*ibid*) considered how a more proactive approach to older people housing could be achieved in the UK. The 'Housing our Ageing Population: Plan for Implementation' (HAPPI,2) report (Best and Porteus, 2012) proposes the establishment of a Government task force to take forward implementation of the

HAPPI Panel recommendations for older people housing. The report highlights the proactive roles to be played by housing and social services in prioritising both the assessment of need for older people housing and its provision, based on choice of tenure and more innovative design options.

2.3.4 An overview of housing policy

Past and present UK Government and Welsh Government policy on housing has shaped and continues to shape the provision of older people housing, noting the changing role of local authorities (many of whom have agreed housing stock transfers) and expanding role of RSLs and private sector housing in this regard.

Following the launch of the UK Government's Comprehensive Housing Strategy for Older People in 2008, the charity Help the Aged stressed the importance of the Strategy and noted the impact that housing has on older peoples' quality of life, health, well being and independence.

Noting that older people will account for 48% of the increase in the total number of households by 2026, the Strategy aimed to make all new-build homes older people friendly by 2013 by including wider staircases, downstairs showers and room to move a wheelchair. The Strategy also required all public housing to be built to the Lifetime Homes Standards by 2011, with the 'aspiration' that all new housing would be built to these standards by 2013. However, commenting on the aims of the Strategy, the Home Builders Federation stated that:

“the needs of the elderly themselves vary widely, and the universal application of the Lifetime Homes Standard to all new homes would be a disproportionate and insufficiently targeted response” (Allardice 2005,25).

In Wales, the *Better Homes for People in Wales* Strategy (Welsh Assembly Government, 2001), set out a vision for housing in Wales. The central themes to this vision are quality, affordability and choice and meeting the housing requirements of disadvantaged people. The Strategy also points out that the key issues relating to older people and which emanate from these themes include: homes that are in good condition and in a safe neighbourhood; better housing services; choice and diversity over access to housing; and equality in accessing services and housing to meet people's requirements. The Audit Commission (2004) noted that most older people can now look forward to many more years of good health after retirement than ever before and that they value having independence, choice and control over how they live their lives.

The Welsh Assembly Government *One Wales* document (2007b) sets out a four year programme to improve the quality of life for people in Wales. In relation to the provision of suitable housing, the three key themes within the One Wales document are: Living communities; a Fair and Just Society; and a Healthy Future. In 2010, the Welsh Assembly Government published the National Housing Strategy 'Improving Lives and Communities: Homes in Wales' (Welsh Assembly Government, 2010b) which highlighted the importance of investing in housing as a key contribution to improving the health, well being and quality of life of individuals.

A report by the Welsh Local Government Association (2011,18) on affordable housing notes as a priority area that:

“Older peoples housing is.....in need of comprehensive attention across Wales. It is an issue that links policy and action across housing, planning and social services and is crucial to the well being agenda”.

The Welsh Assembly Government *Strategy for Older People in Wales: Living Longer, Living Better* (2008b) points out that action to achieve a fulfilling and independent old age needs to start as early as possible and sets the lower age limit for the definition of ‘older people’ as age 50.

Noting that the likelihood of frailty and ill health increases as people age, apart from assisting older people to enjoy their home and their environment good housing is imperative for well-being in later life and critical to managing the mounting pressures of health, care and support (Department for Communities and Local Government, 2008a; Edwards & Harding, 2008). Further research by the Department for Communities and Local Government (2008b) also demonstrated that older people want to stay in their own homes as long as possible yet many do not want to plan for an uncertain future, wishing to adapt their current homes to meet their changing needs. The same research highlighted that, for older people, failing health was acknowledged to be a deciding factor if they were to move home but choice was an important element in any decision.

The *National Service Framework for Older People in Wales* (Welsh Assembly Government, 2006d), sets national standards to address the health and social care needs of people over 50 years of age. As part of the requirements of the Framework, the Welsh Assembly Government produced an information paper outlining the need for a strategy for older peoples housing including the key issues, the main challenges and the desired outcomes, requiring local authorities to reflect these issues in a locally focused strategy for older peoples housing.

The *People, Property and Place; Housing Strategy for Caerphilly County Borough* (Caerphilly County Borough Council, 2008b) offers a locally agreed vision for housing within the county borough. Central to the Strategy are the principles of sustainable development, equality and diversity and social inclusion. The key aims of the Strategy are to promote the provision of high quality housing services to enable people to live independently and to meet the housing requirements of vulnerable people through better access to a range of high quality, specialist housing and support services. During 2009, Caerphilly County Borough Council, in liaison with its partner organisations, developed a 20 year accommodation Strategy for people aged 50+ living within the borough – *20/30 a Vision for Older Peoples Housing* (Caerphilly County Borough Council, 2009). The Strategy has been set within a 20 year timeframe to reflect the challenges presented by an aging population and the sustained efforts required by the Council, in partnership with health and other key stakeholders, to address these challenges. The Strategy (*ibid*, 2009,46) vision is:

“To promote the good health, wellbeing and independence of older people living in the county borough by working in partnership with older people, housing providers and voluntary organisations to provide quality and choice in the planning and delivery of a range of accommodation and housing-related support services, thereby ensuring that housing is fit for purpose and continues to meet the diverse and changing needs and aspirations of an aging population”.

Edwards and Harding (2008) point out the need for caution when examining current trends in demand and reflecting on preferences in order to inform future housing policy, planning and delivery as there are a number of other factors at work. Such factors include a low level of choice in public sector housing services and poor understanding amongst individuals of available housing choice, as well as perceptions about future choices.

2.3.5 Housing options

Innovative and flexible housing design, whilst built around the needs and aspirations of an older person, will also need to suit the demands of a young family or someone with a physical disability. Issues such as having electric points placed at optimum height, assistive technology, adjustable work surfaces and walls to alter the layout for different users, alongside statutory considerations such as lifts, grab rails and entry level showers are key considerations in this regard.

The Lifetime Homes Standard, published by the Joseph Rowntree Foundation in 1997, applies the twin principles of accessibility and adaptability to ordinary housing with the aspiration that from 2013 all homes will meet the Standard.

Implementation of the Standard is however patchy, perhaps an illustration of the lack of necessary funding resources, particularly within the social housing sector. The HAPPI Panel (2009,14) in referring to the 'lifetime neighbourhoods' policy initiative, point out:

'As 'lifetime homes' built in 'lifetime neighbourhoods' become the norm, choice rather than circumstances will increasingly guide the decision to move home'.

However, the HAPPI Panel (*ibid*) also argues that there is little to appeal to the 'younger old' (comprising the majority of over 65's) in terms of quality, quantity and choice of housing and notes that the 'younger old' represent a massive, growing and unsatisfied market.

The range of housing options for older people mainly comprise ordinary or 'mainstream housing' (age-integrated and thus not designated for a particular population group), 'specialised housing' (including sheltered housing, very sheltered/assisted living housing and extra care housing) and care homes (both residential and nursing homes). In addition, in some parts of United Kingdom, other housing options for older people are available or being developed including co-housing and retirement communities. A brief summary of each type of housing is as follows:

Ordinary/mainstream housing - such housing includes general needs housing, with no specialised features. In relation to the design and development of 'Lifetime homes', such housing is usually designed to meet access and

adaptability standards for everyone including older people. Ordinary housing can include adapted housing where such adaptations have been made to suit the needs of the individual house-holder, including older people who wish to continue living in such housing as they age, albeit with the aid of adaptations.

Specialised (age-related) housing – such housing includes sheltered/retirement housing (independent living with own front door – may include 24-hour alarm system, warden, communal lounge and programme of activities); ‘very sheltered/assisted living’ (independent living with managed care and support services, key features are as for sheltered housing and may also include meals, domestic help, assisted bathing); ‘extra care’ (independent living with on-site care and support services, key features are as for very sheltered housing, may also include hairdressing service, 24 hour staff). There are also facilities described as ‘close care housing’ which enable independent living with on-site care and support, linked to a care home.

Care homes: The Care Standards Act 2000 removed the legal distinctions between residential and nursing homes, which became ‘care homes’ from 2002 (however homes providing nursing care are still distinguished from those providing personal care and are referred to as care homes with nursing). A *residential home* is a multi-residence housing facility intended for older people or senior citizens who require a level of personal support in order to maintain their independence. Typically each person or couple in the home has their own room or suite of rooms (depending on the type of facility). Additional facilities are provided within the building, including facilities for meals, gathering and

recreation. While the level of independence facilitated by such schemes varies, a study by Fonad et al (2006) concluded that safety and security were more important to residents than their independence. *Nursing Homes* provide a type of residential care for people who require constant nursing care and have significant difficulty in relation to activities of daily living. Nursing staff are usually available 24 hours a day in such facilities. Nursing homes are not specifically for the elderly as they also cater for younger adults with physical or mental disabilities.

Co-housing – Cohousing communities are intentional communities comprising private homes supported by shared facilities. Such communities are planned, owned and managed by the residents who also share activities which may include cooking, childcare, gardening and governance of the community. Each household has a self-contained, personal and private home but residents come together to manage their community, share activities and eat together. Common facilities may include a kitchen, dining room, laundry, guest rooms and recreational facilities. Such developments are more common in other European countries particularly Denmark and the Netherlands.

Retirement communities - such developments (usually with 100 housing units or more) provide a wider range of social and leisure activities than extra care housing developments and more accommodation for purchase. Individuals are encouraged to move in at a younger age to stimulate the development of a mixed or balanced community of interests and abilities.

While there appears to be a range of specialised housing catering for the varying health and social care needs of older people, this supposes that housing of choice is available at the time an individual needs it. Indeed, in describing the range of specialised housing, the HAPPI Panel (2009, 14) point out there is:

“almost bewildering choice, but, when push comes to shove – especially in a crisis – there is no choice at all”.

Following the Second World War, there was significant development of sheltered housing which was seen as part of the continuum sitting between general needs housing and the higher level of care provided in residential care homes. Since the 1960s, local authorities, specialist housing associations and commercial companies have provided sheltered housing. However, since the 1980s, local authorities have substantially reduced their building of new sheltered housing thus in the 1990s most of the growth in sheltered housing has been in the private sector.

The variation in quality and type of sheltered housing now available across local authority areas in Wales impacts on the housing choice available to older people. In relation to Caerphilly County Borough where this research study is sited, the researcher notes that some of the Council sheltered housing schemes are in need of adaptation in order to meet Disability Discrimination Act requirements, which has impacted upon the resident entry criteria for these particular schemes. The Welsh Government ‘Framework of Services for Older People’ (Welsh Government, 2012a, 113) makes the point that *“there is more to*

be done to explore how we can make better use of the contribution of sheltered housing to the continued independence of older people”.

Within the resource pack developed by adass and Housing LIN (2011, 26) it is suggested that:

“In seeking to provide accommodation for older people, sheltered housing should be appropriate to needs, promote independence, offer full accessibility and, as far as possible, provide a home for life for its residents. It should not be a stepping stone on the pathway to residential care”.

However, normal sheltered housing can and does provide a ‘stepping stone’ to extra-sheltered and extra-care housing with the aim of sustaining an older person’s independence even though this necessitates a move to alternative accommodation (Porteus, 2012).

Work by Darton et al (2011) provides an example of the recent evaluation of specialised or enhanced housing which queries whether such housing facilitates ageing in place for more vulnerable people, such as those with mild to moderate dementia or physical disabilities. Yet, in earlier work, Cantley (2001) referred to examples of ‘normal’ sheltered housing schemes providing a housing option for people with dementia where ‘residential levels of support’ are provided to residents in their own homes (noting that there are increasing numbers of very old people in sheltered housing and hence increasing numbers of people with dementia). Cantley (*ibid*) also argues that the potential of sheltered housing may

not have been fully explored in that some sheltered housing schemes lend themselves to becoming 'very sheltered' housing through further adaptation and/or in-reach support service provision. Clearly housing options for more vulnerable older people also vary depending on the scope of facilities and services provided within the housing scheme.

Bond et al (2007a) point out that innovations in housing and care are indicative of the greater emphasis now being placed on developing person and relationship- centred care within what can be seen as institutional environments, an example being extra care housing developments which enable couples to stay together as well as fostering the development of neighbour to neighbour friendships.

In taking forward specialised housing developments, there is now greater attention paid to improving environmental quality, not only through the design of settings but also through the choice of activities and range of supportive services, leading to on-going debates concerning the funding of long term care and the views of older people on the development of age-segregated retirement communities (Wanless, 2006 and Croucher, 2006)

Earlier the Audit Commission report (1998) advocated greater collaboration between housing, social services and health and clarification of the role of sheltered housing in meeting the needs of a growing number of older people. More recently, the adass and Housing LIN resource pack authors (2011, 27) have noted that:

“the long term role of sheltered housing and using that resource when modified to deliver quality housing, into which the full range of care, support and health services can be delivered, is likely to become the focus of a number of partnership arrangements”.

Yet, it would seem that progress across Wales in this regard is slow with only one of the seven Health Boards in Wales (Aneurin Bevan Health Board) putting in place local planning and development mechanisms across health, social care and housing.

The model of extra care housing has grown during the 1980s and 1990s and has been viewed as purpose built housing which can provide individuals with an alternative to moving in to a residential home (Bond et al, 2007a). Indeed, some have advocated the complete re-provision of residential care by developing extra care (Appleton and Shreeve, 2003 and Department of Health, 2004). The Welsh Government (2012a) notes that there has been considerable investment in Wales over the past 5 years in extra care housing, including new build and refurbishment of existing sheltered housing schemes.

While there is no agreed definition for such housing, extra care housing has become the preferred term for housing integrated with care. Porteus (2012) points out the need to be clear on what extra care housing is not i.e. it is not supportive housing, assisted living, enhanced or sheltered housing or retirement housing. The service model is based on independence, well being and self determination. Porteus (*ibid*) also points out a key benefit of extra care housing

noting that postponing entry in to residential care for 1 year saves on average £28,000 per person. The extra care model also enables a more joined up approach to planning and providing services across health, housing and social care (HAPPI Panel, 2009).

Extra care housing offers a variety of housing tenures and can enable people to safeguard their financial assets by purchasing or part-purchasing their accommodation. Shared equity approaches may enable cash-poor home owners to release equity/downsize providing a cash sum to live on or purchase care. Research by Darton et al (2011) found that people had generally made a positive choice to move in to extra care housing, with high expectations focused on an improved social life in particular.

The provision of shared facilities for residents, such as restaurants/cafes and leisure facilities, can provide opportunities for interaction between residents and the external community if such facilities are made available to non-residents too (HAPPI Panel, 2009).

'Pull' factors for moving in to extra care housing have been identified as tenancy rights/own front door, flexible on-site care support, security, accessibility, size of accommodation, social and leisure facilities (Darton et al, 2011).

There is, however, a timeliness element to successful moves of older people to specialised housing which poses the question of whether individuals are leaving it too late to reap the full benefits of such a move in terms of maintaining

independence. Noting the benefits of extra care housing, Kerslake and Stilwell (2004) estimate that about a third of the population entering a care home could have moved to a form of housing with care as a viable alternative, with a further third able to have managed in such housing had they moved prior to further escalation of their care needs. Such opportunistic housing moves, the authors argue, require the provision of appropriate information, advice and support at the right time.

2.3.6 Informing housing choice

The provision of housing options for older people represents a key part of action required to improve housing choice for older people. However many older people require information and support in making such important choices and decisions in order to improve their chances of maintaining independence in later life (Means et al, 2006 and Bourton, 2009). Currently many older people want to stay in their existing homes because they have no information about other options (Hughes, 2012).

Information provided by adass and Housing LIN (2011, 5) reflects on the proactive role to be played by individuals in ensuring they reap the positive benefits of housing choice pointing out:

“Often it is the housing choices made in early old age that will influence the well being and lifestyle of individuals in the latter stages of life”

In England, as part of the Housing Strategy recommendations (Department for Communities and Local Government, 2008a), funding was provided for 'FirstStop' a national advice and information service delivering joined up housing advice with care and finance. The outcome of a review of services provided by 'FirstStop' (Burgess, 2012) was positive citing examples of services that had enabled the identification of cost effective housing options for older people. In Wales, Bourton (2009) reflected on the opportunity to link existing services through a partnership model providing a single point of contact for support and advice regarding housing and care issues. There remain, however, questions on whether this is possible within existing frameworks or whether the 'FirstStop' model should be replicated in Wales.

The mechanisms used in addressing the housing information needs of older people should take in to account the results of previous research where older people have expressed a preference for information to be provided by someone who is well informed but impartial to talk to about housing decisions in old age (Margiotta et al, 2003; HAPPI Panel, 2009; Hughes, 2012). For many older people, having someone who is impartial to talk through the pros and cons of possible housing alternatives and help to sort out practicalities is of even greater importance than obtaining factual information (Welsh Government, 2012a).

Various initiatives have been undertaken to provide older people with information in order to assist them with making a decision about moving home, for example the HOOP questionnaire (Heywood et al, 1999) and Elderly Accommodation

Counsel and Counsel & Care's information services for people contemplating moves to special needs accommodation / residential care. A further example of such an initiative is the 'Bristol Care & Repair Move On Advice Service' (developed in partnership with the Elderly Accommodation Counsel, Age Concern England and Help the Aged). The Housing Learning and Improvement Network (Housing LIN) has also called for a more integrated approach to the provision of information and advice to vulnerable low income older home owners that links national and local information and advice services and enables people to exercise informed choice (Sutherland, 2011).

The Welsh Government 'Framework of Services for Older People' (Welsh Government, 2012a) focuses upon how public services need to work together to promote the independence of frail older people either in their own homes or in other homely settings with particular emphasis on the provision of good quality information to older people about the services available. The Framework (*ibid*) points out that older people can benefit hugely from having help to 'navigate' around the system and notes that the joining up of access routes and information systems is key to achieving a situation where 'no door is the wrong door for older people'. The Welsh Government Framework (*ibid*) also acknowledges that older people may well need face to face support in both interpreting and applying the information provided in terms of their own individual circumstances.

However, noting recent Welsh Government policy on digital access to information and services (Welsh Government, 2011a), with the delivery of public

services online expected to be the default method in future, there is a danger of further disadvantaging older people, the majority of whom remain digitally excluded for a variety of reasons (Radcliffe and Winckler, 2011). Noting that the proportion of adults using the internet to visit Government websites in Wales is even lower than in the rest of the UK as a whole – at fewer than one in five people or 18%, it will be important to retain offline mechanisms for delivery of information and services. Such an approach is being taken by Caerphilly County Borough Council through contact centre access and the development of a community digital TV channel that replicates the services being moved to online provision (*ibid*). Noting the way that society is moving with increased use of online technologies, individuals who do not have the skills to get online or see it as irrelevant, are likely to become increasingly economically and socially excluded (Welsh Government, 2011a).

The Welsh Assembly Government Strategy *'Delivering Digital Inclusion: A Strategic Framework for Wales'* (2010c) set out a vision:

'To ensure that everyone who wants to be online can get online, do more online and benefit from the advantages of being online'.

However, the Strategy notes that older people are nearly twice as likely not to use the internet as younger people and are among the people who will most need to use services. With an increasing shift of services to online delivery, there is a likely paradox that people who will most need to use services such as

getting a GP appointment, see social services or have contact with housing associations, are those least likely to be digitally included.

The Welsh Government Digital Wales Delivery Plan (2011a) fully acknowledges the importance of protecting the rights of those that remain digitally excluded.

The Delivery Plan (*ibid*) also notes the need for increased public access to the internet at a wide range of locations and increased access times such as Saturdays and in during the evenings (noting that a third of people in Wales do not have internet connection in their home and fewer people in Wales than in the rest of the UK are online).

As part of implementing the Delivery Plan (*ibid*), a report (Welsh Government, 2011b) on Welsh Government commissioned research into the economic and social benefits of digital inclusion (for individuals and wider society) highlights lessons learned and provides challenge to the assumptions underpinning policy decisions to date. The report (*ibid*) refers to evidence which shows that digital exclusion disproportionately affects older people (of the estimated 785,000 adults who do not currently use the internet in Wales, 515,000 are aged 50+). Also evidence that non-use of the internet increases with increasing age (74% of those aged 50-54 use the internet compared with 52% of those aged 65-69, 36% of those aged 70-74 and 11% of those aged 85+). However, the report (*ibid*) points out the potential for digital media to reduce isolation and social exclusion (for example 'skype' and social media) and categorises non-use of the internet in Wales as voluntary (distrust and disinterest) and involuntary (lack of internet access).

In order to improve the uptake of digital media by older people and others, Haythornwaite (2001, 364) contends that in relation to media and communication, there is a need to:

“build a picture that situates internet use in the rest of individuals’ lives, including the people with whom they interact, the technologies they have around them, their lifestage and lifestyle”.

2.3.7 Future housing choice for older people

It remains to be seen what impact the implementation of the UK Government launched ‘National Planning Policy Framework’ (Department for Communities and Local Government, 2012) has on future provision of older people housing in England. In earlier work commissioned by the, then, Welsh Assembly Government (Bourton, 2009) there was an acknowledgement that formulation of housing policy and strategy should focus on the ageing society rather than the older person

The limitations of current housing for older people are reflected upon by Peace and Johnson (1998, 62) who note that:

“At present older people are faced with combinations of accommodation and care which have either evolved through housing policy in the form of sheltered housing or through social welfare and health care policy in the form of residential care home and nursing homes.”

This, the authors feel, represents the lack of a coherent approach to the integration of housing policy and provision with broader health and social care policies and services for older people. Franklin (1996) also argues that the separate interests of the different agencies involved have dominated our approach to housing and care provision. The need for better outcomes for older people housing (noting the current and future budget challenges facing housing and social care organisations) in order to promote independence and give real choice and control to individuals requires new approaches based on cross organisational partnership and integration. Franklin (*ibid*) advocates more holistic, person-centred approaches to thinking about housing and support including a range of initiatives in 'ordinary living' and communal settings.

The influence that stereotyping of older people has had on older people housing is reflected upon in work by Sumner (2002) who notes and challenges some of the stereotypes that surround older people, which the author feels have in the past influenced housing and care policy. Means and Smith (1998) also refer to negative cultural stereotypes of old age and the way that these stereotypes affect policy and service assumptions about what is desirable and possible in housing and care for older people. Such observations are relevant to current and future housing policy and housing development aimed at older people if we are to avoid the mistakes of the past (Peace and Holland, 2011) and address the housing needs and wants of successive generations of older people.

Sumner (2002) also explores how housing and housing issues have been detached at policy and at resource levels from health and social care issues.

The importance of greater collaboration between housing, health and social care has received greater emphasis within Welsh Assembly Government (2008b) and Welsh Government (2011 and 2012a) guidance and policy.

In addition to the stereotyping of old age, there are also other considerations in relation to how individuals themselves feel, or are encouraged to feel, about ageing. There is much emphasis within the media on what we need to do to fight old age rather than enjoy it, leading us to question our self-worth. The authors of the HAPPI Panel report (2009) suggest that this adds to a general reluctance to imagine our 'future selves' and therefore plan ahead to old age. This may explain the attitude of some older people who discount the future in order to avoid feeling old.

The central principle of recent Government policy has been to help people maintain their independence in their own homes linked to the longer term policy aim of reducing admissions to care homes (Darton et al 2011). There has also been policy emphasis on personalisation of services with the aim of giving people greater choice and control over the services they receive. The personalisation policy agenda, which includes the provision of personal budgets, including direct payments, represents Government efforts to empower older people. Direct payments enable local authorities to make payments to people assessed as eligible for services so that they can make their own decisions and choices about how they use the money to shape the care they receive.

Increasingly housing has been seen as essential in the development of effective community care services, however progress has been slow on developing the necessary service links, with housing and social services tending to develop separately (Audit Commission, 1998). Cantley (2001) also points out that housing policy should be better integrated with health and social care policies.

Work by adass and the Housing LIN (2011,24) notes:

“The need for a cross-agency strategic approach has been given strong emphasis by a range of government and national bodies”.

The authors (ibid, 24) also note that:

“housing tends only to be seen in terms of a planning or housing department issue within many local authorities, thus health may not see the gain to be had from new housing suitable for older people and social care may not understand the requirements and approaches for the planning department/authority”.

Housing is vital to ensuring independence and social inclusion of people who are vulnerable or disadvantaged as a result of their age, ill-health, disability or circumstances. Indeed, inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead good quality lives, and in many cases is a direct contributor to unnecessary entry in to institutional care (adass and Housing LIN, 2011, 26). The authors (*ibid*, 24) also note that housing for older people *“needs to straddle different forms of tenure and particularly owner occupation”.*

While increased home ownership amongst older people, as a result of the general expansion of home ownership and the 'Right to Buy' Government policies of the 1980s, has enabled increased property wealth for many older people, some have become 'housing rich and income poor'. In such circumstances and in order to stay put in their home, many need to find ways of releasing capital for maintenance and overhead costs. However, property ownership also provides a form of capital which could be used to fund a move to a different form of age-related housing or long-term care (Peace and Holland, 2001).

Increased property wealth amongst older people is a particular feature of the, so called, 'baby-boomer' generation. However, even this birth cohort is not homogeneous in that there is considerable variation of experience of the same historical events, social and cultural experiences as well as differences in social class, gender and actual experience of events/life.

While many in the baby boomer generation and future generations of older people will probably be more flexible in their housing options, more mobile in terms of car-driving and long-distance travelling, more alert to environmental change, and more eager to use 'new' technology such as the internet and high tech solutions to improve their housing quality and care needs, this is unlikely to apply to all individuals and certainly applies less to current groups of older people in their 70s and 80s. For current and future generations, new housing for older people needs to appeal to an increasingly discerning, image conscious market.

2.3.8 Summary of section 2.3

Noting that the places where people live are vital in supporting quality of life, well being and independence, this section has reviewed the issues and challenges in enabling choice for older people in both ordinary/mainstream and specialised housing.

The challenges of a growing older people population and associated increase in demand for suitable older people housing require a greater understanding of the 'drivers' and constraints in facilitating housing choice. Relevant 'drivers' may include the changing housing needs and wants of current and successive generations of older people and national policy which requires greater collaboration between health, social care and housing organisations while constraints include organisation budget challenges and the need to address the requirements of wealthy and poor older people. These factors will impact on choice both positively and negatively. For example, more wealthy individuals will be able to dictate and influence the provision of bespoke housing while poorer individuals could have less choice as cash strapped organisations struggle to respond to growing demands.

2.4 Conclusion

This review of the literature in relation to the concept of choice, the demographic, societal and policy changes facing older people and housing choice for older people, has discussed current theory, arguments and potential future policy direction for these key areas of the research question. The literature

review has also stressed the importance of these areas of focus within the research study, in particular the importance of facilitating individual choice and the role to be played by individuals and organisations in enabling and sustaining housing choice for older people.

In exploring the concept of choice, review of the literature has illustrated that there are a number of elements which influence both the perception and reality of choice. Identified influences include the provision of information to inform and empower choice, the potential benefits of collaborative working across organisations in enabling and sustaining choice and the role of both the individual and organisations in ensuring choice. Review of the potential benefits of collaborative working across organisations, in the context of this DBA research study, may also identify contributions to organisation practice.

The impact of past and current housing policy on choice and availability of housing for older people highlights the lack of focus on older people as individuals, with different housing aspirations and choice preferences.

In summary, this review of the literature has enabled an exploration of the key elements of the research question and research aims in identifying the factors which impact on choice at both an individual and organisation level.

There is a clear role for both individuals and relevant organisations in securing housing choice and maintaining independence in to old age. The role of individuals may be supported through mechanisms such as co-creation but may

also require specific direction in relation to planning forward for old age, an issue which will be further explored in Chapter 5, Discussion and Analysis.

CHAPTER 3 – RESEARCH METHODS

3.0 Introduction

This chapter has been structured to enable the exploration and confirmation of the researcher's ontological and epistemological position and how this influences and informs the chosen research strategy. The chapter goes on to detail the research methods approach, ethical considerations and data collection process. The conceptual framework aims to link the research question with the chosen research approach.

The research study explores the experiences of two groups of older people, through semi-structured, one to one interviews. The Prospective Group comprises older people, age range 55 to 80 years, all of whom have a long term health condition and who could, therefore, potentially face increased care needs in the future which may prompt a move from their current home. The Retrospective Group comprises older people, age range 65 to 85 years, all of whom have a long term health condition, and who have already experienced deteriorating health and a move from their previous home in to sheltered housing.

The research question asks:

How are the factors which influence independent living housing choices for older people impacted upon by action at an individual and organisation level?

The research question is set within the context of Welsh Government 'citizen-centred' policy and the research study examines the concept of choice, as

applied to the provision of specialised housing and care services for older people. Choices open to citizens, who require such services, vary across Wales depending on a range of factors including local investment in and availability of services and the effectiveness of collaborative working across health, social care and housing services. At the core of the research study is an exploration of the role played by individuals in forward planning for their old age. The role of relevant organisations, in ensuring that older people are provided with information and choices in relation to their housing and care needs as they arise, and supported in making their choice, is also explored with the intention of informing future practice. As Sigglekow (2007, 21) states:

“cases are often a great way to motivate a research question” and “one that is grounded in a real-life situation is usually much more appealing”.

Lincoln and Guba (1985) describe the first stages of research design as:

- Determining a focus for the inquiry. This should establish a boundary for the study and provide inclusion/exclusion criteria for new information. Boundaries, however, can be altered and typically are.
- Determining the fit of the research paradigm to the research focus. The researcher must compare the characteristics of the chosen research paradigm with the goals of the research.

The research study focuses on how the housing choices available to older people with a long term condition, and potentially increasing care needs as they

age, may be influenced by decisions made at an individual and organisation level in enabling individuals to live independently in the home of their choice . The focus of the research is ‘upstream’, examining how future potential scenarios may be anticipated and planned for by individuals, supported by relevant public sector services. The research also aims to examine how the choices open to us as we get older may be influenced by:

- decisions we make or do not make ourselves, in terms of planning ahead for old age;
- decisions made by those who provide services, in particular local authorities, the NHS and Registered Social Landlords (RSLs).

The researcher is particularly interested in how such influences may affect where individuals are able to live as they get older and still maintain their independence. The research study examines the issue of individual forward planning in to old age with the aim of maximising and sustaining independence.

3.1 Research Ontology and Epistemology

Guba and Lincoln (2007,105) state that:

“questions of method are secondary to questions of paradigm, which we define as the basic belief system or world view that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways”.

They further argue (*ibid*,116) that:

“no inquirer ought to go about the business of inquiry without being clear about just what paradigm informs and guides his or her approach”.

The four paradigms referred to by Guba and Lincoln (*ibid*) are Positivism, Postpositivism, Critical Theory and Constructivism with distinctions between them based on which ontology, epistemology and methodology apply to which paradigm. The table overleaf, adapted in terms of providing further detail, from Guba and Lincoln (2007,109), sets out the paradigm differences:

Table 3 – Describing the paradigms

Item	Positivism	Postpositivism	Critical Theory	Constructivism
Ontology	Naive realism – ‘real’ reality but apprehendable (research can, in principle, converge on the ‘true’ state of affairs. Cause-effect laws.)	Critical realism – ‘real’ reality but only imperfectly and probabilistically apprehendable (claims about reality subjected to wide critical examination)	Historical realism – virtual reality shaped by social, political, cultural, economic, ethnic and gender values; crystallized over time	Relativism – local and specific constructed realities (constructions are alterable, as are their associated ‘realities’)
Epistemology	Dualist/objectivist; findings true (investigator and investigated ‘object’ assumed independent entities, threats to validity minimised.)	Modified dualist/Objectivist; critical tradition/community; findings probably true (replicated findings are <i>probably</i> true – but always subject to falsification)	Transactional/Subjectivist; value- mediated findings (what can be known linked with the interaction between the investigator and the object under investigation)	Transactional/subjectivist; created findings (investigator and object of investigation interactively linked – findings ‘literally created’ as the investigation proceeds)
Methodology	Experimental/ manipulative; verification of hypotheses; chiefly quantitative methods (hypotheses subject to empirical test to verify them)	Modified experimental/ manipulative; critical multiplism (triangulation); falsification of hypotheses; may include qualitative methods (inquiry in more natural settings, discovery as an element in inquiry)	Dialogic/Dialectical ((transformational nature of the inquiry requires dialogue between the investigator and the subjects of the inquiry)	Hermeneutical/ Dialectical (varying constructions are interpreted using conventional hermeneutical techniques and compared and contrasted through dialectical interchange – aim being to distill a consensus construction)

Guba and Lincoln (2007,109)

Guba and Lincoln (*ibid*), in reviewing the relative merits of each of the paradigms, in terms of acceptance as the paradigm of choice in informing and

guiding inquiry, in particular qualitative inquiry, maintain that both qualitative and quantitative research methods may be used appropriately with any research paradigm. Gage (1989), however, offers a different view and uses the metaphor 'paradigm wars' in describing how proponents of the different paradigms argue the merits of the views of their chosen paradigm.

The ontological and epistemological position of the researcher, has been determined by the methodological paradigm within which the research has been undertaken. As Burrell and Morgan (1979,2) state:

“different ontologies, epistemologies and models of human nature are likely to incline social scientists towards different methodologies”.

3.2 Ontological position

This social research study will explore how choice can be influenced by the actions of both individuals and organisations, in the context of a potential increase in care needs as we age. The ontology of the researcher is based on a subjectivist approach to the social science research study undertaken in that:

“the principal concern is with an understanding of the way in which the individual creates, modifies and interprets the world in which he or she finds himself” (Burrell and Morgan,1979,3).

Clough and Nutbrown (2007) describe social research as:

- Persuasive - persuading the audience of the value of the research;

- Purposive - it should make a difference;
- Positional - the context in which the research is conducted and reported;
- Political - research which changes nothing (not even the researcher) is not research at all.

In undertaking this social research study, the researcher ontology reflects a constructivist approach to reality as opposed to an objectivist approach to reality. The table below compares and contrasts the objectivist and constructivist ontological positions:

Table 4: Comparing objectivist and constructivist ontological positions

Objectivist	Constructivist
Reality is objective, single, simple and is independent of consciousness.	Reality is multiple and exists within the minds of those who construct it. It is therefore perceived differently.
Reality is perceived uniformly. Reality can be 'found' by the researcher.	Reality is explored within a research context.
Absolute truths exist that are beyond our reach.	There are no absolute truths.
Value free statements exist (we can be objective).	Statements are value laden (all research is subjective).
Human beings are rational actors who act in accordance with laws and whose results can be predicted.	Human beings are active creators of their world and patterns are derived through the subjective development of meaning and behaviour.
Order is established.	Order is negotiated.

The researcher believes that reality is socially constructed – that an individual’s view of the world is influenced by their experiences as well as their cultural background and personal values. Social constructionism is an approach to the social sciences drawing its influences from disciplines including philosophy, sociology and linguistics and is thus multidisciplinary in nature. As a culture or society we construct our own version of reality between us, when people talk to each other the world gets constructed - so language is more than just a way of people expressing themselves (Burr, 2003). Social constructionists deem that our knowledge of the ‘reality’ of the world is ‘constructed’ between people through social interaction and talking to each other (*ibid*, 2003). People ‘construct’ ways of understanding between them - truth is something to be created by human beings. Foucault (1970) also suggests that ‘constructions’ of the world are bound up with power relations, having implications for what is permissible for different people to do, and for how they treat others. Foucault (1970; 1980) has focused, particularly, on the power *in*, rather than the power *of*, knowledge

There are also extremes in the constructivist view of knowledge ranging from ‘radical constructivism’ (Kelly, 1955) where it is deemed everyone sees the world (and reality) differently “*so in this sense we each inhabit different worlds*” (Burr, 2003,19), to a more moderate view which acknowledges the individual nature of all understanding but within the context of a world in which reality exists independently of our understanding or knowledge. Burr (*ibid*) also refers to ‘micro’ and ‘macro’ social constructionism:

- Micro social constructionism – social construction taking place with every day discourse between people in interactions (Gergen,1989);
- Macro social constructionism – acknowledges the constructive power of language as derived from (or at least related to) material or social structures, social relations and institutionalised practices. The concept of power is at the heart of this form of constructionism (Foucault, 1972; 1980).

Social constructionist research makes different assumptions about its aims and about the nature and status of the data collected. The insistence of social constructionism upon the importance of social meaning of discourses often leads logically to the use of qualitative methods as the research tools of choice.

The table overleaf, adapted from Guba and Lincoln (2007,112) to draw out the areas relevant to the research study, highlights the constructivist paradigm position against a range of practical issues:

Table 5: Issues and the constructivist position

Issue	Constructivist Position
Inquiry aim	Reliable, relevant (understanding of area). Reconstruction
Knowledge	Individual reconstructions coalescing around consensus
Quality criteria	Trustworthy, authentic
Voice	'Passionate participant' as facilitator of multi-voice reconstruction
Values	Value based
Ontology	Subjective
Epistemology	Interpretist
Hegemony	Seeking recognition and input

Guba and Lincoln (2007,112)

In the context of the constructivist position, the inquirer's voice is referred to as the 'passionate participant' (Lincoln, 1991) – seeking the 'multivoice' reconstruction of his or her construction as well as those of all other participants. Formation of the resulting reconstructions facilitates changes as individuals act on them (Guba and Lincoln, 2007). This aspect of the research methodology underpins elements of the research analysis approach, noting the 'careful critical reflection', referred to by Alvesson and Deetz, 2000, of the research data by other groups of older people and a focus group, in addition to the researcher.

3.3 Epistemological position

The interpretive paradigm best describes the epistemology of the researcher which:

“is informed by a concern to understand the world as it is... the fundamental nature of the social world at the level of subjective experience” (Burrell and Morgan, 1979,28)

- also within the frame of reference of the research participant. Seeking an understanding of the individual research participant's experience and values as they relate to the research area forms an important part of the research approach.

Burrell and Morgan (*ibid*) contend that the interpretive approach to social science research tends to be:

- *Nominalist* – revolves around the assumption that the social world, external to individual cognition, is made up of nothing more than names, concepts and labels which are used to structure reality.
- *Anti-positivist* – the social world is essentially relativistic and can only be understood from the point of view of the individuals who are directly involved in the activities which are to be studied. The researcher is not an ‘observer’, as there is a need to understand from the ‘inside’ rather than the ‘outside’.
- *Voluntarist* – holds the view that man is completely autonomous and free willed.

- *Ideographic* – an approach to social science based on the view that one can only understand the social world by obtaining first-hand experience or knowledge of the subject under investigation. There is a need to get close to ones subject and explore its detailed background and life history. This approach stresses the importance of letting ones subject unfold its nature and characteristics during the process of investigation.

The interpretivist sees reality as a social construct (Burr, 2003). In undertaking the research study, there is a recognition of the life experiences of the research subjects, seen alongside those of other research subjects within the research sample. An interpretivist is interested in the situation (or research area) and how it is perceived by the research subjects actually immersed in that particular situation. For example, an older person who already has a level of care services need or who is familiar with someone in these circumstances, is more likely to have a different interpretation and response to the research area under investigation than an older person who has none of these insights.

Noting the interpretivist nature of the research study, the related inductive process, moving from observations/data towards generalisations, hypothesis or theory, 'grounded theory' (Glaser and Strauss,1967) best describes the approach taken to the interpretation of the research findings, where the researcher sets out a hypothesis, based on the data, notably using subjects own categories, concepts etc. Also, within this specific area of research, it is

suggested that little or no theory currently exists. As Sigglekow (2007,21) observes:

“If only limited theoretical knowledge exists concerning a particular phenomenon, an inductive research strategy that lets theory emerge from the data can be a valuable starting point”.

Glaser and Strauss (1967) developed the methodology of Grounded Theory which has become a ‘loose’, less structured method of developing and testing theory simultaneously. Grounded Theory is said to have some disadvantages including the fact that it is a relatively young and developing method as well as not having been developed to test hypotheses. Langley (1999) notes the widely held view of grounded theory building as creating theory by observing patterns within systematically collected empirical data. However other scholars, including Suddaby (2006) contend that grounded theory building has a more precise meaning which is more in line with the original focus of Glaser and Strauss (1967) on the interpretation of meaning by ‘social actors’. Suddaby (2006, 634) describes grounded theory building as:

“most suited to efforts to understand the process by which actors construct meaning out of intersubjective experience”.

Grounded theory can be seen as an alternative to the testing of formal theories in that it enables the development of theories grounded in empirical data of cultural description. This form of analysis is usually associated with qualitative studies, with interviewing a particular form of data collection and research

sampling involving the selection of a representative sample of research subjects and their situations, reflecting the methodological approach taken in this research study.

While this research study requires an inductive approach, in that the intention is to build theory and a hypothesis, Brannen (2005) maintains that qualitative and quantitative research may employ both inductive and deductive forms of enquiry. Eisenhardt and Graebner (2007,25) describe inductive and deductive research approaches as:

“mirrors of one another, with inductive theory, building from cases, producing new theory from data and deductive theory testing completing the cycle by using data to test theory”.

Morse (2002) describes the early stages of research inquiry by using the analogy of a ‘skeletal framework’ with the framework gradually ‘padded’ as the inductive puzzle of inquiry proceeds.

Interpretivism does not accept positivistic views which include the researcher as disassociated from his/her research subjects, the existence of ‘cause and effect’ relationships and value-free inquiry (Denzin 1989). The table overleaf sets out the differences between Positivism (Empiricism) and Interpretivism:

Table 6: Comparing Positivism and Interpretivism

Positivism (Empiricism)	Interpretivism
Focus on explanation	Focus on understanding/interpretation.
Only that which can be verified empirically can be said to exist.	The senses are not a reliable measure of validity.
Value free statements (can be objective).	Meanings are created through individual consciousness or through social interaction
	Objectivity and subjectivity are relative concepts
Knowledge gathered through senses can provide basis for 'laws'.	Knowledge is contextually specific and this reduces the likelihood of there being 'laws'

There are other elements of the interpretivist approach, notably phenomenology, a philosophy which supports the view that for someone to derive knowledge from something they have to be conscious of it and reflects the highly subjectivist region of the interpretive paradigm (Burrell and Morgan, 1979).

Further views on phenomenology are provided by Schutz (1967, 89) who argues that:

“consciousness is fundamentally an unbroken stream of lived experiences which have no meaning in themselves”.

Schultz (*ibid*, 89) further adds:

“Meaning is dependent on reflexivity – the process of turning back on oneself and looking at what has been going on only the already experienced is meaningful, not that which is in the process of being experienced”.

Qualitative research is also referred to as “phenomenological inquiry” (Hoepfl 1997,47).

3.4 Evaluation of available methodological approaches

There are two fundamental research methodologies, qualitative and quantitative.

Strauss and Corbin (1990,17) broadly define qualitative research as:

“any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification”.

Hoepfl (1997,47) states that:

“quantitative researchers seek causal determination, prediction and generalisation of findings, qualitative researchers seek instead illumination, understanding and extrapolation to similar situations”.

Patton (1990), amongst others, has debated the relative value of qualitative and quantitative inquiry while Brannen (2005,175) suggests:

“there is strong support for working both qualitatively and quantitatively”.

The table overleaf summarises the key strengths and weaknesses of quantitative and qualitative research methods:

Table 7: Strengths and weaknesses of Quantitative and Qualitative methodologies

Strengths of Quantitative Methods	Strengths of Qualitative Methods
Researcher knows clearly in advance what he/she is looking for	The research design emerges as the study unfolds enabling greater flexibility
Quantitative data is more efficient and able to test hypotheses	Ability to capture 'rich' data on the research area
Objective – seeks precise measurement and analysis	Subjective – researcher tends to become immersed in the subject matter
Recommended during latter phases of research projects	Recommended during earlier phases of research projects
Weaknesses of Quantitative Methods	Weaknesses of Qualitative Methods
Not useful for understanding the context of a problem	Not ideal for testing theories and data is non-standardised
Can over-simplify complex interactions (for example questionnaire based data collection) – can lead to important detail being ignored	Data collection can be time consuming
Does not provide an understanding of human relationships and social context	Bias can occur through interviewer and interviewee interaction and data interpretation

While there is continual debate, especially within the social sciences, about the comparative strengths and weaknesses of quantitative and qualitative methodologies, an alternative view on the relationship between qualitative and quantitative research methods is that they be seen as complimentary rather than exclusive, based on the requirements of the research design (Brannen, 2005). Such a view could be taken where qualitative work is conducted as an essential

preliminary to quantitative research. Qualitative techniques such as observation, in-depth interviews, and focus groups can be used to provide a description and understanding of the situation or behaviour. At their most basic, these techniques can be used simply to discover the most comprehensible terms or words to use in the subsequent survey questionnaire (a typical quantitative research method).

Another way in which qualitative methods can be used to supplement quantitative work is as part of the validation process as in 'triangulation' (Patton, 1990). In the triangulation process, three or more methods are used and the results compared for convergence or as part of a multi-method approach which examines a particular phenomenon or topic on several different levels.

The ability to generate both quantitative and qualitative data, based on a single methodological approach, has been demonstrated through the use of Q Methodology. Q Methodology was invented in 1935 by the British physicist-psychologist William Stephenson (1953) via a simple adaptation of the quantitative technique known as factor analysis. Stephenson (*ibid*) was interested in providing a way to reveal the subjectivity involved in research situations. Dennis and Goldberg (1996) point out that Q Methodology combines the strengths of both qualitative and quantitative research traditions. Advocates of this research method claim that it provides a rigorous measure of human subjectivity (Brown,1993). Q Methodology arguably fits with an interpretive ontology as it does not seek to explain hypothesized causal relationships

(Jeffares and Skelcher, 2008) and addresses the call for greater systematicity in interpretive method (Mathur and Skelcher, 2007).

Researchers need to be aware of the different types of answers derived from different methods. Combining methods can help to build a wider picture, and this is especially productive when used to explore the findings of previous research. However, qualitative research methods can reach aspects of complex human behaviours, attitudes and interactions, which quantitative methods cannot. The ability to probe, in more depth, the social and experiential contexts, as they relate to research participants, has been a key requirement of the research strategy and chosen research methods.

Marshall and Rossman (1980) set out a number of supportive arguments for undertaking qualitative inquiry including:

- Human behaviour is significantly influenced by the setting in which it occurs; thus one must study that behaviour in situations.
- One cannot understand human behaviour without understanding the framework within which subjects interpret their thoughts, feelings and actions.
- The 'objective' scientist, by coding and standardising, may destroy valuable data while imposing his/her world on the subjects.

Qualitative research aims to provide an insight and further understanding of a research area or question from a human perspective. Cresswell (1994) points

out that qualitative research involves 'fieldwork' with the researcher physically going to the people, setting, site or institution to observe or record behaviour in its natural setting. This type of research provides data on an individual's behaviours, experiences, motivations, perceptions, intentions and values and is thus often used in social sciences. Qualitative research methods present a 'picture' of the research area. The aim is to encourage research subjects to express fully and expansively on their experience, often therefore providing 'rich' data for analysis. Objectives of qualitative research can include the presentation and explanation of individual experiences, group norms and relationships. Research design can be iterative, in that it is informed by respondents' responses, for example the line of questioning within interviews being influenced and led by preceding or previous responses.

The key characteristics of qualitative research may be summarised as:

- The researcher interacts with that being researched (research subjects, for example via one to one interviews);
- Reality is subjective and multiple as seen by participants in a study;
- The research design is emerging;
- The research is context bound;
- Patterns and theories are developed for understanding;
- The research is accurate and reliable through verification;
- The research can be repeatable but issues may arise in relation to context;
- The research design is iterative and likely to be informed by respondents responses (the use of semi structured one to one interviews with research

subjects allows for the collection of rich data with further questions informed by previous responses);

- Lines of inquiry can be adjusted to follow unexpected threads (possible information “nuggets” that may be uncovered);
- While quantitative research has some level of certainty, qualitative research can lead you down additional ‘paths’ as you uncover information;
- Can look at personal accounts, group and community accounts;
- Can inform and influence policy (this is a key aim of the proposed research);
- Can identify trends (this could be an area for further research, for example comparing different generations)

The goal of qualitative research is the development of concepts which help us to understand social phenomena in natural (rather than experimental) settings, giving due emphasis to the meanings, experiences and views of all the participants. Since qualitative research does not generally enumerate, it is viewed as the antithesis of the quantitative method. Indeed, the two approaches are frequently presented as adversaries in a methodological battle. The table overleaf (taken from Glesne and Peshkin 1992,48) illustrates the predispositions of quantitative and qualitative modes of inquiry:

Table 8: Predispositions of Quantitative and Qualitative modes of inquiry

QUANTITATIVE MODE	QUALITATIVE MODE
<p>Assumptions:</p> <ul style="list-style-type: none"> • Social facts have an objective reality • Primacy of method • Variables can be identified and relationships measured 	<p>Assumptions:</p> <ul style="list-style-type: none"> • Reality is socially constructed • Primacy of subject matter • Variables are complex, interwoven and difficult to measure
<p>Purpose:</p> <ul style="list-style-type: none"> • Generalisability • Prediction • Causal explanations 	<p>Purpose:</p> <ul style="list-style-type: none"> • Contextualisation • Interpretation • Understanding actors' perspectives
<p>Approach:</p> <ul style="list-style-type: none"> • Begins with hypotheses and theories • Manipulation and control • Uses formal instruments • Experimentation • Deductive • Component analysis • Seeks consensus, the norm • Reduces data to numerical indices • Abstract language in write-up 	<p>Approach:</p> <ul style="list-style-type: none"> • Ends with hypotheses and grounded theory • Emergence and portrayal • Researcher as instrument • Naturalistic • Inductive • Searches for patterns • Seeks pluralism, Complexity • Makes minor use of numerical indices • Descriptive write-up
<p>Researcher Role:</p> <ul style="list-style-type: none"> • Detachment and impartiality • Objective portrayal 	<p>Researcher Role:</p> <ul style="list-style-type: none"> • Personal involvement and partiality • Empathetic understanding

Glesne and Peshkin (1992,48)

Alvesson and Deetz (2000,1) support the view that qualitative research:

“is typically orientated to the inductive study of socially constructed reality”.

Brannen (2005,175) takes issue with such ‘typical’ distinctions arguing that:

“the association of qualitative research with an inductive logic of enquiry and quantitative research with hypothetic-deduction can often be reversed in practice; both types of research may employ both forms of logic”.

Given the nature of qualitative research, the researcher is encouraged not to separate the stages of design, data collection and analysis but to go backwards and forwards between the raw data and the process of conceptualisation, thereby making sense of the data throughout the period of data collection. This will be particularly important where there is a likelihood of rich data collection, which in itself may lead to, or require, further probing of research subjects.

3.5 Research strategy

Having determined the ontological (subjective/constructivist) and epistemological (interpretivist) positions of the researcher, the research methodology of choice is qualitative. Qualitative research has an interpretive character, aimed at discovering the meaning events have for the individuals who experience them and the interpretations of those meanings by the researcher (Bogdan and Biklen, 1982).

The table below provides an overview of the researcher’s conceptual framework:

Table 9: Conceptual Framework

<i>Philosophical position</i>	Constructivist, Interpretivist
<i>Methodological paradigm</i>	Inductive as opposed to deductive
<i>Research strategy</i>	Case study approach (2 research groups, a Prospective Group and Retrospective Group)
<i>Research methods</i>	<ul style="list-style-type: none"> • Semi-structured interviews • Discussions with key policy leads (Key Respondents) • Discussion of findings with community-based groups • Focus Group

The research study will explore the experience of older people, either potentially facing an increase in care needs and consequent change in housing needs in the future (Prospective research group) or already having made accommodation changes on the basis of existing or increasing care needs (Retrospective research group). Within the Research Findings Chapter, data generated from the Prospective Group will be compared with data generated from the Retrospective Group in order to test the theoretical assumptions relating to ‘upstream’ decision making by older people and the impact on later life experiences. Campbell (1975) describes the ‘pattern matching’ technique as a way of relating research data to the theoretical propositions.

In exploring the research question through the two research subject groups, the research strategy is based on a ‘two case’ case study approach, which Yin

(2003) argues increases the chance of the researcher doing a “good case study” compared to areas of research where the research strategy is based on a single case design. The case study approach, while not strictly a qualitative research method, is used to explore contemporary phenomenon, especially in relation to this research study where there are complex, interrelated issues to explore. Guba and Lincoln (1981) highlight the distinctive place that case studies have in evaluation research. Using a case study approach to research is not viewed as a ‘soft option’ by some (Yin, 2003), in that the challenge of doing good case studies is recognised. Eisenhardt and Graebner (2007,25) point out that:

“the popularity and relevance of theory building from case studies is that it is one of the best of the bridges from rich qualitative evidence to mainstream deductive research”.

The use of a case study approach can enable both exploratory and descriptive analysis of the research proposed (Yin, 2003). The building of theory from case studies is also referred to by Eisenhardt (1989) as having ‘replication logic’ with each case able to stand on its own analytically and also able to be replicated in order to test theory.

The type of case study approach is exploratory in order to answer ‘why’ and ‘how’ aspects of the research question, in testing the theory ‘why’ do older people not plan ahead for their old age and ‘how’ do public sector services support older people in planning forward for their old age. As Eisenhardt and Graebner (2007,26) observe:

“theory-building research using cases typically answers research questions that address ‘how’ and ‘why’ in unexplored research areas particularly well”.

As a research method, the case study is used in many situations to contribute to knowledge of individual, group and social related phenomena. The case study has been a common research strategy in psychology, sociology, political science and social work (Gilgun, 1994), as well as in community planning. The use of a case study approach to the research study has both an individual and group focus in that data will be gathered at an individual level and then reviewed and reflected upon by groups of older people in order to test the validity of the findings and their applicability to older people as a population group. The distinctive need for a case study approach often arises out of the need to understand complex social phenomena. The particular role played by case studies in evaluation research to explain *“presumed causal links in real-life interventions that are too complex for the survey or experimental strategies”* is noted by Yin (2003,15). The case study method allows investigators to retain the holistic and meaningful characteristics of real life events such as individual life cycles and neighbourhood change. A key goal of the research study is to develop pertinent hypothesis and propositions for further inquiry. A further descriptor of the case study is that it is an empirical enquiry that:

- Investigates a contemporary phenomenon within its real life context, especially when;

- The boundaries between the phenomenon and context are not clearly evident.

Thus the case study method would be used where it is important to cover contextual conditions in that they are likely to be highly pertinent to the phenomenon being studied (Yin, 2003). While case studies can be based on any mix of quantitative and qualitative evidence, there is an emphasis on qualitative research methods in exploring the research question. The view that the case study is not either a data collection tactic or merely a design feature alone (Stoecker, 1991) is also supported by Yin (2003) who describes the case study as a comprehensive research strategy.

The use of two research groups, as a key component of the research strategy 'two case' case study approach, has further advantages, as highlighted by Leonard-Barton (1990), who points to the benefits of combining retrospective and real-time cases as a means of mitigating bias within one's research.

The research study methodology includes the use of semi-structured interviews with research subjects, allowing for further exploration of the area being researched dependent upon and, to some extent, led by research subject responses to initial questions. The interviews are based on face to face discussion, which will be recorded for later analysis. Development of the interview questions for each of the proposed research groups has been informed

by pilot interviews with older people who met the research participant selection criteria.

Selection of the research participants will be based on purposive sampling, using both the 'typical case' and 'criterion case' definition referred to by Patton (1990), who suggests particular cases where purposive sampling is proposed as the data collection method of choice for example:

- **Typical case** – where the cases being studied illustrate or highlight what is 'typical', 'normal' or 'average';
- **Criterion case** – ensuring the cases being studied meet the same criteria;
- **Interesting case** – where the cases being studied are 'information-rich' and demonstrate the phenomenon being studied intensely but not extremely for example comparing on the basis of above average or below average.

Purposive sampling is a popular data collection method in qualitative research where research subjects are chosen because they have particular features or characteristics which will enable detailed exploration of the research objectives. For this research study, participants will be chosen from a targeted sub-set of the wider population, that is older people within specific age bands, who have a long term condition. Underpinning the selection of individuals to take part in the research study are clear selection criteria in order to justify those selected.

The use of 'purposive sampling', as opposed to random sampling, may be more effective in producing a representative study group and thus better enable the capture of the range of opinions and experiences necessary to address the research question. For example, the inclusion of selection criteria which targets older people who have a long term or chronic health condition. Such individuals have a higher, potential likelihood of deteriorating health with age and associated increase in demand for care services as well as, potentially, different housing requirements as they age.

The use of purposive or systematic sampling methods enables deliberate choice of respondents or research subjects and research settings in order to appropriately populate the prospective and retrospective research subject groups, using predetermined research participant selection criteria. When using purposive sampling as a data collection method, the number of people interviewed is less important than the criteria used to select them. In relation to research sample size, this should be determined by 'theoretical saturation', that is the sample size beyond which no new data emerges. However, Heopfl (1997) suggests there are few strict rules on when the data collection process should stop and cites decision making criteria including the exhaustion of resources, emergence of regularities and overextension i.e. going too far beyond the boundaries of the research.

In taking forward the research study, in particular the one to one interviews with research subjects, the researcher has been mindful of the 'Hawthorne Effect' i.e. the impact of the researcher on the research subjects or setting, notably the

potential to change the behaviour and responses of research subjects. As a means of increasing the accuracy of data collected during the one-to-one interviews, a tape recorder will be used, having sought the agreement of the research participant before commencing the interview. While it is a matter of personal preference whether a researcher relies on written notes or a tape recorder to record interview data, opinion does vary amongst the research community. Patton (1990) holds the view that a tape recorder is “indispensable” while Lincoln and Guba (1985) cite the intrusiveness of recording devices and possible technical failure as reasons for not tape recording research interviews.

When analysing the discourse within recorded interviews, it is important to note and consider that the resulting conversations are constructed by both the interviewer and the individual being interviewed and that the researcher will have played a role in the production of the discourse being analysed.

The role of reflexivity in conducting the research study has also been considered. Burr (2003,156) maintains that reflexivity refers to the “the equal status, within discourse analysis, of the researcher and their respondents”. Parker and Burman (1993) note, however, that attempts to include participants more fully in the analysis may not in the end escape the problem of power relations between the researcher and the researched.

A key question is whether reflexivity provides only :

“the illusion of democratisation of the research relationship” (Burr
2003,156)

Recognition of the vulnerability of the research participants and the requirements of the agreed Ethical Statement, will inform the approach taken by the researcher to reflexivity in analysing the research data emerging from the field research.

The research strategy methodology includes the use of ‘Key Respondents’. Noting the Welsh Government ‘citizen-centred’ policy context, within which the research study is set, the views of relevant Welsh Government and Third Sector agency policy leads has been sought in order to test the research aims, keep pace with relevant policy development and reflect upon the research data as it emerges.

The combined use of two research participant groups and discussion of the research findings with a number of community-based groups and a focus group, will enable a reflexive approach to the data collection and analysis as well as a degree of triangulation, as part of the research methodology. It can be argued that triangulation enhances the credibility of the research results (Patton, 1990).

Four types of triangulation are identified by Patton (*ibid*):

- Methods triangulation;
- Data triangulation;
- Triangulation through multiple analysts

- Theory triangulation

However, while Denzin (1970) also highlights the strategy of triangulation as the means of investigating a 'single' social phenomenon from different vantage points, Smith and Heshusius (1986) argue that the data sets resulting from the use of different methods cannot be linked together without problem.

The aim of the research strategy is to address the research question through the use of qualitative research methods, namely semi-structured, one-to-one interviews, discussion of the research findings with a number of community-based groups and a focus group, and also seeking the views of Key Respondents.

3.6 Justification of research methods

Having established the interpretive paradigm, through which the research study has been conducted and which emphasises plurality, relativism and complexity, alongside the inductive research approach, the emphasis of the research strategy is on qualitative research methods in order to address the research question.

In considering the data required to answer the research question, the researcher has reviewed the application of quantitative and qualitative methodologies. The ability to capture stakeholder emotions and concerns, as well as indications of their value set and culture, are important considerations in the choice of research methodology for the research study. The research methods must

enable capture of the individual's interpretation of events and thus the use of quantitative research tools, such as questionnaires and structured interviews, could impede the capture of individual views given the potential for the researcher, through the use of such tools, to influence and constrict the individual's response. A further potential disadvantage of using such quantitative methods is that important social and contextual information is missed, information which could be key to the eventual building of a hypothesis. In determining the research strategy, the researcher concludes that the use of qualitative research methods is more likely to elicit the information required to answer the research question.

Consideration has also been given to the combined use of qualitative and quantitative methodological approaches, including quantitative methods such as a targeted questionnaire as a means of validating the qualitative data produced. However, the researcher has concluded that the qualitative methodologies chosen, including the use of semi-structured one to one interviews and a focus group approach, are the most appropriate methodologies for researching the issues highlighted within the research question. The use of quantitative research methodologies, such as a questionnaire, have been discounted because such a methodological approach can be viewed as somewhat 'cold', devoid of human contact therefore not enabling the researcher to achieve a 'picture' of the issues being researched from the perspective of the research subject (including the individuals' emotional response to the questions). A further key consideration in assessing the potential use of a questionnaire, as part of

the research strategy, has been the target research subjects and what methodology offers the most effective way of eliciting the breadth of response required. Thus, in reviewing appropriate research methodologies to be applied to the research study, there has been a clear emphasis on a qualitative research approach.

Research participants for the two research groups will be sourced using purposive sampling principles. While purposive sampling can enable selection of research participants considered most representative, in terms of eliciting the insight needed to the area of research being pursued, it also has the potential to introduce bias, given the need to meet pre-determined selection criteria. In an attempt to minimise potential bias within the research sample, volunteer participants will be sought from a larger 'pool' of potential participants through wide circulation of the research invitation letter.

The invitation letter makes the selection criteria clear to research participants for both research groups as follows:

For the prospective group, participants needed to:

- Be aged between 55 and 80 years;
- Still live in their own home;
- Have a long term health condition for example heart disease, diabetes or respiratory disease.

For the retrospective group, participants needed to:

- Be aged between 65 and 85 years;
- Have lived in sheltered housing accommodation for at least a year;
- Have a long term health condition for example heart disease, diabetes or respiratory disease.

The potential for bias to be created in the analysis of the research data has been considered in the research strategy, which includes the use of a focus group to enable the outcomes of the data analysis to be tested with relevant professionals.

3.7 Research ethics

Hoepfl (1997,51) highlights that:

“the researcher must consider the legal and ethical responsibilities associated with naturalistic observation”.

The research study will focus on the experiences of older people, in terms of age range of subject and, noting the potential ethical issues associated with interviewing older people about their experiences, it has been necessary to explore and confirm whether ethical approval is required from the relevant Local Authority, in terms of interviewing residents of Local Authority run sheltered housing. Ethical approval is also needed from the University of Glamorgan, in

order to provide necessary assurance that intended research subjects will be treated 'ethically' in achieving the research objectives.

Collis and Hussey (2003) set out a checklist for ethical concerns:

- Will this research process harm participants or those about who the information is gathered (indirect participants)?
- Are the findings of this research likely to cause harm to others not involved in the research?
- Are you violating accepted practices in conducting the research, data analysis and drawing conclusions?
- Are you violating community and professional standards?

Reflection on this checklist of questions has been helpful in the development of the ethical approval statement for the proposed research (Appendix B). Ethical approval is required for this research study given the need to interview, potentially vulnerable, older people.

The seeking of ethical approval recognises the power imbalance between the researcher and case study subjects, in this instance older people, in terms of their likely vulnerability. Howitt (1991,51) points out that the use of the term 'research subject', in itself, indicates a power imbalance between the researcher and subject, in favour of the researcher as:

“people become merely objects to which something is done, thereby losing many of the features of their humanity – including having choice of action and being active rather than passive”.

The social constructionist view of the perceived power imbalance between researcher and subject, is that the research relationship should be 'democratised' (Burr, 2003), with the accounts of respondents in research interviews being equally as valid as the researcher's reported outcomes or 'facts'.

Having regard to the potential ethical issues associated with interviewing older people about their experiences, the research study interview approach has been discussed with the University Supervisors and both the Director of Social Services and the Assistant Director of Social Services for Caerphilly County Borough Council. The advice received through these discussions has informed the development of an ethical approval statement and confirmed the ethical approval processes for both the University and Caerphilly County Borough Council. In relation to the Council, the process was complied with through discussions with the Director of Social Services and his approval of the research strategy and research methods. He also discussed and checked this final approval with the Council Cabinet Member for Social Services. The ethical approval statement was submitted to the University and approved

The ethical approval statement reflects the requirements placed upon the researcher to ensure that the research subjects are treated 'ethically', both in terms of the methods/processes used for selection and the conducting of the actual interviews. Lofland and Lofland (1984,104) also point out the need to treat respondents with courtesy and:

“to provide respondents with a straightforward description of the goals of the research”, noting that the researcher is asking participants to “grant access to their lives, their minds and their emotions”.

The research invitation letter, circulated to potential research participants, makes clear the aims of the research study, participant selection criteria and the data collection methods. The invitation letter also sets out how the data collected will be used, the confidential nature of the data and that the participant has the right to withdraw from the research study at any point. Noting the potential for the researcher to encounter issues, divulged by participants during the research interview, and which may, given their seriousness, require onward referral to other authorities, in particular social services, the invitation letter also includes a confidentiality clause to cover such an eventuality.

Having recognised the potential vulnerability of the research subjects, the following actions were taken by the researcher in order to overcome issues of vulnerability:

- The letter sent to research participants confirms how the taped interview material would be handled;
- Offered the opportunity for the research participant and their nominated representative/family member to meet with the researcher ahead of the actual one to one interview and prior to agreeing to take part in the research;

- Provided the opportunity for the research participant to be interviewed with a family or nominated representative also present;
- Provided clarity on how the one to one interview would be conducted, in particular that the interview would be recorded to enable detailed analysis of the interview;
- Pointed out to research participants that they can change their mind and opt out of the interview and research at any point;
- Informed research participants that all data will be stored in a secure location in the researcher's home office and that the data will be destroyed following completion of the assessment process of the study;
- Provided clarity on the selection criteria for research participants to ensure that individuals did not volunteer and then have to be turned down for inclusion in the research study;
- Noted the possibility of research subjects becoming upset during the research interview and ensured that contact details for a relative or friend of the person being interviewed were available so that other support for the person may be obtained in such circumstances.

While the research strategy design does take full account of the potential vulnerability of the research participants, advice and guidance has been sought from relevant professionals at each stage of the research study, where this was required.

3.8 The field research

Having piloted the draft semi-structured research interview questions, developed for each of the two groups, with two prospective type interviewees and one retrospective interviewee in July 2010, the research questions were reviewed with the University Supervisors and discussed with the Director of Social Services, for Caerphilly County Borough Council (through whom the researcher required authorised access to potential Retrospective Group interviewees in sheltered housing facilities within the Borough). The research interview questions were then subject to minor amendments in readiness for the actual research interviews.

3.8.1 Developing the research invitation letter

There were clear stages to the development of the research interview invitation letters for both the Prospective and Retrospective Groups. The stages for this particular part of the research study were as follows:

- The initial draft interview invitation letters, for both the Prospective and Retrospective Groups of interviewees, were discussed with the University Supervisors resulting in some amendments, in particular identifying action required should the interviewee raise matters which the researcher deemed serious enough to seek further advice and support for the interviewee, for example Protection of Vulnerable Adults issues, which would require the support of social services.

- The draft interview letters were discussed with the Development Officer for Older People in Caerphilly County Borough Council in order to seek her advice on any necessary amendments as well as options for the distribution of the Prospective Group research invitation letter.

On the basis of these discussions and feedback received, the research invitation letters were redrafted and finalised. The Prospective Group and Retrospective Group research invitation letters are set out in Appendix C and Appendix D.

Having drafted the invitation letters, the next stage was to identify options and modes of delivery in terms of the dissemination of the letters to potential research participants. The process through which the researcher would be able to confirm volunteer participants also needed to be clarified. This was a particular issue in relation to potential Retrospective Group interviewees, living in sheltered housing complexes, as the initial approach to potential volunteers needed to be undertaken through a third party.

3.8.2 Process for identifying and interviewing Prospective Group research participants

Research participants for the Prospective Group were sourced from amongst residents of Caerphilly County Borough, on the basis they met the Group selection criteria. A total of 10 Prospective Group research participants were interviewed, all of whom were owner-occupiers in terms of their housing tenancy. While the researcher did not specify, as part of the selection criteria

and research methods design, a requirement to interview equal numbers of male and female research participants, of the 10 individuals interviewed, 5 were male and 5 were female. Basic biographies for the 10 Prospective Group research participants are set out in Appendix E.

The following steps were taken in sourcing the Prospective Group research participants:

Distribution of Research Invitation Letter

- During the meeting with the Development Officer for Older People in Caerphilly County Borough Council, options for disseminating the research invitation letter were explored and it was suggested that the researcher attend a number of forthcoming, Council supported, 50 Plus Forum events. The Forum, which was established by the Council in 2005, has over 100 members who, by definition, are all over 50 years of age.
- With the assistance of the Development Officer, invitation letters were sent to 50 Plus Forum members in August 2010.
- Having sent out the invitation letters, the researcher attended the Annual General Meeting of the 50 Plus Forum (on 21 September 2010) in order to discuss the research study directly with Forum members, including the research aims and methods.
- The researcher also attended a 50 Plus Forum event (on 27 September 2010 which was also attended by the Welsh Government Older Peoples Commissioner), which provided a further opportunity for distribution of the

research invitation letter and discussion of the research study with Forum members.

Despite circulation of the research invitation letter to Forum members and attendance at Forum events, only 5 individuals, who met all the selection criteria, came forward as volunteer research participants (ultimately comprising 5 out of the 10 Prospective Group interviews undertaken). It is possible, based on the Prospective Group research findings, to speculate on why, despite the distribution of approximately 400 invitation letters to members of the Caerphilly County Borough 50 Plus Forum, only five individuals, who met all the selection criteria, came forward as volunteer research participants. In relation to possible reasons for such a poor response, the fact that all of the Group research participants had undertaken little or no planning forward for their old age, which represented one of the research findings from the Prospective Group research interviews, may signal a degree of apathy and prompts the question as to why there is a low level of interest in the research undertaken amongst older people still living in their own home? In an attempt to make contact with further potential research participants for the Prospective Group, meetings were held with a community based self-help group for individuals with the long term condition, chronic obstructive airways disease (COPD), and with the organisation Care and Repair Caerphilly.

3.8.3 Contact with community chronic obstructive pulmonary disease (COPD) Group

Noting the target group for volunteer research participants and that the selection criteria for participants specifically referred to individuals with a long term condition, the researcher discussed the proposed research with one of the Aneurin Bevan Health Board Respiratory Nurse Specialists, in November 2010. The Specialist Nurse put the researcher in touch with a Chronic Obstructive Pulmonary Disease (COPD) self-help group within Caerphilly County Borough. Having made contact with the Chair of this Group, copies of the invitation letter were distributed to group members and this contact yielded 2 further research participants for the Prospective Group.

3.8.4 Contact with Care and Repair Caerphilly

There are 22 Care and Repair agencies covering the whole of Wales and each agency provides a wide range of services and support to older homeowners, and older people living in private rented accommodation. Care and Repair also offer a preventive service through their 'Healthy Homes, Healthier Lives' programme which aims to equip those providing services to older people, in their own homes, with broader assessment skills in order to identify home safety and home maintenance issues, which would, unless addressed, compromise an older person's independence. The other preventive role Care and Repair play is in the provision of adaptations also aimed at improving the safety and accessibility within the home. The Care and Repair Service is a free home

visiting service which provides information about choices that can improve the comfort, safety and security of a home and which supports older people to remain living independently in their own homes and communities. Care and Repair brings together the expertise and finance needed to carry out the necessary repairs, improvements and adaptations needed. This can take the form of advice and information, helping to apply for grant assistance where needed, practical assistance in carrying out repairs quickly, as well as passing on details of reputable builders and contractors. Given the type of client receiving services from Care and Repair Caerphilly, the researcher made contact with the organisation as a further option for sourcing research participants for the Prospective Group.

Contact was made with the Director of Care and Repair Caerphilly and a meeting was held with the Director and her staff on 17 March 2011. During the meeting, the researcher described the proposed research and the selection criteria for the volunteer research participants required.

The Care and Repair members of staff distributed copies of the research invitation letter to relevant individuals who were on their case load. As a result of contact with Care and Repair Caerphilly, a further 3 volunteer research participants came forward.

3.8.5 Interviewing the Prospective Group research participants

The following steps were taken by the researcher in preparing for and conducting the one to one interviews with the research participants:

- All research participants completed consent forms, prior to being interviewed by the researcher, and agreed to the interviews being recorded.
- The researcher arranged to meet with research participants individually, at their convenience, in terms of both location and time. All but one of the research participants were interviewed in their own home. One research participant was interviewed in her workplace.
- At the beginning of each interview the researcher explained what the research was about and what the researcher aimed to achieve through undertaking the research. As part of this introduction, the researcher also confirmed that the research participant could withdraw from participation in the research at any time.
- The semi-structured interviews were based on a set of questions developed by the researcher to guide the interview discussion (Appendix F).
- All the interviews were recorded using two recording devices, one a digital recorder and the other an analogue recorder. This approach to recording the interviews was agreed with each of the research participants before starting the interview. Recording the interviews on two types of recording device provided a means of backup for the research data collected and also enabled greater transcribing flexibility.

- The digital MP3 recordings have enabled post transcription checking of the transcripts, through computer audio playback of the interviews, enabling further analysis of the interview transcripts.

The one to one interviews with Prospective Group research participants took place between September 2010 and May 2011, a period of time which reflected the initial poor response to the research invitation letter. The interviews were based on a semi-structured approach with the researcher asking a number of pre-determined questions on the basis that the questions would enable a wider discussion of the issues that emerged. The pre-determined questions also provided both context and structure to the interview.

Having completed the 10 Prospective Group participant interviews and noted the repetition of key themes and issues within the research data, the researcher discussed the interview data with the University Supervisors and concluded that the research data would not be further enriched by undertaking additional research interviews for this Group.

3.8.6 Process for identifying and interviewing Retrospective Group interviewees

Research participants for the Retrospective Group were sourced from amongst sheltered housing residents within Caerphilly County Borough, on the basis they met the Group selection criteria. Caerphilly Borough Council has a total of 38 sheltered housing schemes, not all of which are supported by a warden. The

Council has noted, since first introducing sheltered housing schemes more than 30 years ago, that individuals are entering sheltered housing at an older age, which may indicate one of the impacts of providing more services to people in their current homes in the community. The Council also has an extra care sheltered housing scheme which is one of three such schemes in the Borough (the other two extra care schemes are operated by Housing Associations).

Noting that the Retrospective Group research participants would comprise individuals who are currently living in sheltered accommodation, it was necessary, as part of the requirements of the research ethical approval statement, for the researcher to meet with the Caerphilly County Borough Council Director of Social Services and Assistant Director of Social Services, in order to discuss the proposed research study and research methods and to seek the Council's ethical approval of the proposed research and research methods. The following steps were taken in sourcing the Retrospective Group research participants:

- The researcher initially met with the Director of Social Services and Assistant Director of Social Services in order to discuss the proposed research and to seek their advice and support on sourcing volunteer research participants within sheltered housing schemes across the Borough.
- The Assistant Director of Social Services referred the researcher to the Council Public Sector Housing Manager, as the next key Council contact

regarding organising access to potential volunteer research participants within sheltered housing schemes in the Borough.

- Having initially made contact with the Council Public Sector Housing Manager, via email, the researcher met with him on 10 December 2010 to discuss in detail the proposed research study and research methods.
- Following the meeting with the Council Public Sector Housing Manager, the researcher received an email from a member of his staff (in January 2011), the Council Sheltered Housing Manager, confirming that she would be the liaison contact between the researcher and the sheltered housing scheme wardens, through whom the researcher would be able to make contact with relevant sheltered housing scheme residents.
- The Council Sheltered Housing Manager confirmed that she had provided the wardens with a copy of the Retrospective Group invitation letter and a written briefing, prepared by the researcher, which outlined the purpose of the proposed research study and the selection criteria for research participants. It was agreed that the Council Sheltered Housing Manager would have an initial discussion with the wardens, in order to confirm their agreement to assist the researcher in undertaking the research interviews, the first step of which would be an initial meeting between the researcher and the wardens. The Sheltered Housing Manager subsequently confirmed that she had made contact with the sheltered housing scheme wardens and they had all agreed to meet with the researcher in relation to the proposed research, enabling the researcher to explain what support

was required from them in accessing volunteer scheme residents as Retrospective Group research participants.

- The Sheltered Housing Manager provided the researcher with the contact names and telephone numbers for wardens of a number of sheltered housing schemes across the County Borough. It was agreed that the researcher would contact the individual wardens direct and arrange to meet with them.
- The researcher telephoned and/or emailed the wardens and set up a one to one meeting with them at their various sheltered housing scheme premises in order to talk through, in more detail, the background to the proposed research study, what the researcher aimed to achieve as a result of the research, the methods the researcher wished to use in undertaking the research and the assistance required from the wardens in sourcing volunteer sheltered housing scheme residents. The meetings took place during January 2011 and early February 2011.
- In each of the meetings, the researcher provided the warden with copies of the interview invitation letter and asked if they would be prepared to distribute copies of the interview invitation letter to those within the sheltered accommodation complex who met the selection criteria. The researcher did not request that equal numbers of male and female residents be approached as this would have added further unnecessary restrictions to a potential pool of participants, already restricted by compliance with the selection criteria set by the researcher.

- As well as distributing the research invitation letter to appropriate residents, the wardens also agreed to act as a liaison point between the researcher and the volunteer research participants in terms of arranging the interview times and location with the volunteer research participants, on behalf of the researcher.

Of the 7 wardens contacted, 5 provided the researcher with an initial list of volunteer research participants. In the case of 1 of the 5 wardens, this initial list was subsequently withdrawn, prior to arranging the actual interview dates, as each of the volunteer research participants had changed their minds about being part of the research study (the warden was not able to explain this change of mind by the residents concerned). 2 of the 7 wardens contacted were unable to provide any volunteer research participants from amongst their sheltered housing scheme residents. Thus residents of 4 sheltered housing schemes took part in the research study. Basic biographies for the 12 Retrospective Group research participants are set out in Appendix E.

3.8.7 Interviewing the Retrospective Group research participants

The following steps were followed in conducting the one to one interviews with the research participants:

- Those residents, who had agreed to be interviewed, all completed and returned to the researcher the consent forms attached to the invitation letters.

- All the volunteer research participants were either interviewed in their sheltered accommodation flats (this was the case for 9 out of the 12 Retrospective Group members who were interviewed) or in the warden's office on a one to one basis.
- The semi-structured interviews were based on a set of questions developed by the researcher to guide the interview discussion (Appendix G).
- As for the Prospective Group interviews, all the interviews were recorded using two recording devices – one a digital recorder and the other an analogue recorder. This approach to recording the interviews was agreed with each of the research participants before starting the interview. Recording the interviews on two types of recording device provided a means of backup for the research data collected and also enabled greater transcribing flexibility.

The one to one interviews with Retrospective Group research participants took place between February 2011 and April 2011. Identification and recruitment of Retrospective Group participants was more straightforward than that of Prospective Group participants given the role played by the Council employed sheltered housing wardens, in coordinating contact with potential research participants.

The interviews were based on a semi-structured approach with the researcher asking a number of pre-determined questions on the basis that the questions

would enable a wider discussion of the issues to emerge. The pre-determined questions also provided both context and structure to the interview. It is important to note that, in discussing with research participants the reasons for their move in to sheltered housing, the researcher did not specifically investigate the role of home care and other visiting health and social care services in enabling the older person to remain in their previous home. The questions asked, and the resulting discussion, focused on the physical environment and access issues of the older person's previous home. It could therefore be argued that the research participants represent an untypical section of the population in that home care and other visiting health and social care services tend to form an important support and prevention approach to maintaining people in their own home. However, the Retrospective Group research findings make clear that the physical environment and internal/external access issues of the previous home of individual research participants played a key role in their decision to move in to sheltered housing.

Of the 12 research participants, 11 were female and 1 was male. While this represented a lack of balance in relation to the gender ratio of the research participants, it did reflect the generally higher number of female residents in sheltered housing schemes across the Borough, those who actually volunteered to participate in the research study and the potential impact of the selection criteria relating to participants having a long term health condition. The gender ratio across the four sheltered housing schemes involved in the research study was as follows:

Scheme 1 – Ratio was 3:1 (75% females and 25% males)

Scheme 2 – Ratio was 2.6:1.6 (62% females and 38% males)

Scheme 3 – Ratio was 2:1 (66% females and 34% males)

Scheme 4 – Ratio was 2.7:1.7 (63% females and 37% males)

The potential for bias to be introduced in to the research findings, through having only 1 male participant in the Retrospective Group, is acknowledged by the researcher. As Ritchie (2009) points out, however, any research study outcome that involves human data is vulnerable to gender bias and the researcher must consider the extent to which gender differences are relevant to the scope and aims of the study. He also points out that gender bias is less of a problem in social science research as the potential for bias is acknowledged.

In examining the potential for bias in this regard it should be noted that the issues examined in this research study are based on the experience of individual research participants, irrespective of their gender. In addition, the research sample is small and those who did volunteer to participate in the research study did so based on their meeting the research participant selection criteria.

Research sampling was not based on gender but on residents of sheltered housing complexes who met the research selection criteria.

Having completed the 12 Retrospective Group participant interviews, it was clear to the researcher that there was repetition of a range of commonly expressed views, themes and issues within the research data. The researcher discussed

the research data with the University Supervisors and concluded that the data would not be further enriched by undertaking additional research interviews for this Group.

3.8.8 Identification of themes and thematic analysis

The qualitative, semi-structured interviews were designed to capture the subjective experiences and views of individual research participants. The interview transcriptions for the 2 research groups were subject to a first stage analysis which enabled the capture of commonly expressed experiences, views and issues . This stage of the analysis also enabled a review of the different ways in which the participants responded to the research questions. For example, within the Prospective Group, and in response to questions on what knowledge participants had of alternative housing options and whether they had planned forward for their old age, the following typical points were made by participants:

“There are no residential homes, well I’m saying no but there are now. There are not many places for people who are under 65 because we’re just 59 at the moment, it’s very difficult”. (Female, aged 59 years)

“No. Well we like this area, but it would have to be a bungalow. No way could we entertain the idea of a house, it would have to be a bungalow.” (Female, aged 78 years)

“No, none whatsoever. That’s basically it really. I’m hoping to carry on like this for a few years yet. Realistically, sooner or later I’ll just pop off which solves a lot of problems, or you look at other options.” (Male, aged 72 years)

“The only plans I’ve made for my old age are, in so far as I continue to have mobility and the desire to travel, the only plans I have for my old age, as of now are to carry on seeing as much of the world as I can.” (Male, aged 71 years)

At this stage of the analysis it was possible to identify different levels of knowledge of alternative housing options and to identify commonly held views on planning forward for old age. As a further example of this first stage of analysis, within the Retrospective Group, and in response to questions on their reasons for moving to sheltered housing and whether they would have made changes or earlier plans if they were able to go back in time, the following typical points were made by participants:

“The reason we come down here was because I was so ill.” (Male, aged 71 years)

“Everybody enjoyed my garden so much – they kept saying to me ‘can I have that plant, or that plant’. But I knew I couldn’t look after it anymore.” (Female, aged 84 years)

“I might have done, yes, because when my husband and I were in our 50’s we talked about this and I said to him ‘do you think we ought to put our name down to go into a complex for when we get older’. Like a man, he said ‘no way, am I

going into a complex to live', so that was that, nothing more was said about it."

(Female, aged 81 years)

"I don't think anything, I never thought of getting older and that. It's only lately that I'm not completely mobile." **(Female, aged 77 years)**

As the second stage of analysis, and in order to identify common themes, the researcher considered the use of 'Nvivo', a software programme which enables the capture of key issues and themes from large data sources and the organisation of the data in to a series of 'nodes' and 'sub-nodes'. On the basis of preference, data matrices were used to enable the collation and display of the interview data under key headings, relevant to the interview questions (the data matrices are set out in Appendix H and Appendix I).

The data matrices illustrate the individual housing and health circumstances of the research participants. Matrix analysis of the interview data also enabled the identification of themes which were common to either the Prospective Group or Retrospective Group, with the exception of how individuals wished to receive information. Further details on the data matrices and thematic analysis are set out in Chapter 4, Research Findings.

3.8.9 Role of community-based groups

The initial research findings from the two research groups were shared with a 2 community-based Old Age Pensioner Groups and a community based Diabetes Special Interest Group, as a means of critically testing the research findings and exploring relevant knowledge and experience of the various group members.

The researcher was able to make contact with the Chairs of the Old Age Pensioner Groups, having obtained their contact details through the Development Officer for Older People in Caerphilly County Borough Council. The contact details for the Chair of the Diabetes Special Interest Group were obtained from Aneurin Bevan Health Board. The outcome of discussions with the community-based groups is set out in Chapter 4, Research Findings and Analysis.

3.8.10 Process for identifying the Focus Group

The researcher had intended to establish the Focus Group based on members of the South East Wales Older People's National Service Framework Group however, having discussed this proposal with the Chair of the Framework Group, it was concluded that the Focus Group should include members drawn from a wider range of relevant organisations and professional backgrounds.

In establishing the Focus Group, the researcher took in to account the following factors:

- Optimum size of the Group – Kitzinger (1995) suggests that the ideal focus group comprises between 4 and 8 people
- Interest in, or connection with, the areas being researched
- Able to provide appropriate and relevant representation from the organisations involved in the research study, in particular Caerphilly County Borough Council and Aneurin Bevan Health Board

Those invited to be members of the Focus Group were:

- Development Officer for Older People for Caerphilly County Borough Council
- Occupational Therapy and Intermediate Care lead Caerphilly County Borough Council
- Assistant Director of Nursing Aneurin Bevan Health Board (previously Nurse Consultant Older People in Caerphilly County Borough)
- Older People Strategic Planning lead Aneurin Bevan Health Board, Caerphilly Locality
- Welsh Government National Service Framework for Older People implementation lead
- Equalities Officer for Age Cymru
- Member of the Caerphilly County Borough 50 Plus Forum
- Aneurin Bevan Health Board Frailty Programme lead officer

The Focus Group members were deemed by the researcher to be representative 'experts' and/or individuals who were familiar with older people's services and issues. The research findings, distilled from analysis of the Prospective and Retrospective Group interview transcripts, were shared with the Focus Group in a meeting which took place on 11 July 2011. At the meeting, the researcher provided the Focus Group with an overview of the purpose of the research study and the research methods used, in seeking answers to the research question. The research findings were shared, along with a synopsis of

the key points made by members of the two Old Age Pensioner Groups and the Diabetes Special Interest Group. Chapter 4, Research Findings, sets out the outcome of discussions with the Focus Group.

3.8.11 Key Respondents

The research strategy methodology includes the use of 'Key Respondents', in particular relevant Welsh Assembly Government and Third Sector agency policy leads, and has enabled the researcher to capture relevant changes in national policy, an important context to the research study, to undertake wider discussion and debate of the research aims and to discuss the research findings.

3.9 Conclusion

This chapter compares and contrasts the ontological and epistemological paradigms in describing the chosen paradigms of the researcher in undertaking the research study. The constructivist ontology and interpretive epistemology of the researcher have dictated the chosen research strategy and use of qualitative research methods. An interpretive approach to the research study, with the emphasis on qualitative research methods, has enabled the social context, experience and views of the research participants to emerge through the 'rich picture' of data collected. Comparison of the strengths and weaknesses of qualitative and quantitative research methods, including options for combining the use of both types of methodological approach, has helped the researcher to identify and defend the chosen research methods.

The practical difficulties encountered by the researcher in undertaking the field research are discussed, in particular the difficulties in identifying research participants for the Prospective Group. The research strategy has included the use of Key Respondents to both inform the research strategy, as it was developed by the researcher, and as part of the reflexive approach to the research findings. In recognition of the vulnerability of the research participants, the research study required ethical approval, the process and outcome of which are set out within the chapter.

In reflecting on the preparation for, and the undertaking of, the field research the researcher acknowledges that there were a number of practical challenges which were largely overcome as a result of the researcher's knowledge of the local authority area concerned and key contacts within the Health Board and local authority.

The interview discussions with the research participants were humbling as they were informative and served to reinforce the view of the researcher that the research study was both timely and of potential importance in informing future policy and practice at an organisation level and action required at an individual level in order that older people have choices available to them in maintaining their independence in to old age.

The next chapter sets out the research findings that have emerged from the field research and the identification of overarching themes following detailed analysis of the research data.

CHAPTER 4 – RESEARCH FINDINGS

4.0 Introduction

This Chapter sets out the data capture process, in the context of the proposed research methodology, and a critical evaluation of the research findings which are analysed and discussed in Chapter 5.

The Chapter describes the challenges faced in identifying and sourcing research participants for the described Research Groups. The ethical challenges posed by the research participants within the Research Groups are also explored and how reflexivity of the research findings was enabled through discussions with Key Respondents, a Focus Group, community Old Age Pensioner Groups and a Diabetes Special Interest Group.

4.1 The role of Key Respondents in informing the research strategy

The research strategy methodology included the use of 'Key Respondents', in particular Welsh Government and Third Sector agency policy leads, which has enabled the researcher to capture relevant changes in national policy, an important context to the proposed research, and to undertake wider discussion and debate of the research aims.

Interview meetings were held with the following Key Respondents prior to conducting the field research in order to inform the aims of the research as well as the construction of the research invitation letter and research interview questions:

- Older Peoples' Commissioner, Welsh Assembly Government. Meeting held on 11 August 2010;
- Head of Branch Social Services Policy, Welsh Assembly Government. Meeting held on 13 August 2010;
- Director of Age Concern/Age Cymru, Neath/Port Talbot Branch. Meeting held on 18 August 2010;
- Older People Support Officer for Caerphilly County Borough Council. Meeting held on 14 September 2010;

In addition, on 3 December 2010, the researcher presented an overview of the research study and proposed research strategy to delegates of the Shelter Cymru Conference, "Foundations for the Future". The Conference was held in Cardiff University and was attended by over 50 delegates. The one day Conference aimed to highlight the multi-disciplinary nature of housing research. Attendance at the Conference provided the researcher with an opportunity to discuss the research study with other researchers, a number of whom were undertaking research in areas relevant to this research study, particularly in relation to housing policy in the United Kingdom and other European countries.

As a follow up to the Conference, the researcher submitted a paper on the research study to Welsh Housing Quarterly for publication (Bright, 2011). Welsh Housing Quarterly is published by Cardiff University and is the only independent housing and regeneration publication for and about Wales.

At the start of each of the Key Respondent interviews, in order to inform the discussion, the researcher provided information on the background to the research, the origins of the research question and the proposed research methodology. The interviews, which comprised an unstructured discussion of the research study, were recorded in written form by the researcher and later typed up for easy reference and further analysis. Analysis of the interview transcripts enabled the identification of individually expressed views on current policy issues, the provision of information to inform choice and the role of organisations in facilitating choice and independence for older people. Table 11, on page 8, provides examples of the points made by Key Respondents in relation to these three areas.

4.1.1 Outcome of Key Respondent interviews

In the interviews held with the Welsh Government Older Peoples' Commissioner and Head of Branch, Social Services Policy, and the Director of Age Concern/Age Cymru (Neath/Port Talbot Branch), discussion of the research study elicited specific comment in relation to Government policy, the provision of information to older people and the role of organisations in supporting older people. The policy and practice implications of the comments made are captured in section 4.8 'Summary of findings'.

In relation to Welsh Government policy, a number of areas, both in terms of existing policy and perceived policy gaps, were highlighted by the Key Respondents. For example, it was felt that the proposed policy approach set out

in 'Paying for Care in Wales: Green Paper' (Welsh Assembly Government, 2009b), lacked clarity on the process to be applied where individuals required their payment charges to be subsidised, based on ability to pay. A key aim of the Green Paper is to ensure equity across Wales on charges made by local authorities for care services. It was argued that without this clarity choice of care services may be reduced for such individuals resulting in an inequitable approach across Wales. The researcher notes, however, that the way in which care is paid for cuts across devolved and non-devolved functions within the Welsh Government and therefore requires close working with the UK Government on any proposed changes. In this regard, legislation to put in place a new funding system across Wales is unlikely until 2015.

A related point made by the Key Respondents concerned the need for more information and greater clarity on who pays for what in relation to the delivery of health and social care services to address individual needs. It was pointed out that this has been a long standing issue at an organisational level and is exacerbated by the need for individual organisations to balance their budgets. While attempts have been made to clearly define the personal care services provided by social care, as distinct from healthcare services provided by the National Health Service (NHS), as described by Denham (1997) and referred to in section 1.6 of Chapter 1, there are still 'grey' areas which either remain the subject of dispute between the two service areas or are resolved on a case by case basis.

Noting that much of the social housing stock across Wales is now managed by Registered Social Landlords (including Housing Associations), it was the view of Key Respondents that, in undertaking a stock transfer of their social housing, local authorities had weakened the planning links and responsibilities they previously had when directly managing social housing stock. Such links were felt to be particularly important in the strategic development of future housing to address the growing older population, inter-generation housing opportunities and proactive response to housing adaptation needs.

The provision of information, in terms of both process and content, was highlighted as a key issue, particularly in terms of enabling informed choice. A particular comment made by the Welsh Assembly Government officer was:

“There is a need to develop a more strategic approach to information, enabling older people or their advisors to access the information they need more easily and more directly via a dedicated website and easily navigable website links and an information infrastructure that supports this.”

This approach has already been taken in England with the introduction of ‘FirstStop’, a national advice and information service delivering joined up housing advice with care and finance (Department for Communities and Local Government, 2008a).

Key Respondents also pointed out the need to provide information opportunistically, at a time when the recipient may be more receptive, and

through a variety of mechanisms and media. The, then, Older Peoples' Commissioner made the following point:

“Life events provide ideal opportunities for information to be given and more effectively received, for example the death of a spouse.”

Noting the difficulties that many older people experience in finding the right information when they need it, a 'one stop shop' or single point of access approach was proposed in order to maximise the likelihood of the right information being given first time. The Director of Age Concern/Age Cymru went further in highlighting the provision of advocacy support to older people

“There is a need for more advocacy services in order to help older people to undertake difficult tasks in making their lives easier, for example many older people find the thought of moving house too daunting which could be helped via advocacy, support and information services.”

The specific role that organisations play, in particular local authorities and the NHS, in supporting older people to both plan forward for older age and to receive the care and support services required to maintain their independence, was recognised by Key Respondents in a number of areas. The points made in this regard by Key Respondents covered issues of cross organisation practice relating to who pays for what in terms of care service provision, and maximising the use of resources, for example recycling aids such as stair-lifts. In addition, the need for organisations to learn from the implementation of successful

approaches in other parts of Wales and the UK was noted as was the need for a holistic approach to care provision which recognises the impact that loneliness can have on the well being and independence of older people. In March 2012, the Minister for Health in England, in response to evidence which highlights that loneliness is a major cause of deteriorating health amongst older people, placed a requirement on care agencies to ensure they also put in place initiatives to combat loneliness.

The table overleaf provides examples of the points made by Key Respondents in relation to the areas of Government policy, provision of information and the role of organisations:

Table 10 – Key Respondent Comments

Government Policy	Provision of Information	Role of Organisation
Need for Welsh Government 'Paying for Care' policy to be clear on where individual subsidy is needed to ensure choice and encourage early provision of aids and adaptations.	Information given via one to one communication is more effective and better accepted by recipients.	Need to view the optimum times for decision making as part of the 'life journey' and the 'inter-generational' debate. Acknowledge additional burden and address the needs of those who 'distance care' (providing care for relatives who live elsewhere).
Clarity on who pays for what across health and social care organisations is still not fully addressed – national policy would assist this.	Use life event opportunities, for example death of a spouse, to impart information when individual may be more receptive.	Enable informed choice through greater clarity on who pays for what in terms of care provision – individual/local authority/NHS
There is a need for more effective links between Registered Social Landlords/Housing Associations and local authority planning departments, facilitated by Welsh Government Policy.	Need to have a 'menu' of information giving options which provide individuals with a variety of means of sourcing information.	It is suggested that a database be developed which links need with availability for example, someone may need a stair-lift which could be addressed by the fact that someone else no longer needs theirs.
Explore the potential of an all Wales Information website for older people in Wales.	Impart information opportunistically, for example at places where older people usually meet.	Learn from practice elsewhere – the example of a scheme in Bridgend was given which links health, social care and the Third Sector enabling significant reductions in waiting times for adaptations.
Facilitate improvements to collaborative working through the identification of exemplar services and a more directive approach to the adoption of best practice by all organizations.	The media has a key role in providing information to older people, including profiling scenarios in TV soaps, and adverts or programmes which cover relevant issues for older people.	Organisations should not assume a technological solution, for example telecare, addresses all problems faced by older people, in particular loneliness and isolation.
	Facilitate information provision via a 'one stop shop' approach, for example a dedicated website or community locations.	
	May need to 'market' information aimed at encouraging older people to review their personal circumstances earlier and make necessary plans.	

A number of the points made by Key Respondents at this stage, prior to commencing the field research, were echoed by the research participants, as well as the community-based Groups and Focus Group, with whom the research findings were shared. In particular, the provision of information to both highlight and inform choice and the role of local authorities and the NHS in supporting older people to plan ahead for their old age, enabling them to continue to live independently.

4.2 Analysis of the Research Data

The researcher completed a total of 22 one to one, semi-structured interviews with two groups of older people, 10 of whom were living in their own home in the community (Prospective Group) and 12 of whom were living in sheltered housing (Retrospective Group). All of the interviews were recorded and were based on a set of pre-determined questions which also encouraged and facilitated wider discussion with research participants. The researcher relied solely on the recordings in terms of capturing information during the interviews. On reflection, it may have been useful to have taken additional general notes during the interview, for example whether the participant appeared relaxed or animated and what the home environment was like. However, the researcher felt that the tape recording device was in itself a distraction, in terms of the discussion with participants, and this would only be exacerbated if the researcher was seen to be jotting down notes as opposed to listening to the participant. Instead, the researcher relied on memory recall of the interview in terms of a mental 'picture' of the home environment when transcribing and listening to the interviews. In

this regard, the interview transcribing was undertaken as soon as possible after each interview while the interview itself was still recent enough to enable detailed recall by the researcher. It is interesting to note, however, that the sound of the participant's voice almost instantly transported the researcher back to the location of the interview. Having the ability to recall the interview setting did, in the researcher's view, improve both the transcribing process and quality of the final transcripts.

The recorded one to one interviews were transcribed, reviewed and analysed, while listening to replays of the recorded interviews, in order to identify relevant aspects of individual interviews which were not reflected in the transcription, for example word emphasis, pauses or expressions of emotion. The transcripts represented a significant amount of 'rich' data and, as a first stage in the data analysis, the researcher reviewed all the transcripts for the Prospective Group in order to identify commonly expressed experiences, views and issues, noting that the Prospective Group interviews were the first to be completed in terms of the field research. The same process was applied to the Retrospective Group interview transcripts on completion of all the Group interviews.

As part of this first stage of the analysis process, the researcher investigated the potential use of the data analysis software tool called 'Nvivo' and attended a training programme run by the University of Glamorgan. The 'Nvivo' software programme enables the capture of key issues and themes from large data sources and the organisation of the data in to a series of 'nodes' and 'sub-nodes', enabling the identification of links between the data as well as a means

of presenting the data. The researcher concluded that, while 'Nvivo' does offer a helpful means of displaying the analysed data, it does not offer any particular advantages in terms of saving time during the data analysis process or enabling easier identification of links and common themes within the data. The data entry process for the Nvivo tool also takes a significant amount of time if, like the researcher, you are a novice in its use.

For the second stage of the data analysis, the researcher used data matrices to enable the collation and display of the interview data under key headings, relevant to the interview questions (the data matrices are set out in Appendix H and Appendix I). This approach to the formatting of the interview data, as described by Nadin and Cassell (2004), formed a key stage of the data analysis enabling the identification of a range of commonly expressed issues by Group members in addition to differentiating between participants in terms of their individual housing and health circumstances.

4.2.1 Descriptive data findings

The Prospective Group matrix captured information on the participant's home, including the availability of downstairs bathroom/toilet facilities and whether they had begun to think about necessary adaptations to their home. In exploring these particular issues, all participants had reflected on the importance of being able to maintain their independence within their current home.

Of the ten participants, three lived in bungalows while the remaining seven participants lived in either a terrace, semi-detached or detached house, four of

whom had downstairs bathroom/toilet facilities. All of the participants were owner-occupiers. Nine of the participants lived with a spouse, two of whom still had one or more of their children living with them, and one of the participants lived alone.

Although 100% of the Prospective Group participants in this research study were owner-occupiers, general trends in tenure indicate a higher percentage of older people in rented social housing. For example, work undertaken by the Department of Health in England showed that 90% of older people live in ordinary housing and of this figure, 70% are home owners (Porteus, 2012).

While a number of the participants, who did not have downstairs bathroom/toilet facilities, had either already made, or planned to make, necessary changes to address this or had plans for more extensive adaptations, for example a wet room, the remaining participants admitted that the research interview had been the prompt for such thoughts. It would be interesting, as part of future research, to re-interview the Prospective Group participants at some point in order to check whether they have taken forward planned adaptations to their current home.

The Retrospective Group matrix enabled a comparison of information provided by Group participants on why they had moved from their previous home in to sheltered housing and how long they had lived in their previous home. With the exception of one of the participants, all of those interviewed lived alone.

The most commonly expressed reason by participants for having to move from their previous home was their own deteriorating health or that of their spouse, such that their home no longer provided a suitable, or safe, living environment. Other reasons cited included the death of a spouse, loneliness, topography related access problems and not liking the area they were living in. The period of time participants had lived in their previous home ranged from 8 to 57 years.

4.2.2 Thematic data findings

Prospective Group participant responses on whether they had made plans for their older age, and what might prompt them to do so, were captured in the matrix as well as their knowledge of alternative housing, which could be used to inform, at an individual level, forward planning. All participants expressed the wish to remain independent in their current home.

In relation to planning forward for their older age, seven of the participants stated they had made no plans while three of the participants provided examples of having done so, including making plans with relatives to move in to a jointly owned property and putting in a downstairs wet room. However, it was also noted by the researcher in discussing the issue of forward planning, that the level of knowledge amongst participants on alternative housing options was variable. Commonly expressed circumstances which would prompt the need for forward planning were further deterioration of their own health and the death of their spouse.

The Retrospective Group matrix enabled a comparison of information provided by Group participants on whether they might have made any changes to previous decisions they had made, or indeed planned forward, if they could go back in time, prior to their move in to sheltered housing.

Having reflected on whether they would have changed past decisions or made plans for their older age, seven of the twelve participants stated they would not while responses from the other five participants included the adaptation of their previous home to enable them to stay there longer and one participant stating they would have moved in to sheltered housing earlier than they did (this participant confirmed that she had not done so because she was not aware of the benefits sheltered housing offered someone like her in terms of her worsening health and associated increase in dependency). A number of the participants also pointed out that the opportunity to view sheltered housing facilities before needing to move from their previous home would have been helpful.

Other issues explored with both sets of Group participants included their preferred mechanism for receiving information in order to plan forward for their older age and potential change in circumstances. All participants wished to receive information in person, as opposed to only written information.

Participants also wanted information provided by someone who had 'expert' knowledge of the areas being discussed, for example housing and housing adaptation options available locally. While the provision of information through other technology, such as the internet or interactive television, were explored as

part of the discussion on information mechanisms, most participants were either not familiar with these options and/or expressed their distrust of such options for receiving information.

4.2.3 Identified themes

Matrix analysis of the interview data enabled the identification of a number of themes which were specific to either the Prospective Group or Retrospective Group, with the exception of how interviewees wished to receive information, as this theme was common to both Groups. The table below sets out the themes identified for each of the research groups:

Table 11 - Research Group Themes

	THEMES PROSPECTIVE GROUP		THEMES RETROSPECTIVE GROUP
1	Little or no thought to planning forward for old age	1	Change of accommodation prompted by range of factors and not linked to forward planning
2	Wish to remain independent in own home	2	Knowledge of sheltered housing and choice offered is variable
3	Knowledge of alternative housing options variable	3	Would have welcomed the opportunity to view sheltered housing options before having to move
4	Prefer to receive information in person given by someone with 'expert' knowledge	4	Prefer to receive information in person given by someone with 'expert' knowledge

The themes identified across both Groups appear to have a common thread in relation to participant knowledge of the housing choices available to them. In the case of the Retrospective Group participants, there was a commonly expressed view that they were not made aware of the various sheltered housing schemes provided by the local authority. Whilst this did not appear to have affected their feeling of contentment with their sheltered housing choice, a number of participants would have welcomed the opportunity to view other sheltered housing schemes prior to moving from their previous home.

Amongst Prospective Group participants there was a variable level of knowledge in relation to alternative housing options. Some of the Group participants demonstrated a fairly comprehensive knowledge of the alternative housing options available to them locally while other participants appeared to be totally unaware of the options open to them should they need to move from their current home.

Across both Groups, the preferred mechanism, in relation to how they wished to receive information to support decision making on choices as they aged, was the same. All Group participants expressed the view that information should be provided in person, enabling discussion and the opportunity to explore any issues or queries they may have.

4.3 Reflection and triangulation of the Research Findings

Having identified the Group specific themes, the researcher felt it was important, as the next step in analysing the research interview data, to further test the

themes for reliability, noting that Brink (1989) argues that validity and reliability of the research process is a major challenge when a research study is based on semi-structured interviews. Wood and Ross-Kerr (2006, 215) also point out:

“Validity issues are of greatest concern in field studies”.

They go on to state (*ibid*, 219): *“In unstructured interviews the subject has face validity – you assume the subject is telling the truth”.*

The research findings, and in particular, the themes identified from the research group interviews, were shared with Key Respondents, a Diabetes Special Interest Group, two Old Age Pensioner Groups and a Focus Group, as a means of critically testing the research findings and exploring relevant knowledge and experience of the Key Respondents and various Group members.

This sharing of the research findings enabled a reflexive approach to the data, as well as triangulation of the research findings. The researcher included this review of the research findings as part of the research methodology in order to reduce the perceived or actual level of bias and to provide the opportunity for further views and themes to emerge. Discussions with these various Groups and the Key Respondents also enabled the researcher to test the validity of the findings with other ‘peer’ groups, in particular the Old Age Pensioner Groups and the Diabetes Special Interest Group, members of which mirrored the age profile of the research participants and/or had a long term health condition.

In terms of the degree of reflexivity facilitated by this approach, it could be argued that sharing the interview transcripts with the individuals interviewed

would enable a higher degree of reflexivity and, as suggested by others, for example King (2004) and Wood and Ross-Kerr (2006), a further test of reliability. However, given the vulnerable nature of the research participants, in particular their advanced age and generally poor health, the likelihood of memory recall difficulties for a number of the interviewees and the requirements of the agreed research ethical statement, this was deemed not to be an appropriate option by the researcher.

4.4 Key Respondents informing the Research Findings

Having interviewed particular Key Respondents, prior to conducting the research study in order to inform the research methodology, the researcher included, as part of the research methodology, interviews with policy lead Key Respondents in order to discuss the research findings and their potential implications for future policy.

The following Key Respondent interviews were held following completion of the field research and enabled the sharing of key research findings from the Prospective and Retrospective Group interviews as well as further reflection on and triangulation of the research findings:

- Equalities Policy Advisor, Age Cymru. Meeting held on Friday 10 June 2011;
- Welsh Government Older Peoples Strategy Lead, Welsh Government. Meeting held on 23 September 2011.

The interviews, which comprised an unstructured discussion of the research findings, were recorded in written form by the researcher and later typed up for easy reference and further analysis. Analysis of the interview transcripts enabled further reflection on the points raised by the Key Respondents and identification of issues relevant to the research study findings. For example, the role of local authorities and the Third Sector in supporting older people in their choice of housing.

The interview with the Equalities Policy Advisor, Age Cymru, highlighted the key role that Age UK and Age Cymru already play in providing support to older people who are home owners and who need to move to a more suitable home environment, for example a bungalow, or who require help and advice in relation to the upkeep and maintenance of their property. The following quote illustrates this point:

“Many older people find the thought of moving house too daunting which could be helped via advocacy, support and information services. Putting off the decision until it is too late is not an option and so we need to examine what practical help can be given”.

The review by the Welsh Government of the Older Peoples Strategy provided the researcher with an opportunity to share the research study findings with the Welsh Government Older Peoples Strategy Lead, and contribute to the review process. The outcomes of the review will enable the Welsh Government to take forward phase 2 of the Strategy development and implementation. The review

was based on a series of discussions and interviews with older people, all of whom were asked the following questions:

- What is the best thing that the Welsh Government has done so far for older people?
- What services do you use and how would you like to see them improved?
- How has the current economic situation affected you?
- How do you think the current financial climate will affect future generations, your children and your grandchildren?
- If you could tell the Welsh Government one thing they could do today to make your tomorrow better – what would that be?

In order to inform the discussion, the researcher had provided the Key Respondent (Strategy Lead) with a briefing note on the research study and research findings in advance of the meeting. As part of the discussion, the Key Respondent shared with the researcher the process used for undertaking the Older Peoples Strategy review. It was noted that the review was based on input from as wide a range of older people as possible. While the 50 Plus Forums across Wales provided much of the interface opportunities with older people, work was also undertaken with older people in less obvious locations, in particular within prisons, in terms of addressing the needs and comments of older prisoners (which has included a prisoner in his 80s!). The following quotes from this interview provide illustrations of the feedback received during the review:

“Some of the older people questioned pointed out the need to ask older people what they are going to do for themselves”.

“There are differences in the views of older people regarding ageing and the increased requirement to ‘pay for care’ given the view of many older people in relation to their ‘already paid for’ entitlement”

The Key Respondent also shared information on work underway by the Welsh Government to ensure implementation of the requirements of the Guidance ‘Sustainable Social Services in Wales: A Framework for Action’ (Welsh Government, 2011d), which he felt could helpfully be informed by some of the research study findings, in particular the potential for improved service input from local authorities regarding support to older people on housing choices, enabling planning forward for old age by individuals based on informed choice and improved joint working between local authorities and the NHS, in relation to older people with a long term condition. The Framework for Action has been developed by the Welsh Government to respond to the changing nature of Welsh society, demographic change and new expectations from those who receive services, in the context of the difficult financial climate, all of which has resulted in unprecedented demands upon social services. A key requirement of the Framework is the delivery of integrated services which are built around people not organisations.

The Key Respondent also felt that the research findings could helpfully inform work underway by the Welsh Government on drafting the Social Care and Well Being Bill, in particular the section of the Bill relating to ‘Voice and Choice’.

As a follow up action to the interview, the Key Respondent agreed to forward a copy of the briefing note, which the researcher had provided on the research findings, to relevant Welsh Government policy leads, in particular to the policy leads for the Social Care and Well Being Bill and 'Sustainable Social Services in Wales: A Framework for Action' (Welsh Government, 2011d).

4.5 Reflections on the research findings by community-based Groups

Having identified the key research findings, the researcher met with a number of relevant, community-based Groups to enable discussion and further reflection of the findings. The Groups comprised a Diabetes Special Interest Group and two Old Age Pensioner Groups. The meetings enabled the researcher to share the findings with around 70 older people in total, a number of whom also met the selection criteria used for the Prospective Group participants and all of whom were able to contribute, from personal experience, to further analysis of the research findings.

4.5.1 Discussion with Diabetes Special Interest Group

Membership of the Diabetes Special Interest Group comprises individuals who have the long term condition diabetes as well as, in some instances, their spouses. The Group provides an opportunity for members to learn more about the management of their condition as well as receive encouragement and support from fellow sufferers. The researcher attended a meeting of the Group on 18 June 2011 and gave a powerpoint presentation which provided information on the background to the research, the origins of the research

question, how the research had been conducted, based on one to one interviews with two research groups of older people, and set out the research findings. There were 12 Group members present at the meeting.

Following presentation of the research findings and the themes that had emerged, there was a discussion with Group members which explored their views on the research findings and which sought responses to the question, 'Why do we not plan forward for our old age?' When discussing the issue of planning forward for older age, a number of the Group members referred to the support individuals would need. It was felt that this support, which should include factual information to inform decision making and choice, needed to be given proactively and not just at times of crisis. The role of family members was also discussed and highlighted the view that family members may not be in a position to give impartial and informed advice which may be better provided by relevant organisations, in particular local authorities. The following quotes illustrate these points:

"What we need is one to one advice where we feel safe and not pressured – it is a big decision to get wrong"

"It would be very reassuring to have a neutral person to talk to – I don't always trust solicitors and people like that"

"I think the Council should take this up – they are in the best position with libraries and Newsline to inform us"

"It can be awkward for children to discuss sensitive areas – no-one wants to talk about inheriting property and money and so on"

The way in which information should be provided was also debated and the Group was unanimous in stating that information should be provided through one to one discussion with a relevant 'expert' and supplemented with written information. Information, it was felt, could also be made available through a range of widely used, community based venues such as GP surgeries and libraries.

The table overleaf captures the points made by Group members on the issues of planning forward for old age, the provision of information to support this and the role of organisations:

Table 12 – Diabetes Special Interest Group Comments

Planning Forward for Old Age	Information to Support Planning Forward	Role of Organisations
Making plans makes you feel old and such plans may never be used, so why bother?	One to one discussion with a relevant 'expert' as well as written information is preferred to written information alone.	Need a Welsh Government led national campaign to encourage people to plan for their old age.
Older people need the 'facts' to support forward planning and made easily available with the opportunity for discussion.	Provide information via community based access, for example libraries and GP surgeries and used established mailing opportunities, for example Council Tax billing.	Organisations need to provide on-going information (not 'one-off' approach) to encourage individuals to forward plan.
The issue of making early decisions on things such as 'Power of Attorney', Wills, bequeaths was raised.	Local authorities need to make information available on all housing options for older people (including private housing).	Local authorities need to make information available on all housing options for older people (including private housing).
Older people need to be supported to make plans before they get in to a crisis or feel under pressure to make changes.		Can local authorities influence the perceived/actual lack of bungalow type accommodation?
Families are not always happy to help the older relative to plan forward as this may be perceived as them influencing their inheritance. Independent advice and support is better.		National, Government led campaigns could be used to encourage forward planning to old age – learn from successful public campaigns, for example wearing seatbelts and Digital TV. Could also use 'scare' tactics, as used in the AIDs campaign, based on the risk of losing one's independence.

The views expressed by the Diabetes Special Interest Group both supported and added to the research findings. An interesting addition was the suggestion of a national campaign to encourage people to plan forward for their old age.

4.5.2 Discussion with Old Age Pensioner Groups

The research findings were also shared with two Old Age Pensioner Groups within Caerphilly County Borough:

- Ystrad Mynach Old Age Pensioners' Group, which has nearly 30 members. The meeting attended by the researcher took place on 27 June 2011. There were 26 members present at the meeting, all of whom were female.
- Croespenmaen Old Age Pensioners' Group, which has over 30 members. The meeting attended by the researcher took place on 7 July 2011. There were 32 members present at the meeting, 30 females and 2 males.

The opportunity to share the research findings with such a large group of older people enabled a broader debate and the emergence of other perspectives, linked to the personal views and experience of group members. There were also clear benefits to meeting groups of older people in an environment with which they were familiar and within which they felt comfortable to both respond to and ask questions. This point was also made by the Welsh Government Key Respondents when discussing the research findings and reflecting on effective mechanisms for imparting information. O,Neil and Dunning (2005) point out similar advantages of engaging with older people in the organisations that they run themselves, citing Old Age Pensioner Groups as an example.

At both meetings, the researcher presented information on the background to the research, the origins of the research question, how the research had been

conducted, based on one to one interviews with two research groups of older people, and shared the research findings.

Having shared the research findings and the sub-themes that had emerged, the researcher asked the Old Age Pensioner Group members the following questions:

1. Should the Council provide more information on housing choices available as we age, including opportunities to visit sheltered housing facilities?
2. If we want to maintain our independence as we age, why do we not plan forward for our old age?

Discussion with Group members revealed unanimous support for clearer, and more timely, information on the different housing options and choices available within Caerphilly County Borough. Group members also felt that a discussion with sheltered housing scheme residents would be most beneficial in order to gain an 'insider' perspective as opposed to the 'official' view. This seemed to illustrate a perception that local authority officers may not provide an unbiased view about individual sheltered housing schemes, for example in circumstances where the local authority wished to increase the occupancy rate in certain schemes. The researcher is aware that Caerphilly County Borough Council has a variable level of vacancies in its sheltered housing schemes. Group members felt that those already living in sheltered housing could provide a practical perspective on what it was like to live in this form of housing and would be

prepared to highlight both positive and negative issues from their own experience. The following quote illustrate some of these points:

“I do want choice but want to know what choice there is (of housing) before I need to make a decision to move house”.

It was also felt to be beneficial to have the opportunity to discuss with scheme residents their own misgivings and concerns regarding a move to sheltered housing. It was acknowledged that such a discussion could help to remove the prejudices that some of the Group members had with regards to sheltered housing which they noted was currently based on ‘heresay’ and their own assumptions as opposed to facts.

The table overleaf provides a synopsis of the points made by members of both Old Age Pensioner Groups on the issues of planning forward for old age, the provision of information to support this and the role of organisations:

Table 13 – Old Age Pensioner Groups Comments

Planning Forward for Old Age	Information to Support Planning Forward	Role of Organisations
Do not want to think about it, about growing old and what that might mean.	Local authorities should provide more information on available housing choices, including costs, to help in planning forward.	Local authorities need to be proactive in providing information on all available housing, including Housing Association and private housing.
Want to stay young! - do not want to be made to feel old.	Need information on choices available ahead of the need to make a choice decision.	Local authority and NHS staff need to be more proactive in identifying older people in need of support. Those over 70 years of age should be subject to a home visit/check on their current circumstances in order to help avoid a crisis.
Do not wish to lose control.	Prefer to receive information given in person by a recognised 'expert, not just written information.	Organisations, particularly Local authorities, need to proactively support individuals to remain in their own home through early adaptations, as necessary.
Do not think about our role in ensuring we have choice as we age.	A 'single point of access' telephone number or point of contact would be most helpful in terms of providing information.	The local authority and/or Housing Association need to facilitate opportunities for older people to view sheltered housing schemes.
Having a plan 'on the shelf' is useful even if you do not use it.	Need to make information available through community based facilities including libraries, GP surgeries and pharmacies.	How can Local authorities/Housing Associations address the impact of slow turnover in supported accommodation which also impacts on choice?
	People who live alone with no family or other help need to have easy access to information and support in making choices.	Could organisations facilitate individuals trying out alternative accommodation before fully committing to moving home?

It can be seen that, in relation to planning forward to old age, members of the Old Age Pensioner Groups viewed such an approach negatively, stating that it

would make them feel old when they wished to 'stay young'. There was also an interesting point made by some Group members regarding a loss of control when, arguably, planning ahead and taking matters in to one's own hands actually increases the level of control on an individual basis. There also seemed to be a lack of appreciation of the role the Group members themselves could play in determining how they maintained their independence in to older age. A number of Group members admitted that they did not think about the role they played as individuals in ensuring they had choice, which in this instance relates to the choices they had and may need to make in relation to remaining independent in to older age.

The provision of information in person as opposed to only written information was similarly pointed out by Group members as the preferred approach. As was noted by the Diabetes Special Interest Group members, the need to proactively provide information on choices and not at a time of crisis or extreme need was also pointed out by members of the Old Age Pensioner Groups.

4.6 Reflections on the research findings by the Focus Group

Having shared the research findings with the community-based groups, a Focus Group considered the research findings at a meeting held on 11 July 2011 within Caerphilly County Borough. The Focus Group members were deemed by the researcher to be representative 'experts' and/or individuals who were familiar with older people services and issues. Group membership included NHS, local

authority and voluntary sector representatives as well as a member of the Caerphilly County Borough Council 50 Plus Forum.

At the meeting, the researcher provided the Focus Group with an overview of the purpose of the research and the research methods used, in seeking answers to the research question. The research findings were shared, along with a synopsis of the key points made by members of the community-based groups.

In addition to discussing the research findings, the researcher had set out some key questions to be explored as part of the Focus Group discussion. The key questions were:

1. Should Local Authorities provide more information on housing choices available as we age?
2. How should they do this?
3. Why do we not plan forward for our old age?

In relation to the question of why we do not plan forward for our old age, Focus Group members agreed with the reasons given by the community-based groups. Further discussion with members of the Focus Group on the issues of planning forward for our old age, the provision of information to support this and the role of organisations generated other points.

Some Focus Group members expressed the view that, in asking individuals to plan forward for their old age, we may be asking too much given that the future can be very uncertain. However, it was also acknowledged that individuals

should be supported to think ahead through the provision of appropriate information on choices available to them whether they wished to remain in their own home or move to alternative housing in order to maintain their independence. The following quotes illustrate these points:

“We need to understand and question at what point do you decide you need to move from your home?”

“Leaflets and brochures do have their place alongside 1-1 discussion in terms of providing further details on a housing option”

There was also an interesting discussion on what ‘triggers’, or change in circumstances, may prompt either individuals or organisations, in support of individuals, to decide that adaptations to an existing home or a move to alternative accommodation is needed. These so called ‘triggers’ will be different at an individual level but could include deteriorating health, inability to cope within their current home or bereavement.

While Group members supported the view expressed by other Groups and the research participants on the provision of information in both written form and through one to one discussion, it was also suggested that organisations explore more innovative means of imparting information, as opposed to solely relying on traditional methods, noting continued advances in technology and techniques. Digital stories were cited as a helpful and more innovative means of sharing the experiences of older people who had faced change, capturing their personal experiences and sharing advice on coping mechanisms.

The role of organisations, in particular the NHS, local authorities and Registered Social Landlords (RSLs), was also discussed and highlighted the need for more effective collaboration across organisations in proactively supporting older people to remain independent, either in their own homes or in alternative accommodation more suited to their needs. The Welsh Government has recently put increased emphasis on the need for collaborative working between health, social care and housing. This increased emphasis was highlighted through speeches given by the Minister for Health and Social Services and the Minister for Housing, Heritage and Regeneration at a Health and Housing Conference organised and hosted by Aneurin Bevan Health Board with partner organisations in November 2011. In addition, the Social Services and Well Being (Wales) Bill (Welsh Government, 2012b) extends the duty placed on social services and the NHS to collaborate in the delivery of integrated services.

The need for more sympathetic approaches to the planning and design of alternative housing, in particular sheltered housing, was pointed out by Group members. It was noted that sheltered housing flats often provide very limited space which only serves to exacerbate the sense of loss that older people feel in leaving their previous home. The researcher has personal experience of this issue through a family member who moved to sheltered housing and found it very difficult to get used to the confined space she had moved to, having had to get rid of a large number of possessions and furniture from her previous home. Some of this change will be inevitable and part of a necessary downsizing of space when perhaps an individual now lives alone. However, Porteus (2012)

points out that the housing planning system needs to recognise the diversity in housing style that many older people now demand, including issues of price range and design, if we are to encourage older people to move. Sections 2.3.5 and 2.3.7 of the Literature Review explore current and future housing choice for older people recognising the changes in expectation and demands of successive generations.

Peace et al (2005) explored the relationship between environment and identity in later life, in particular what older people thought was most significant about the places where they lived. The authors noted that older people living in their own family home had much more space than those who had moved to a residential home or sheltered housing and that a spare bedroom for visitors, such as grandchildren, was important. Also important was 'personal expansion space' to move around in within the home. For many older people, attachment to the home they have lived in for many years and raised a family in, is also linked to the sense of identity their home, and its history, gives them.

The table overleaf summarises the points raised by Focus Group members in relation to planning forward to old age, information provision and the role played by organisations:

Table 14 – Focus Group Comments

Planning Forward for Old Age	Information to Support Planning Forward	Role of Organisations
Are we expecting too much of individuals in planning for an uncertain future?	Need to facilitate one to one discussion as well as providing written information.	Organisations, in providing alternative housing for older people, need to be mindful of the home they are leaving (the facilities and space they enjoyed).
For many older people, planning ahead is counter intuitive – attitude is 'I will cross that bridge when I come to it'.	Use more innovative means of providing information, for example use of digital stories and a dedicated website.	Organisations need to facilitate and support the provision of one to one information.
Need to be clear on what the benefits are of forward planning for old age in order to encourage this change in behaviour .	Need to support informed choice through easily accessed information on the choices available, including the pros and cons of options - people need to know what choices there are.	Organisations need to facilitate a joined up 'one stop shop' approach to information provision based on effective cross organisation links.
Would be helpful to try alternative housing out first before fully committing to a move.	The provision of one to one information should be the norm not the exception.	Local authorities and Housing Associations need to facilitate opportunities for older people to visit sheltered housing schemes ahead of their need to move home.
At what point do individuals decide they need to move from their current home? The 'triggers' will be different for each individual, even where the health and housing circumstances are the same.	Leaflets and brochures also have their place alongside one to one discussion.	Local authorities need to more effectively address the ethos of 'homes for life' through their Local Development Plans.
	Need to build proactive information provision and support for decision making, to health, housing and social care staff roles.	There is an urgent need for effective collaborative working across health, housing and social care in order to join up initiatives which support informed choice for older people.
		Architectural design is important in encouraging older people to consider an appropriate move to other accommodation (address aesthetics and space issues).
		Closer working between the NHS and local authorities needs to enable timely responses to 'triggers' such as an individual's deteriorating health (avoid crisis situations for individuals regarding their changed needs).
		Organisations need to understand what encourages or 'triggers' older people to plan forward.

The comments and reflections of members of the community-based Groups and the Focus Group informed the next stages of analysis of the research findings.

4.7 Outcome of collective reflections on the research findings

As well as confirming and supporting the research findings from the one to one interviews with research participants in the Prospective and Retrospective Groups, a review of the comments and issues arising from discussion of the research findings with the community-based Groups and the Focus Group, resulted in the identification of two further themes: *'Uncertainty regarding the future'* and *'Do not feel old'*.

Members of the community-based Groups and the Focus Group, whilst acknowledging the benefits of planning forward to old age, referred to the difficulty of making plans when the future remained uncertain. For example, while those with a long term condition are at greater risk of deteriorating health with age, it did not mean that this was certain, thus making plans to move house or undertaking adaptations to their current home on the basis of 'what if' could prove to be a waste of time and money. The researcher did point out to all Group members that making plans for potential future scenarios, on the basis of maintaining individual independence, did not mean that these plans had to be enacted. Whilst it may appear trite, it could be argued that the best way to predict one's future is to create it by making plans.

It was acknowledged by the various Group members that taking the time to think through what might need to change, either within an individual's home

environment, or in terms of moving to alternative accommodation such as sheltered housing, was sensible and provided an opportunity to go and see alternative housing options, where applicable. This was seen as more preferable to change having to happen at a time of crisis, for example rapidly deteriorating health or bereavement.

However, despite their agreement to the benefits of planning forward to old age, the majority of community-based Group members admitted that this was not something they had thought about or indeed may think about in the future. The suggestion of a national campaign followed on from this expressed viewpoint as some Group members felt it would take some form of compulsion or hard hitting message to encourage them to take action.

The theme 'do not feel old' emerged from discussions with the community-based Groups. A number of Group members felt that, despite the label of being 'old', in their mind they were still young and in their twenties or thirties. Just thinking about plans for their older age made them feel old and this was not welcomed as it conflicted with their feeling of still being able to do what they wanted to do and to manage their personal life.

4.7.1 Identification of key themes

In order to reflect the connections between the identified themes (now termed 'sub-themes'), and to give greater clarity to the discussion of the research findings, the researcher grouped the identified themes in to three key, overarching themes as follows:

- Enabling informed choice (Theme 1)

- Issues for organisations (Theme 2)
- Issues for Individuals (Theme 3)

In assigning the sub-themes to a particular overarching theme, the researcher notes that a number of the sub-themes are relevant to more than one of the overarching themes and require discussion as such. For example, the sub-theme 'wish to remain independent in own home', has implications for both individuals and organisations. Similarly, the sub-theme 'knowledge of alternative housing options variable' requires discussion of the implications for enabling informed choice as well as an exploration of the role of organisations in addressing this research finding. In order to avoid repetition, the researcher has discussed the sub-theme under one, not both, of the overarching themes.

Theme 1, 'Enabling informed choice' brings together the themes that emerged from the research findings and discussions with all Group members on what information was important and how this information should be provided, in order to support people to plan forward for old age. In relation to what information was felt to be important, both Prospective and Retrospective Group members referred to a lack of knowledge of the alternative housing options available to them. The role of local authorities and RSLs in providing information on alternative housing options is recognised and this is also captured under Theme 2, 'Issues for organisations'.

Both the research participants and Group members expressed the same view in relation to how information should be provided. The opportunity to discuss and

debate the available information on issues such as alternative housing and housing adaptation choices was felt to be very important. While written information was also felt to be important, the view generally expressed was that organisations tended to rely solely on providing written information and did not check whether the information had been received or understood by its recipients.

Theme 2, 'Issues for organisations', recognises the role that organisations, such as local authorities, the NHS and RSLs, need to play in proactively informing and supporting older people in both planning forward and enacting these plans when needed.

All members of the Prospective Group, and the majority of those in the community-based Groups, expressed the wish to remain independent in their current homes. A number of individuals, however, also acknowledged that this may require them to seek adaptations to their home if their personal health circumstances changed. For example they were no longer able to manage the stairs in order to reach bathroom and bedroom facilities. While the potential role of local authorities in responding to such identified need was recognised by community based Group members, there was no knowledge of other relevant agencies such as Care and Repair or RSLs.

As well as providing information on alternative housing options, local authorities and RSLs could also provide an opportunity for older people to both see and

experience the alternative housing available. This point was raised by members of the Retrospective Group and community-based Groups.

Theme 3, 'Issues for individuals', makes clear the role that older people themselves must play in both planning forward for and achieving continued independence as they age. The researcher noted that all members of the Prospective Group and the majority of community-based Group members had given little or no thought to planning forward for their older age. However, participation in the research study had prompted a number of individuals to consider the benefits of a plan for their older age.

The experience of Retrospective Group members, in having to move to sheltered housing from their previous home, illustrated the range of factors which commonly prompted this life change. These common factors, which are discussed and explored in Chapter 5, included deteriorating health, access problems both inside and outside the home and inability to maintain the property. It is interesting to speculate on whether any of the Retrospective Group participants could have remained in their previous home if they had planned forward for their old age and been proactively supported by relevant organisations in maintaining their independence in their previous home. However, for one of the Group participants in particular, the move in to sheltered housing was made in order to address issues of loneliness and personal safety as well as deteriorating health.

The table overleaf illustrates the connections made between the research findings based themes and their aggregation in to the three key, overarching themes, noting that a number of the research findings based sub-themes are applicable to more than one of the overarching themes:

Table 15 – Key Overarching Themes

KEY THEMES	<i>Enabling Informed Choice</i> (Theme 1)	<i>Issues for Organisations</i> (Theme 2)	<i>Issues for Individuals</i> (Theme 3)
Prospective Group and community based groups - Research Findings Themes	<ul style="list-style-type: none"> • Knowledge of alternative housing options variable • Prefer to receive information in person given by someone with 'expert' knowledge 	<ul style="list-style-type: none"> • Wish to remain independent in own home • Knowledge of alternative housing options variable • Prefer to receive information in person given by someone with 'expert' knowledge 	<ul style="list-style-type: none"> • Wish to remain independent in own home • Little or no thought to planning forward to old age • Uncertainty regarding the future • Do not feel old
Retrospective Group and community based groups – Research Findings Themes	<ul style="list-style-type: none"> • Knowledge of sheltered housing and choice offered is variable • Prefer to receive information in person given by someone with 'expert' knowledge 	<ul style="list-style-type: none"> • Knowledge of sheltered housing and choice offered is variable • Would have welcomed the opportunity to view sheltered housing options before having to move from their previous home • Prefer to receive information in person given by someone with 'expert' knowledge 	<ul style="list-style-type: none"> • Change of accommodation prompted by a range of factors and not linked to planning forward

4.7.2 Discussion of key themes

A number of the identified sub-themes are of greater importance than others in answering the research question. The relative importance of each of the sub-themes is explored in detail within Chapter 5. An example of the relative importance of the sub-themes is the identified sub-theme 'prefer to receive information in person given by someone with 'expert' knowledge'. This sub-theme provides an important insight in to which information giving mechanisms are likely to be more effective in enabling informed choice. The research findings illustrate that it is the 'how' element of information provision that is more important to older people than the 'what'. There is also a clear message to organisations on the importance of checking whether disseminated information has been both received and understood.

The sub-theme 'wish to remain independent in own home' is explored in detail within Chapter 5 noting that all members of the Prospective Group had made this point, which was also supported by members of the community-based Groups. There is perhaps little surprise in the notion that older people wish to continue living in their current home as they age however, the findings of the research study illustrate that older people give little thought to how this may be achieved. The experience of members of the Retrospective Group reinforce this finding as their move to sheltered housing commonly occurred as the result of an almost urgent situation, often following a rapid deterioration in their health. In addition, a number of the Retrospective Group participants acknowledged that timely adaptations to their previous home may have enabled them to stay put.

In exploring the individual and organisation driven factors which influence housing choice, the sub-theme 'little or no thought to planning forward to old age' underpins the research findings from both the Prospective and Retrospective Groups. In discussing this sub-theme, the researcher has explored the responsibilities of individuals and organisations, using relevant supporting references from the literature and citing the findings that have emerged from the experiences of research participants.

Of the remaining sub-themes, the following highlight specific areas to be addressed by organisations, for example:

- Knowledge of alternative housing options variable
- Knowledge of sheltered housing and choice offered is variable
- Would have welcomed the opportunity to view sheltered housing options before having to move from their previous home

The following sub-themes provide an insight in to the factors which may influence both the attitude and ability of older people to plan forward in order to maintain their independence as they age:

- Uncertainty regarding the future
- Do not feel old

The overarching themes enable a drawing together of areas of focus within the research question and Literature Review Chapter. The research question seeks

to identify the 'architects' of choice in older people housing, citing the role of individuals and organisations and the factors which influence independent living choices for older people. In relation to choice, the timely provision of information to enable informed choice has emerged as a key theme, based on the comments of research participants but also as reflected in the literature.

The identified overarching themes highlight the inter-related factors which could enable effective 'upstream' decision making by older people, in this instance those with a long term condition, the potential and actual impact on later life experiences, in terms of maintaining independence, and the role of organisations, in particular the NHS, local authorities and RSLs in informing and supporting decision making by older people.

4.7.3 Recommendations

In exploring the issues for organisations and individuals, through the identified themes, there are a number of areas for action that arise from this research study.

In order to inform choice, it is important for older people to have a clear understanding of the alternative housing options open to them, which should include information on housing adaptation options for their current home, where applicable. The researcher suggests that if we are to encourage older people to plan forward in terms of their potentially changing needs, they must be proactively given the information on which to base such plans. In the case of Retrospective Group members, this lack of information clearly limited their

choice of sheltered housing, although it is not clear whether they would have expressed an alternative preference to the scheme they actually moved to.

The researcher also argues that there is a potential role for NHS and social care community based staff, such as district nurses and home care workers, in recognising difficulties experienced by those they care for in terms of their home environment and arranging for further support from relevant agencies. This is a further example of where collaborative working across local authorities, the NHS, RSLs and other relevant agencies could enable a proactive response to the needs of older people wishing to remain independent in their own home.

4.8 Summary of Findings

The research findings suggest a number of implications for policy and practice for both the Welsh Government and service provider organisations. Potential policy and practice responses to the findings are summarised in table 16 and reflect discussion of the research findings with the community-based Groups and Focus Group. These discussions both reinforced the views of the research participants and highlighted additional points and proposals for further consideration by organisations and policy makers.

In relation to organisations, such as local authorities, the NHS and RSLs, it is suggested that a collaborative and proactive approach to information provision and support could improve the choices open to older people in maintaining their independence as they age. Focus Group members felt that this approach should be facilitated through proactive care planning for older people with a long term

condition as they are more likely to be in regular contact with health services. Focus Group members also commented on the 'power play' between older people and those they see as having power vested in them, for example the GP, who older people are more likely to listen to in terms of advice etc. Thus the GP could have a key role in timely intervention regarding planning forward for older age and highlighting choices as part of the care plan for someone with a long term condition.

The role of organisations however, in particular local authorities and the Welsh Government, in providing information was felt to be more effective if undertaken on a continual basis as opposed to one off 'initiatives'.

It was suggested by Key Respondents and members of the Focus Group that the Welsh Government was best placed to explore and facilitate the development of an all Wales approach to information which was commonly required. For example, implementation of an all Wales website for older people which either signposted them to information sources at a local level or provided the information they sought, perhaps modelled on the 'FirstStop' service established in England.

Members of the Focus Group also suggested that organisations explore more innovative means of imparting information, as opposed to solely relying on traditional methods, noting continued advances in technology and techniques. Digital stories were cited as a helpful and more innovative means of sharing the experiences of older people who had faced change, capturing their personal experiences and sharing advice on coping mechanisms.

Noting that moving house can represent both a major change and source of stress for older people, with an air of 'no going back' attached, community based Group members suggested that, as part of a proactive approach to these issues, older people should be offered the opportunity to try out the alternative housing option before finally committing themselves to moving from their current home. It was felt to be useful if such an option could be explored by relevant organisations in terms of its practical application. This particular point was expanded upon by members of the two Old Age Pensioner Groups in relation to local authorities proactively providing necessary adaptations to homes and both the local authority and the NHS being proactive in identifying older people in need of support before they are 'in crisis'.

The findings highlight, however, that there remains a risk of individual choice of care and housing services being subject to cross organisation dispute of who pays for what service. Key respondents felt that this issue could be resolved once and for all through a national, Welsh Government policy directive.

The need for more sympathetic approaches to the planning and design of alternative housing, in particular sheltered housing, was pointed out by Focus Group members. In addition, Group members cited the need for a nationwide information campaign by the Welsh Government to encourage people to plan forward for their old age and to be clear on how they wished to live independently as they aged.

Following discussion with a particular Key Respondent, the researcher noted that Age Cymru is, potentially, well placed, as a national and well known older

people support agency within Wales, to play a key role in supporting older people to proactively manage and plan for their older age, in order to maximise their independence and well being.

In discussions with members of the Old Age Pensioner Groups, however, individuals pointed out that just thinking about plans for their older age made them feel old and this was not welcomed as it conflicted with their feeling of still being able to do what they wanted to do and to manage their personal life. This view illustrates an interesting and important point for policy makers and service providers in terms of how the individual's role in planning forward for their old age can be effectively 'sold'.

Discussion of the findings, through the identified themes, has enabled the researcher to propose potential responses to the issues raised. A number of the proposed responses are applicable to more than one theme.

The table overleaf summarises the proposed responses and highlights potential implications to their implementation:

Table 16 – Response to the Research Findings and potential implications

Research Findings Theme	Proposed Response	Implications (both practical and financial)
<i>Little or no thought to planning forward for old age</i>	<p>A national information campaign based on a ‘counting the future’ concept.</p> <p>There may also be a role for other organisations, such as Age Cymru, in providing advocacy and other support to in guiding the housing choices of older people.</p>	<p>Will require sustained funding from Welsh Government.</p> <p>This may require additional resources.</p>
<i>Wish to remain independent in own home</i>	<p>Local authorities (LAs), Registered Social Landlords (RSLs) and NHS work collaboratively to proactively identify individuals in need of support to sustain their independence.</p> <p>Individuals need to plan for their old age and be both encouraged and supported to do so.</p> <p>Clarity is needed on the funding responsibility of health, local authorities and the individual in providing care and other support, such as adaptations to the home.</p>	<p>Collaborative review of staff roles.</p> <p>Implement staff training.</p> <p>Needs commitment to share resources.</p> <p>Needs increased use of co-creation models of service planning and delivery.</p> <p>This may require a Welsh Government policy directive.</p>
<i>Prefer to receive information in person given by someone with ‘expert’ knowledge</i>	<p>LAs, RSLs and NHS need to work collaboratively and train and resource staff to provide information in person, where this is required/wanted.</p> <p>Information should be given proactively, not just in a crisis.</p> <p>Older people may require advocacy support in making decisions on available housing choice.</p> <p>Need an all Wales, single point of access approach to information provision for older people.</p>	<p>Increase in resources needed.</p> <p>This could be mitigated though pooling of resources.</p> <p>May need additional resources at NHS, local authority, RSL or Third Sector level.</p> <p>?Welsh Government funded policy initiative (similar to ‘FirstStop’ service in England).</p>

Research Findings Theme	Proposed Response	Implications (both practical and financial)
<i>Change of accommodation prompted by range of factors and not linked to forward planning</i>	<p>Local authorities (LAs), Registered Social Landlords (RSLs) and NHS work collaboratively to proactively identify individuals in need of support to sustain their independence.</p> <p>Local authorities and RSLs proactively provide adaptations to homes.</p> <p>The NHS, local authorities and RSLs need to identify and act on the 'triggers' to housing adaptation and/or need for individuals to move home.</p> <p>Individuals need to plan for their old age and be both encouraged and supported to do so.</p>	<p>Collaborative review of staff roles</p> <p>Implement staff training.</p> <p>Needs commitment to share resources.</p> <p>Needs commitment to share resources.</p> <p>Needs increased use of co-creation models of service planning and delivery.</p>
<i>Knowledge of sheltered housing and choice offered is variable</i>	<p>LAs and RSLs need to proactively market their sheltered housing schemes.</p> <p>The timely provision of information on alternative housing choices to all relevant individuals even if they are not considering a housing move.</p> <p>Need for sympathetic approach to planning and design of older people housing.</p>	<p>Waiting lists for popular schemes and under-occupancy for less popular schemes.</p> <p>Increase in resources needed which could be mitigated through pooling of resources.</p> <p>May need a Welsh Government policy directive and/or national guidance as well as an incentive for builders of both social housing and private housing.</p>
<i>Would have welcomed the opportunity to view sheltered housing options before having to move from their previous home</i>	<p>LAs and RSLs to provide older people with the opportunity to view sheltered housing schemes and talk to residents.</p> <p>LAs and RSLs need to review options for enabling older people to 'try out' alternative accommodation before committing to move.</p>	<p>Potential staffing and staff training resources which could be mitigated by pooling resources across organisations.</p> <p>Likely practical and legal problems to enabling older people to 'try before they buy'.</p>
<i>Uncertainty regarding the future</i>	<p>A national information campaign based on a 'counting the future' concept.</p> <p>Development and use of mechanisms</p>	<p>Will require sustained funding from Welsh Government.</p>

Research Findings Theme	Proposed Response	Implications (both practical and financial)
	and approaches which more effectively 'sell' the message of planning for old age.	Sharing best practice guidance from across the UK and outside the UK in terms of successful social marketing mechanism.
<i>Do not feel old</i>	Organisations need to underpin their information giving mechanisms with an understanding of the psychology which determines how older people receive and act upon information. In doing so, service providers also need to avoid ageist assumptions and responses.	Staff training requirements and the need for a collaborative and consistent approach across organisations.

The research findings reflect the key areas covered within the literature review, in particular the reality of housing choices, the importance of enabling informed choice and the roles played by both organisations and individuals in facilitating continued independence into old age in the home of one's choice.

4.9 Conclusion

Analysis of the data collected through the field research identified a number of common themes which the researcher has distilled in to 3 overarching themes.

The policy, practice and financial implications, for both the Welsh Government and organisations, in responding to the research findings, have been set out in table 16, section 4.8.

The major implication relates to the provision of targeted resources, for example the sustained funding of a national awareness raising campaign based on a 'counting the future' concept to encourage people to plan forward, and make

necessary arrangements, for their old age. The researcher argues that such a campaign should not be based on a 'one-off' approach if successive generations are to be both influenced and encouraged to take responsibility for planning for their old age.

The collaborative training of staff across local authorities, the NHS and RSLs will also require resources, both financial and in relation to releasing staff for training. The level of resources required could be minimised by sharing training resources across organisations.

Collaborative working across organisations, while a Welsh Government policy requirement, is made more compelling by the fact that the public sector is facing a reduction in resources alongside increases in demand for services. In this context, the resource implications identified by the researcher as necessary to address the findings of this research study may seem too challenging. However, the researcher argues that the pooling of resources across organisations could minimise this challenge through a reduction in duplication of services and potential avoidance of costs as a result of proactively identifying and supporting older people at risk of deteriorating health and reduced independence.

The following Chapter (Chapter 5 'Discussion and Analysis') analyses and explores the identified key themes drawing on other relevant research literature in order to highlight similarities between the findings of this study and other studies within the same research areas, or to highlight where the findings of this study conflict with or depart from those in the highlighted literature.

CHAPTER 5 – DISCUSSION AND ANALYSIS

5.0 Introduction

Within this Chapter the research findings, identified within Chapter 4, are analysed and discussed under three, overarching key themes which reflect and group together issues and points commonly raised within the research groups. The key themes were also supported in discussions with members of the Focus Group, community Old Age Pensioner Groups and a Diabetes Special Interest Group, with whom the initial research findings were shared. The key themes are described and grounded in the research data through the use of supporting narrative extracts from the research participant interviews.

Analysis and discussion of the research findings, based on the identified key themes, includes further examination of the key themes against other relevant research literature in order to highlight similarities between the findings of this study and other studies within the same research areas, or to highlight where the findings of this study conflict with or depart from those in the highlighted literature.

5.1 Discussion and analysis of the Research Findings

Having identified the three overarching themes, which are set out in Table 15, Chapter 4, the research findings are reviewed and examined, in the context of the overarching and sub-themes, and compared against other relevant research studies in order to identify similarities, areas of conflict and potential gaps in the literature for further research. Discussion of the findings also reflects the key

areas of focus within the research question and Literature Review in terms of choice, older people and housing for older people. The policy implications of the research findings have been highlighted in Chapter 4, section 4.8.

5.1.1 Overarching Theme 1: ‘Enabling Informed Choice’

While discussed under overarching theme 1, the following sub-themes are also reflected in overarching theme 2 ‘Issues for Organisations’, noting the role of local authorities and Registered Social Landlords in disseminating information on housing choice.

This overarching theme brings together the identified sub-themes which reflect the importance of information, both in terms of when and how information is provided, in supporting older people in making the choices necessary to maintain their independence as they age.

In reviewing the experience of disabled adults and older people in making choices about services and support, Baxter et al (2011) refer to the lack of information hampering choice or removing choice altogether, pointing out that information is a pre-requisite for choice. If individuals do not know they have choices available to them (information) then they are not able to exercise choice.

5.1.2 Sub-themes – ‘*Knowledge of alternative housing options variable*’ and ‘*Knowledge of sheltered housing and choice offered is variable*’

In the one to one interviews, research participants in the Prospective Group were asked: “Do you know what alternative housing options are open to you?”

While a number of the Prospective Group participants were able to refer to examples of alternative housing options, this knowledge was both variable and limited amongst those interviewed, leading to the identification of this theme.

As described in section 2.3.3 of the Literature Review Chapter, the housing options available to older people include ordinary or mainstream housing and specialised housing. However, the range and availability of specialised housing does vary depending on local housing development and there may also be an issue of what housing choice is available at the time an individual needs it (HAPPI Panel, 2009). It is also pointed out by Peace and Holland (2001) that in considering housing options, individuals also need to take in to account whether they wish to live alone or with others.

Some of the participants were quite specific about their preferences in terms of alternative housing options:

“Well we like this area, but it would have to be a bungalow. No way could we entertain the idea of a house, it would have to be a bungalow. We don’t want sheltered accommodation, if we can avoid it. It’s very good and I know you’re independent to a certain extent, but I like to be totally independent and we are fortunate, we’ve got very good neighbours either side” (Female, aged 78 years)

Wishing to remain in the same area was also a common response amongst participants based on proximity to family and friends, being familiar with the area and knowledge of available amenities such as shops. While there are differences in the sample source and size, this response appears to contrast with the findings of Hughes (2012), who noted that less than 30% of those aged

55 – 64 and 65 years plus wished to stay in or near their current neighbourhood.

The author noted that individuals preferred to be closer to shops and transport and to live in accommodation that was spacious and secure.

While it is important for individuals to be clear on the type of alternative housing they would prefer, if it became necessary for them to move from their current home, it is also important for them to be aware of the housing choices available, as this choice varies between Local Authority areas and at points in time. This point was explored further by one of the research participants who offered a view on how the Council might assist older people in both identifying and securing the housing option they choose:

“I wondered whether the council housing department have a swap idea. Where they can say we can sort you out with a bungalow and we’ll take your house in part exchange or do something like that. That would be a useful thing, whether it is possible or not I don’t know”. (Female, aged 78 years)

The researcher notes that housing swapping schemes do exist in parts of Wales. The North Wales Housing (a Housing Association) scheme is one such example. Within this scheme, those individuals who are in a home which no longer meets their needs, for example it has become too large or small, can apply to be considered for another property owned by North Wales Housing (NWH), or find someone to swap homes with. The NWH scheme is part of a national Councils and Housing Associations house swapping scheme which

enables tenants to advertise their property and view other properties free of charge.

Research by Sutherland (2011) and Davies and Craig (2011) with older people confirms that one of the reasons people remain in their current home is a lack of awareness of the housing options available to them. Davies and Craig (*ibid*,3) also point out the importance of:

“a detailed understanding of this alternative accommodation to enable them to make an informed decision about the potential of this accommodation to meet their needs”.

A member of the community based Diabetes Special Interest Group expressed the following view on the importance of seeking housing choice alternatives:

“You hear horror stories about care homes so it makes sense to find out about these places while you still have a choice”.

This, of course, presupposes that older people always have both the information on available housing and the opportunity to view accommodation options. The researcher would argue that, in the absence of forward planning, it is often more common for both time and choice to be constrained by the urgency of the move. Kerslake and Stilwell (2004) also highlight the problem of individuals leaving a decision to move to more suitable accommodation too late to reap the full benefits of such a move.

While it may be assumed that older people wish to be offered choices in relation to future housing options, this may not be the case for all older people, including

making a choice decision. Iyengar and Lepper (2000) explore the issue of whether offering choice or a range of choices is motivating or demotivating to the individual. They point out that choosing from a smaller set of choice options may be more satisfying and less stressful to individuals. This point is further explored by Thaler and Sustein (2008,84) in relation to concerns regarding the future outcome of any choice made:

“When people have a hard time predicting how their choices will end up affecting their lives, they have less to gain by numerous options and perhaps even by choosing themselves.”

This seemed to be the experience of the Retrospective Group research participants, the majority of whom were offered a specific sheltered housing flat which they took without requesting to see other accommodation options or be offered other choices. This common experience amongst the Group participants led to the identification of the theme *‘Knowledge of sheltered housing and choice offered is variable’*. This theme was also identified based on responses given by the Retrospective Group participants when asked: “Were you given choices in terms of moving from your original home and were you supported in making your choice?” Examples of the responses given are as follows:

“No. They just said ‘come and see it’ and as soon as I walked in I knew it was right”. (Female, aged 83 years)

“No, well I knew about it anyway because I mean I used to come to friends here for a long time when I was working”. (Male, aged 71 years)

“The lady in the butcher’s, she knew the warden who was living there, she said to go up and see her as she said she had a couple of flats empty and that is how I went”. (Female, aged 71 years)

In some instances the immediate acceptance of the accommodation offered was because the accommodation was located in the participant’s preferred geographical area and/or they were concerned not to miss the opportunity of having the accommodation offered in case it was taken by someone else and they were left with a worse accommodation option. The following is an example of a typical response which illustrates some of these points:

“Well I would have chosen this complex because it was near to all my friends and where I lived”. (Female, aged 74 years)

In exploring participant experiences of sheltered housing choice, it is interesting to reflect on choice theory and social constructionism theory. Based on social constructionism theory, the life experiences, values and culture of the individual participants will have played some part in their perception of how satisfying their choice of sheltered housing is to them. Whether individuals felt empowered by this choice experience appears to be irrelevant as the views expressed by individuals seem to concentrate on the right accommodation for them being available at the time they needed it. It is possible to speculate that under other, less urgent circumstances, individuals may have preferred greater choice of sheltered housing flats/complexes.

The expressed views of participants on their experience of sheltered housing choice appear to conflict with the 'Citizen Model' approach of Welsh Government policy. This policy approach maintains that citizens value different forms of choice and the opportunity to express preferences, ultimately influencing service provision (Welsh Assembly Government, 2004). The 'Citizen Model' assumes that all citizens wish to be empowered in this way in order to influence service provision and, ultimately, choice. Whether greater citizen participation in service planning and delivery leads to greater choice is debatable as it is possible that only the more articulate, informed and motivated individuals will exercise this opportunity (Church et al, 2002; Glendinning, 2008 and Simmons, 2011). In addition, the level of influence older people, as citizens, will have on housing and service provision is likely to be dictated by public sector priorities and resource allocation decisions (Local Government Association, 2012; Levitas, 2012 and Chaney, 2013).

The 'Citizen Model' aims can be compared to the 'degrees of citizen power' level of Arnstein's 'Ladder of Citizen Participation' (Arnstein, 1969), particularly in relation to the 'Citizen Control' and 'Delegated Power' elements of this conceptual model of citizen participation. Section 2.1.2 of the Literature Review reflects on whether Arnstein's model increases choice through citizen empowerment and higher levels of control and power. The researcher suggests that the application of either model is unlikely to have changed the experiences of the Retrospective Group participants noting their move to sheltered housing occurred under almost crisis like circumstances requiring a fairly urgent

response to their changed housing needs. The research study findings, based on the experience of members of the Retrospective Group, enable one to speculate on whether a more planned approach to their future housing needs could have included elements of the 'Citizen Model'/citizen participation approach and the opportunity to exert greater influence over their housing choices. For example, timely information provision and discussion of available housing options prior to moving from their previous home.

A further important consideration for older people in their choice of sheltered housing accommodation may also be cost, noting that sheltered housing rental costs vary across Wales, as well as across Caerphilly County Borough. This point is also made by Heywood et al (1999) who point out that choice may be constrained by both availability of options and affordability.

In Caerphilly County Borough, the cost of a sheltered housing flat varies from £54 to £84 per week (£231 to £352 pcm: 2011 figures) while the sheltered housing costs charged by Clwyd Alyn (a Registered Social Landlord) vary from £76 to £117 per week (£326 to £500 pcm: 2011 figures). The costs include both rent and service charge and vary according to the size of the accommodation and its facilities, for example a flat designed for single occupancy versus a flat designed for double occupancy.

As well as the suitability of the alternative accommodation and its proximity to family and friends, Magnusson-Turner (2008) highlights the importance to individuals of location in relation to transport, other services and amenities. The

role of the wider neighbourhood in supporting active ageing is also a key aspect of 'Lifetime Homes and Lifetime Neighbourhoods' (Department for Communities and Local Government, 2008a).

The findings of this research study support these points as a number of research participants stressed the importance of living in close proximity to amenities, such as local shops as well as to family. The following quote, from a Prospective Group participant, provides an example of this:

"As far as I am concerned, if we had a place like that it would have to be within easy reach of shops. Although I am driving at the moment, I recognise that, 3 – 5 years' time, I won't be driving".
(Female, aged 78 years)

The financial considerations, which also impact on the housing choices open to many older people have been explored in section 2.2.3 of the Literature Review. Terry and Gibson (2010), in looking at how equity release might help older home owners to improve their quality of life, point out that there are a million home owners in the UK with over £100,000 worth of housing equity and who cannot afford a high quality of life at home. However, Brown and Calnan (2010) contrast this finding with other older person households with no assets and little income and who are living below the poverty line (estimated to be a quarter of older person households). The Intergenerational Foundation (2011,1) goes further on this issue in highlighting the negative impact of older people who continue to live in large properties which are thus "under-occupied", pointing out:

“the divide between the housing ‘haves’ and ‘have-nots’ has moved from being one dominated by wealth or class to one dominated by age”.

The same report refers to there being over 25 million unoccupied bedrooms in England.

As a means of improving quality of life for those older people described as ‘property rich, income poor’, Age Concern, and its predecessor organisation Help the Aged, offer the ‘Gifted Housing Service’ to support people who find themselves on their own in later life and who are experiencing difficulties in managing the responsibilities of home ownership. This service, which has been in existence for 35 years and is a form of equity release, transfers responsibility for paying bills such as Council Tax, Water Rates, repair and maintenance bills and building insurance to Age UK for the lifetime of the homeowner, upon whose death the house transfers to the ownership of Age UK.

While the dissemination of information on housing choice for older people is the responsibility of organisations on the one hand, there are also clear responsibilities for the individual in proactively considering the type of alternative housing they need/want, its location and any affordability considerations.

5.1.3 Sub-theme - *Prefer to receive information in person given by someone with ‘expert’ knowledge*

This sub-theme is also reflected in overarching theme 2, ‘Issues for Organisations’, in terms of the role played by organisations in ensuring

consistency of information provision and enabling access to information through a variety of mechanisms and locations. Having reflected on the issues related to planning forward to old age and what options and choices may be available to them should they need to move from their current home, research participants in the Prospective Group were asked: “What information do you think would be helpful in enabling you to make informed decisions about your housing needs should your health deteriorate and your housing needs change?” Participant responses to this question tended to centre around how information was provided and less in relation to what the information comprised. Examples of the responses received are as follows:

“Well I would really like somebody, perhaps from social services or from Age Concern or whatever they are called now, to take me under their wing, take me around to all these various places because I don’t think my son would drop around to different places”. **(Female, aged 73 years)**

“I would like somebody to take me round and say now look, this is the place, this is what the accommodation is, this is the amount of care you get, this is the amount of freedom you get which is another thing with care homes, you know doors are locked, you sit around in your high chair in the lounge, you watch television and you go to your little room and that’s your life and I couldn’t be doing with that”. **(Female, aged 73 years)**

“I like the personal touch actually. Somebody who knows what they are talking about”. **(Male, aged 72 years)**

A number of the participants also referred to preferred mechanisms for accessing information which minimised the effort required to source the right information at the time they required it. The following responses illustrate this point:

“You’re going to be sending out information to people in the form I’ve just described, via the means I’ve just described, then it should be as simple as possible and the person should have a number they can phone up and that person could then have a one to one with that individual and go through the options in greater detail and give the individual the reassurances they wanted”.
(Male, aged 71 years)

“I think a one stop shop where you ring one number and they say ‘Oh you want to talk to these people’, would be good”. **(Female, aged 68 years)**

Reference to having a ‘one stop shop’ approach to information provision is one that has been explored by the, then, Welsh Assembly Government (Bourton, 2009) and continues to be explored by the Welsh Government (Welsh Government, 2012a). In England, the ‘FirstStop’ national advice and information service, which provides housing, finance and care services advice, offers a tried and tested information access model which has also been positively reviewed (Burgess et al, 2012).

Section 2.3.6 of the Literature Review explores the issues in relation to informing housing choice for older people, noting the importance of providing older people with the right information at the right time and in the right way (Older People’s Commissioner for Wales, 2012). Hughes (2012) also points out that a lack of information on available housing options increases the likelihood of individuals wishing to remain in their current home.

In relation to mechanisms for imparting information, members of the community-based groups referred to the use of commonly available community based facilities for the dissemination of written information, including GP surgeries and

libraries. This point also recognises the importance of individuals being able to opportunistically access information at venues they may often frequent.

The provision of information through one to one discussion, perhaps also supplemented by written communication, was cited by Prospective and Retrospective research group participants as well as members of the community-based groups and the Focus Group. In relation to the provision of information, research participants in the Retrospective Group were asked: 'What information and support would have been helpful to you in planning for your old age?' Typical responses to this question included:

"Face to face. If you have a leaflet, you don't always take it all in, do you?" (Female, aged 66 years)

"I'd want someone to talk to me. I'm hopeless at filling things in. Since I've had this tumour it doesn't stay in there see you know what I mean, I'm very forgetful". (Female, aged 79 years)

"I'd prefer someone I could talk to because sometimes I get muddled up, you know what I mean? It's no good for me to have a letter, you know". (Female, aged 81 years)

The findings of Margiotta et al (2003), who asked older people for their views on the best way of getting the information and advice they sought, mirrored the findings of this research study in that face to face communication was confirmed as both valued and important. In addition, they noted that verbal information needed to be reinforced with written letters or leaflets so that older people were not reliant upon a single method of communication. The following research participant quote supports these findings:

“Maybe to speak to somebody first of all and they could perhaps leave information that we could ponder over later on and say well did she say so and so”? **(Male, aged 71 years)**

In examining how older people wish to receive information, O’Neil and Dunning (2005) point out the opportunities of engaging with older people on their own territory, for example Old Age Pensioner Groups. Horton (2009) goes further in commenting that ‘information in itself is not enough’, making the point that older people do not just need information but also guidance and support in both interpreting and using this information.

During discussion with Prospective Group research participants on access to, and the provision of, information through the use of more modern forms of communication, such as computers and interactive, digital television, it emerged that only two of the participants were familiar with and used a computer and/or digital television. Participants did, however, agree that such technology offered a potentially helpful route of information provision to older people. The following responses were given in this regard:

“I mean we were talking just now about the interactive service on the Sky or Virgin Channel, that’s one way of parading the options”. **(Female, aged 68 years)**

“Yes. I use the internet but it’s much more nice to have the personal touch. You could go onto the internet after, if you’ve had the grounding. They could tell you places where you could look for further information”. **(Male, aged 72 years)**

However, the majority of participants did not use computers in particular while some expressed outright dislike and distrust of the use of such technology. The following quotes are typical of this response:

“No, definitely not. As you say this digital going around the place, I wouldn’t trust it as far as I could throw it”. (Female, aged 68 years)

“It’s ok for someone like my husband, for me it’s a bit more difficult. I’m not ‘IT with it’. (Female, aged 59 years)

With the television, I know how to change channels and I know how to record”. (Female, aged 73 years)

Taking these points further, the following quote from one of the research participants seems to imply that there are potential hazards to the health of older people from computer technology:

“Well if you put a tool like this, a computer, into somebody’s home and they start pressing the wrong buttons or the screen comes up to show they have got a scam, what effect is that going to have on the poor dears?” (Male, aged 71 years)

Welsh Government policy on digital access to information (Welsh Government, 2011a) could, however, further disadvantage older people, despite a recognition that older people are nearly twice as likely not to use the internet as younger people and are also more likely to be digitally excluded. Sections 2.1.4 and 2.3.6 of the Literature Review explore the implications of this policy directive on information access for older people.

While the research findings indicate very low use of computers by older people, other research by Help the Aged (2008,5) suggests that:

“slowly but surely, greater numbers of older people are accessing the internet”.

It is likely that current low use of computers and other digital media by older people will change with successive generations of older people who are more familiar with such technology and its application.

While there are issues of accessibility to information for older people, the experience of Retrospective Group participants, in moving to sheltered housing, was usually the offer of a particular sheltered housing flat by the Council. This offer was on the basis that this was the only option the individual had and not in the context of potential vacancies being, or becoming, available in other sheltered housing schemes. This issue has clear implications for older people in being able to both effectively plan forward for their older age, based on informed choice, and implement their plan if the alternative accommodation they would have liked to move to is not available.

There are also implications for local authorities in strategically planning for future alternative housing demand through their Local Development Plans. Members of the community Old Age Pensioner Groups pointed out that the Council should provide more information on housing choices available, including the cost of such accommodation. The Groups also pointed out that this information should not just include Council run premises but facilities offered by Housing

Associations and the private sector. This, they felt, would enable older people to source more comprehensive information on housing choices from one source.

The researcher suggests there will be a need for local authorities to regularly and proactively engage with older people in order to capture data on actual and potential accommodation needs, both in terms of alternative housing and housing adaptations. While local authorities may argue that they already do this, the findings of this research study indicate a lack of proactive engagement of older people in this regard, in order to support their continued independence.

The sheltered housing warden is also seen as a source of information and advice by those interviewed in sheltered housing complexes (Margiotta et al, 2003) however, concern was expressed by those interviewed in the Retrospective Group regarding the gradual removal of wardens from sheltered housing complexes which they saw as part of Council or Housing Association savings plans. In considering the role of sheltered housing wardens, Peace and Johnson (1998) reported two different trends in the development of such roles. One trend being the use of high tech alarm systems to enable wardens to cover a number of schemes and the opposite to this trend with wardens taking on an expanded care role. The HAPPI Panel (2009, 16) also reflected on the trend for reduction in warden numbers noting that such changes have “*left many residents without the personal touch they feel was part of the original offer*”.

A further, potential, consequence of the loss of sheltered housing wardens, which is not referred to in the literature, is the change in admission criteria for

those wishing to move to sheltered housing. The absence of a warden clearly changes the threshold for older people in entering such schemes as they will need a higher level of independence and ability to self-care in order to move to a sheltered housing facility which does not have a warden. The researcher has personal experience of this phenomenon through a family member who needed to move to extra care sheltered housing when the warden was removed as the warden had provided a means of regular checking and assurance, the absence of which increased personal risk to the family member concerned. Thus, older people, who would previously have been able to live in sheltered housing where a warden had been present, may not be able to live in this same complex if the warden is removed. This has clear implications regarding the erosion of choice for older people in this regard. Such changes can also cause scheme residents, and potential residents, to question the level of safety in terms of living in sheltered housing without the support of a warden.

The consequences of removing sheltered housing wardens were also cited by the Age Concern/Age Cymru Director Key Respondent who pointed out that wardens usually organise social gatherings and encourage social interaction of residents, for example coffee mornings, bingo, providing visiting hairdresser sessions and organising outings for residents. This aspect of the warden's role helps to minimise the impact of social isolation and loneliness for residents. The positive benefits of having sheltered housing wardens were also pointed out by a number of Retrospective Group participants and members of the Old Age Pensioner Groups.

The research findings highlight that older people have clear preferences in how they wish to receive information aimed at enabling choice. The research participants viewed the 'how' aspects of information provision as more important than the 'what' and pointed to the benefits of face to face communication in order to discuss the information provided in the context of their individual needs and circumstances. The findings of this research study and that of other authors show that a lack of information on available options tends to increase the likelihood of individuals remaining in their current home. The proactive and timely provision of information could, therefore, enable individuals to reflect on their current and future housing needs and wants, reducing the risk of having to move home 'in crisis'.

5.1.4 Overarching Theme 2: 'Issues for Organisations'

This overarching theme brings together the identified sub-themes which reflect the role played, or needing to be played, by organisations, either as individual organisations or in collaboration across organisations. As described under overarching theme 1, 'Enabling Informed Choice', those sub-themes which are reflected in both overarching themes 1 and 2 have been discussed under overarching theme 1 namely:

- Knowledge of alternative housing options variable
- Knowledge of sheltered housing and choice offered is variable
- Prefer to receive information in person given by someone with 'expert' knowledge

5.1.5 Sub-theme - *Wish to remain independent in own home*

This sub-theme is also relevant to overarching theme 3, 'Issues for Individuals', noting that there are responsibilities at both an individual and organisation level in achieving and sustaining independence in to old age. Independent living in this context refers to the impact of the individual's home environment on their ability to remain independent in their current home. As Oliver (2001) points out, age is not a barrier to life fulfillment for older people but the environment in which they live is.

Research participants in the Prospective Group were asked: "Do you think that you will be able to continue living in this house if your health deteriorates?"

Participant responses to this question confirmed a strong desire to remain in their current home and a willingness to make necessary adaptations to their home to facilitate this. Typical responses included:

"I'll go on as long as I can. I may be living in comparative squalor by the end of it but I shall try to stay here". (Female, aged 73 years)

"As I say, I am selfish, we're self contained here and I'm happy here. I think if I had to move, well within a month I'd be in a grave". (Female, aged 78 years)

The last comment highlights the potential for a move to more suitable accommodation to solve one problem and create another, in particular, isolation and loneliness. A member of the community based Diabetes Special Interest

Group referred to their experience in encouraging a relative to move to more suitable accommodation for their needs:

“My mother is becoming less mobile but puts up so many barriers about moving to a complex – it is quite difficult to talk to her about it”.

Discussion with the Old Age Pensioner Group members revealed that, in an effort to remain in their current home, a number of Group members had already made adaptations to their home, for example having a stair-lift installed or converting a downstairs room to a bedroom.

Noting that all of the Prospective Group participants are owner-occupiers, almost all of whom had lived in their home for more than 10 years and a number of whom had lived in their home for over 20 years, the findings may signal a connection between home ownership and reluctance to move home. This potential connection was also noted by Hillcoat-Nallétamby and Ogg (2009) who observed that home ownership appears to reduce the likelihood of moving home once an individual reaches the age of 55 years or more. However, as explored in section 2.3.2 of the Literature Review Chapter, the views of successive generations of older people on the need to continue living in their current home may change in the light of lower levels of home ownership, more individual experience of moving home and lower attachment levels to the home.

Members of the Focus Group also pointed out that older people have the perception that if they move in to sheltered accommodation there is a view that they cannot cope so they remain in their own home to avoid such a ‘label’.

Group members also felt that moving from your house/home is seen by many older people as an irrevocable change (there is no going back). This point was supported by a member of the community based Diabetes Special Interest Group who made the following comment:

“I can understand why people want to stay in their own house for as long as they can – I would be worried about moving too soon and thinking I had lost my independence”.

Discussion with the Focus Group on the reluctance of individuals to move from their current home highlighted further points as follows:

“Individuals want to maintain their independence and they often see this as being bound up with staying in their own home and care coming to them, if it is needed. However this is not the reality as they can maintain their independence if they need to move to other accommodation. Indeed this may be easier in sheltered and extra care housing”.

The sentiments expressed through these responses reflect the findings of a number of other research studies (Appleton, 1997; Henwood and Waddington, 1998; Tinker et al, 2001; Clough et al, 2003; Woolhead et al 2004; Murray et al, 2009; and Ogg et al, 2010) which make reference to the desire of older people to remain living independently within their own home, with or without the support of health and/or social services. Phillips et al (2010,17) in describing ageing in place as “growing older without having to move home”, comment that:

“Home as a place of shared memories and resources is a strong reason why people prefer to age in place”.

Peace et al (2005) also point to the importance of what 'home' means to individuals, as they age. Section 2.3.1 of the Literature Review Chapter explores the meaning of 'home' and attachment to place.

The concept of being able to 'age in place' (Ogg et al, 2010; and Hanson and Magnusson-Turner, 2011) is linked to how well the older persons' living environment lends itself to adaptation and whether such adaptations can be afforded. Hillcoat-Nallétamby et al (2010) also highlight the increasingly important role to be played by housing and housing policy in promoting 'ageing in place' for the growing numbers of older people. While individuals may successfully make the necessary changes to their home environment in order to age in place, other life events can still impact negatively on this aspiration. For example bereavement or deterioration in health.

5.1.5a Role of assistive technology

In referring to the suitability of an older person's living environment, in terms of technological support required in order that they maintain their independence, Tinker (2003) uses the term 'assistive technology' to cover aids, community equipment, housing adaptations and more recent developments in so called 'smart technology'. Cowan and Turner-Smith (1999, 326) define 'assistive technology' as:

“any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed”.

Within the sheltered housing schemes visited, assistive technologies varied in both their type and application however, they generally involved a community alarm service and regular contact by intercom and telephone with 'central control' (the Council central response service).

Grundy et al (1999), in referring to the Great Britain 1996/7 Family Resources Survey 'Disability' follow-up, highlighted the extent to which different types of assistive technology were used by respondents to the survey with either moderate or severe disability. The table overleaf (adapted as an extract from McCreadie and Tinker 2005, 94) shows an extract of this information which illustrates, perhaps unsurprisingly, the higher use of mobility aids and adaptations to accommodation amongst those with a severe disability.

Table 17 - Percentage using assistive technology and reporting need for assistive technology by severity of disability, people aged 65 years or more in Great Britain (adapted from McCreadie and Tinker 2005,94)

<u>Type of Assistive Technology</u>	<i>Level of Disability</i>			
	<i>Moderate</i>		<i>Severe</i>	
	<i>User(1)</i> %	<i>Need(2)</i> %	<i>User(1)</i> %	<i>Need(2)</i> %
Mobility Aids: Including wheelchairs, walking sticks, crutches, walking frames and trolleys	55	5	78	10
Adaptations to Accommodation: Including ramps outside instead of steps, handrails outside, ramps inside instead of steps, handrails inside, doors altered for better access (e.g. widened), stair-lift, other alterations for better access, fitted furniture altered (e.g. shelves, cupboards, cooker), new bathroom or toilet added, shower installed, bath grab-rail installed and door answering/opening system	28	19	45	28

Notes: (1) represents percentage of group who have assistive technology devices installed (2) represents percentage of group with an unmet need for assistive technology

The range of adaptations to accommodation in the above table also illustrates the lengths, both individuals and organisations, can go to in making the current home fit for purpose. This level of investment and associated disruption to the

home environment also strengthens the argument for building 'Lifetime Homes' now and in to the future.

All Caerphilly County Borough Council sheltered housing facilities provide residents with either pull cord or pendant type alarm services which connect to the Council's 'central control' response service. However, as McCreadie and Tinker (2005) found, even where assistive technology, such as a pendant alarm, is provided, individuals apply their own judgement as to whether they feel they need to wear the pendant or not. The same study by McCreadie and Tinker (2005) highlighted that older people were more positive about assistive technology if it was straightforward to use, reliable and met a need they perceived they had.

Across Wales local authorities have made varying use of 'Telecare' schemes following the launch of Telecare capital and revenue grants by the Welsh Assembly Government in 2006. The objective of this grant funding was to equip 10,000 homes in Wales with Telecare sensors and equipment, including the use of more advanced technologies which facilitate the independence of older people with higher care and monitoring needs, for example the use of detectors which monitor motion, falls or fire and gas risks. When activated, these technologies also trigger action by a response centre. With regard to healthcare and, for those with a long term condition, for example diabetes, 'Telehealth' technology has enabled the distance monitoring of an individual's health status, such as blood sugar level monitoring in the case of someone with diabetes (Adler et al 2003, Commission on Funding of Care and Support, 2011).

While comments from research participants on the issue of available technology were confined to interactive television, computers and the installation of stair-lifts, there are clearly other technological advances which offer particular opportunities in relation to supporting an older person's independence.

Brown and Yates (2010) point out that a number of local authorities in England are developing innovative applications for technology including use of the internet, broadband and mobile phones as well as local television, enabling interactive information provision. In relation to the use of Telecare, the authors (*ibid*) also highlights the example of Hull City Council which, together with its partners, including health, is involved in a pan-European project to explore how innovative technology could help older people and their carers.

The role that assistive technology can play in improving the interaction between the older person and their living environment, thus enabling them to remain in their current home, is explored by McCreadie and Tinker (2005). Heywood (2001) highlights the provision of showers, stair-lifts and downstairs toilets in terms of the greater level of independence felt by recipients of these home adaptations. While Mann et al (1999) point out the preventive benefits of assistive technology in reducing demands on health and social care services.

In relation to the 'disabilities' experienced by older people, Oldman (2002) suggests that such disability can be created by the environment and design of the house an older person occupies, for example its steps, stairs and too narrow doorways, as well as the external and local environment. Section 2.3.2 of the

Literature Review Chapter explores the impact of the home and surrounding environment on ageing in place. The HAPPI Panel report (2009) and follow up HAPPI 2 report (Best and Porteus, 2012), highlight the importance of housing design and provision which, not only enables ageing in place, but also responds to the needs and aspirations of older people.

While telecare technology can help to address the physical aspects of maintaining an individual's independence, there is arguably little or no impact on the issues of social isolation and loneliness which may be exacerbated by technology which sustains independence for an individual who may then become increasingly isolated in their own home. Sixsmith and Sixsmith (2008) support this view pointing out that the negative aspects of 'home' in later life which also include weaknesses in terms of informal support and neighbourhood and social networks which can undermine the ability of individuals to live independently. Phillips et al (2010), in exploring the concept of loneliness, highlight the risk factors of social isolation and loneliness in later life which include being female and living alone (a common set of factors amongst Retrospective Group participants), poor health and bereavement.

5.1.5b Factors which influence ageing in place

Darton et al (2011) identified 'pull' factors for individuals moving in to extra care housing as tenancy rights/own front door, flexible on-site care support, security, accessibility, size of accommodation, social and leisure facilities.

While the majority of older people express the preference to remain in their home, Heywood et al (1999) established 14 'pull factors' that might encourage older people to move to alternative accommodation:

<ul style="list-style-type: none">• Closer to relatives• More company• Pleasant area to move to• Support available when ill (from relatives/neighbours/agencies)• Crime free• Pleasant surroundings• Releases equity	<ul style="list-style-type: none">• No garden (or smaller one)• Nearer bus routes• Nearer centre of town• Still robust enough to resettle• Smaller and so more manageable• More accessible for older people• Affordable
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'Pull Factors' (Heywood et al 1999)

This relatively obscure project report produced by Heywood et al describes the use of a questionnaire based, user-centred housing assessment tool which was piloted with a sample of older people, living in either rented or owner-occupier accommodation in a number of areas across England, including London, Sheffield, Bath and Wolverhampton (the majority of participants were living in London). The 'Housing Options for Older People' (HOOP) tool, enabled the older people interviewed to:

- Consider and articulate what their key housing requirements were, both for the present and the future;
- Measure how well their existing housing met these requirements;
- Identify what information they required to enable them to assess alternative housing options from a sound basis and
- Appraise the available options against their requirements.

The HOOP questionnaire also provided older people with information in order to assist them with making a decision about moving home.

The 14 'pull factors', identified by Heywood et al (*ibid*) are not mutually exclusive in that a number of the factors appear to address similar issues, for example, 'closer to relatives' and 'more company' as well as 'pleasant area to move to' and 'crime free'. It is also not clear from the authors report whether the presence of some or all of the factors is necessary for an older person to consider a move to alternative accommodation, as a more attractive or positive option for improving their current accommodation circumstances. It may also be the case that, at an individual level, certain factors are deemed to be more important or relevant than others. For example, if an older person is still able to drive and has their own transport, living nearer bus routes or the centre of town may be of less or no importance. In comparing the research findings from this research study with those of Heywood et al (*ibid*) the differences in geographical location should also be noted. For example there are clear differences between the research study location (Caerphilly County Borough, a typical 'valleys' area) and both London and Bath.

Hillcoat-Nallétamby and Ogg (2009), in a study which looked at the residential relocation behaviour of older people in Wales aged 55 years or more, identified the following factors amongst those more likely to have moved (having taken in to account factors such as gender, illness and disability status):

- Age – ‘younger’ older respondents;
- Place of birth – respondents born outside Wales;
- Age of dwelling – respondents living in properties built after the end of World War 1;
- Home ownership (tenure) – respondents who rent their accommodation;
- Number of bedrooms – respondents living in a one-bedroom flat and also large properties with 4 or more bedrooms;
- Household type – respondents living alone.

In contrast to the findings of the researcher, the authors concluded that factors such as illness or disability status did not appear to influence whether the study participants decided to move or not (noting this was for those of pre-retirement age and thus a younger sub-set of the population than the Retrospective Group participants).

Having described the ‘pull factors’ as positive attributes of alternative accommodation, which enable people to ‘perceive moving to different accommodation in more positive terms’, Heywood et al (1999) also identify factors which ‘push’ older people towards considering a move of accommodation due to problems associated with their current home. The ‘push factors’ identified are set out overleaf:

<ul style="list-style-type: none"> • housework problematic • maintenance problems • cold and damp • too far from family • problems with stairs • loneliness, after bereavement • no longer being able to drive • neighbour nuisance 	<ul style="list-style-type: none"> • garden problematic • disrepair • high costs • inaccessible bath • crime or fear of crime • anxiety about ability to cope in case of accident or illness • not wishing to become a burden on friends or relatives
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'Push Factors' (Heywood et al 1999)

Again, in identifying this range of factors, it is not made clear by the authors whether one factor is more critical than another factor in 'pushing' an older person towards a decision to move to alternative accommodation.

The researcher, through discussions with Retrospective Group participants, identified the following, similar 'push factors' as commonly present when participants decided to move to sheltered housing or had that decision made for them:

- deteriorating health
- access problems both inside and outside the home
- inability to maintain the property
- unaffordability
- bereavement

While not all of the factors were present in each of the individual participant cases, deteriorating health was common to all the participant experiences and was a key factor in prompting or necessitating their move to sheltered housing.

Bereavement was identified as a 'push factor' by both the researcher and the report authors. However, the researcher found that it was not just loneliness that affected those in the Retrospective Group post-bereavement, but practical difficulties, including being able to maintain the property and carry out chores that had previously been carried out by their spouse. The issue of ease of accessibility of an older person's home is covered specifically by the report authors through the following 'push factors':

- Problems with stairs;
- Inaccessible baths.

The researcher noted that Retrospective Group participants highlighted issues of accessibility both inside and outside the property, in particular stairs and no downstairs bathroom facilities internally and steps and/or steep paths externally. The external access issues may be peculiar to the valleys type communities that some of the participants had lived in, where steep hills and terraced properties with external steps are a more common feature than in other communities.

It is noticeable that the list of 'push factors' identified by Heywood et al (*ibid*) does not specifically cite deteriorating health other than as 'anxiety about ability to cope in case of accident or illness'. The researcher found that deteriorating health had been a major factor in 'pushing' Retrospective Group participants to move to sheltered housing. This contrast between the two, otherwise similar

'push factor' lists may be explained by the Retrospective Group selection criteria which required participants to have a long term condition.

A further, potential, 'push' factor is the so-called 'bedroom tax', introduced during April 2013 as part of the Government welfare reforms. While this tax, which applies to those on housing benefit and who are of working age, may not impact specifically on older people of a certain age, there is concern that those who cannot afford to pay the tax will be forced to move home.

Section 2.3.2 of the Literature Review Chapter highlights the work of Lawton and Nahemow (1973) in relation to the 'press-competence' model. This model has similarities with the 'push factors' identified by Heywood et al (1999). The 'press-competence' model explores the impact of environment on the daily life and well being of older people and the factors which may 'push' an older person to move to accommodation more suited to their needs. Examples of 'competence' include sensory loss and poor physical mobility and examples of 'environmental press' include low housing standard and bad neighbourhood conditions.

In comparing factors which either 'pull' or 'push' older people to move to alternative accommodation, it seems that the 'pull factors' are positive in nature, in that they almost act as an enticement to individuals in improving their current accommodation situation. The positive elements of the 'pull factors' are also noted in some of the views expressed by Prospective Group participants when reflecting on the potential need to move from their current home as illustrated by the following quote:

“I don’t want to be too far from the family. I’ve got 3 children and they all live in the x area. It would be a tidy size and it would have to be in a good place and with access to public transport and shops”. (Male, aged 66 years)

The ‘push factors’, in contrast, appear to be more negative in nature. These factors seem to signal that a move of accommodation is almost inevitable, whether an individual wishes to move or not. In the interviews with Retrospective Group research participants, the reasons for their move into sheltered housing were cited and it is clear that ‘push factors’ determined and often forced individuals to move home, in some instances ‘in crisis’ when their home circumstances were no longer sustainable. In the case of one of the Group participants, the move to sheltered housing occurred on her discharge from a prolonged spell in hospital. The following quotes from Retrospective Group participants illustrate some of these factors:

“Yes. He used to come down at night and of course, couldn’t get back up the stairs and he would sleep on the chair wouldn’t he? Many a night like that”. (Female, aged 66 years)

“So I made up my mind then. I thought I’ve got to get from here or I’m going to be housebound”. (Female, aged 81 years)

“The only thing was when my husband died the garden was too big for me to do. I could not cope with it”. (Female, aged 71 years)

The researcher found that Prospective Group participants were almost unanimous in the view that they would prefer to continue living in their current home and would be prepared to make necessary adaptations to their home in

order to do so. Heywood et al (*ibid*) also recognise this reluctance amongst older people to move later in life and identified in their report a set of, what the authors term, ‘pull factors to stay put’ as follows:

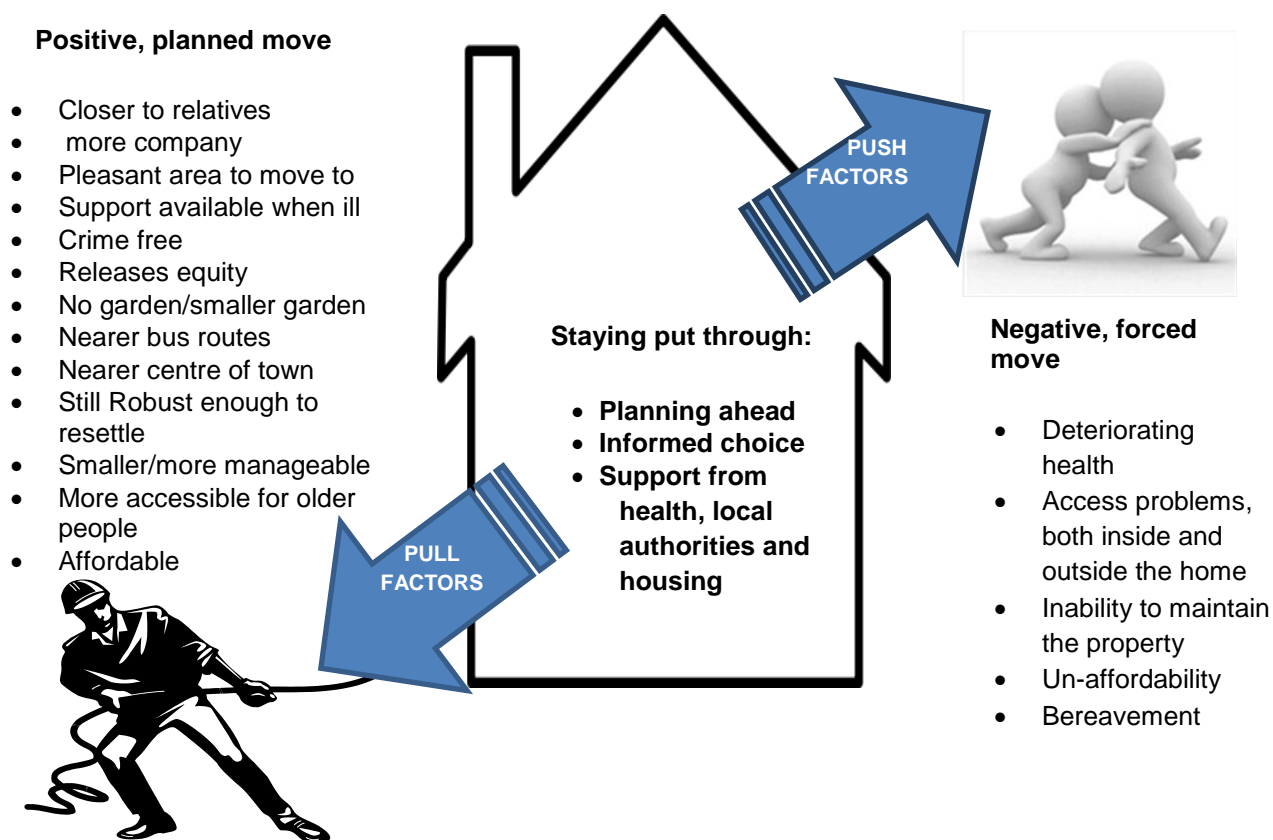
<ul style="list-style-type: none"> • retaining independence • deep attachment to the home and/or garden • sense of achievement • memories associated with the home • fear of the unknown • liking more space than other people consider ‘necessary’ • cost of moving 	<ul style="list-style-type: none"> • retaining status • sense of security in the home • home owned outright • comfort in a place tailored to suit • attachment to furniture • desire to keep the possibility of family visits ‘home’ • lack of energy to move
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‘Pull Factors to Stay Put’ (Heywood et al 1999)

A number of the identified ‘pull factors to stay put’ are supported by the findings of the researcher through discussion with the Prospective Group participants and community-based Group members, in particular ‘retaining independence’, ‘deep attachment to the home and/or garden’ and ‘comfort in a place tailored to suit’.

The conceptual diagram overleaf, developed by the researcher, illustrates the factors identified and their potential impact for individuals, who wish to remain independent in their current home, and whether the outcome reflects a ‘positive’ or ‘negative’ housing move (drawing on the experiences and views of members of the Prospective and Retrospective Groups).

Figure 3 - Effect of Pull and Push Factors on living independently in current home



With reference to the experiences of Retrospective Group research participants, in terms of the factors which pre-empted the move from their original home to sheltered housing, there appears to be a higher level of criticality associated with the identified 'push factors', in that participants were left with little choice other than to move home. Thus, in the experience of the research participants, the factors involved had negative connotations and appeared to be associated with a diminution in the level of control the individual had.

The following quotes from Retrospective Group participants, all of whom had experienced deteriorating health, illustrate the key role also played by an increasingly unsuitable home environment in prompting their move to sheltered housing:

“I was going up the stairs on my hands and knees and coming down on my bum”. (**Female, aged 78 years**)

“I knew I had to have help. I couldn’t cope with the 3 bedroomed house, work wise or anything”. (**Female, aged 78 years**)

“Because we had 14 steps to climb front and 14 back and he couldn’t do it”. (**Male, aged 71 years**)

All participants in the Retrospective Group cited deteriorating health as one of the ‘push factors’ associated with their move in to sheltered accommodation. In discussing this issue, members of the Focus Group pointed out the need for health and social care staff, through appropriate organisational policy and training, to provide and respond to the ‘triggers’ in proactively advising and supporting older people experiencing deteriorating health and identifying options based on their future care needs. A ‘trigger’ could be deteriorating health and/or access issues in and outside the home and professionals taking the opportunity to share information on choices that may need to be made by the older person in such circumstances.

Noting that the majority of Retrospective Group participants identified their change of accommodation as having been triggered by a catastrophic event (usually significant deterioration in their health) and comments from some of the

Prospective Group participants, who anticipated that it would take a catastrophic event to trigger their own accommodation move, the potential health and well being risks to individuals in making life changing decisions at a time of increased stress could be an area worthy of further research. The likely negative effects on health and well being of unplanned and significant life changes in older age add further weight to the arguments in favour of individuals planning forward for their old age. In addition, information developed to support older people in planning forward could helpfully point out the advantages of making choices and taking decisions when we, as individuals, have the time and more appropriate circumstances to do so.

5.1.5c The current and future role of sheltered housing

Despite Retrospective Group participant views on the almost 'crisis' situation which prompted their move to sheltered housing, all of the Group participants expressed how happy they were in their new environment, now that they had settled in. Such comments were given by Group participants in response to being asked, "If you were able to go back in time, would you have made any different decisions regarding planning for your old age?" The following quotes provide examples of the comments received:

"No. I don't think there is anything else I can tell you really, only that I'm very happy here". (Female, aged 81 years)

"No, I wish I would have come here sooner. But I always said I would never come from there unless I was carried out". (Female, aged 83 years)

“Well I don’t know. I mean the best thing I done was come down here, that’s all I can say. That’s the best thing I done”. (Male, aged 71 years)

These findings are also reflected by Hill et al (2009,25) who point out specific benefits provided by sheltered housing including:

- the security of being in a warden-controlled property;
- social activities;
- not being responsible for maintenance;
- being in a friendlier environment,

all of which contribute to:

“feeling more relaxed and content with life”. (Hill et al 2009,25)

The feeling of contentment with where they now live, expressed by those interviewed in sheltered housing schemes, could be interpreted as the local authority doing a good job. Perhaps the fact that the participants had not experienced choice in the sheltered housing flat they were offered in that it was what became available when they needed to move, does not matter if they are happy and have settled in to their new home? However, a further interpretation of events could be that the participants do not miss what they never had, in terms of wider choice.

Croucher (2008) also found that the general view amongst older people was that sheltered housing was a “good thing” with those living in sheltered housing

appreciating the combination of independence and security it provided. The author also noted that older people deemed sheltered housing to be a more attractive option than a care home. The researcher did however note, through both personal family experience and interviews with Retrospective Group participants, that such positive feelings amongst those in sheltered housing were not always immediate in that there was usually a settling in period, sometimes up to a year. The benefits of sheltered housing were also highlighted by members of the community based Diabetes Special Interest Group which the following quote illustrates:

“You can maintain a lot of independence in sheltered accommodation, though it depends on your attitude and, as your needs increase, at least you are in the right place”.

Sheltered housing can also provide a ‘home for life’ for many older people as set out in a report by the KAFKA Brigade UK for Community Housing Cymru (KAFKA Brigade UK, 2011). Page 24 of the report highlights the observations of its research interviewees:

“that in reality few people move from sheltered housing to extra care.....and few move from sheltered housing to residential or nursing care”.

The authors (*ibid*) felt these findings highlighted the efforts being made by local authorities and Registered Social Landlords:

“to support residents to stay in their sheltered housing homes for as long as possible, as they become more frail”.

The report authors also call for sheltered housing schemes to be enabled and supported, via additional resources and incoming services, to cope with greater levels of frailty amongst scheme residents, thus meeting peoples' preference for staying at home, for couples to stay together and reducing the risk of institutionalisation in a nursing home. Such an approach also supports the aim of enabling older people to 'age in place'. Both the Audit Commission (1998) and the adass and Housing LIN resource pack authors (2011) also point out the need to clarify the role of sheltered housing in meeting the needs of a growing number of older people.

Qureshi and Henwood (2000) describe the five areas of daily life that are important to older people in the context of exploring the definitions used by older people for quality services:

- Keeping clean and comfortable;
- Enjoying a clean and orderly environment;
- Being safe;
- Accessing social contact and company;
- Keeping active and alert.

In the interviews with sheltered housing residents, two of these five areas of daily life were highlighted, in particular, by participants:

- Being safe;
- Accessing social contact and company.

Further discussion of the 'push factors' by Focus Group members elicited a number of points in relation to the issue of 'unaffordability' and how the lack of financial means can impact on individual choice, with particular reference to older people who are reliant on 'state' financial assistance which it was felt can, and does, impact on the choices then available to them. Davies and Craig (2011) also acknowledge that, while most people want to remain in their current home, health and financial concerns play an important part in the decision of people to move. Section 2.2.3 of the Literature Review Chapter highlights the impact of financial constraints and challenges on housing choice for older people.

In relation to the identified 'pull factors' Focus Group members supported the view that the proximity of alternative accommodation, in this case sheltered accommodation, to relatives, friends and neighbours was seen as highly positive by older people. This point was also supported by members of the two Old Age Pensioner Groups who confirmed that if they needed to move from their current house they would prefer to stay in the same area in order to maintain contact with friends and neighbours.

One of the 'pull factors' identified by Heywood et al (1999) refers to the alternative home being 'smaller and so more manageable'. However, there are potentially negative aspects to this factor too where older people, in moving from their own, sometimes spacious, home to what they perceive to be a 'box' (a sheltered housing flat) or to residential home accommodation, can find that this exacerbates their feeling of a loss of independence and control. Hanson et al

(2001) also note the decline in space within purpose built older people housing such as sheltered housing studio and one bedroom flats.

Members of the Focus Group highlighted the importance of architectural design in influencing older people to move to somewhere more suitable for their changing needs. The view expressed by Group members was that organisations have a 'one size fits all' approach to housing options rather than a less regimented/institutionalised approach which would allow individuals to feel they can make the space their own. It was suggested that designers of housing could learn lessons from the design approach applied to public houses which appears to address customer psychology in terms of designing the layout based on discreet areas enabling customers to feel that it is 'their space'. Porteus (2012) supports this point and notes that the Government National Planning Policy Framework needs to address the demands of an ageing population and overcome barriers to moving.

Organisations need to be more aware of the potential impact of these different perceptions and also aware of the need to create a better bridge between the older person's move from their current home to housing better suited to their changed needs. Such increased awareness by organisations could improve the experience of older people who, for the purposes of their continued independence, health and well being, need to move from their current home.

5.1.5d Adaptations to the home and ageing in place

For many older people, the ability to remain within their own homes is dependent upon necessary adaptations to the home to ensure it remains suitable for their needs as they age. The strongly expressed desire of the Prospective Group participants was to remain independent within their current home. While a number of the participants had already given some thought to making necessary adaptations and, in some cases, acted on these thoughts, other participants admitted that it was the research interview that had prompted them to think through what changes they may need to make to their home in order to ensure their continued independence, in their current home, was achievable in the long term. A member of the community based Diabetes Special Interest Group also made reference to planning ahead in relation to necessary adaptations to the home:

“You should look at your house to see if it is suitable for adaptations before you need to put them in – you wouldn’t fit a stair lift in my house”.

Croucher (2008) found that, whilst older people felt their current homes could be successfully adapted if necessary, very few had made any significant changes to their homes in preparation for later life, a point echoed by the findings of this research study.

In relation to support available within Wales to older people in need of adaptations to their homes, Care & Repair Cymru (now merged with Community Housing Cymru), provide a service for making necessary adaptations to an

individual's home, which often enable frail older people to stay within their own homes. In their Information Bulletin (Care & Repair Cymru, 2010), for the operating period April 2009 to March 2010, Care & Repair Cymru highlight:

- 4,472 (14%) of clients said they would have been unable to stay in their own homes without the assistance of Care & Repair;
- The service offered helped nearly 4,500 older people to remain living in their own homes and improved the independence of over 6,000 more clients;
- Over 64% of their services were provided to clients over 75 years of age;
- 26% of their services were provided to clients over 85 years of age;
- For every £1 spent on Care & Repair housing adaptation services, £7.50 is saved in NHS and social care costs.

In a statement, issued on 2 November 2011 by Community Housing Cymru, the estimation that for every £1 spent on Care and Repair housing adaptation services there is a £7.50 saving in NHS and social care costs, was projected to an annual estimation of cost savings to NHS and social care budgets of £46 million. This estimated benefit of proactive housing adaptation has been recognised by the Welsh Government which announced additional funding to care and repair services across Wales (Welsh Government, 2012c) to help older people to repair, improve and adapt their homes in order to continue living independently. This was followed by the announcement of a further £2 million funding to care and repair services (Welsh Government, 2012d) for the

implementation of a Rapid Response Adaptations Programme (RRAP) enabling minor necessary adaptations to the homes of older people in order to prevent hospital admission and enable earlier discharge from hospital.

Care and Repair Cymru, in partnership with the College of Occupational Therapists and Age Cymru, has produced a Housing Adaptations leaflet and guidance. The leaflet, which was launched by the Welsh Government in October 2011, provides information to older people on accessing support for aids and adaptations for their home. However, as highlighted by the findings of this research study, it is the effective dissemination of written information and the opportunity to discuss such information that enables informed choice.

The Royal Commission on Long Term Care (1999) made reference to the contribution made by aids and adaptations in enabling older people to continue living in their own homes. Tinker (1997,110), in referring to the importance of appropriate housing in sustaining independence in old age, also points out that *“such features as the absence of stairs may enable even a very frail person to continue living independently”*. In discussions with the community-based Groups, there was a commonly expressed preference to move to a bungalow from their current property should they need to move to alternative accommodation.

Shelter Cymru (2011) refer to the benefit of home adaptations in reducing hazards within the home which could lead to serious health problems for older people, for example through slips, trips and falls, necessitating NHS treatment. Shelter Cymru (*ibid*) also suggest that 20% of homes with the most serious

health hazards could be made safe for less than £520, and half of such homes for less than £1600 with the 'payback' for such investment offset through a reduction in the costs to the NHS for having to treat potential injuries sustained in a hazardous home environment. The specific example is given of investment to address dangerous stairs with a 'payback' period of 5.7 years. Overall, the Shelter Cymru report estimates that the most serious health hazards in the home cost the NHS in Wales £67million per year to treat.

Allen and Glasby (2010,4) offer an overview of the key opportunities to help older people maintain their health and independence through specific prevention strategies and services, including adaptation to the environment, as set out in the table overleaf:

Table 18 – Maintaining the health and independence of older people

Primary Prevention	Secondary Prevention	Tertiary Prevention	Longer-term/more aspirational
Health lifestyles			
vaccination			
Screening	Screening	Screening	
Fall prevention	Falls prevention	Falls prevention	
Adaptations/practical support	Adaptations/practical support	Adaptations/practical support	
	Telecare	Telecare	
	Intermediate care	Intermediate care	
	Reablement	Reablement	
Partnership working	Partnership working	Partnership working	Partnership working
Personalisation	Personalisation	Personalisation	Personalisation

Allen and Glasby (2010, 4)

Allen and Glasby (*ibid*) also suggest that 1 years delay in providing an adaptation to an older person’s home can cost up to £4,000 in extra home care hours while postponing, through adaptation of an older person’s home, entry in to residential care by 1 year can save around £28,000 per person.

The ‘Primary Prevention’ actions proposed within the above table resonate with the points made by Focus Group members on the proactive role to be played by health and social care staff who, as part of their regular contact with older people who have a long term condition, could provide information on wider health and well being issues, including support for improving an individual’s living environment. Partnership working between health, local authorities and housing

organisations would be key to the success of such an approach. Table 17 in section 4.8 of Chapter 4, also refers to the benefits of collaborative working across the NHS, local authorities and RSLs in maintaining the independence of older people.

Lewis et al (1999), in reporting on the development of a preventive approach with older people, comment on the lack of development and implementation of a formal prevention strategy by local authorities, which could ensure a more holistic approach to prevention services aimed at maintaining an older person's quality of life – for example improving the quality of peoples' homes and supporting people in their own homes. As many local authorities in Wales have transferred their housing stock to other organisations, usually Housing Associations, such a prevention strategy would need to be jointly developed and implemented.

Hill et al (2009) refer to the factors which make it more difficult for older people to maintain their independence, including living alone with no family nearby, declining health and mobility and a lack of knowledge about how to get the help they need. Sections 2.1.4 and 2.3.6 of the Literature Review Chapter also explore the importance and impact of informing the housing and support choices of older people. Section 2.3.2 of the Literature Review Chapter explores these and other factors in the context of the 'press-competence' model (Lawton and Nahemow, 1973) and the necessary changes an older person will need to make, to their behaviour or environment or both, in order to remain independent in their current home.

Problems and difficulties associated with reduced mobility increase with age (Appleton 2002) and may be further exacerbated by inappropriate or poorly adapted housing. The table below from the Office for National Statistics (1999, 14) illustrates that a significant proportion of people will have been experiencing mobility and other problems before they reach even early old age.

Table 19 - Self-reported health problems in the UK: by gender and age, 1996/97 (%)

	45 - 64	65 - 74	75 and over
Males			
Pain or discomfort	39	52	56
Mobility	22	36	50
Anxiety or depression	19	20	19
Problems performing usual activities	16	21	27
Problems with self-care	6	8	14
Females			
Pain or discomfort	40	51	65
Mobility	21	37	60
Anxiety or depression	24	25	30
Problems performing usual activities	17	23	40

Office for National Statistics (1999)

This information supports the argument that planning forward for old age is of greatest significance for those who are already experiencing health and mobility problems and those whose health is likely to deteriorate with age i.e. those with

a long term condition. Early intervention will also include timely adaptation to the home environment.

While others, including the Royal Commission on Long Term Care (1999), highlight the clear benefits of appropriate and timely adaptations to the homes of older people, Ogg et al (2010,6) make reference to a resistance by older people to the idea of housing adaptations, *“associating them with the idea of loss of independence or the onset of disability”*. This point was supported in discussion with Focus Group members who pointed out that perceptions are very much an issue with older people. For example, whilst younger generations may perceive a ‘walk in’ shower to be an item of luxury (in theory) an older person may equate such a facility with being disabled/incapable/unable to cope with a ‘normal’ shower or bath. However, this view was not reflected in the findings of this research study. Indeed a number of the Prospective Group participants referred specifically to adaptations being a necessary, and planned, part of their intention to remain in their current home. Examples of such responses include:

“Because of my previous job, it became part of my thinking for myself. I became aware that one of the greatest things to put in, it was so simple to put in, was a stair-lift”. **(Male, aged 72 years)**

“I am having a wet room built on this level”. **(Female, aged 68 years)**

Section 2.2.2 of the Literature Review Chapter also refers to the ‘stereotyping’ of older people by society and how this can impact negatively on how older people perceive themselves as the age, noting that this may become less of an issue for successive, more informed and assertive generations of older people.

Thus, understanding 'symbolism' (the different meanings given to certain changes by older people) could be the key to some of the psychology of encouraging older people to think and plan forward for their old age.

5.1.6 Sub-theme - *Would have welcomed the opportunity to view sheltered housing options before having to move from previous home*

This sub-theme was identified through the Prospective Group participant interviews and following discussion of the initial research findings with the two Old Age Pensioner Groups and the Diabetes Special Interest Group, in the context of the support and initiatives they would find helpful in planning forward for their older age, from an informed choice perspective. Members of the Retrospective Group also acknowledged the benefit of having this opportunity, even though it had not been their experience.

The majority of Group members admitted that, while they had no personal knowledge or experience of sheltered housing, their perception was that such accommodation was generally of poor quality and offered very limited space. As a result, they did not consider sheltered housing to be suitable for their future needs. There was, however, a high level of support amongst Group members for a process which would enable them to visit and view the different types of sheltered housing available across Caerphilly County Borough as they recognised their view to be an uninformed one at present.

The researcher is aware that Caerphilly County Borough Council has experienced low levels of occupancy in a number of its sheltered housing

schemes, a situation which could be improved if borough residents were able to view the different types of accommodation as part of their forward thinking on where they might need to live should their future care needs require a change of accommodation. The researcher is aware that such a pre-viewing service is offered by some local authorities and Housing Associations across Wales. This sub-theme reflects the need for housing organisations to address misconceptions regarding sheltered housing provision and enable informed choice. Section 2.3.3 of the Literature Review Chapter explores current housing choice for older people and the need for a more proactive approach to housing design and provision in meeting the demands of a growing, and more discerning, older people population (HAPPI Panel, 2009 and Bond et al, 2007a).

In addition to the comments made within the community group discussions, some of the Prospective and Retrospective Group participants also made reference to this issue in their comments. The following quotes provide an example of the comments made:

*“There are homes and homes and you need to have freedom of choice and the ability to go and look around these places and make a decision” (Prospective Group participant, **Female, aged 73 years**).*

*“Well we like this area, but it would have to be a bungalow. No way could we entertain the idea of a house, it would have to be a bungalow. We don’t want sheltered accommodation, if we can avoid it” (Prospective Group participant, **Female, aged 78 years**).*

*“When my husband and I were in our fifties, we talked about this and I said to him ‘do you think we ought to put our names down to go into a complex’ I said, for when we get older. Ha ha like a man, ‘no way’, ‘no way am I going to go into a complex to live” (Retrospective Group participant, **Female, aged 81 years**).*

The first of the above quotes makes reference to the need for 'freedom of choice' however, Focus Group members made the point that choice is currently affected for some individuals by a lack of private sector, more 'up-market', supported housing options which some older people could afford to move to, and may choose to move to, as opposed to sheltered type accommodation. The following point was made in this regard:

"Availability of choices is an issue. For example there are very few bungalows and an emphasis on small flats. Are we catering for the choices older people would wish to have?"

A similar point was also made by a member of the community based Diabetes Special Interest Group:

"Availability is a key issue and a good reason to plan ahead. There is a shortage of some types of accommodation in the area you might want to live".

In addition to there being a lack of proactive opportunities for older people to view sheltered housing facilities, it was clear from discussions with members of the Retrospective Group that their move to sheltered housing, in a number of instances, was not based on having sheltered housing choices made available to them as the following quote illustrates:

"Well I seen it before I moved in mind, don't get me wrong, I did see it before I moved in and well I took it straight away because I thought if I leave it go it will be gone, so I took it straight away"
(Retrospective Group participant, Female, aged 66 years).

Such situations may of course be exacerbated by the urgency of the housing move for individuals. The researcher, however, feels that it would not be unreasonable to conclude that the provision of earlier opportunities for older people to view the various sheltered housing facilities available would provide more of an informed aspect to their ultimate housing move, even if this is a matter of urgency with choice constrained by available vacancies at that point in time.

Discussion of the findings has illustrated the role to be played by health, social care and housing organisations in proactively identifying and supporting older people to age in place or move on with age. The 'push factors', which can result in older people moving home in unplanned and sometimes stressful circumstances, also act as signals to organisations in identifying those individuals who require information and other support in order to sustain independence in their current home or move, in a planned way, to accommodation more suited to their needs.

5.1.7 Overarching Theme 3: 'Issues for Individuals'

This overarching theme brings together the identified sub-themes which reflect the responses received through Prospective and Retrospective Group one to one interviews, as well as the community based Groups and Focus Group discussions, highlighting the role of individuals in securing their continued independence in to older age and the factors which impact on an individual's motivation and ability to undertake this role.

The sub-themes which apply to both overarching theme 2 and 3 have been discussed under overarching theme 2, namely 'wish to remain independent in own home'.

5.1.8 Sub-theme - *Little or no thought to planning forward for old age*

Identification of this sub-theme arose from responses given by Prospective Group participants to specific questions they were asked relating to their views on planning forward for their old age. The first of the two questions asked was: "Have you made any plans for your old age?" Typical responses to this question were:

"Not really no. Perhaps we put these things to the back of our minds" (Female, aged 65 years).

"I think about it and then I put it to one side. I think it's not about to happen". (Female, aged 73 years

"A little bit but I tend to push it to the back of my mind". (Male, aged 72 years)

"Not really. We have had a talk now and again, but not any plans as such". (Female, aged 78 years)

This finding reflects the phenomena of 'discounting the future' expressed by those working on public health campaigns aimed at encouraging young people to stop smoking or to stop binge drinking. Such campaigns usually emphasise the health impacts of smoking and binge drinking as occurring when an individual is in their thirties or forties, messages which young people tend to dismiss as they represent a period of their lives too far in the future for them to

worry about. The tendency for some older people to 'discount the future' is explained in section 2.2.3 of the Literature Review Chapter.

The research findings illustrate a similar response amongst the participants to planning forward for old age in that they 'discount the future' as something which may or may not happen, so why plan? The researcher proposes a different conceptual approach aimed at encouraging people to plan forward for their old age by 'counting the future'. Such an approach could encourage individuals to positively look forward to an independent older age, made possible by thinking through and acting upon changes they may need to make to ensure this planned future becomes a reality. There is no reference within the literature reviewed to the application of the concept 'counting the future' to a public information campaign which aims to encourage people to plan forward for their old age. The researcher therefore suggests that this potential approach to influencing the behaviour of older people is an original contribution to knowledge and practice arising from the research findings. Noting the suggestion of a national campaign to encourage people to plan for their old age, put forward by members of the community-based Groups, the concept of 'counting the future' could be the basis, or indeed the marketing concept, behind such a campaign.

The researcher was informed by a number of group participants that the issues covered within the research interview had, in itself, prompted them to think more about their personal circumstances and changes they may need to make as they age, linked to a potential deterioration in their health. This reported affect has links with the Transtheoretical Model of behaviour change and 'Brief Intervention

Theory' as described by Aveyard et al, 2009, in that the researcher's exploration of particular issues during the research interview with individuals prompted them to think about the implications for themselves. For example, research participants began to talk about adaptations they might have to, and could make, to their current home in order to future proof their ability to remain there as they aged. It is possible that talking to individuals, as part of the research study, may have prompted some of these individuals to take action. This could be an interesting area to follow up with some of the individuals, perhaps as part of future research.

The reluctance of members of the Prospective Group to plan forward for older age reflects work by Croucher (2009) with older people which acknowledged that long term plans are difficult to make noting that plans do not always work out as intended and that people want to do different things at different times in their lives. Comas-Herrera et al (2011,12) make a similar point in relation to the uncertainty surrounding future projections, commenting in the context of assumptions about future levels of care needs:

“despite bests efforts, all past projections will always turn out to have been at least slightly wrong”.

A member of the community based Diabetes Special Interest Group also commented:

“This Southern Cross situation must be worrying for people – even if you do plan ahead it can go wrong for you”.

In relation to this research study, which was carried out with a sub-set of the older population, those who have a long term condition, as opposed to the general older population, it could be argued that there is an added incentive to making plans for older age linked to a higher likelihood of deteriorating health (Sherbourne et al, 1992). It is recognised that older people are more likely to have at least one chronic condition, such as diabetes, asthma or dementia, and that the number of chronic conditions they have is also likely to increase as their age increases (Welsh Government, 2011c).

Croucher (2009) also found a willingness amongst older people to acknowledge that individuals should take responsibility for planning for later life, albeit in relation to financial planning specifically. However, in the case of a response from one of the research participants to the question, 'Have you made any plans for your old age?', reference was made to the potential benefits of planning forward, while admitting that this had still not encouraged a similar response personally:

"But the people who really do enhance their lives as they get older are those who come to decisions earlier on those issues we've been talking about and don't keep putting them off as I am inclined to put things off. Because those who make the early decisions then have tranquil uncluttered, simple, lives to lead where everything is provided for them and they don't have a care in the world". (Male, aged 71 years)

An important context to the question, 'Have you made any plans for your old age?' is the fact that all of the research participants have a long term condition, one of the selection criteria for each of the Research Groups, and are therefore

likely to experience deteriorating health with age (Sherbourne et al, 1992; Blaum et al, 2003; Adler et al, 2003; Jagger et al, 2006; and Parker and Thorsland, 2007). There are references within the literature to the increased likelihood of declining health and mobility for those with a long term condition. Verbrugge and Jette (1994), in particular, refer to disablement processes that begin with 'active disease', in other words an existing health condition. A point which is also confirmed by Stuck et al (1999) in reviewing the risk factors associated with increasing disability amongst elderly people living in the community. The authors measured disability on the basis of individual ability to undertake basic activities of daily living for their own self-care, noting that conditions such as heart disease, arthritis and dementia are major causes of disability in later life. Collerton et al (2009), in referring to the 'very old' (those aged 80 years and above), amongst whom care needs are greatest, point out the added complexity amongst this age group who often have multiple diseases.

While it may be supposed that an increased likelihood of deteriorating health with age would act as a prompt to those with a long term condition in planning for this potential change and its associated impact on independence, health and well being, Hill et al (2009) point out the difficulty of planning for potential health decline given uncertainty about what to plan for. This point was supported by the research findings. In particular the points made by Prospective Group participants and members of the Diabetes Special Interest Group who, despite acknowledging the impact of their long term health condition on their health in older age, were not motivated to make plans for their older age and potentially

changing care needs, given 'uncertainty regarding the future' (an identified sub-theme). The following quotes illustrate these points:

"I think people tend not to want to, you don't tend to think so far ahead". (Prospective Group, Female, aged 65 years)

*"We have spoken about it quite a bit haven't we, when I get my maudlin days – 'oh what about when we can't manage?'"
Prospective Group, Female, aged 59 years)*

"I haven't really thought about how my diabetes will affect me and where I live but, as I said earlier, I will probably leave it until it is a pressure situation and I have to do something". (Diabetes Special Interest Group)

"I think you'll find it a very difficult thing to do because most people go through life thinking it will never happen to them and they don't want to think about it". (Prospective Group, Female, aged 73 years)

Members of the Diabetes Special Interest Group pointed out the lack of information, lack of discussion and lack of dissemination of the 'facts' to both inform and encourage older people with a long term condition to plan forward. It was felt that this should be provided on an ongoing basis and not as a 'one off' to allow for the likely time lapse in both making and enacting plans. The following quotes point to the role of the local authority and others in informing choice:

"There should be information in Libraries as not all of us have access to computers and the internet and this information should encourage us to contact the council to get advice".

"You don't have to consider Council only accommodation – any advice should look at all the options for you. I am in private residential accommodation and I am happy".

The first of the above quotes highlights the importance of inclusive mechanisms for the dissemination of information, noting the potential to exclude older people through the expansion of digital media based information. The impact on older people of this growing use of digital media is explored in section 2.3.6 of the Literature Review Chapter.

The same Group members also pointed out the lack of pressure from the Government/others to make individual plans for old age which they felt would be a stronger prompt to them, in particular a high profile, national campaign or regular highlighting of the need and benefits associated with making plans for old age. The proposed role of the Government, in this case the Welsh Government, in launching a national information campaign to encourage individuals to make plans for their old age contrasts with feedback the Welsh Government has received to inform phase two of the Older Peoples Strategy, with some of those interviewed suggesting that older people should be asked what they are going to do for themselves.

It is often the experience of a bout of ill health that prompts older people to make plans, such as moving to a more suitable home (Hill et al, 2009). This was the experience of a number of the Retrospective Group participants and was highlighted by Prospective Group members as one of the factors which may require them to move from their current home. Despite the likely deterioration in health with age for those with a long term condition, Croucher (2008) also found that older people are often reluctant to prepare for change, for example a change in housing needs, despite the obvious benefit of making decisions while

they were well enough to cope with the upheaval of moving home. Appleton (2002,3) had also reflected on such matters pointing out:

“The choices of many older people about where they will live are heavily influenced, if not by current need for health and social care services, then by an awareness of possible future needs”.

Clearly deteriorating health can, potentially, have a significant impact on an older person's future life, in particular their independence. While much attention is given to the future health and social care needs of older people, as Phillips et al (1999) argue, it is also necessary to acknowledge other issues of importance to older people such as transport, crime prevention, leisure activities, access issues and home maintenance. Responses from a number of the research participants supported this argument:

“I know I won't be able to cope with the garden and the housework. You see these people on 'Grime Fighters' on the television. Social services have to come and dig them out from piles of newspapers that high, that's going to be me in 10 years time if I'm still here”. **(Female, aged 73 years)**

“I always used to say, when I was going past these houses with the steps I would say, 'there's no point living in those when you get older'. “I always used to say it and yet here I am living in one”. **(Female, aged 65 years)**

“This area is all on the flat and this complex, it has got a bus service that stops right outside and takes you to X (city) as well”. **(Female, aged 81 years)**

Section 2.3.2 of the Literature Review Chapter refers to the impact of the wider environment on the health, well being and independence of older people, including engagement with the community, transport and the security and safety of the area (Peace et al, 2006; Bond et al, 2007b and the Older People's Commissioner for Wales, 2012).

Tinker (1997,110), in referring to past surveys of older people in the United Kingdom and elsewhere, points out:

“the desire of older people to be able to live in the way they want in their own home”.

However, the reluctance to plan forward and/or to make earlier decisions on moving to a more appropriate housing environment, can make the achievement of these desires less likely (Appleton, 2002; Phillips and Bartlett, 1997; and Rolfe 1993). In reflecting on the negative perceptions there are regarding moving home in later life, Hillcoat-Nallétamby and Ogg (2009) suggest the facilitation, through more purpose-built accommodation, of 'moving with age' as an alternative to 'ageing in place'.

While the research study did not specifically look at forward planning issues for older people in a financial context, affordability at both an individual and organisation level can and does impact on choices available to older people as their needs change. Chapter 1 (section 1.6) and Chapter 2 (section 2.2.3) explore the financial issues and relevant literature, in contextual terms, as they relate to this research study.

A number of other studies have cited the impact of resources (both financial and human resources) on the choices available to older people in maintaining independence as they age (Commission on Funding of Care and Support, 2011; Help the Aged, 2008; and Hill et al, 2009). Trigg (2011) also reminds us that, despite advances in medical care and generally improving population health, the demand for care will inevitably grow as populations age which may result in a supply and demand increase in the cost of care. The issue of planning forward to meet the potential costs of care needs in old age was discussed on the BBC Breakfast News programme (BBC Breakfast News, 2012) on 3 May 2012 which highlighted the risks of not considering such potential costs, including the impact on care choices, should individuals not consider these issues around retirement age.

A key driver for the work of the Commission on Funding of Care and Support (2011), which was chaired by economist, Andrew Dilnot, was the projected population demographic changes and the associated unsustainability of current funding options for projected care support needs, at both a Government and individual level. The work of the Commission makes clear that the financial challenges facing many approaching old age, with potentially increasing care needs, are stark in the absence of proactive forward planning for these eventualities at both an individual and Government level. The Commission recommendations go a long way in addressing the concerns for many approaching old age and facing uncertain care costs.

In relation to the future costs of care, one of the research participants pointed out that there is not only concern but resentment amongst many home owners in relation to having to sell their home (their asset) to fund, not only their care costs, but to also subsidise those who have, arguably, not invested for their older age:

“And this thing about selling your property to fund your living in a care home. This is OK but if I went into a care home and sold this, I would not just be paying for my care, I would be subsidising the person in the next room because I would be paying mine and half again whereas the Council would be paying x amount of pounds, I would be paying x amount of pounds plus half of X. That isn’t really the question, if somebody is in genuine need, then well fair enough, but those who have never worked, have never intended to work, have never saved, have just said right when I am old the State will keep me, I will spend everything I’ve got, I will throw myself upon the State. They are not throwing themselves entirely on the State, they are throwing themselves upon other people”.
(Female, aged 73 years)

Other researchers have also highlighted this view amongst older people (Hill et al, 2009) while Help the Aged (2008,11) point to:

“The haves and the have-nots” stating that: “The richest 10% of pensioners have an average income of over £600 per week.....in sharp contrast to the bottom 10%, who have an average of less than £150 per week”.

Furthermore, older people with the lowest incomes tend to have fewer choices when it comes to moving to more suitable housing (Maxwell and Sodha, 2006 and Help the Aged, 2008). The report of the Commission on Funding of Care and Support (2011) makes clear recommendations on the support people need to plan ahead in order to meet their future care needs. The report (*ibid*, 2011,6)

recommends that the Government should encourage people to plan ahead for their later life by investing in an awareness campaign, linked to information on the proposed new system for funding care costs.

The second of the questions asked of Prospective Group participants, in relation to planning forward to old age, was: 'What would make or encourage you to plan forward for your older age?' The intention of this question was to encourage participants to reflect on why forward planning to older age was not something they currently felt inclined to address and whether there were any circumstances which might change their view and approach to this issue. The following are examples of responses given to this question:

"Well, I think once I retire, I probably will think about it more then but at the moment I feel I might be 65 years of age but I just don't feel like it". (Female, aged 65 years)

"If my wife were to be taken from me that would be really shattering. I'd have to think long and hard as to how I could continue to exist in this house because she is the one who has looked after it all. So if something happened to her, yes I'd have to sit down immediately I think and start thinking about how I'd spend the rest of my life". (Male, aged 71 years)

"Well one of those dramatic events, if something happened to my wife or if something happened to me. It seems that incapacitation would be a big problem". (Male, aged 72 years)

These responses reflect the respondents' view that forward planning would need to be prompted by a significant life change. Loss of a wife, husband or partner was a commonly cited example of significant or catastrophic life change.

However, older people who make changes, such as moving house, at a time of

personal stress or 'in extremis' have sometimes regretted the choices they have made (Oldman, 2000). A related point was also made by a member of the Focus Group who commented that, in the absence of planning in advance, individuals with deteriorating health and associated increased care needs, are often faced with making major life changing decisions at an already stressful period in their life, which is likely to have a negative impact on their health and well being. This point was further expanded upon by the Group member in suggesting that health and social care staff have a role to play in encouraging and supporting older people with a long term condition to think through and plan more effectively for such eventualities as part of the wider health and well being responsibilities of their roles. The following quote from a member of the Diabetes Special Interest Group supports these points:

“ I think the difficulty is getting people to plan before they are under pressure – it is the pressure that makes people act and sometimes it is too late”

This comment reflects the experience of a number of the Retrospective Group participants for whom the move to sheltered housing followed a crisis, usually a rapid deterioration in their health.

In thinking through tactics and mechanisms for influencing and encouraging older people to plan forward for potential future change, in the context of maintaining their independence, Thaler and Sustein (2008,57) point out:

“Humans are not exactly lemmings, but they are easily influenced by the statements and deeds of others”.

This point is supported by Martin and Cialdini (2010) in their exploration of the role of social influence in persuading individuals to take more responsibility for their behaviour and decision making. They refer to 'Social Proof' as one of the responses which guide individual action, in this case suggesting that people are more likely to comply and behave in ways that they see as similar to others.

A key mechanism may therefore be an information process or campaign which highlights the benefits of planning forward for old age and which also illustrates the points made with examples of the experience of older people who have successfully done so. The UK Government has also been urged to invest in research which will investigate what measures work in order to influence change of behaviour of populations (House of Lords Science and Technology Select Committee, 2011)

Looking to the future and how older people may be influenced and encouraged to plan forward for old age, Brown and Yates (2010) argue that personalisation, choice and empowerment are increasingly relevant for older people and that we should no longer assume that older people both trust and welcome decisions made by service providers regarding what is appropriate for them. This view supports the aims of co-creation and co-design (The Health Foundation, 2008 and Wooding, 2008) as applied to the design and delivery of services. Section 2.2.2 of the Literature Review Chapter explores the changing needs, aspirations and behaviour of successive generations of older people within society.

5.1.9 Sub-theme - *Change of accommodation prompted by range of factors and not linked to forward planning*

This sub-theme reflects responses given by Retrospective Group participants to the question: “Why did you move in to sheltered housing accommodation?” and also informed the identification of the ‘push factors’ which, based on the research findings, often preceded an individual’s move in to sheltered accommodation. The ‘push factors’ identified have been discussed in section 5.1.5b under the sub-theme ‘wish to remain independent in own home’ and were identified through the research study as:

- Deteriorating health;
- Access problems both inside and outside the home;
- Inability to maintain the property;
- Unaffordability;
- Bereavement.

Deteriorating health was a factor common to all Retrospective Group participants and was often associated with access problems either within the home or outside the home (or in some cases both). The combination of both of these factors resulted in the need to move to accommodation which would best cater for the individual’s needs, which for Group members was sheltered housing. The following quotes illustrate such circumstances:

“So I slept on it and I thought, well I’ll come here because if I didn’t my son would worry himself sick about me falling and if I come

down here, there's plenty to see to me if I do that". **(Female, aged 81 years)**

"When I came from hospital, I couldn't walk. I had carers come in to do my breakfast, then dinner, then tea and I used to go to bed any way at half past 6, because they couldn't do no other time, and my son came down and he was livid. He said 'that's no place, he said for my mother to go to bed at half past 6'. It wasn't". **(Female, aged 81 years)**

"Because of the stairs, the bottom steps went down at an angle. It was no good to have a stair lift. Then we had a step down into the kitchen. To get a wheelchair down there, that was awkward. The people who came to see it, they said it wasn't suitable for any adaptations. That's how we came to move". **(Female, aged 66 years)**

Bereavement was also a common factor, with all but one of the twelve Group participants living alone in sheltered housing. While the majority of participants had lost their spouse prior to moving in to sheltered housing, one of the participants had lost their spouse following the move. The main affect of bereavement cited by Group participants was loneliness, as illustrated by the following quotes:

"You just find it lonesome on your own. It is difficult and in a bigger house". **(Female, aged 71 years)**

"Actually I couldn't get out of there quick enough then because there were so many memories. I was getting more and more depressed as well". **(Female, aged 78 years)**

For some Retrospective Group participants, sheltered housing offered a chance of companionship and a solution to their sense of growing isolation when in their previous home, as pointed out by one of the participants:

“I was very lonely. I thought at least here, there’s usually someone in the hallway you can speak to you know”. (**Female, aged 84 years**)

In addition, a Retrospective Group participant pointed out that, by moving to sheltered housing, a family home was being made available:

“I thought well if I give my home up, I’m giving it up to someone that needs it” (**Female, aged 84 years**)

This point is supported by the Intergenerational Foundation (2011) and Davies and Craig (2011) who point to the wider benefits to society of bringing housing supply in line with local housing needs, noting the level of under-occupation within some of the homes occupied by older people.

For one participant in particular who had experienced a house burglary in her previous home, sheltered housing offered safety and security. The safe environment offered was also cited as a positive aspect for participant’s relatives as the following quote demonstrates:

“My family said to me ‘well that’s the best thing for you mam, we know you’ll be safe in there’, because my two daughters live up country, I didn’t have anybody close”. (**Female, aged 74 years**)

A member of the Diabetes Special Interest Group shared their personal experience of having moved in to alternative accommodation in order to reduce the concern of relatives:

“We have already moved into retirement accommodation, simply to avoid worrying our daughter who was very concerned that we weren’t coping”.

A Prospective Group participant similarly shared this view in not wanting to become a worry to relatives in older age stating:

“That’s the big thing becoming a problem to anybody. So I have said to my son and daughter, you stick us in a home or whatever and forget about us, because you don’t want your lives blighted by running back and fore to us”. (Male, aged 72 years)

While a number of the research participants, in particular Prospective Group and some community-based Group members, referred to family as being interested or involved in decisions about their future needs, this was not the case for all participants. The following interesting points were made by some of the members of the community based Diabetes Special Interest Group:

“I can’t bring up things about making wills and powers of probate as it is morbid and painful – it would be far easier if she had impartial advice and then said to me ‘OK – let’s sort out a will’”.

“It can be awkward for children to discuss sensitive areas – no-one wants to talk about inheriting property and money and so on”.

It may be that, for those who do not have family or friends who they can turn to for advice and guidance in planning for or making changes, independent advocacy and advice would be welcomed. An example of such support is an advocacy scheme provided by Age Concern which provides support and advice

to older people who have decided that they need to move to accommodation more suited to their needs (Age Concern Cardiff and Vale, 2012). As well as identifying alternative accommodation, the advocate supports the older person through the many stages involved in moving to alternative accommodation. The researcher is aware of similar schemes operating in other parts of Wales, for example the Care and Repair scheme in Bridgend. Through this scheme older people are supported in thinking through their future care and housing needs as well as having the opportunity to go and see the different housing options available to them in the area.

Other factors referred to by Retrospective Group participants included growing difficulties in maintaining and coping with their previous home which was often too big for them, now that they had lost their spouse and were living on their own. The following quotes illustrate this point:

“The only thing was when my husband died the garden was too big for me to do. I could not cope with it” (Female, aged 71 years)

“I knew I had to have help. I couldn’t cope with the 3 bed roomed house, work wise or anything” (Female, aged 78 years)

While research participants cited a range of reasons for moving to sheltered housing, in most instances there appeared to be a cumulative context to the final decision to move. For example the loss of a husband, wife or partner which then made it difficult for the older person left behind to cope with either the maintenance of the property and/or the memories of a property once shared, as

well as being able to afford the household bills associated with a larger property.

This research finding is supported by Hill et al (2009,26) who found that:

“Moving tended to be a developmental process, a series of steps or a combination of factors that contributed to participants’ decision-making”.

5.1.10 Sub-theme - *Uncertainty regarding the future*

This sub-theme reflected responses to the questions asked of research participants on planning forward to old age and also arose from discussions with the community-based Groups, having shared with them the research findings from the Prospective Group and Retrospective Group interviews. One of the key reasons cited by group members for not having made plans, or indeed embracing the need for plans for their older age, was an inability to see in to the future. A commonly expressed view was why make plans that may never need to be used? The following quotes illustrate this view:

“Oh yeah, I mean we can’t see the future. I could have a stroke, we don’t know do we? None of us know what is going to happen”.

“Well I suppose so and there is a lot of factors, am I going to sell this, when am I going to sell it, you know, is push going to come to shove? I am still kidding myself that I’ve got another few years but I might not have”.

Thaler and Sustein (2008,83) also point out that:

“It is particularly hard for people to make good decisions when they have trouble translating the choices they face in to the experiences they will have”.

Section 5.1.8 of this chapter also explores the impact of these issues on planning for old age. While uncertainty regarding the future, from an individual perspective, was perceived to be a barrier to planning forward for old age, members of the Old Age Pensioner Groups did acknowledge that having a 'plan on the shelf' for one's future did not mean you have to use it but was none the less helpful on a 'just in case' basis.

The difficulty of persuading individuals to plan ahead to a future that is uncertain presents challenges to both policy developers and service providers. This research study has focused on older people with a long term condition for whom there is an increased likelihood of deteriorating health with age and associated increase in care needs. However, the research findings show that all Prospective Group participants did not consider this potential change in their health, care needs and independence as sufficient incentive to make plans for their older age. As expressed by Retrospective Group participants, it would seem that the prompt to make changes, whether moving home or planning to do so, is based on a number of, often cumulative, factors.

The implementation of a national campaign, aimed at encouraging people to plan for their old age and potential changing needs, could be informed by the research findings, particularly in relation to the messages that may encourage the necessary change in attitude and behaviour. For example, the potential consequences of not making plans could be a key message as for some this could mean a move to sheltered housing, where this is available, or a move to

residential or nursing home accommodation with a consequent reduction or loss of independence.

As discussed with the community-based Group members, making plans and thinking through what may need to change in order to remain independent within one's own home, does not mean that such plans have to be actioned.

5.1.11 Sub-theme - *Do not feel old*

This sub-theme arose from discussion of the research findings, distilled from the Prospective Group and Retrospective Group interviews, with members of the community-based Groups. Members of the Old Age Pensioner Groups, in reflecting on the issue of planning forward for their older age, made a number of points which are reflected in the following quotes:

“ I don't want to think about it, about growing old and what that might mean”

“I want to stay young!”

“I do not want to be made to feel old”

“ I don't wish to lose control”

“ I don't want to go into a nursing home or residential home but I also do not think about the responsibility I have in making sure this doesn't happen to me”

Sections 2.2.2 and 2.3.7 of the Literature Review Chapter explore the perceptions of society, and older people themselves, on what it means to be old as well as the impact of stereotyping of older people by society.

A further interesting point, which may illustrate how older people feel about themselves, how they look and come across to others, was made by one of the Old Age Pensioner Group members when remembering a meeting with an old school friend and thinking to themselves “gosh you’ve aged” when they too will have aged physically and may be viewed similarly by others. An editorial in The Lancet (2012,1275) explored the negativity that exists at an individual level to ageing noting that:

“Past a certain age, many people bemoan another birthday or a grey hair. But ageing is something that should be celebrated”.

The same editorial pointed out the many contributions that older people make to society through their experience and knowledge.

The sub-theme was also supported by a number of the comments received through one to one interviews with Prospective Group participants, examples of which are as follows:

“And of course the improvements in medication and the facilities that are available to sustain you in good health are such now that you reasonably think, well I’m 70 now but what’s to stop me carrying on with my current life style when I’m 80”. (Male, aged 71 years)

“No really, live for today. We all know we are not going to be around forever. Whereas when you’re young we think 40 years is

unimaginable, but all of a sudden, the years have gone and the other thing is your mind doesn't get any older". (Male, aged 72 years)

The impression that sheltered housing and similar accommodation gives of being designed specifically for older people and thus making those contemplating a move to such accommodation, feel old, was also a finding of Hill et al (2009).

The findings have highlighted the key role of individuals in planning for, and securing, a home environment which reflects their needs, wants and aspirations and which enables them to remain independent as they age. The researcher argues that a more positive, 'counting the future', attitude to old age could increase the choice and control individuals have, reducing the likelihood of moving home in crisis even when significant life changes occur, such as deteriorating health and/or loss of a spouse. Uncertainty about the future poses challenges for individuals in planning forward and highlights the role to be played by organisations in actively sharing information on housing options and supporting individuals in making timely decisions based on their needs and circumstances.

5.2 Conclusion

Discussion of the 3 overarching themes and associated sub-themes as identified within Chapter 4, has enabled the identification of references within the literature which largely support the findings of this research study. Discussion and

analysis of the findings has also drawn on key areas of focus within the Literature Review.

Examples of areas where the findings are supported by the literature include individuals not planning forward for old age, the role of 'push factors' in determining an individual's move in to sheltered housing, a lack of proactive adaptations to housing and the wish expressed by individuals to receive information in person. There was one finding which conflicted with the literature reviewed. The researcher found that older people are willing to consider making adaptations to their home in order to continue living independently in their current home. This finding contrasted with the findings of Ogg et al (2010). The researcher recognised the wider impact of removing wardens from sheltered housing schemes but did not find any reference to this issue within the literature reviewed. Table 20 in Chapter 6, summarises the connections between the research study findings and the literature reviewed.

The identification of policy, practice and financial implications for both the Welsh Government and organisations, in responding to the research findings, have been set out in table 16 under section 4.8 of Chapter 4.

CHAPTER 6 – CONCLUSIONS

6.0 Introduction

This chapter, in the context of the research study question and aims, provides an overview of the research study, including a summary of the preceding chapters, key findings and identified contributions to knowledge, theory and practice. The research question posed at the start of this thesis asks:

How are the factors which influence independent living housing choices for older people impacted upon by action at an individual and organisation level?

This research study focuses upon areas which are of growing interest to policy makers and services providers and of growing importance to older people faced with varying housing options, information and support in making the choices which address their needs and expectations as they age.

6.1 Background

The projected, and significant, changes in the population age distribution over the next 20 to 30 years sets the scene for this research study. The numbers of older people are projected to rise and the associated demographic changes will significantly alter the balance of the population. A key impact of these population changes will be continued growth in the demand for health and social care services and specialised housing. Godfrey and Shaffi (2009) and Colombo and Mercier (2011) highlight the impact of an increasing elderly population and

decreasing proportion of young people, in particular those able to care for older family members. As pointed out in an editorial in *The Lancet* (2012,1274):

“5 years from now, for the first time in history, the number of people aged 65 years and older will outnumber children younger than 5 years”.

While the projected population changes and associated challenges for health and social care services and specialised housing provide a key context for the research study, Peace and Holland (2001, 17), also note the importance of enabling housing choice for older people which responds to their diverse needs, wants and expectations:

‘Facilitating the opportunity for older people to make choices and retain meaningful independence needs to acknowledge the diversity of living arrangements from which they may choose as they weigh up the advantages and disadvantages of living alone or with others’.

The challenge of meeting growing demand for care services and specialised housing sits alongside Government policy requirements on ‘choice’ and ‘voice’, as they operate in Wales, as well as current and projected fiscal pressures. The research study has focused on one aspect of this challenge in exploring how the housing choices available to older people, with increasing care needs as they age, may be influenced by:

- decisions individuals make or do not make, in planning ahead for old age;

- decisions made by organisations on housing provision for older people, in particular local authorities and Registered Social Landlords (RSLs).

The research study journey commenced with the personal knowledge and experience of the researcher and a compelling need to investigate, capture and understand the factors, at an individual and organisation level, which influence the independent living housing choices available to older people. In exploring these factors, the research findings highlight the responsibilities of policy makers, relevant organisations and older people themselves.

6.2 Research study aims

The research study aims are drawn from the research question and are to:

- Identify the factors which operate at an individual and organisation level and which impact upon the housing choices available to older people in maintaining their independence;
- Explore the meaning of choice as a concept and Government policy on choice;
- Explore current experience and practice in relation to the proactive identification and management of specialised housing, based on choice.
- Contribute to knowledge and future practice in order to positively improve the experience of older people in achieving continued independence in old age in the home of their choice.

6.3 Summary of Chapters

The Introduction Chapter sets the context within which the research study sits.

The chapter is structured to provide an overview of the thesis and individual chapters in addressing the research question and research study aims.

The Literature Review Chapter breaks the research question down into its key elements which guide exploration of the literature, noting that policy, practice and public debate continues to develop in relation to the areas addressed by this research study. The 3 key elements distilled from the research question are the concept of choice, older people and housing for older people. Review of the literature has enabled an exploration of these key elements of the research study question and aims in identifying the factors which impact upon housing choice at both an individual and organisation level.

The Research Methods Chapter identifies the ontological and epistemological position of the researcher and how this informs the chosen research strategy.

The emphasis placed on qualitative research methods within the research strategy is defended in terms of selecting the most effective approach to sourcing the data necessary to answer the research question. The ethical considerations of undertaking field research where the participants are potentially vulnerable, are also reviewed within this chapter alongside the practical issues encountered by the researcher in conducting the field research.

The Research Findings Chapter sets out the data capture process and reviews the data gathered through the one to one, semi-structured interviews with

research participants in the Prospective and Retrospective Groups, identifying a number of common themes. The chapter describes how the identified themes are tested for their validity with Key Respondents, community based groups of older people and a focus group. This approach enabled the researcher to identify 3 key overarching themes – ‘Enabling Informed Choice, ‘Issues for Organisations’ and ‘Issues for Individuals’.

The Discussion and Analysis Chapter explores the identified overarching themes and sub-themes, in the context of relevant literature, which highlights those areas of the literature which support the research findings and areas of conflict between the existing literature and the research study findings. The chapter concludes by identifying the potential implications of the findings for policy makers and service providers in the context of the research question and research study aims.

6.4 Overview of key findings

The thesis reports a qualitative, exploratory study based on data collected through 22 semi-structured interviews with two groups of older people, ten of whom were living in their own home in the community (Prospective Group) and twelve of whom were living in sheltered housing (Retrospective Group).

Discussion of the findings has identified issues for both organisations and individuals in enabling informed choice. For organisations this includes providing information in both written form and in person, thus providing the opportunity for individuals to discuss the information provided and explore any queries they may

have. Arguably the role of individuals is to be less passive and more proactive in seeking out the information they need to inform decision making and choice as they age. Individuals may require support in becoming more proactive in this regard as well as skills development, for example in information technology.

The specific issues for organisations relate to both policy and practice. In terms of policy, there is a role for the Welsh Government in developing national policy which clarifies the role of organisations and individuals in enabling and supporting independent living in to old age, which could include a national information campaign, aimed particularly at individuals. Recent Welsh Government guidance (Welsh Government, 2012a) has recognised the need for face to face support for older people so that they may better understand and apply information to their individual circumstances. However, as explored within section 2.1.4 of the Literature Review Chapter, Welsh Government policy on digital access to information and services (Welsh Government, 2011a), could disadvantage older people, the majority of whom remain digitally excluded for a variety of reasons.

In terms of practice, more effective collaborative working across local authorities, the NHS and RSLs could enable the proactive identification of older people in need of care and support in order to maintain their independence. It will be important for organisations to ensure there is clarity of purpose in working collaboratively to enable necessary improvements in service delivery to older people, to avoid duplication of services and to avoid confusion for service users.

The research findings have also identified issues for individuals to address if they are to experience choice in relation to achieving continued independence in to old age, in particular, planning forward for old age. The researcher suggests that the phenomena of 'discounting the future' may apply to this finding and that future national or local campaigns to encourage forward planning for old age could be based on the concept of encouraging individuals to 'count the future' if they wish to remain independent in to old age in the home of their choice.

While all the Prospective and community-based group participants agreed that planning for old age, and potential changes in their care and housing needs, was likely to increase the choices open to them, it was felt by some that this would require a degree of encouragement, or even compulsion, from the Welsh Government.

The table overleaf summarises the key findings, highlights identified supporting literature, and those findings which do not support the literature, and the additions to both the literature and knowledge.

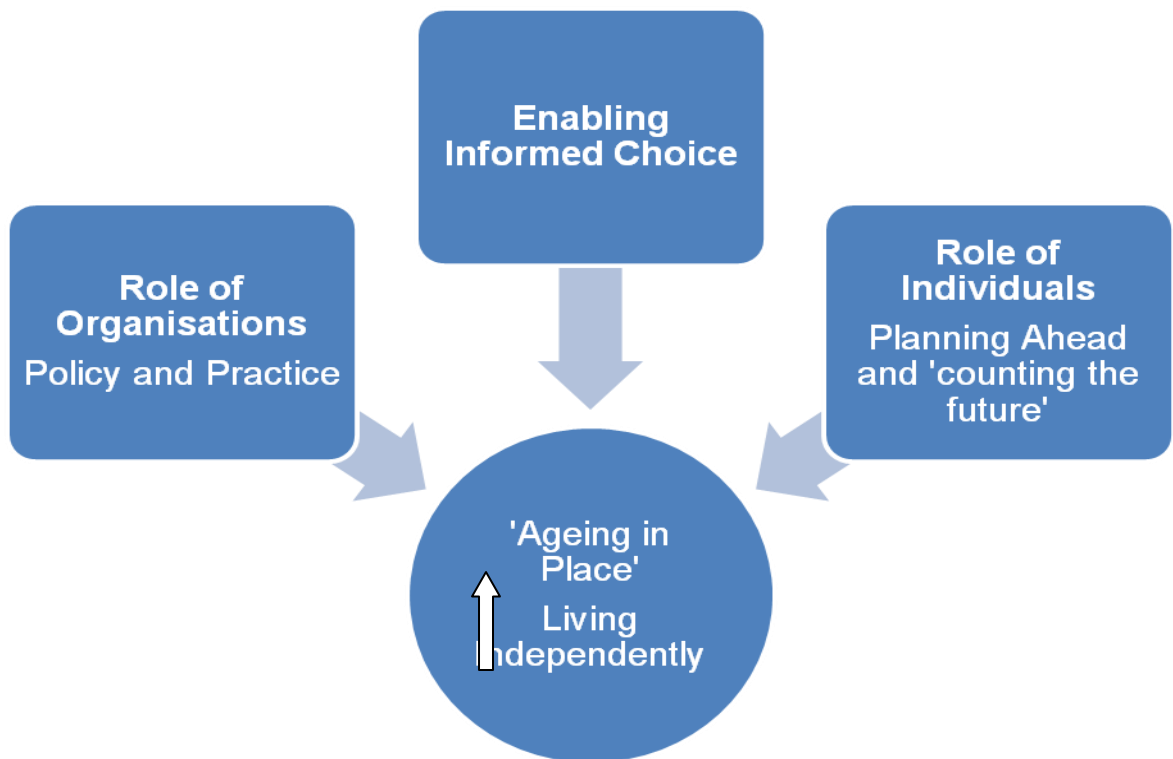
Table 20 – Analysis of the key findings

KEY FINDINGS	SUPPORTING LITERATURE	FINDINGS WHICH DO NOT SUPPORT THE LITERATURE	ADDITIONS TO THE LITERATURE AND KNOWLEDGE
Information to be given in person	Margiotta et al (2003), Horton (2009)		Collaborative role for local authorities, NHS and RSLs in facilitating independent living for older people
Individuals do not plan forward for old age	Croucher (2009), Comas-Herrera et al (2011)		'Counting the Future' approach to encouraging behaviour change
Impact of uncertainty regarding the future	Hill et al (2009), Thaler and Sustain (2009)		'Counting the Future' approach to encouraging behaviour change
Individuals wish to remain independent in own home	Appleton (1997), Tinker et al (2001), Clough et al (2003), Murray et al (2009)		Collaborative role for local authorities, NHS and RSLs in facilitating independent living for older people
Lack of awareness of alternative housing options	Sutherland (2011), Davies and Craig (2011)		Collaborative role for local authorities, NHS and RSLs in facilitating independent living for older people
Role of 'Push Factors'	Lawton and Nahemow (1973) Heywood et al (1999)	Finding on the importance of staying in the same neighbourhood conflicts with the findings of Hughes (2012)	Enabling proactive identification of 'at risk' older people
Lack of proactive adaptation to home by individuals	Croucher (2008)		Collaborative role for local authorities, NHS and RSLs in facilitating independent living for older
Individuals are willing to consider making adaptations		Finding conflicts with those of Ogg et al (2010) who maintain older people are	Reinforces the need for proactive identification of housing adaptation requirements by local

KEY FINDINGS	SUPPORTING LITERATURE	FINDINGS WHICH DO NOT SUPPORT THE LITERATURE	ADDITIONS TO THE LITERATURE AND KNOWLEDGE
to their home		resistant to housing adaptations	authorities and RSLs
The wider impact of removal of wardens from sheltered housing schemes – ↑the threshold for entry		Researcher did not find any literature which referred to this wider effect of removing sheltered housing wardens	Needs to inform decision making by local authorities and RSLs

The key findings are also captured in the descriptive diagram below which illustrates the factors that can influence an older person’s ability to live independently in to old age in the home of their choice:

Figure 4 – Achieving independent living in to old age



6.5 Contributions to knowledge, theory and practice

In order to test and further explore the findings, the researcher submitted a paper (Bright, 2012), outlining the research study, to the Policy and Politics Conference held in September 2012 (the Conference was entitled '40 years of Policy and Politics: Critical reflections and strategies for the future').

The researcher proposes that the following contributions to knowledge, theory and practice are supported by the research study findings.

6.5.1 Contributions to knowledge

The contributions to knowledge, arising from the research findings, relate to gaps in the current literature. It is, however, recognised that new research is being continually added to the areas covered within this research study.

There is an opportunity for organisations to apply the learning and associated implications from the identified 'push' factors, to the proactive identification of older people in need of support, in order to improve the likelihood of individuals maintaining their independence in to old age. There are implications for both policy and practice in this regard as developed and implemented by local authorities, the NHS and RSLs, working collaboratively.

The wider effects of the removal of the sheltered housing warden role by local authorities and RSLs is not reflected in the literature or, the researcher contends, understood by the responsible organisations. A key, potential, effect is the rise in entry thresholds for individuals wishing to move to sheltered housing.

The investigation of this potential effect could form the basis of future research in to this issue.

The concept of 'discounting the future' has not, the researcher suggests, been applied to older people in terms of their reaction to planning forward for their old age. Applying the concept of 'counting the future' to older people in terms of encouraging their planning forward to old age is thus a contribution to knowledge arising from the research findings.

6.5.2 Contributions to theory and practice

In exploring relevant literature on choice policy and informed choice, through the Literature Review, the researcher did not identify references to the joint roles to be played by organisations and individuals in ensuring decision making is based on informed choice. There is almost a degree of reciprocity in the joint roles, with the individual needing to be less passive and organisations needing to be more proactive and innovative in the dissemination of information to inform choice.

There are challenges for organisations, at a time of increasing financial constraints and rising demand for services, in providing information to older people both in person as well as in written form. The researcher suggests that organisations will need to pool their resources and adopt opportunistic approaches to the dissemination of information in person, for example care service providers also adopting a wider information provision role. Organisations could also adopt a more proactive role in disseminating information to inform

choice and undertake this opportunistically, for example including information in council tax notifications to those identified as over 50 year of age.

The research findings offer a number of contributions to practice, at both a national and local level.

The Welsh Government, in developing policy to guide and inform practice across public sector organisations, has a key role to play in responding to the findings of this research study. Review of the literature has illustrated the increased focus on the growing needs and service demands of older people and the Welsh Government response in policy terms (Welsh Government 2012a; 2012b and 2012c). The research findings also highlight a key role for the Welsh Government in developing and implementing a public information campaign aimed at encouraging people to plan forward for old age based on the concept of 'counting the future'. The researcher speculates that the implications of not taking such action, in the context of the rising cost of care and, in many instances, reducing personal income in retirement, are likely to be a further erosion of the choices available to older people wishing to remain independent in the home of their choice.

In relation to organisations developing and jointly applying common principles and practice, the researcher is aware that Aneurin Bevan Health Board, alongside the 5 local authorities in Gwent and Registered Social Landlords, is leading the way in Wales. The Health Board has established a Health, Social Care and Housing Partnership as a key collaborative mechanism in maximising

opportunities for improving service delivery while also avoiding duplication of services on the ground.

There are also a number of initiatives across Wales aimed at developing joint roles across health and social care for example, the health and social care 'generic worker', which should, arguably be extended to include the staff of RSLs.

6.6 Limitations and boundaries of the study

In describing the limitations of the research, opportunities are also identified for future research. Limitations include the location of the research study and the selection criteria set for the Prospective and Retrospective Group research participants.

As an exploratory research study, the findings are not intended to be generalisable reflecting the siting of the research in Caerphilly County Borough. The research study has, however, enabled the collection of a large amount of rich data through interviews and discussion with over 60 research participants.

The research study has been based on a sub-set of the older person population, those with a long term condition and individuals within the age band criteria set for Prospective and Retrospective Group research participants. The researcher, in reflecting on opportunities for future research, suggests that the same research strategy could be used with different research participants, for example Prospective Group participants who live in social housing. Similarly, the Retrospective Group comprised individuals in sheltered housing. Would the

same findings have been achieved if participants had been living in residential homes (perhaps in local authority areas in Wales where there has been no investment in sheltered housing, limiting supportive housing choice)?

Noting that Caerphilly borough comprises a mixture of urban town and rural areas, future research could apply the same research strategy to a City area or more affluent area in order to test whether the same or similar findings emerge.

6.7 Future research

The limitations of the research study offer future research opportunities, including exploration of the impact of financial resource constraints and challenges, either at an individual and/or organisation level, on independent living housing choices for older people. Changes in the selection criteria used within this research study could also offer future research challenges for example, removal of the long term condition criteria and changes to the age range criteria which would elicit a different research participant cohort. Use of the same research methodology with this changed participant cohort would enable a comparison with the findings of this research study.

This qualitative research study could be extended by the combined use of a quantitative research method in the form of a questionnaire, which offers the potential of a higher number of research participants. In reflecting on whether potential research participants would have been more inclined to complete a

questionnaire than volunteer to be interviewed by the researcher (noting the poor response to the Prospective Group research invitation letter), the researcher notes that this may have generated a higher number of responses but argues that the resulting data would lack the richness of the data gathered through the interview debate and discussion.

There are also 'inter-generational' issues to be explored as a related area within future research. Such a research study could ask the same questions as those posed to Prospective Group participants, to those aged in their 20s and 30s. It may be possible to identify whether the issues explored in this research study have a 'generational' aspect to them. The researcher speculates that the next generation of older people ('baby boomer' generation) may be more receptive to making plans for their old age as they are statistically more likely to experience a longer period in retirement. However, for many in the next generation of older people, a longer retirement will come with the challenges of affordability in terms of desired lifestyle, noting the changes to state pension eligibility and the rising cost of care for those in need. In addition, many in the next generation will have witnessed the difficulties experienced by the previous generation in terms of maintaining independence in old age.

As discussed under section 5.1.5d of the Discussion and Analysis Chapter, a number of the Prospective Group participants pointed out that, as a result of taking part in the research study, they had begun to consider what adaptations

to their home they may need to make in order to be able to 'age in place'. As part of future research, it would be interesting to follow up with the same participants whether they had adapted their home in any way.

Noting that this research study did not explore the financial challenges of sustaining independent living in to old age, future research could explore these issues In terms of the current younger generation. Such a study could explore the financial challenges posed to this future, older generation, who are less likely to have housing equity, benefit from low cost education, have an adequate employer or private pension and also be subject to increased taxation to support the rising cost of health and social care provision. Would such a generation be more or less likely to plan for their future old age?

6.8 Conclusion

In undertaking this research study, the researcher set out to identify the factors which operate at an individual and organisation level and which influence the housing choices available to older people who wish to live independently in the home of their choice. The findings, which are largely supported by the literature, point to specific roles and responsibilities for both individuals and organisations in achieving this outcome for older people.

The researcher has demonstrated achievement of the research study aims and has identified contributions to knowledge, theory and practice which have

implications for Welsh Government policy, organisational practice and individual responsibility.

The findings of this research study are important because they have identified new themes, for example the relevance of 'counting the future' to public information campaigns aimed at changing behaviour at an individual level, potentially made a valuable contribution to future policy and practice and set the foundation for future research studies based on areas addressed within this research study.

The research study findings demonstrate that many older people, in wanting to remain independent in their current home, do little personally to achieve this. While there is an argument for the individual to take more responsibility for planning for their old age, the research study has shown that this requires support, both in terms of information that informs choice and advocacy and support to make the right choices for their individual circumstances. In relation to informing choice, the findings demonstrate that it is the 'how' and not the 'what' aspects of information provision that matters to older people. Views were also expressed by some of the research participants that the Welsh Government has a role in compelling individuals to plan for their old age and actively seek the information and support available.

The research findings illustrate the roles to be played by Welsh Government, in policy terms, organisations, in service and practice terms, and the individual, in forward planning terms. A more proactive approach to both planning for and

supporting independence in old age, at an individual and organisation level, could inform national policy on older people housing and housing provision which addresses the needs, wants and expectations of older people in a spirit of diversity.

Ultimately, the findings of this research study illustrate that, while most if not all individuals wish to remain independent in the house of their choice as they age, achievement of this outcome is usually left to chance. The researcher argues that this will continue to be the case unless action is taken at a national and local level to clarify the role of organisations and individuals in supporting and achieving independent living in to old age.

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LIST OF APPENDICES

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Map of Caerphilly County Borough



Ethical Approval Statement

Collis and Hussey (2003) set out a checklist for ethical concerns:

- Will this research process harm participants or those about who the information is gathered (indirect participants)?
- Are the findings of this research likely to cause harm to others not involved in the research?
- Are you violating accepted practices in conducting the research, data analysis and drawing conclusions?
- Are you violating community and professional standards?

Reflection on this checklist of questions has been helpful in the development of the ethical approval statement for the proposed research and in concluding that ethical approval will be required for the research proposed given the need to undertake one to one interviews with older people as the target research subjects. The seeking of ethical approval recognises the potential power imbalance between the researcher and case study subjects, in this instance older people, in terms of their likely vulnerability.

The research design proposed requires the identification of two groups of research subjects – one a prospective group and the other a retrospective group. The selection criteria for the prospective group includes older people in the age range 55 – 70 years, that the individuals selected have a long term health condition and that selection achieves a balance of males and females. The retrospective research subject group will be drawn from older people in the age range 65 – 80 years with similar other selection criteria, i.e. a balance of males and females and that the individual has a long term health condition. There are clear ethical issues related to the target research subjects, in particular the potential vulnerability of older people and the need to balance the power vested in the researcher versus that of the research subject.

There is a need to ensure that the research subjects are treated 'ethically', both in terms of the methods/processes used for selection and the conducting of the actual interviews.

Having recognised the potential vulnerability of the research subjects, the following actions have been considered in order to overcome issues of vulnerability:

- Sending out a letter to all potential research participants, setting out the context and aims of the proposed research and requesting that the letter is shared with other family members. The letter would provide email and telephone contact details of the researcher as well as contact details for the research supervisor (should the research subjects wish to verify the authenticity of the researcher)
- The letter to be sent to research subjects would also confirm how the taped interview material would be handled. The type of statement to be included in the letter would be: “To respect the autonomy of those providing data, the interview transcripts will only be accessible to the researcher and those who will assess the Doctorate, only anonymous extracts and summaries of the data will be included in the main body of the Doctorate thesis and in any material which is to be used within the public domain e.g. discussions in the research community”
- Offering the opportunity for the research subject and their nominated representative/family member to meet with the researcher ahead of the actual one to one interview should they wish to do this prior to agreeing to take part in the research (or, noting the extra research time commitment this would involve for the researcher, include a return section with the letter referred to above which would enable the research subject to agree or decline giving reasons for doing so)
- Provide the opportunity for the research subject to be interviewed with a family or nominated representative also present
- Be clear on how the one to one interview would be conducted, in particular that the interview would be recorded to enable detailed analysis of the interview
- Inform research subjects that they have the right to request access to the recordings, transcripts and notes which relate to their individual contribution to the research.
- Inform research subjects that all data will be stored in a secure location in the researcher home office and that the data will be destroyed following completion of the assessment process of the study
- Be clear on the selection criteria for research subjects to ensure that individuals do not volunteer and then have to be turned down for inclusion in the research

Key Questions

Q1. How will I find suitable research subjects?

Response – I aim to source members of the prospective research group through the '50 Plus Forum' within Caerphilly County Borough. Members of the Forum range in age from 50 to 75 plus years.

I aim to source members of the retrospective research group in liaison with the Assistant Director of Social Services in Caerphilly County Borough Council

Q2. How will I ensure confidentiality of the collected data (at the time of the interview, in the write-up, long-term preservation of notes/transcripts)?

Response – I will ensure compliance with the University of Glamorgan data protection requirements. The letter inviting individuals to participate in the research will include a statement on the confidential handling of the data at the time of collecting the data and during the analysis, write up and at the completion of the Doctorate.

Q3. How will I ensure individuals have the opportunity to opt out at the start of the interview?

Response – As part of the pre-ambule and introduction to each interview and, before I start the interview itself or record anything, I will ensure I point out to research participants that they can change their mind and opt out of the interview at any point.

Q4. How will I deal with potentially difficult issues which may emerge during the interview (e.g. evidence of abuse, Protection of Vulnerable Adults issues)?

Response – Noting the involvement of the Assistant Director of Social Services in the sourcing of research participants, I will use this contact to clarify the Protection of Vulnerable Adults procedure I need to follow should I come across such issues. In practical terms, I would stop the actual interview and seek advice from relevant social services colleagues on next steps

Q5. How will I deal with people who become distressed?

Response - I would immediately stop the interview and check if the research subject wishes to withdraw from the research (including my destroying any recorded interview material). I would need to ensure, ahead of all interviews, that I have contact details for a relative or friend of the person being interviewed so that I may seek other support for the person in such circumstances.

Mrs Colleen Bright, Head of Partnership and Network Planning
Aneurin Bevan Health Board
Grange House
Llanfrecfa Grange Hospital
Cwmbran
Gwent
NP44 8YN

VOLUNTEERS NEEDED TO TAKE PART IN A RESEARCH STUDY ON

- **How older people might be supported to plan ahead for their old age**
- **And the choices older people have re their care needs as they age**

Dear Sir/Madam,

My name is Colleen Bright, I am a senior manager working within Aneurin Bevan Health Board and I am currently studying for my Doctorate in Business Administration with the University of Glamorgan. My research study is focusing on the issue of choice available to older people should their care needs increase as they age and, in particular, how older people might be supported to plan ahead for their old age.

I am seeking volunteers who meet the following criteria:

- Aged between 55 and 80 years but who also
- Still live in their own home
- And have a long term health condition for example heart disease, diabetes or respiratory disease.

What would I need from you?

- I would need to interview you (the interview would take up to an hour and a half)
- I will need to record the interview
- You are welcome to bring with you to the interview your husband/wife, a relative or friend should you wish.
- All recorded information from the interview will be treated confidentially **(unless during the course of the interview matters of concern are raised which warrant further advice to be sought)** and only anonymised extracts and summaries of the information will be included in my thesis

What difference do I hope to make with the research?

I hope to be able to:

- Identify what support people need in planning forward for their old age
- Use this information to inform the work of NHS and Local Authority services

If you are interested in taking part in this research study:

- Could you please complete the reply slip at the bottom of this letter and send it to me at the above address (I will reimburse postage costs).
- I will get in touch with you within a couple of days of receiving your details in order to make an appointment for an interview at a mutually agreeable time and place.
- Please also note that, having volunteered to take part, you can decide to drop out at any stage of the study should you change your mind.

Thank you for taking the time to read this letter. If you want to ask me any questions before deciding whether you wish to take part, please do not hesitate to contact me on either the telephone number or email address given below.

Yours Sincerely,

Colleen Bright
 Head of Partnership and Network Planning Aneurin Bevan Health Board
 Email: colleen.bright@wales.nhs.uk
 Telephone: 01633 623870

Reply Slip

I would like to participate in the research study which:

Looks at the issue of choice for older people with increasing care needs and supporting older people in planning ahead for their old age and agree:

- To be interviewed by the researcher, at a mutually convenient time and place
- To the interview being recorded for analysis by the researcher

MY NAME IS:..... MY AGE IS:.....

MY ADDRESS IS:

MY TELEPHONE NUMBER IS:.....

SIGNED:..... DATE:.....

Mrs Colleen Bright, Head of Partnership and Network Planning
Aneurin Bevan Health Board
Grange House
Llanfrecfa Grange Hospital
Cwmbran
Gwent
NP44 8YN

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I am seeking volunteers who meet the following criteria:

- Aged between 65 and 85 years but who also
- Have lived in Sheltered housing accommodation for at least a year
- And have a long term health condition for example heart disease, diabetes or respiratory disease.

What would I need from you?

- I would need to interview you (the interview would take up to an hour)
- I will need to record the interview
- You are welcome to bring with you to the interview your husband/wife, a relative or friend should you wish.
- All recorded information from the interview will be treated confidentially **(unless during the course of the interview matters of concern are raised which warrant further advice to be sought)** and only anonymised extracts and summaries of the information will be included in my thesis

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- To the interview being recorded for analysis by the researcher

MY NAME IS:..... MY AGE IS:.....

MY ADDRESS IS:

MY TELEPHONE NUMBER IS:.....

SIGNED:..... DATE:.....

Basic Biographies of Research Participants

Prospective Group

Basic biographies for the ten Prospective Group research participants, who ranged in age from 57 years to 80 years, are as follows:

Research Participant A1 – 80 year old male. Lives in a ground floor flat with his wife (rented property). There are no family or relatives who can provide them with help, if needed. Long term condition is Chronic Obstructive Pulmonary Disease (COPD).

Research Participant B1 – 68 year old female. Lives in a semi-detached house (owner occupier) with her husband and son. She is retired (did work within Social Services for the Council). Also has a daughter who lives nearby. Is a member of the “Wheezers and Breathers” chronic Obstructive Pulmonary Disease (COPD) self help group. Her long term condition is Chronic Obstructive Pulmonary Disease.

Research Participant C1 – 65 year old female. Lives in a terraced house with her husband (owner occupier). She has not yet retired from her current job. She has children, some of whom live nearby and visit often. Her long term conditions are Osteoarthritis and Osteoporosis.

Research Participant D1 – 73 year old female. Is a widow. Lives alone in a detached bungalow (owner occupier). Her son and daughter-in-law live approximately 8-10 miles away and visit often (they did have plans at one time to sell both their properties and move in to a larger property together but this has not proved to be financially possible). Her long term condition is Osteoporosis.

Research Participant E1 – 71 year old male. Lives in a detached house with his wife (owner occupier). He is retired but works on a voluntary basis for a housing

charity. They have children who live in England. His long term conditions are Atrial Fibrillation and Congestive Cardiac Failure.

Research Participant F1 – 72 year old male. Lives with his wife and son in a semi-detached house (owner occupier). He is retired. Long term condition is Ischaemic Heart Disease (he has had a past MI).

Research Participant G1 – 66 year old male. Lives with his wife in a terraced house (owner occupier). He is retired, having had a previous army career. They have children, all of whom live nearby and visit often. His long term condition is Ischaemic Heart Disease (as a consequence of which he has had both his legs amputated above the knee).

Research Participant H1 – 59 year old female. Lives with her disabled husband in a detached bungalow (owner occupier). They do not have any children but do have one lot of relatives who live in the Borough. Her long term condition is Rheumatoid Arthritis.

Research Participant I1 – 78 year old female. Lives with her husband in a detached house (owner occupier). Her husband is her main carer. She is wheelchair bound due to the effects of her arthritis and her husband has converted some of the downstairs space in to a bedroom for her (they had previously had a stairlift installed but this was no longer suitable for her use given her increasing care needs). The outside space has become an increasing challenge too due to existing steps and an inability to adapt them to a ramp given the sloping ground. They have children but they do not live nearby. Her long term condition is Rheumatoid Arthritis.

Research Participant J1 – 57 year old male. Lives with his wife in a terraced house (owner occupier). They do not have children. He describes himself as quite independent. His long term condition is Chronic Renal Failure.

Retrospective Group

Basic biographies for the twelve Retrospective Group research participants, who ranged in age from 66 years to 84 years, are as follows:

Research Participant A2 (Scheme 1) – 71 year old male. He lives with his wife in a sheltered housing complex. They moved in to the complex due to his deteriorating health and because of issues of accessibility regarding their previous home. His wife is his main carer. His long term condition is Diabetes.

Research Participant B2 (Scheme 2) – 81 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. She has family living nearby, including her children and grandchildren, who she sees often. Her long term conditions are Emphysema (COPD), Atrial Fibrillation and Osteoarthritis.

Research Participant C2 (Scheme 2) – 71 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. While she has a stepdaughter who lives nearby, it is not clear how often she sees family members. Her long term conditions are Asthma, Osteoarthritis and Vertigo.

Research Participant D2 (Scheme 2) – 78 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. She has a very supportive son who lives nearby and who visits often. Her long term conditions are Asthma, Osteoporosis and Emphysema (COPD).

Research Participant E2 (Scheme 3) – 66 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. She moved in to the complex with her husband because they both had deteriorating health problems. Her husband died 2 years ago. She has a daughter who visits often. Her long term conditions are Diabetes, Chronic Renal Failure and Hypertension.

Research Participant F2 (Scheme 3) – 81 year old female. She lives alone in a flat within a sheltered housing complex. Her son and his wife, who live nearby,

are very supportive and visit often. Her long term condition is paralysis as the result of a stroke.

Research Participant G2 (Scheme3) – 77 year old female. She lives alone in a flat within a sheltered housing complex. She previously lived in an Old Age Pensioner designated bungalow within the borough. Her daughter lives within the borough and visits often. Her long term condition is Osteoarthritis and the long term health effects of contracting Rheumatic Fever as a child.

Research Participant H2 (Scheme 3) – 81 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. She has a son but it is not clear if she sees him often. She moved in to the complex following the death of her husband. Her long term condition relates to disabilities caused by a number of past strokes.

Research Participant I2 (Scheme 4) – 84 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. She has a brother, who does not live nearby, as well as nieces, who also do not live nearby. She does see her brother periodically. Her long term conditions are Lymphoedema, as an after effect of breast removal for breast cancer, and Diabetes.

Research Participant J2 (Scheme 4) – 74 year old female. She lives alone in a flat within a sheltered housing complex. She moved in to the complex, having previously retired and initially moved in to a private flat. She was then offered a sheltered housing flat, having been on the Council housing list. Her daughters are very supportive (they do not live nearby). Her long term conditions are Diabetes and Hypertension.

Research Participant K2 (Scheme 4) – 79 year old female. She is a widow and lives alone in a flat within a sheltered housing complex. Her son organised her move to sheltered housing as a result of needing to move from her previous home. Her long term conditions are Crohns Disease and Osteoarthritis.

Research Participant L2 (Scheme 4) – 83 year old female. She lives alone in a flat within a sheltered housing complex. She has no family living nearby. Her long term conditions are Asthma, Ischaemic Heart Disease and Congestive Cardiac Failure

Prospective Research Group Interview Questions

The following questions will be directed at older people aged between 55 – 80 years of age who will represent general members of the population

Questions

Q1 Tell me about where you currently live and who lives here with you?

Q2 How long have you lived here?

Q3 What long term condition do you have and how long have you had this condition?

Q4 Do you think you will be able to continue living in this house if your health deteriorates e.g. you can no longer climb stairs?

Q5 If you needed to move out of where you currently live because of increasing care needs/your deteriorating health, where would you want to move to (looking at both location as well as type of place)?

Q6 Do you know what alternative housing options are open to you? Tell me about them.

Q7 What information do you think would be helpful in enabling you to make informed decisions about your housing needs should your health deteriorate and your housing needs change?

Q8 Have you made any plans for your old age?

Q9 What would make or encourage you to plan forward for your old age?

Retrospective Research Group Interview Questions

The following questions will be directed at those aged 65 – 85 years, currently living in sheltered accommodation, and who have lived in this type of accommodation for a minimum of a year

Questions

Q1 Tell me about where you currently live and who lives here with you?

Q2 How long have you lived here?

Q3 Where did you live before coming to live here and for how long did you live there?

Q4 What long term condition do you have and how long have you had this condition?

Q5 Why did you move in to sheltered accommodation?

Q6 If you had wanted to stay in your previous home, what support and/or information would you have needed to enable this?

Q7 Were you given choices in terms of moving from your original home and were you supported in making your choice?

Q8 What support do you think you would have needed to help you in making your choice about where to live?

Q9 If you were able to go back in time, would you have made any different decisions regarding planning for your old age?

Q10 What information and support would have been helpful to you in planning for your old age?

MATRIX ANALYSIS

Prospective Group

OF DATA

Interviewee	Time in current house	Type of house	Have downstairs bathroom/ toilet	Have thought of adaptations to house	Have made forward plans for old age	What might prompt planning forward for old age	Aware of alternative housing options	Long Term condition
Male with COPD	4 years (lives with wife)	Bungalow	YES	Not applicable	NO	None identified	YES	COPD
Female with COPD	18 years (lives with husband and son)	Semi-detached house (3 floors)	NO	YES downstairs wet room	YES house adaptations	Death of spouse	YES	COPD
Female with arthritis	10 years (lives with husband)	End terrace house (steep steps to outside)	YES	NO	NO	None identified	NO	Arthritis
Female with Osteoporosis	Over 10 years (lives alone)	Detached bungalow	YES	Some adaptation already carried out	YES	Not applicable	YES	Osteoporosis
Female with AF	48 years (lives with wife)	Detached house	YES (toilet only)	NO	NO	Death of spouse/ own deteriorating health	YES	AF
Female with Angina/past MI	Over 10 years (lives with wife and son)	Semi-detached house	NO	YES Stair-lift	NO	Death of spouse/ own deteriorating health	YES	Angina/past MI
Female with IHD	28 years (lives with wife)	End of terrace house	YES (also lift to upstairs facilities)	Some adaptation already carried out	NO	Wife's deteriorating health	YES	IHD
Female with Arthritis	Over 20 years (lives with disabled husband)	Bungalow	YES	Some adaptation already carried out	YES	Husband or own deteriorating health	YES	Arthritis
Female with Rheumatoid Arthritis	52 years	Detached house	NO	Some adaptation already carried out	NO	None identified	YES	Rheumatoid Arthritis
Male with Chronic Renal Failure	19 years	Mid terrace house	YES	Some adaptation already carried out	NO	Own deteriorating health	YES	Chronic Renal Failure

MATRIX ANALYSIS

Retrospective Group

OF DATA

Interviewee	How information on sheltered accommodation Complex was sourced	Reason for moving to sheltered accommodation	Time in sheltered accommodation	Time in previous home	Live on their own?	Would have made changes if had time over again	Long Term Condition
Male (Complex A)	Wife aware of existing Complex	Deteriorating health/previous house no longer suitable	4 years	30 years	NO - lives with wife	YES - would have made adaptations to previous house	Diabetes
Female (Complex B)	Found out through her granddaughter	Deteriorating health/previous house and area no longer suitable	4 years	57 years	YES	NO	COPD/ Arthritis/AF
Female (Complex B)	Through contacting the Council	Lived alone and did not like house she had swapped to	11 years (in 2 Complexes)	20 years	YES	YES - would have stayed in original family home (with adaptations)	Arthritis/ Vertigo/ Asthma
Female (Complex B)	Through son (he organised the move)	Deteriorating health/previous house no longer suitable	8 years	Over 40 years	YES	NO	Osteoporosis/ emphysema/ asthma
Female (Complex C)	Through a local Councillor	Deteriorating health (own and husband's)	7 years	40 years	YES (husband died after moving)	NO	Diabetes/ Renal Failure/ Hypertension
Female (Complex C)	Council sent information on Complex	Deteriorating health and risk to health	4 years	30 years	YES	YES - would have stayed in the Armed Forces	Stroke and after effects – e.g.paralysis
Female (Complex C)	Came across Complex when driving around the area	Disliked neighbourhood she lived in and needed help with daily living	7 years	Over 30 years	YES	NO	Arthritis
Female (Complex C)	Council organised move	Deteriorating health and risk to personal safety	1 year	19 years	YES	YES - would not have purchased a house and had the worry of a mortgage	Stroke and after effects
Female (Complex D)	Visited a friend previously in the Complex	Deteriorating health, loneliness and worried about personal safety	15 years	Over 20 years	YES	NO	Diabetes/ Lymphoedema
Female (Complex D)	Council offered sheltered accommodation (was on re-housing list with the Council)	Personal safety	15 years	8 years	YES	NO	Diabetes/ Hypertension
Female (Complex D)	Through son (he organised the move)	Husband died and family difficulties	4 years	20 years	YES	NO	Crohns Disease/ Asthma
Female (Complex D)	Council offered flat in Complex	Deteriorating health/ accommodation no longer suitable	3 years	52 years	YES	YES - would have moved into sheltered accommodation earlier	Asthma/ Circulatory Problems/ Heart Problem