Examining Key Factors and Influential Actors Involved in the Decision to Relocate into Assisted Living: A Sample Funding Proposal

by

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ABSTRACT

This capstone project presents a conceptually grounded, methodologically appropriate and logistically feasible Canadian Institutes of Health Research (CIHR) funding proposal. By examining key factors and influential actors involved in the decision to relocate into an assisted living facility (ALF), the proposed study will provide insight into and a rich description of the decision making process as it unfolds. Presented in the format of a CIHR pilot study grant, the proposal details a qualitative research plan utilizing pre-move observations and post-move interviews to examine relocation into two public and two private ALFs in Vancouver. A project budget and justification is included along with materials related to the research protocol (informed consent forms, observation guide, interview questions, research timeline, etc). To provide context, preceding the CIHR proposal is a chapter with an extended literature review focused on later life relocation and a chapter on methodology highlighting the salient points of the different methods selected for this study.

Keywords: Assisted Living; Later Life Relocation; Decision Making; Family Influence/Involvement
DEDICATION

With the fondest of memories I dedicate this work to the memory of
Bill Davidson, Ginny Davidson, Jim Wilson and Jean Wilson. I am grateful
to have had such wonderfully inspiring grandparents and am so
appreciative for the relationships I’ve shared, lessons I’ve learned, and
personality traits I’ve inherited from each of you. I chose this education
path in large part because of the experiences I’ve had with each of you,
and will be forever thankful to all of you for inspiring my career. To have
had the privilege of being loved by four grandparents well beyond my
childhood years is something I will forever treasure, and I will carry you all
in my heart always.
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Finally, to Mom, Dad and Aaron: acknowledging you three for your unconditional (and cross-country) love and encouragement doesn’t begin to convey how truly appreciate I am for your presence in my life and your support of all my endeavours. Thank you for who you are and all you do for me. You have my love now and always.
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1: INTRODUCTION

It has been well documented that in general the vast majority of older adults prefer to stay in their own homes into their later years, even in the face of health related challenges. This preference is known as the desire to age in place (Campbell & Novak, 2001; Chappell, Gee, McDonald & Stones, 2003). Aging in place can be facilitated by using environmental home modifications (like grab bars or stair lifts) to compensate for limitations and disabilities (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007). Support from family and friends in the form of informal caregiving is also instrumental in allowing older adults to remain at home, because these caregivers can manage tasks which become difficult to accomplish when one’s health deteriorates. In addition, strategies exist which provide social and instrumental support for challenges related to increased disability that allow one to age in place (Campbell & Novak, 2001; Wellman, 2008). For example, the availability of home care support services helps to fulfill the desire to live at home for as long as possible despite increasing reliance on others. When the wish to remain at home among familiar surroundings cannot be maintained, the preference to age in place can be extended to the decision to live and stay in one’s familiar community for as long as is feasible (Wellman, 2008).

Despite the well-publicised goal of aging in place in, some older adults choose to relocate in their later years. Between 1999 and 2001 an estimated
240,000 Canadians over 65 made a residential move, accounting for 9% of all movers (Lin, 2005). Residential relocation, defined as the movement from one permanent residence to another permanent residence (Pope & Kang, 2010; Stoeckel & Porell, 2010), appears to have become more common among Canadian seniors in the past few years. According to the 2006 census, 20% of Canadians over 65 (800,000 people) moved during the previous five years. What’s interesting about this statistic is that it was recorded when only one Canadian in seven was over 65. As the country ages by 2031 one in four (9 million people) will be over 65, so “even if mobility rates don’t change, this means the movement of 1.8 million seniors (between censuses) across the country or across the street” (Mancer, 2010, p. 33). Within the country seniors’ mobility rates do vary quite significantly: residential mobility is most common in the West (Alberta and British Columbia) and least common in Atlantic provinces. In 2006 Newfoundland reported moves by 12% of older adults, compared to 26% in British Columbia, 20% in Ontario, and 18% in Saskatchewan, Manitoba, and Quebec (Mancer, 2010).

Later life relocation is normally the result of four key lifecourse events: retirement, moderate disability, the loss of a spouse, and or severe disability (Walters, 2002). Retirement “removes the need to reside where jobs are available” (Walters, 2000, p.130) and healthy retirees with sufficient economic resources have the freedom to relocate to desirable locations with pleasing weather and a variety of leisure and recreation opportunities (Waters, 2000).
However, retirement can also necessitate relocation and downsizing due to lower monthly and yearly income (Wiseman & Roseman, 1979).

Relocation due to the onset of moderate disability and or chronic illness is a common reason for moving noted by many authors. As discussed by Litwak and Longino (1987) seniors dealing with chronic illnesses and or moderate disabilities may have trouble living independently because of difficulties with shopping, housekeeping or other routine tasks. Though some in this situation may choose to move in with adult children (Litwak & Longino, 1987) alternative options include relocation to low maintenance housing (moving from a large family home into an apartment in a naturally occurring seniors’ community) or into purpose built age-segregated housing (Mancer, 2010). The decision to proactively relocate due to the possibility of health and functional status change is often made in an attempt to maintain independence, as home symbolizes autonomy for many people (Stoeckel & Porell, 2010). However, migration in response to moderate disability “often reflects dependence rather than independence” when compared to migration of healthy retirees (Walters, 2000, p. 130).

The loss of a spouse is a further reason for leaving one’s home, especially when coupled with moderate disability. Widowhood and increasing disability are both age-related factors that influence the desire and or need to move in search of support and care (Choi, 1996). Whether recent widows are disabled or not, widowhood often influences relocation because of the desire to be closer to adult children for emotional support after the death of a partner (Silverstein, 1995, as
cited by Walters, 2000). Widowhood may also create financial hardships which in turn necessitate a move. Generally this move is viewed by the mover as involuntary, “undertaken not to increase access to amenities or family but merely to survive” (Choi, 1996, p. 326).

Finally, relocation also takes place due to severe disability and generally results in a move into an institutional facility (residential care home). Disabilities and chronic conditions initially decrease one’s ability to perform instrumental activities of daily living or IADLs (not necessary for fundamental functioning but which allow one to live independently) such as housework, shopping, managing money, and cooking. However, when accompanied by the inability to carry out IADLs a senior is unable to perform activities of daily living or ADLs (bathing, grooming, feeding, ambulation, bowel/bladder management) a dependency move into an environment providing long term support and assistance is necessary (Litwak & Longino, 1987; Walters, 2000). This move reflects the need for care and assistance which family and informal caregivers are unable to provide (Tracy & DeYoung, 2004) and can only be found in an institutional setting.

As a result of one or more of these key lifecourse events and in an attempt to find an alternative form of housing which better supports their changing needs some older adults consider a variety of purpose-built seniors’ housing options. An option available to seniors in search of assistance but who still want to be in an environment which supports independence is relocation into an Assisted Living Facility (ALF). ALFs fall in the continuum of seniors housing options in between living independently in one’s home in the community (with or without
home care support) and living in a residential care home receiving complex and long term care (Assisted Living Registrar, 2011; Canadian Centre for Elder Law, 2008). ALFs accommodate those who need assistance with IADLs such as housekeeping, cooking, and laundry but who are able to direct their own care, speak on their own behalf, respond in the event of an emergency, and live semi-independently (Assisted Living Registrar, 2011).

Typically Assisted Living (AL) environments are defined as “a special combination of housing, supportive services, personalized assistance and healthcare designed to respond to the individual needs of those who require help with activities of daily living and instrumental activities of daily living” (Regnier, 2002, p. 3). Support services are available “24 hours a day to meet scheduled and unscheduled needs, in a way that promotes maximum dignity and independence for each resident and involves the resident’s family, neighbours and friends” (Regnier, 2002, p. 3). Generally there are nine key features of ALFs: they appear residential in character; are perceived as small in size; provide residential privacy and completeness; recognize the uniqueness of each resident; foster independence, interdependence and individuality; focus on health maintenance, physical movement and mental stimulation; support family involvement; maintain connections with the surrounding community; and serve the frail (Regnier, 2002).
1.1 Study Significance

Several factors contribute to the popularity of relocation into an AL environment, and most influential is impact of the rapidly aging population. It has been widely documented that the Canadian population is aging at a steady pace: the number of adults over the age of 65 increased by more than 250% between 1961 and 1996 (Davis, 2000), Canadians over 65 numbered 2.4 million in 1981 (9.6% of the total population) and in 2005 seniors accounted for 4.2 million people (13.1% of the population). By 2031 the number of older adults will grow to just over 9 million and one in four will be over 65 (Health Canada, 2002). The changing nature of the Canadian demographic landscape is the result of aging baby boomers born between 1946 and 1964. As discussed by Wister (2005) the first wave of boomers reached their sixtieth birthday in 2006, will begin to turn 65 in 2011 and will reach 75 in 2021. Further, by 2031 the entire cohort will be over 65 and the front group of boomers will be 85 years old or older.

In the context of exploring the decision to relocate to a purpose-built ALF, the increase in the number of people over the age of 75 is particularly influential. In 1995, 1.4 million seniors were 75 or older and 350,000 were over 85. By 2031 those over 75 will increase by 277% to 4 million, and the number of people older than 85 will more than triple to almost 1.1 million (Davis, 2000). As this group ages their living arrangements change. For example, those over 75 are more likely than those 65 to 74 to live in a collective dwelling (which includes health care and related facilities). In fact, in 2006 7.5% of people over 65 lived in collective dwellings compared to 13.5% of people over 75 (CMHC, 2010). In
British Columbia in particular almost 6% of the population over 65 lived in collective dwellings in 2006 and of this group 94.4% lived in a health care facility. This figure jumps to 10.4% of people over 75 living in a collective dwelling, of which 98% reside in health care and related facilities (BC Stats, 2008). Research shows that relocation into an AL environment is need-driven and the search initiated by triggering events like a medical crisis (Castle, 2001). The earliest age at which a move into a more supportive housing environment is made appears to be 75, and thus the move into AL can be linked to the growth in the number of people over the age of 75 (Milke, Beck, Wark & Schalam, 2005).

Not only does the enormous growth in the older adult population over 75 impact the need for specialized housing, but several key social and health trends affecting seniors also strongly contribute to the usefulness of relocating into the supportive AL environment. One immensely significant health trend is the increase in life expectancy for both sexes. As reported by Chappell, McDonald, and Stones (2003) life expectancy rates for men and women have been steadily increasing since 1921. In 1981 at birth men and women were expected to live to 71.9 but twenty years later in 2001 male life expectancy was 77.0 and female was 82.1. Rising life expectancy leads to a greater number of older adults with not only activity limitations, but chronic disabilities as well. Over 50% of adults 74-84 and 75% of those over 85 have trouble with daily activities such as climbing stairs, bathing or meal preparation. Further, disability free life expectancy as a proportion of total life expectancy declines with age, as only one
of the six years of the average life expectancy of those over 85 is expected to be disability free (Davis, 2000).

Influential social trends such as more women in the workforce, smaller families and geographic mobility of adult children lead to the unavailability of informal social support for older adults (Davis, 2000). Since the majority of women are now involved in the labour force and they traditionally take on the main caregiving role for their aging parents (Campbell & Novak, 2001; Chappell, Gee, McDonald & Stones, 2003) this decreases the availability of informal social support. Smaller families and adult children are increasingly more geographically spread out this means fewer children live near aging parents to easily assist them as needed (Davis, 2000). Of additional relevance is the increase in the number of seniors living alone, their desire to remain independent as long as possible, and their desire to continue participating in social and recreational activities (Davis, 2000).

In terms of the need for more supportive housing, the most significant social trend is the well-known desire of seniors to age in place, which has been previously discussed. The wish to remain among familiar surroundings despite changes in health and ability means “growing demands for adaptations to enable aging in place, increasing demands for home maintenance”, increased reliance on support from family and neighbours, and increasing dependence on public and private service providers (Wellman, 2008, p. 2). Major housing policy implications arise as a result of this desire, including the need for more innovative housing options. The necessity of expansion in “housing choices that enable
seniors to stay in the community rather than in long-term care” (Wellman, 2008, p. 5) leads to the likelihood that the range and types of housing options will expand and diversify as the housing industry attempts to respond to continuing demographic and socio-economic changes (Mancer & Holmes, 2004). This is where the emergence of ALFs fits into the spectrum of care and housing options for seniors, as AL provides a homelike environment where independence is encouraged but support is available as needs arise, change and intensify.

1.2 Purpose and Research Questions

The overarching goal and purpose of the proposed study is to contribute to and expand our understanding of the decision to relocate in later life. With this goal in mind, the proposed research has two main objectives: (1) To identify key factors that affect the decision making process of an older adult when relocating from home into an Assisted Living Facility; and (2) To identify key actors and the roles they play in an older adult’s decision making process as it relates to relocation into an Assisted Living Facility.

A qualitative examination of the key actors and reasons behind the decision to move into an assisted living community will provide in-depth insight into and rich description of the decision making process as it unfolds over time. The above mentioned objectives can be explored through the following research questions: (1) What are the factors that influence an older adult’s decision to relocate from home into a Assisted Living Facility? and (2) Who are the key
actors involved and what roles do they play in an older adult’s decision making process as it relates to relocation from home into an Assisted Living Facility?

1.3 Study Design and Research Setting

Qualitative research methods will be utilized in order to provide a description of the influential factors and actors involved in an older adult’s decision to relocate into an ALF. First, observations of participants’ initial visit to an ALF will be conducted to gain an understanding of why the older adult is considering a move. These observations will also be useful in establishing who makes the initial inquiry (child, friend, doctor, or self or the older adult themselves) and what factors are of immediate concern (to necessitate the consideration of a move to an ALF).

Second, in-depth semi-structured interviews will follow the observations. Separate interviews will be conducted with individuals who have recently made the move into an ALF and a family member or friend. Interviews will not only focus on feelings of the older adult about the decision making process involved in the move. Questions will also examine issues related to relocation timing, reason for the move, and whether or not the move is viewed as a proactive or reactive choice. Interviews will also be conducted with the person the older adult mover identifies as most involved in their relocation journey. Family/friend interviews will afford the research team a chance to address differences and distinctions between those simply involved in the process for moral support, key decision influencers, and who the resident sees as the primary decision maker. This will
provide a second perspective on the situation and will illuminate the level of influence other parties have on an older adult’s decision to move.

The proposed research will take place in four assisted living communities in the greater Vancouver area. Two are publicly funded and operated, Honoria Conway by Providence Health Care and Clarendon Court by Vancouver Coastal Health (Baptist Housing, 2010; Providence Health Care, 2010) and two are privately owned and operated, Amica at West Vancouver by Amica Mature Lifestyles Inc. and Sunrise at North Vancouver operated by Sunrise Senior Living (Amica Mature Lifestyles, 2012; Sunrise Senior Living, 2012). Both public and private ALFs were chosen as this provides an excellent opportunity to compare and contrast similarities and differences in relocation experiences across both types of communities. A more detailed description of these study sites is included in chapter 4 (Research Methods).
2: THEORETICAL PERSPECTIVES EXPLAINING LATER LIFE RELOCATION

The decision to leave one’s home and relocate to another residence is the result of life course events such as household formation, marriage, career advancement, nest leaving and retirement (Moen, Dempster-McLain, Erickson, & Boyce, 2003; Walters, 2000). While relocation in the general population occurs most often due to marriage and employment requirements, research indicates the types of residential moves made in late life are substantively different than moves made at earlier ages (Lee, 1980; Meyer & Spear, 1985; Wiseman, 1980). Seniors traditionally relocate due to retirement, moderate disability, the loss of a spouse or severe disability (Walters, 2000) and the likelihood of relocating declines significantly with age (Lawton, 1986).

Publication of gerontological research examining census data and the migration and relocation of older adults began in the early 1980s (Biggar, 1980 & 1984; Flynn et al., 1985; Longino, 1979, Longino & Jackson, 1980, Longino et al., 1984, and Serow, 1978 as cited in Litwak & Longino, 1987). Through this early work it became clear that migration after age 60 is strongly influenced by life course events unique to older adults (Litwak & Longino, 1987) rather than common to movers in all age groups. Though a variety of authors have produced work this topic area research regarding residential relocation of older adults
generally falls under either the push-pull model developed by Wiseman (1980) and the life course model conceptualized by Litwak and Longino (1987). The variations in these two conceptual frameworks will be discussed in further detail, however it is imperative to first acknowledge that most relocation theories are underpinned by the Ecological Model of Aging developed by Lawton and Nahemow (1973).

The work of Lawton and Nahemow helped to conceptualize the fit between older adults and their environments by examining affective and behavioural outcomes resulting from the interaction between personal abilities (competence) and the demands placed on an individual by his or her social and physical environment (press). Competence (measured from high to low) refers to the ability to cope with and successfully manage the demands of the environment. For example, an older adult’s competence can be defined by functional status through the ability to climb stairs, status of vision and or hearing, and physical or mental state. Environmental press or demand can be measured as weak to strong and refers to the challenges and demands in the environment that impact coping ability (such as a home’s physical layout and or barriers, design features like lighting, and proximity to amenities and services) (Lawton, 1982; Lawton, 1986; Lawton & Nahemow, 1973).

A central feature of the Ecological Model of Aging is that "favourable behavioural and affective outcomes are likely to result from a match between personal competence and environmental demand" (Lawton, 1986 p. 63). The positive outcome resulting from a match between competence and press is
referred to as the adaptation level. A mismatch between press and competence can result in poor or negative outcomes and deteriorating competence can “lead to incompatibility between the individual and his or her housing”, which results in health consequences (Pope & Kang, 2010, p. 194).

Because the concept of environmental press is referred to as “the extent to which the environment demands a response from the person” (Lawton, 1986, p. 63), it can therefore be argued seniors decide to relocate as a result of “trying to maximize the fit between his or her own needs and the offerings of the environment” (Lawton, 1986, p. 135). As an example of this theory, arthritis may result in the inability to climb stairs, increase the chance of falling and thus lead to even greater disability. However if an older adult recognizes the demands or press that a two storey house puts on his or her competence, the decision to relocate to an environment better suited to their level of physical ability (i.e. a one floor apartment) will maintain (and perhaps even increase) personal competence.

2.1.1 Push/Pull Frameworks

Push-pull models assert older movers relocate in response to characteristics associated with their current and future residence (Lee, 1980). That is, attractions (pull) of the prospective destination (e.g., climate) act in concert with the negative aspects (push) of the origin (e.g., loss of spouse) and their joint action is mediated by specific barriers and/or facilitating factors such as ties to family and friends (Lee, 1980). These models speak to how the attractions
of potential new living environments (pull) work together with negative aspects of current living situations (push) to help explain why persons move.

One of the earliest studies addressing the need for a conceptual framework to guide theoretical development in the area of elderly migration and decision making was authored by Wiseman and Roseman in 1979. The authors’ goal was to develop a conceptual framework built on aging theories, the migration decision making process and its likely outcomes. Three well established gerontological theories were considered: disengagement, activity and continuity. Disengagement theory promotes the idea that a natural and inevitable mutual withdrawal or disengagement between an older individual and society will take place. Such withdrawal results in decreasing interaction between an aging person and others in the social system he/she belongs to, and as a result an individual reduces the number of roles he or she plays in addition to weakening the intensity of those that remain (Cumming & Henry, 1961). On the other hand, activity theory suggests successful aging is active aging, meaning one can resist the shrinking of their social world by maintaining the activities of middle age for as long as possible and finding substitutes for those that had to be relinquished. It is therefore neither normal nor natural for older people to become isolated and withdrawn (Havighurst, Neugarten & Tobin, 1968). Finally, continuity theory argues older individuals wish to maintain familiar and habitual patterns of living but must be flexible in modifying activity patterns in response to the combination of physical, social and biological age-related changes (Atchley, 1982).
These theoretical approaches, although contradictory, are all relevant to the study of elderly migration. Disengagement theory draws attention to the fact that many older adults experience disruptive life events (loss of a spouse, health decline, retirement leading to lower income) which dictate adjustments in later life such as residential relocation. Seniors well characterized by activity and or continuity theory either search to replicate habitual activities enjoyed in mid life or replace enjoyable activities with suitable substitutions by relocating to settings that enhance and or support participation in these activities (Wiseman & Roseman, 1979).

Wiseman and Roseman also considered the migration decision-making process in their attempt to develop a cohesive conceptual framework. Commonly conceptualized as a “two step process including the decision whether or not to move and the decision where to move” (Wiseman & Roseman, 1979, p. 326) both processes were considered in this early conceptual framework of elderly relocation. The decision to move results often from abrupt changes in career patterns and family structure, and changes in the later period of the life cycle most certainly redefines housing need. Triggering mechanisms (life events which motivate elderly relocation) include children leaving home, retirement, widowhood, and declining health status to the point of independence loss. The decision of where to move is also an important consideration: while some have little control due to the requirement for formal care services in an institutional setting others have complete control and flexibility in choice of destination due to nonexistent employment ties. The work of Wiseman and Roseman (1979)
resulted in a typology of elderly migration which included categories of elderly migrants defined by their circumstances, decision processes and the geographic outcomes of their moves. Local moves were found to take place for reasons of institutionalization, migration (movement to amenity rich areas), return migration (relocation back to place of birth or where one was raised) and kinship migration (moving to be closer to family members).

A key 1980 publication by Wiseman exploring theoretical issues related to why older people move also advanced the development of migration theory. By examining the general conceptualizations of seniors who choose to move three common beliefs emerged: older adult migrants were seen either as moving to luxurious retirement communities, downsizing from a large single family home into a more manageable condominium, or moving into long term care homes when caring for themselves was not longer an option (Wiseman, 1980).

In this work Wiseman conceptualized the moving behaviour of older adults through the creation of a model of “Decision to Move Factors” which included socioeconomic status, tenure status, health decline/need for care, life disruptions (critical events), cost of living reductions, house/neighborhood dissatisfaction, movement of kin and/or friends, social and community participation and amenities. He further developed a common typology of migration motivations which included amenity, assistance and return migration. Amenity migration focused on those looking for a more leisure/recreation orientated way of life, while assistance migration was seen as the need for perceived or anticipated assistance in the future or in response to current health
conditions. Finally, return migration was described as being undertaken as a result of a desire to move to one’s area of birth or back within proximity of family (Wiseman, 1980).

A further expansion of this work and model was completed by Lee in 1980 in his article “Migration of the Aged” where he spoke to a push pull model wherein seniors relocated in response to characteristics associated with their current and future home. Lee’s pull factors were defined as attractions of a future destination (services, amenities, and climate) while push factors were operationalized as reasons for leaving one’s old residence (such as health decline and or death of a spouse). Both were found to be mediated by barriers and or facilitating factors such as proximity of family or friends.

Migration literature broadened the push pull model again with the concepts of anchors and moorings and their relationship to the significance of the decision to relocate. Moorings define factors which relate to attachment to one’s home and or community and must be ‘untied’ for migration to take place, as they emphasize the role of social integration and act as the as the ties which bind people to a place. Anchors represent the opposite, meaning they are conditions and or situations in which one can be pulled and planted in another location for the purpose of establishing stability in a new residence. Anchors (such as club membership, occupational and business skills, and support services) provide stability in life circumstances when one moves from place to place as they can remain constant (Stimson & McRea, 2004; Manicaros & Stimson, 1999).
2.1.2 Life Course Model

The life course model of post retirement migration put forth by Litwak and Longino (1987) is arguably the leading conceptual framework in gerontological research for classifying the types of moves made by older adults (Bradley, 2010; Stoeckel & Porell, 2010). This work lent further support to the studies by Meyer and Spear (1985), Wiseman and Roseman (1979) and Wiseman (1980) which recognized the heterogeneity of late life moves (Bradley, 2010) by suggesting the motivations behind each late life move lie in influential life course events and transitions. Most importantly, Litwak and Longino identified the variety and diversity of later life moves and categorized them into three types: amenity, assistance, and dependency or disability. While this model speaks to the possibility of three late life moves it does not assert all older persons will make all three moves. Rather, it argues there are events which might prompt some seniors to make a move in response to changes which have been similarly experienced by others in comparable circumstances. Some older adults might make one move, others none, and perhaps some will even make all three moves over the course of their lives.

Amenity-based moves take place at or close to retirement and movers in this category are not only generally younger, wealthier, and healthier than other migrants but typically have intact marriages. Retirees who make amenity moves often have considered and planned the move far in advance and have either vacationed in and or visited the new location multiple times (Bradley, 2010; Litwak & Longino, 1987). The reasons behind the relocation decision often are
related to the attractions of various amenities (desirable locations with warmer climates which are supportive of an active lifestyle and have visually pleasing environmental qualities) as well as maintenance of friendship networks (Wiesman, 1980 & Wiseman & Roseman, 1979). For amenity movers the support available in close geographic proximity may only be from friends and neighbours. This is not worrisome, however, as the support needs of healthy amenity-seeking migrants do not usually require the nearness of family/adult children and can be met through phone, car or air travel. While an amenity-based move does not commonly take place so that retirees can be closer to kin, it is incorrect to assume this is not also part of the decision for some (Litwak & Longino, 1987).

Assistance-based moves are undertaken by individuals who have experienced losses such as widowhood, declining health, and financial constraints. The motivation for an assistance move is generally related to the onset of chronic disabilities which make basic household tasks such as shopping, cooking, and cleaning difficult (Litwak & Longino, 1987). These home maintenance tasks are otherwise known as IADLs - Instrumental Activities of Daily Living (Campbell & Novak, 2001). The presence of a spouse provides help and motivation for performing such tasks and therefore the necessity of assistance moves is compounded when widowhood takes place. If seniors live a far distance from their families and kin networks they typically make an assistance move to an area close to adult children who are available to provide support (Litwak & Longino, 1987). Assistance movers may relocate to a senior
specific housing development where support services are provided (Walters, 2000) in the event that adult children are unavailable.

The final type of move identified in this framework is the disability or dependency move. The difference between an assistance move and a dependency move relates to the level of ability of the mover, as disability moves denote excessive frailty (Lovegreen, Kahana & Kahana, 2010). If one is able to operate independently with minimal informal support a dependency move is unnecessary. However, when severe disability necessitates the assistance of full time professional services and support, a move to institutional long term care is required (Litwak & Longino, 1987; Bradley, 2010).

As stated by Walters (2002), this developmental framework is based on the notion that the late life moves made by older adults are the result of preferences which vary according to personal attributes and one’s current stage in the life course. The model’s effectiveness is in its ability to show “how mobility rates vary in response to lifecourse events and how retirees’ personal attributes condition their migration behaviour” (Walters, 2002, p. 244). This model operates under the assumption that older adults seek a compromise between the demands of their environment and their own personal competencies (Lawton & Naemow, 1973).

2.1.3 Relocation from Home into Assisted Living: A Proposed Conceptual Model

Based on the review of theoretical perspectives explaining residential relocation, the following is a proposed conceptual framework informed by the
theories discussed which assists in understanding relocation into AL. It will help to guide the proposed study by detailing the typically expected process associated with relocation from home into AL and the related influential events, factors, people, and outcomes those in this situation may encounter. However, this model merely suggests the likely path of events in the process of relocation from home into AL and in no way proposes it is a linear progression whereby each step is taken in perfect order. Relocation is a complicated event and one which is likely to be impacted by a variety of factors acting in concert with each other. Data gained from observations and interviews will either support or contradict the proposed model and findings will likely lead to modifications or additions to the concepts and or outcomes represented. Considering both public and private ALFs are included as study sites it is quite possible data will lead to the formation of two separate conceptual frameworks (focused respectively on relocation into public versus private ALFs) upon completion of data analysis.

The relationship between a person and their environment can be viewed as an interaction between one’s personal abilities (competence) and the demands (press) placed on them by the physical environment (Lawton & Nahemow, 1973). The mismatch is known as environmental press and can result in someone living in an unsuitable environment (Lawton, 1986). However, a change in environment can restore compatibility between a person and their home, therefore it can be argued that seniors consider relocation from home into an AL as a result of “trying to maximize the fit between his or her own needs and the offerings of the environment” (Lawton, 1986, p. 135) and to restore balance.
This framework depicts an assistance move (Litwak & Longino, 1987) when chronic conditions and or disabilities make it difficult to carry out everyday household tasks and some personal care responsibilities. Consideration of a move from home into AL usually begins with a triggering event or crisis (Wiseman & Roseman, 1979) such as a fall leading to a broken hip, which creates a state of environmental incongruence or press (Lawton & Nahemow, 1973). Push factors, or reasons for leaving one’s current residence are typically personal characteristics like health, marital status, IADL or ADL assistance needs (Chen et al., 2008; Groger & Kinney, 2006; Stimson & McRea, 2004; Walters,
2000; Wiseman, 1980). They act in concert with attractions of the future
destination, or pull factors, which are typically environmental influences like care
philosophy, services and amenities, location, and facility type (Groger & Kinney,
2006; Bekhet et al., 2009; Krout et al., 2002; Pope & Kang, 2010; Tyvimaa &
Kemp, 2011) to instigate the search for a suitable ALF (Castle & Sonon, 2007;
Chen et al., 2008; Erickson et al., 2008).

After the search concludes, a decision must be made whether to say at
home or relocate. It has been demonstrated by numerous researchers that the
search for and the choice of whether or not to move into an ALF can be
undertaken by either by the older adult themselves, with family/friends, or entirely
by family/friends (Knight & Buys, 2003; Dellasega et al., 1995; Hannson et al.,
1990; Moen & Erickson, 2001; Prawitz & Wozniak, 2005). Both the search and
the decision could be influenced by health care professionals, finances, eligibility,
and location (Castle & Sonon, 2007; Groger & Kinney, 2006; Knight & Buys,
2003; Milke et al., 2005; Tracy & DeYoung, 2005).

When the choice is made to move into ALF is made, environmental
incongruence or press is no longer an issue, and balance (or homeostasis) is
restored. When a triggering event leads to consideration of a move into AL but
eventually a decision to remain at home is made, the decision making process
could potentially be re-initiated if another crisis or environmental imbalance
occurs. While this proposed model does not address relocation from a holistic
emotion-based approach similar to Golant’s Theoretical Model of Residential
Normalcy (which helps to explains residential stability and residential moves(}
(Golant, 2011), it does address the possibility that a favourable environmental outcome (that is relocation into a supportive, stable and favourable AL environment) is a possible outcome of the relocation decision making process.
3: LITERATURE REVIEW

There is a wealth of literature from studies conducted primarily in the United States focused on later life relocation. Avenues of investigation typically include identification of types and patterns of late life migration; reasons for relocation; issues related to decision making; involvement of children in their parents’ relocation decisions; investigations into the overall search and selection process; and topics like post-move adjustment and relocation trauma. The following literature review focuses on topics most relevant to the proposed study and presents information regarding reasons for relocation, relocation decision making, and resident versus family involvement in relocation decisions. In addition, because the proposed study examines relocation into an Assisted Living environment a history and definition of AL is included in this literature review along with a discussion focused on issues specific to the AL industry in British Columbia.

3.1 Reasons for Relocation

Upon consulting literature on relocation in later life (to any type of housing development) older adults’ reasons for moving are commonly and consistently categorized into push and pull factors, mimicking the work of Wiseman & Roseman (1979), Wiseman (1979) and Lee (1980). As stated earlier, push factors refer to the reasons for leaving one’s current home (such as failing health, difficulty with maintenance, too much space) while pull factors refer to the
reasons the new residence was considered and selected, such reasons as proximity to current home and availability of services (Chen et al., 2008; Groger & Kinney, 2004; Milke et al., 2005; Tracy & DeYoung, 2005). The following is a brief synthesis of findings regarding push and pull factors from research conducted in the United States and two small Canadian studies.

In investigating reasons for moving into a continuing care retirement community (CCRC), Krout and colleagues (2002) revealed older adults move into such an environment as an anticipatory and proactive step to avoid being pushed out of their home when their own or their spouse’s abilities decline. Key push factors from this study included seeking extended care, release from home maintenance, and the desire to not be a burden to family, while pull factors were availability of medical services on site, living in close proximity to family, and the desire to remain independent (Krout et al., 2002).

Another study exploring push and pull factors related to a move into a CCRC involved qualitative pre-move interviews with seniors planning to move into a yet to be built facility. The authors determined the most common push factor to be the desire to plan while still able to do so, followed by being ready for a change and own or spouse’s failing health. Pull factors identified included previous attachment to the community and the desire to move with friends and neighbours already committed to the project (Groger & Kinney, 2006). Participants in reported they were “far from considering this as their last move” and looking forward to a “new and exciting phase of life” as well as being “devoid
of expressions of anxiety” about their impending move from what had been their family home for decades (Groger & Kinney, 2006, p. 79-80).

In an attempt to understand why older adults move to retirement communities Bekhet and colleagues (2009) conducted qualitative interviews with 104 residents (25% who lived in AL accommodations) and asked “What lead you to come here?” and “What was it like to come live here?”. Pushing factors were classified as those which “push and press residents to move” and included events that coerced, press and repelled participants from their previous residence (Bekhet, Zauszniewski, & Nakhla, 2009, p. 463). Commonly discussed pushing factors included own or spouse’s failing health, getting rid of responsibilities, unavailability of help in previous living environment, closure of previous residence, and loneliness. Pulling factors were defined as those factors which attracted elders to relocate to different facilities and were considered to be therapeutic. Influential pulling factors included location, familiarity with/reputation of the new facility, security, and joining friends. Pulling/attracting factors were found to have a degree of voluntary relocation attached to the concept (Bekhet, Zauszniewski, & Nakhla, 2009).

What is noteworthy about this work is the fact that while the push and pull factors were typical to what is generally uncovered these authors found a third category of overlapping push and pull factors. Some participants verbalized more than idea/reason at a time when questioned about their decision to relocate. This happened when the stated push factor pushed them away from their previous residence due to circumstances, while the pull reason pulled them towards their
choice in new residence. For example, feelings of loneliness acted as a push and the subsequent desire to join friends to combat this loneliness acted as a pull factor (Bekhet, Zauszniewski, & Nakhla, 2009).

One of few Canadian studies conducted on this topic was commissioned by Canada Mortgage and Housing Corporation and dealt with the reasons residents chose to move into a life lease community. Married clients expressed a desire to continue living with their spouse who needed additional services. Unmarried residents reported their interest in the project was because they were offered a suite typically much larger than those found in retirement home setting with available support services and were drawn to the life lease option because they could live by themselves (Milke, 2005). While this information is useful to bolster to the list of pull factors, this project only reported on reasons for moving into the life lease community and did not focus on what pushed the newly relocated residents out of their family home.

Based on years of experience planning, operating and evaluating Canadian seniors’ housing developments, Mancer (2010) identifies eight reasons older adults move: climate, amenities, location of children and family, housing preferences, declining health community size, cost of living, and crime rates. She notes not only do people typically have various reasons for moving, but factors influencing a move can be overlapping. She believes factors influencing a move to a purpose built seniors’ housing community are typically universal across housing type (one level townhouse, condominium, rental apartment, life lease suite, granny flat, etc.) regardless of whether the move is an amenity move to a
sun soaked retirement destination, an assistance move into a supportive housing community that offers hospitality services, or a dependence move into an assisted living community providing both hospitality and health care support. This work is unique in that it represents a Canadian perspective on late life relocation, and is one of few reviews on the topic. However, it lumps reasons for moving into all types of seniors' housing developments together rather than identifying and separating reasons for moving into supportive housing (with hospitality services), assisted living (hospitality and light care support) and residential care (24/7 health care and support services).

These five investigations are useful in that they identify a myriad of push and pull factors. They also help to illustrate that regardless of community type there are clearly identifiable reasons for forgoing the desire to age in place and home and instead choosing an environment with more support available. However, given space parameters this review included only a miniscule fraction of American-based studies conducted on the topic of late life relocation, in addition to the only two Canadian-based investigations uncovered. This clearly supports the need for Canadian investigations into this issue. In addition, the need for research on reasons for relocation based on single facility types (ie life lease only, AL only, long term care only) is quite clear. While exploring relocation into CCRC environments and campus of care models is certainly a useful agenda, lumping push and pull factors influencing the need to move into these communities together does not afford a clear understanding of the differences in moving to a more recreation focused independent living environment, a
supportive housing environment with hospitality services, an AL environment with hospitality services plus a small amount of care support, and into an institutional long term care environment where one needs 24/7 medical support.

3.2 Relocation Decision Making

In their review of housing decisions in later life, Clough and colleagues point out the ways older people make housing decisions are complex and “people may not be able to explain exactly why they make the decision they do” (2004, p. 70). Housing decisions are not necessarily a result of conscious deliberation and rational, objective and analytical thinking. In fact, movers have a tendency to act impulsively or based on intuition and make decisions relying on factors that are essentially emotional (gut feelings, common sense, and hunches). It is with this in mind that the following discussion presents information about late life relocation decision making but in no way posits that all relocation decisions are simple, straightforward, and easily explained.

It must be acknowledged that despite the attractiveness an AL environment to some seniors, there are of course reasons why others would not decided to move into purpose-built seniors' housing. The desire for living in non communal housing and privacy maintenance, exorbitant cost, negative stereotypes associated with 'old folks homes', general lack of awareness and knowledge of the potential housing options, and of course the desire to age in place at home are all reasons AL may be viewed as not appropriate (Krout, Holmes, Erickson, & Wolle, 2003).
According to Krout and colleagues a decade ago there was a deficit in the amount of research examining the decision to relocate into “congregate facilities”, or housing arrangements variously labelled as assisted living, board and care homes, adult homes, continuing care retirement communities, and special low care sections of nursing homes (Krout et al., 2003). Early research assumed older adults don’t decide to move into such environments but are do so as a result either of declining social support, finances, health or a combination of all three. However, researchers began to see that such communities can serve two distinct groups: younger, wealthier and healthier seniors motivated by amenities and older, frailer, more socially isolated, and more dependent seniors in need of more support (Krout et al., 2003). While some seniors move proactively when they are younger, some move reactively in response to a health crisis, and for others relocation is a result of overlapping factors (Pope & Kang, 2010).

A very useful study examining the decision to enter an American ALF conducted by Chen and colleagues (2008) focused on the decision making process older adults undergo when selecting an ALF. In asking recently relocated seniors “How do elderly individuals make the decision to move into an assisted living facility?” researchers put forth a theory of decision making focused on weighing and balancing gains and losses as the core concept of the decision making process. Participants weighed and balanced losses and gains related to the decision to move before, during and after their move, and stayed at their residence if gains outweighed losses and relocated if losses outweighed gains (Chen et al., 2008). Results indicated before the move seniors generally
experienced physical, functional and social cumulative losses and or sentinel events which upset the weighed and balanced scale because they impacted their ability to live independently. Cumulative losses included decreased mobility, decreased ability to manage household tasks, and decreased social interaction. Single events included illness, injury, loss of spouse act and antecedents to the decision to move because the loss associated with each event outweighed gains from the current living situation. When loss outweighed gains participants began to seek an alternative arrangement by planning relocation, exploring options, trying options, discarding options and selecting the alternative (Chen et al., 2008).

During the move decision making was found to take place within the context of owning the decision to relocate. Participants spoke to decision ownership in terms of deciding by themselves, deciding with others, and having the decision made for them. Decision ownership was found to be influenced both by hindering and facilitating value, attitude, knowledge, cost and family proximity factors. After the move participants continued to consider gains and losses related to their decision. When gains and losses were balanced they spoke about overall satisfaction and desire to stay at their new residence, and when things were perceived as imbalanced they spoke to their desire to continue to explore available options. Issues focused on included comparing dependence on family while residing at home versus relative independence in their assisted living environment, loss of privacy versus social opportunities available, and financial drain versus financial savings associated with monthly costs (Chen et al., 2008).
3.3 Resident vs. Family Involvement in Moving Decisions

Research regarding resident and family involvement in relocation decision making is generally conducted in communities where both AL and long term care residents are questioned together. It’s therefore difficult to separate the findings by final choice (AL versus complex continuing care) but typically investigators find residents infrequently involved in the search, selection and decision making process (Castle, 2001; Chen et al., 2008, Knight & Buys, 2003; Tracy & DeYoung, 2004, McAuley & Travis, 1997). This occurs despite the fact that perceived control over the relocation decision has a positive effect on overall adjustment, mortality, morale, health, and life satisfaction (Chapin & Dobbs-Kepper, 2001; Reinardy, 1995). In order to preserve their sense of control, minimize resentment and enhance cooperation inclusion of the older adult in decision making is of utmost importance. Typically when older adults have control over the decision to move and choose an AL environment they make this choice with the intent to be able to age in place and not have to relocate again (Chapin & Dobbs-Kepper, 2001). However, when one becomes either too physically or cognitively frail to make the decision to move, control over where to move is often assumed by the family (Chap & Dobbs-Kepper, 2001).

When a family has a loved one whose capabilities have declined to the point of requiring care, investigations into their involvement in the search, selection and final decision often begin with a review of the complexities and challenges related to involvement in decision making. As argued by Dellasega and colleagues “making decisions with and for an older person is rarely a
straightforward and rational process” (1995, p. 125). Studies suggest the decision making process is a very emotionally charged experience for family caregivers because patterns of family influence in decision making typically follow patterns of caregiving. The family member most involved with organizing, supervising and or providing care most often makes or is heavily involved in the final decision (Knight & Buys, 2003; Hannson et al., 1990).

Caregivers have reported viewing the search, selection and decision making process as being an individual endeavour, even referring to themselves as singular decision makers solely responsible for the placement decision (Dellasega et al., 1995; Knight & Buys, 2003; Prawitz & Wozniak, 2005). In fact, when reflecting on times their loved one and or health care professional was involved family members have reported these contributions as “peripheral or even contradictory” to their own deliberations (Dellasega et al., 1995, p. 129). Interestingly, this finding directly contradicts the work of McAuley and Travis (1997) who examined positions of influence in the selection decision of a long term care home. Families in their study saw health care professionals (mostly physicians) as most influential, and reported evidence of a ‘cluster of influence’ among health care professionals with the physician at the centre, associated care workers (social workers, nurses, etc.) in the next ring with family and the resident on the outside. This contradiction does make sense if we consider a move from AL into a long term care home as being required due to increased medical needs and thus it makes sense a doctor would be most influential.
3.4 Assisted Living Defined

3.4.1 Historical Background

In the late 1980s and early 1990s assisted living emerged as a new housing option for seniors in North America and steadily increased in popularity (Golant, 2001; Golant, 2008; Regnier, 2002). The creation of ALFs was originally based on “a Scandinavian model of residential long-term care” (Golant, 2001, p. 17) and these new communities were viewed not only as a distinctive category of housing for seniors but as an innovative development in the seniors housing and healthcare industries (Mancer, 2010). In its early stages ALFs replaced what were known as personal care homes and intermediate care homes: places where residents needed some support for personal care but not around the clock professional medical services and support (Mancer, 2010). The creation of ALFs was seen as a progressive approach to meet the needs of those with limited abilities, in large part because they were built to provide long term care and support for seniors without utilizing design elements typical in a traditional institutional settings based on a medical model of care (Regnier & Scott, 2001).

ALFs fall in the continuum of seniors housing options in between living independently in one’s home (with or without home support) and living in a residential care home receiving complex care (Assisted Living Registrar, 2011; Canadian Centre for Elder Law, 2008). ALFs accommodate those who need assistance with instrumental activities of daily living (IADLs) such as housekeeping, cooking, and laundry but who are able to direct their own care,
speak on their own behalf, respond in the event of an emergency, and live semi-
independently (Assisted Living Registrar, 2011).

A widely accepted and utilized definition from the Assisted Living
Federation of America describes ALFs as providing “a special combination of
housing, supportive services, personalized assistance and healthcare designed
to respond to the individual needs of those who require help with activities of
daily living (ADL) and instrumental activities of daily living (IADLs)” (Regnier,
2002, p. 3). Support services are available 24 hours a day, to meet scheduled
and unscheduled needs, in a way that promotes maximum dignity and
independence for each resident and involves the resident’s family, neighbours
and friends” (Regnier, 2002, p. 3). Some have suggested the ability to access
unscheduled services “distinguishes AL from services delivered in individual’s
homes” (Chapin & Dobbs-Kepper, 2001, p. 43).

In his use of this definition Regnier (2002) notes this is an admittedly
broad description of AL, but helpfully points out that there are nine key features
of ALFs. Generally they appear residential in character; should be perceived as
small in size; provide residential privacy and completeness; recognize the
uniqueness of each resident; foster independence, interdependence and
individuality; focus on health maintenance, physical movement and mental
stimulation; support family involvement; maintain connections with the
surrounding community; and serve the frail.
3.4.2 Assisted Living in British Columbia

In British Columbia Assisted Living (AL) is a known as a form of semi-independent housing for seniors which combines private units in an apartment-style residence with the provision of hospitality services plus prescribed care support. Regulated under the Community Care and Assisted Living Act (Canadian Centre for Elder Law, 2008), AL residences are defined as “a premises or part of a premises in which housing, hospitality services, and at least one but not more than two prescribed services are provided by or through the operator to three or more adults who are not related by blood or marriage to the operator” (Assisted Living Registrar, 2011).

The guiding philosophy of AL in BC is to provide “housing with supports that enable residents to maintain an optimal level of independence. Services are responsive to residents' preferences, needs and values, and promote maximum dignity, independence and individuality” (Assisted Living Registrar, 2011). AL is intended for persons who are able to make decisions that allow them to live safely in a supportive, semi-independent environment and embraces the concepts of resident choice, privacy, independence, individuality, dignity and respect (Araki, 2004; Assisted Living Registrar, 2011; Karmali, 2006).

Assisted living services in BC include categories of housing, hospitality, support and prescribed services. Housing services refers to accommodations which include a private, lockable apartment or suite furnished with one’s own belongings in a building which features common dining and socializing spaces. Hospitality services include two meals per day (lunch and dinner), weekly
housekeeping, weekly washing of linens (towels and sheets), social and recreational opportunities, and a 24 hour emergency response system (Assisted Living Registrar, 2011; Karmali, 2006).

Support and prescribed services are often combined under the term personal assistance services, and include six areas of assistance: activities of daily living, medication administration and monitoring, maintenance of cash resources or property, monitoring of food intake through therapeutic diets, structured behavioural program, and either psychosocial rehabilitation or intensive physical rehabilitation (Assisted Living Registrar, 2011). The utilization of these services varies in amount from supportive (less intense needs and minimal level of services) to prescribed (maximum support). While the facility operator is allowed to provide support level services in all six areas they are only able to offer services at the prescribed level in two of the six categories. In other words, “a resident can obtain support services in all areas, but more intense (prescribed) service in only two” of the six categories of assistance (Karmali, 2006, p. 9).

Protocols for entering an ALF vary depending on whether the community is privately managed or funded by government subsidies (Canadian Centre for Elder Law, 2008). When moving into a private facility a resident does so by entering into a private contract with the residence. Typically this also involves a medical assessment by the centre’s Director of Care after he/she has received medical information forms completed by the resident’s family physician (Canadian Centre for Elder Law, 2008). However, if a resident is moving into a
publicly funded facility, an interview and assessment is conducted by a case manager who represents the prospective resident’s health authority. Essential for residency is the requirement that a resident is able to make decisions on their own behalf. However, as noted by the Canadian Centre for Elder Law in their discussion paper on past, present and future trends in AL in Canada, in BC an incapable person residing with a spouse who can make decisions on their behalf can also be approved for residency (2008).

Once suitability for the ALF in question is positively determined, the guiding Community Care and Assisted Living Act requires a Personal Services plan be put in place for a new resident. Defined as an agreement between the operator and the occupant, the care plan involves an assessment of the resident’s needs and service requests in addition to identification of risks facing the resident. Perhaps most importantly it requires the creation of a plan for delivery of services specific to the individual and must be acceptable to both the resident and the ALF operator. Serving as a guideline for delivery of support and care services, this plan ensures both parties have clearly defined expectations (Karmali, 2006).

If a resident’s care needs exceed the capability of their residence and or they lose their ability to independently make decisions, it becomes time to prepare for a move into a facility where appropriate services can be provided. Exit planning is initiated either by the operator or case manager (Assisted Living Registrar, 2007) and done in consultation with the resident, a physician or director of care associated with their residence and family support networks (and
a case manager if he/she did not initiate exit planning) (Canadian Centre for Elder Law, 2008). Whichever party initiates the exit plan it remains the responsibility of the operator to “develop an exit plan that sets out the resident’s relocation plans, who is responsible for those arrangements and what additional services will be put in place in the intervening period to ensure the resident’s health and safety is not in jeopardy while awaiting transfer” (Assisted Living Registrar, 2007, p. 8). Operators should assist residents in relocating as quickly as possible within the scope of resources currently available in the community. However, as noted by the Canadian Centre for Elder Law AL in BC “was designed for a much younger and more able population than actually resides within” (2008, p. 22). This means the governing Community Care and Assisted Living Act is very strict in requiring residents exit AL when more than two prescribed services are needed. Immediacy in the need for increased care does not often line up with the availability of residential care home beds, therefore a policy was enacted which allows AL residents to “use increased supports including outside sources of assistance while in a transitional phase from AL to another form of housing more appropriate” to their new care requirements (Canadian Centre for Elder Law, 2008, p. 23).

3.5 Highlights from Literature Review

It is apparent there is a wealth of information on later life relocation, with avenues of investigation including types and patterns of late life migration (Meyer & Spear, 1985; Walters, 2000); reasons for relocation (Groger & Kinney, 2006; Krout et al., 2006); issues related to decision making (Chen et al., 2008;}
Reinardy, 1995; Wiseman & Roseman, 1979); involvement of children in their parents’ relocation decisions (Hansson et al., 1900; Knight & Buys, 2003); investigations into the overall search and selection process (Castle & Sonon, 2007; Prawitz & Wozniak, 2005) and topics like post-move adjustment and relocation trauma (Dellasega, Mastrian, & Weinert, 1995). While this is useful information, it is almost entirely conducted from an American perspective. An investigation into this topic from a Canadian point of view would likely yield unique results helpful to a variety of stakeholders (local and provincial governments, seniors housing operators, researchers, etc.).

If disabilities mount and environmental modifications, social support from family and friends, and instrumental support from home care programs can no longer support the desire to age in place at home, older Canadians do have the option to relocate into either a publicly funded or privately operated ALF. When “optimally operated and designed AL offers a physically attractive setting and a supportive and caring environment” (Golant, 2001, p. 65). ALFs, an option that surfaced in the United States in the late 1980s and grew greatly in the 1990s have now emerged in Canada as an alternative both to attempting to remain at home and being forced to move into a residential care facility. The increasing popularity of AL helps to take some of the burden off Canada’s public health care system by caring for all but the most cognitively and physically impaired older adults (Golant, 2001). By providing housing, hospitality and personal assistance services for seniors able to direct their own care but who need some help with day to day activities (Golant, 2001; Mancer, 2010), ALFs help take the caregiving
burden of family and friends while ensuring older adults are in a safe environment which does not cause them stress or burden.

Research indicates that generally AL residents have made a more proactive choice to relocate (Chen et al, 2008; Walker et al., 2007) when compared to new residents of residential care, who are typically forced to move due to disabling conditions and have little control over the decision (Reinardy, 1995). This is perhaps the best reason to encourage an investigation focused on factors and actors involved in the decision to relocate into AL, as it would be seen as supportive of the proactive moving behaviour of older adults.
4: RESEARCH METHODS

The following is an extended discussion of the methods to be utilized in addressing the research questions (1) What are the reasons behind an older adult’s decision to relocate into a purpose-built assisted living facility? and (2) Who are the key decision influencers involved in this decision making process, and what role do they play in the final decision? This section will specifically address study design, methods for data collection, data analysis approaches, and strategies for communication of study results. This chapter provides a more in depth discussion of the research methods and strategies which are outlined in the sample funding proposal in the final section of this capstone project.

4.1 Study Design

The goal of this research is to provide insight into and description of the decision making process related to relocation into an assisted living community. With this purpose in mind, and because qualitative methods allow investigators to share in the understandings and perceptions of others as well as explore how people structure and give meaning to significant life events (Neutens & Rubinson 2002), the proposed study employs qualitative research design. In addition to being especially useful for the discovery, exploration, and description of new topic areas, qualitative work facilitates the study of issues in depth and detail.
(Neutens & Rubinson, 2001; Patton, 2002). A valuable strength of qualitative inquiry is the ability to collect information without being constrained by predetermined categories of analysis. This contributes to the depth, openness and detail of qualitative inquiry (Patton, 2002).

A qualitative research design provides for an increased understating of the people and situations under study (Patton, 2002) and is therefore “a strong and appropriate means to unravel residents’ decision making experience” (Chen et al., 2008, p. 89). Qualitative methods are commonly used to explore issues related to later life relocation (ie Bekhet et al., 2009; Castle & Sonon, 2007; Chen et al., 2008; Groger & Kinney, 2006; Knight & Buys, 2003; McAuley & Travis, 1997; Moen & Erickson, 2001) and this case they will be employed to discover why seniors chose to relocate into purpose built ALFs and who may have been influential in their decision. In order to address the primary research questions a two phase qualitative design will be utilized involving observations and interviews over a total of four study sites.

First, observations of participants’ initial visit an ALF will be conducted to gain an understating of why the older adult is considering a move. These observations will be useful in establishing who makes the initial inquiry (child, friend, doctor, or the older adult themselves) and what factors are of immediate concern to necessitate the consideration of a move to an ALF. Such tours generally last for 45 minutes to one hour and will be conducted over a two week period per site. At an average of one to two tours per day, ten to 20 visits will be
observed per facility (40-80 total), or until theoretical data saturation is achieved (no newly emerging themes are apparent).

Second, in-depth semi structured interviews will follow the observations and will be conducted with five dyads per study site: an older adult who has recently moved in an AL environment and the person whom they identify as being most involved in their decision. Interviews with 20 dyads (40 participants total) will be sought, but this could be lowered if theoretical saturation is reached. Interviews with the senior mover will focus on their feelings regarding the decision making process that resulted in the move, issues related to relocation timing, reason for the move, and whether they view their move as proactive or reactive decision. They will also help to determine the mover’s support system and the influence of others on their final choice, as questions will be designed to address differences and distinctions between those simply involved in the process for support, key decision influencers, and who the resident believes as having played the role of primary decision maker. To provide another perspective on the same situation, interviews with the mover’s most involved family member or friend will also take place and address many similar questions. In conducting this additional interview it will be interesting to uncover who is identified as the instigator of the search and selection process, the reasons for the move, and who is identified as the primary decision maker (the senior mover or their family). Uncovering multiple perspectives on the same situation allows for further insight into how different parties view a similar event and affords for a more well rounded discussion and presentation of issues and nuances that may emerge.
Examining the beginning stages of the relocation decision making process by observing community tours followed by conducting individual interviews is a very useful approach, as it allows for an understanding of an experience which more and more families will face as their senior members are no longer able to or no longer desire to age in place in their own homes. The temporal component of beginning with observations of participants’ initial visit and concluding by conducting interviews with residents who have chosen to relocate will provide an interesting snapshot of the process as it unfolds over time. Popular and common reasons for contemplating relocation and investigating available options can be identified during the tour, while the key factor(s) which lead to the decision to move can be reflected upon by interview participants and the roles of additional actors in the decision can be discussed.

4.2 Research Setting

The proposed research will take place in four assisted living communities in the greater Vancouver area. Two are publicly funded (Honoria Conway by Providence Health Care and Clarendon Court by Vancouver Coastal Health) and two are privately owned and operated (Amica at West Vancouver by Amica Mature Lifestyles Inc. and Sunrise of Vancouver operated by Sunrise Senior Living). See Table 1 for a brief overview of each study site. Both public and private facilities are included in this research because it provides an excellent opportunity to compare and contrast similarities and differences in residents’ experiences across both types of facilities.
Table 1: Description of Study Sites

<table>
<thead>
<tr>
<th></th>
<th>CLARENDON COURT</th>
<th>HONORIA CONWAY</th>
<th>AMICA WEST VANCouver</th>
<th>SUNRISE OF VANCouver</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING / OWNERSHIP:</td>
<td>Coastal Health (public)</td>
<td>Providence Health (public)</td>
<td>Amica Mature Lifestyles(private)</td>
<td>Sunrise Senior Living (private)</td>
</tr>
<tr>
<td># OF AL SUITES:</td>
<td>56</td>
<td>60</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>SUITE DETAILS:</td>
<td>400-500 sq.ft (1 bedroom)</td>
<td>Avg. 559 sq.ft. (1 bedroom)</td>
<td>300-500 sq.ft. (1 bed + studios)</td>
<td>400-550 sq.ft. (1 bed + studios)</td>
</tr>
<tr>
<td># MEALS PER DAY:</td>
<td>2: lunch and dinner (+ AM/PM snacks and drinks)</td>
<td>2: lunch and dinner (1 cook per floor to make meals)</td>
<td>3: breakfast, lunch, dinner (+ AM/PM snacks/drinks)</td>
<td>3: breakfast, lunch, dinner (+ AM/PM snacks/drinks)</td>
</tr>
<tr>
<td>HOUSEKEEPING:</td>
<td>Weekly light housekeeping + washed linens</td>
<td>Weekly light housekeeping + washed linens</td>
<td>Daily light housekeeping</td>
<td>Daily light housekeeping</td>
</tr>
<tr>
<td>LAUNDRY:</td>
<td>Residents wash own laundry</td>
<td>Residents wash own laundry</td>
<td>Linens/personal laundry washed weekly</td>
<td>Linens/personal laundry washed weekly</td>
</tr>
<tr>
<td>COST:</td>
<td>70% of after tax income</td>
<td>70% of after tax income</td>
<td>Approx. $4,500 - $6,000/month</td>
<td>Approx. $5,000 - $6,000/month</td>
</tr>
</tbody>
</table>

(Amica Mature Lifestyles, 2012; Baptist Housing; 2010; Providence Health Care, 2010; Sunrise Senior Living, 2012).

These four communities are all designated as ALFs according to provincial legislation and operate under the provincial AL philosophy of providing “housing with supports that enable residents to maintain an optimal level of independence” and “promote maximum dignity, independence and individuality” (Assisted Living Registrar, 2011). In keeping with the key features of AL each appears residential in character, small in size, supports resident privacy, recognizes the uniqueness of each resident, fosters independence and individuality, focus on health maintenance, physical movement, and mental stimulation, supports family involvement, maintains community connectedness and serves the frail (Rengier, 2002). In keeping with provincial AL requirements
each community offers housing services (private and lockable apartment in a building with common dining and activity space), hospitality services (two meals/day, housekeeping, laundering of linens, social and recreational opportunities, 24 hour response), and personal assistance services (activities of daily living, medication administration and monitoring, maintenance of cash or property, therapeutic diets, structured behavioural program, and either psychosocial rehabilitation or intensive physical rehabilitation) (Assisted Living Registrar, 2011).

4.3 Data Collection

This study will utilize a two phase approach to data collection, commencing with direct observations of participants’ initial visits to the community for information gathering, to determine suitability, and for a facility tour. The second step will be in-depth interviews conducted with newly relocated residents and the person whom they name as most involved in their move. The observational work will be conducted first because information learned will help to frame questions asked in interviews, will be reviewed in detail followed by a description of the interview process.

4.3.1 Observations

Collecting the richest possible data allows a researcher to grasp the meanings associated with the actions of those being studied (Jorgensen, 1989), which is the primary goal of fieldwork research. Data derived from an
observational approach consists of “detailed descriptions of people’s activities, behaviours, actions, and the full range of interpersonal interactions and organization processes that are part of observable human experience” (Patton, 2002, p. 4). With such advantages in mind, data collection will begin with observations of potential residents’ initial visits to each community, which typically last from 30 minutes to one hour (but average 45 minutes per tour). Tour visitors are in search of information and or clarification about services and programs offered, suite sizes, layouts and exposure, monthly costs, current and future suite availability, application procedures, and eligibility requirements. By observing these visits valuable details related to influential factors impacting the decision to move can be recorded along with interesting insights into the topic of decision influencer versus decision maker. These observations will be conducted over a two week period (Tuesday to Saturday, 11:00am to 2:00pm and 2:30 to 5:30pm) at each study site.

According to Pearce (2007) the typical visitor (or ‘prospect’) is over 80, female (only 10% are men or couples) and needs assistance with one or more IADLs. In addition most prospects live within 10 miles of the community or has family who do. This statistic is corroborated by Mancer (2010) who states that as an “industry rule of thumb 80% of a retirement community’s residents will come from a 10-mile radius” (p. 43). From a marketing and sales perspective, seniors who visit retirement lifestyle communities for a tour generally can be categorized into three groups: those desiring services, those looking for companionship and security, and those seeking access to health care services because their needs
are changing (Pearce, 2007). A commonly held belief among many in the seniors’ housing industry that older adults wait too long to move (Mancer, 2010), and this theory is often proven during the initial visit. As written by Pearce “seniors generally need the services and conveniences that a senior living environment has to offer long before they acknowledge that need” and often a visit is driven by a change in health and or lifestyle which puts the visitor under stress (2007, p. 193).

Accompanying the potential resident on the initial tour is often a family member or ‘decision influencer’, commonly a 45 to 65 year married female who lives and works in the area, has children living at home, in college, or with young families of their own. Typically this woman is “feeling sandwiched between the needs of two generations” but worries about pressuring a parent to make a decision although recognizing the need for a supportive environment often long before the potential resident does (Pearce, 2007, p. 193). Decision influencers are most commonly adult children but may also include extended family (niece, nephew, grandchildren), close friends (if family are either not in the picture or don’t live close by) and medical professionals.

Conducting observational research affords several advantages. It is primarily useful because through observation of and contact with a setting a researcher is “better able to understand and capture the context within which people interact” (Patton, 2002, p. 262) and thus understand the situation in a holistic perspective. In this case by observing participants’ first contact with the ALF their initial reactions, impressions, fears, likes and dislikes can be recorded
as they happen, as opposed to counting on recollection of a past event as would
occur if only interviews were conducted. Secondly, being on site and
experiencing the environment firsthand affords the researcher the chance to be
inductive, open and discovery-oriented by not having to rely on second hand
information or details about how the process in question unfolds. Observational
work is further useful because “the inquirer has the opportunity to see things that
may routinely escape awareness” among those in the setting (Patton, 2002, p.
263). A keen observer has the ability to discover or recognize something which
others may never have paid attention to. In addition, similar to the ability to
recognize what those involved in a social process or routine may not pay
attention to is the ability to learn things which an interview participant may be
unwilling to discuss. In the case of this proposed work the observer may be able
to pick up on family tension as the struggle to ensure Mom or Dad is in a safe
and supportive environment may outweigh the desires of the older adult in
question, or vice versa (when an increasingly frail senior refuses to acknowledge
the reality of his or her situation and the necessity of no longer remaining in their
own home for their own safety).

Conducting field observations also provides an opportunity to “move
beyond the selective perceptions of others” (Patton, 2002, p. 264) and arrive at a
more comprehensive view of the situation. In the case of this proposed study it
could be potentially very helpful to record participants’ stated reasons for
considering relocation and scheduling the tour when asked by the tour guide (ie
“I’m considering what my options are for the future in case I need to move in a
few years” and compare them to the impression or perception of the researcher as to why the participants were at the community (ie the family member accompanying the older adult who is able to make it clear that their loved one’s current situation needs to immediately change, not change in a few years).

Finally, conducting observational fieldwork not only allows a researcher to develop a close relationship with those in the setting because of the firsthand experience but also allows the inquirer to “draw upon personal knowledge during the formal interpretations stage of analysis” (Patton, 2002, p. 264). Introspection and reflection are key pieces of the fieldwork puzzle, and the “impressions and feelings of the observer become part of the data to be used in attempt to understand a setting” and the processes which have unfolded (Patton, 2002, p. 264). In this case because the student researcher is involved in the process as a tour guide and has subsequent contact with all parties involved in the initial observed visit (resident, family, and involved friends) such contact can provide valuable insight into key actors and factors involved in the decision to consider relocation. Such contact may also afford the possibility of some tour guests participating in the interview phase of the project based on the trust built between researcher and participant.

The “fundamental task of the observer is taking field notes ” (Lofland, Snow, Anderson & Lofland, 2006, p. 109), and through the use of field notes detailed descriptions of observed events which take place during tours will be recorded by documenting the context within which the event occurred through insight and interpretation. As field notes concern everything and anything an
observer deems important and worth noting, everything possible will be recorded which will allow readers to feel as though they are personally experiencing the activity (Jorgensen, 1989; Lofland, Snow, Anderson & Lofland, 1998). Field notes must be as descriptive as possible, and will therefore include when and where the observation took place, who was present, what the physical setting was like, what social interactions occurred, and what activities took place.

Key features of interest during this observation work will include who exactly is taking part in the tour (the potential resident with or without their adult child/children, a family friend, family of the potential resident but not the senior themselves, etc.) and the kinds of questions being asked by visitors. Of equal interest will be responses to questions asked by the tour guide and other comments during the visit, non-verbal communication between visitors observed by the researcher, and noteworthy non-occurrences. A recording of the physical and social environment in which the tours are conducted will also take place which will include a description of the physicality of the space and appearance of the tour guests. Perhaps most importantly will be the recording of field notes related to personal reasons for considering relocation, expressed either by the older adult(s) or their family member(s)/friends(s) who have accompanied them on the tour.

These recordings will also contain what people say through as near as possible direct quotations because they offer the “emic perspective” (insider perspective) that is at the heart of ethnographic research (Patton, 2002, p. 303). The “observers own feelings and experiences are part of the data” (Patton, 2002,
p. 304) therefore feelings about and reflections of what has been observed will be included in field notes. Finally, the field notes will also include the researcher’s insights, beginning analyses, interpretations and introductory hypotheses regarding what is being observed and why it appears to be happening (Patton, 2002).

4.3.2 Interviews

Qualitative interviews will form the second phase of data collection in an attempt to further understand influential actors and factor involved in the decision to move into an AL environment. Qualitative interviewing and fieldwork are often classified together as ethnographic research (Warren, 2001) and therefore these interviews will nicely compliment the observations conducted first. Observational fieldwork is often combined with interview data “to fill in biographical meanings of observed interactions” (Warren, 2001, p. 85). These interviews will provide a context in which all participants are free to respond in a manner that most accurately characterizes their points of view about the topic in question (Neuman, 2003).

At its core the purpose of interviewing is to allow a researcher the chance to “enter another person’s perspective” (Neuman, 2003, p. 392) and it begins with the assumption that the “perspective of others is meaningful, knowable, and able to be made explicit” (Patton, 2002, p. 341). Interviews are extraordinary useful because through the use of open ended questions in depth responses can be gathered regarding information which can not be directly observed. Such
information may include insight into participants’ thoughts, feelings, intentions, opinions, and personal experiences (Patton, 2002). To identify and understand the influence of key actors and factors influential in the relocation decision making process interviews will allow participants the chance to reconstruct and reflect on their experiences, thus affording the researcher a chance to better understand the overall process.

Three types of interviews are common in qualitative research: the informal conversational interview, general interview guide approach, and standardized open-ended interview. Informal conversational interviews rely on spontaneous generation of questions in a natural interaction, are common in ongoing participant observation fieldwork. A general interview guide approach involves outlining with the participant a set of topics to be explored during the conversation to ensure all relevant issues are covered through the use of a basic checklist of questions to cover. The standardized open ended interview features a set of carefully worded questions asked in the same sequence in the same words to all participants (Johnson, 2001; Seidman, 2006, Patton, 2002).

These variations in interview styles are in no way mutually exclusive, and it is common for investigators to combine strategies by using a standardized format early in the interview followed by more free and open-ended questioning, or by utilizing a conversational approach early on followed by a standard format with specific questions asked identically to all participants (Patton, 2002). The interviews for this work will utilize a combination strategy, as they will begin with a set of personal and demographic questions (age, health, previous residence,
family composition) and then will be guided by a set of purposeful questions (for which the interviewer will encourage open ended discussion based on participants’ responses).

Interviews will be conducted by two trained undergraduate research assistants and conversations will not commence unless participants sign a consent form. Conversations are expected to last between 45 to 90 minutes and with permission granted from the participant all conversations will be recorded to allow for verbatim transcription and further analysis of emerging common themes.

Techniques for interviewing older adults do require special attention and development (Wenger, 2001) in response to specific considerations. Interviewers should be aware they are speaking with people who, as a result of advanced age are dealing with various sensory, mental, and or physical impairments which could make communication difficult and thus accommodations must be made. However, it is important that when interviewing older adults one does not approach the task with the expectation the group will be homogeneous; interviewing older people “should not be conceived as one size fits all set of procedures, but rather as a form of inquiry that should take into account the diverse subjects older people are known to be” (Warren, 2001, p. 261). While is it of course true that participants in this study will be facing similar circumstances, the events leading up to and affecting the situation that lead to their relocation may vary tremendously and this must be kept in mind.
A challenge related to interviewing people of any age is to make the interview feel like a conversation in which participants take part equally in the conversation. In fact, “it is common for older people, who may be less familiar than other respondents with the concept of the research interview, to expect to exchange information with an interviewer, as they would in ordinary conversation” (Warren, 2001, p. 273). Resistance to self disclosure on the part of the interviewer can lead to feelings of imbalance in the exchange, so there should be giving as well as receiving (reciprocity) to maintain the relationship and conclude with a successful interview. While reciprocity may be the key to a smooth interview, “in cases where the older person is in good health, ending the interview may be difficult” (Warren, 2001, p. 275) and thus another challenge arises. Since an older interviewee may have few opportunities to engage and talk with another person as interested in them as the interviewer, Warren suggests interviewers be prepared to “be generous with their time” as the respondent has been generous with theirs by agreeing to take part (Warren, 2001, p. 276). Such advice will be taken into account during this investigation.

4.4 Sampling and Recruitment

In order to select interview participants the technique of purposive sampling will be used, as the research team has sought out four different settings where the phenomenon under investigation is most likely to occur. Suitable interview participants (those who have relocated within the past three months) will be identified through discussion and partnership with management at each facility and will be approached by the lead researcher with a request to
participate. In addition, flyers advertising the study will be posted in a centre location in each ALF (see Appendix D). Eligible senior interview participants must be over the age of 75, have been living in the ALF between one and three months, able to verbally communicate in English, and sign a consent form. If interested and eligible they must also have someone (friend or family) whom they identify as most involved in their relocation decision and this person (a child, in law, grandchild, neighbour, friend, doctor, etc). must be available to be interviewed and agree to sign a consent form.

In determining what tours should be observed at each study site the logic of criterion sampling, a purposive strategy that studies all cases that meet a predetermined criteria of importance (Patton, 2002), will be applied. Based on the research questions focused on reasons for relocation and the influence of additional actors, the goal will be to observe facility tours in which an older adult has somebody accompanying them. Tours will be followed from beginning to end and should the situation arise when two groups come in for a tour at once the preference will always be to observe the visit with more decision influencers involved.

4.5 Informed Consent

All participants, both in observations and interviews, will be asked to sign an informed consent form which clearly explains the purpose, benefits, and potential risks of this study. For any reason if they become uncomfortable with the direction of the interaction and want to cease participation at any time this will of course be honoured. Informed consent forms are presented as Appendix C.
4.6 Data Analysis

Since theory does not emerge from data “without immersion in and complete familiarity with the data” (Morse & Field, 1995, p. 125), analysis of study data will be an ongoing process occurring both, during, and after data collection. All data collected will be managed by using NVivo10, a software program that supports qualitative research and helps to collect, organized and analyze content from focus groups, interviews, observations, audio and photographs.

Content analysis, or the systematic technique of compressing volumes of data into fewer content categories objectively and systematically (Morse & Field, 1995; Hesse-Biber & Leavy, 2006), will be used to identify, categorize, and label patterns in all data collected as part of this investigation. Key themes, patterns, and concepts will emerge through constant comparison of completed observation guides and field notes and noted similarities and differences will be recorded. If needed, memo writing will be helpful as a way to interpret and reflect on the observation data throughout collection and analysis (Hesse-Biber & Leavy, 2006). A typical method or pattern to follow when conducting content analysis is as follows: choose a topical area to examine, analyze subset of data, generate codes (literal to abstract), re-analyze data and analyze additional data, create memo notes as needed, refine codes then generate meta or overarching codes, analyze additional data, interpret findings, and finally represent and present results (Hesse-Biber & Leavy, 2006).
With respect to information gained through interviews, audio recordings will be transcribed verbatim and resulting transcripts will also be analyzed immediately and throughout the data collection process for emerging themes, patterns, and concepts through content analysis. Then, line by line open coding to expose thoughts, subjects and reflections will first be used to analyze interview transcripts, followed by focused coding to further filter the most relevant themes, commonalities and differences. In addition, reflections gained from observations and interview analysis will be compared across study sites in order to create a picture of parallel or differing opinions, experiences and overall feelings related to the decision to relocate into a public versus a private ALF.

As discussed by Morse and Field (1995), data collection should follow the stages of comprehension, synthesis, theorizing, and contextualizing. This study will employ these data analysis techniques. First, the research team will need to comprehend and understand the data collected and begin preparing it for analysis. Eventually the team will be able to make sense of the setting, learn what is going on and begin to be able to write a complete, detailed and rich description of what is happening. Next, data can be synthesized when the team begins to get a feel for the settings, can describe the norms of each site eloquently and come up with aggregate or common occurrences to make generalized statements about participants and their experiences. The process of theorizing will begin next and this will be considered the sorting phase of data analysis. This is the step where systematic construction of alternative explanations for the data collected and finding the fit that best explains the
information most simply should occur. Lastly, the team will need to recontextualize findings with what is currently known about the topic. The development of new theories gained from data collection and subsequent analysis allows for a new contribution to known literature, and by placing findings in the context of established knowledge it will be possible to either view the study results as being supportive of literature or present new claims and contributions to the field (Morse & Field, 1995).

4.7 Establishing Trustworthiness

Since qualitative research is interested in meaning, subjectivity and interpretation (Patton, 2002) quantitative trustworthiness criteria (internal and external validity, reliability and objectivity) does not fit or apply. However, defined as the researcher’s ability to “persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to” trustworthiness in qualitative inquiry can be established (Lincoln & Guba, 1985, p. 290). Based on the work of Lincoln and Guba (1985) there are four themes that contribute to trustworthiness of qualitative inquiry: truth value, applicability, consistency and neutrality which will be used in this study.

Truth value refers to whether or not the researcher has confidence in and presented the ‘truth’ of the data, whether data represents reality, and if creditability can be attached to the truth of the findings for respondents in the context the research was conducted. This will be achieved through prolonged engagement, persistent observation, and data triangulation (Lincoln & Guba, 1985). When the research team spends an extended amount of time at each
study site they will begin to blend in with the community and their presence will not be viewed as a distraction or disruption. This practice will be especially helpful in conducting tour observations. Persistent observation brings vigor to findings, and thus by conducting 2 week observations over a 5 days/week (Tuesday to Saturday) in two different time slots (11:00am – 2:00pm and 2:30 – 5:30pm) and being in each ALF over a variety of days and times affords the best opportunity to view all types of interaction patterns. Lastly, triangulation of methods of data collection and analysis will also used to foster truth value.

Strategies including peer debriefing and member checking will focus on information exchange sessions with a research peer or even the facility manager or director. Member checking provides immediate feedback on gathered data and will be done with interview participants at the close of the conversation to ensure their feelings have been appropriately interpreted. Data triangulation through multiple collection methods is achieved because the researcher is not only observing typical interaction patterns but is also using in depth interviews to question residents about circumstances and situations observed and not observed.

Applicability relates to the relevance of findings in additional settings as well as to other contexts and individuals (Lincoln & Guba, 1985). It will be supported by the provision of thick descriptions of sampling reasons, data collection and analysis procedures, and assumption identification as needed. Offering descriptions of why decisions were made and details about the process and progress of the study will help readers and potential future researchers to
better understand how the study was conducted and may help them design their own investigation.

Consistency can be maintained if findings can be replicated in same or similar contexts with same or similar respondents. Objective findings demonstrate neutrality not by letting motivations, biases and interests of the inquirer dictate findings, but by allowing subjects and study conditions determine results (Lincoln & Guba, 1985). Dependability will be protected through triangulation and an audit trail. Triangulation methods have already been reviewed, and an audit trail will include the establishment of record keeping throughout data collection and analysis. Field notes, journal entries after observation, observation summaries, interview recordings and transcripts, and memos will all be kept and dated and newly edited versions saved to preserve the integrity of original work and to show progress in the research process. Field notes during observations should not be recorded on a laptop but in a small notebook and expanded on after observations are finished for the day. Journal entries and observation summaries would help to contextualize tour interaction patterns observed and may influence later interviews. Interview recordings allow for repeated listening for similarities or differences in clear themes and codes and memos help to record thoughts about the interview process, difficulties encountered, and emerging themes to explore based on observations.

Objective findings demonstrate neutrality by not letting motivations, biases and interests of the inquirer dictate findings, but by allowing subjects and study conditions determine eventual results (Lincoln & Guba, 1985). Confirmability
strategies in this proposed study are based on the other three trustworthiness themes, and will include the keeping of an audit trail as well as categories of raw data, data reduction and analysis products, memos, instrument development notes, interview guides and observation format templates. Instrument development notes could reference behavior mapping tools (commonly used or specifically created for this study) or interview guides. Neutrality is best achieved when the researcher allows participants to dictate findings, and if these strategies are undertaken clearly showing evolution of the research process there is no room to question whether the researcher or the subjects determined the results.

4.8 Communication of Results and Knowledge Transfer

Organization and distribution of information gathered and lessons learned as a result of this research project will be essential in order to ensure the availability of study results to participating study sites and other stakeholders interested in the topic. To facilitate successful transfer of knowledge gained from this investigation, project findings will be disseminated to management and all involved parties at each of the four study sites. Results will be helpful in assisting both publicly funded and privately run ALFs to better understand the nuances, challenges, considerations and assistance needed for seniors and their families considering a later life move. Marketing strategies and practices may be altered and improved once facility management is informed of study findings, and these changes may allow ALFs to more thoughtfully interact with seniors considering a move from home into an AL environment.
Additionally, findings will be presented at relevant academic conferences, meetings, and other gatherings of those in related fields in order to raise awareness of the issue at hand and to encourage further investigation on relocation into AL in a Canadian context. Given the increasing number of seniors in our population, and the negative impact of elderly bed blockers on the health care system (as they wait to be transferred to a more appropriate care environment) (MacQueen, 2001), understanding relocation into an AL environment may help to persuade those in positions of power to appreciate the value of a homelike and supportive care environment that can take some of the burden of the residential care home system (Golant, 2001).

Study findings will also benefit local health authorities and as such will be provided to this key stakeholder group. Health authorities will then be able to disseminate this information to older adults in the community in a variety of ways. Development of a moving tips toolkit to help ease the transition from home into AL environments would be immensely helpful, as it not only could potentially help address the stigma and negative feelings associated with leaving one’s home but could help to inform the general public about the variety in AL options available to them. Likewise, presentations could be arranged at a variety of community centres and or seniors’ centres for older adults in which information is offered regarding admission processes, eligibility criteria, costs, services, etc. specific to ALFs in the local area. It would be essential and hugely influential to include reflections on the decision making and transition process from study participants, as real life experiences from peers will likely be viewed as a strong
source of information by older adults in a similar situation. Information gained from the investigation into this life transition could also be presented to older adults in places where they are likely to frequent (libraries, doctors offices, hospitals, etc.) in the form of a pamphlet and or brochure to further spread the results of this study.

4.9 Future Directions

Given that this proposed research is limited to the confines of a one year timeline and a $50,000 budget there are several approaches which could be taken to form future investigations into this topic. To begin, additional interviews could be sought with staff at each study site in order to gain another perspective on the relocation process. By speaking with general managers, social workers, case managers, directors of care and or marketing/sales representatives the perspective and goals of the ALF under investigation would be clearly illuminated. In addition, this would afford the research team a chance to uncover the motivations, thoughts, and feelings of another group intimately involved in the relocation decision making process.

Another slight alteration to the proposed research design would be to interview only those residents (and their decision influencer) whose tours were observed. This is longitudinal study design in that one group of participants are followed over an extended period of time. Such an approach would be useful in that the research team can compare data collected from the initial meeting and tour to information gathered from an interview regarding reflections on the process after it has been completed. Observing one group of people as they
work their way through the process would provide less room for speculation as to what factors and motivations are directly connected to and influential towards each participant’s personal situation.

Lastly, an investigation into this topic undertaken in another province would provide useful cross-country comparison data, especially considering our provinces and territories have varying definitions of AL not to mention a variety of services available to AL residents and varying methods of service delivery. Similar to the goal of province to province comparisons would be an investigation into differences and nuances associated with relocation into ALFs which are targeted towards specific cultural groups (Italian, Chinese, South Asian, etc.).
5: CIHR FUNDING PROPOSAL

The following chapter presents a conceptually grounded, methodologically appropriate and logistically feasible Canadian Institutes of Health Research (CIHR) funding proposal. Through pre-move observations and post-move interviews conducted at two public and two private Assisted Living Facilities in greater Vancouver area, the proposed study will highlight key factors and influential actors involved in the decision to relocate into Assisted Living. When single spaced in size 11 Arial font this proposal conforms to CIHR formatting standards as it is thirteen pages long (excluding appendices) and follows the requirements of a CIHR pilot study grant.

5.1 Proposal Summary

5.1.1 Rationale

Despite the highly prevalent goal of older adults to age in place at home (Wellman, 2008) there is a segment of the population who will make a late life move. Though the popular image of late life relocation involves ‘amenity moves’ to retirement destinations focused on recreation and leisure, many older adults make ‘assistance moves’ for either anticipated help in the future or in response to current health conditions (Litwak & Longino, 1987). The Assisted Living (AL) model falls in between living independently in one’s home and residing in a residential care home. AL offers a viable option because it provides a
“combination of housing, supportive services, personalized assistance and healthcare designed to respond to the needs of those who require help with activities of daily living and instrumental activities of daily living” (Regnier, 2002, p. 3). There is scarce research on the decision making process associated with relocation into AL in the Canadian context; thus this study will address that gap by examining this late life transition based on observations of initial visits to an AL community and interviews with newly relocated residents and their families.

5.1.2 Objectives

Based on the rational provided, the following objectives guide the proposed research study: 1) To identify key factors that affect the decision making process of an older adult when relocating from home into an Assisted Living Facility and 2) To identify key actors and the roles they play in an older adult’s decision making process as it relates to relocation into an Assisted Living Facility.

5.1.3 Method

This is a qualitative investigation in which data will be collected at two public and two private Assisted Living Facilities (ALF). To provide in-depth insight into and rich description of the decision making process as it unfolds over time, observations of participants’ initial visits to an ALF will take place first, followed by separate interviews with newly relocated older adults and their most involved friend or family member. Observations of 10-20 participant visits to each ALF (40-80 visits in total) will be conducted to gain an understanding of the reasons
and factors associated with the older adult’s relocation. This will be useful in establishing who makes the initial inquiry (child, friend, and/or the older adult) and what factors necessitate consideration of a move into AL.

Interviews will be conducted with 5 dyads per site (20 dyads in total) comprised of the older adult mover (who has lived in the ALF for no more than 3 months and is over the age of 75) and their most involved friend or family member. Interviews with the older adult movers will focus on their decision making process, timing and reasons for the move, and their perception of the move as a proactive or reactive choice. Interviews with the family members or friends will offer the opportunity to gain another perspective on the process and help identify the roles of decision influencers.

5.1.4 Significance

The findings of this study will a) describe in detail the process of relocation into AL from initial inquiry to move in; b) identify factors influencing the decision to relocate and the roles and influence of the actors involved; and c) explain how an older adult mover reaches the decision to leave her/his home and move into AL. This knowledge will be helpful both to older adults considering relocating into a supportive environment and to family members who want to be involved for the good of their loved one but do not want to be seen as overbearing. Further, facility management and policy makers will be able to better understand the key influencing factors related later life relocation and develop relocation support to make the transition successful.
5.2 Rationale

Little is known about the decision to move from home into AL in the Canadian context. While environmental modifications (e.g. stair lifts, handrails) and strategies to provide social and instrumental support (e.g. home care support services or informal care from family and friends) may assist an older adult to live at home for a longer time, continuing to remain in familiar surroundings is not always feasible. In the event of a health crisis or triggering event which necessitates the need for care and support that cannot be provided at home (Castle & Sonon, 2007; Tracy & DeYoung), the goal to age in place can be extended to the decision to stay in one’s familiar community (Canadian Centre for Elder Law, 2008; Chapin & Dobbs-Kepper, 2001; Wellman, 2008). One way to achieve this goal relocation into a purpose built ALF, a facility with private units in an apartment-style residence providing hospitality services, prescribed care support and medication management. An AL environment is suitable for those able to make decisions allowing them to live safely in a supportive, semi-independent environment embracing privacy, independence, dignity and respect (Araki, 2004; Assisted Living Registrar, 2011).

Research indicates that in general AL residents have made a more proactive choice to relocate (Chen et al, 2008; Walker et al., 2007) when compared to those in residential care, who are typically forced to move due to disabling conditions and have little control over the decision (Reinardy, 1995). This provides strong justification for investigation into the decision to relocate into an ALF. Thus, the overarching goal of this study is to gain an in-depth
understanding of the decision-making process to relocate in later life from home into AL. Specifically, this qualitative investigation will help to provide valuable insight into and a rich description of the decision making process as it unfolds over time by highlighting key factors and significant events influencing relocation, identifying people involved in the process and uncovering the extent of their influence on the final choice. This research will help us: a) describe in detail the process of relocation from home into AL from initial inquiry to move in; b) identify key factors influencing the decision in addition to the roles and influence of other actors involved in an older adult’s decision making process; and c) explain how the a senior mover eventually reaches the decision to leave their home and move into a purpose-built ALF.

5.3 Research Questions
The guiding research questions for this proposed study are as follows:
1) What are the factors that influence an older adult’s decision to relocate from home into a Assisted Living Facility? and 2) Who are the key actors involved (and what roles do they play) in an older adult’s decision making process as it relates to relocation from home into an Assisted Living Facility?

5.4 Topic Background
5.4.1 Population Profile
As baby boomers age the Canadian population of adults over the age of 65 is rapidly expanding, from 4.95 million in 2011 (14.8% of the total population) to an expected 6.7 million in 2021 (Institute of Aging, 2007; Statistics Canada,
Most notably, by 2031 one in four or 9 million people will be 65+ (Davis, 2000). With respect to this research, the rapid increase in the amount of people over the age 75 is particularly significant: by 2031 those over 75 will account for nearly 4 million Canadians, while 1.1 million will be 85 (Davis, 2000).

This change in demographics brings with it certain challenges related to health, independence and housing issues for older adults. For example, the prevalence of chronic conditions is rising: 87% of older Canadians reported one or more chronic conditions in 2001 compared to 95% in 2005. Typically 25% of older adults have disabilities that cause pain, 29% have disabilities that impact agility, and 32% have disabilities that affect mobility (Institute of Aging, 2007). These health concerns often give rise to activity limitations: for example, around 7% require help with activities of daily living (bathing, dressing, eating, ambulation) while 24% need help with instrumental activities of daily living (cooking, cleaning, money management) (Institute of Aging, 2007). Such conditions also put older Canadians at a higher risk for injuries and falls which can limit mobility and independence. These challenges, along with the lack of or incomplete caregiving options in the community, may require older adults to move into supportive seniors’ housing developments.

5.4.2 Later Life Relocation

Between 1999 and 2001, an estimated 240,000 Canadians over 65 made a residential move (Lin, 2005). Interestingly, late life relocation has become more common in recent years: according to 2006 census, 20% of Canadian seniors (800,000 people) moved during the previous five years. This statistic was
recorded when only one in seven was over 65 and as the country ages by 2031 one in four (9 million people) will be 65+, so “even if mobility rates don’t change, this means the movement of 1.8 million seniors (between censuses) across the country or across the street” (Mancer, 2010, p. 33).

Canadians over 75 are more likely than those 65 to 74 to live in a collective dwelling (which includes health care and related facilities). In 2006, 7.5% of people over 65 lived in collective dwellings, compared to 13.5% of people over 75 (CMHC, 2010). In British Columbia in particular, almost 6% of the population over 65 lived in collective dwellings in 2006. This figure jumps to 10.4% of people over 75 living in a collective dwelling, of which 98% are in health care and related facilities (BC Stats, 2008).

Within the country, seniors’ mobility rates vary quite significantly, with moves more common in the West (Alberta and British Columbia) and least common in Atlantic provinces. Newfoundland reported moves by 12% of older adults, compared to 26% in British Columbia, 20% in Ontario, and 18% in Saskatchewan, Manitoba, and Quebec in 2006 (Mancer, 2010). With the high proportion of relocation in BC, this province provides an ideal region to explore residential moves in general and specifically residential relocation of older adults into health care and related facilities.

5.4.3 Assisted Living as an Alternative to Home

Since the late 1980s, AL residences have gained increasing popularity in the context of residential moves in later life (Golant, 2008). The AL model falls in
between living independently in one’s home and residing in a residential care facility, as it is a semi-independent seniors’ housing option based on a social model that promises a package of housing, hospitality, and personal-care services for those who do not need 24/7 nursing care. The goal is to provide these services in a home-like setting that fosters resident independence while maintaining health, safety, and well being (Assisted Living Registrar, 2011; Canadian Centre for Elder Law, 2008; Regnier, 2002; Golant, 2001).

The creation of ALFs was seen as a progressive approach to meet the needs of those with limited abilities, in large part because ALFs were built to provide long term care and support without utilizing design elements typical in a traditional institutional settings based on a medical model of care (Regnier & Scott, 2001). ALFs accommodate those who need assistance with IADLs such as housekeeping, cooking, and laundry and help with some ADLs like bathing, dressing and grooming, but who are able to direct their own care, speak on their own behalf, respond in the event of an emergency, and live semi-independently (Assisted Living Registrar, 2011).

In general, there are nine key features of ALFs: they appear residential in character; are perceived as small in size; provide residential privacy and completeness; recognize the uniqueness of each resident; foster independence, interdependence and individuality; focus on health maintenance, physical movement and mental stimulation; support family involvement; maintain connections with the surrounding community; and serve the frail (Regnier, 2002). The popularity of ALFs helps to take some of the burden off the publicly funded
residential care system by allowing it to care for the most cognitively and physically impaired older adults (Golant, 2001).

5.4.4 Relocation from Home into AL: A Conceptual Framework

The relationship between a person and their environment can be viewed as an interaction between one’s personal abilities (competence) and the demands (press) placed on them by the physical environment (Lawton & Nahemow, 1973). The mismatch is known as environmental press and can result in someone living in an unsuitable environment (Lawton, 1986). However, a change in environment can restore compatibility between a person and their home, therefore it can be argued that seniors consider relocation from home into an AL as a result of “trying to maximize the fit between his or her own needs and the offerings of the environment” (Lawton, 1986, p. 135) and to restore balance.

Typically relocation in later life is explained through two common theoretical frameworks: the push-pull framework and a life course model. Push-pull models assert older movers relocate in response to characteristics associated with their current and future residences (Lee, 1980). Push factors, or reasons for leaving the current residence (i.e. health or loss of spouse) act in collaboration with attractions of the future destination termed pull factors (i.e. climate or availability of care and support) and both can be influenced by barriers or facilitating factors (i.e. family or finances) (Lee, 1980; Wiseman & Roseman, 1979).
The life course model suggests the motives behind each late life move lie in influential life course events and transitions, and that there are three types of moves made in later life: amenity, assistance, and dependency. Amenity moves happen at or close to retirement and movers in this category are generally healthier, wealthier, and younger than other movers in addition to having intact marriages. Retirees making this move favour destinations in warmer climates catering to active living lifestyles. In contrast, assistance moves are made by those who have experienced moderate losses (financial constraints, moderate functional difficulty) and who move near family or friends for limited social support. Lastly, a dependency move occurs when health needs are so great they overpower the ability of friends and family to provide adequate care to the older person, and this necessitates the assistance of full time professional services and support from institutional long term care (Litwak & Longino, 1987; Bradley, 2010).

Based on these theoretical approaches, the following proposed conceptual model helps to guide this study by detailing the typically expected process associated with relocation from home into AL and identifying the related influential events, factors, people, and outcomes those in this situation may encounter. However, this model merely suggests the likely path of events in the process of relocation from home into AL and in no way proposes it is a linear progression whereby each step is taken in perfect order. Relocation is a complicated event and one that is likely to be impacted by a variety of factors acting in concert with each other. Data gained from observations and interviews
will either support or contradict the proposed model and findings will likely lead to modifications or additions to the concepts and or outcomes represented.

Considering both public and private ALFs are included as study sites it is quite possible data will lead to the formation of two separate conceptual frameworks (focused respectively on relocation into public versus private ALFs) upon completion of data analysis.

**Figure 2: Conceptual Framework for Relocation from Home into AL**

This framework depicts an assistance move (Litwak & Longino, 1987) when chronic conditions and or disabilities make it difficult to carry out everyday household tasks and some personal care responsibilities. Consideration of a move from home into AL usually begins with a triggering event or crisis.
(Wiseman & Roseman, 1979) such as a fall leading to a broken hip, which creates a state of environmental incongruence or press (Lawton & Nahemow, 1973). Push factors, or reasons for leaving one’s current residence, are typically personal characteristics like health, marital status, IADL or ADL assistance needs (Chen et al., 2008; Groger & Kinney, 2006; Stimson & McRea, 2004; Walters, 2000; Wiseman, 1980). They act in concert with attractions of the future destination, or pull factors, which are typically environmental influences of the ALFs under consideration like care philosophy, services and amenities, location, and facility type (Groger & Kinney, 2006; Bekhet et al., 2009; Krout et al., 2002; Pope & Kang, 2010; Tyvimaa & Kemp, 2011) to instigate the search for a suitable ALF (Castle & Sonon, 2007; Chen et al., 2008; Erickson et al., 2006). Given the important role that can be played by the use of (and or lack of access to) home care support services in the desire to age in place at home, it is important to recognize home care can be represented in this model as part of ADL/IADL assistance needs in the push factors category.

After the search concludes, a decision must be made whether to stay at home or relocate. It is important to note the search for an ALF and the choice of whether or not to move into an ALF can be undertaken by either the older adult themselves, with family/friends, or entirely by family/friends (Buys & Knight, 2003; Dellasega et al., 1995; Hannson et al., 1990; Moen & Erickson, 2001; Prawitz & Wozniak, 2005;). Both the search and the decision could be influenced by health care professionals, finances, eligibility, and location (Castle & Sonon, 2007; Groger & Kinney, 2006; Milke et al., 2005; Tracy & DeYoung,
When the choice is made to move into AL environmental incongruence or press is no longer an issue, and balance (or homeostasis) is restored. However, when a triggering event leads to consideration of a move into AL but eventually a decision to remain at home is made, the decision making process could potentially be re-initiated if another crisis or environmental imbalance occurs.

5.5 Literature Review on Later Life Relocation

5.5.1 Reasons for Relocation

Reasons for moving in later life are consistently categorized into push and pull factors, thus mimicking the early work of Wiseman and Roseman (1979), Wiseman (1979) and Lee (1980). Push factors refer to the reasons for leaving one’s current home, while pull factors refer to the reasons the new residence was considered and selected (Chen et al., 2008; Groger & Kinney, 2004; Milke et al., 2005; Tracy & DeYoung, 2005). Many US-based studies have explored reasons for relocation and reported on a variety of push and pull factors, but it is imperative to note that no empirical research currently exists examining reasons for moving into an ALF in the Canadian context.

In investigating reasons for moving into a continuing care retirement community (CCRC), Krout and colleagues (2002) revealed older adults move into such an environment as an anticipatory and proactive step to avoid being pushed out of their home when their own or their spouse’s abilities decline. Key push factors from this study included seeking extended care, release from home maintenance, and the desire to not be a burden to family, while pull factors were
availability of medical services on site, living in close proximity to family, and the desire to remain independent (Krout et al., 2002). Most popular pull factors were community attachment and desire to move with friends already committed to the project (Groger & Kinney, 2006). Also, Bekhet and colleagues (2009) identified push factors for AL residents as own or spouse’s failing health, getting rid of responsibilities, unavailability of help in previous living environment, and loneliness. Pull factors included location, familiarity with/reputation of the new facility, security, and joining friends. There can be more than one idea/reason at a time when questioned about the decision to relocate, e.g., feelings of loneliness acted as a push and the subsequent desire to join friends to combat this loneliness acted as a pull factor (Bekhet, Zauszniewski, & Nakhla, 2009). Based on years of experience planning, operating and evaluating Canadian seniors’ housing developments, Mancer (2010) names eight reasons and factors influencing relocation in later life: climate, amenities, location of children and family, housing preferences, declining health community size, cost of living, and crime rates as reason for which older Canadian’s relocate.

5.5.2 Relocation Decision Making

In their review of housing decisions in later life, Clough and colleagues point out “the ways older people make housing decisions are complex and people may not be able to explain exactly why they make the decision they do”(2004, p. 70). Housing decisions may not be as a result of conscious deliberation and rational, objective and analytical thinking. People have a tendency to act impulsively or based on intuition or hunches and make decisions
relying on factors that are essentially emotionally based (Clough et al., 2004). While acting on a gut instinct could potentially be classified as a reason not to relocate into an AL environment, there are proven several reasons a move to AL would not be viewed by some as an appropriate choice. These include the desire to live in non-communal housing and privacy maintenance, cost, negative stereotypes associated with ‘old folks homes’, general lack of awareness and knowledge of the potential housing options, and the desire to age in place (Krout, Holmes, Erickson, & Wolle, 2003). Early research on moves to purpose built housing or congregate facilities assumed older adults didn’t willingly decide to move into such environments, but moved as a result either of declining social support, finances, health or a combination of all three (Krout et al., 2003). However, later research demonstrated some older adults move proactively when they are younger (they are usually wealthy, in relative good health and motivated by amenities) while others moved reactively in response to a health needs and many moved as a result of overlapping factors (Pope & Kang, 2010, Krout et al., 2003).

5.5.3 Resident vs. Family Involvement in Search and Selection

Research regarding resident and family involvement in relocation decision making is almost always conducted in American communities where both AL and long term care residents are questioned together. It’s therefore difficult to separate the findings by final choice (AL versus complex continuing care) but typically investigators find residents infrequently involved in the search, selection and decision making process (Castle & Sonon, 2007; Chen et al., 2008, v,
McAuley & Travis, 1997). This occurs despite the fact that perceived control over the relocation decision has a positive effect on overall adjustment, mortality, morale, health, and life satisfaction (Chapin & Dobbs-Kepper, 2001; Reinardy, 1995). In order to preserve their sense of control, minimize resentment and enhance cooperation inclusion of the older adult in decision making is of utmost importance. Typically when older adults have control over the decision to move and choose an AL environment they make this choice with the intent to be able to age in place and not have to relocate again. However, when one becomes either too physically or cognitively frail to make the decision to move, control over where to move is often assumed by the family (Chap & Dobbs-Kepper, 2001).

According to Dellasega and colleagues, “making decisions with and for an older person is rarely a straightforward and rational process” (1995, p. 125). Studies suggest the decision making process is a very emotionally charged experience for family caregivers because patterns of family influence in decision making typically follow patterns of caregiving. The family member most involved with organizing, supervising and or providing care most often makes or is heavily involved in the final decision (Knight & Buys, 2003; Hannson et al., 1990).

Caregivers have reported viewing the search, selection and decision making process as being an individual endeavour, even referring to themselves as singular decision makers solely responsible for the placement decision (Dellasega et al., 1995; Knight & Buys, 2003; Prawitz & Wozniak, 2005). In fact, when reflecting on times their loved one and or health care professional was involved family members have reported these contributions as “peripheral or
even contradictory” to their own deliberations (Dellasega et al., 1995, p. 129). Interestingly, this finding directly contradicts the work of McAuley and Travis (1997) who examined positions of influence in the selection decision of a long term care home. Families in their study saw health care professionals (mostly physicians) as most influential, and reported evidence of a ‘cluster of influence’ among health care professionals with the physician at the centre, associated care workers (social workers, nurses, etc.) in the next ring with family and the resident on the outside. This contradiction does make sense if we consider a move from AL into a long term care home as being required due to increased medical needs and thus it makes sense a doctor would be most influential. This complex mix of reasons for moving and multiple involved actors in the decision warrants the need to explore relocation of older adults into an AL setting in-depth by looking at both pre and post move details.

5.6 Research Design

This study will employ a two phase qualitative data collection approach (observations and interviews) to gain detailed information on the experience and perceptions of older adults and their family members considering and making a move into an ALF, as well as explore how they structure and give meaning such a significant life event. Qualitative methods are appropriate in this investigation, as they are useful for the discovery, exploration, and description of this under-explored topic area and because qualitative work facilitates the study of issues in depth and detail (Neutens & Rubinson, 2002; Patton, 2002). Additionally,
qualitative methods are been commonly used to explore issues related to later life relocation (i.e. Bekhet et al., 2009; Castle & Sonon, 2007; Chen et al., 2008; Groger & Kinney, 2006; Knight & Buys, 2003; McAuley & Travis, 1997; Moen & Erickson, 2001), therefore this is a suitable and feasible approach to this research. This project will be conducted over a one year period, and a complete research timetable is presented in Appendix G along with a budget outline in Appendix H.

5.7 Data Collection

The two phase approach to data collection will commence with observations of participants’ initial visits to an ALF for information gathering, to determine suitability, and for a facility tour. The second step will include separate interviews with dyads made up of a newly relocated resident and their key decision influencer. The observations will be conducted first because the information learned will help to frame questions in the interviews. A project manager and research assistants will be hired to facilitate data collection at two publicly funded and two privately owned and operated ALFs in the greater Vancouver area. A more detailed description of study sites is provided after a detailed discussion of issues related to data collection.

5.7.1 Phase I - Observations

Observations of participants’ initial visits to study sites during the information gathering and facility tour stage will be conducted prior to the interviews. Collecting the richest possible data allows a researcher to grasp the
meanings associated with the actions of those being studied (Jorgensen, 1989), which is the primary goal of fieldwork research. Data derived from an observational approach consists of "detailed descriptions of people’s behaviours, actions, and the full range of interpersonal interactions and organization processes that are part of observable human experience" (Patton, 2002, p. 4). In observing these visits, valuable details related to influential factors impacting the decision to move can be recorded, along with insights into the topic of decision influencer versus decision maker. Observing community tours provides the perfect opportunity to ascertain reasons involved in the decision to move as well as identify the roles and potential influence of additional actors.

Such visits typically last from 30 minutes to one hour (but average 45 minutes per tour) and preference will be given to tours in which an older adult is accompanied by a friend or family member. A research assistant will shadow the older adult as they enter each facility. Typically, visits begin with a sit down interview and discussion of service availability, fees, eligibility, and facility details by the staff representative. Intermixed with this interview is usually an explanation of reasons for visiting and discussion of their current situation by tour participants. This is followed by a facility tour, and the visit likely will end with another sit down discussion to address unanswered questions and to plan next steps.

A check list and observation guide will be used during these observations and the RA will be responsible for recording such things as a general description of the older adult (age, gender, marital status, appearance, cognitive ability,
health), family dynamics (relationship among tour participants, caregiving responsibilities, non verbal communication patterns, conversation dynamics), and reasons for relocation (issues with current housing, stated push/pull factors, and details on ALF search to date). See Appendix E for an example of the observation guide. Observations will last for two weeks per study site (on four weekdays and one weekend day for a total of 10 days per site). It is assumed one to two tours will occur per day while the research assistant is on site. Therefore, there will potentially be data collected from 10 to 20 tours per study site, for a total of 40 to 80 tours over four ALFs.

5.7.2 Phase II - Interviews

The second phase of data collection will include in-depth interviews both with residents who have newly moved into an ALF and the person they identify as their key decision influencer. Qualitative interviewing and fieldwork are often classified together as ethnographic research (Warren, 2001) and therefore these interviews will nicely compliment the observations conducted first. Since observational fieldwork is often combined with interview data “to fill in biographical meanings of observed interactions” (Warren, 2001, p. 85) these interviews will provide a context in which all participants are free to respond in a manner that most accurately characterizes their points of view regarding the topic at hand (Neuman, 2003).

Conducting interviews is an extraordinary useful approach for this study because through the use of open ended questions in depth responses can be gathered regarding information which cannot be directly observed. Such
information may include insight into participants’ thoughts, feelings, intentions, opinions, and personal experiences (Patton, 2002). To identify and understand the influence of key actors and factors influential in the relocation decision making process interviews will allow participants the chance to reconstruct and reflect on their experiences. This affords the research team a chance to better capture and understand the overall decision making process.

Two research assistants will conduct interviews and will work from separate interview guides for the newly relocated older adult and their decision influencer (presented as Appendix F). The interview guide for the older adult interviews covers two main topic areas -- demographic and personal information and reasons for moving. Personal information such as age, marital status, family relationships, identification of the decision influencer, health status, and previous residence details will be requested to provide a fuller picture of the participant. Issues and questions related to reasons for moving to be covered include identification of why a move was made (significant push and pull factors), who was involved in the search and decision, a description of the decision making process, and identification of the primary decision maker. The interview guide for family member or friend does not include personal characteristics but instead focuses entirely on questions related to the decision to move, such as who initiated the moving discussion, who instigated the search process, why the older adult moved, level of personal involvement in the search and selection process, identification of the primary decision maker, and advice for other families involved in a similar situation.
The resident and decision influencer will be known as a dyad and interviews will be conducted within three months of a move with five dyads per study site. All interviews will be digitally recorded for verbatim transcription. With five dyads per site and 10 participants per ALF, there will be 40 interview participants across the four study sites. The estimated time for each dyad interview is two hours, or approximately 90 minutes for the older adult and 30 minutes for their family member or friend. With 5 dyads and 10 hours of interviews per site, there will be an expected total of 40 hours of interviews to transcribe and code upon completion of data collection.

5.7.3 Sampling and Recruitment

In determining what tours should be observed at each study site, criterion sampling strategy will be used meaning all cases meeting a predetermined criteria of importance will be studied (Patton, 2002). Based on research questions focused on reasons for relocation and the influence of additional actors, the goal will be to observe facility tours in which an older adult has an accompanying family member or friend. Tours will be followed from beginning to end. If two groups come in for a tour at once, preference will be to observe a tour with an older adult accompanied by a family member or friend. Two weeks are proposed to complete these observations at each study site. In the event that recruitment is progressing slower than anticipated the contingency plan for recruitment is using the facility’s waitlist to request participation in study by waitlist members.
The typical visitor to an AL community is over 80, female (an estimated 10% are men or couples) and needs assistance with one or more instrumental activities of daily living (IADLs). Most retirement community residents or their families live within 10 miles of the residence; in fact, an industry rule of thumb is “80% of a retirement community’s residents will come from a 10-mile radius” (Mancer, 2010; p. 43). Generally potential movers can be categorized into three groups: those desiring hospitality services, those looking for companionship and security, and those seeking access to health care services because of changing needs (Pearce, 2007).

Accompanying the potential resident on the initial tour is often a family member or ‘decision influencer’, commonly a 45 to 65 year married female who lives and works in the area with children living at home, in college, or with young families. Typically this woman is “feeling sandwiched between the needs of two generations” but worries about pressuring a parent to make a decision although recognizing the need for a supportive environment often long before the potential resident does (Pearce, 2007, p. 193). Decision influencers are most commonly adult children, but may also include extended family (niece, nephew, grandchildren), close friends (if family are either not in the picture or don’t live close by) and medical professionals (Knight & Buys, 2003; Pearce, 2007).

Purposive sampling will be used to select interview participants in the four AL study sites. Suitable interview participants (who have relocated within the past three months) will be identified through discussion and partnership with management at each facility and will be approached by the lead researcher with
a request to participate. In addition, flyers advertising the study will be posted in a
centre location in each ALF (see Appendix D). Eligible older adult interview
participants must be over the age of 75, have been living in the ALF between one
and three months, able to verbally communicate in English and sign a consent
form. If interested and eligible, they must also have someone whom they identify
as most involved in their relocation decision and this person (a child, in law,
grandchild, neighbour, friend, doctor, etc.) must be available to be interviewed
and agree to sign a consent form.

All participants, both in observations and interviews, will be asked to sign
an informed consent form which clearly explains the purpose, benefits, and
potential risks of this study. For any reason if they become uncomfortable with
the direction of the interaction and want to cease participation at any time this will
of course be honoured. Informed consent forms are presented as Appendix C.

5.8 Research Setting

Data collection will take place in four AL residences in the greater
Vancouver area. Two are publicly funded (that is, BC Housing provided funding
for the construction of the facility) and managed (Honoria Conway at St.
Vincent’s Heather by Providence Health Care and Clarendon Court by
Vancouver Coastal Health) and two are privately owned and operated (Amica at
West Vancouver by Amica Mature Lifestyles Inc. and Sunrise at of Vancouver,
operated by Sunrise Senior Living). Both public and private ALFs were chosen as
study sites because this provides an excellent opportunity to compare and
contrast residents’ relocation experiences across different communities. The following chart summarizes features of each study site, and the subsequent discussion reviews the details of AL in British Columbia and several distinctions between public and private ALFs in the province.

Table 2: Description of Study Sites

<table>
<thead>
<tr>
<th></th>
<th>CLARENDON COURT</th>
<th>HONORIA CONWAY</th>
<th>AMICA WEST VANCOUVER</th>
<th>SUNRISE OF VANCOUVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING / OWNERSHIP:</td>
<td>Coastal Health (public)</td>
<td>Providence Health (public)</td>
<td>Amica Mature Lifestyles (private)</td>
<td>Sunrise Senior Living (private)</td>
</tr>
<tr>
<td># OF AL SUITES:</td>
<td>56</td>
<td>60</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>SUITE DETAILS:</td>
<td>400-500 sq.ft (1 bedroom)</td>
<td>Avg. 559 sq.ft (1 bedroom)</td>
<td>300-500 sq.ft (1 bed + studios)</td>
<td>400-550 sq.ft (1 bed + studios)</td>
</tr>
<tr>
<td># MEALS PER DAY:</td>
<td>2: lunch and dinner (+ AM/PM snacks and drinks)</td>
<td>2: lunch and dinner (1 cook per floor to make meals)</td>
<td>3: breakfast, lunch, dinner (+ AM/PM snacks/drinks)</td>
<td>3: breakfast, lunch, dinner (+ AM/PM snacks/drinks)</td>
</tr>
<tr>
<td>HOUSEKEEPING:</td>
<td>Weekly light housekeeping + washed linens</td>
<td>Weekly light housekeeping + washed linens</td>
<td>Daily light housekeeping</td>
<td>Daily light housekeeping</td>
</tr>
<tr>
<td>LAUNDRY:</td>
<td>Residents wash own laundry</td>
<td>Residents wash own laundry</td>
<td>Linens/personal laundry washed weekly</td>
<td>Linens/personal laundry washed weekly</td>
</tr>
<tr>
<td>COST:</td>
<td>70% of after tax income</td>
<td>70% of after tax income</td>
<td>Approx. $4,500 - $6,000/month</td>
<td>Approx. $5,000 - $6,000/month</td>
</tr>
</tbody>
</table>

(In Amica Mature Lifestyles, 2012; Baptist Housing; 2010; Providence Health Care, 2010; Sunrise Senior Living, 2012).

In British Columbia, AL is a known as a form of semi-independent housing for older adults which combines private units in an apartment-style residence with the provision of hospitality services, meals, and prescribed care support (also known as personal assistance services). The provincial AL philosophy is to provide “housing with supports that enable residents to maintain an optimal level of independence. Services are responsive to residents’ preferences, needs and
values, and promote maximum dignity, independence and individuality” (Assisted Living Registrar, 2011). Regulated under the Community Care and Assisted Living Act (Assisted Living Registrar; Canadian Centre for Elder Law, 2008), the package of services offered is deemed to afford AL residents improved quality of life (Spencer, 2003) but there are currently no studies to support (or refute) this claim. Nevertheless, British Columbia has embraced this housing model as a solution to its long-term care needs (Golant, 2001).

In the mid-1990s, a shift in federal policy accounted for almost $2 billion being cut from federal housing programs and the withdrawing of federal funds to support seniors in their homes (Canadian Centre for Elder Law, 2008). In the late 1990s, “provinces saw the demand for AL options increase and the subsequent rise in the middle option of housing for seniors in both for-profit and not-for-profit AL markets”, in direct response to the “pressing need for alternatives to individual home living and institutional long-term care” (Canadian Centre for Elder Law, 2008, p. 11). In British Columbia BC Housing is the provincial body which oversees and funds AL (Canadian Centre for Elder Law, 2008). Funding and operations can exist within a public-private partnership, whereby private organizations build and manage developments, BC Housing subsidizes rent and regional health authorities fund personal care and some hospitality services. In 2009/2010 AL spending represented “close to 4% of the home and community care budget” (Office of the Ombudsperson, 2012, p. 150). In fact, while in 2004/2005 the province allocated just over $17 million to AL services, by
2010/2011 over $74 million was spent on AL (Office of the Ombudsperson, 2012).

As of March 2011, there were 194 registered ALFs in BC with a total of 6,832 suites (most single occupancy). Of this total 63% were subsidized (4,380 suites) while 37% were private pay (2,452 suites) (Office of the Ombudsperson, 2012). BC residents in publicly funded ALFs typically pay 70% of their after tax income for a suite (Canadian Centre for Elder Law, 2008), and as of March 2010 the average rent payment was $1,224 per month (range of $801 to $3,860). Residents in privately operated ALFs typically pay between $1,500 to $6,000 per month (Office of the Ombudsperson, 2012). A health authority case manager determines eligibility for public AL suites based on whether or not a person is eligible for home care, and able to direct their own care, live independently but requires help with day to day activities, does not behave in a manner that puts others in danger, takes direction in an emergency, and is not managing well at home. Health authorities are not involved in determining eligibility for private ALFs, and each residence has their own acceptable criteria (Vancouver Costal Health, 2012).

5.9 Data Analysis

Since theory does not emerge from data “without immersion in and complete familiarity with the data” (Morse & Field, 1995, p. 125), analysis of study data will be an ongoing process occurring both, during, and after data collection. All data collected will be managed by using NVivo10, a software program which helps to collect, organize and analyze content from focus groups,
interviews, observations, audio and photographs. Key themes, patterns, and concepts will emerge through constant comparison of completed observation guides and field notes and similarities and differences will be recorded. Memos will be written as a method to interpret and reflect on the observation data throughout collection and analysis (Hesse-Biber & Leavy, 2006). The method to be followed when conducting content analysis will be: choose a topical area to examine, analyze subset of data, generate codes (literal to abstract), re-analyze data and analyze additional data, create memo notes as needed, refine codes then generate meta or overarching codes, analyze additional data, interpret findings, and finally represent and present results (Hesse-Biber & Leavy, 2006, p. 290). Content analysis will be utilized both for information collected in observation guides and interview notes.

Audio recordings of interviews will be transcribed verbatim and transcripts will be analyzed immediately and throughout the data collection process for emerging themes, patterns, and concepts through content analysis. Initially, line by line open coding will be used to expose thoughts, subjects and reflections, followed by focused coding to further filter the most relevant themes, commonalities and differences. In addition, reflections gained from observations and interview analysis will be compared across the four study sites in order to identify parallel or differing opinions, experiences and overall feelings related to the decision to relocate into a public versus a private ALF. Protocols and procedures will be set to maintain trustworthiness (reliability/validity) of the data through audit trails (data triangulation), member checks (debriefing with study
participants to ensure information collected is true to their experiences) and peer reviews (information exchange sessions with a research peer).

5.10 Knowledge Transfer and Communication of Results

Organization and distribution of information gathered and lessons learned as a result of this research project will be essential in order to ensure the availability of study results to participating study sites and other stakeholders interested in the topic. To facilitate successful transfer of knowledge gained from this investigation, project findings will be disseminated to management and all involved parties at each of the four study sites. Results will be helpful in assisting both publicly funded and privately run ALFs to better understand the nuances, challenges, considerations and assistance needed for seniors and their families considering a later life move. Marketing strategies and practices may be altered and improved once facility management is informed of study findings, and these changes may allow ALFs to more thoughtfully interact with seniors considering a move from home into an AL environment.

Additionally, findings will be presented at relevant academic conferences, meetings, and other gatherings of those in related fields in order to raise awareness of the issue at hand and to encourage further investigation on relocation into AL in an Canadian context. Given the increasing number of seniors in our population, and the negative impact of elderly bed blockers on the health care system (as they wait to be transferred to a more appropriate care environment) (MacQueen, 2001), understanding relocation into an AL environment may help to persuade those in positions of power to appreciate the
value of a homelike and supportive care environment that can take some of the burden of the residential care home system (Golant, 2001).

Study findings will also benefit local health authorities and as such will be provided to this key stakeholder group. Health authorities will then be able to disseminate this information to older adults in the community in a variety of ways. Development of a moving tips toolkit to help ease the transition from home into AL environments would be immensely helpful, as it not only could potentially help address the stigma and negative feelings associated with leaving one’s home but could help to inform the general public about the variety in AL options available to them. Likewise, presentations could be arranged at a variety of community centres and or seniors’ centres for older adults in which information is offered regarding admission processes, eligibility criteria, costs, services, etc. specific to ALFs in the local area. It would be essential and hugely influential to include reflections on the decision making and transition process from study participants, as real life experiences from peers will likely be viewed as a strong source of information by older adults in a similar situation. Information gained from the investigation into this life transition could also be presented to older adults in places where they are likely to frequent (libraries, doctors offices, hospitals, etc.) in the form of a pamphlet and or brochure to further spread the results of this study.

5.11 Research Significance

Given the preference of older adults to age in place at home combined with activity limitations, chronic health conditions and increasing disabilities that
put them in conflict with their home environment, relocation into an AL environment is a viable option to maintain community ties, ensure safety of older adults as they age, and reduce informal caregiving burden on family and friends. There has been very little research conducted regarding the decision to relocate from home into an AL environment from a Canadian perspective, even though a wealth of US data on the topic exists. Many American investigations focus on relocation into CCRCs and developments where independent living, supportive housing (hospitality services only) and AL services are provided together. Therefore exploration of factors influencing the move into a strictly AL environment and key actors involved in the process from an entirely Canadian point of view is a timely and necessary research agenda.

The study findings will allow us to a) describe in detail the process of relocation into AL from initial inquiry to move in; b) identify factors influencing the decision to relocate and the roles and influence of other actors involved; and c) explain how an older adult mover reaches the decision to leave their home and move into AL. Such knowledge will be helpful to those struggling with the choice of relocating from home into a supportive environment and family members who want to be involved for the good of their loved one but do not want to be seen as overbearing. Further, facility management and policy makers will be able to better understand the emotions attached to later life relocation and take from this work tips to help make the transition successful.
Dear <Manager Name>,

I am a Researcher in the Department of Gerontology at Simon Fraser University and my work examines issues related to seniors housing, with a more specific focus on the topic of relocation. In my current study I am investigating why older adults relocate to Assisted Living (AL) residences and who is influential in this decision. This study includes two publicly funded and two privately run AL communities in the greater Vancouver area, as I want to learn about the experience of relocation in different types of residences. I am writing to request your participation because your community is a suitable study site given your location, services, amenities and care philosophy.

My study involves two phases of qualitative data collection in the form of observations and interviews. I will observe participants’ initial visit to your community (as they tour the facility) and record such things as who is participating in the visit, stated reasons and circumstances for seeking out alternative housing, questions asked by tour participants, and health status of the participant (if mentioned). These observations will take place over a period of two weeks in your community.

To further explore and understand reasons for relocation, the decision making process, influential parties involved in the situation and to record reflections on the final choice made, interviews with residents and the person they identify as their most involved friend or family member will also take place. I intend to speak with 10 participants per community – five residents over the age of 75 who have relocated within the past three months and the five people they identify as their primary caregiver pre-move. Interviews do not have to necessarily be with people who were observed during the initial visit. I will
arrange to conduct these interviews at a time which is most suitable to the participants.

Please be aware that should you choose to grant me permission to collect data in your community my research team will require full access to all your paperwork, especially all information collected regarding each inquirer. Access to your waiting list would also be necessary in the event that participant recruitment is problematic.

I hope you decide to participate in this research study. Your input and support will help us to understand relocation into AL and the complex decision making process involved. Findings from this study will help provide insight into how to make this process more meaningful and informed for both the older person and their family. The findings will also help organizations like yours to understand the complex emotions and issues associated with the decision to relocate and could potentially assist with the integration of residents post move.

Please be aware that should you choose to grant me permission to collect data in your community my research team will require full access to all your paperwork, especially all information collected regarding each inquirer. Access to your waiting list would also be necessary in the event that participant recruitment is problematic.

I would be more than happy to meet with you at your earliest convenience to discuss my research plans and how this work may be able to benefit your organization. For additional information you can reach me by email at [removed] or by phone at (xxx) xxx-xxxx. Thank you very much in advance for your consideration of my request.

Sincerely,

Ashleigh Wilson

Research Associate
Department of Gerontology
Simon Fraser University

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Appendix B: Letters of Support from Participating ALFs

A funding proposal for this research would not be submitted to CHIR without first confirming participation of all four ALFs (two public and two private facilities). If this grant proposal were to be submitted, this appendix would include letters of support written by the General Manager of each ALF granting permission for the proposed research and all it entails (recruitment, observations, interviews, and results dissemination) to be conducted in their community. Each study site would have to grant full access to their facility, including allowing the research team access to data collected regarding parties seeking information, tour participants, and a waiting list.
Appendix C: Informed Consent Forms

Informed Consent by Participants
(Resident Interviews)

Title of Research Study: Examining Influential Factors and Key Actors Involved in the Decision to Relocate into Assisted Living

Investigator Name: Ashleigh Wilson

Investigator Department: Department of Gerontology

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological well-being of research participants. Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at xxxxxxxxxx@sfu.ca or phone at xxxxxx-xxxxxx.

Your signature on this form will signify that you have received a document which describes the procedures, possible risks, and benefits of this research study, that you have received an adequate opportunity to consider the information in the documents describing the study, and that you voluntarily agree to participate in the study.

Having been asked to participate in the research study named above, I certify that I have read the procedures specified in the Study Information Document describing the study. I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described below:

What is the purpose of this study? The goal of this proposed research is to broaden our understanding of the decision to relocate in later life. This will be achieved through two objectives:

1) To identify influential factors affecting the decision making process of an older adult when relocating from home into a purpose-built assisted living facility (ALF).
To identify key actors and the roles they play in the decision making process of an older adult as it relates to relocation into an ALF.

What will you be required to do? You will be required to relate your experience of moving from your home into an ALF during a semi-structured interview (30 to 45 minutes in length). Topics to be covered will include reason for considering moving, influential factors in selecting your final choice, questions regarding who was involved in the decision making process and who you view as the final decision maker. Permission to conduct this study was obtained from management but your participation in this study will in no way jeopardize your residency in any fashion.

What are the risks and benefits of this study? Your participation in this study will in no way jeopardize your residency at <Facility Name> and your responses will be kept completely confidential from management and all other parties associated with <Company Name>. In fact, every effort will be made to protect your identity and personal information and it will not be known by anyone other than the lead researcher. Participating in this study will require a small investment of your time. Interviews may touch on sensitive topics and if you should find the conversation upsetting you may opt of out participating at any time for any reason you see fit. There are no other risks associated with this study.

This study will provide you with a chance to relate your relocation experience and provide insight into a monumental event in many older adult’s lives. By relaying your key reasons for moving and identifying those who were particularly influential in your decision you will provide insight into the decision making process, and information gathered may be used in the future to make this decision and eventual transition easier for other older adults.

Do you have a choice to be in this study? Participation in this research study is on a strictly voluntary basis. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can discontinue at any time for any reasons, or chose not to answer questions asked of you during your involvement. You will not be treated differently if you decide to stop taking part midway through. Should you chose to withdraw after the study ends the investigators may keep the information collected from you and may included it in the study reports.

Statement of confidentiality Data collected through this study will remain completely confidential and your name and contributions you have made will be protected to the extent allowed by law.

Please be aware that by consenting to participate in this study you confirm that any information you encounter will be kept confidential and any person information about other participants will not be revealed to parties outside of this
study, given the research topic you are not expected to disclose any sensitive or potentially distressing information. by signing the consent form you are also granting permission for the interview to be audio taped and subsequently transcribed in full. any personal information that is obtained during this study will be kept confidential to the full extent of the law.

**Inclusion of names of participants in reports of this study** Your confidentiality and anonymity will be strictly adhered to. Knowledge of your or other participant’s identify will not be disclosed, nor will any other identifying information that is provided on research methods (name, home address, etc.). All materials will be maintained in a secure location. any report or publication based on this study will not include the real/full names of participants, their friends and or their family.

**Contact of participants at a future time or use of the data in other studies** The information you contribute to the study may be used in future studies that may be similar and may require future contact with you. do you agree to future contact If so, please initial here: ____________

I understand that I may withdraw my participation at any time. I also understand that I may register any complaint with the researcher named above or the Director of the Office of Research Ethics by contacting:
Dr. Hal Weinberg
Director
Office of Research Ethics
Simon Fraser University
8888 University Drive
Burnaby, BC V5A 1S6

If I have questions about this research study or if I wish to obtain copies of the results of this study, upon its completion I understand I can contact:
Ashleigh Wilson
Research Associate
Department of Gerontology
Simon Fraser University
2800-515 West Hastings Street
Vancouver, BC V6B 5K3
The participant and witness shall fill in this area. Please print legibly.

I understand the risks and contributions of my participation in this study and agree to participate.

<table>
<thead>
<tr>
<th>Participant Name (First and Last):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Contact Information:</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--</td>
</tr>
<tr>
<td>Participant Signature:</td>
<td></td>
</tr>
<tr>
<td>Witness Signature:</td>
<td></td>
</tr>
<tr>
<td>Date (use format MM/DD/YYYY):</td>
<td></td>
</tr>
</tbody>
</table>
Informed Consent by Participants
(Family Interviews)

Title of Research Study: Examining Influential Factors and Key Actors Involved in the Decision to Relocate into Assisted Living

Investigator Name: Ashleigh Wilson

Investigator Department: Department of Gerontology

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological well-being of research participants.

Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at xxxxxxx@sfu.ca or phone at xxx-xxxx.

Your signature on this form will signify that you have received a document which describes the procedures, possible risks, and benefits of this research study, that you have received an adequate opportunity to consider the information in the documents describing the study, and that you voluntarily agree to participate in the study.

Having been asked to participate in the research study named above, I certify that I have read the procedures specified in the Study Information Document describing the study. I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described below:

What is the purpose of this study? The goal of this proposed research is to broaden our understanding of the decision to relocate in later life. This will be achieved through two objectives:
(1) To identify influential factors affecting the decision making process of an older adult when relocating from home into a purpose-built assisted living facility (ALF).
(2) To identify key actors and the roles they play in the decision making process of an older adult as it relates to relocation into an ALF.
What will you be required to do? You will be required to relate your experience of being involved in your loved one’s decision to move from their home into an Assisted Living Facility during a semi-structured interview (30 to 45 minutes in length). Interview questions will focus on who initiated the moving discussion, who instigated the search process, why the older adult moved, level of personal involvement in the search and selection process, identification of the primary decision maker, and advice for other families involved in a similar situation. Permission to conduct this study was obtained from management but your loved one’s participation in this study will in no way jeopardize their residency in any fashion.

What are the risks and benefits of this study? Your participation in this study will in no way jeopardize your loved one’s residency at <Facility Name> and your responses will be kept completely confidential from management and all other parties associated with <Company Name>. In fact, every effort will be made to protect your identity and personal information and it will not be known by anyone other than the lead researcher. Participating in this study will require a small investment of your time. Interviews may touch on sensitive topics and if you should find the conversation upsetting you may opt of out participating at any time for any reason you see fit. There are no other risks associated with this study.

This study will provide you with a chance to relate your experience being involved in an older adult’s decision to move from home into A, a monumental event in many older adult's lives. By relaying the key reasons involved in and influencing the move you will provide insight into the decision making process, and information gathered may be used in the future to make this decision and eventual transition easier for other older adults and their families.

Do you have a choice to be in this study? Participation in this research study is on a strictly voluntary basis. Your loved one will not lose any benefits or rights associated with their residency in <Community Name> if you choose not to participate. You can discontinue at any time for any reasons, or chose not to answer questions asked of you during your interview. Should you chose to withdraw after the study ends the investigators may keep the information collected from you and may included it in the study reports.

Statement of confidentiality Data collected through this study will remain completely confidential and your name and contributions you have made will be protected to the extent allowed by law. Please be aware that by consenting to participate in this study you confirm that any information you give will be kept confidential and any person information about other participants will not be revealed to parties outside of this study. Given the research topic you are not expected to disclose any sensitive or potentially distressing information. by signing the consent form you are also granting permission for the interview to be
audio taped and subsequently transcribed in full. Any personal information obtained will be kept confidential to the full extent of the law.

**Inclusion of names of participants in reports of this study**  
Your confidentiality and anonymity will be strictly adhered to. Knowledge of your or other participant’s identify will not be disclosed, nor will any other identifying information that is provided on research methods (name, home address, etc.). All materials will be maintained in a secure location. any report or publication based on this study will not include the real/full names of participants, their friends and or their family.

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Ashleigh Wilson  
Research Associate, Department of Gerontology  
Simon Fraser University  
2800-515 West Hastings Street  
Vancouver, BC V6B 5K3
The participant and witness shall fill in this area. Please print legibly.

I understand the risks and contributions of my participation in this study and agree to participate.

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</table>
Informed Consent by Participants

(Tour Observations)

Title of Research Study: Examining Influential Factors and Key Actors Involved in the Decision to Relocate into Assisted Living

Investigator Name: Ashleigh Wilson

Investigator Department: Department of Gerontology

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological well-being of research participants. Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at xxxxxxxxx@sfu.ca or phone at (xxx) xxx-xxxx.

Your signature on this form will signify that you have received a document which describes the procedures, possible risks, and benefits of this research study, that you have received an adequate opportunity to consider the information in the documents describing the study, and that you voluntarily agree to participate in the study.

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What is the purpose of this study? The goal of this proposed research is to broaden our understanding of the decision to relocate in later life. This will be achieved through two objectives:

1. To identify influential factors affecting the decision making process of an older adult when relocating from home into a purpose-built assisted living facility (ALF).
2. To identify key actors and the roles they play in the decision making process of an older adult as it relates to relocation into an ALF.
What will you be required to do? A trained research assistant (RA) will observe your tour of <Community Name> but will not interact with you in any way. The RA will observe your visit from beginning to end and at no point will interrupt it to ask questions, make remarks, or participate in any discussions you may have with the staff person leading the tour. Permission to conduct this study and these observations has been obtained from management, and participation in this study will in no way jeopardize you or your loved one’s potential residency at <Community Name>.

What are the risks and benefits of this study? Your participation in this study will in no way jeopardize you or your loved one’s potential residency at <Facility Name> and your responses will be kept completely confidential from management and all other parties associated with <Company Name>. In fact, every effort will be made to protect your identity and personal information and it will not be known by anyone other than the lead researcher. Participating in this study will require a small investment of your time, and should you feel uncomfortable with another party being privy to the discussions you have with the facility staff you may opt out of participating at any time. There are no other risks associated with this study.

In agreeing to take part in these observations you will afford the research team the opportunity to gather data regarding common reasons for considering a move into an AL environment as well as identify the roles and level of influence of parties other than the older adult who will be making the move. This insight into the decision making process and information gathered throughout this study may be used in the future to provide information about the benefits of relocating from home into an ALF and help to make this difficult transition easier for older adults and their families.

Do you have a choice to be in this study? Participation in this research study is on a strictly voluntary basis. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can discontinue at any time for any reasons, or chose not to answer questions asked of you during your involvement. You will not be treated differently if you decide to stop taking part midway through. Should you chose to withdraw after the study ends the investigators may keep the information collected from you and may included it in the study reports.

Statement of confidentiality Data collected through this study will remain completely confidential and your name and contributions you have made will be protected to the extent allowed by law. Please be aware that by consenting to participate in this study you confirm that any information you encounter will be kept confidential and any person information about other participants will not be revealed to parties outside of this study. given the research topic you are not expected to disclose any sensitive or potentially distressing information. by signing the consent form you are also granting permission for the interview to be
audio taped and subsequently transcribed in full. any personal information that is obtained during this study will be kept confidential to the full extent of the law.

**Inclusion of names of participants in reports of this study** Your confidentiality and anonymity will be strictly adhered to. Knowledge of your or other participant’s identity will not be disclosed, nor will any other identifying information that is provided on research methods (name, home address, etc.). All materials will be maintained in a secure location. any report or publication based on this study will not include the real/full names of participants, their friends and or their family.

**Contact of participants at a future time or use of the data in other studies** The information you contribute to the study may be used in future studies that may be similar and may require future contact with you. do you agree to future contact If so, please initial here: ____________

I understand that I may withdraw my participation at any time. I also understand that I may register any complaint with the researcher named above or the Director of the Office of Research Ethics by contacting:

Dr. Hal Weinberg
Director,
Office of Research Ethics
Simon Fraser University
8888 University Drive
Burnaby, BC V5A 1S6

If I have questions about this research study or if I wish to obtain copies of the results of this study, upon its completion I understand I can contact:

Ashleigh Wilson
Research Associate
Department of Gerontology
Simon Fraser University
2800-515 West Hastings Street
Vancouver, BC V6B 5K3
The participant and witness shall fill in this area. Please print legibly.

I understand the risks and contributions of my participation in this study and agree to participate.

<table>
<thead>
<tr>
<th>Participant Name (First and Last):</th>
</tr>
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<tbody>
<tr>
<td>Participant Contact Information:</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td>Participant Signature:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Witness Signature:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date (use format MM/DD/YYYY):</td>
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<td></td>
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</tbody>
</table>
YOU ARE INVITED TO PARTICIPATE IN A RESEARCH STUDY ABOUT THE DECISION TO MOVE INTO ASSISTED LIVING

What is this project about?
We are trying to uncover what factors influence a person’s decision to move from their home into Assisted Living.
We are also interested in identifying who else may have been involved in your decision to move and how they might have influenced your final choice.

Who can participate?
- Residents who have moved into <Community> in the last 3 months.
- You must be over 75 and be a fluent in English.
- You also must have a family member or friend who is available to be interviewed.

If I choose to take part, what do I have to do?
We are looking for people who want to take part in a (confidential) interview (lasting approximately 45 minutes) where we will ask you questions about your experience of moving into Assisted Living. You can choose not to answer any question you are asked, and can decline to continue participating in the interview at any time if you are uncomfortable.

I fit all the criteria and would love to participate – who do I contact?
This research is being conducted by Ashleigh Wilson, a Researcher in the Department of Gerontology at Simon Fraser University.
Ashleigh can be reached by phone at [redacted] or email at [redacted]. You can also speak to <General Manager Name> who will put you in touch with Ashleigh right away.
Appendix E: Observation Guide (Pre-Move)

** Observer will fill in the following information to the best of his/her ability in addition to including any/all additional information they deem relevant to the topic. The observer is not to participate in the interactions.

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Community name</th>
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<table>
<thead>
<tr>
<th>Public or private facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Tour date and time (start/end)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Staff member conducting tour (name/position)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name(s) of tour participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship of tour participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Who initiated/scheduled the visit?</th>
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<td></td>
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</table>

### DETAILS RE: OLDER ADULT MOVER

<table>
<thead>
<tr>
<th>Gender</th>
</tr>
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<table>
<thead>
<tr>
<th>Age (if discussed)</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Marital Status (Married, widowed, divorced, single never married)</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Past Profession (if discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hobbies, Interests, Likes, Dislikes (if discussed)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Assistance aids (Do they have/wear glasses, hearing aid, cane, walker, wheelchair, etc).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appearance (Make notes re: grooming, personal hygiene, clothing, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive ability (Does the person follow conversation,</th>
</tr>
</thead>
</table>
repeat questions, seem confused or disoriented, look to family/friends to answer questions, maintain eye contact

**Health Status**
(Record details of any discussion regarding current or past health issues or problems)

**IADL and ADL Assistance Needs**
Record competence in ADLs (bathing, dressing, grooming, feeding, ambulation, bowel/bladder management) and IADLs (shopping, cooking, cleaning, money management)

**Current Situation**
(Family friend or resident will usually describe why they are there – was it a health crisis, proactive search, etc)

**FAMILY DYNAMICS / RELATIONSHIP**
(‘Family’ can refer to whoever accompanies the older adult during the tour)

**Apparent relationship**
(ie supportive, overbearing, equal partnership)

**Caregiving roles/ responsibilities**
(Does family currently help with caregiving? What type of at home services are currently being used)

**Non-verbal communication patterns**
(Does family talk over older person, does older person look to family to answer questions)

**Observed conversation dynamics**
(ie who initiates conversation, who leads conversation, who talks more, who asks more questions)
<table>
<thead>
<tr>
<th>REASONS FOR RELOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Details re: current residence</strong></td>
</tr>
<tr>
<td>(length of residence, type of home, maintenance issues, is it currently for sale, neighbourhood positives and negatives, etc.)</td>
</tr>
<tr>
<td><strong>Details re: reasons for considering relocation</strong></td>
</tr>
<tr>
<td>(proactive or reactive move?, reasons for moving at this time, what would solidify decision)</td>
</tr>
<tr>
<td><strong>Details re: ALF search</strong></td>
</tr>
<tr>
<td>(number of communities visited, who initiated search process, how was moving brought up, is it often discussed)</td>
</tr>
</tbody>
</table>

Any additional observations relevant to research questions:

__________________________________________________________________________

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Appendix F: Interview Guides (Post-Move)

INTERVIEW GUIDE #1 FOR RESIDENT (POST MOVE)

**Interviews using this guide are to be conducted with residents over the age of 75 who have moved into the community within the last 3 months.

**Part #1 – Demographic and Personal Information (fill in for participant)**

1. **Gender:** □ Female □ Male

2. **Age** (fill in the blank) ______________

3. **Marital Status:** ask “Are you currently......?”
   □ Married
   □ Widowed
   □ Divorced
   □ Single

4. **Living Arrangement:** ask “Do you currently......?” (check appropriate response)
   □ Live alone
   □ Live with your spouse
   □ Live apart from your spouse

5. **Family:** ask “Do you have any children?”
   □ No
   □ Yes (if yes, fill in the following information)
   
   Son
   City
   Province
   Son
   City
   Province
   Son
   City
   Province
   Daughter
   City
   Province
   Daughter
   City
   Province
   Daughter
   City
   Province

6. **Other close/influential relationships:** ask “Do you have any other close family or friends in the area?” (if yes, record names and where they live)
   
   Initials: Relationship: City Province
   Initials: Relationship: City Province

   **You’re asking for this information to help figure out who else was influential in their relocation decision making process.**

7. **Decision Influencers:** From the list provided above, who help you make the decision to move?
8. **Current Health:**
   a) How would you rate your overall health at the present time?
      - □ Excellent
      - □ Very Good
      - □ Good
      - □ Fair
      - □ Poor

   b) Do you suffer from any chronic conditions, serious health problems or disabilities?
      - □ No
      - □ Yes (if yes, explain)

   c) Do you have any difficulty / limitations to your physical functioning on daily basis?
      - □ No
      - □ Yes (if yes, explain)

   d) Do you need assistance with ..... (ADLs and IADLs)
      - bathing □ No □ Yes
      - dressing □ No □ Yes
      - grooming □ No □ Yes
      - toileting □ No □ Yes
      - cooking □ No □ Yes
      - cleaning □ No □ Yes
      - shopping □ No □ Yes
      - money management □ No □ Yes
      - (Any other tasks/daily activity?)
         □ No □ Yes
         ([Specify] ______)

   e) Do you currently receive any home care support services?
      - □ No
      - □ Yes (if yes, explain)
9. **Previous Residence:**
   a) Where did you live before moving to <Community Name>?
   ____________________________

   b) How long did you live there?” (fill in the blank) _________________________

   c) Did you rent or own?” (fill in the blank) ________________________________

10. **Current Residence:**
   a) How long have you lived at <Community Name>?
   ____________________________

   b) How long did you have to wait before you were able to move in?
   ____________________________

   c) Is your apartment the one you wanted (size, layout, location in building)?
   ____________________________

   d) Overall, how satisfied are you with the physical environment?
   ☐ Extremely ☐ Very ☐ Somewhat ☐ Slightly ☐ Not at all

   e) Overall, how satisfied are you with the social environment?
   ☐ Extremely ☐ Very ☐ Somewhat ☐ Slightly ☐ Not at all

   f) Overall, how satisfied are you with the management?
   ☐ Extremely ☐ Very ☐ Somewhat ☐ Slightly ☐ Not at all

   g) Overall, how satisfied are you with the staff members?
   ☐ Extremely ☐ Very ☐ Somewhat ☐ Slightly ☐ Not at all

   h) How does living at <Community Name> compare to the expectations you held before you moved in>?
   - Is the experience what you expected?
   - Was anything promised to you during your initial visits to <Community Name> that has not worked out?
   - Do you feel your first few visits to <Community Name> truly prepared you for how the community is run and the amount of services you receive?

**Part #2: Reasons for Moving**

11. Could you please tell me how you made the decision to move into <Community Name>?
12. What was the main reason you decided to move into <Community Name>?

13. When did you start thinking about moving to <Community Name>?
   - How long between when you started looking and when you actually moved?

14. How did you feel about moving into <Community Name>?

15. Who, if anyone, influenced you to make this move?

16. Who, if anyone, was involved in your decision to relocate?

17. Who would you say was the primary decision maker?
   - If resident names someone besides themselves, probing questions could include
     o How did that make you feel?
     o Why were you ok with it?
     o Why did you allow that to happen?

18. How long did you look/tour the options available to you?

19. Was this the only option you considered?
   - IF YES: What were your top reasons for choosing this particular building (location, services, security, food, ability to come and go)
   - IF NO: Can you describe the other communities you considered?
   - IF NO: Why were these communities not chosen?/ What did you not like about them?

20. How would you describe your experience of moving <Community Name>?
   - If resident has trouble with what to talk about, probing questions could include:
     o What things made it easier when you moved into <Community Name>?
     o What things made it harder when you moving into <Community Name>?

21. What advice would you give to people thinking about moving into AL?

22. Is there anything else you want to add re: your decision to move into AL?

*When all questions have been asked/answered, ask them to fill out/ or ask them the following two questions:*

What were your top three (3) reasons for moving into your current residence?
attractiveness of the project
quality of the building/your suite
closeness of facilities and or service (medical and otherwise)
available services on the premises
recreational facilities and activities
friends or relatives live in the project
children or relatives that leave nearby
lower monthly expenses than your previous home
the building is in neighbourhood you grew up/raised your kids/worked in
same interests as other residents (religion, activities, etc.)
wanted a sense of community/to be around like-minded people
other (please specify): 

What were your top two (2) reasons for moving out of your previous home?

you/your partner experienced drastic change in health or physical ability
you/your partner experienced great difficulty in maintaining your home
you/your partner wished to be with others of the same age
you/your partner felt your home was too large for what you needed
you/your partner simply wanted a change
other (please specify): 

WRAP UP QUESTION:
Are there any points we haven’t covered that you think are important in understanding your move into <Community Name>? 

INTERVIEW GUIDE #2 FOR INVOLVED FAMILY or FRIEND (POST MOVE)

**Interviews using this guide are to be conducted with the resident’s most involved family member or friend (as identified by the resident in their interview).**

1. Who started the relocation discussion?
   - Was there anyone else involved?

2. Who instigated the search process?
   - Was there anyone else involved?

3. In your view, why did your loved one move?

4. How involved were you in the decision making process?

5. Who would you say was the primary decision maker?
6. Would your loved one have made the decision to move without your input?

7. How did you feel about your loved one leaving their family home?

8. Do you feel like the right decision was made in the end?

9. How would you describe your loved one’s experience of moving into <Community Name>?
   - What things made it easier when he/she moved into <Community Name>?
   - What things made it harder when he/she moved into <Community Name>?

10. What advice would you give to other families in a similar situation to yours?

When all questions have been asked/answered, ask them to fill out/ or ask them the following two questions:

In your opinion, what were your loved one`s three (3) reasons for moving into their current residence?

- attractiveness of the project
- quality of the building/ suite
- closeness of facilities and or service (medical and otherwise)
- available services on the premises
- recreational facilities and activities
- friends or relatives live in the project
- children or relatives that leave nearby
- lower monthly expenses than your previous home
- building is in neighborhood they grew up/raised kids/worked in
- same interests as other residents (religion, activities, etc.)
- wanted a sense of community/to be around like-minded people
- other (please specify): ________________________________

In your opinion, what were your loved one`s top two (2) reasons for moving out of their previous home?

- they/their partner experienced a change in health/physical ability
- they/their partner experienced great difficulty in maintaining your home
- they/their partner wished to be with others of the same age
- they/their partner felt home was too large
- they/their partner partner simply wanted a change
- other (please specify): ________________________________

WRAP UP QUESTION:
Are there any points we haven’t covered that you think are important in understanding your friend/relative’s move into <Community Name>?
# Appendix G: Research Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Funds received from CIHR, project begins with ethics application to SFU Office of Research Ethics at the beginning of the month. Advertisements posted for Project Coordinator and Undergraduate Research Assistants (no hiring until ethics approval).</td>
</tr>
</tbody>
</table>
| September | Ethics application approved at beginning of month. Hiring of Project Coordinator and Undergraduate Research Assistants. Observations at 2 public ALFs commence (2 weeks per site):  
- 20 tours per site will be observed (average of 2 tours/day)  
- data collection will take place 5 days/week (Tuesday to Saturday) from 11:00am to 2:00pm and 2:30pm to 5:30pm  
Recruitment for interview subjects begins (at 2 public sites). |
| October | Observations at 2 private ALFs commence (2 weeks per site):  
- 20 tours per site will be observed (average of 2 tours/day)  
- data collection will take place 5 days/week (Tuesday to Saturday) from 11:00am to 2:00pm and 2:30pm to 5:30pm  
Recruitment for interview subjects begins (at 2 private sites). |
| November | Interviews commence at 2 public ALFs  
- 5 dyads per site (5 seniors + 5 friends/family = 10 people)  
- each dyad will take 2 hours to interview (total 10 hours of work/site) |
| December | Interviews commence at 2 private ALFs  
- 5 dyads per site interviewed (5 seniors + 5 friends/family = 10 people)  
- each dyad will take 2 hours to interview (total 10 hours of work) |
| January | Finalize collection of all data – difficult to schedule interviews, etc. |
| February | Coding begins for data collected during observations. Interview transcription begins (4 hrs. to transcribe 1 hr. of recorded tape) |
| March | Data analysis begins – team members will look for common themes, recurring reasons for relocation, information on influential parties, etc. |
| April | Synthesis and analysis of study findings begins (observation themes, recurring issues and situations from interviews). Writing of study reports, abstract submissions, presentations, etc. begins |
| May | Writing of reports, presentations and abstract submissions continues. |
| June | Revising study reports, abstract submissions, presentations, etc. |
| July | Presentation of study findings to relevant audiences. |
Appendix H: Project Budget

The following is a proposed budget (based on $50,000 of funding over a research timeline of one year) and justification for requested expenditures, followed by a breakdown of costs per category.

BUDGET JUSTIFICATION AND PROJECTED COSTS PER CATEGORY

PERSONNEL:

Project Coordinator $21,600.00
($25/hour + 8% benefits @ 20 hours/week for 10 months)
The successful applicant will require experience having conducted and/or managed qualitative research and will provide administrative support for the study. He/she will be responsible for subject recruitment and retention activities (eg. seeking new participants, screening, providing information to potential participants, maintaining regular contact with those already enrolled, etc.). This person will also be responsible for: (1) coordinating data collection activities; (2) managing data as it comes in and helping prepare data for analysis; (3) managing communication between team members, including attending team meetings; (4) coordinating dissemination activities; and (5) providing assistance with preparation of manuscripts and presentations.

2 Undergrad Research Assistants $15,746.40
($13.50/hour + 8% benefits @ 15 hours/week for 8 months)
The successful applicants will require experience working with older adults and experience with qualitative methods. Each applicant must also be a fourth year student on track to enter an M.A./MSc program and who therefore requires the position as part of a co-op or internship training. He/she will be involved in: (1) data collection (observations and interviews) (2) assisting with analysis, including regular meetings with investigative team to discuss early analytic findings and to discuss implications of this for ongoing recruitment and data collection efforts; (3) assisting with preparation of manuscripts and presentations.

EQUIPMENT:

Sony Vaio Laptop $1,000.00
(16” Windows 8 3rd Gen Intel Core i5-3210M 8GB RAM 750GB HD)
A laptop will be used by all members of the research team for (1) storing and analyzing data and (2) producing project documents including manuscripts and presentations. This particular model is necessary because it has programs which are compatible with the lead investigator’s personal computer.

1 TB LaCie External Hard Drive $179.00
An external hard drive is necessary to back up all essential project documents, data, manuscripts, etc., as one is not currently available to the research team.
HP Laserjet Pro 400 Monochrome Laser Printer $600.00
A laser printer is necessary in order to handle the high volume printing of project documents, observation results, and interview transcripts. There is no laser printer currently available to the research team.

Sony 4GB ICDTX50 Digital Voice Recorder $200.00
A digital recorder is necessary to use for recording and transcribing individual interviews. A good quality recorder is necessary for obtaining recordings of older voices that may be soft and hard to hear against the background noises of naturalistic settings. This is currently not available to the research team.

SERVICES:
Transcription Services ($35/hour for 40 hours of interviews) $5,600.00
Based on an estimated 160 hours of interviews: 2 hours per dyad, 20 dyads over 4 research sites = 40 hours of interviews (transcription takes 4 hours for 1 hour of tape).

Computer Support $250.00
Support is required in the form of loading software, installing equipment, and troubleshooting in the event a problem or issue arises.

Other Services $300.00
Miscellaneous costs for things such as photocopies, mailing and courier costs, long distance phone charges are covered in this category.

Dissemination Costs $500.00
Manuscript publication (preparation costs, publication charges).

SUPPLIES:
Laptop Software $600.00
Microsoft Office Professional (word, excel, powerpoint, etc.)

Data Analysis Software $670.00
NVivo 10 full license (for 1 personal computer and onto a second portable device)

Data Collection and Storage Supplies $200.00
Recorder batteries, binders, file folders, paper, printer cartridge.

Dissemination Costs $150.00
For conference presentations; paper; poster preparation

TRAVEL:
Data Collection $800.00
Travel to and ALFs for observations and interviews (approx. $400/site x 4 sites)
**Conference Travel** $1,600.00
One team member to Canadian Association of Gerontology Annual Meeting
(Registration $400, flight $600, hotel + meals x 3 days = $600)

**TOTAL PROJECT BUDGET:** $49,995.40

**BUDGET BREAKDOWN BY CATEGORY**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Personnel Budget</strong></td>
<td>$37,346.40</td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>$21,600.00</td>
</tr>
<tr>
<td>Undergraduate Research Assistant</td>
<td>$7,873.20</td>
</tr>
<tr>
<td>Undergraduate Research Assistant</td>
<td>$7,873.20</td>
</tr>
<tr>
<td><strong>Total Equipment Budget</strong></td>
<td>$1,979.00</td>
</tr>
<tr>
<td>Laptop</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>External Hard Drive</td>
<td>$179.00</td>
</tr>
<tr>
<td>Laser Printer</td>
<td>$600.00</td>
</tr>
<tr>
<td>Digital Voice Recorder</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Total Services Budget</strong></td>
<td>$6,650.00</td>
</tr>
<tr>
<td>Transcription Services</td>
<td>$5,600.00</td>
</tr>
<tr>
<td>Computer Support</td>
<td>$250.00</td>
</tr>
<tr>
<td>Other Services</td>
<td>$300.00</td>
</tr>
<tr>
<td>Dissemination Costs</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Total Supplies Budget</strong></td>
<td>$1,620.00</td>
</tr>
<tr>
<td>Data Analysis Software (NVivo 10)</td>
<td>$670.00</td>
</tr>
<tr>
<td>Laptop Software (Microsoft Office Pro)</td>
<td>$600.00</td>
</tr>
<tr>
<td>Data Collection and Storage</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dissemination Costs</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Total Travel Budget</strong></td>
<td>$2,400.00</td>
</tr>
<tr>
<td>Data Collection</td>
<td>$800.00</td>
</tr>
<tr>
<td>Conference Travel</td>
<td>$1,600.00</td>
</tr>
</tbody>
</table>

**TOTAL PROJECT BUDGET** $49,995.40
REFERENCE LIST


Sunrise Senior Living. (2012). *Services and amenities at Sunrise of Vancouver.*


http://www.vch.ca/media/assis_living_handbook[1].pdf


