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**Residential Adjustments of Elders: Perspectives of Elders
and their Adult Children**

Alison S. Gottlieb
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April 2005

Abstract

While elders tend to prefer to “age in place,” they often have reason to consider residential alternatives. Declining health and loss of social supports invite elders to consider modifying their homes or moving to other settings that are less demanding and more supportive. Residential adjustments of elders are often a family issue. Among middle-aged adults, worry about the safety of aging parents in their residential environments is widespread. Also common is frustration among adult children about their difficulties in persuading parents to make recommended residential adjustments.

We conducted a qualitative study on residential decision-making based on focus groups and qualitative interviews with elders and adult children in the Boston area. Residential concerns and issues raised included safety, mobility barriers, home and property maintenance, affordability, and proximity to formal and informal help. We sought information about a variety of residential adjustments including home modifications, use of assistive equipment, and moves to other settings.

We found that most elders want to make decisions about residential adjustments by themselves. Many elders see little need to turn to adult children for advice and do not want to burden children. Adult children typically feel responsible in spite of parental insistence that no help is needed and often find it difficult to give parents advice. Adult children are often disappointed that the advice they provide parents is not well received. Elders and adult children often lack accurate information about residential options.

While some families communicate effectively and cooperatively to find creative residential solutions, many do not. Most often residential adjustments are made in response to challenging events (death of a spouse or major health event). Further, adjustments are often short-term. Relatively rarely do older people anticipate their support needs and make forward-looking adjustments that will strengthen their ability to cope with declining functional capacity when it occurs.

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Introduction

The aging process often confronts elders with residential challenges. The changes in health and physical functioning that are associated with aging often make it increasingly difficult for elders to live successfully in the residential environments to which they are accustomed. Particularly when they have lived in single-family homes, elders with declining health tend to experience greater difficulties with stairs, household chores, home and property maintenance, and so on. The location of their home may leave them isolated when they have to stop driving. Further, elders often lose the social supports, notably spouses, who were essential to living successfully in their homes. In addition, the supportive services that elders need to compensate for their declining capacities may be much more readily available in settings other than the homes in which they have lived for many years. For these reasons, elders often are pressed to make residential decisions.

Elders with residential challenges have a number of options for constructive action. Some may decide to relocate near children and/or into settings that offer fewer physical challenges and more services and social supports. Others may decide to move to smaller, perhaps more affordable or more accessible homes. Many prefer to “age in place,” possibly aided by modifications made to their current homes, such as the installation of ramps, grab bars, or more accessible bath and laundry facilities. Some may see no need for changes until a crisis makes them unavoidable.

Elder residential decisions are often an intergenerational family matter. Adult children commonly feel a strong obligation to their aging parents. Many elders, particularly those who are widowed, look to their adult children for assistance in making residential decisions. In some cases, either an older adult or an adult child moves in order to reduce the physical distance between the older adult and the supportive adult child.

We know little about how older adults decide to make residential changes in response to or anticipation of changed circumstances related to aging: what kinds of events prompt the changes, what options are considered, what criteria guide decision making. We do not know to what extent grown children are involved as various options are weighed, even though the outcomes will often affect them. Finally, when older adults do opt for significant residential changes, we do not know how successfully the new or modified settings meet their changing needs.

These were some of the questions that led investigators in the Gerontology Institute at the University of Massachusetts Boston to undertake exploratory research in the fall and spring of 2003–2004. We wanted to hear directly from older adults and their adult children how these important but complex issues were playing out in their lives. The research was carried out in focus groups of older adults and of adult children who were actively dealing with housing-related issues involving their older parents, as well as in individual interviews with older adults and their adult children.

Background

It is clear that homes are very important to older adults. According to the 2000 Census, 81 percent of householders between the ages of 65 and 74 own their own homes, while 71 percent of householders age 75 and older are still homeowners (Woodward & Damon, 2002). Further, these elders have often developed long-term attachments to their homes. The 2000 Census found that among homeowners ages 65 to 74, 70 percent had lived in their current homes at least ten years, over half had lived in their current homes at least twenty years, and 33 percent had not moved in 30 years. Among homeowners age 75 years and older, residential stability was even more pronounced: 46 percent had not moved in 30 years (U.S. Census Bureau, 2000).

Among the 20 percent of elders who rent their homes, lengthy tenure is also common. The 2000 Census found that 31 percent of renters in the 65–74 age group had not moved in at least ten years, and nearly 16 percent had not moved in twenty years or more (U.S. Census Bureau, 2000). With respect to the types of housing occupied by older adults, the Census reports that 74 percent of elder households occupy single-family units. Nineteen percent of elder households occupy multi-unit structures (of between two and fifty units) (U.S. Census Bureau, 2001).

The onset of mobility limitations can challenge elders' capacity to manage in their homes. Older homes are particularly likely to lack design features that facilitate adaptation to increasing levels of impairments: accessible entries, doorways wide enough to accommodate wheelchairs comfortably, safety features in bathrooms and stairways, and so on. Often a home's location can become a liability if it is remote from services, public transportation is inadequate, and driving is no longer advisable. Such difficulties can develop well before elders experience a decline in self-care capacity.

Economic resources make a big difference for elders in their ability to get assistance in maintaining a residence or in finding a more suitable alternative. Those who are financially

comfortable can afford to hire various forms of help for such tasks as yard work, home repairs, house cleaning, shopping, and transportation. Those with fewer financial resources are more likely to perform tasks themselves, seek unpaid assistance, or to leave tasks undone. Particularly vulnerable are elders with modest financial means who lack strong networks of family and friends who can step in and offer support when it is needed.

With advancing years, older people often experience shrinkage in their personal networks through the death of spouses, siblings, friends, and even children (Ajrouch et al., 2001). The potential for assistance from older relatives and friends may also be reduced when significant others die or experience chronic illnesses and disabilities themselves. Successful maintenance of a home typically is achieved through a division of labor between spouses, so that the loss of a spouse may jeopardize the survivor's ability to maintain the home. Women are particularly vulnerable to losing a spouse as part of the aging process. According to the 2000 U.S. Census, among women age 75 to 84, 30.5 percent were married with the spouse present; and among women age 85 and over, only 8.4 percent still lived with husbands.¹ Elders who are divorced or widowed are also at increased risk for inadequate income (Holden & Zick, 1997; Hungerford, 2001) and may rely increasingly on adult children for instrumental support (Dean, Matt, & Wood, 1992)

Residential adjustments. Residential adjustments are often effective strategies to enable elders with functional limitations either to prevent disabilities or to live successfully in spite of disabilities. Residential adjustment strategies include home modification, long- and short-distance moves on the part of elders, and moves by relatives to be closer to elders. Residential adjustments may enable elders to experience reduced mobility barriers, reduced threats to safety, and greater proximity to formal or informal assistance. Yet, the research literature indicates that elders tend to move or make home modifications reluctantly and strongly prefer to retain their independence (Bayer & Harper, 2000; Mutchler & Burr, 2003). Residential adjustments are influenced both by the circumstances of elders and the options available to them. Generally, the research literature focuses on residential mobility, home modifications, and household

¹ Among older men, the likelihood of being married is much higher than for older women, although, as for women, it declines with age. According to Census 2000 figures, among men age 65–74, 74.8 percent were married. For men age 75–84, 30.5 percent were married, and for those 85 and older, 45.4 percent were married.

composition as separate domains. There is a large body of literature (theoretical and descriptive studies) on residential moves of elders but far less on home modification or changes in household composition.

Residential relocation. Relocation can take many forms depending on elders' needs, resources, and preferences. Typically, older people move from a larger owner-occupied house to smaller, more conveniently located, accessible housing. This can be a smaller house, an apartment, or a condominium. Older people can move to senior housing, with or without recreational amenities or supported services; to assisted living or continuing care retirement communities; or to a nursing home. They also may move in with adult children or other relatives or have relatives move in with them.

Elders may resist moves to new settings, however, because of strong psychological attachment to home, neighborhood, and community (Bayer & Harper, 2000; O'Byrant & McGloshen, 1987). Further, they are often reluctant to accept greater residential proximity to children because they wish to avoid dependence on relatives (Krout, Holmes, Erickson, & Wolle, 2003). However, many long-term care (LTC) solutions, such as assisted living, can be extremely costly. They may be an unaffordable option for many families while, even for those who are relatively well-off, purchased care services can exhaust savings that older people would rather bequeath to the younger generation (Mellor, 2000; Morris, Caro, & Hansan, 1998; Stum, Bauer, & Delaney, 1998).

Home modification and remodeling. For elder homeowners who experience increasing functional limitations and are reluctant to move, home modifications are important options. Home modifications, such as installation of grab bars, extra stair railings, and ramps can increase functionality and enable elders to remain independently in their homes (Al-Hamad, Flowerdew, & Hayes, 1997; Pynos, 2001). For example, older people who can no longer use stairs safely may be able to convert a downstairs room into a bedroom. However, without a first-floor bathroom, reconfiguring living space will not be sufficient to enable some older people to remain at home. Thus, installing a downstairs bathroom or adding a first-floor bedroom suite may be needed.

The research literature reports modest use of home remodeling or modifications. In 1990, fewer than 15 percent of people age 75 and older lived in housing with accessibility features (LaPlante, Hendershot, & Moss, 1992). According to the 1995 American Housing Survey of the

Department of Housing and Urban Development, while 55 percent of elders reported a fall in their home, only half of older households with one or more residents with a physical limitation had any home modifications (Kochera, 2000). According to an AARP survey (Bayer & Harper, 2000), while a majority of older people make simple changes (e.g., installing night lights or non-slip tread in bathtubs and showers), fewer older people make more substantive changes (modifying bathrooms, installing ramps). Elders often do not know about simple home modifications, worry about their cost, or need assistance in their installation (Bayer & Harper, 2000; Pynos, 2001).

Long-Term-Care Planning as an Intergenerational Issue

Elders' residential safety and potential long-term care needs constitute a major intergenerational issue since, after spouses, adult children (especially daughters) are the group most likely to assume LTC responsibilities—either providing direct care themselves or arranging for services that are provided by others (Abel, 1991; Brakman, 1994; Laditka & Laditka, 2000; Miller, 2000). While many older adults voice strong aversion to institutional settings (Bayer & Harper, 2000; Swenson, 1998), continued independent living is often made possible only with the assistance of family members (Mack, et al., 1997). However, the services provided may feel disempowering or even stigmatizing (Wilson, 1997), and elders typically express reluctance to burden family members with too much of their care (Krout, Holmes, Erickson, & Wolle, 2003; Swenson, 1998).

Older people may prefer not to deplete the good will that they enjoy with their adult children by asking them to provide unpaid care or to help finance paid services, and thus they may not seek assistance or advice. Thus, it is not surprising that many elders resist asking for or accepting help in order to preserve their autonomy and power of agency (Motenko & Greenberg, 1995) as well as to protect their children from heavy extra demands on their time and economic resources.

While adult children often are strongly committed to their responsibility to care for their aging parents, the experience also can be highly challenging. Frequently, adult children must juggle other responsibilities, including full-time jobs, raising children, and maintaining households of their own (Merrill, 1997). Adult children often are geographically separated from their parents, providing a further challenge to addressing parents' needs. Thus, residential planning that anticipates difficulties with current housing and foresees the possible need for long-term care is in the interest not only of elders but also of their adult children.

Prior research has examined planning on the part of older people for future long-term care (Barrett, 2001; Clapp, 1993; Maloney, Finn, Bloom, & Andresen, 1996; Mellor, 2000; Sorensen & Pinquart, 2001). The possibility that adult children can play a constructive role in LTC planning has received less attention. Parents and their adult children infrequently have conversations about preferences in giving and receiving care, and rarely do so before the onset of dependency (Pecchioni & Nussbaum, 2000). One multigenerational study found that while most mothers, daughters, and granddaughters anticipated that the oldest generation would need care someday, only about half had communicated this with anyone, and fewer than 10 percent had made any actual preparations (Sorensen & Zarit, 1996). The role of adult children with regard to parental preparations also has been studied by examining family discussions of hypothetical scenarios involving older people with LTC needs (Kulys & Tobin, 1980; Pecchioni, 2001), but there is little research examining actual discussions and actions taken by parents and children regarding care preparations and decisions.

The importance of adult child involvement in parental long-term planning is underscored by a new emphasis by the Administration on Aging (AoA) on caregiver support and life-course planning "to advise middle-aged and older people and their families about the critical aging issues for which they must prepare" (Takamura, 1999). However, the success of life-course planning programs depends on having clear and accurate information about the familial decision-making contexts in which information is received and disseminated.

Long-Term Care Planning among Older People and Family Caregivers

While there is a growing literature on decision-making and planning around elder residential and long-term care issues from the perspectives of older people and adult children, this literature has primarily targeted the question of who provides care in a situation of dependency. There is very limited research specifically on planning and decision-making with regard to residential adjustments, especially preceding a health crisis.

In line with decision-making theory, for older people to plan and carry out decisions around LTC needs, they need to be convinced that choices are available to them, and they need adequate information on reasonable options (Ierulli, Glaeser, & Tommasi, 1995; Murray, 1986). Their own personal characteristics and experiences, however, are likely to influence decision-making as well (Kahneman & Tversky, 2000; Tversky & Kahneman, 2000). Adult children are typically in an advantageous position to understand their parents' frame of reference and can

potentially assist parents by supplying the information and encouragement needed to make optimal choices. A rational decision-making model also suggests that adult children who are attached to their parents through family sentiment, solidarity, or the potential of inheritance might take a variety of steps to encourage their parents to plan for long-term care. Moreover, older people who have planned for future care needs are more likely to be satisfied with family discussions and their expectations for the future (Sorensen & Zarit, 1996). However, while most older people have thought about future care needs and discussed them with family members, few have made concrete plans (Kulys & Tobin, 1980; Sorensen & Zarit, 1996), and some older people seem to avoid thinking about future incapacity (Sorensen & Pinquart, 2000).

A primary purpose of the study was to examine the perspectives of elders and adult children regarding these important issues. The interviews and focus groups for older adults were aimed at examining the extent to which our informants were thinking about and engaged in residential planning and what their preferences were for the future. We wanted to know what residential alterations had already been made and what had prompted them. From the perspective of elders, did adult children have a role in changes that had been made or were still contemplated? We were interested in adult children's perceptions of their parents' living situations, what part they might currently play in assisting their parents, and how they foresaw the future. We asked members of each generation about the quality of communication with the other concerning the elders' current and future residential needs. An objective was to examine the ways family members are involved in residential decision-making and changes, what kinds of impediments and difficulties they encounter, and whether there are practical measures that they or others can take to make these important transitions easier, more successful, and less stressful for all.

Research Methods

Data collection for this study began with four focus groups. Two were designed for older adults and two for adult children. Altogether, the focus groups included thirty-six participants, exactly half of them community-residing elders, age 65 and over, with grown children. We called these older adults primary participants. The other half were adult children who discussed the housing circumstances of twenty-one additional older adults (65+); we called these parents secondary participants. None of the focus group participants were related to one another.

Participants for this initial stage of the research were recruited through a variety of methods. Members of the first group of older adults attended a senior center in a working class neighborhood

of Boston and were recruited by the center's director. All these participants were white women, and all were community residing, with some living in subsidized senior housing and others in single- or multi-family homes. Several lived with family members, including grown sons and daughters and their children's families. Most appeared to be in good health, although some mentioned past health problems and a few depended on others for help with some of their heavier housekeeping chores.

Participants in the second older adults' group responded to a mailing to alumni of the certificate program sponsored by the Gerontology Center at the University of Massachusetts Boston. On the whole, these participants reflected greater education and economic resources, were all white, and all but one were female. All resided in the community: some in single-family homes, some in condo apartments, and one in senior housing. We did not record the ages of members of either group, but the range appeared to be between 65 and the mid-80s.

Participants in the two adult-children focus groups were recruited through a mailing to all faculty and staff of the University of Massachusetts Boston. Of the eighteen participants in these two groups, half were male; one was of Asian descent, and one was African American. All were actively dealing with concerns about older parents. Many seemed to find themselves in new roles that were both interesting and challenging, and they appeared to welcome the chance to meet and talk with others having similar experiences. One man used the focus group explicitly to seek out information that would help him assist his mother. These participants ranged in age from early 40s to mid-60s.

Focus group discussions were structured with a series of questions regarding the parents' current personal and residential circumstances, recent residential changes, and interactions between parents and children regarding residential decision-making and adjustments. Each group discussion was audio-recorded, transcribed, coded, and analyzed using standard qualitative methods. The analytic approach was to code and summarize data that related to our original research questions.

Subsequently, we extended the investigation via sixteen one-on-one interviews carried out with seven older adults and nine adult children. Six informants were adult children of people in the older adult focus groups, and one was the mother of an adult child focus group participant. The other interviewees were recruited from among individuals who had expressed interest but not participated in the focus groups because of scheduling incompatibilities. Altogether, we spoke separately with eight parent/child dyads, along with a ninth family comprising a mother and two of her grown children. One goal of the interviews was to examine similarities and differences between parents' and children's perceptions. It became evident that a life-history approach was needed to document

the series of events that influenced residential decision-making and transitions, and this dimension was incorporated into the interviews. The length of interviews ranged from one and two hours.

Research Findings

Current status of older adult participants.

Current residential circumstances. Of the forty-six older adult primary and secondary participants in this study, 76% lived in their own homes in the community. Some of these homes were single-family detached units while others were condos or apartments; a few participants occupied one or two floors in multiple-family dwellings; and one couple lived in a mobile-home community. Four participants lived in senior housing, and another four resided in the same household as an adult son or daughter. An additional three occupied separate households in multi-family homes owned by adult children..

Of the parents residing in the community, a significant number were living in homes they had occupied for several decades: in some cases more than thirty, forty, or even fifty years. They had raised children in these homes, paid off mortgages, and lived out marriages with husbands and wives, some of whom had since passed on.

Informal social support. Most of the older adults whom we met in the focus groups and interviews, or heard about through the comments of their adult children, seemed to be securely embedded in social networks made up of spouses, adult children, other relatives, neighbors, friends, and paid assistants. Because our research focused on the interactions between older adults and adult children related to housing transitions, we did not inquire systematically into the composition of the older adults' social networks, but sometimes these details emerged in conversation. For example, among the older adult participants in the study, 33% were married and living with a spouse, 52% were living alone (37% were widowed, 11% were divorced.) We did not determine the marital status of the remaining 20%.

In keeping with the study design, all the older adults we spoke with or heard about had living adult children. Many had several children (number of children ranged from one to twelve; the average just over three), and usually at least some of these children lived nearby. Seven of these older adults actually shared a home with an adult son or daughter, and another five lived in separate households in multi-family homes also occupied by adult children and their families. Two more parents lived in homes situated next-door to adult children. Another lived within walking distance of an adult daughter. By way of contrast, all the adult children of four older adults lived at a considerable distance from their parents—the closest being in a neighboring

state, and the farthest in such distant locales as Alaska, Puerto Rico, Japan, and Guam. But the most typical situation (59%) was a family consisting of one or two older parents and at least one and often several adult children living nearby.

Participants often commented on other people within their social networks. One woman spoke of nieces and nephews who often took her shopping, out to dinner, or on an overnight excursion to a Casino in a neighboring state. Several commented on socializing with friends, or on particular activities that kept them involved in the community. Two women were employed part-time, and their work kept them connected with others. One woman mentioned that she lived in a multi-family home also occupied by a brother. One widow had neighbors who keep an eye on her and phone her daughter if they observe anything that causes them concern. These neighbors also help out by cutting the grass or shoveling the older woman's driveway in winter.

Formal support. A few families made use of formal supports. For example, one 85-year-old was able to remain in her home with help from several services: she had a paid assistant who helped with errands and trips to the doctor, aides who visited three times weekly to help with bathing and household chores, and visits from Meals on Wheels. Aides visited another disabled elderly woman who lived with her daughter, preparing lunch on days when the daughter was at work. One woman with several health problems, but still living independently, hired a paid housekeeper to come in every other week to take care of the heavier cleaning.

Health status. Overall, of the older adults who participated in the focus groups, only a few reported significant health events: hip replacement, knee surgery, and cancer. For most, decline was gradual. For example, an 84-year-old man remarked, "According to the newspapers, I'm now in the oldest of the old category. Up until last year, I could pick up the leaves and do lots of those things I can't do this year. I'm finding it's getting more difficult to do lots of things that I've done by myself." He mentioned no specific health problems, however, and continued to drive, he remained active in the community, and attended temple every day. The parents of the adult children focus group participants tended to be more frail, however, and concern over their well-being had moved these children to attend the focus groups and discuss the situation with others.

Among all the primary and secondary participants in this study, a range of specific health conditions were mentioned. These included (with the numbers of persons experiencing them): stroke (5), hip replacements (5), diabetes (4), arthritis (4), cancer (3), serious falls (3), vision loss

(3), hearing loss (2), memory disorders (2), heart attack (2), kidney failure (2), Alzheimer's disease (1), clinical depression (1), heart-bypass surgery (1), and prostate problems (1). Several individuals coped with multiple conditions. One woman, for example, had moved in with a daughter and son-in-law during a series of health crises that included angina followed by heart-bypass surgery and then two hip replacements. Her health had since improved, although she was still troubled by arthritis that limited her mobility. Another woman had a stroke several years ago that still made her prone to fall, and she also suffers from emphysema; together, these conditions kept her from climbing stairs and limited the housework she can do. A substantial number of older adults pronounced themselves generally healthy, however, such as the woman who said her only problem was a little arthritis, "like most older people."

Financial circumstances. We did not ask explicit questions about income or assets, but financial status, in many cases, could be inferred. The older adults represented a wide-range of financial resources. It was apparent that some were quite well off. Many owned comfortable homes in affluent communities, and some mentioned owning summer homes. One adult daughter estimated her mother's net worth at about a million dollars. Another respondent, a retired professional, commented, "I have - not a big income - but a sufficient income to take care of my needs." He was able to hire a housekeeper and was planning to treat several members of his family to a trip to Disney World.

Most participants fell into a mid-range financially. They were living in homes they owned or rented, and seemed financially secure, even if there was not a great deal of money for extras. One widow commented, "I'm not rich, rich, but I'm not poor, poor either." Another woman explained that when her divorced husband died, her children had shared their inheritance with her:

When my husband died, he had a lot of money in stocks and bonds, and of course he left it to the kids. And the kids rearranged it and gave me my parcel, so that I have a good cushion to fall back on.

She added that she had "no financial concerns" now—a marked change from midlife, when she was raising eight children and had a lot of concerns.

For other respondents, insufficient finances were clearly a significant issue. One woman, divorced and age 70, still worked part-time in order to be able to afford the rent on her apartment,

and worried about the rent increasing. Others mentioned having investigated or moved into senior housing because of concerns over rising rents.

In some cases adult sons and daughters were providing financial support to their parents. One long-divorced professional older woman commented that she lives on her income from Social Security and characterized her financial resources as “very limited.” She was able to pay for her current living expenses, but her son and daughter-in-law had paid off the mortgage on her condo. Other older adults expressed strong reluctance to accept substantial financial help from their children and opted to live in subsidized senior housing instead of accepting assistance with rising rents. However, one woman, whose arthritis made it difficult to do housework, accepts money at Christmas from her children to help her pay a housekeeper.

Some adult children indicated that their parents were currently financially secure but worried how their parents would manage if one needed to enter assisted living or a nursing home. One daughter said, “It’s like paying for college—who could ever do it?”

The Parent–Adult Child Relationship.

We were interested in exploring the quality of relationships between adult children and parents and the ways parents and children communicated with one another. Do children help parents anticipate their future residential needs? Are parents receptive to children’s input on such matters? How do parents and children go about negotiating changing roles and power relations? Not surprisingly, we found complex answers to our questions.

Overall, our impression was of parent–adult child dyads that communicated fairly regularly and cared deeply about one another. Adult children wanted to be helpful to parents and worried about their well-being. Parents expected to retain as much autonomy as possible, but also appreciated their children’s interest in them and their availability if help was needed. For example, here’s what one woman remarked about her children:

I think they are very interested in what we’re doing. If they thought we were doing something we shouldn’t be doing, they’d tell us. I think they respect our independence and our right to choose what we want ourselves. . . . We get calls and visits all the time, but they don’t try to tell us how to run our lives. And, hopefully, we don’t try to tell them either.

As this comment suggests, it often seemed important to older adults to preserve a distinct boundary between their own lives and those of their adult children. Another mother said:

I feel as though I don't want to intrude on their lives. They all have their lives, they all have their children. They need to take care of those. So I don't want to add myself as an extra burden. If they want to help on their own, that's fine. But I don't want to feel as though I have to impose on them, no."

Interestingly, no adult child used the word "burden" in speaking about their parents. Moreover, even when they wished their parents' needs might be addressed differently, none appeared to resent the support roles in which they found themselves.

Indeed, one adult daughter spoke about how she and her mother had grown closer in recent years. They got together a couple of times a month to socialize, and the daughter described the communication between them as excellent. She remarked, "We've grown closer as we've both grown older. I've mellowed. Over the last fifteen years, we're really connecting." Said another daughter, "Since my separation about ten years ago, it's been closer. We've always been close, but I'd say in the last ten years we've been much more friends." One daughter, however, said of her relationship with her mother, "We used to be much closer; she has become more difficult." This daughter characterized her mother as quite independent and indicated that her mother makes up her own mind without much input from her adult child. Still, this pair communicated frequently, and the daughter expressed concern for her mother's well-being.

Parent-child communications. In general, the interactions we observed between parents and adult children in this study appeared to be positive, although frictions of varying severity were observed in some families. Older people often communicated their needs and preferences to their children and involved them in decisions about residential adjustments. However, it appeared that a threshold needed to be crossed in order for parents to accept influence and especially explicit advice from their children.

A generally positive parent-adult child relationship did not always assure harmony when the adult child perceived that residential changes were needed. Remarked one son,

"My mother was very strong-willed - still is, and part of the problems I face is that regardless of what I say or anyone else in the family says, she does what she wants."

A daughter spoke about the difficulty she and her siblings encountered in trying to broach the topic of a residential change with their mother:

I think we all try to talk to Mom. I know I try to talk to her once a week, and I think my sibs do as well. And we'll get a head of steam going on the topic and talk about ways we can introduce it, and then try to sneak it in and watch her response. I think we're very respectful of the difficult decision that she has to make, and of her

difficulty in making it and of her stubbornness. . . . I mean, she's so afraid of being bulldozed, and [she] wants to make this her own decision. . . . How can she move on? It will change her relationship with her children.

Another daughter summed up the struggles she was experiencing as she tried to help her mother adjust to changing health needs:

Sometimes my mother and I, we'll fight, and I'm like, 'Well, I'm not doing this for my health, you know.' And we get into little battles, and we both end up crying, and we both end up understanding. And I don't think it's a resistance to what I'm doing. It's more of a fear of getting old and having to accept . . . 'OK, I can't do this, I need help. . . ' You know that somewhere they appreciate it, even though they're fighting with you most of the time.

An 84-year-old widow who was receiving significant assistance from her daughter addressed the subject of advice:

Q. Do you ever offer [your daughter] advice now?

A. Once in a while. I don't give her advice. I'll get around it because I don't think she needs my advice, because she's a strong person, and she knows what she wants. . . . So I don't advise her on much. If she needs me, she'll ask me and I'll tell her my opinion; but other than that, I don't interfere.

Q. What about her? Does she ever offer advice to you?

A. Very subtly.

It was apparent that negotiating parent–adult child role changes, with their accompanying power dynamics, was often challenging for both generations and called for a period of adjustment during which parents may come to recognize and accept their own increasing support needs, along with the need to let go of some autonomy and parental authority. In turn, adult children may need time to recognize their parents' new vulnerability and become skilled at their own new support roles. A daughter, who was providing extensive support to her ailing mother, commented, "It's very hard to learn that now you are the parent. The roles are a little bit switched, so you have to tell them what's better for them."

However, when older people reported reluctance to accept children's advice, it was often because they did not think the advice was very useful. For example, several parents mentioned that when they first began having health problems, sons or daughters responded by issuing invitations for the parent to come live with or near them. Such invitations were usually turned down, at least initially. This suggests that it may take more time and attention to the parent's needs and preferences for adult children to recognize the kinds of supports the parent really does need and will accept. However, these initial overtures may still be productive if they help start

new intergenerational conversations that eventually lead to accommodations that work for both generations.

Thus, the issue of whether parents were willing to accept explicit “advice” from adult children is a complex one. More apparent than the giving and accepting of actual advice was perhaps a kind of mutual “muddling through,” in which brief, informal discussions took place over a period of time; ideas were proposed and weighed by all concerned; and solutions adopted by older relatives and friends were observed and considered. In most instances, it appeared that the parent retained considerable decision-making authority, perhaps circumscribed somewhat as the parent began accepting greater amounts of help from others. But even this was not true of two significantly disabled older fathers in the study, who continued to control the circumstances of their care and to demand significant amounts of assistance from adult children as a parental prerogative.

Patterns of Mutual Aid. Several informants described a pattern of mutual exchanges between parents and adult children. Some adult children provided various forms of financial assistance to their parents, as discussed earlier, and some parents described helping their children as well. One mother mentioned contributing to the down payment on her divorced daughter’s home. Sometimes this daughter, who was working fulltime, had difficulty with her own high-school-age daughter’s school schedule, and the mother helped out. In turn, the adult daughter sometimes assisted her mother with more difficult household chores such as cleaning windows.

Another older woman described the after-school care she used to provide her grandchildren, as a way of helping her divorced daughter. Now this daughter was helping her mother with laundry and housekeeping, and she expected to move in when her mother needs a higher level of care. In time she anticipated that she will inherit her mother’s house.

Some older parents were providing a home for their children. One mother told us she has cared for a disabled son for forty-nine years, and now needs to find a suitable housing placement for him. Once she has ensured he is well provided for, she expected she would apply for senior housing. Another couple found it mutually advantageous to have an adult son living with them. His original plan was to move in temporarily, between apartments, but the arrangement worked out well for all concerned and he has stayed. The son helped with snow shoveling and yard work and looked after the house when his parents traveled.

Adult Children’s Concerns about Parents’ Residential Circumstances.

Adult children expressed a broad range of concerns about the housing circumstances of their adult parents. They worried that parents lacked adequate social supports in their current settings, or that their parents were isolated and vulnerable to injury. In instances where adult children themselves were providing substantial amounts of support to the parent, children worried about their ability to maintain the level of care the parent needed. Some adult children expressed clear dissatisfaction with parents' current residential circumstances, expecting that the parents' perceived insecurity might soon create a need for some adjustment. One daughter expressed concern that her mother's reluctance to plan for future support needs might result in foreclosing some of her options and reduce her role in the decisions that would need to be made:

Her health is great, according to her. And even though it seems to be great, she has some problem with high blood pressure and diabetes, but she seems to monitor them very well. But we have talked about how there could be a precipitating event and if that were to happen, the decision would not have as many options and not involve her the same way.

Several older parents were living alone in single-family homes, which children believed was no longer prudent. One son expressed concern that his father, in his mid-eighties, was having difficulty managing the routine upkeep on his home but seemed unwilling to invest in major home renovations the son thought he needed. And while the father had agreed in principle on the need to move and expressed interest in finding a condo in a suitable area, he had not taken any concrete steps in that direction. Another father, who at 93 was still living alone and taking care of the grounds and maintenance on a large property, rejected his sons' suggestions that any change was necessary, and had turned down an offer to come live with one of them.

A daughter told us about her 85-year-old mother, currently living alone in her single-family home in Chicago. She had begun to need more assistance than her other grown daughter, a working single mother living nearby, could easily provide. Our informant, a resident of the Boston area, was limited by geography in the support she could offer. This mother was adamant in refusing to consider an assisted-living option, and apparently wanted the informant's sister to move into her home, a choice the sister rejected. Our informant worried about how this seeming impasse might be resolved.

In another family, six siblings formed a team to provide emotional and instrumental support to their ailing father following the sudden death of their mother. Shortly after the mother's death, one daughter and her partner gave up their apartment and moved into the father's

large single-family home as a temporary support measure. At the time we interviewed the daughter, this arrangement had been going on for about fifteen months, and the couple hoped they would be able to move into their own home at the end of two years. Other siblings were contributing in various ways to helping their father, and together the family was considering what other arrangements might allow him to remain in his home for the long term. The father expressed the hope that another daughter and her family would move in, with the draw of a better school system for the grandchild.

In yet another large family with nine siblings, an adult daughter who was a nurse practitioner lived with her mother, who was 94 and had Alzheimer's disease. The other siblings, including the son who was our informant, contributed significant help as well, and the family made limited use of a paid aide. Although the mother "made her children promise" she would never enter a nursing home, this son could foresee the day when such a move could become necessary. He spoke of the conflict he felt over the fact that his own son would need surgery soon. If he took a week or two to help his son, who lives out of state, it would put a significant strain on his mother's support system.

Other families had different kinds of concerns about their parents' residential arrangements. One son worried about his 81-year-old mother who lived alone and who had recently had a serious fall, adding to many other health issues. He reported that his mother was somewhat isolated: she did not know her neighbors well, and none of her children lived close by. The son worried that if the mother had another serious fall, no one might know, and he was exploring whether a wearable medical alarm could be a solution. So far, the mother has refused her children's suggestions that she consider moving.

One daughter expressed concern about her mother, an 84-year-old widow living alone in New York State. The mother had moved into a condo two years previously, after her single-family home in the same community had become unmanageable. The daughter had questioned her mother's choice, however, because the new building was not designed for older residents and, according to the daughter, did not meet her physical needs in important ways. For example, severe arthritis and trouble with her knees meant that the mother was unable to do her own laundry. Residents were forbidden to install their own washers and dryers, but the community laundry room was located in a basement, requiring the use of stairs. Further, whenever there was snow or ice on the ground, the mother's fear of falling meant she could not go out to do grocery shopping or other errands, and her building had no van service. Moreover, friends and relatives

she could once call on for assistance were also aging and often could not help. At the time of the move two years ago, the daughter had been unsuccessful in getting her mother to consider other housing options. Now, she explained, “Some problems have gone away, but living in the condo has brought its own set of problems, and assisted living is very expensive. My mother lives on Social Security, so assisted living is not an option.” We asked whether senior housing was a possibility. The daughter expressed worry and frustration in her reply:

Well, not that she would go to. She had objections. You know, I wanted her to go to a building with an elevator, which had laundry facilities on each floor. No. Didn't like that one. There's federally funded senior citizens housing, but she wouldn't go there. So, that's it. And she won't — I make all kinds of suggestions — she needs people to come at least once a week or something to get groceries for her when she can't get out and to make sure she's got her medications. But there isn't anybody.

Residential challenges and adjustments.

Trigger Events. Among the older adults who were primary and secondary participants in this study, many described age-related residential adjustments they had made or considered. Typically, the reasons put forth for these adjustments were changes in health, the loss of a spouse, or changes in economic status.

In this group, by far the most significant impetus for a housing-related change was a change in health status. Several women mentioned problems with arthritis, broken hips, and hip replacement surgery that made it more difficult to manage stairs or do housework. For example, one 83-year-old divorced woman had had three hip surgeries within a few years. During this process, her son helped her move to a new condo apartment sited on a level surface and within easy walking distance of a subway station and bus stop. Even with impaired mobility, these features allowed her to retain a substantial amount of independence. Another son told us how his parents, both in their 70s, were in the process of selling their Massachusetts home and moving into an assisted living community in New Hampshire. The mother was recovering from surgery and radiation treatment for cancer, and the couple decided they wanted to live closer to other adult children.

Sometimes the reason for a housing-related change had to do with the loss of a spouse. One older couple had been living in a Florida retirement community and planned to move eventually to a nearby assisted-living facility. But the husband died unexpectedly, and the wife

(the mother of one of our adult-child informants) made the decision to move instead to a southern California retirement community, closer to where some family and friends lived.

Another reason to move was a change in economic circumstances. For example, a landlord would announce a rent increase the older adult was unwilling or unable to pay. Said one woman, somewhat indignantly, “[That] happened to me. I lived there twenty-nine years. My landlord wanted a five-hundred-dollar raise. I said no way in hell I’d give him that money, even if I had it. So I went right into town and signed up [for subsidized senior housing].” She added that her adult children “would have paid the extra rent on the other house for me. But I said no, I won’t give it to him for any reason.”

Residential Adjustments Made or Under Consideration. Older adults and their families used a variety of strategies in responding to changes in their health and economic status or to the loss of a spouse. Some older adults had considered moving to a more affordable or more manageable home, but had not yet taken steps to do so. Several others had actually completed such moves, to senior housing, smaller apartments, or to locations where sons and daughters more easily could provide direct support. A few older adults purchased the services of paid helpers, such as home health aides and housekeepers. One woman, whose husband was in poor health, had modified her four-story home by installing a first-floor bathroom, but she expressed no interest in leaving the home they had occupied for twenty-two years. In several cases, the adjustment was made by adult children who had recently begun providing more direct support to older parents: helping with errands and trips to the doctor or assisting with household chores. In four families, adult children had relocated as a way to increase support they could provide their parents, and two more were actively considering similar relocations.

One older woman had experienced difficulty with the stairs in her old home due to health problems. At that point, her youngest daughter “insisted” that she come live with her and emptied the first floor of her triple-decker home. The daughter and son-in-law now live on the upper floors. In another family, a divorced woman, who had emphysema and asthma and lived alone in a three-story townhouse, was persuaded by her children to move into a small, two-bedroom apartment when it became too difficult for her to clean the larger home. At some point after the move, her children persuaded her to hire a housekeeper to manage the harder household chores: “One time my daughter came and I was cleaning the tub, and she said, ‘That’s ridiculous, Ma’. So I said ‘OK’ [*to hiring help*]. So I don’t bother with a lot of heavy housekeeping.”

A mother with numerous health issues had spent several months in a nursing home (which she hated). However, she was able to return to her own home due to a variety of outside support: home health aides who assist with bathing, homemakers who help with shopping and errands; Meals on Wheels; and a daughter who visits weekly. Moreover, prior to her discharge, a physical therapist visited her home and supervised the installation of grab bars and removal of throw rugs.

Another daughter spoke of her struggle to persuade her mother not to do her own laundry, since it entailed using the basement stairs:

I go there every Saturday, and I'll do her laundry and her cleaning because her laundry is downstairs. [She'll say,] 'Oh, I can go downstairs.' [I'll say,] 'No, you can't; I don't want you going downstairs.' She's had a stroke as well, and she can't breathe very well, and I don't want her climbing up and down the stairs. But she's stubborn like they all are, and [she says], 'Oh, I'm going to go.' And I really get upset with her. Finally, she decided, 'OK, well, if you come on Saturdays, then I won't have to do that.'

Circumstances of Adjustments. As we have seen, older adults and their families often made residential adjustments in reaction to an unanticipated health problem or some other change in circumstances. However, a few participants made changes in anticipation of future need. For example, one 86-year-old widow relocated to the Boston area thirteen years earlier, following the death of her husband because she wanted a smaller home (a coop) and to be nearer her adult daughters and her summer home on Cape Cod. But recently, she sold the summer home and put her name on a waiting list for a continuing-care facility. She remarked on the reasons for this second residential transition: "I decided I don't want to wait too long – they don't advise that. You don't want to go in when it's too late to make friends." She added, "I also found that from 80 to 85, I noticed a difference in muscular ability. . . . After all, your heart's been beating 86 years, and you've been walking around on your feet for 86 years. It's not so good."

Another woman, currently in good health, told us about adjustments she had made to her home that permitted her father to live with her and her husband in his last years. She hopes the first-floor bedroom and bath that they installed for her father will make it possible for her and her husband to remain at home throughout their own later years.

Satisfaction with Adjustments. Older adults who had made age-related residential adjustments were generally satisfied with them. For example, several years after one woman was

widowed, she allowed her son and daughter-in-law to talk her into moving into their multi-family home. She now lives on the first floor, and her son's family lives on the second floor. She told us she has more of a social life than formerly, and says of the move, "It's the best thing that ever happened."

But another woman complained about excessive noise from other residents in the condo she moved into five years before, and her complaints have brought her into conflict with some of the other residents of her building. Because of this problem, along with the woman's increasing mobility difficulties, her son was exploring another residential move, closer to where he and his wife lived. However, that raised issues of affordability, and the mother was resistant to go through the disruption of another move. While the mother-son relationship was strong, and the mother expressed considerable appreciation for the supports her son provided ("He wins the good son award"), further residential discussions seemed to be stalled. As a result, the family seemed stuck with a less-than-perfect residential solution, and the son and his wife expected to increase their supports to make up for the things the mother increasingly could not do for herself.

Another example of an uncertain outcome was recounted by an adult daughter who spoke about her parents' recent move from their residence of forty years to a condo. This account demonstrated the added complexity of a poor marital relationship and disagreement among parents regarding residential decisions. The move had been prompted by the couple's advancing age. Although in good health, the mother, at age 70, found it difficult to manage the house, while the father, at 85, had health problems and needed more support. The daughter described her parents' relationship as not good, and the move to a condo had been particularly challenging because it was something the father had not wanted. He would have preferred an assisted living situation, but his much younger wife was not interested in this option. The father had refused to participate in preparations for the move, and even refused to go to the new condo until it became apparent that he would be left alone in the old house. The daughter had to step in and give her mother substantial help with the move. She was concerned that her father would not adjust to condo living. Moreover, if the father began needing more care, she was not certain her mother would provide it.

Another woman described how an unsuccessful residential change had been reversed, better meeting her own and her husband's needs. Following his retirement, the couple had left the Boston area and moved near a ski resort in the mountains of western Maine. The area, while

beautiful, also proved to be socially and culturally isolated. Few friends came to visit, and people in the local community did not seem welcoming. After four disappointing years, the couple moved back to Boston, happy to resume many of their former social and cultural activities. Now, she remarked, “All our old friends are around – and wow! Life is whole again. When people talk to me about moving away, to where the sun is, I say, ‘But you have to realize that you need some friends there or the sun isn’t going to matter.’ We had all the beauty in the world in [Maine] . . . but that doesn’t make a life.”

Nonadjustments. Increasing age, sometimes coupled with health challenges or financial concerns, often prompted our study participants to consider moving or making other residential adjustments; however, they did not always follow through. Adult children frequently expressed concern over a parent’s residential circumstances and often suggested a change, but some older adults simply did not perceive the same need. One woman, living with her husband on the third floor of a multi-family house, commented about her children’s suggestions that she might move:

My kids had a fit about the top floor, and they made such an issue of it. And I said, ‘You’re worrying about it more than I am.’ And they’ll come over to visit me, and they’re huffing and puffing coming up the stairs. I said, “It doesn’t bother me at all!” And they keep bringing it up about: ‘Well, you know, you got to figure you’re going to get old.’ I don’t consider myself old. I said, “You’re as young as you feel.’

A son expressed his frustration over his 93-year-old father, who refused to consider moving from his home on Cape Cod, where he lives alone and cares for his house and extensive grounds himself.

He’s just not interested in changing his lifestyle because of his change in age. He doesn’t think that he’s — I mean, he takes lots of naps. He doesn’t push himself too much. Every once in a while you’ll see him, and he’ll say, ‘Gee, I did too much raking today.’ But he just will not talk about it. There’s four kids, and we all say to him, ‘Why don’t you slow down? Why don’t you come stay with us? Come, we’ll do anything.’ And he just says, ‘No, I’m fine; leave me alone.’

Another woman said:

“I love living alone, and I like my freedom. I know my daughter would come stay with me, but there again, I’d rather be by myself as long as I can. I enjoy living alone, doing what I want to, eating when I want to, sleeping if I want to. Get up in the middle of the night and have a cup of tea when I want to.”

When no residential adjustments had been made, the reasons varied widely. Of course, some older adults perceived themselves as healthy and comfortably situated in their current homes. But other factors entered the picture as well, including disagreement between spouses

about whether some adjustment was necessary; concerns about the adequacy of finances; inability to find acceptable alternatives to the current living situation; and uncertainty about the future one should be preparing for. Some families may have lacked information about possible options.

An older woman described having hip replacement surgery that made it difficult to get around in the three-story home she shared with her husband. The couple initially considered installing an electrified stair chair to give her access to the second floor during her convalescence, but she decided against the device. And although she recovered from surgery after several months' convalescence, she indicated that the health episode had made her want a smaller house, preferably on one floor. Her husband preferred to stay in their current home, however, and she decided not to press the issue. Her children—all living a considerable distance away—have also suggested that the couple move closer to them, but our informant and her husband both preferred to remain in the Boston area.

A son discussed his concerns about his mother and stepfather who were living in Florida. The stepfather's health was failing, and he believed his mother would not be able to care for him much longer. The family had investigated assisted living and nursing home options, but had made no decisions. Remarkd the son,

“Assisted living is very expensive, so that's only going to be a short-term possibility. . . . We did some pricing, and our average down there [in Florida] is \$4,000 a month. I mean, that eats up a lot of money very quickly.”

At another point in the focus group, this son expressed worry about potential nursing home costs as well, describing financial steps they had taken to protect his mother's residence should the stepfather be admitted to a nursing home.

In some instances, no residential adjustment had been made because respondents and their families did not believe there were acceptable alternatives to their current living situations. One common theme, expressed by many of the older adults in the study, was a strong wish never to have to move to a nursing home, and some expressed an aversion to assisted living facilities as well. A widower of 84 described having increasing difficulty with the maintenance of his home, although he still drove and took care of his own laundry and meals. He commented,

Up until last year, I could pick up the leaves and do lots of those things I can't do this year. I'm finding it's getting more difficult to do lots of things that I've done by myself. On the other hand, I have two brothers in assisted living. I'm well acquainted with them [AL] and I don't like them. I want to stay at home as long as I possibly

can. . . . My biggest worry is I don't want to end up in a nursing home. I have a close friend who has been there two years. I visit her – it is very, very sad.

At another point in the focus group this man commented, “Decisions will have to be made,” but it was clear he was not looking forward to them.

A factor that kept some older adults and their families from utilizing nursing homes and assisted-living facilities was a strong preference for traditional family care. One daughter had been providing a home for her mother since the latter briefly became homeless at a much earlier point in her life. For thirty years, this mother had refused to leave the house, a situation her daughter long ago became resigned to. Now, at 83, the mother was becoming increasingly disabled, and the daughter worried how she would care for her, given that she herself was single and worked full-time. She was not sure her mother could tolerate being moved to an elder-care facility. She also worried that, since the death of a sister, she was effectively her mother's only support:

So she has nothing and she doesn't know anybody, and so I guess that's why I just feel like...I made myself a promise at that time [when the mother became homeless]. I'm just going to make sure that she's warm, she's fed, she's comfortable. She has always done everything for me, and I can't do any less for her. So I have thought about where would I put her, what would I do, what could she stand? But as long as I can keep her comfortable, that's what I'm going to do.

Some families may have resisted change out of a combination of traditional assumptions about family care, coupled with an inability to perceive acceptable and affordable alternatives. For example, another of our informants was an employed daughter with a two-year-old child who was providing significant support to her parents, both of whom were in poor health living at home. Trying to anticipate their future needs, and feeling stretched between her work and family responsibilities, the daughter commented, “I keep talking to them about their living situation, and my dad's perspective is, Well, I have four children, and the four of you will take care of us. And, you know, there's no ifs, ands, or buts about it.” In fact, only one other sibling was providing significant support - an unemployed brother who was actively looking for work. So far, her parents have resisted considering other care options:

And recently, when my father was sick, I was very nervous that he was going to have to go to a nursing home and. . . . they have no will, no health care proxy, none of us know anything about their finances. You know, there's probably no money to go to a nursing home, and then what do you do with the one that...?— If my mother got to

stay in the house, where would the money be to keep her in the house and put the other one in the nursing home? It's very frustrating, and we've been asking my dad for five years to meet with his lawyer to — They don't have to tell us what it is, just do something so that if something happens, we're not in a situation where we have to make the decision under duress because he's in the hospital, and they're kicking him out in two days, and we don't know where he's going to go. But they're adamant that they won't.

Finally, families had difficulty anticipating the circumstances elders would face and knowing how to prepare for them in advance of a crisis. A woman whose mother lived in a Leisure World community explained the challenge of planning this way:

The timing has to do with everything. You can think about what you might do this year, and that's going to look different next year and it's going to look different in six months. . . . It really depends. What I think might be a good solution this year won't be at all adequate next year. So you kind of don't have those [advance planning] discussions because they might..., you want to hope that they're unnecessary... I don't think anybody really wants to have them.

Summing up the uncertainty everyone faced, one man in his eighties remarked, “We're all at a vulnerable age, and we need some luck in the last few years of our lives.”

Role of Adult Children.

Role of Children in Assisting with Residential Adjustments. The adult children in this study were generally alert to the goings-on in their parents' lives and offered help when they perceived a need. Adult children who were worried about a parent might suggest a variety of options to them: that the parent move in with them or at least in closer proximity; that the parent move to smaller, safer, or more affordable housing; and that the parent should undertake formal planning for the contingencies of later life, including writing wills and advance directives. In turn, older parents appreciated the interest shown by their children; accepted help at times and turned it down at other times; but in general, sought to preserve as much autonomy and independence as they could, including decisions about their living situations. One older mother of six living in a four-story home put it this way:

They all call me to make sure I'm all right. . . . They all have their own lives, and I have never really depended on any of them. But now, sometimes I say I need a little support here and there, and they're there. But as for doing the day-to-day things, it's up to me. . . . They would like me to move, yes. They'd like me to get on one floor. But we bought the house twenty-two years ago, and it's handy. It meets my needs, and so I can accommodate things as I go along. . . . They would like me into a condo, something like that. But I don't really want to go into a condo. There are a lot of things attached to a condo that I wouldn't want to deal with.

Another older woman put it this way:

Hopefully, I'll stay well and stay independent. But if the day comes, just put me in assisted living or someplace. There's enough money to take care of me if anything happened to my husband. My children tell me they'll take care of me and not to worry, but I *do* worry: I don't want to go with anybody! You know, it's OK for your sons to say, I'll take care of you, Ma, but you got three daughter-in-laws! I get along beautifully with all of them, but I wouldn't want to live with them. They have their children and their own lifestyle, and I have mine.

In keeping with this preference for autonomy, some older adults made decisions without involving their children, and in turn some adult children seemed content to let parents determine where and how they would live and tried to support the parents in their decisions. For example, one son accepted his 81-year-old mother's decision to continue living alone in her single-family home and looked for ways to help her cope with increasing frailty. He visited more frequently, assisted her with errands, and also made safety modifications around the house to help prevent her from falling.

In other instances, adult children expressed definite preferences about their parents' living situations, and the parents accepted their children's suggestions. One daughter described the sequence of events that led to her mother's moving into the home she and her husband own. Her mother, a widow who had lived alone for ten years, had begun having serious health problems, starting with a fall that led to two hip replacements. The mother also had angina and required heart bypass surgery during the same period. At that point, the mother was feeling nervous and lonely [mother and daughter concurred on this], and the daughter reported, "We sort of made the decision: 'You should sell the house and come.'" She and her husband remodeled their basement, creating an apartment for her mother. She added, "I think when we purchased this house, we knew that at some time we could put a little [apartment] in the basement." When asked if her mother liked the arrangement, the daughter responded, "She feels very safe. We tease her – it certainly isn't a nursing home, but it certainly is like a supervised – more than she likes to be supervised – residence." The mother's health improved substantially following the move. In fact, what was anticipated as short-term solution (the daughter never anticipated her mother would recover as she had) was now a permanent arrangement.

When parents took steps on their own, children were sometimes skeptical, at least at first. One daughter, for example, felt that her mother was making a mistake moving into a studio apartment in a subsidized senior complex. Although the mother had decided to move in order to

alleviate worries about finances and the prospect of rising rents, her daughter thought the new apartment was too small and that her mother would regret the move: “My daughter said, ‘Mom, I’ll give you two years.’” But the mother has lived in the apartment five years and continues to feel it was a good move, and the daughter has accepted her mother’s decision.

Where adult children seemed unsatisfied with parents’ circumstances, it sometimes was associated with uncertainties about the future, such as with the daughter, discussed earlier, whose ailing parents had made no plans for their future care; or the son concerned about a father seemingly unable to formulate a plan to leave a large house that no longer met his needs. In other instances, the dissatisfaction was related to children’s perceptions of unmet parental needs. This occurred more often when there was substantial geographic distance between parent and child. This was demonstrated with the daughter, described earlier, who worried about her widowed mother, living in another state, who had moved from her home into a mixed-age condo in the same community only to find that the new situation lacked some of the social and instrumental supports she needed. A son expressed similar frustration with his mother’s living situation and with the geographical distance between them. She lived in the Midwest, and while he had power of attorney, he had difficulty getting his mother and siblings who live closer to accept changes he thought were advisable. He remarked, “Even if I go for a visit [and initiate changes], I come back, and they just do what they want to do. Fifteen hundred miles is quite a barrier.” At another point in the focus group discussion, he expanded on this comment:

A year ago I was out there. I got Meals on Wheels set up just to have somebody coming into the home at noontime because my sister is working. But the day after I left it was cancelled. . . . There are certain things you can adapt, but if they decide they’re not going to do it, something major like doing work in the bathroom, they — I mean, you can put up grab bars and stuff, but making some adaptations that really would work — getting people in to help, she wouldn’t even have a home health aide coming in to help her out at all. She dug in her heels and said no, it’s not going to happen.

Other Supports Offered by Adult Children. Apart from seeking to anticipate parents’ future care needs and help carry out any needed adjustments, adult children often found themselves contributing substantial support as their parents became increasingly dependent. The amount and kinds of support varied considerably. There were adult children, already discussed, who had opened their homes to parents increasingly unable to manage on their own. There was the son who handled his mother’s finances from a geographic distance. One daughter drove to New York State each month to check on her mother. Three families were providing full-time in-home care for parents with

significant health impairments. These latter were all large families, and siblings had teamed up to provide the largest share of the care for their parents, with a lesser amount of care provided by paid assistants. In other families, at least two adult children had relocated, moving from other states to the Boston area in order to provide more support to their parents. One informant's brother had moved from Florida to the Midwest to be closer to his mother and monitor her well-being.

Monetary support was much less in evidence. Several informants mentioned children's offers of financial assistance, but parents seemed loath to accept it. For example, one woman worried that her apartment rent would rise above her ability to pay. Her children offered to make up the difference if that happened, but rather than accept, she had decided to begin looking for subsidized senior housing. Said her daughter, "She doesn't want any part of that. At this point, she says, 'Absolutely, no.'" When asked to explain the mother's unwillingness to accept the offer of money, the daughter responded, "Just, I think, pride more than anything. She just really said, 'No.'" So instead, the children became involved in helping their mother look for a suitable senior housing facility.

Parents were willing to accept a wide range of other kinds of assistance from their children. Some children had taken over paying bills and handling other financial matters. Some had been given power of attorney or become their parents' health-care proxy. Many contributed considerable time helping with shopping or providing transportation to medical appointments, and daughters particularly assisted with housekeeping chores while sons were more likely to take care of maintenance, repairs, and mowing lawns. At times, children's spouses were also enlisted to help. Said one son, "I mostly, but sometimes my wife, routinely take her out shopping every weekend or every other weekend. Sometimes, I call her up and get lists and bring things to her." Often the adult child's role consists simply of "checking in"—keeping in close communication with parents, and assuring themselves that the parent is well.

Do Families Engage in Anticipatory Planning or Changes?

A research question prompting this study was the extent to which older adults and their families anticipate the need for residential adjustment, and the circumstances in which adult children can assist parents in planning ahead and making suitable anticipatory moves, before a crisis arises. Many older adult participants had given considerable thought to their future needs. For example, several parents mentioned options they had considered but had rejected: nursing homes, condos, moves to live with an adult child. Some had explored options such as subsidized

senior housing; two mentioned investigating a new older adult community being developed in conjunction with an area college.

Many had at least a general idea of what their next step would likely be. For example, a woman who had moved from a townhouse into a small, one-floor apartment anticipated that her next move would be to an assisted living facility in the same neighborhood. Another woman, the primary caregiver for a disabled adult child, expected that she would go into senior housing once she had made provision for her son's continuing care. A woman currently living in subsidized senior housing mentioned that her building has an assisted-living component that she could move into if the need arises. Yet another woman, still living in the community with considerable assistance from her adult daughter, thought she might one day move to the nursing home that cared for her husband in his final months.

Other families had explored possible future living adjustments but appeared to be waiting for a specific need to arise before making any decisive moves. A second mother-daughter dyad had investigated some senior housing options, foreseeing that the rent on the mother's current apartment would go up someday. But the mother's housing situation was stable for the moment, and no change was under active consideration. In fact, our interviews reminded them that perhaps they ought to resume active investigating. Another example was the son, described earlier, who had investigated assisted living and nursing home options on behalf of his mother and stepfather residing in Florida. Because they had concerns about the costs of these options, however, the family was waiting until a change was unavoidable.

While very few had made concrete plans, there were exceptions: for example, the 86-year-old widow who put her name on the waiting list for a continuing-care retirement community, commenting, "You don't want to go in when it's too late to make friends." Her daughters, who did not find out about her decision until after she added her name to the waiting list, thought she was prompted to do so by observing friends having greater difficulties and by noticing her own declining energy level. Yet, the step was anticipatory since there was no immediate need. This woman described her daughters as supportive, albeit surprised about her decision; they had expected she might eventually hire an attendant to live in her two-bedroom condo, similar to what some older relatives had done. But instead, she had decided she had "a terrible aversion" to that option; other people in her building were doing this, and what she saw of it evidently did not

appeal to her. She also foresaw that entering a continuing-care community would relieve her daughters of future worries and responsibilities for her care.

Another anticipatory change was made by a woman, described previously, who moved into a subsidized senior apartment expecting that the rent in her old apartment would soon rise above her ability to afford it comfortably. While this woman had spoken with her daughter about the move ahead of time, the daughter had not favored the move, thinking her mother would find a studio apartment too small.

Thus, while many older participants had thought about what their next steps might be, few had made concrete plans or effected adjustments prior to the emergence of a clear need. We did not ask what kept most study participants from engaging in systematic advance planning, but several reasons were suggested by participant comments. One reason expressed by several children and parents was that they couldn't anticipate what the specific needs would be, hence what to plan for. Plans made in anticipation of one set of contingencies might have to be changed when something else occurs instead. For example, a daughter in one focus group explained what happened to plans her parents had made:

My mother and father lived in a townhouse in Florida, and their object when they bought the townhouse was: "The townhouse was here, the assisted living was here, and the cemetery was over here." They were going to make three moves within the same neighborhood. Unfortunately, my father died first, so they never moved to the nursing home. My mother stayed on at the townhouse for a while, and then realized she had sisters and a daughter in southern California and many connections there, and so that's when she decided to sell in Florida and move to California.

Participants also questioned whether assisted living or nursing-home care would be affordable. Other parents were clearly reluctant to leave homes where they had lived for several decades for a combination of reasons: attachment to the comfortable and familiar coupled with a perceived lack of attractive and/or affordable alternatives. In such instances, and particularly for options that involved significant disruption and/or new expenditures, it is evident why families may opt to wait until a clearly defined need arose before making an adjustment that was tailored to that specific need.

Although there was little evidence of anticipatory residential planning, there was more evidence of nonresidential long term planning. Very few participants had purchased long term care insurance, an option only feasible for families with high incomes. Other kinds of intergenerational anticipatory activities were more common, however. Parents initiated adult

children into the details of their wills, insurance plans, pensions, and investments; added children's names to their bank accounts; arranged for health-care proxies and power of attorney; and planned their funerals.

In contrast to the older adults who seldom made concrete plans or actual adjustments in expectation of future support needs, their children often tried to anticipate their parents' needs and to suggest solutions, even if what they suggested was not what the parent wanted or was ready to accept. One woman believed her 85-year-old mother ought to consider assisted living: "Now her world is closing in because she's feeling less independent. And when we talk to her, it's, "Absolutely, definitely not, I'm not going anywhere. There is no way you can talk me out of this"—that is, remaining in her current home. This daughter expected that the mother's situation will have to become more pressing before she would seriously consider a change.

Two mothers described how their children had urged them to move into their multi-family homes after the women (widowed) had lived alone for some years and began experiencing greater difficulty managing on their own. Although both refused the offers at first, in time they accepted, and each one expressed considerable contentment with her decision to move. We asked one woman how the conversation with her daughter had come about. She replied, "Little by little, day after day. You can't be doing this, and so on." A woman who had broken her hip reported that her four children became quite concerned, and all offered, "You can come and live with us." But these children all resided at a considerable distance from Boston, which is where this woman and her husband prefer to stay, and so they did not accept the children's offer.

Still, the conversations that adult children and elder parents had on such occasions may have laid a foundation for family conversations about residential adjustments that eventually will become necessary. The six children caring for the frail, recently widowed father discussed earlier had regular family meetings as well as frequent informal communications to try to anticipate and plan for their father's needs. He was an active participant in these discussions as well, and while the scope of his needs was changing and was not clearly established by the time of our interviews, it was clear that the entire family was actively involved in searching for the right care arrangement.

Another older mother described conversations she had had with her daughter about her future care needs: "She said, 'Mother, you'll never go into a nursing home; I'll come and take care of you.'

But there comes a time when she may not be able to. So I tell her I'll go into a nursing home if I get bad enough because I don't think it's fair to have her sacrifice any more of her life for people than she did for her kids."

Conclusions

Major findings.

Importance of family resources. Residential adjustments made by older people are affected substantially by family resources. Widows and widowers are particularly likely to draw upon resources of their kinship networks in making residential adjustments. While adult children are important kinship resources for elders, they are not the only resources. In some cases, for example, elders draw upon the resources of their siblings, neighbors, or friends.

Some widows and widowers are able to stay in their current residences because of the help they receive from adult children with whom they co-reside or who live close to them. Sometimes, elders move to be close to adult children or adult children move to be close to their parents. In some cases, elders receive varied help from more than one adult child. Elders who live alone and who have no adult children living nearby are more vulnerable than those with children living close by.

Intergenerational communication. The quality of communication between elders and adult children about residential adjustments varies greatly from one family to another. In some cases decisions are made on the basis of extensive communication between elders and their adult children. In other cases, adult children are frustrated because of their inability to communicate to their satisfaction with their parents on residential adjustment issues.

Even when family members are close and maintain regular contact, communication between elders and adult children about residential adjustments made by elders is often uncomfortable and limited. In some cases, elders and their adult children communicate adequately but disagree about residential adjustments that are made (or not made). When there is disagreement, it is often about the extent of the adjustment that is advisable. Adult children, for example, may encourage relocation to a more supportive and less demanding setting but their parent is not willing to relocate.

Elders tend to want to make decisions about their residential adjustments on their own. Many elders see little need to turn to adult children for advice, and elders typically prefer to avoid being a burden on their children. On the other hand, adult children often worry about the

safety of their parents. Adult children often feel responsible in spite of parental insistence that no help is needed. Adult children often find it difficult to give parents advice; when adult children provide advice to parents, adult children are often disappointed that the advice is not well received.

Incomplete information. Both elders and adult children often lack information about the range of residential options including both home modifications and other residential settings. Frequently they lack information about both the self-help literature and professional resources. Extensive information about home modifications, assistive devices, and service-supported housing is available in print format and on the Internet. Professional resources include occupational therapists who can be helpful with home modifications and assistive equipment, care managers who can provide information about service supported housing options in the area, and relocation specialists who can help with downsizing and preparation for moves.

Multiple options and sequential decisions. Older people face continuing questions about residential adjustments as their social supports change and their health and physical function decline. In some cases, elders make a number of residential adjustments over a period of years. Other researchers concerned with residential adjustments have tended to concentrate on a single residential adjustment such as a move to a retirement community or to nursing home. Because our research was broadly concerned with residential adjustments, we learned about a wide variety of situations. In some cases, we learned about individuals who had already made a number of adjustments. In some cases we learned about situations in which elders had not yet encountered major challenges and had not made significant adjustments.

Our research indicates that some elders make a series of adjustments over a period of years that reflect progressive loss of functional capacity or change in social supports. An elder, for example, may first make modifications to a multiple story single-family home to lessen the need to use stairs, subsequently move to condominium unit that is on a single floor of an elevator building, and move later to an assisted-living facility.

Responses to challenging events. Most often, residential adjustments are made directly or indirectly in response to challenging events such as a serious accident or health crisis that dramatically reduces self-care capacity, widowhood, or reduced economic circumstances. We heard little about older people who anticipate their support needs well in advance of a serious crisis and make adjustments long in advance that will strengthen their ability to cope with

declining functional capacity when it occurs. We rarely learned of elders, for example, who moved into retirement communities when they were in good health, were fully independent in their functioning, and had support systems that were fully in tact.

Most often, the adjustments tended to address only immediate problems. Setting up a temporary bedroom on the first floor of a two-story home while an elder is recovering from a fracture is an example of an immediate, stop-gap adjustment. Co-residence with a relative during recovery from an illness or injury is another example of a short-term adjustment. Another possibility is that bathroom modifications are made at the insistence of a home-health provider. Adjustments of these kinds may be entirely satisfactory when the loss of functioning is temporary or if the loss of functioning has been stabilized. However, such adjustments leave elders vulnerable when another more serious threat to independence occurs.

Anticipatory planning. Middle-class social norms suggest the desirability of personal planning that anticipates likely need for residential adjustments on the part of elders. Elders who can afford to do so, for example, are encouraged to purchase long-term care policies which would help them to pay for residential adjustments that may be needed in the future. Further, because most elders do not want to be a burden on their children, elders have reason to make residential adjustments in advance that reduce their potential burden on their children.

The extent to which planning is an option for elders depends greatly upon their circumstances. Elders who are in good health, have strong financial resources, and have limited family responsibilities are in a strong position to make residential adjustments that will serve them well over an extended period. On the other hand, elders who are in poor health, who have experienced loss of function, who have limited financial resources, and who have weak family resource networks may be fully challenged to cope with immediate problems and have limited long-term options.

Objectively, elders who are in a position to plan are faced with major uncertainties that may make them reluctant to plan. Among these uncertainties are their longevity (and that of their spouses), the trajectory of their health and functional ability (and that of their spouse), the stability of their family support network, and the adequacy of their financial resources.

Residential adjustments involve costs that may deter those for whom the adjustments are not immediately necessary. Elders, for example, tend to be strongly attached to their homes and

their communities. They are often highly reluctant to move both because of their preference for familiar surroundings and the disruption that is associated with a move.

While our study suggests that elders (and their families) typically take incremental approaches to residential adjustments, current research does not provide a basis for determining the extent of receptivity among elders to a more well-planned approach and the obstacles they experience when they consider a more long-term approach.

Implications for further research.

There is need for research that examines more directly the potential for improved planning of residential adjustments. Most intriguing is the potential for a better understanding of the circumstances in which elders (with or without encouragement from their adult children) make residential adjustments in anticipation of needs. Such research should examine the resources available to elders that permit them to plan, their assessment of their risks, and their assessment of the costs of various residential adjustments. Also useful will be more research on the planning which elders do (with or without their adult children) when confronted by a trigger event. Particularly valuable in this context will be research that examines the manner in which various potential information resources are used (or not used) in making decisions.

Also useful will be research that examines more fully the perspectives of adult children in attempting to influence residential adjustments on the part of their parents. The agendas of adult children may reflect more than desire to assist elders in making the best choices for them. Adult children may also be interested in influencing their opportunities for interaction with parents, preserving family assets, or minimizing disruption in their own lives.

Also valuable will be research that examines the effectiveness of residential adjustment strategies. A premise of this research is that elders may benefit from a planned approach to residential adjustments. Because of the many unknowns elders face, the outcome of residential decisions is highly uncertain. A major question is whether elders who make anticipatory residential adjustments tend to fare better in the late stages of life than those who make only reactive adjustments. Some elders who resist making residential adjustments may not experience any negative consequences attributable to their residential strategy. Others who make planned residential adjustments may experience more costs than benefits in the long term. Some risks may be worth taking. Some residential adjustments may not yield net benefits. Research that

examines outcomes offers promise of illuminating the severity of the risks and the magnitude of the benefits associated with decisions to make residential adjustments or to decline to do so.

There is a need for research that includes systematic interviewing of pairs of adult children and parents to determine the role of adult children in parental residential adjustments. In our focus groups, the elders tended to be functioning at a much higher level than the parents who were described by their adult children. As we learned from the dyad interviews we did, studies in which pairs of adult children and parents are interviewed will yield more precise data on intergenerational communication about elder residential adjustments.

Research is needed on elders living in rural areas. The residential options available to rural elders may be substantially different from those available to urban and suburban elders because of differences in housing, transportation, and services and the proximity of adult children.

Studies are needed that examine the influence of family size, socio-economic circumstances, and ethnicity. Family size is important for the likelihood that one or more adult children will live close to elders and be available to provide support. Socioeconomic circumstances are important for access to residential choices and more expensive home modifications. Socioeconomic circumstances are also likely to affect expectations of elders and adult children about adequacy of residential environments and personal assistance. Ethnicity may have implications for expectations concerning intergenerational co-residence and obligations of adult children to elders.

The influence of residential proximity of adult children to elders merits further study. Adult children who live at a distance from their parents may have similar concerns as children who live nearby, but they are less able to provide personal assistance and may be less instrumental with regards environmental adjustments.

Implications for practice.

Improved public education is needed. Adult children and elders should have an improved understanding of residential adjustment as a family concern. Both generations should be involved in decision making. Families need better information about long-range planning for residential adjustments. Families should be encouraged to have plans in place before a crisis occurs.

Services should be developed that combine advice on home modifications, assistive equipment, and moves to other settings. Professionals who advise elders and their families should be able to provide in depth information about all of the options. The advice of a number of specialists may be needed to provide full information on all of the option.

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