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To move or not to move? Decision-making about migration or ageing-in-place for older Orthodox Jewish people from Gateshead

RAFFLES, LARISSA,ELLEN

To move or not to move?

Decision-making about migration or ageing-in-place for older Orthodox Jewish people from Gateshead

Larissa Raffles

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Declaration of own work

I wish to clarify that this thesis is my own work. The data presented are original and were collected by me. All the names of people are anonymised or changed in order to protect the identity of the participants. Appropriate recognition of any references has being indicated where necessary.

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Dedication

**To my children
'what's mine is yours'**

"Not everything that can be counted counts and

not everything that counts can be counted"

Albert Einstein

Abstract

When older people move from where they live to go elsewhere, if the distances are short it is called relocation, or if the move is over state or national borders, migration. Push factors are dissatisfaction with the present residence, or incapacities; leading to short-distance moves to be near, or to cohabit with, adult children, in order to receive support. These individuals are the 'old-old' and 'oldest-old', mostly single, poorer, and less healthy. A pull factor is when people want to access a better lifestyle and an increased standard of living. These long-distance migrants tend to be 'young-old', healthier, financially secure, newly retired, and married. This thesis explores the migration and relocation of older Orthodox Jews from Gateshead, and studies the priorities and criteria that influence the decision-making process, as well as triggers and barriers to leaving. Being a member of this community, I conducted this research as an insider using constructivist grounded methodology. I conducted 33 in-depth interviews with older people who have migrated or not, including nine with adult children. The migrants ranged from 'young-old' to 'oldest-old', were married, generally in good health and well-rooted in their community, with extensive social and work attachments in Gateshead. This represents a unique migration in that they are not moving for care, or out of necessity or dissatisfaction, nor are they aiming to increase their standard of living, but to live near and help their children. The decision-making process is both complex and multi-layered. The older people ordered their priorities and considered how their decisions would affect them and their wider network, and taking into account all their resources, select the option that best met everyone's needs. Decisions were influenced by interdependency with children, neighbours, friends and work colleagues. This interdependency, in which work and volunteering played significant roles, was mediated by reciprocity, the desire not to be a burden, and to remain independent and autonomous. The children facilitated anything that aided these priorities. It was also clear that the demarcation of 65 years as the beginning of an 'old age' marked by dependency and infirmity is both arbitrary and inaccurate. Policy makers should recognise the contributions older people can and do make to families and communities. Facilitating and supporting these contributions would improve the health and well-being of older people.

Glossary

H – Hebrew, Y - Yiddish

'ch' is pronounced as in 'loch', 'ei' is pronounced like 'ay' in 'say'

Aliya (H)	Lit: to go up – meaning - To emigrate to Israel
Aufruf (Y)	*Shabbos* before a wedding the groom gets called up to the Torah and there is a *Kiddush*
Bar *mitzvah* (H)	Celebration for males reaching 13
Bikur cholim (H)	Visiting the sick (in this case an organisation arranging meals for families in need)
Bitachon (H)	Trust (in God)
Bli ayin horah (H)	'Without the evil eye' said after mentioning a good thing to ward off evil (Hebrew)
Bochur (H)	Young unmarried man
Boruch Hashem (H)	Thank God
Challos (H)	Breaded bread made for *Shabbos*
Chas veshalom (H)	God Forbid
Chassiddish (Y)	To act in a way that Chassidim do, as this group has certain cultural behaviours specific to them
Chassidim (Y)	Members of a particular group within orthodox Judaism, lead by a 'Rebbe' – a Grand Rabbi
Chasuna (H)	Wedding
Chavrusa/ chavrusos (pl) (H)	Learning partner
Chesed (H)	Kindness
Chevra (H)	Friends, group
Daven, davening (Y)	Pray, praying
Dira/diras (pl) (H)	Flat/flats (apartments)
Eretz Yisroel (H)	Israel
Ess pasht nisht (Y)	It is not fitting, it's not right
Frum (Y)	Religious observant
Gemorah/ gemorahs (pl)	Talmud
Hannukah (H)	Holiday in December involving lighting candles
Hashem (H)	God
Ivrit (H)	Hebrew (as spoken in Israel, rather than biblical Hebrew)
Kedusha (H)	Holiness
Kehilla (H)	Community
Kiddush (H)	Lit: Sanctification – blessing made over wine. Also reception given on *Shabbos* morning, either at home or in *Shul*
Kohanim (H)	Plural of Kohen
Kohen (H)	Priestly tribe descended from Aharon, brother of Moses
Kollel (H)	Learning institute for married men
Madricha (H)	Counsellor (usually for young people)
Mazal (H)	Luck
Minyan (H)	Lit: quorum required for prayer service (10 men over 13yrs) meaning here the prayer service
Mishna/mishnayos (pl) (H)	Books of the oral tradition written down approximately 200CE. The basis for the Gemorah
Neshei (H)	Lit: women. Here means the woman's social organisation
Niftar (H)	Died
Pesach (H)	Passover – 9 day festival in April
Rov (H)	The rabbi who is the leader in the community.
Sefer/seforim (pl) (H)	Lit: book(s) meaning Jewish books on Talmud and Jewish Law

Sem (H)	Short for Seminary – here means post high school Jewish college for girls
Shabbos (H)	Sabbath (Saturday) from dusk on Friday, until sunset on Saturday
Shalosh seudos (H)	Lit: Three meals – meaning the third meal of *Shabbos*, eaten just before sunset on Saturday
Shechita (H)	Animal slaughter
Sheva brochos (H)	Meals following a wedding for seven nights
Shiur/shiurim(pl) (H)	Lectures on Jewish topics
Shochet (H)	Man who is trained to do kosher animal slaughter
Shul (H)	Synagogue
Simcha/simchos (pl) (H)	Celebration of a life-cycle event (e.g. births, engagements, marriages Bar Mitzvas etc.)
Succah (H)	A temporary hut constructed for use during Succos, topped with branches
Succos (H)	8 day Festival in October (Feast of Tabernacles)
Toradik (H)	'Torah' turned into an adjective
Torah (H)	Lit: Pentateuch. Means different things in different contexts. Here meaning the Orthodox way of life
Yekish (H)	Lit: German-like, meaning 'meticulous' 'ordered'
Yekkes (Y)	Lit: German
Yerushalayim (H)	Jerusalem
Yeshiva (H)	Learning Institution for boys
Yidden (Y)	Jews
Yiddishkeit (Y)	Meaning depends on context: Jewishness – meaning also religiosity or Judaism
Yom tov (H)	Jewish Holiday

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Chapter One: INTRODUCTION

PART l

Introduction

I have lived in the small Orthodox Jewish community in Gateshead for almost 30 years. One of those years I was coordinator for the Labriut[1] Healthy Living Centre, an organisation that seeks health and well-being improvements in the community. In that role I arranged various projects for older people, such as presentations on sight and hearing problems. I noticed that even when I had maximum turn-out for an event, there were only around 20 participants. In a community of over 450 families this seemed rather on the low side. This caused me to ask myself '*where are all the old people*?' I also found very few older people with 'carers'. People told me older people leave Gateshead, often moving to Israel to live near their children. Occasionally neighbours of mine would leave town, generally to Israel. I realised it was important to question the validity of these assumptions, and if there is a genuine and significant phenomenon of older people from this community migrating to Israel, or relocating to London or Manchester or other places, as this could affect the need for, development of, and use of, services. This study found that although many older people do move, many more stay. Much of migration theory did not relate to my data. I also found stereotypes of older people as being frail and dependent did not apply. I originated an understanding of Interdependency using the concepts of autonomy and 'not being a burden'.

In an earlier investigation (Raffles, 2012), I undertook a qualitative study which explored the priorities facing the Orthodox Jewish people in Gateshead when they had relocated to residential care. The results indicated that the Orthodox religious and cultural nature of the residential home was *the* top priority in choosing care. The participants felt there were no other viable options besides the Orthodox

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[1] Labriut means 'to health' in Hebrew

residential homes in Manchester or London, even if the move required leaving behind close family, and/or the recipient of care was not able to interact with their surroundings. The study was very small because very few older people from Gateshead had relocated to residential care because very few were requiring or considering residential care. This study, along with my experiences in Labriut, led to my interest in conducting this present study.

This chapter covers the background to the study, the research problems, and the research questions. I give a brief summary of the aims and objectives and outline of the structure of the thesis. In the rest of the chapter I discuss the Orthodox Jewish context in which the study takes place. I describe the significant life stages and the ceremonies associated with them, as well as other important cultural and religious events. I also explain briefly the history of European Jewry, and how Jews came to the UK, and settled in Gateshead. This helps to explain the specific nature of the Jewish community in Gateshead and makes it possible to put people's attitudes and actions into context. I finish the chapter with an explanation of the difficulties of engaging in research in this community.

Rationale for the research

This study took place in a context of rapid population ageing. Far from being considered a positive development this phenomenon is frequently referred to as *the* major demographic challenge or crisis facing many countries. Increasing numbers of old people are thought to be creating 'demographic pressures'. The number of older people requiring care is going to increase in the future (Office for National Statistics, 2008, p. 10). I critique this 'problemisation' of population ageing later in the thesis (see page 57). Nevertheless, it is important to know if these demographic forces are similarly at work in Orthodox Jewish populations in general and whether there is a trend for older people from this particular community of Gateshead to migrate to other places. This information is important because whether older people are leaving or staying, and how they wish to spend their older years will impact on service development from both the Local Authority and the Orthodox Jewish Community Council of Gateshead. I anticipate this study

will inform the consideration of the ways support can be given to older people in order to maximise their quality-of-life and health.

Research Aims and Objectives

Research indicates that cognitive and affective ties increase as people age, and that these ties prevent relocation (Iwarsson *et al.*, 2007). If some older people from this community were choosing to relocate then I wanted to know where they were going and why, the age and health profile of these émigrés, and how successful relocation was.

The study had three principal aims:

1.   To investigate the thoughts or plans of older people about the future, particularly whether they were considering migration to Israel

2.   To gain insight into how interdependent relationships and reciprocity with adult children, as well as attachment to Gateshead and Israel, affect the decision to migrate to Israel

3.   To understand how older people adapted to migration

My objectives to achieve these aims were to work in a grounded way[2], interviewing older people who have moved, as well as those who have not, as well as adult children. I discuss the specifics of my research strategy and design in Chapter Three.

Research Questions

I was interested to know if the people who are moving are making a positive choice to move away, or whether they feel they *have* to move for some reason. Over the course of the study the research questions changed and I explain this developing process on page 91. The specific questions I sought to address were:

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[2] I consider my work 'grounded' in the sense that I used an iterative process of data collection and analysis, and let the data lead me. I followed a more pragmatic 'constructivist grounded theory' than the original understanding of it by Corbin and Strauss. See page 97

1. What decisions did older Orthodox Jewish people from Gateshead make about ageing-in-place or migrating?

2. What were the main priorities, and what role did these priorities play, particularly relationships with adult children, in the lives of older Orthodox Jewish people from Gateshead?

3. What was the decision-making process of older Orthodox Jewish people from Gateshead about ageing-in-place or migrating?

4. How well did older people adapt after migration to Israel and what role did interdependence and reciprocity play in this adaptation?

5. What advice can be given to older Orthodox people to help them adapt more easily after migration?

6. What recommendations can be made to the Local Authority and the Orthodox Jewish Community of Gateshead about supporting the provision of culturally appropriate services for older Orthodox Jews?

Outline of the thesis

This thesis comprises of eight chapters. This first chapter provides a background for the research and an overview of the context of the research by explaining the community in which the research took place. First, because Gateshead is an Orthodox community I explain Judaism and Jewish life in general. Then I describe a brief history of the European Jewry, and the history of the Jewish community in the UK and in Gateshead. I explain the unique status Gateshead holds in the Orthodox Jewish world. This is very important in understanding why many of the older people I spoke to chose to settle in Gateshead and how they feel about living there. I also attempt to explain people's feelings about Israel and how this connection expands the concept of 'home'. These feelings might well impact on migration decisions.

Chapter Two is the literature review, and locates the study within the context of theories of ageing, caring and migration. I start the literature review by explaining

my literature search strategy, and cover definitions of words, concepts and theories that are used in the literature but may have not have clear or unambiguous meanings. The main part of the literature review covers concepts and theories of ageing and discusses demographic concerns over the ageing population, including trends in the Orthodox Jewish community. This is followed by a discussion of the problematisation of old age and the construction of old age as a time of dependency and considers how much care older people might actually need. I also consider the theory and ethics of care and the gendered nature of care, women 'in the middle' who care for parents and children, and the common path to residential care. Next I discuss how migration in older age and theories of ageing are related, along with retirement, and the issue of quality-of-life and 'successful ageing'. The last section in the literature review concerns social policy that impacts on older people. Further literature was researched during the analysis of the data and is incorporated within the Findings chapters.

Chapter Three deals with methodology. I first look at the ontological and epistemological foundations of the research, and revisit my research strategy and design in more detail. I explain how the research questions developed and changed direction as data was collected. I present the rationale for my methodology as an appropriate way to answer the research questions. This includes a literature review concerning the validity of using qualitative methods in gaining insights that are transferable to other contexts and useful in developing theory. I focus on grounded theory and its limitations. I then consider in-depth the advantages, challenges and limitations of Insider research, and reflect on my personal experience as an Insider. I discuss the theoretical and pragmatic grounds for selecting the participants, and how I collected, transcribed and analysed the data. I finish the chapter with a consideration of the ethical issues and limitations of the research.

Chapters four to seven are the findings chapters. In chapter four (The Participants) I give an overview of the participants and the decisions they made. I give a demographic breakdown of the participants as well as the numbers of children participants have and where those children live. I look at where participants were

born, when they came to settle in Gateshead and their work and volunteering profile. In chapters five and six I show my analysis of the empirical data and the themes that emerged from the data, namely the priorities of the participants, specifically concerning decisions to stay or leave Gateshead. Chapter five examines the theme of 'Interdependency', chapter six at 'Attachment'. In chapter seven I enumerate a number of decisions individuals or couples have made and they how they reflect the complexity of the process and the themes outlined in chapters five and six. Chapter eight is the final chapter where I summarise and discuss my findings and present my conclusions. I highlight my original contribution to knowledge and outline how my results can feed into suggestions for service and policy development. I also discuss the implications for the Jewish community and suggest where future research could be directed.

PART ll

Context

This thesis focuses specifically on the Orthodox Jewish Community of Gateshead. I do not want to fall into a trap of ignoring context and being quick to generalise. Mishler (1979) argues that theoretical work often attempts to formulate general and universal laws, as if context were the enemy of understanding rather than the resource for it. Theorists and researchers often try to strip the context out, but meaning is always contextual – and contexts incorporate meaning. Both are produced by human actors through their actions. In real life we implicitly interpret motive and intentions of others by reference to context. We rely on context to understand the behaviour and speech of others and to ensure that our own behaviour is understood. This is because we know that human action and experience are context dependent. Researchers need to understand people within the context of their own society and culture. Qualitative research relies heavily on the narratives that participants tell the researchers. The focus of qualitative research is on the social world, dealing with subjective human experiences, and our understanding of reality can change over time and in different social contexts.

This is especially true when we are aiming to capture the lived experiences of participants and the meanings these experiences have for them from their perspective. Understanding perspective is about understanding context (Mishler, 1979).

Qualitative inquiry allows researchers to hear the voices of those who are silenced or marginalised. In order to hear these voices in an authentic way the question needs to be '*explain this to me*' rather than '*what is it*?' The latter is descriptive, the former an attempt to understand contextual and cultural realities (Liamputtong, 2010). Culture is defined here as a set of shared symbols, beliefs, and customs that shapes individual and group behaviour (Goodenough, 1999). Culture provides guidelines for speaking, doing, interpreting, and evaluating one's actions and reactions in life. One's cultural frame serves as a platform for particular behaviours, such as why people provide care to older dependent relatives and their families. I do not assert that cultural reasons are uniform within any particular cultural group. There are variations within cultural groups regarding how they express their cultural frame. The cultural context of this research is the Orthodox Jewish community of Gateshead. In order to explain the context I need to explain how the participants perceive what it means to be:

1. Jewish
2. Orthodox
3. Residents of Gateshead

The purpose of this section

The purpose of this section is to consider these three points. Given space limitations I cannot cover Judaism and Jewish life in any depth. The descriptions and explanations that follow are focused on enabling this contextualisation, and will focus on what will aid this intention. There are many other aspects of Jewish life that might be of interest, but I confine myself to those things that aid contextualisation.

I use a number of sources (Becher, 2005; Blau, 2006; Spitzer, 2003), and my own knowledge. In order to remain completely true to the Orthodox understanding, the sources I used are only Orthodox ones, even though they will not be so accessible to other scholars. I used these books mainly because others have found ways of explaining things to outsiders in a clearer way than I can. I also asked a number of people from the community to read this section and confirm that they feel I have represented their life and attitudes accurately. There is no intention here to enter into the debate about what constitutes religious truth or an accurate representation of Judaism. I do not seek to justify behaviours or attitudes but confine myself to the explaining them.

I speak elsewhere (see page 101 – 120) about the fact that I am working within this community as an insider so I generally share the lifestyle and outlook expressed here. Although the community is not completely homogeneous there are core beliefs and customs about which there are no debates. There are different traditions in writing and pronouncing Hebrew, and I use the tradition used in Gateshead, but in books a variety of other spellings may be used.

Judaism

The Jews of Gateshead are usually called by 'others' as 'Orthodox', or as some call them 'Ultra-Orthodox'. Orthodox people themselves would not qualify their 'Jewishness' by using this or any other term to describe themselves. If speaking amongst themselves to describe their own identity vis-à-vis other Jews, they would use the term '*Torahdik*' (coming from the word 'Torah' see below) or '*charedi*' (coming from the Hebrew word 'to fear'[3]). Orthodox Jews believe that their way of life embodies an unbroken chain reaching back over 5770 years. Judaism is not a belief system but way of life. The designation 'Orthodox' and 'ultra' is an addition needed to distinguish it from more recent conceptualisations of Judaism, such as reform, conservative, and liberal. Within the thesis I will often refer to 'Jews', without qualifying that I am referring to 'Orthodox' Jews.

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[3] As in to fear G-d (Orthodox Jews prefer not to write the name in full, and this why I have written it thus)

The Torah

Judaism is a monotheistic religion that believes that G-d[4] is not a corporeal body and that He is both omnipresent and omniscient. The term 'Torah' can be used either to mean literally the Written Torah, or more broadly the whole of the written and oral Law as a single unit (as one cannot be understood without the other). It also can be used to define a way of life and an identity. All aspects of a Jew's way of life relating to belief, philosophy, religious or civil law is based on the Torah. Often the 'Torah' is translated as the 'Five Books of Moses', the 'Bible' or 'The Old Testament'. Other terms used are Written Law, or Biblical Law. G-d gave the Torah to the whole of the Jewish nation at Mount Sinai, through the prophet Moses. They heard the Ten Commandments directly from G-d.

The Oral Torah

The Written Torah is not intended to be understood literally or in isolation, but always together with the Oral Law, which was also given at Mount Sinai. The Oral Law stayed as an oral tradition until it started to be written down and canonised between the third and sixth century. The main repository of the Oral Law is the Talmud (also called Gemorah), which is a vast encyclopaedic work covering all aspects of Judaism; Jewish life and Jewish Law, both religious and civil. Later scholars added many other significant volumes to this vast library, and if you go into any Jewish house in Gateshead you will see at least one large wall of scholarly volumes. When I speak later about 'Learning' it is this vast repository that is referred to.

Mitzvos (singular: mitzvah)

The actual practice of Judaism in day-to-day life revolves around the '*mitzvos*'[5] – often translated as 'commandments'. These are expressed as both '*thou shalt'* and as '*thou shalt not*'. Many of these *mitzvos* are not expressly written in the written Torah, but are part of the Oral and Rabbinic law. The word '*mitzvos*' is usually used

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[4] See footnote 3
[5] Singular: *mitzvah* Plural: Mitzvos

more generally to refer to basic principles of faith, ritual law, civil law and the proper way to behave. Central to Jewish faith is that everything is under the direct control of G-d, and holding this, and other basic beliefs also constitute a *mitzvah*. One of the hardest things for 'outsiders' to understand about the Jewish observance of *mitzvos* is the concept of things being forbidden absolutely, with exceptions only made in the case of '*pikuach nefesh*'. *Pikuach nefesh* means there is a real or immediate danger to life. This often comes up in work or educational situations where bosses or teachers/lecturers will not understand that there can be NO exceptions to, for example, eating kosher or observing *Shabbos* (see page 13). This can be especially confusing when people know Jews who do not keep *mitzvos* strictly or at all.

Halacha

Halacha is a word that refers to more specific laws, in terms or what is forbidden and what is permitted. Halacha is the body of Jewish law that is drawn out of the very complex legalistic parts of the Talmud. There are many books written about Halacha. Rabbinic leaders decide how new situations and new technologies fit into the Halacha, and individuals ask their Rabbi specific questions, called '*shailas*', when they need guidance as to what is permitted or forbidden.

Learning

One of the central *mitzvos* of the Torah is studying the Torah. It is called 'learning', which has a singular prominence in the hierarchy of *mitzvos*, and is an indispensable component in the total development of the religious persona; playing a central role in Jewish life. Learning involves studying any of the written, oral or later rabbinic works. In Gateshead the vast majority of young boys go to Yeshiva to learn after finishing high school. A Yeshiva is a Jewish educational institution for young men that focuses primarily on the study of the Talmud, but also of other traditional religious texts. Learning is usually done with a peer called a *chavrusa*. *Chavrusa*-style learning is one of the unique features of the yeshiva-style of study. There are daily *shiurim* (lectures or classes) and these need to be

extensively prepared for and revised afterwards in the learning sessions called *sedarim*.

Yeshivas also have short learning sessions on other Jewish subjects such as Halacha and *mussar*. *Mussar* is the study of texts that are aimed at personal growth, such as increasing faith and personal integrity. Once married, men either learn full-time in *Kollel*, or learn at set times to fit with their work schedule. A *Kollel* is an institute for full-time advanced study similar to yeshiva. Like a yeshiva, a *Kollel* features *shiurim* (lectures) and learning *sedarim* (structured learning sessions). Nowadays the student body of a *Kollel* is all married men. Years ago 'Gateshead *Kollel*'[6] accepted single men as students if they were outstanding. A number of the participants mention their husbands joining the *Kollel* before they were married. A *Kollel* generally pays a regular monthly stipend to their members, although this was not always so. It has become *de rigueur* for Orthodox men to join a *Kollel* when they get married, at least for a year or two, but at the time the participants were young it was quite revolutionary. Working men will often have a set time to learn with a *chavrusa* or to have a *shiur* from a local Rabbi, and this will be less intense than a *shiur* in yeshiva. This is an important forum for the social life of many men (see page 253).

Chesed

'*Chesed*' is a difficult word to translate; it is a concept and world view, not just a word. The simple translation is 'kindness', however this encompasses doing kindness with a person's body (with actions) with one's property (hosting guests), money (lending money, giving charity, employing people) and with one's time (visiting the sick, talking to people to help them feel better). People should try to do *chesed* without consideration of potential payback (Chafetz Chaim, 1976). *Chesed* is basic to the fabric of Jewish life in the community and many of the participants were involved in it, as well as recipients of it. There are also many everyday types of *chesed* between friends and neighbours such as helping take and collect children to school, shopping for older neighbours, or clearing the paths

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[6] One of the foremost *Kollelim* (plural) in the world. See page 31

of snow. Many of the participants participated in acts of *chesed*, and this gave them a lot of meaning in their lives and kept them very busy. Besides helping family, participants are involved in 'community *chesed*' and '*g'machim*'.

Community chesed

Community *chesed* involves people helping each other in times of need in an organised way. People might know the one in need, but they also help people anonymously. For example, there is a 'meals on wheels' organisation which sends food to anyone who has had a baby or is ill. Some of the participants cook for this organisation. Another community *chesed* organisation is '*Bikur cholim*'[7] which arranges visitors to the sick, lifts for family of someone in hospital, and the care of other children in the family. There is also a 'First Responder' organisation of trained paramedics that will come within minutes to any emergency.

G'machim

The word *g'mach*[8] is an contracted word form of the Hebrew words 'GeMilus Chassadim'. This means 'loving kindness', and is a free loan society. Traditionally it was for borrowing money, but nowadays has been extended to the loan of many other things. People can borrow an item, use it, and return at minimal or no charge. Gateshead's Jewish community publishes a list of *g'machim*[9]. These include nine different *g'machim* for lending items used in making a large meal or *simcha*[10] (pots, tablecloths), SIM cards, tools, freezers, hotplates, baby scales, artificial flowers, highchairs, cots, food, boxes for moving, bridesmaid dresses, hedge-cutters and heaters. *G'machim* also includes advice or help with different problems such as a person who offers Citizen's Advice, and another who will help cleaning up after a *simcha.* There is a very busy *g'mach* that produces a wedding meal for three hundred people at cost price. A number of the participants had a *g'mach*, or helped with the making of community weddings.

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[7] Lit 'visiting the sick'
[8] Pronounced 'ge-mach' (ch as in 'loch')
[9] Plural of 'g'mach'
[10] Celebration (see page 14)

Kashrus

Only certain animals and fowl are kosher. These animals have to be slaughtered and prepared in a particular way. Any product that derives from non-kosher animals, or animals not prepared in the correct way are not allowed. Meat and milk products cannot be mixed, prepared or eaten with the same utensils. Cows have to be milked under supervision. There are things that can be bought from regular shops, such as some cereals or sodas. Many packaged or processed foods must be bought with a stamp that shows the ingredients and production was overseen by an authority, and these are mostly bought in kosher shops.

Shabbos

Shabbos is a cornerstone of Jewish life and *mitzvah* observance. *Shabbos* begins with the lighting of candles on Friday evening an hour before sunset, and finishes after dark on Saturday. The 'time of lighting' changes throughout the year. In the winter *Shabbos* in Gateshead starts as early as 3.15pm, and finishes at 4.30pm. In the summer it starts as late as 8.30pm and finishes at 11.25pm.

There are many prohibitions on *Shabbos*; turning on or off lights, or other electric equipment, using lifts, travelling in a car, and many other things. There are complicated laws and some things are permitted under certain circumstances. The central feature of the day is the family meal. On Friday night and *Shabbos* morning the men go to *Shul*[11] (synagogue) for prayers and after that the family gather for a long meal, usually lasting about two or three hours. Before people are allowed to eat on Friday night or *Shabbos* morning a special blessing needs to be made over wine, and this act of sanctification is called '*Kiddush*'. A *Kiddush*[12] is also a colloquialism referring to a reception after prayers on *Shabbos* morning to which the community to come and say '*mazal tov*'[13] for some event. A Kiddush

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[11] Women go to *Shul* if they can and want to
[12] Before eating cake everyone has to participate in 'the Kiddush' (sanctification over wine) so the whole event is called 'a Kiddush'.
[13] Congratulations

celebrates a significant event such as a Bar *Mitzvah* or the birth of a girl. There is also a *Kiddush* on the *Shabbos* prior to a groom's wedding.

Orthodox Jews keep the laws pertaining to *Shabbos* strictly, and this can be understandably very hard for non-Jewish people to understand. Friday is a busy day of preparation. Meals are cooked and kept warm on hotplates. Lights are either left on or are put on time switches. When Jewish people make decisions about where they live, *Shabbos* plays a pivotal role. As cars are not used on *Shabbos* everything has to be within walking distance. The most important aspects of the day are the family meals on Friday evening and *Shabbos* morning. Older people will want to live within walking distance of their children. It is such a central and significant day that people go to great lengths to make sure family can be together for meals and prayers. See page 185 for the central role of *Shabbos* meals for the participants.

Life cycle

Many of the participants spoke of going to see family for '*simchas*'. These are significant life-cycle events that feature a religious ceremony and a meal with family and friends. Different communities will have different customs, especially concerning the amount of money spent on an event and how many guests are invited. Generally Gateshead keeps things simple compared to many other communities, with meals associated with *simchas* catered by the family with help from friends. Even weddings are catered by a team of local ladies who do it at cost price. A number of participants volunteered for this (see page 160).

Birth

After the Friday night family meal (see page 13) following the birth of a boy there is a '*shalom zochor'*. This is a reception in the home of the baby's parents or grandparents. The tables are laid with cakes, crisps, chickpeas and drinks and men from the community come to say '*mazal tov*' (congratulations) to the baby's father. It is common for grandfathers to be there, and they will travel to do so, especially if the *bris* will be soon after. The *bris* is the circumcision ceremony for

the baby and a meal for family and friends. If the baby is healthy it takes place on the 8th day after birth, if the baby is not completely well it is delayed. Because of the short notice involved it is difficult for family to travel for it, though if possible grandfathers will make the effort. On the *Shabbos* soon after a girl is born some people make *Kiddush* (see above, page 13).

Bar *Mitzvah*

When a boy reaches the age of thirteen he reaches the age of 'majority', meaning he can be counted in a quorum; one of the ten men required for many religious ceremonies. To mark the occasion there are three events for the boy: First, a meal catered by friends and family, at which the boy recites a scholarly discourse. Second, the boy reads from the Torah scroll on *Shabbos* morning in *Shul* (Synagogue). This is a skill that requires considerable preparation of six to nine months. Lastly, there is a *Kiddush* on *Shabbos* morning for the whole community.

Marriage

Men and women do not mix socially, so when a young person feels they are ready to get married they are introduced to suitable prospects. If either one feels the match is not suitable then they stop meeting. A young person can go out with a number of people before they find someone they feel is a match. The length of time the couple date is variable, and dictated by the couple, their parents and the custom in the community. Whilst the couple are meeting no-one except close family know about it, so the engagement, when it comes, is always a surprise. The engagement party is called a '*vort*', and occurs very shortly after the engagement is announced, often on the same day or within the week depending on whether there is family travelling for it.

The wedding occurs between three and six months after the engagement. The wedding takes place in the home town of the bride. There is a meal for about three hundred people in the community hall. If the groom comes from Gateshead, on the *Shabbos* before the wedding there is an '*aufruf*', when the young man is

called to make a blessing for the Torah, and there is a *Kiddush* (see page 13) after the service.

Death

Jews try to bury their dead promptly, preferably before nightfall of the day of the death. The body is washed and wrapped in shrouds and buried in a simple coffin. The immediate family (mother, father, brother, sister, son, daughter and spouse) have to 'sit *shiva*' which involves a week of sitting on a low chair and having visitors making consolation visits. In the year following a parent's death there are restrictions on listening to music or going to *simchas*. The participants often spoke about themselves or others being an '*ovel*', or being 'in *aveilus*' which is referring to the year of mourning following the death of a parent.

The Jewish calendar

The Jewish calendar is based on a lunar year, with the beginning of each month beginning with the new moon. This is out of sync with the solar year and to realign them occasionally an extra month is added to the Jewish year. All Jewish events are based on the Jewish date. This means the date of festivals on the solar calendar will differ each year.

Yom Tov

Yom Tov means 'festivals'. People make a great effort to be with family for the major festivals. Jewish festivals have the same prohibitions as *Shabbos*, but cooking and carrying in the street is allowed[14]. These festivals are most often two days long, and if they fall on Thursday this can mean three consecutive days of festive family meals visits to friends, synagogue services and study sessions.

There are also 'minor' festivals that do not have all the prohibitions. They each have associated religious and cultural activities that are significant and meaningful to people. Families make sure that the older people are included and have the

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[14] On Shabbos a buggy cannot be used. On *Yom Tov* it can. Wheelchairs can be pushed by non-Jews.

atmosphere and experience of Jewish life is very important. Each festival has its own character traditions and meanings, and comes with its own challenges. As people age they often have to give up on doing things they have always done. Older people find it particularly difficult when they have to give up participating in a significant custom or fulfilling a religious requirement. Although they are permitted, and sometimes required, to stop doing things that have become too hard, it can be a difficult transition.

Pessach

This festival usually falls around late March or early April. Pessach (Passover) celebrates the liberation of the Jews from Egypt. It lasts eight days, with two days at the beginning, and two at the end that have the restrictions of *Yom Tov*. The intermediate days will include a *Shabbos*. The other intermediate days are used for outings and visiting family. Pessach has many restrictions on what may be eaten. Only things produced especially for Pesach are used. It is a very busy and stressful time for housewives, as there is a considerable amount of preparation required. It is also very expensive as the special Pesach cost more. It is an intense family time, and children (including married ones) will return home from all over the world to celebrate together. Many participants mentioned finding it difficult to make the transition from being the host and caterer for the whole family at Pessach, to being the guest. There is a major ceremonial meal called a *Seder* on the first night of *Yom Tov* which is led by the father of the household. If a grandfather is a guest, he will often be at the head of the table and will lead the *Seder*.

Other holidays

In September or October (see above, The Jewish Calendar) there are the High Holy-days of Rosh Hashanah and Yom Kippur. Rosh Hashanah is the Jewish New Year and the prayer service is very long. Yom Kippur ('Day of Atonement') is a fast day, and most of the day is spent in *Shul*. Fasting can be difficult for older people, and they can find it challenging to spend the day in *Shul*. The next holiday is *Succos*, a festival in late September or early October. It is nine days long, with the first and last two being *Yom Tov*. Jewish men must eat, and where possible sleep,

in a booth with a roof made of branches, called a *succah*. In Gateshead many people have a special *succah* extension to their house. It can be a difficult transition for men as they age when they can no longer sleep in the *succah*. All these festivals have special meals and each one has many unique customs.

Chanukah is an eight day holiday celebrating the rededication of the Temple in Jerusalem after it was defiled by the Greeks in the second century BCE. Also known as the Festival of Lights. It is not a *Yom Tov*, and work is permitted. It is celebrated by the lighting of a unique candelabrum, one extra light each night until eight lights are lit. Often families gather together and have parties, and small gifts are given to the children. *Purim* is a festival in February or March that commemorates the deliverance of the Jewish people in the ancient Persian Empire where a plot had been formed to destroy them. It is not a *Yom Tov*, so work is not forbidden. The celebration is marked by special prayers and the reading of the Book of Esther, which tells the story of *Purim*. The children dress up, gifts of food are exchanged between friends, an abundance of charity is dispersed, and a big meal is eaten. Often families join together for the meal. Alcohol is consumed, and young men often get quite drunk.

Social and Community Life

Men and women do not socialise together and their social lives are separate.

Davening[15]/ Chavrusos[16]/Shiurim[17]

Men go to prayers in *Shul* three times a day. The morning prayers are around three-quarters to an hour long. The afternoon and evening prayers take around fifteen minutes each. Although prayer is the primary functional aspect to this service, men often become attached to their place of prayer on many other levels, especially to the people with whom they pray. The older men expressed considerable attachment to their place of prayer. Men learn to varying amounts. They often have a learning partner called a *chavrusa*, or they attend a lecture from

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[15] Prayer
[16] Learning partners
[17] Torah lectures (singular: *Shiur*)

a Rabbi called a *shiur*. Often they do both. Many men are part of a small group that meets with a Rabbi for a regular *shiur* for many years. This regular learning (*chavrusos* and *shiurim*) is a main focus for men's lives, which along with *davening* gives the day structure and meaning. If they have been part of a *shiur* for some time this confers status and allows them to socialise with their friends. Taken together, learning and *davening,* create a strong sense of belonging for men. This is called a man having a '*mokom*'. Literally it means 'place', but involves an overarching feeling of attachment to the physical building and the social aspects of praying in a quorum and learning with *charusos* and attending a regular *shiur*. It was mentioned by men as an important factor in their attachment to Gateshead, and finding their '*mokom*' was significant in feeling settled after moving to Israel (see page 253).

Women

Women also attend *shiurim*. They serve an important function in stimulating and educating women and are good opportunities for women to meet. Women also attend the *Neshie,* which literally means 'women' and is the women's committee[18] that organises many social events for women, including the *shiurim*. They organise the amateur dramatics society play each year and regular after *Shabbos* events in the winter (when *Shabbos* goes out early). There is also an organisation which caters to the needs of older people called Zaayis Raanan[19]. It organises a regular get-together. The organisation has changed over the years and the older participants I interviewed had varied and often ambivalent attitudes towards it.

Children

Most married women's lives revolve to varying degrees around their children. In terms of social life, many women make their friends though their children by meeting mothers when they go to pick up their children from nursery or school. There are events organised around mothers and children, such as 'soft-play', and outings.

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[18] Perhaps like the WI (Women's Institute)
[19] This organisation has since lost its funding, but the group still meets in someone's house

Volunteering

Many women volunteer in different ways. They help run the local Jewish library, Meals on Wheels, cost price weddings, visiting the sick and run *g'machim*. Besides providing a valuable community service these volunteering opportunities often give women a chance to socialise. See more on this in the section on '*chesed*' on page 11.

Honouring parents

This section is drawn from Simmons (2015) and Lieber (2002).

Honouring parents is the fifth of the Ten Commandments. It is considered an important *mitzvah*, such as *Shabbos* and the prohibition against murder. There is a related *mitzvah* of *Lifnei seiva takum* (lit: before a beard you should stand) and is the demand to respect older people just because of his or her age. There are also *mitzvahs* that require respect to teachers, leaders and Rabbis. These requirements mean that respectful and positive attitudes to parents, leaders and older people are culturally embedded deeply within this community. The basis for the *mitzvah* of is the gratitude we should feel for our parent's contribution in bringing us into the world and for all that they have done for us in the course of our lives. However, the obligation is not diminished if we feel no gratitude, or if the parents give the children nothing. The parameters of this obligation are too wide for discussion here, but briefly, 'honour' includes two aspects, to 'respect' and 'to revere'. Specific examples include:

- Listening to them when they speak and speaking respectfully to them[20]

- Visiting and phoning as frequently as possible

- Bringing them food and drink, including helping with meal preparation and grocery shopping

- Assisting them with paying bills and banking

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[20] Some of the participants spoke to their parents in the 'third person' (easier to do in German than in English). This is not common any longer, though it is still done by many students in Yeshiva and Seminary when speaking to their teacher.

- Transporting them, for example, giving them a lift to the doctor

- When parents are old and infirm, the child is responsible for arranging for their care, and must pay for it if the parent cannot afford to do so

- Children are not allowed to let parents feel that they are a burden, or that they are only helping them out of duty

Like many *miztvos*, at times this one can also be difficult or challenging to perform. However, it is a requirement, not an optional extra.

Orthodoxy

The Jewish population of Gateshead may appear to outsiders to be a very homogeneous community, and to some extent that is true, but there are different traditions represented. The older generation, especially those I interviewed that originally came from Germany (which was the majority) would identify themselves as Yekkes. Yekkes are from Germany and the word refers to the short coats they wore (whereas Polish and Russian Jews wore long coats). Yekkes traditionally have a strong work ethic and are known to be very organised, punctual and honest. Most of the present members of the community follow customs that originated in the great pre-war Lithuanian Yeshivas and are called Litvish coming from the word 'Lithuanian', otherwise known as 'Lita'. They are also called Yeshivish as in 'of the Yeshiva', because they focus on learning as a high priority. Most of the major Yeshivas were based in Lithuania. A few of the respondents identified as Chassidim, originally from Poland. They have different customs and often dress differently from Yekkes and Yeshivish/Litvish and focus more on prayer and singing. The respondents usually self-identified as either Litvish, Yekkes or Chassidim.

Yiddish/Hebrew

Many of my older participants originally came from Germany. They speak German and many also speak Yiddish, which is a related language. It was at one time the universal language of European Jews. Historically Jews from all over Europe were

able to communicate with each other because of the universal nature of Yiddish. Nowadays many Jews do not speak Yiddish, and instead speak the language of country they live in. Yiddish is still common in Chassidic communities and it is still used in Yeshivas, which means that most men who pass through the Yeshiva system know Yiddish. This means that men from different countries can communicate.

Hebrew is the language of the Torah, many *seforim*[21], and prayers. In Orthodox circles Hebrew was not used as a spoken language[22]. The Talmud is written in Aramaic, an ancient Semitic language, which was the vernacular at the time. When men learn together they either speak whatever common language they have, or Yiddish, which they know from home or Yeshiva. Men often will be able to speak Yiddish, whereas many women, especially younger ones, do not. The development of Hebrew as a spoken language was greatly resisted by many in the Orthodox community, although most people raised in Israel now speak it. The Hebrew used in the Torah and prayers is spoken in a very different way than the Hebrew spoken in Israel as the vernacular. If one knows one form it helps in learning the other, but there is no automatic familiarity of one because of mastery with the other.

Israel/*Eretz Yisroel*

The mention of moving to Israel and feelings of attachment to Israel play an important part of the interviews. My purpose here is simply to try to explain the attitude of the participants to Israel as an Insider within the community. The subject of Israel is fraught with political and historical conflict and there is no sense pretending that any exegesis on the subject is 'unbiased', as all historians and political commentators bring their own bias into their work (Merton, 1972). The attitude I explain is not universally held by all Orthodox Jews, and there is not complete homogeneity within the community either, but hopefully it will be sufficient for our purposes here.

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[21] Books of Torah exegeses written by Rabbis learnt in Yeshiva
[22] Like Latin is now not a spoken language but is still written and ceremonial

This is not the place to explain the first three-thousand years of Jewish history but the essential point is that the Orthodox perspective is that G-d promised the nation of Israel (i.e. the Jews) *Eretz Yisroel*[23]. G-d only promises the Jews the land if they keep the *mitzvos*. Because they angered G-d the Jews were sent into golus (exile) in 587 BCE, initially to 'Babylonia' (modern day Iraq) and later they migrated around the world. The exile was accompanied with a promise by G-d that they would be redeemed in through the *Moshiach*[24]. There is an express prohibition against trying to take the land back by force before the time decided by G-d. For the almost 2500 years Jews have prayed for this redemption. Love of, and yearning for, the ancient holy homeland of *Eretz Yisroel* is mentioned repeatedly in the prayers.

When modern day Zionism started as a political concept in 1897 by Theodore Hertzl it was a movement to return Jews to the land largely as a response to the long history of persecutions (he was very affected by the Dreyfus affair). Hertzl was concerned with the finding a safe place for a political Jewish nation to live in order to escape European persecutions. At one point he had seriously considered a plan to make Uganda the Jewish State. After this idea failed his political successors (Hertzl himself had died by then) realised that only the historical land of Israel could unify the Jewish people behind the Zionist cause. Many religious people fought against the Zionist movement as it was fundamentally secular in nature, whose image of the Jewish people was to create a 'nation like all other nations'. Many Orthodox Jews felt that the Zionist's whole *raison d'être* was to strip religion out of Jewish life. Later when the State was founded there were a number of scandals in which children from Orthodox or traditional parents, especially Sephardim[25] were stolen in order to secularise them (this was most recently reported in the international press (Cockburn, 1996), but Orthodox Jews have known about this for years and there are many other examples). Given this history, many Orthodox Jews, and certainly most of those in Gateshead, would consider themselves as Anti-Zionists. They do not always approve of the Israeli government,

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[23] Lit: Land of Israel
[24] Messiah
[25] Jews from oriental or Arabic countries

and Orthodox Jews are often at the receiving end of what they view of as policies set out to make religious life difficult. There are differences of opinion about how much religious Jews should take part in the political process in Israel or to what extent they should express opinions about the 'peace process'. However, when they refer to *Eretz Yisroel* it refers to the 'Holy Land', the place with a specific historical and religious meaning. They believe that Jews should if possible live there, where they can perform *mitzvos* in greater holiness, but that having secular Jews rule the land is not ideal. In previous times the journey to Israel was very long and difficult and there were few Jews there and life was very sparse. Many great Jewish scholars through history tried to get to *Eretz Yisroel* at the end of their lives, in order to die there.

Many of the children of the participants moved to *Eretz Yisroel* to join a *Kollel* and live a modest life in which religious observance and learning is the focus. Often when that life becomes too difficult, as their families grow, they return to the UK and take up employment. Sometimes they can find work in Israel and stay there. When the participants in this study talk about moving to *Eretz Yisroel*[26] they are talking about joining a particular religious lifestyle.

A Brief History of European Jewish Persecution

Before looking at what people have said during interviews it is important that we gain some insight into 'where people are coming from'. This is especially important when the culture of the participants is so different from those reading this thesis and trying to interpret or understand what is being reported. To understand the Jewish community in the UK and how it differs from other communities around the world I would probably need to write a book, describing the long and difficult history of the Jewish people, and the specific circumstances which led them to be settled in the UK. European Jewish history is long and complex, and is filled with expulsions, persecutions and pogroms. There are too many to mention, even in a list, and here I have only started in the second millennium, some highlights are:

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[26] They might use the word 'Israel', but they would mean the same thing. It's not so much the 'State' as a political entity that they join, as a 'state of mind' (a religious one)

- The Crusades. The call for the First Crusade touched off persecutions of the Jews that would continue on and off for centuries. In the First Crusade (1096 – 1099), flourishing Jewish communities on the Rhine and the Danube were attacked and in the Second Crusade (1147 – 1149) the Jews in France suffered especially, and they were treated with exceptional severity during the Third Crusade (1187 – 1192). The Jews were also subjected to attacks during separate events called the Shepherds' Crusades of 1251 and 1320 which were part of the Seventh Crusade.

- 1306–1394 Jews are repeatedly expelled from France and readmitted, often for a price.

- 1346–1353 Jews persecuted as the cause of the developing Black Death, specifically the 1349 Strasbourg massacre where several hundred Jews were publicly burnt to death, and the rest of them expelled from the city.

- 1478 King Ferdinand and Queen Isabella of Spain institute the Spanish Inquisition.

- 1492 Approximately 200,000 Jews are expelled from Spain. The expelled Jews relocate to the Netherlands, Turkey, Arab lands, and Judea. Most immigrate to Poland. In later centuries, more than 50% of the Jewish world population lived in Poland.

- 1493 As many as 137,000 Jews expelled from Sicily.

- 1496 Jews expelled from Portugal and from many German cities.

- 1516 Ghetto of Venice, the first Jewish ghetto in Europe, was established.

- 1648–1655 The Ukrainian Cossack Bohdan Chmielnicki orders massacres of 65,000 Polish Jews.

In the 19th- and 20th-century there were many pogroms against Jews in the Russian Empire (mostly within the Pale of Settlement in present-day Ukraine and Belarus). The 1821 Odessa pogroms marked the start of the nineteenth century wave of pogroms in the Russian empire, with further pogroms in Odessa (now in

Ukraine) in 1859. The period 1881–1884 was a peak period, with over 200 anti-Jewish events occurring in the Russian Empire, notably the Warsaw pogrom (1881), the Kishinev pogrom (1903), the Kiev Pogrom (1905), and the Bialystok pogrom (1906). The twentieth century saw many pogroms accompanying the post-1917 period of the Russian Civil War: the Lwów[27] pogrom (1918) and Kiev Pogroms (1919) and the Russian Revolution. To see more there are many books on the subject (Schloss, 2002; Spiro, 2010). Britain had acquired a reputation for religious tolerance during these difficult times for Jews in mainland Europe. So there was significant East European Jewish immigration to Britain in the 19th Century fleeing these pogroms. As a response to this immigration a number of right-wing groups and activists in Britain agitated to restrict Jewish immigration. In 1905 The United Kingdom parliament enacted the Aliens Act[28] restricting immigration into Britain from areas outside the British Empire. Historians have generally believed that the Aliens Act reduced East European Jewish immigration to Britain by about one-third in the years 1905–14. In 1919, following World War I, the 1905 Act was replaced by a much more stringent one, the Aliens Restriction Act 1919, which virtually ended Jewish immigration to Britain until the 1930s (Bird, 2015; Garner, 1972).

British Jewish Settlement

It has been recorded that Jewish Merchants followed in the wake of the Norman Conquest (1066) and created a prosperous and settled community (Chazan, 2006, p. 23). Although there were significant persecutions of England's Jews during the crusades with massacres in London in 1189 and York in 1190, there was a relative lack of anti-Jewish violence in Britain compared to the rest of Europe, as described above. Jewish settlement in Britain came to an end in 1290 when Edward I expelled the Jews with the Edict of Expulsion. At this point there had been about 2000 Jews in England, which is thought to have been greatly reduced from around 5000 Jews by persecution. After the expulsion, there was no Jewish community,

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[27] Also know as: Lviv, Lvov, and Lemberg (largest city in the Western Ukraine)
[28] The age-old term "alien" is used to designate someone who is not a citizen of Britain or its Empire; it has no derogatory connotations

apart from individuals who practised Judaism secretly, until the rule of Oliver Cromwell. While Cromwell never officially readmitted Jews to Britain, by 1656 a small colony of Sephardic Jews was living in London, and allowed to remain. The Monarchy was restored in 1660 and Charles II and James II protected the Jewish community against the machinations of those who wanted them expelled.

During the Second World War and the Holocaust there was renewed mass immigration after the hiatus caused by the Alien's Act. Many Jews in Germany would not believe that a cultured and modern society would really do the things that Nazi propaganda said it would do. Many of these Jews felt very German, and had fought in the First World War. Many were also wealthy and did not want to lose everything by leaving. They felt that if they kept their heads down then the storm would pass. On the other hand, some Jews learned from history and fled. Many of the participants in this study, or their parents, had been such Jews. Some managed to leave with money but most came destitute. Almost all of them had some family here to help them.

There was extensive communal support offered to these refugees in Britain. However, there were also tensions and the development of Gateshead as a major centre of Jewish life and learning is a consequence of these tensions. It is important to mention that there were many times in history, in certain places, that Jews flourished, sometimes for many generations, with nation states acknowledging the education and business acumen of Jews having a positive effect on their prosperity, yet in the end the wheels of history turned and persecution came to those places as well. During the times when things go well for the Jews, there are always those that assimilate into the culture of the time, or attempt to re-invent Judaism to suit the new age they find themselves in. Lately this is expressed through movements such as Reform, Conservative, Modern Orthodox and Progressive. In older times there were other similar movements, such as the Karaites. Orthodox Jews maintain that these are all historical dead ends, and the only Judaism that will move forward in history is the traditional orthodox way of life that has held them in good stead throughout millennia. This history explains a deep-seated sense that wherever Jews settle they need to do what they can to

preserve their way of life, and also to realise that however kind and tolerant a society they live in, their future cannot be assured. The great upheavals over history also meant that Jews were often in the position of having to care for refugees fleeing from one place to another. Jews feel a sense of responsibility for each other, and they treat each other as family in times of need, particularly by helping to settle refugees.

European history over the last thousand years could be thought of only in terms of the wars with which Europe was constantly engaged. Alternatively European history could be marked by the great thinkers, writers, scientists and explorers of the age. If history is seen through this latter lens then the landmarks are such people as Galileo, Newton, Einstein, Columbus, Déscartes and many others, as well as other important historical figures such as Kings and Generals.

Likewise, it is very important to realise that when Jews (at least Orthodox ones) think about Jewish history they do not focus on persecution and mass migrations but think of great scholars, philosophers and ethicists whose work they still study. These names will not be known outside these circles[29] but they are very important to Jewish life and scholarship, and there are far too many to name. Many participants in my study make reference to the great people from the past that they are related to, either by birth, by marriage or by being a student of theirs. One such person that is mentioned often is Rabbi Eliyahu Dessler (see on page 30), who was himself a student of Rabbi Yisroel Salanter, who was a student of Rabbi Chaim Volozhin who was a student of the Gaon of Vilna[30] (1720 – 1797). The Gaon of Vilna was the most pre-eminent leader and Rabbinic authority of his age. His main student, Rabbi Chaim Volozhin, started the first modern type of Yeshiva, which eventually had to close due to persecution from the authorities. The students for Volozhin Yeshiva went on to be the main leaders and teachers throughout Europe, often dispersed to far-flung communities by the very wars and upheavals mentioned above. All these people are famous in the Orthodox Jewish

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[29] The exceptions are some Jewish philosophers such as Maimonides
[30] Eliyahu Kramer, or the 'Vilna Gaon' (Vilna is where he lived, 'Gaon' means 'great genius' a title given to very few.

world of Europe and our leaders today can trace their scholastic, and sometimes genealogical, roots back to these great men. These scholars create a chain of transmission of Torah through the ages and this gives validity to their leadership. Maintaining these traditions, both in lifestyle and in scholarship is of the utmost importance to this community. This tradition is preserved through an insularity that often brings it into conflict with secular society and assimilating forces in the Jewish world.

History of the Jews of Gateshead

Gateshead's Jewish community stretches back to 1887. At that time Gateshead was a small drab northern town which derived its income primarily from coal mining, which along with typical northern weather, led to a reputation of dreariness and blackness. Gateshead's air is as clean as anywhere, since many of the coal mines have now closed, and the town itself has grown and modernised considerably. I would like to explain why Gateshead has a unique standing in the Jewish world.   Besides my own knowledge I used a book called 'Gateshead' (Dansky, 1992) which gives a good historical overview of Gateshead's founding and development (although it is written by an insider for insiders, and thus not very accessible to outsiders).

Many Russian and Polish immigrants from Europe arrived in Britain at the turn of the twentieth century escaping persecution. These immigrants were mostly poverty-stricken, traditionally garbed, bearded, and Yiddish speaking. The resident Jewish community was by and large English speaking, anglicised and lax in the observance of the *mitzvos*[31]. A schism developed between the 'old fashioned' newcomers and the (mostly) unlearned (in Jewish law and Talmudical[32] exegesis) English community.

In many places these immigrants attempted to establish their own communities according to their own lights, and in some cases this created conflict between the

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[31] Commandments from the Torah – but also refers to the Orthodox way of life
[32] Talmud - the body of Jewish civil and ceremonial law and legend. Originally the Oral Law

different sections of the community. When this conflict arose in Newcastle In about 1880, the Orthodox contingent moved across the river to Gateshead, where there had been no established community. In Gateshead they could establish a *kehilla*[33] based entirely on an Orthodox basis. They wanted to remain isolated from religiously secularising and culturally Anglicising influences. This ambition was greatly helped by the fact that Gateshead held no charm or attraction for un-religious or less religious Jewish elements. In order for a person to come to Britain they needed to have someone who would guarantee they would not become a burden on the state. In 1933 the coming storm of the War was being felt in Gateshead and anyone who was able to, was asked to be a guarantor to a Jewish family or individual. This influx of mainly German Jews influenced the development of Gateshead, and many of the older participants of this research study came from Germany during that time.

The institutions of Gateshead

There are three central institutions in Gateshead, the Yeshiva (est. 1929), the *Kollel* (est. 1941) and the Seminary (est. 1944). The figure of Rabbi Eliyahu Eliezer Dessler (1892 – 1953) permeates each of Gateshead's institutions. He was instrumental in the founding and direction of all three. Many of the participants mention Rabbi Dessler as being instrumental in their choice to settle in Gateshead (see page 237).

The Yeshiva

In 1929, the Gateshead Yeshiva was founded. Yeshiva is a Jewish educational institution for young men. It focuses on the study of traditional religious texts, primarily the Talmud and Torah. Study is usually done through daily *shiurim* (lectures or classes) and in study pairs called *chavrusas*. *Chavrusa-style* learning is one of the unique features of the yeshiva-style of study. This type of study is called 'Learning' in Orthodox circles. The Yeshiva developed into the foremost Jewish educational institution for young adults, with students coming from all over the world. The Yeshiva has about 1000 students. The yeshiva was patterned on the

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[33] 'Community' – with organisational and quasi-governmental structure

great Yeshivas of Eastern Europe that were damaged during the First World War and were completely destroyed in the Second World War. Yeshivas were unheard of in the UK at that time, and the English Jewish Establishment was against the idea of young men studying instead of working. Initially it was only a few individuals who were willing to step outside the mould to attend a Yeshiva. It has now become standard practice for Orthodox young men to learn in Yeshiva for at least a few years before marrying and working. The Yeshiva was ideally placed in Gateshead as a community with high Jewish ideals, and the Yeshiva contributed to Gateshead growth as a significant Jewish centre. During the WWII the Yeshiva had an open door policy to all refugees who applied, though this placed a great financial burden on the institution.

The Kollel

A *Kollel* is an institute for full-time advanced study of the Talmud and rabbinic literature. Like a yeshiva, a *Kollel* features *shiurim* (lectures) and learning *sedarim* (*charvusa*-style learning session). Nowadays the student body of a *Kollel* is all married men, but initially the Gateshead *Kollel* accepted outstanding single men as students. The *Kollel* generally pays a regular monthly stipend to their members. Although it has become de rigueur for Orthodox men to join a *Kollel* when they get married, at least for a year or two, at the time it was quite a revolutionary idea. Rabbi Dessler saw the importance of establishing an institution of the highest level of Torah scholarship as had existed in Europe before the Holocaust decimated the institutions there. This was completely at odds with the mindset of the Jews in the UK at the time, and therefore Gateshead was a perfect place for its establishment, as it was separated from the general community. The Gateshead *Kollel* takes only the highest calibre of young men, and is very difficult to get in to. It remains the quintessential institution of its type. The *Kollel* produced rabbis of stature and eruditeness, and they went on to become the major Orthodox leaders of the post war era, and the *Kollel* became renowned throughout the Jewish world. Until today many of the rabbinical leaders, community Rabbis and the staff of educational institutions worldwide in the UK and beyond spent time in Gateshead

Kollel. The Yeshiva, Seminary and the children's primary and secondary schools were started and staffed by graduates of the *Kollel*.

The Seminary

In 1944, a Seminary was established for young unmarried women. It was strongly felt that there was no point in developing scholars of note, if there were no women for them to marry. Also it was recognised that Jewish education was of great importance for women as well, and the Seminary is considered to be on a very high intellectual level. The seminary started with 6 students and now has around 400. Many of the participants spoke about their experiences in the early years of the Seminary. For a long time it was the only such institution in Europe, and it remains one of the biggest and most highly rated in the world, attracting students from all of Europe, Israel, South Africa, US, South America and Australia. In recent years other *Kollelim*[34], Yeshivas, and Seminaries have been established to cater to the growing Orthodox community in the UK, and in total there are about 1,500 students in Gateshead during term time, living amongst the approximately 500 families (comprising of more than 3000 individuals). In around 120 of those 500 families the man is in one of the many *Kollelim*. Of those working (both male and female), 68% are working in education (Gateshead Council, 2011), see Appendix 10.

The unique features of Gateshead

It is essential to understanding the nature of Gateshead that it was established as a haven of religiosity. Participants often discussed their views about the importance of the special nature of Gateshead, which has remained very small and cohesive, with a single vision for itself religiously, culturally and politically. These features make it unique in the world, in that all members of the community define and conduct themselves as Orthodox Jews. Although in recent years Gateshead has grown and changed, this fundamental point has endured and there remains a drive to maintain that vision in a changing world. It is the only community that is

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[34] Plural of Kollel

completely religious that has a single community rabbi. In summary Gateshead is a unique Jewish Community for a number of reasons:

1. It is a very small community

2. It is a community of only Orthodox people

3. It has unique educational institutions that make it a major centre of Jewish scholarship

4. There are a high proportion of men in full-time learning and in education

The barriers to research in the community

Yancey (2006) reports that ethnic minorities are often under-represented in studies of whole populations in health studies and this often occurs due to mistrust of government or academic institutions. There is also perception that the studies are for the sake of the researchers, and will not benefit the participants or their communities, and therefore there is little incentive to participate. Yancey indentified certain elements that improve ethnic minority involvement, and as an insider I was in a good position to use these techniques, namely – community involvement, cultural adaptations as well as the fact that the study is not requiring any interventions, but is only soliciting opinions and feeling.

Orthodox Jews are known for their traditional style of dress, their strict lifestyle and their clear construction of socio-spatial boundaries to separate themselves from those they consider to be 'other'. Valins (2003), who self-identifies as a non-religious Jew, still found it difficult to overcome suspicion of the orthodox community towards him when trying to conduct a study in the Manchester[35] community . The Gateshead community feels that it thrives through the separation between itself and what it sees as the many nefarious influences from the outside. Valins' (2002) study of the provision of long-term care facilities for older Jewish people specifically excludes what he calls the 'ultra-orthodox', a community which he could not sample.

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[35] Which is very similar to the Gateshead Community

Recruiting male participants was a particular concern for me, as there are several barriers to participation. The first one is that many men in this community are not comfortable speaking to women. It is not so much that it is forbidden, as long as certain conditions are in place. However, as generally there is no mixing of the sexes, many men do not want to speak to women because of modesty. The fact that I am a religious woman makes this point easier, as I dress modestly and know the unwritten rules of communication between the sexes within this community. The second barrier, and probably the most significant, is time constraints. Women tended to have more flexible lives and as long as I was willing to fit in with them I found they were able to meet with me. On the other hand, men have much more structured lives and their work also imposes on their private time. As Rabbis to whom people come for guidance they are in high demand. They often do not have an hour a week that they feel they can give up for anything but the highest priorities. After family time, any extra time they have they use for learning, and my research just was not important enough[36] to give up the learning. Elsewhere I explain the significance of 'Learning' (see pages 10 and 253). In the Methodology chapter I go into some length about how I approached research in this community and reflect on my insider status and the advantages and challenges it gave me, as well as the ways in which I remain an outsider.

Summary

This chapter covered the background to the research and the aims and objectives. I then explained the Orthodox context in which I described the significant life stages and the ceremonies, and other significant cultural and religious events. I then went on to explain briefly the history of European Jewry, and how Jews came to the UK and settled in Gateshead. I explained the unique religious nature of the community and its attitudes to the 'outside world'. This insularity is what makes research in the community challenging. The next chapter is the literature review in which I locate the study within the literature and show where there are gaps in the literature, some of which, this study aims to address.

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[36] Women generally knew me and were willing to 'do me a favour' and make time. Men did not have that connection to me

Chapter Two: LITERATURE REVIEW

Introduction

This chapter serves to locate the study within the context of theories of ageing, caring and migration. I start by explaining my literature search strategy, and cover definitions of words, concepts and theories that are often used in the literature uncritically, or do have not have clear or unambiguous meanings such as 'care', 'carers', 'older people', 'ethnicity' and the concept of 'choice'. If I was not to reinforce or leave paradigms unchallenged I found it necessary to be critical of the literature. This was particularly relevant to the 'problematisation' of ageing which constructs old age as a period of dependency, morbidity and illness and a drain on resources. I then look at the theory and ethics of 'care', 'caring' and 'filial responsibility', and the 'gendered nature of care'. I address the subject of women 'in the middle' who care for parents and children. I discuss retirement and migration in older age, as well as quality-of-life and 'successful ageing'. In the last section I consider how social policy and financial priorities from central government and local authorities affects availability of services and reflects society's attitudes to older people and to care.

Working in a 'Grounded'[37] way should imply that the literature review was conducted during or after the analysis stage. This could not realistically happen as in order to get funding it was necessary to put the research into context, including any theories that might have some bearing on my research. The literature review was also intended to help establish the ways in which my research might add to previous knowledge and inform policy.

After the initial literature review during the proposal stage the literature was reviewed in an ongoing, iterative process intended to help clarify my initial ideas

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[37] See page 97

and, as findings emerged, to develop a deeper understanding of theoretical perspectives. It also enabled me to compare and contrast what I found with what others have found, and distinguish the ways in which the Jewish community of Gateshead reflects or contrasts with the experiences of other populations. I extended the review as concepts and theories emerged during the analytical stage such as place attachment and transnational identities. Later, when I had finished analysing my data I looked at reciprocity, autonomy, independence and interdependence and the desire 'not to be a burden'. Most of the latter subjects were researched at the same time as I was analysing the data, and the relevant literature was incorporated into the findings chapters. I also used the literature review to do research into methodology, for example, Insider research and Grounded Theory and other issues relevant to the methodology chapter. This review is incorporated into the relevant chapter.

Search Strategy

Articles were selected for inclusion initially on the basis of the following criteria. That they investigated older people's experiences, they were concerned with ethnic minorities, and the effects of identity and culture on decisions around care, the importance of 'place' and social connectedness, and quality-of-life. These articles were identified through the INGENTACONNECT; GOOGLE SCHOLAR; SCIENCE DIRECT; CAREKNOWLEDGE; SOCIAL CARE ONLINE; EBSCOHOST databases, and through citations from published articles. Example of search terms:

1. Residential, Care, Nursing, Home, Relocation
2. Older people, 'Elderly'[38], Later life Jewish, Orthodox, Kosher, Hasidic, Ethnic, Identity, Minority, Race, Cultural
3. Hard-to-reach, Sampling, Snowballing, Insider, outsider,
4. Intergenerational, Filial, Reciprocity, Carers, Family
5. Thoughts, Feelings, Relocation
6. Migration, Retirement, Well-being and Support
7. Place attachment

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[38] A term still used in literature from the US

8. Autonomy, Independence, Burden

Specific journals that address issues relating to old age were searched separately, *Age & ageing, Ageing & Society*, and the *Journal of Gerontology: Social Sciences*. Key writers on the particular subjects were sourced to understand thinking about all these themes from a philosophical, ethical and theoretical standpoint. In doing literature research for this study there were a number of issues that arose. First, there was an enormous amount of information out there. When I was doing my degree in Genetics 30 years ago there was basically one Genetics Journal, as well as occasional Genetics articles printed in *Nature* and similar generic Journals. All of these were available in hard copy in the university library, and although wading through the literature was laborious, it at least had its limits. Now there are at least 40 journals that feature genetics in the title. The same is true of all disciplines, with the Internet making it possible to access obscure research anywhere in the world. A second issue is that nowadays I can sit at my computer and input some keywords and get literally millions of 'hits', many of which are irrelevant. Just finding the right search terms to put into a search engine is challenging. For example, I did a search using keywords 'place' 'space' and 'meaning', in looking for articles about the meaning of space and place to people. Instead I got many articles on architecture. I did searches about 'migration' in 'older age' and found articles on cell migration. Each search engine uses keywords in different ways and it was very time consuming to trawl the enormous amount of material available. Each word also has synonyms so I created charts of possibilities and did searches on all the different possibilities. Table 1 shows an example of this:

Table 1: Creating a table of search options

Any of these	AND any of these
Old* (older)	Relocation
Elder* (elderly)	Mov* (moving, moved, move)
Senior	Migrat*(migration, migratory, migrated)
Aged	Transition

Once I had collected a number of relevant articles I had to filter through them to see what was relevant. I checked through the references of each relevant article to see if there was an older and possibly critical article that I needed to read and

reference. Likewise, the 'cited by' feature of Google Scholar, which shows later articles that cite the article of interest was a very useful feature. Yet despite the work and time expended it was impossible to know whether I had missed something significant.

The third problem was deciding if the information or findings of a study are valid. It was important to look carefully at the source of any material. Some journals are peer reviewed and have a good reputation, but not all. There are also valid sources of information that are not articles, such as reports put out by Government Departments, Think Tanks or Charitable Foundations, but political bias or financial backing must be taken into account. Studies with a lot of statistics will often be taken at face value by those of us not good at statistics, but the conclusions that can be drawn from some statistical studies is sometimes a matter of debate. They need to be studied carefully and analysed as to the validity of its results. After all the above the article then needs to be assessed as to its relevance to my work.

What was I looking for?

There are several different reasons that I was looking for an article, and this changed over the course of the study.

Stage 1.

At the beginning I needed to build a structural foundation for my research, which meant finding out what other people had done in the area I was interested in. At the time my focus was on residential care. The original research title was *'the care needs of older Orthodox Jews in Gateshead and the impact of geographical relocation to access culturally appropriate residential care'*. I found it helpful to develop a mind-map (See Appendix 8, Figure 32: Mind-map 1) to work out the different issues I was looking at, and to help me decide which books and articles to focus on. These were:

1.   Universal issues surrounding ageing and care, as well as general questions relating to relocating into care, such as familial responsibilities, how relocation is

decided and the process and the effect of relocation on the individual and the family.

2.   Issues that might relate specifically to minorities, such as cultural attitudes to moving an older relative into care, as well as the barriers due to the cultural environment of the care home itself.

3.   The Orthodox Jewish experience itself. I was largely unsuccessful in finding any literature that related to this.

4.   Methodological issues, particularly Insider/Outsider Research, snowballing, Grounded theory and interviewing.

Into this structure I attempted to situate my own research, understanding how my research filled a gap as well as explaining how my research might speak to the experiences of other, both majority and minority, communities. In the end some of the literature relating to relocation into residential care is not explicated here as it lost relevance as the study developed.

Stage 2

As my reading progressed, I was also developing my interview schedule and recruiting participants. I realised that there are structures that interact or intersect with issues around old age such as gender, social policy and philosophical considerations such as what is the nature of choice and agency. At the same time I was working on developing my epistemological position and my methodology. I was also keen to develop some theoretical foundations for my research. As a result there was a second stage of literature research (see Appendix 8 Figure 33: Mind-map 2, and Figure 34: Mind-map 3) during which I looked at:

1. Heterogeneous Ageing (chronological, biological and psychological)
2. Statistics on and differing theories of the consequences of ageing population
3. Constructions of old age
4. Place attachment
5. Meaning of home

6. Quality-of-life and successful ageing

7. Theories of care

8. Ethics of care

9. Gendered nature of care

Stage 3

Once I started interviewing and hearing what people were really saying I started to rethink the emphasis of my research away from choices of 'residential care' and after some convoluting, eventually the study title became '*Decision-making about migration or ageing-in-place for older Orthodox Jewish people from Gateshead*' (see page 91 to explain the process of how the question changed). At this point I started to look at research in and theories of:

1. Retirement

2. Migration

3. Priorities in older age

4. Theories of ageing

5. Successful ageing

I chose to write a considerable amount on definitions and explanations of what many might consider 'basic' concepts like ontology, and common terms used in gerontology. I did this because I felt that, unlike in the natural sciences (my first degree was Genetics), where every term has a defined meaning; in the social sciences terms are used by different people in different ways to encompass different parameters. This is true of words like 'old', but also more abstract ideas like 'theory' and 'concept'. Again, compared with the natural sciences, where theory has a specific meaning and definition, the social scientists use this and other terms in varying ways. Popper discusses how scientists (of all types) can also fall into the trap of assuming meanings and accepting paradigms unquestioningly (Popper, 1970). Therefore, I sought to clarify different understandings of terms, or to explain the way I use the term. This also helped me clarify for myself what these terms meant.

Definitions

In the first instance I wanted to look explain some of the language used in the studies and how oft used words are conceptualised.

Older people

Most developed countries in the world have accepted the chronological age of 65 as a definition of 'elderly[39]' or 'older person' (Office for National Statistics, 2008; WHO). This is often a time of forced inactivity (retirement), regardless of the person's vitality, health or mental acuity. In the UK the retirement age has recently increased, and will continue to rise. This affects the age at which people can receive state pension. There are also new laws that prevent employers from forcing people to retire at 'retirement age'. These changes have not (yet) impacted upon fundamental attitudes about old age and retirement. In many non-western cultures a person is considered old only when they can no longer participate fully in society; when they nevertheless often still command special consideration and respect (Rhode-Holmes, 1995, p. 53). It is a mistake to discuss 'older people' without acknowledging the very real differences that exist between people who are separated in age by up to 40 years. Old age should looked at as different populations, the 'young-old' (65 – 74), and the 'old-old' (75 – 84) and the 'oldest-old' (85 and over) (Office for National Statistics, 2008, p. 10; Suzman *et al.*, 1992). As people can live to be over 100, chronological age is not a good way of judging a person's cognition or health, and associated care needs, as people may experience different levels of impairment at the same age. For practical reasons I had to choose an age from which participants would be recruited into the research, and I chose 65. I made this decision before I had done reading about age, and now consider this quite arbitrary.

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[39] Elderly is now a discredited term, and is seen as stigmatising, but it is still in common use in the US and is used in some literature

Frailty

Frailty is another common term used in gerontology that is rarely defined. It has both medical and layman meanings, and is often used synonymously or together with 'old', as frailty develops as a consequence of age-related decline in multiple physiological systems. This general decline, which produces a 'loss of stamina' or a 'vulnerability' (Rockwood *et al*., 1994), is a non-specific state in which there is an increasing risk that a relatively minor event can result in a dramatic and disproportionate change in health state: from mobile to immobile; postural stability to falling; lucid to delirious, and therefore from independent to dependent; increasing the risk of disability, long-term care and death (Clegg *et al*., 2013). Frailty is not 'all-or-nothing', and as the risk of frailty increases with age, the line between the 'at-risk' state and 'functional dependence' becomes blurred (Rockwood *et al*., 1994). It is estimated that a quarter to a half of people over 85 years are frail. This means that up to three-quarters of people over 85 years might not be frail. Why some people become frail and others do not is unclear, but it is probably a complex interplay between genetics and environment (Clegg *et al*., 2013).

People can remain frail without any physiological changes occurring that push a person over the line to 'disease', so that some very old people are frail without having life-threatening illness. Frailty is not necessary for death, but neither is it sufficient (Rockwood and Mitnitski, 2007). Rockwood (1994) developed a dynamic model of frailty in which there is a balance between assets, such as health, functional capacity, a positive attitude and other social, spiritual, financial and environmental resources, and deficits such as ill health, particularly chronic disease, disability and a lack of social, spiritual financial and environmental resources. For older people who are well, the assets heavily outweigh the deficits. For others the deficits outweigh the assets and they are in Care homes. A third group are frail but still live in the community because their assets and the deficits are in a precarious balance (Rockwood *et al*., 1994). His analysis does not consider frail older people who are dependent, but remain in the community, as the help

they receive counters the deficits. This was the case for the frail older people in this study, however most of the participants in this study would not be considered frail, in that their assets outweighed their deficits.

Care

'Care' is a changing social construction, with the language of care having different meaning and significance depending on the social context and on cultural values and ethical perspectives and it can be conceptualised and theorised in a variety of ways (Bengtson, 1993; Connidis, 2009; Noddings, 1984; Phillips, 2007; Sevenhuijsen, 1998). 'Care' can mean actions that either a kind and well-intentioned 'caring' person does to look after someone, which Tronto (1993) calls 'caring about', or what Noddings (2002) conceptualises as 'natural caring', or it can be a detached employee providing the skilled labour of care which Tronto calls 'caring for'. Although Tronto questions the validity of 'caring about' without any action (caring for), it is undeniable that people can care about others yet be powerless to help them in practical ways due to such things as distance or lack of resources.

Carers

The concept of 'carers' follows on from the definition of 'care', in that there is a distinction to be made between these two meanings of care. The first is unpaid 'informal' care provided by (usually) the family. The second, to the work of care provided by agencies or strangers (even if volunteers). In Government policy papers 'carers' are those who are 'responsible for the care of someone' (Bytheway and Johnson, 2008). The type of 'carers' that are 'responsible for the care of someone' can be either of two types. First, with *organising* regular home help, or personal care, from others, paid or unpaid; or second, in *decision-making* with or for the older person. Sometimes these two aspects are provided by the same person, at other times different family members will take different roles (Connidis, 2009). For example, in my study there was an older man who was very unwell. The wife (my interviewee) is his carer on the decision-making level. She provides very

little hands on care anymore, so there is also a 24/7 'carer'; a young man who physically looks after his needs all day and night. There is also a son that is very involved in his father's medical care, attending medical appointments and talking to the medical team and advocating for better treatment. The father also has other children who are less involved but visit and help out. All these people are 'carers' to some extent, though clearly in different ways. In this thesis I don't really use the term 'carer', but where relevant I will clarify which type I am referring to. Care-giving is not always distinguishable from aid given in the course of normal family relationships, and some of this distinction will rest, at least in part, on the history and nature of the relationship between the two sides (I write more on this later, see page 206).

Ethnicity/Minority

Holmes and Holmes (1995) discuss the difference between 'ethnicity' and 'minority', which are often used interchangeably, when they are in fact different. The common phrase used nowadays in policy documents is 'Minority Ethnic' (as in BME 'black and minority ethnic'). Ethnic groups are often seen as relatively fixed and uncomplicated cultural groups, with clearly defined behaviours. The assumption is that amongst an ethnic group there is a common cultural heritage, homogeneity and distinctiveness and that all individuals within a particular group have the same cultural and religious norms. But caution is urged in transferring conceptual frameworks across ethnic groups and in making assumptions of homogeneity within ethnic groups (Phillips, 2007, p. 99). 'Race' is yet another idea. A key analytic distinction sometimes drawn (if at all) would understand 'race' as signifying the division of humankind into discrete groups, marked by genetic and or physical distinctiveness, and the term 'ethnic', to denote differences associated with religion, culture, national and linguistic background, learning and socialisation. This is a way of looking at ethnicity is as 'a way of life' and is often more loosely defined in terms of such things as shared food preferences, dress styles and music (Culley, 2006).

'Minority', on the other hand, is a group of people who, because of some physical of cultural characteristics suffer from unequal treatment and collective discrimination. As used here it is not a numerical term, (e.g., as black South Africans would have been considered a minority during Apartheid, although they were the majority of the population) but is a statement about oppression (Holmes and Holmes, 1995, p. 184). According to the above, despite the fact that Jews are generally white, middleclass and English speaking, to the extent that they identify as Jewish culturally, and are often at the receiving end of anti-Semitism, they would be considered both an 'ethnicity' and a 'minority'.

Valins' (2002) study and Holland and Katz's study (2010) found that older secular Jews have the same expectations for residential care as the rest of the population, namely that it should be of a high standard, and near to family. It was also found that many, despite their secular background, still want a specifically culturally Jewish environment. Many attempting research with older people amongst ethnic minorities believe that normal research approaches and techniques cannot be applied to ethnic minority populations (Sin, 2004).

Choice/Agency

This study is to a large extent about decision-making, so it is important to clarify what choice and agency are. In my earlier study (Raffles, 2012) I showed that people felt that if, because of their religious or cultural requirements, they cannot access appropriate facilities or services, then they feel they really have no choice at all. This also occurs when the needs of the older person exceed the limits of the carer (Ryan and Scullion, 2001). Despite the 1990 National Health Service and Community Act (see appendix 12) which is meant to allow older people to choose their own residential home, this choice may be only theoretical. There are barriers to these choices, including the availability of places in residential care, government funding limitations which affects both the funding to care homes and for home help which is meant to allow the older person to stay in their own home, and the geographical location of the homes (Valins, 2002).

Autonomy and the need for long-term care (either at home or in residential care) are to some extent opposite concepts. If an individual needs long-term care, due to infirmity or illness, then in what way do they meaningfully retain autonomy? In this study I question how people maintained their sense of autonomy in the face of receiving considerable support (see page 208). The model of autonomy problematically theorises individuals as isolated, and that their actions are neither affected by or affect others. For autonomy to be meaningful then the person must be able to make choices that effect things and make things happen. Real choice only exists where there are true alternatives that can be realistically chosen. 'Choice' is what we want to happen; 'Agency' is the ability to make it happen. If the carers of frail older people cannot manage to support older people's choices, then this will affect their agency. If a residential home has rigid regimes, are very short staffed, or have poorly trained staff, there may be little in the way of real choice as to when the person goes to bed or gets up, what the person wears, when and what they eat, or their activities etc.

Agency is also affected by the past. Our ability to determine or understand the effect and outcomes of choices will depend on the person's intellectual resources, skills, habits of thought, and beliefs. These things are built on the experiences of the past. Without this past a person loses the ability to function as an agent. Without a solid understanding of the effect different choices will have, the choices presented will be meaningless. Losing agency in this way is more fundamental than losing the opportunity to choose. The person can still indicate a preference from a range of options, but the choices lose meaning. Choosing in circumstances in which there are no viable alternatives, or in which the choices are meaningless, or unimportant, cannot be considered real autonomy (Agich, 2003). Maintaining choice and agency (autonomy) emerged as a very high priority for the participants in this study (see page 188).

Ageing

In this section I look at theories of ageing and what 'ageing' means as a concept and a construction. Population ageing is frequently referred to as the major

demographic challenge or crises facing many countries across the world. There are going to be major economic implications of population ageing particularly with respect to the demand on health-care and welfare systems (Davies and James, 2011; De Meijer *et al.*, 2013). The rhetoric of panic surrounding the cost of the ageing society needs to be addressed as to whether it reflects reality. In order to look at the popular narrative that old people represent an unwelcome burden to families and society I consider the 'health cost prognosis', 'the ageing society' and 'morbidity'. I question whether these 'concerns' actually reflects facts, or a moral and ethical stance about the value of older people in society.

During periods of relatively high birth rates there were associated increases in medical care, welfare and schooling costs. There were also costs related to reducing child mortality. Were these demographic changes and health improvements accompanied by a comparable panic? Even should there really be real and present financial pressures it seems that the problematisation of ageing goes beyond financial considerations and reflects deeper societal attitudes. Obviously an increasing number of older people today reflects an increase in the birth-rate 70 years ago (there was a baby boom immediately after the war who would be in their seventies now, and a second one in the 1960s, who would be in their mid to late fifties now) and/or a substantial decrease in mortality. Clearly it would be absurd to question why we spend money on immunisation, when if children died of illnesses it would be a lot cheaper for society. Similarly, if young people died in wars then those remaining would have full employment and the health costs would be less and the economy would benefit, but we don't complain about the lack of wars. In the first instance we should see increasing life-expectancy and the improving health of older people as a positive phenomenon.

Concept of old age

A concept is not reality but a label about an idea regarding reality. On a basic level 'chair' is a concept which children learn how to understand. They need to learn to create parameters that distinguish a chair from a table, even though they have many features in common. The child not only has to learn 'what a chair is' but also

'what a chair means'. A 'Throne', the 'Speakers chair', the 'naughty chair' or 'father's chair' have meanings beyond what a chair is. Meanings are based on societal and cultural factors, and are learned. 'Chair' becomes not a label of 'what it is', but a label of a 'shared understanding of a concept'. If this is true of physical objects, then it is all the more so for other concepts such as 'happiness', 'respect' or 'childhood'. Take childhood as an example. When we conceptualise this idea we have to decide how it is demarcated from adulthood. If we decide it legalistically then we are confronted by the anomaly that sixteen is adult with respect to age of consent, signing medical consent forms, joining the army and marriage (but with parental consent – so only half an adult), but seventeen for driving, and eighteen for drinking and smoking (so parents can consent to have their children die in a war but not to smoke). The concept of childhood is variable and culturally specific, as in other countries and other times the laws have been very different. If we decide childhood is a developmental state then we are faced with the fact that children develop physically, intellectually and emotionally in different ways, and at different rates – and this difference is both natural and also based on society's expectations. Therefore, 'childhood' is not a 'thing' – it is an 'idea', and what we mean when we use this word very much depends on how we are conceptualising this word.

Most developed countries in the world use the chronological age of 65 as a definition of 'elderly' or 'older person' (Office for National Statistics, 2008; WHO). This is a legalistic definition based on the concept of 'retirement' from the work force and has more to do with policy and economic decisions than what 'old age' actually is. Most studies and statistical models dealing with issues around old age use 65 as their cut off for 'old age' (and I did likewise), but at the same time we need to understand that this is an arbitrary line.

The construction of old age

There seems to be a consensus in Western cultures that 'oldness' is a real thing, and that 'old age' describes a section of the population. However, terms like 'old age' and 'the elderly' are in fact cultural and social constructions that do not

necessarily correlate with any particular reality (Vincent, 2003, p. 7). There are unexamined cultural assumptions that categorise the ageing person in varying ways, often stigmatising and restricting them, whilst failing to reflect the lived reality of the older people themselves (Degnen, 2007).

There are physical and biological changes that occur to all people as they age; but ageing is not itself a disease. There is an increasing risk of dependency as people age, due to illness, disability, mental impairment and poverty (Spicker, 2010), but we must be careful to avoid constructions of old age and older people in terms of frailty, dependency and as an inevitable burden on families and society. Focusing on 'needs' and 'problems' distracts from the structural and attitudinal barriers in society which disempowers older people (Oliver, 1990). In fact, many older people retain their capacity for learning and memory as well as remaining physically independent, and the majority of older people continue living in their own homes (Agich, 2003). As people can live to be over 100, chronological age is not a good way of judging a person's cognition or health, and associated care needs, as people may experience different levels of impairment at the same age. Prevailing attitudes towards older people based on physical appearance or assumed incapacity are potentially as damaging and discriminatory as negative stereotypes based on people's race, gender or class (Bond *et al.*, 2007).

In western countries old age is conceptualised as a time of increasing vulnerability, incapacity and inactivity, and this affects the narrative about old age, regardless of the person's actual abilities, vitality, health or mental acuity. The contributions older people make to families and society, emotionally, socially and economically are often ignored. In many non-western cultures movement into old age is more fluid and depends more directly on functionality. A person is considered old only when they can no longer fully participate in society, and they nevertheless still command special consideration and respect (Rhode-Holmes, 1995, p. 53). In reality old age is not a boundary, which upon crossing one transitions from 'not yet old' to 'old'. Old age depends greatly on one's own relative position and can be stigmatised as much by older people as it is by younger adults. However, older people use different criteria to demarcate old age and oldness (Degnen, 2007). I

noted this attitude amongst participants in their eighties. They accepted in themselves the natural changes that accompany the ageing process such as arthritis, diabetes or having difficulty walking, phrasing this as 'feeling my age' or 'not as young as I was', but did not consider themselves as 'old', and often said they 'felt young inside'.

Psychosocial Perspectives on Ageing

At any age a person remains an individual (not a category), and will react to, or is affected by, life experiences, and change in different ways. Despite this, social gerontologists make generalisations that can be applied to people of certain ages. There are various psychosocial theories that attempt to explain what happens to people as they age, in terms of their behaviour, their psychological makeup and their needs and desires. There are differing definitions of 'ageing'. One definition considers ageing as happening from the time of maximum maturity, (growth then decline) others consider ageing to be occurring from birth until death. In either case it is accompanied by regular transformations in appearance, behaviour, experience and social roles, and involves biological, psychological & sociological processes. How experiences affect the individual will depend on previous experiences, so the process is complicated and individual.

Psychosocial Theories seek to explain behaviour changes, changes in social interactions and changes in the types of activities people engage in as they grow older. As people age there is thought to be a change in their ability to adapt to changes, particularly adjustments to loss of internal and external resources. There are also genetic factors that influence the length of life. Different theories explain these changes over the life-course in different ways. These are not only descriptions of how people change with age, but also reflect the culturally accepted norms of what 'should be'; identifying normative patterns. Morgan and Kunkel (2007) discuss three theories:

1. Disengagement theory
2. Activity theory
3. Continuity theory

Disengagement theory

Disengagement theory is an early conceptualisation (Cumming and Henry, 1961) of the ageing process which postulates that as people age many of the relationships between a person and other members of society are severed and those remaining are altered in quality. Those who advocated for this theory suggest that this is an inevitable and universal process and that it is both rewarding and of mutual benefit to the older person in that it seeks to minimise the social disruption caused by the older person's eventual death. Withdrawal may be initiated by the ageing person or by society, and may be partial or total, and the theory is based on the observation that people are often less involved with life as they age. This type of disengagement includes retirement from the work force and, within the family, by withdrawing from central roles in child-care. Many consider it a very problematic theory in that it reinforces the exclusion of older people. If people remain active and functional it is somehow considered a dysfunctional response and a 'failure to disengage'. Although this process is understood to be somewhat individual, it is thought to be only a matter of time. There is also a question as to how disengagement is measured. There is evidence that in some places society forces withdrawal on older people whether they want it or not. This creates a self-fulfilling and reinforcing circle in which the social norms of withdrawal are used to justify the expectations on older people to withdraw, creating the social norms to withdraw. Norms may have changed, in the 'old days' people did not live very long after retirement, therefore, these observations may have been very real at the time they were made, but may not hold true any longer. This theory also does not consider the large number of (very) older people whom researchers identified as not withdrawing from society, despite Cumming *et al's* assumption that disengagement is a universal and inevitable process. Disengagement theory was also criticised for largely ignoring the meanings that older people attach to what they do (Boudiny, 2013). Despite these criticisms, this theory it was significant as being the first formal theory that attempted to explain the process of growing older, and encouraged research and debate on the topic.

Activity theory

Activity theory (Lemon *et al.*, 1972) is another psychosocial theory that seeks to explain the ageing process. It was developed partly in response to disengagement theory, but has the same tendency to be used as a 'should' rather than a description of what people do. This theory suggests that the older individuals seek to retain the same activity patterns that were exhibited in middle age, especially the frequency of such activities. The theory is based on the premise that a person's identity and self-concept, and to a large extent feelings of self-worth, are wrapped up with significant roles, such as a profession, or being a mother. People can suffer significantly when losing this role, such as when retiring, or when the children leave the home. If the older person can then actively maintain or create other familial, recreational, volunteer or community roles to replace the lost ones, then as long as these activities have meaning to the person they can mitigate any harm or suffering from the loss of the previous significant roles. The theory assumes that the end of significant roles marks an abrupt beginning of 'old age' leaving older people feeling alone and cut-off. As a result people should be encouraged to remain active and involved and develop or expand friendships with people their own age. Where accepted, this theory is used to validate programs for older people that are based on idea that in order to age well people should maintain social interactions, and that quality-of-life, or life-satisfaction, in old age, is connected to the degree of social engagement. It has also created a pressure that after retirement people should find other engaging activities.

The question arises as to whether the positive association between social activity and life-satisfaction (Betts-Adams *et al.*, 2011) is causal. Perhaps people with a certain disposition are the type of people who seek activity in older age. One might question if, when activity is imposed on people who do not naturally seek to create these opportunities, gain the same benefit. Lemon *et al.* (1972) studied mainly white middle-class and married people who were interested in an active lifestyle, and unsurprisingly this psychosocial theory applies particularly well to a subgroup of the older population who are old but have relatively good health and resources.

Continuity theory

Another reaction to 'disengagement theory' is related to activity theory, called 'continuity theory' (Atchley, 1989). Continuity theory has excellent potential for explaining how people deal with changes that occur during normal ageing. 'Activity theory' talks about 'replacing' activities. For example, work, with an exercise class, aiming for familiar environments, practising familiar skills and interacting with familiar people. The idea is evolution, replacing who they have been and what they have done in the past with something new, but without upheaval. Continuity is suggested as an overall adaptive strategy that is based on both the individual's personal preference and the desire for social approval. Continuity theory assumes that when older people retire they select alternatives consistent with the ageing person's reflection upon their past, whilst setting goals for the future. It reflects each person's perception of their past experiences and of themselves and their social world. Unlike disengagement and activity theories, continuity theory postulates that a person wishes to maintain familiar and habitual patterns of living throughout life such as a nurturing family role or a productive, work-oriented role. Ekerdt (1986) argues that continuity theory was much influenced by the protestant work ethic, which assumes work is extremely significant to people's sense of identity, and that activities to keep older people busy will be done with the same earnestness and intensity, structure and purpose as when they were working.

Life-Course Theories

Activity and continuity theories assumes that there are continued opportunities for development even into very old age, and this fits well with Erikson's (1998) developmental stages. This includes a 'ninth' stage which, like all his previous developmental stages, also contains opportunities for gaining maturity as various crises or dilemmas must be resolved in order to move forward in 'growth and expansion'. Some of these challenges are, declining health & physical strength, retirement & reduced income, the death of a spouse or family members, and altered living arrangements. There are positives of ageing to be adjusted to as well, such as the pleasures of increased leisure time and spending time with

grandchildren. There are contradictions between the different psychosocial theories of ageing, and this is in part is a reflection of the heterogeneous nature of the older population. This diversity also challenges any single explanation of elderly migration (Wiseman and Roseman, 1979). Likewise, the same individual may pass through a number of stages of development (Litwak and Longino, 1987).

The ageing population

The term 'ageing' refers to both the increase in age of individuals as well as the increasing number of people in the population reaching an older age. When the average age of the population increases it is referred to as population ageing. The British population is 61.8 million people. Of these, 10 million are over 65, of which 3 million are over 80. The fastest growing segment of the population is the portion aged 85 and over. Projections for 2030 are that there will be 15.5 million over 65s, of which nearly 6 million will be over 80 (House of Commons Library, 2010, p. 45). Population and health status projections for 2030 suggest there will be a rapidly growing demand for support services for older people requiring some degree of care (De Meijer *et al.*, 2013).

The ageing population is a consequence of a number of factors. The first is the ageing of the 'baby boomers' of the 1960s, and the second is an increase in longevity (De Meijer *et al.*, 2013). These two factors combine to create a demographic shift, in which there is an increase both the *absolute* number of older people and an increase in the *proportion* of older people relative to those of working age (House of Commons Library, 2010, p. 45), not only because people live to older ages, but also because fewer children are being born, and the high rate of geographical mobility of younger people. The migration of younger elders, leaving behind more of the older elders also will affect this proportion. There has also been an increase in successful treatment of chronic disease leading to an increased number of people that live to older ages with a disease, rather than dying from it (Agich, 2003). Figure 1 shows the projection of those who will reach over a hundred in the next 50 years.
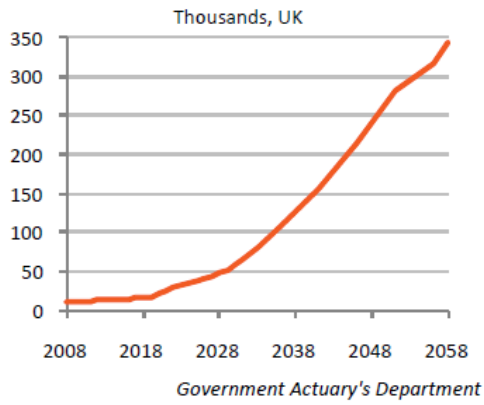
Source: Mellows-Facer (2010, p. 45) (shown in thousands)

Figure 1: Projection of numbers reaching 100 over the next 40 years

Like many taken-for-granted beliefs, and despite perceptions to the contrary, as of the year 2000 only 4.3 percent of those over the age of 65 live in institutions. The difference between young-old (65–74), old-old (75–84) and oldest-old (85 and above) is significant. Figure 2 shows the percentage of the population in institutions according to age, at the moment.
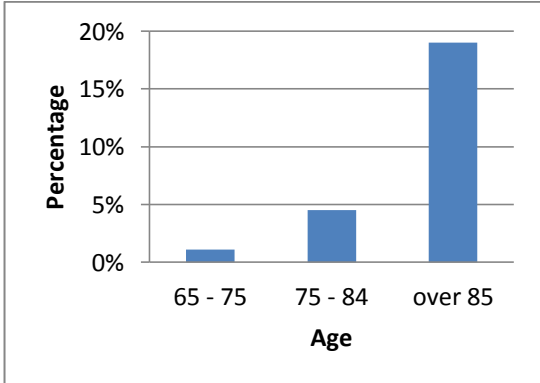
Based on Agich (2003, p. 3)

Figure 2: The percentage of the population in institutions according to age.

The projections of longevity into the future and whether the percentage of those in residential care will increase, remain the same or decrease are questions I deal with below (see page 57).

The ageing Jewish population

Jews tend to live longer than the national average, approx 5 years longer (Sullivan, 2010), with almost one out of four of the general (non-religious) Jewish population now aged 65 or over (Valins, 2002). Together with increased longevity, the Orthodox community has experienced rapid growth because of its higher birth-rate. Seven, eight or nine children are not uncommon (Valins, 2002), and the average in my sample was eight. The Orthodox community has a lower overall age profile than either the national average, or secular Jewish communities (which have birth rates comparable with the general population). This means that the Orthodox Jewish community has a pyramid profile rather than a column or inverted pyramid profile (Bengtson, 1993). This will mean that although there will be a greatly increasing number of older Orthodox Jewish people in the future due to increased longevity, there will also be an even larger number of children born that can potentially provide support. Having a large family affected the support that was available to participants in this study, as well as the likelihood of being a 'woman in the middle' (see page 65). Family size also affected the decisions participants made (see 213).

The Gateshead Jewish community consists of about 450 households (about 3000 people) of which around 4% (about 120 people) are aged over 65. This is much lower than the general British population, which is 18% (Purdy *et al.*, 2000). It is assumed this discrepancy is because so many older people leave Gateshead (Gateshead Council, 2011; Raffles, 2012). This assumption was one of the things I considered in this research. Although a number of people *have* left, I was not able to quantify this (I tried). I realised however that the number of older people in the community at the moment (120) reflects a community size of 50 years ago (about 70 families). 70 families reflect approximately 500 people. 18% of this is 90. When I came 30 years ago the community was 120 families. One can see that the community has continued to grow, and in the future there will be a considerably greater number of older people. Another reason for there being fewer older people than might be expected is that many families leave in the 30 – 50 age

group, in order for the husband (usually) to take up positions in schools, rabbinical courts, *Shul*s and communities. The high birth rate also affects the comparatively low representation of older people in the Gateshead Jewish population.

Problematisation of ageing

This study takes place within a social narrative that population ageing is a problem. Population ageing has major implications for the security of the labour force and demand on health-care and welfare systems as well as for the social and cultural stability of places. Knowing what is going on with population ageing is relevant to debates informing the development of policy to deal with the health, workforce, housing, social and financial consequences of population ageing. So much of the narrative around ageing is about the health and cost problems that will arise. Those articles that review and critically analyse the statistics are written by and for statisticians and economists. Projections into the future rest on assumptions put into the model, and it can be difficult for qualitative social scientists to be sufficiently critical of these statistical models, as a lot of social scientists are not comfortable with statistics (including me). I want to highlight some of the issues and debates surrounding projections of health costs that indicate the future might not be as clear-cut and fearful as often portrayed.

How the ageing population affects health costs

That health expenditures will continue to rise in the coming decades seems beyond doubt. The question is what are the causes of this increase and what proportion of this rise is due to increasing numbers of people at older ages. In order to properly assess this one would need to know:

1. How many older people can we expect there to be in the future?

2. How long can older people expect to live with morbidity?

3. What are the implications of the first two on health costs?

First I want to define some words that demographers use in population demographics and that describe population health.

Life expectancy

In developed countries life-expectancy has been rising over the last 200 years, at about two-and-a-half years per decade. This is due, first, to improvements in child and mother mortality and improved medical interventions. Second, it is due to lifestyle changes such as reduced smoking, improved nutrition, improved health care and developing sanitation systems. Many projections of populations have assumed that these increases will continue, assuming life-expectancy will continue to increase at the same rate (Crimmins and Beltrán-Sánchez, 2011). Willets (2013), an actuary, notes that evidence from the recent 2011 UK census indicates that there were 30,000 fewer people aged in their 90s and 100s than expected according to previous models, indicating that there may be a slowing in the increase in life-expectancy (or an increase in retirement migration (Warnes, 2009)). If there are fewer older people at the very older ages than expected then this will impact on projected costs.

Morbidity rate

Morbidity rate refers to either the prevalence rate or the incidence rate of people who are ill or lack significant mobility. The measure of morbidity is not straightforward. Many people can live with an amount of 'morbidity' without counting in statistics. Likewise, morbidity due to ill health acquired as a younger person will still count in statistics measuring morbidity in old age. Disease and morbidity are also highly associated with certain health behaviours and structural factors, such as education, income, housing, and welfare benefits, and may have less to do with old age by itself, and it is difficult to factor these out. So perhaps the problem is not that there are 'old people' but that there are 'poor old people', or that many people are entering their later years with a poor health profile.

Life expectancy and morbidity

There are a number of questions about the relationship between life expectancy and health expenditures. There is an implication that healthy people will live a longer than frail or unhealthy people (De Meijer *et al*., 2013). However it is not

clear whether people are living longer in good health, or whether people are surviving longer with poor health. Or perhaps older people are living longer *because* they were in better health when they were younger.

'Time to death' describes the acute care expenditures in the period preceding death (at whatever age that might be). Increases in these costs depends on whether the period of illness before death shorten, lengthen or remains the same as people live longer. Studies consistently conclude that 'Time to death', and not chronological age, is the main determinant of health expenditures (De Meijer *et al.*, 2013; Payne *et al.*, 2007). There are three theories outlined by Breyer *et al.* (2010) about what happens when there are increases in longevity in relationship to morbidity.

Expansion theory

The Expansion theory is that as people live longer, the longer they will live with morbidity. The expansion theory will mean that costs will increase not only because there are more people, but also because people will suffer morbidity for longer. Even with medical advances and improved health behaviours there can only be a limited reduction in the number of years of bad health (Robine and Michel, 2004).

Compression theory

The Compression theory is that people will live longer, but the period of morbidity will shrink. The compression theory proposes that the costs may remain constant, increase or decrease depending on the balance between the increasing number of people of older ages and reduced years of morbidity (Crimmins and Beltrán-Sánchez, 2011; Parker and Thorslund, 2007).

Postponement theory

The Postponement theory is that the total period of morbidity will remain the same but will move to a later age. The postponement theory will mean increased costs only because there are an increased number of older people. There will be a

dynamic equilibrium in which increased survival is offset by better control of chronic diseases, keeping the proportion of life lived in good health more or less constant. It is still a matter of considerable debate as to which of these systems is occurring, and it seems that different subsections of the population are ageing differently. For example, poor people may age very differently than middle-class people (Robine and Michel, 2004).

Health and Disability

Health and Disability are often used together or interchangeably, however, they are different and have different cost effects. 'Health' is comprised of whether disease is present, whereas 'disability' reflects limits on a person's ability to perform functions. In old age the former can lead to the latter, but they have different relationships with health expenditures, particularly the difference in the need for acute or long-term services (Parker and Thorslund, 2007). Growth in health expenditure is driven by many drivers. One is the rise in the overall population; another is the increasing costs of wages, new technologies, and medicinal advances in healthcare. Much of these costs benefit people under 65, and this increased health expenditure on younger people is one of the reasons people live to older ages. The annual growth of health expenditure due to the ageing population has been calculated as 1%. This direct effect of ageing is modest, but nonetheless important.

There is no clear age at which people start having diseases 'of old age' such as diabetes, cancers, respiratory problems and high blood pressure with associated heart and stroke risk. Those older people who suffer ill health often started the condition before they were old (Robine and Michel, 2004). So if they are treated for the five years after 65 they become a statistic in the expenditure associated with old age, yet the five years (or more) beforehand are not singled out according to age, but according to condition (and in fact the same person may be counted in both statistics).

Health Costs

Projections of huge increases in health expenditure due to population ageing have traditionally been based exclusively on chronological age. They do not take into account gains in longevity, which increases health costs throughout life. They also often ignore 'time to death' and morbidity. Studies that take into account both time to death, and the relationship between health, disability and individual health expenditures, are complex. As people live to older ages they live longer with diseases that they acquired when they were younger, and with increasing age it is not uncommon to accumulate a number of health problems (Crimmins and Beltrán-Sánchez, 2011). It might seem self-evident but mortality (dying) is highly associated with morbidity (illness), and the high level of health expenditure observed at the end of life has more to do with *dying* than with age *per se*. People were sick and dying before longevity increased. Some research even indicates that the relationship between mortality and morbidity might not be constant (Payne *et al.*, 2007), as in the compression theory. If we take account of the high health expenditure in the final years of life, and improve the models to reflect time to death, then we find that the increases in life-expectancy change the relationship between age and the onset of health problems. Age is a predisposing determinant for utilisation of health-care. But there are many other issues that affect health costs such as gender, marital status, socio-economic status, life-style, and living and working conditions (including the availability of informal support) (Martin *et al.*, 2011).

This chapter has discussed at length much of the debate about the costs of our ageing society. The prevailing narrative assumes that older people are a financial burden on society. I have made some argument for looking more carefully at the assumptions that this concern is based on. Yet, another side of the story is the *financial* contribution older people make to society. Research concluded that in 2010, over 65s made a net contribution of £40 billion to the UK economy (Cook, 2011). I show in this thesis how older people from the Orthodox community

generally continued to be of financial and social support to their families and communities into old age.

Caring

Who cares?

There are over 5 million carers for people of all ages in the UK; approximately 58% are female and 42% male. The extent of male care giving is rarely acknowledged, probably because they are usually caring for spouses, and women are still 50% more likely to care for parents or parents-in-law than men (Office for National Statistics, 2007, pp. 21-22). Census data consistently shows that family members, predominantly adult daughters, have always provided the bulk of the care of older people, including household, financial, and personal care (Ajrouch *et al.*, 2010; Barnes, 2006; Office for National Statistics, 2008; WHO, 2003). Many people care due to feelings love, guilt, compassion, and gratitude (Ungerson, 1987, p. 85). It is something many people start before they realise that the care is imperative and often progression towards becoming a carer is gradual (Aneshensel *et al*., 1995). Current demographic changes also point to the emergence of a 'sandwich generation', caused by women having children later in life, raising and supporting children for longer periods than in the past, and parents living longer. Thus, women can be caught between caring for children whilst also having older parents in need of support. Due to the fact that women have a higher life-expectancy, they are also the majority of the cared for (Milligan, 2009).

Filial responsibility

There are variations in filial expectations in ethnic minorities, but a recent study (Diwan *et al*., 2011) demonstrated that ethnic minority elders, despite assumptions to the opposite, did not wish to be a burden on, or move in with, their children. Society bestows varying degrees of value and status to care and the carer, and this is marked by the different degrees of financial reward (e.g. pay, grants, benefits, allowances or tax breaks). Census data consistently shows that

family members, predominantly adult daughters, have always provided the bulk of the care for older people, including household, financial, and personal care (Ajrouch *et al.*, 2010). This type of largely unpaid care often stems from love, duty, guilt, and altruism, as well as a feeling there is no choice (Phillips, 2007, p. 64). Relinquishing care of older relatives to residential institutions is held off as long as possible and often occurs when there is no other option (Ryan and Scullion, 2001). As discussed previously, there is a strong tradition of filial responsibility within the Orthodox Jewish community (see page 20).

Theories of Intergenerational Relationships

In considering how families care for their older parents we have to consider the different conceptual understandings of complex family relationships, and particularly how these relationships might be undergoing social change and altering. Lowenstein (2007) explored the models/paradigms/theories that seek to understand micro-level parent–child interpersonal relations in later life and macro-level structural forces that affect these relationships: the intergenerational solidarity–conflict model (Bengtson, 1993,2001) and the intergenerational ambivalence model (Connidis, 2009).

The intergenerational solidarity–conflict model started life in the seventies as the 'solidarity model' which focused on family cohesion as an important component of family relations, particularly for the psychological well-being in old age. It conceives of a contract across the generations that the first generation will bring up and provide for the second generation, who will then produce a third generation. The second generation will have enough resources because the first generation will retire and pass on their wealth to the second generation. There is an assumption that the second or third generation will have the resources to help the first generation during their decline, until they die. By which time the second generation will be well established and will in turn become the first generation. This model assumes that wealth passes down the generations, and care flows down, and then when needed, backup again (Bengtson, 1993). It emphasises that intergenerational relations are multidimensional and multi-factorial. Critics point

out the model reflects more how family relationships *should be* rather than how they actually are, and ignores conflictual aspects of family relationships. Therefore, later the model was extended to become the family solidarity–conflict model, which incorporates conflict and considers the possible negative effects of too much solidarity. Bengtson (2001) argued that conflict is a normal aspect of family relations, that it affects the way family members perceive one another, and that consequently it affects their willingness to assist one another.

An alternative perspective through which intergenerational relations can be understood is ambivalence. This is a way of conceptually exploring mixed feelings, both sociologically (how social structures can be mixed and create ambivalence) and psychologically (how the individual personally experiences mixed and ambivalent feelings). It can be seen as complimentary to the Solidarity-Conflict Model (Connidis, 2009; Lüscher and Pillemer, 1998; Pillemer and Lüscher, 2004).

Gendered nature of care

Much of the research on care-giving has focused on women, especially around issues of caregiver 'burden' and the health implications of caring. The research literature on family care of frail older adults consistently shows that long-term care begins, and is primarily maintained, within the family system (Horowitz, 1985). Regardless of race, ethnicity, or class, when the need for assistance arises, typically female family members—wives, daughters, and daughters- in-law—fulfil the role of primary caregiver (Hill, 2015; Stone *et al*., 1987). Feminist literature has concerned itself with the perception of caring as not only physical work, but emotional work that has no status or value in society because it is primarily 'women's work' and because caring is natural to women (Phillips, 2007). Women are also more available to care as they are less likely to work and more likely to be working part-time. However, this is often a consequence of their caring responsibilities, rather than the cause of it. Many women are also caregivers to their husbands in old age, as women tend to live longer and marry younger than men, so it is more likely they will be the healthier of the pair in older age (Hill, 2015). This focus on women is not unreasonable. Horowitz (1985) established that

about 75% of adult child caregivers are daughters (Stone *et al.*, 1987). Kramer and Thompson (2002) in their work on male care-giving are using the figure of around 30% of caregivers being men, though they are writing about care across the spectrum (including children and spouses) and Horowitz and Stone are being specific about the care of older people.

Hill (2015) quotes Matthews (2002) at length in her study of male care-giving that although the percentage of sons as primary caregiver increased from 1989 to 1999, daughters still are more likely to be caregivers than sons. Daughters are more likely to provide care to parents, and to provide more hours of care per week than sons. In addition, within a family networks, sisters and brothers responded differently to parental needs. The composition of the sibling network is important because sisters form a family care-giving network and include their brothers in it, whilst men with only brothers do not create such an arrangement. Therefore, men with sisters provide more care than only sons or men with only brothers because the sisters see to it that they help. Daughters are more likely to give aid to parents if they think their parents need help, whilst sons are more likely to wait to be asked.

In terms of decision-making powers, because women tend to be the primary caregiver, and their role has strong cultural support, they are more likely to be listened to about what should be done. Some sons take charge of decision-making, seen as a male role, without being the main provider of the care. As people have fewer children and family sizes become smaller, sons may be more likely to provide care in the future. This may also be affected by societal and policy changes that increase the cultural value of care.

Women in the middle

Brody (1981) said that several decades of research has systematically disproved the notion that contemporary families are alienated from the aged and do not take care of them, and that they repay the devotion of older parents by abandoning them and dumping them in institutions. Contrary to many popular myths the

research indicates that there are still strong intergenerational ties and there are still frequent contacts between generations. Older adults often face the prospect of moving in with a relative or going to a nursing home with aversion and resistance. They will consent to and accept assistance from formal services because to do so is a means of maintaining their independence and household (Roberto *et al.*, 2001).

During the same time-span in which there have been improvements in life-expectancy and a growth of the older population, there has, in developed Western countries, also been a reduction in fertility, including an increase in childlessness, as well as increased rates of divorce, remarriage, and step-family formation. These factors have changed the structure of multigenerational families (Silverstein and Giarrusso, 2010), reducing the pool of younger family members, particularly children, but also nephews, nieces, and cousins. This has practical implications for support and care-giving to older family members. This, along with the trend of increasing female employment and of having children later in life increases the phenomenon of 'women in the middle'. From 1970 to 2006 the proportion of first births to women aged 35 or older increased nearly eight times, and there are an increasing number of first births over 40 (Mathews and Hamilton, 2009). The 'woman in the middle' (aged 50) can have adult children (25) and an older parent or parents (75). In the Orthodox community of Gateshead the family profile is very different (see page 56), and it is not uncommon for women of 50 to have six children under eighteen at home (8, 10, 12, 14 16, 18) and have 80 year-old parents. In my previous study (Raffles, 2012) the youngest of five sisters lived near her older father in Gateshead who needed care, with the other sisters living in Israel. She had many children at home, some with learning difficulties, and she was also working. The burden of care fell on her, whilst her sisters criticised her for not doing enough for their father.

Burden sharing

Due to smaller family sizes and the increased mobility of people for work, care is often no longer shared between many family members who live nearby. It is more

often shared between a few siblings, and sometimes the responsibility falls on a single individual. Research (Hill, 2015) suggests that divorced fathers receive the lowest level of personal care from their children. Filial commitment of adult step-children to their ageing step-parents has also been shown to be particularly fragile (Silverstein and Giarrusso, 2010). It can be difficult if both spouses are the only child of their parents, or the only ones living nearby. Even with many siblings it can happen that only one child lives near a parent. The structure of the sibling group as well as the geographic location of the ill parent impacts which child becomes the care manager (Hill, 2015, p. 49). Although grandchildren are often viewed as a 'competing' for their mother's care (women in the middle), grandchildren are a useful source of support. When they are old enough to do so, grandchildren often become part of what might be described as an invisible back-up system and an important source of support for their mother (see page 213). They can also provide instrumental help on a day-to-day basis, and may take central stage when needed (Brody, 1981; Brody, 2004). Problems or role changes experienced by one family member affect every other family member. Each person in the family feels the repercussions as the balance of roles and responsibilities change and shifts occur in the family homeostasis (Brody, 1981). For those dependent on others, a caregiver is a crucial asset and the sense of being a burden on the caregiver an equally important deficit (Rockwood *et al.*, 1994).

Moving into residential care

The area of the review concerning relocation into residential care has not been written about at length here, because it became not relevant to this study. In my previous study (Raffles, 2012). I found that similar to previous research (Ryan and Scullion, 2001), decisions about care arrangements are commonly made by relatives, rather than the older person themselves. This is because the older person was in some way incapacitated. In this study decision-making was in the hands of the older people themselves (see page 192). The trauma of moving is made worse by the fact that it is often precipitated by an emergency, such as following acute illness or a period of hospitalization, when decisions need to be

made quickly. The decision to move into a care-home is often made as a last resort, when the needs outstrip the capacity to care (Aneshensel *et al.*, 1995; Retsinas, 1991; Ryan and Scullion, 2001). Valins (2002) quotes statistics that 43% of those entering residential homes, and 63% entering care homes come directly from hospital. These decisions were made according to what the relatives felt the older person would have wanted, and this concurs with research that indicates that decisions are critically dependent on the expectations of older people and their families (Roberto *et al.*, 2001). Ryan and Scullion (2001) found that following placement, carers often had to renegotiate their changed roles and sometimes were left with feelings of guilt and grief. In my previous study I did not find such trauma in relocation as people were very focussed on the needs of the older person. Generally, if the relatives were confident that they were acting in the older parent's welfare they accepted the move without guilt. There was only trauma associated with the funding of a residential place (Raffles, 2012).

Ethnic Minorities and Relocation Choices

The invisibility of the needs of minority ethnic groups is reflected in the paucity of research in this area (Phillips, 2007, p. 92). Sampling minority ethnic elders is widely recognised as difficult and complex (Sin, 2004), and the Orthodox Jewish Community has been described as reluctant to engage with research (Harel, 1990; Holland and Katz, 2010; Valins, 2003). Studies indicate that ethnic minorities frequently consider whether residential homes meet their cultural needs that are important to well-being (Heikkilä and Ekman, 2003; Hinrichsen, 2006; Holland and Katz, 2010; Mold *et al.*, 2005). Older secular Jews in the UK, though less obviously visible as an 'ethnic minority' (often being white, middle-class and English speaking, see page 44) have the same expectations for care as the wider population, yet often desire specific Jewish cultural requirements (Holland and Katz, 2010; Valins, 2002). The relocation choices of the Orthodox Jewish Community have not been specifically studied, but in my previous study the religious nature of the residential home was the highest priority (Raffles, 2012).

Migration

Migration is an elusive term, because what the average person means when they say that word may vary considerably with the meaning researcher's give the same word. Also there are other terms used instead of or together with 'migration', such as 'transnationalism,' 'moving', 'relocation', 'residential mobility', 'displacement', 'asylum seeker' or 'refugee'.

Petersen defines migration as the:

> "'permanent movement of persons or groups over a significant distance', some of the key terms (e.g. permanent, significant) are ambiguous and in practice arbitrary... A farmer who goes to the nearest town to buy a suit, we feel, is not a migrant. A person who goes to another country and settles there for the rest of his life, on the other hand, is a migrant. But between these two extremes lies a bewildering array of intermediate instances; and such criteria as distance, duration of stay, and importance of purpose do not clarify the concept entirely" (Peterson (1975) quoted by Warnes (2009))

A more inclusive definition of migration would be '*a change in principal residence from one location to another*' – this definition does not assume a move across a border, but also does not define the distance that would distinguish a migration from other moves, because there is no single distance that distinguishes a 'local move' compared with the type of displacement we associate with 'migration'. So if a person moves across a city is it a migration? What about a move from Manchester to Leeds, or London to Glasgow? In some places a small distance across a boarder would be considered a 'migration', yet vast moves within a country would not be included. In the US the State border is significant in migration studies, as in many studies moving within a state will not be included but interstate moves will, though the distances in the former could be significantly further than the latter. There is also the idea of internal and external migration, but in terms of distance the latter can be over a shorter distance than the former.

Migration may also be a political statement in that it has to do with the construction of borders and countries. People may self-define as migrants, or call others migrants (or 'foreigners') depending on how different their language and culture is between the place they come from and the place they move to.

Studying Migration

McHugh (2000) critiques migration studies and disapproves of the fact that the staple of migration research comes from census and survey-based data. He feels this creates an inadequate conceptualisation of migration. The problem with these research methods is that if you rely on census data you miss people who don't register, either illegally, or because there is no requirement to do so. If people don't register you do not know who lives where, and people will not turn up in the statistics. Even when they do register, they may not appear in the particular data set being used. Comparing studies that use different types of data comparisons can be difficult. Other limitations of survey and census based research are that the definition of 'migrant' is very circumscribed, and tends to be a statistical definition, ignoring the rich meanings involved in migration as rich cultural events. I had to take these issues into account when trying to compare this qualitative study with other studies that draw conclusions based on quantitative studies. These limited definitions also do not take into account the changing meanings and experience of 'home' in a globalised world, when some people have two homes. One being the primary centre of identity, work and community and the second the base for leisure, holiday or escape (Williams and Mcintyre, 2000). There are types of 'circulatory' migration, where 'snow-birds' move between the northern and 'sunbelt' communities. Examples of this 'seasonal' migration are Northern Europeans to Southern European coasts, Canadians and other North Americans to Florida or Mexico. Somehow we need to distinguish between this type of migration and regular yearly holidays to the same place, especially if the holiday lasts up to three months (McHugh, 2000). It can be difficult to distinguish between seasonal migration and transnationality.

In researching older people's migration in particular there are specific issues that complicate things. Besides the fact that the vast majority of migration studies are on younger people, studies on older migration do not always take account of massive changes in global mobility and the connections that people make over large expanses of space and time. Many quantitative migration studies only identify 'association', and 'association is not causation' and often conclusions are made about why people are moving because of these statistical links. Quantitative methods are useful for highlighting regularities and relations between social objects such as poverty and out-migration. Such relationships between variables must not be confused with causal mechanisms, which cannot be captured by the 'acausal and astructural' language of mathematics (Bakewell, 2010). Likewise, these studies, and qualitative studies as well, tend to only look at the movers. This is their focus of interest, whereas the comparison between movers and stayers within the same cohort in terms of age, socio-demographic, health and availability of informal support would significantly inform this area of research. In this research I focus as much on stayers as on movers.

McHugh (2000) considers that there has been insufficient attention directed toward understanding migrations as cultural events rich in meaning for individuals, families, social groups, communities and nations. Fielding (1992) comments that there are "two contrasting views of the migration experience, one being of migration as excitement, challenge, freedom and new beginnings, or alternately migration as rootlessness, sadness, rupture, loss, and failure". In some instances one of these poles may predominate, but in many situations there can be conflicting or more nuanced feelings. Addressing the difficulties with quantitative studies Bakewell (2010) asserts that qualitative methods such as interviews and ethnographic methods are required to tease out the abstract causal mechanisms which will be invisible to quantitative research.

Migration Theory

There is not one type of older mover and the puzzle for researchers is to unpack the elements and the causal mechanisms that drive migration. Therefore, any theory of migration has to be able to explain who moves, where, and why? Within the question of 'who moves?' are the attributes of the people, in terms of such things as age, health and marital status. Within the question of 'where?' there are the characteristics of the places associated with the migration of older people, with some researchers also interested in the characteristics of the place people move away from. In the question 'why?' people move, researchers attempt to identify the life events which cause or facilitate migration, sometimes called 'triggering' events. This cannot always be clearly demarcated. For example, an older person might move into residential care because they need care, but their personal attributes, such as being single or poorer may be very significant in the reason they move. If they were married and/or had the resources to pay for care, they may get enough support to remain in their own home. Increasing disability is a life event that triggers a move, but this cannot be separated out from other factors. So theories that consider responses to life events also need to consider the types of individuals most likely to respond to particular events by moving. Bakewell (2010) asserts that as well as studying the motivations, goals and aspirations of the people who migrate, migration theory must also explain the structural forces that promote emigration from one place, and enable immigration to another. If we are to uncover the complexity of the decision-making process this research must have a qualitative element. The life-course model of later-life migration (Warnes, 2009) suggests that mobility arises from life events, such as retirement, children leaving home, disability, income decline, or the loss of a spouse. This also needs to be treated cautiously. Sander and Bell (2014) found there is a need for caution in identifying 'retirement migration' using age as a proxy measure for retirement, because although retirement and migration occur at around the same time, retirement was not necessarily a trigger for migration. The act of retirement cannot be seen in isolation of other factors.

Migration theory also intersects with attachment theory, as attachment changes over the life course. Cuba and Hummon (1993) found that younger-old people are attached more to places where there are significant people, and older-old people are more attached to their 'home', particularly home ownership and the presence of personal possessions. There is also the biographical approach to migration (Halfacree and Boyle, 1993), which recognises that the reasons people move can be both complex and sometimes irrational, and that influences on moving are not only life course events, as mentioned above, but also the experiences of previous moves and many other life circumstances. There might also be aspirations that people have had since they were young which affect where they want to move to, and cannot be understood by only looking at their present circumstances. Migrating is also a cultural event, which has particular meanings to different people, and if a place has cultural, religious, or emotional meanings then this will affect migration decisions. Litwak and Longino (1987) divided moving into three types:

- The first is an immediate post-retirement move, primarily for amenity reasons – more often a move over a long distance, of younger, better off, healthier couples. Others call this 'amenity' or 'retirement' migration (Gustafson, 2013; King *et al.*, 2000; Litwak and Longino, 1987; McHugh, 2000; Serow, 1987; Warnes, 2009).

- The second move Litwak and Longino (1987) describe is a move to be near a primary caregiver. This occurs when the person becomes moderately disabled and can no longer manage without help. These tend to be moves over a shorter distance and occur to older people who are more generally single or widowed, less healthy, and often poorer. Others call this migration as 'family oriented' or 'kinship' migration (De Jong *et al.*, 1995; Warnes, 2009; Wiseman and Roseman, 1979). There is evidence that people are not always moving to receive care, but primarily to lower living costs, Litwak and Longino call this 'assistance migration'.

This typology of older people moving to family when they become mildly or increasingly disabled, is similar to 'return' migration characterised by Silverstein

and Angelelli (1998). They identified older people who typically move when disability, in conjunction with widowhood, motivates them to move to communities where they had previous connections, and where their children or other relatives can care for them. On the other hand Rowles (1983) studied a community of older, widowed and poorer Appalachian elders who follow the previous out-migration of their children. He discusses how conflicted and ambivalent this move was. This migration has many of the same characteristics of 'circulatory' migration, in that the older people move between their 'home' and the place their children live, and any eventual final settlement near their children is in some aspects 'involuntary' in that it is caused by increasing disability and the sense that there are no other choices. The characteristics of these people and their motivations differ considerably from other circulatory migrants that McHugh (2000) also described as 'seasonal' migrants. These moves are more similar to 'retirement' or 'amenity' migrations described above; but are a periodic move between two residences.

Factors that lead to migration and how migration decisions are made and the effect they have vary dramatically between people. For example, in studying seasonal migrants McHugh (1990) found that some couples feel rooted in their one place of residence, and view their place of seasonal migration as a 'temporary break'. Other couples feel suspended between different communities, each place regarded as home in some respects but not in others. Finally, there are those that feel they are not rooted in any particular place. Another example of this are an increasing number of the older people that Gustafson (2013) describes as having greater resources, and better health for more years, thus becoming more mobile. Some retirees have worked abroad and travelled extensively; often having children living abroad, and they are used to living a mobile life and to maintaining social relationships over long distances and they tend to have more of a cosmopolitan identity.

De Jong *et al.* (1995) also use the term 'return' migration to describe over seventies who moved in order to live closer to (and affiliate more frequently with) family members. He found that they were not necessarily moving to receive

assistance with a health-related dependency, but that factors other than physical health play a role in motivating this move.

- The third migration Litwak and Longino characterise is a final move in response to disability to an institutional or other care setting. Wiseman and Roseman (1979) call this 'Institutionalisation'. People making this move tend to be the oldest-old and more often widowed females.

Wiseman and Roseman (1979) conceptualises the decision-making of potential migrants as a two-step process: the decision to move and the decision where to move. They created a typology of the different types of older movers based on various factors, and they identified two significant types of moves – older old people who are making, what they classified as 'local moves' and younger elders that are making 'long distance moves' (migrated). It is not clear where the demarcation is between 'short distance' and 'migration' (see above, page 69). Wiseman and Roseman's tabulation of moves is in Figure 3 on page 76.

I found that much of migration theory did not relate to what emerged from my data. I found it more helpful to look at the reasons people make their decisions rather than looking for rather simplistic 'push-pull' factors. This is discussed in length in the Findings chapters five to seven.

No Move:
1. Personal Adjustment
2. Housing Adjustments
3. Involuntary Stayer

Evaluation of Residential Satisfaction

| Triggering Mechanisms | Indigenous Factors | Type of Move | Destination Selection | Migration Outcome |

Triggering Mechanisms
1. change life cycle stage
2. age related losses and critical events
3. environmental incongruence
4. change in preferred lifestyle
5. forced movement

Push Factors
1. independence loss
2. loss of spouse
3. environmental stress

Pull Factors
1. retirement amenities
2. relocated friendship and/or kinship networks
3. "sucessful" relocation by friend(s)
4. environmental amenities

Indigenous Factors
1. personal resources, e.g., income and self-concept
2. former migration experience
3. community ties
4. perception of likely outcomes

Exogenous Factors
1. housing market
2. cost of living
3. attrition or movement of social network

Type of Move
1. migration
2. seasonal migration
3. relocation

Destination Selection
1. knowledge of potential locations
2. former travel, vacation and residential experience
3. location of needed assistance or desired amenities
4. promotional efforts and inducements of migrant recruitors
5. location of friends and others who will assist in move and/or adjustment

Migration Outcomes
1. distance moved
2. living arrangement
3. housing type and tenure
4. neighborhood type

Figure 3: Wiseman's Typology of Migration

Source: Wiseman *et al.*, 1979 reprinted with permission (the quality and size is as the original)

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The theoretical model assumes that all potential migrants have free choice about their futures and that decisions are rational. Both of these are obviously open to question. The model considers the characteristics of the individuals, the characteristics of the places they reside and the places where they may choose to relocate, as well as the triggers to change residence. Wiseman and Roseman consider there to be factors which 'push' people away from where they presently reside, and these would be things like 'environmental stresses' such as dissatisfaction with present housing, crime or a lack of amenities. Other factors 'pull' potential migrant to look for particular things in the place they might move to. The most obvious are 'amenities'. There are two types of amenities, general qualities like weather, air quality, climate, or low crime rates which are factors that make up the general environment of the place, and may be very important to some potential movers. Then there are specific amenities which only matter if you want to use them, such as high end restaurants, museums or sports facilities, which cater to wealthier, active people, or libraries, good social services or public transport which might appeal more to poorer people. The choice of a place may be based on a specific amenity. Likewise, people may ignore certain disadvantages because of the presence of a particular amenity (Walters, 2000).

Increased older migration into a place of desirable amenities can cause some of these places to change and adapt to its increasing older population, whilst other characteristics that cater to younger people, or families, might decline in importance. Younger people may then move out as older people move in, changing the nature of the place. There are high-amenity rural and coastal towns that are well suited to affluent retirees (King et al., 2000; Warnes, 2009).

The decision to move is often triggered by life-cycle phenomena, also known as triggering events, such as retirement, departure of children, death of a spouse, loss of physical independence or loss of financial independence. The model suggests that the potential migrant constantly re-evaluates their residential satisfaction, considering the push-pull factors, and their perception of likely outcomes should they move. As circumstances change, such as the death or migration of friends and

a change in the cost of living, considered in the light of their personal strengths and resources, the potential migrant again re-evaluates their residential satisfaction. Triggering events can also cause this re-evaluation. The outcome of this evaluation is to either remain without adjustment, make some adjustment, or moving. An alternative is that there is neither adjustment nor moving and people remain in a difficult and unchangeable situation, what Wiseman (1980) calls the 'involuntary stayer'. Furthermore, potential migrants consider whether there is an appropriate place to live in the place they want to move to as well as their financial resources. Moves are often to decrease living costs. The decision to migrate or move is affected by many factors, from those that are particular to the person, like the presence of a few steps at the front of the house, to underlining social and economic structures that connect areas of inward and outward migration (Bakewell, 2010).

How theories of ageing relate to migration

Activity and Continuity Theories fit a certain cohort of older people who are looking for opportunities for either replacing or continuing previous activities with meaningful new ones. Older migrants might be seeking opportunities in a new residential setting for the enhancement of recreation and other activities or the expansion of certain roles. These older people tend to be middle-class, married, relatively healthy migrants who seek amenities and activities in their new home. On the other hand, older, less healthy, single migrants may fit better with the 'disengagement' perspective, in that they reduce activity and relocate to receive care, such as moves to a residential home.

Migration to Israel

Israel is a state founded on immigrants. Between 1989 and 1996 around 600,000 immigrants from the former Soviet Union arrived in Israel, of which 88,000 are 65 years and older. 10-13 percent of the Israeli population are not native-born.

Immigration involves a permanent change not only in place of residence but, even more significantly, in lifestyle, values, norms, and language. The process of adjusting to a new society is multidimensional, protracted, and complex.

These immigrants arrived in Israel at different stages of their life-course, at different time periods and from different countries. This large influx of newcomers created challenges in adjustment for the individuals, the family and the society as a whole and elicited a variety of coping strategies. The objective of adjustment is for social, behavioural and emotional changes to create the ability to solve problems in a new environment (Katz and Lowenstein, 1999; Lowenstein and Katz, 2010). In looking at the migration and adaptation of older Orthodox Jews from Gateshead it makes sense to investigate any parallels previously studied. The studies that concern older migration often are dealing with forced migration, or migration due to moving due to war or poverty. Others study adaptation of older migrants, including Jewish migrants include the study of resilience (Aroian and Norris, 2000), including role loss, or aspects of intergenerational support, reciprocity and relationships, family solidarity, and network shifts (Gelfand, 1989; Katz and Lowenstein, 1999; Litwin, 1997; Lowenstein and Katz, 2005,2010). Other studies deal with care-giving and caregiver burden (Slonim-Nevo *et al.*, 1995) and sociological coping strategies (Markovitzky and Mosek, 2006). Studies that specifically address Older Jewish migration are dealing with the migration of Soviet Jews, who were neither Orthodox, nor even, after 70 years of Communist oppression, particularly knowledgeable about Jewish life or religion. Their motivations for moving were a complex mixture of escape from anti-Jewish persecution, Zionist idealism and a general desire to move to the West. There are also studies that look at the affect on the society.

The literature on factors affecting adjustment of migrants focus on two principal categories: those related to the society and those dependent on the individual. Prominent among the social factors are proportions of immigrants *vis-a-vis* the host population, policy and legislation, housing options in the new society, employment opportunities, satisfactory affiliation with political organizations, and satisfying contacts with formal networks. Factors related to the individual include:

cognitive and emotional resources; and such factors as age, number of children, ethnicity, income, and education; knowledge of the language and motives for emigrating; familial resources such as intergenerational relations, cohesiveness, and ties with informal networks (Katz and Lowenstein, 1999).

However, the studies have been done particularly on Russian/Soviet/FSU migration – which had unique political and social features not relevant to the present study. I felt that there were many other migrations, of white, middle-class, not necessarily Jewish populations that were more likely to mirror some, if not all, of the features of the migration I observed in this study, such as Wiseman's (1980) study. Weinstein's study (1989) of older Americans Jews moving to Israel – although not Orthodox – is also a somewhat relevant study.

Retirement

Retirement is one of life's major transitions, as it changes one's social and physical worlds, roles, relationships and daily routines and this is strongly linked in some situations to a lowering of subjective well-being (Kim and Moen, 2001). However, when done well, retirement may also have beneficial effects (Wang *et al.*, 2011). Except for when people can relocate their work, work remotely or return for periods of time to continue their work, in most cases one can only migrate if one has already retired. Some migration occurs straight after retirement, often called 'retirement migration', or it involves seeking out a certain lifestyle or particular amenities, and is called 'amenity migration' (see page 73). Part of understanding retirement is considering what work gives people, as well as the financial implications of retirement. There is also the legal and societal context in which these decisions are made which will affect attitudes towards retirement and people's ability to retire. There are also gender differences in deciding to retire, and the effect of retirement. In couples the retirement of one spouse affects the well-being of the other spouse and the couple together (Smith and Moen, 2004). The type and enjoyment of work and whether people have other interests and activities that give their lives meaning will all have an impact on retirement.

Feldman and Beehr (2011) propose that retirement decisions focus largely on comparing the relative attachment to the work-role versus the perception and expectation of what retirement will be like. Decisions vary based on the amount of past-oriented thinking, assessing their past experiences in the work force, future-oriented thinking, imagining what the future would be like without work, and the amount of effort (emotional and physical) and resources (time and money) that a person thinks will be needed to retire successfully. The decision is also affected by others, as individuals are significantly more likely to retire in months when more of their co-workers retire (Chalmers *et al.*, 2008). Financial decisions about retirement have become increasingly complex and uncertain, and are affected by taxability of pension benefits, marginal tax rates, Social Security benefits, and penalty rates for 'early' retirement (Feldman and Beehr, 2011). The attitude to retirement amongst the participants of this present study was that there 'was no such thing'. People reduced work commitments according to their strength and desires. Some people did not retire at all, and those that did, did it considerably older that 65, feeling that work was important for their mental health (see page 294).

Social Relationships and Attachment

Attachment research focuses on the attachments of early childhood, starting with the mother-child relationship and then normally expanded to include fathers, grandparents, and other relatives. However, in adulthood this attachment extends to include peers, friends, spouse, and still later, children, co-workers, and even grandchildren (Antonucci *et al.*, 2004).

Attachments in old age are important. Close relationships provide people with joy, comfort, and support. Yet they can also be negative, being a source of conflict, frustration, and disappointment (Akiyama *et al.*, 2003). Social support is an important determinant of well-being and is thought to be able to moderate the effects of stress often ascribed to the process of ageing.

Building on theories of attachment and social roles, Kahn and Antonucci proposed a model of social support across the life span (Mayes and Lewis, 2012). They adopted the term 'convoy' to denote 'travelling with' and 'protection', and is a structure within which social support is received and given (Kahn and Antonucci, 1980). This also captures how the social network travels with the individual through the life cycle (Mayes and Lewis, 2012).

As people age it appears that their social circle becomes smaller, and at the same time the frequency of contact with others also decreases. Yet at the same time there is evidence that as people age the relationships they do have, tend to become increasingly positive (Kahn and Antonucci, 1980). The 'socio-emotional selectivity' theory argues that people become more selective in their attachments with age, thus reducing the number of people they maintain a close relationship with (Carstensen, 1992). There are four theories that might explain this. First is that as people mature they get better at the dynamics of social relationships, and become more even tempered. Another explanation is that as they have had these close relationships for a considerable time, they have learned to anticipate and successfully cope with interpersonal problems. Thirdly, as people get used to others over time they may no longer be upset by the same issues that previously bothered them. The final idea revolves around the fact that as people age they have fewer contacts and the fewer contacts the less often they can get upset, as increased contact is likely to lead to increased conflict (Kahn and Antonucci, 1980).

The convoy model (Kahn & Antonucci, 1980) developed by Kahn and Antonucci distinguishes three levels of closeness both theoretically and empirically. These are represented by an inner, middle and outer circle. These levels of circles represent different levels of closeness, with the inner circle being the closest attachment relationships. Relationships that were described by Bowlby (2008) as those that would be mourned if lost. Middle and outer circles are described respectively as people not quite that close, and less close, but still important (Antonucci *et al.*, 2004).

To understand social relations it is important to recognize that they exist within a broader context. Individuals do not go through life alone. They travel with others

and live within a wider context. Besides the changes that the individual experiences, there are changes experiences by the fellow travellers and within broader context, such as the family or social environment (Antonucci and Jackson, 1989). For example, it is not just individuals that develop from young to older stages, but families also. Couples change into new parents, then larger mature families, then families with adult children and grown or almost grown grandchildren. At the same time societies change as well, and these historical experiences shape the development that individuals and families experience.

These experiences too must be overlaid with the details of the ethnic, racial, or cultural context of the society within which individuals grow and develop. The lives of Italian Americans, African Americans, or Asian Americans, or in the case of this study Orthodox Jewish people from Gateshead, are likely to be quite different in a variety of areas, from food and dress to expected forms of family interactions and cultural or religious rituals. Each of these lends a distinct flavour to all the interactions and social relations of the individual, regardless of other important determining characteristics such as socioeconomic status, education, and geographic differences. All this influences what individuals come to expect from social interactions, and how they experience social support (Antonucci and Akiyama, 1991).

Social connectedness, belonging and health & well-being

There are three major issues for people relocating to residential care, the loss of autonomy, the loss of family and social networks, and the loss of place ('home'). All of these (maintaining independence, social relationships and home and neighbourhood) are positively associated with higher quality-of-life and well-being as well as better health outcomes, including amongst ethnic minorities (Betts-Adams *et al.*, 2011; Bond, 2004; Bowling *et al.*, 2003; Reinhardt, 2001; Stevens, 1992; Tomaka *et al.*, 2006). On the other hand a lack of social networks increases demands for residential care (Van Bilsen *et al.*, 2006). Mutual support between older people and their families is also important to well-being and health (Kim and Kim, 2003; Liang *et al.*, 2001).

From a theoretical perspective the sense of belonging to a neighbourhood is the result of a complex process involving objective qualities of the neighbourhood, the psychological and physical state of the person and the person's own subjective definition of neighbouring and neighbourhood. The objective and subjective dimensions influencing neighbourhood satisfaction may include the environment, emotional attachment to the community, interaction with other individuals in the community and formal participation or involvement in community organisations (Young *et al*., 2004). 'Place' is theorised as not just a physical area, but as a dynamic process which is an integration of people's relationships with different physical, social, emotional and symbolic aspects of the place (Wiles *et al*., 2009). People who do not have family or social connections in the place of relocation may have difficulty making new relationships (Levy, 2001; Scharf *et al*., 2004), and this can be a significant issue for those moving to a new area. The importance of 'place' and 'place attachment' emerged as a significant theme in this study (see Chapter six).

One of the many themes that emerge in the study of ageing is the concept of 'successful ageing'. This is predicted on theories of 'quality-of-life' which is in turn thought to be dependent on such things as independence, autonomy, social and family connectedness, mutual support, health and well-being. 'Ageing-in-place', often used interchangeably with 'at home', is seen as essential for older people to maintain those factors that lead to successful ageing (Wiles *et al*., 2012). Yet, as Wiles argues, 'ageing-in-place' is more than an attachment to a physical house, but is a complex process in the development of the meaning of 'home' involving family, social, political, cultural and personal factors. I discuss later how Jewish religious and cultural life encourages social connectedness and belonging and that the participants in this study had high levels of health and well-being (see page 214).

Social Policy

Support occurs within a context, and relationships in ageing families depend on the larger social contexts in which they are embedded, such as the economic philosophy and policy agenda of a government. The economic paradigm in which people live affects the direction of financial transfers between generations, and this can impact on support. Cross-national studies have suggested that both economic development and socio-cultural factors within countries are responsible for differences in intergenerational support and contact. In developed countries where there are generous public and private pension schemes available to older citizens, financial transfers are far more likely to flow downstream, from parents to adult children. In countries which experience poverty, particularly those with more traditional societies, adult children will help their parents financially in return for services such as child care and cooking, but when people are very poor they use their scarce resources for the betterment of their children rather than their older parents (Silverstein and Giarrusso, 2010). In terms of *care*, research into social welfare regimes indicates that in those nations which have less generous, or nonexistent, social welfare regimes, older parents tend to have greater interaction with, live closer to, have stronger expectations of, and receive more care from adult children (Silverstein and Giarrusso, 2010).

The most common theory to explain differences between countries is that there are a spectrum of national attitudes which can be characterised by the degree to which care responsibilities are allocated between state, market, and family. At one end of the spectrum there are 'Western' social democratic states with strong public welfare provisions and at the other extreme there are residualist states with relatively weak public safety nets. Residualist states make the individual responsible for their own welfare and emphasise reliance on private aid in the form of family and the voluntary sector, and social welfare should provide very modest benefits for those who have fallen on hard times (Silverstein and Giarrusso, 2010). I would question whether poor developing states with traditional societies are really residualist in principle, or simply lack the resources and/or are

too badly managed to have a functioning welfare state. Likewise, rapid social and economic change in developing countries has made it questionable whether the traditional family safety net is as secure for older people as assumed (Silverstein and Giarrusso, 2010).

Some governments' policies assume that if the provision of formal services by the authorities is too generous this undermines the family and encourages the family to shirk their responsibilities. However, the evidence indicates that children continue to accept that they have filial responsibilities, and strenuously avoid placing older parents into institutional care. Another myth is that formal government and community services give the bulk of care, whereas in fact it is predominantly families who provide the majority of health and social care in the community (Brody, 2004; Office for National Statistics, 2007; Phillips, 2007).

Despite the research that indicates that there are still strong intergenerational ties and frequent contacts between generations (Brody, 2004), there have been some significant changes in families that have altered the dynamics of care within the family context. Improvements in life-expectancy, the continual growth of the older population, reduced fertility and increased rates of divorce, remarriage, and step-family formation have changed the structure of multigenerational families and this has affected the resources (people, time, money) available to care for older parents (Silverstein and Giarrusso, 2010). Social policy and programs need to consider the contributions and challenges of all the caregivers, including men. Men can find care-giving more stressful, and it can adversely affect their health more than women (Kramer and Thompson, 2002). Social policy and programs need to consider these changing dynamics and the contributions and challenges of all the caregivers, as well as the preferences of the older people themselves for how care should be delivered. In fact older people's preferences for care resemble those of younger persons with disabilities, but the two groups are treated differently, and this may be the effect of ageism. Social work policies and practice for older people often prioritise safety and efficiency over autonomy and independence, which contrasts with policies and practices for younger disabled people, who have

advocates, and have fought a battle and achieved a greater degree of autonomy (Kane and Kane, 2001).

There are basic services that government, both local and central, provide that impact on people's lives, such as healthcare, education, transport and collecting rubbish. If these services are either cut or insufficiently financed there will be a knock on effect on individuals (Dean, 2012). For example, when transport services moved into the private sector, then those services that were least profitable, often rural routes, were reduced or cut, affecting many older people. This increases social isolation for older people, as well as reducing their ability to access basic services and facilities (Age UK, 2014). Older people are also disproportionately affected by reduction in the availability or quality of health-care services, for example, the increasing difficulty in getting a doctor's appointment; services that are directly affected by policies. If older adults' needs exceed the capacity of their informal caregivers, they may use formal services to help meet their needs. A variety of factors affect the likelihood of service use, including: awareness, need, accessibility, and cost. Use of services, especially those related to health-care needs, is typically correlated with education, knowledge and awareness of what services are available, and the older person's perception of their need (Roberto *et al.*, 2001). The government does not always understand the unintended consequences of their policies. At other times these impacts are expected and intended as part of a basic policy principle. An investigation by QualityWatch found real-terms spending on social services for older people resulted in almost 250,000 fewer older people getting publicly funded care (QualityWatch, 2014).

The bulk of the cut backs have hit community services, and adult social services have saved money by raising the threshold for support. Councils have also increased the fees paid by service users, reduced payments to care-providers and reorganised services. This has caused a decrease in home and day-care services, fewer home adaptations and less equipment given to help older people live independently. This leaves many older people with unmet needs that impact their day-to-day lives (QualityWatch, 2014). Policies such as funding professional social services, cash-for-care payments, personal payments, or the legal obligations to

provide or co-finance care for parents will have impacts on the care children provide their parents, and policies can have different impacts on different genders.

We know that older people want to maintain their independence, signified by staying in their own home (Haak *et al.*, 2007). Although the cause and effect is not clear, we also know there is a link between independence and better health and perceived quality-of-life, or 'well-being' (Agich, 2003; Gabriel and Bowling, 2004). Likewise, mutual support between older people and their families is important to well-being and health (Kim and Kim, 2003; Liang *et al.*, 2001), as are other social relationships (Betts-Adams *et al.*, 2011; Bowling *et al.*, 2003). All these relationships are better maintained in the community. Therefore, there is not only an emotional cost when older people lose their independence and go into care homes, but as they lose contacts with family and friends and lose their sense of well-being and their health deteriorates there will be knock-on financial costs through higher health and care needs.

'Well-being' is now seen as an essential aspect of health, and it is meant to be an important consideration as part of all policy development, particularly in health and social care (Dept. of Health, 2014). Therefore, government policy is to keep people independent as long as possible (Objective 4 of the Public Service agreement 2005 – 2007 for the Department of Health (as quoted in Baldock *et al.* (2007, p. 282)). In order to maintain people's independence it is essential that they get services that aid this. Yet, cost cutting works against both established policy of encouraging independence and maintaining it for long as possible, but also against financial good sense, because as health and well-being of older people suffers, the knock on effects require greater resources.

There are also important policy implications for councils committed to providing services for all its residents. Under the Race Relations (Amendment) Act 2000 and re-affirmed under the National Service Framework for Older People ((Dept. of Health, 2001) and The NHS Plan (Dept. of Health, 2000), all quoted in Valins (2002)) provision of culturally appropriate care is 'not just good practice but a fundamental duty for councils and other statutory bodies'. As such, councils are

required to ensure that the services they provide or commission are sensitive to issues of culture and faith, reflecting the diversity of the population that they serve (Dept. of Health, 2001). In government discussions about ethnic minorities, they consider Black and ethnic minorities, but the needs of the Jewish community are often completely ignored (Valins, 2002, p. 56). Consideration of their needs would make it easier for older people from this community to access residential care appropriate for them, namely in London or Manchester, but financial considerations often make this a massive struggle. Funding of local charities that cater to this community, support family carers and enable access to support for male carers would all be priorities in this community. Yet despite policies to the contrary, financial considerations make funding these services difficult. Having service users and carers involved in the decision-making process, and working in partnership with this community to ensure the availability of culturally sensitive services, is of no use if services are not funded.

Summary

In this literature review I have covered discourses in five main areas. i) age and ageing; the constructions of old age, psychological theories of ageing, the demographics of the ageing population and the validity of the concerns about the social care and health burden increasing life-expectancy will cause; ii) the theory of caring and filial responsibilities, addressing issues of who provides cares and the effect of care on older people and their families. iii) retirement and migration in older ages; iv) well-being and how this relates to social connectedness, independence and autonomy; and v) how social policy reflects attitudes to older people and care. I now move on to discuss the methodological approach I have taken in this research, including the epistemological basis of the research, the research strategy and design as well as the process of data collection, including sampling strategies. I also discuss Grounded theory, Insider research and the procedure for data analysis.

Chapter Three: METHODOLOGY

Introduction

This chapter covers the ontological and epistemological basis of my research, and the methodological approach I take. I reiterate the research aims and objectives and the research questions, and outline my specific research strategy and design, and how these are intended to meet the research objectives. I consider the nature of qualitative research, specifically Grounded Research, and its advantages in social research, as well as an in-depth consideration of the advantages and limitations of Insider research and my personal experience of being an Insider. I then discuss some of the specifics of the data collection, namely my sampling strategy and how I recruited the participants. I also discuss the interview as the method of data collection. Then I explain how I went about transcribing, and the challenges it presented, and describe the way I set about analyzing the data, with reference to the use of NVivo. I close the chapter with a reflection on the ethical issues that were anticipated and encountered, and the limitations of the research design, discussing how I might have done things differently. I also use this chapter to reflect on the challenges I faced and how these affected me on a personal level as well as how they might have affected my data, and I chart how the process of data collection and analysis altered the question I was asking from a focus on relocation into residential care to one concerning the migration of older people to Israel.

Blaikie (2009, p. 5) elucidates the need for the researcher to understand and define their ontological and epistemological positions in the planning process of their research project. These will influence how the researcher will define the research problem, the research question, and the approach (or research strategy) they will take to answering these questions. In my case I wanted to work on the idealistic end of the spectrum, with a constructivist epistemology. Although I wanted to work in as Grounded a way as possible, which is one of the most inductive ways of working, for a variety of pragmatic reasons discussed elsewhere

(see page 100). I had done a considerable amount of reading around the subject and had already formulated some ideas of what I might find. Despite this I attempted to let the data lead and to prevent preconceptions slanting the interpretation. This can be very challenging, as bias and preconception is part of the human condition (Bryman, 2001).

Research aims and objective

Research aims to answer some unexplored area, or an area which requires further development or to clear up contradictions and ambiguities, or in order to develop a new approach to an old problem. It is important to set the boundaries of what to study (only this and not that) because it is easy to keep asking more questions and broaden the scope until the questions become unmanageable. I also found the need to constantly reign myself in, as new avenues of interest kept emerging.

The aim of this study is to understand the decisions made by older Orthodox Jews of Gateshead about where they live in later life, with particular focus on the choice to relocate outside Gateshead. I considered if and how they plan and configure their care, and the impact these choices have on the older people. I endeavoured to gain insight into how people structured their priorities in making these decisions, such as how important are religion and culture, proximity to family, the type and standard of care offered, financial considerations, and lifestyle factors. This list emerged from the first few interviews, as per the Grounded way of working. At the beginning I did not have any idea of the priorities that might emerge, though I did imagine that where children lived would be a significant factor.

Research Questions

The original title was '*The care needs of older Orthodox Jews in Gateshead and the impact of geographical relocation to access culturally appropriate residential care*'. My focus was more on 'care' and particularly residential care, as anyone accessing residential care has to leave Gateshead, as there is no culturally appropriate

residential care in Gateshead[40] (Raffles, 2012). I was aiming to understand how older Orthodox Jews and their families in Gateshead make decisions about care, and where relevant, the impact relocation away from Gateshead has on older people and their families. I also wanted to look at the present care needs of older people and how they receive support, and how the carers are supported. It became clear early on that my original remit was far too wide and I had to become more focused. I decided not to pursue the care of older people remaining in Gateshead, as I felt it was far from my original ideas around migration.

Once I started interviewing and hearing what people were really saying I started to rethink the emphasis of my research. It became problematic to think only in terms of 'residential care'. I discovered that very few older people end up in residential care, something I had already suspected from my previous study. Likewise, I found fewer people had migrated away Gateshead than I had thought. So I changed the title to reflect these new understandings and it focussed then on 'care choices' in general rather than specifically on 'residential care' (see Appendix 8). At the same time I became less focussed on the issue of geographical relocation and the impact of moving away, and more on the decision-making process and the priorities that inform these decisions in the widest sense. At this point the title became '*Decision-making about the care of older Orthodox Jewish people from Gateshead*'.

As I interviewed the participants, and analysed the data, I broadened the understanding of 'care' to include the whole network of relationships that support people, and to consider the interdependency as an emerging theme. I also started to think more about the decision-making process, understanding that not moving is also a choice. I wanted to understand who made the choices, and I thought that probably it is sometimes the adult children, especially when deciding about relocation into residential care. However, it became clear that the adult children did not make the decisions for their parents, though they did often have some input into the discussions. Therefore, I stopped talking to the adult children and focused on the older people themselves and what they were telling me about their

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[40] There are now a few rooms available reserved for this community, with appropriate kitchen facilities, in a local care home, opened in April 2013. It is rarely used.

priorities and the decision-making process. As the analysis and interviews continued I saw that the respondents saw their lives through a much wider lens than 'care', so to reflect this reality I replaced the word 'care' with the word 'lives'. Even later it developed further to focus on the ageing-in-place or migration choice. The final title then became *'To move or not to move? Decision-making about migration or ageing-in-place for older Orthodox Jewish people from Gateshead'*.

For pragmatic reasons I had read a fair amount about migration of older people before the research started so I had some ideas of 'push/pull' factors (Wiseman, 1980), and wanted to know if similar factors influence the migration of older people from this community. I wanted to know if people are making positive choices to move away, i.e. if there are pull factors, or if they feel they need to leave for some reason, i.e. push factors. From some of my more informal discussions (i.e. not data) with people in the community it seemed that one reason given for moving is that there are not enough other older people in Gateshead (lack of peers), or sufficient services to meet their needs, which creates a self-fulfilling cycle. So I wanted to know whether peers and services were significant factors in the decision-making process. As things progressed I ended up with questions about how people think about their lives, their futures, and whether they plan for a future when they might need more care, and if not, why not?

The specific questions I sought to answer in the final stage were:

1. What decisions did older Orthodox Jewish people from Gateshead make about ageing-in-place or migrating?

2.   What were the main priorities, and what role did these priorities play, particularly relationships with adult children, in the lives of older Orthodox Jewish people from Gateshead?

3.   What was the decision-making process of older Orthodox Jewish people from Gateshead about ageing-in-place or migrating?

4.   How well did older people adapt after migration to Israel and what role did interdependence and reciprocity play in this adaptation?

5.   What advice can be given to older Orthodox people to help them adapt more easily after migration?

6.   What recommendations can be made to the Local Authority and the Orthodox Jewish Community of Gateshead about supporting the provision of culturally appropriate services for older Orthodox Jews?

Research Strategy

Research Strategy is meant to provide an overarching logic for how a researcher is going to answer the research question. There are a number of strategies possible. These are categorised as Inductive, Deductive, Reproductive and Abductive (Blaikie, 1993; Mason, 2002).

This research is a qualitative study which takes an inductive approach and aims to represent the participants' point of view, (Denzin and Lincoln, 2011, p. 12) and also to generate theory, rather than to test hypotheses, (Lecompte and Goetz, 1982, p. 32). In accordance with a Grounded Theory way of working, theory, data generation and data analysis are developed simultaneously in a dialectical process (Mason, 2002).

A research strategy develops from the research questions. Once we know what we want to ask, we can work out how to answer it. Once interviewing is identified as a suitable method then the question of 'who to ask' will emerge. By this we mean the sampling method; the principles and procedures used to identify the selection of, and gain access to, participants from which the data will be generated (Miles *et al.*, 2014). Researchers do not just collect and analyze neutral data; they decide what counts as data and each choice, whilst creating some opportunities, perforce closes down others. Purposeful selection is a conscious and deliberate system of considering amongst all the potential participants which we are going to attempt to access. These choices are more than a technique to access data, but are based on the researcher's epistemological position, in that our selection choices frame who and what matters as data and ultimately affect the stories that are told (Reybold *et al.*, 2012). Besides the strategic consideration in selecting the

participants, the sampling frame needs to be feasible in terms of the resource costs (money and time). There are also practical issues of accessibility and whether the sampling strategy is compatible with the researcher's work style and competencies in terms of linguistic and communication skills, ability to relate to informants and their experiences, or the researcher's (or informant's) capacity to cope with the circumstances under which data collection may take place. There are also ethical considerations, such as obtaining informed consent, deliberating on the benefits or risks associated with participation, and the nature of the relationship between researcher and informants. When excluding participants for whatever reason, there are ethical as well as issues of selection bias to consider, so that the exclusion of any participants can be justified (Curtis *et al.*, 2000).

Research Design

It is not always clear what the difference is between research design and research strategy. I will use Blaikie's definition of research design, that it is 'an integrated statement of, and justification for, the technical decisions involved in planning a research project' (Blaikie, 2009, p. 15). The design is meant to set out all the aspects of the study and what they will involve. This is very all-encompassing, involving the whole structure of the study, starting with the research problem, the research questions, where the research sits within the current literature and present theories, and ending with the practical matters such as how and where the data will be collected, handled and analyzed. Some consider (and it appears that Blaikie advocates this) that all the decisions in a design should ideally be made before the research is carried out, whilst others (Mason, 2002) believe that in qualitative research design, decisions should not be decided *a priori* and that in any case many of the decisions cannot be made before beginning of the research process. This is because qualitative research is a fluid data-driven and context-sensitive process, and many of the decisions will, of necessity, be ongoing. In truth, for this research study I had to have a developed design in order to apply for funding, and pragmatically, it was necessary to start with a research design. I had to think about the questions I wanted to answer and how I would approach

answering them. The design needed to match the needs of the research at that stage. Therefore it is not problematic that my design changed over the course of the research, and it was to be expected. Early data analysis changed my ideas, and the actual experience of data collection and analysis was a learning experience that affected how I moved forward. This chapter addresses the issues of research design, specifically, the research problem, the background and reason for the research, my methodological approach, research strategy, methods of data collection, sampling and access, data handling and analysis, and ethical issues.

Qualitative Research

Methodological debates about the validity of qualitative research usually results in qualitative researchers being on the defensive. Hammersley and Atkinson (2007) vigorously argue that this is not only not necessary, but *au contraire*, they consider that qualitative science, and particularly ethnography, is not only a legitimate, but an indispensable, way of accumulating knowledge about cultures and societies. My research strategy is as an Idealist Constructivist, which is an approach interested in the subjective perspectives of participants. It seeks to understand the subjective meanings of their experiences, which are multiple and complex (Creswell, 2012). Therefore, the research does not find its validity in how well the data represents a particular objective and constant reality, but in how well it represents the subjective voices of the participants (Maxwell, 1992, p. 282). It is an axiological assumption that all researchers bring their own values, histories and philosophical assumptions (whether they know they have them or not) to their research (Creswell, 2012). I have tried to make these assumptions explicit, particularly with respect to my 'Insider' status, (see page 101).

The aim of qualitative research is to seek understanding about things that are difficult to learn through quantitative methods, such as cultural phenomena and people's lived experience; obtaining the complex details about feelings, emotions and thought processes. Qualitative methods are not about producing a competent description of the particular phenomenon, but a way to access the meanings of experiences or to explore and gain novel understandings of phenomena. The

positivist tradition starts with a theory to test, and testing the theory, or hypothesis, determines the sample, data collection, and analysis, whereas in the naturalistic and constructionist traditions, researchers immerse themselves in the social world and develop theories from the data, and this is the basis of Grounded theory (Esterberg, 2002).

Grounded theory

Glaser and Strauss (2009), originally published in 1967, completely reframed the methodological debate; having long-term impacts on methodology even amongst researchers that did not fully adopt their ideas. One of the significant contributions they made was stressing that new understandings and theories should be fundamentally grounded in the data. Significant points in Grounded theory are that analysis starts right from the beginning of the data collection, and guides future data collection. This means that sampling is guided by the theory, or by the on-going analysis, rather than seeking to achieve a statistically representative sample. The researcher does not begin with a preconceived idea or theory in mind, even the question being asked is open and will develop from the data. Analysis should be guided by the data, in an inductive iterative way, rather than deductively from a preconceived hypothesis. The theory should emerge from the data. The natural consequence of this is that the literature review is done after the analysis rather than before. As I explain elsewhere I could not work in this way with respect to looking at the literature (see page 100). However, I consider my work 'grounded' in the sense that I used an iterative process of data collection and analysis, and let the data lead me. This is why the research question changed. I followed a more pragmatic 'constructivist grounded theory' (Charmaz, 2014).

Much of Glaser and Strauss's (2009) seminal work is an ontological and epistemological justification of their ideas, challenging the positivist and deductive ways of working familiar to most researchers of the time. Also it goes into length about coding at different levels and stages and how to use constant comparison during each stage to develop concepts and theories. They considered that theory derived from data is more likely to reflect reality, provide genuine insight, enhance

understanding and meaningfully guide policy and action. They are very critical of researchers who use data to confirm pre-conceived theory, and they believe that sometimes the theory is forced onto the data. Although Glaser and Strauss both maintained the importance of the inductive, iterative method (Charmaz, 2014) they took their ideas in different directions, and there remain different approaches to Grounded theory (Bryman, 2001, p. 574). Subsequently Strauss, separately, as well as together with his later co-author Corbin, further developed Grounded theory. They constructed additional techniques and gave less emphasis to the theoretical categories and comparative methods that distinguished earlier strategies (Corbin and Strauss, 2008). They also allowed for theory verification, which was anathema to Glaser. There continues to be considerable differences between researchers who use Grounded theory. Corbin and Strauss, (2008) explain that in Grounded theory the data analysis is very different to other positivist methodologies and therefore they consider the skill set of a Grounded theorist are very specific, and these characteristics and skills are:

1. The ability to step back and critically analyze situations

2. The ability to recognise the tendency toward bias.

3. The ability to think abstractly

4. The ability to be flexible and open and to sustain a certain amount of ambiguity

5. Open to helpful criticism

6. Sceptical of established theories

7. Sensitivity to the words and actions of respondents

8. A sense of absorption and devotion to the work process

Grounded researchers do not believe the researcher to be an objective outsider viewing data dispassionately. They recognise that the researcher brings values, culture, training and experiences to the research, and these might be quite different from those of the respondents. They believe that researchers need to be unafraid to use self as an instrument of data collection and to draw on their own experiences when analyzing materials. Along with recognising the 'self' the

researcher brings to the research, it is vital to keep an open attitude with a genuine willingness to hear what people are really saying, rather than potentially having respondents tell the researcher what he/she wants to hear.

The role of theory in research is not an uncontested issue, especially the point at which theory should enter the research process. In the social sciences, theory is a heuristic device for organising what we know, at a particular time, about a particular social phenomenon, which explains the recurrent patterns or regularities in social life (Blaikie, 2009, pp. 140 - 141). Grounded theorists expect that theoretical ideas should emerge out of the data. Analysis and data collection go hand in hand, meaning there are opportunities to go back to the respondents and check out assumptions, and this oscillation between testing emerging theories and collecting data forms the basis of Grounded research (Bryman, 2001; Corbin and Strauss, 2008), this is illustrated in Figure 4.
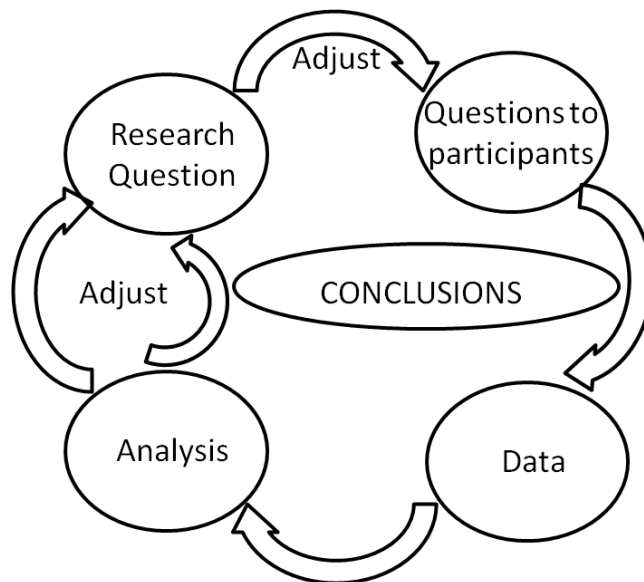
Figure 4: The way data affects the research question

Later I will discuss how I constructed my sample frame and recruited my sample (page 131), data collection (page 126) and how the data was transcribed, coded and analysed (page 136).

Criticisms

There are significant criticisms of this Grounded research. Many of which I confronted personally and discuss in detail below. The first, as Charmaz says, (2014, p. 306) is that it is impossible to suspend one's awareness of relevant theories or concepts, and let them emerge from the data. Likewise, it is not possible to plan or fund an investigation without having some idea what the researcher expects the research to find. There are also practical difficulties; especially the ability to return to the field after the initial analysis is completed (Bryman, 2001, p. 395).

My Research

Despite the desire to work in a Grounded way, in order to get funding there was a very pragmatic need to demonstrate I had a clear idea of what I wanted to find out and how I intended to collect and analyze the data. It was also unrealistic to enter a study without any knowledge of theories, or to have no ideas of what the research might unearth. My study was 'grounded' in the sense that as I started to analyze the data, I came up with understandings that changed the way I progressed, and altered the research question. Although I had looked at theory relevant to my original proposal, I did not look at the theory relevant to the new direction I was finding until I was further on in the process, in order to avoid, as much as was possible, having these theories impose preconceptions on my analysis. I also felt that if anything new was to be found it would be easier if I was not, even subconsciously, under the influence of the findings of previous investigators. My study was shaped by my personal understandings that developed as I was collecting and analyzing the data. As I analyzed the initial data I came up with themes, concepts and conclusions that affected both the specific questions I asked later participants, and also the general direction of the research.

I analysed the data and created themes and categories and developed some theoretical explanations for what I found. I then started reading extensively on these themes, some of which I had read before, as well as new things. Even when I

re-read what I had read before the study started, I understood the literature in more depth, because by then I was so immersed in the data. I was also able to consult with my supervisors and reflect and rework my ideas based on these discussions and then consider various theoretical constructs. I was then able to find a way to fit my research into the previous work, but also was able to more easily see what was different. If I had read so extensively first I think it would have been more likely to fit what I saw into what I expected. I think the way I did it was harder and I often felt like I wasted a lot of time. I worked very hard to develop ideas from the data, but then found those same thoughts in other people's work.

Insider Research

In this section I seek to use my and other researchers' experiences to explain Insiderness and clarify where on the Insider-Outsider continuum I am, as well as how my positionality varied between situations and interactions. Griffith (1998) describes an Insider researcher as someone whose identity or biography gives them an intimate familiarity with the group being researched, gaining the researcher access and trust. I consider the fact that I am an 'Insider' key to this research, as accessing minority ethnic elders is often difficult (Sin, 2004), with the Orthodox Jewish Community particularly difficult to engage with (Harel, 1990; Holland and Katz, 2010; Valins, 2003). For this reason my positionality as an Insider researcher was essential in addressing the problem of access and participation. My Insiderness exists because I live in the community I am researching, and have beliefs and lifestyle similar to the other residents. I use a capital letter for Insider here to indicate that I feel my positionality is like a place I inhabit, such as London, rather than a description. Just as a person can belong to different places both consecutively and simultaneously, so I can be an Insider and Outsider consecutively and simultaneously. There are longstanding ontological and epistemological arguments about the validity of qualitative research, which I have covered above, (see page 96) and as an extension of that debate is the one about the validity of Insider research, and I will be considering this here.

When I am asked 'who are you?' or any version of that, how would I answer? It obviously depends on who asks, as who we are depends somewhat on the context. So within a family context I am a mother, sister, daughter, one-time wife, and mother-in-law. Within the wider community of people who I know well I am a friend of different levels of closeness, and for whom I serve different purposes in their lives, and they in mine. Then there is my identity within the community as a woman, as the mother of children in particular institutions, as a person who can be approached about certain problems. Then there is my 'Jewishness', and my level of observance, and, as in any community, there are graduations and subtleties about dress, how one speaks (language, accent, words used, references used) that marks one as being more in 'in' or 'out' of a certain group.

As an inexperienced researcher trying to apply for PhD funding, 'Insider research' was very seductive. Its attractions were obvious (to me). One advantage was that I would have access to a community that might be unavailable to other researchers, and that this would give me an 'edge' in my application. The second was the fact that I have a deeper understanding of and the cultural and linguistic references of the participants and the complexity and subtlety of their lives, which is like sharing a common language (Giddens, 1993).

So I thought, quite honestly, that as an 'Insider' the research would be simple and straightforward. In the end, the process of conducting the actual research taught me much about the perils of Insider research about which I had been unaware. Besides the obvious advantages I mentioned above, there are other issues to consider in researching as an Insider. One involves creating a conceptual definition of what an Insider is and how it differs from being an Outsider and the demarcation between one and the other when moving along the continuum between the two extremes. The second issue to consider is in what way being an Insider could be considered a disadvantage, both to the researcher and to the quality of the research itself. I do not argue the relative merits of different positionalities, but only attempt to explain my own positionality and how it might have affected my research.

Identity and Positionality

Everyone has different aspects to their identity. Some aspects are givens, for example, skin colour, birthplace, parentage and sex. Although even some of these are not immutable or absolute. Other aspects of identity are acquired and/or relational, such as class, age, or race. Positionality is the sum total of identities within a shifting network of relationships. Understanding your own positionality means understanding where you stand, and the power relations you have, with respect to others.

Consider a middle-class, well educated researcher who has one black (modern) African parent and one white parent, who was raised in Hawaii. One could argue that he could be considered an Insider with respect to the black community due to his dark skin colour. However many Afro-Americans might feel that he is an outsider because he does not share the long and painful history of slavery, racism and the difficult fight for civil rights. He would not have even been exposed to the same prejudice whilst growing up compared with growing up in inner city Chicago or Baltimore. White people might consider him Black – but does the black community consider him 'one of them'? Would they think that he understands their political, social, historical and cultural experiences? At any rate, there is not a single homogeneous 'black' community and these differences would be reflected in his Insiderness in different situations. Note the case of Rachel Dolezal, leader in the NAACP, who was born to white parents but insists she identifies as Black. How she views herself is not the same as others might view her. Positionality as an Insider will be affected by both.

The aim of social research is to discover why people do what they do. Therefore, the degree of understanding that researchers have of the culture of the people they study significantly affects the quality of the research. This is what Giddens (1993) describes as 'mutual knowledge', and is the largely unarticulated background knowledge that is constantly used and modified by social actors as they interact with each other. The argument is that social scientists cannot begin to describe their encounter with others without knowing what the participants

know in terms of such things as culture, language and meaning (Blaikie, 2009; Giddens, 1993, p. 89; Hammersley and Atkinson, 2007). A great diversity of Social Science disciplines use Insider research as a methodology, although there are a diverse range of criteria amongst researchers as to what counts as commonalities in terms of Insiderness. Some consider themselves Insiders based on a single attribute, such as employment (Simmons, 2007), whereas others base their Insiderness on a number of attributes such as race, gender and culture (Beoku-Betts, 1994). Other attributes such as age, class, education, economic status, politics, religion, colour, ethnicity, status, employment, social networks, and sexual orientation amongst others, can be significant depending on the research circumstances. In the articles I quote the identities and attributes they use to measure their Insiderness might be disputed or complex but I accept the researcher's self-identification.

In order to examine the experiences of many Insider researchers first I needed to clarify what counted as Insider researcher. There are different ways of naming 'Insider research' in the various branches of social science. Ethnography done in the researcher's own community is often called 'ethnography of self', or 'native ethnography', which is described by Alvesson as a study in which the researcher is studying in a cultural setting to which s/he has a 'natural access', on equal terms with other participants. The researcher then '*works and/or lives in the setting and then uses the experiences, knowledge [...] for research purpose*' (Alvesson, 2003, p. 174). If the researcher uses their own personal experience for analysis then it is 'self-ethnography' or 'auto-ethnography' (Angrosino, 2007). If a researcher studies their own community or organisation with a view to learn how it can be improved, they are doing 'action research' (Hinchey, 2008). Other terms used are 'Cultural Insiders' (Taylor, 2011) 'Practitioner research' (Anderson and Herr, 1999), 'Insider Participant Observation' or 'Native Anthropology' (Labaree, 2002).

I found articles in which researchers were Insiders in a diverse range of journals: qualitative research methodology (Dwyer and Buckle, 2009; Edwards, 2002; Ergun and Erdemir, 2010; Taylor, 2011), ethnography (De Andrade, 2000), geography (Delyser, 2001), nursing (Asselin, 2003; Hewitt-Taylor, 2002; Simmons, 2007),

social work (Humphrey, 2013; Kanuha, 2000), and organisational research (Brannick and Coghlan, 2007; Edwards, 2002; Hellawell, 2006; Labaree, 2002; Mercer, 2007). Experiences of Insiderness differed widely amongst all these researchers, and these differences reflect the spectrum and complexity of Insiderness. This can make it challenging to find relevant papers when articles are published in a range of disciplines. It also gives us an indication of the level of interest this subject has to a broad range of researchers.

The Insider-Outsider discussion used to be constructed as a dichotomous debate between two contrasting paradigms of inquiry, which Evered and Louis (1981) also related to other dichotomies such as 'thick' and 'thin' description; 'high' and 'low' context; 'deep' and 'surface' structure; 'emic' and 'etic'[41]; 'logic-in-use' and 'reconstructed logic'; and the distinctions between 'acquaintance with' and 'knowledge about'.

Others have made significant contributions to our epistemological and methodological understanding of Insider research and its effect on researchers and research. Young (2004) concluded that the Insider and Outsider position is fluid, and that it is continually negotiated during the research, and even within individual interactions. Labaree (2002) has a wide-ranging literature review and discusses the ethical and methodological dilemmas of Insiderness, as well as making distinctions between professional and community Insiderness. Brannick (2007) has a good analysis of the ontology and epistemology relevant to Insider and Outsider research and discusses the dynamics of Insider research under the headings of 'Access', 'Preunderstanding' and 'Role duality'. Role duality is mostly relevant to research inside organisations. In Brannick's case this was academic institutions, where the researchers had a role in service delivery (training), as well as a role researching the effectiveness of that service. Kanuha (2000) experienced similar dilemmas in social work research.

Chavez (2008) builds on Labaree and has a good literature review, and develops a comprehensive analysis of the subject. She deals extensively with the fluidity of

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[41] Emic – descriptions in terms of the culture being studied; Etic – descriptions in terms of observer

Insider positionality and clearly sets out the methodological advantages and complications to Insider status. Later authors, Ergun and Erdemir (2010) and Humphrey (2013) also expound on the fact that Insiderness is not a static position, and that all identities are fluid, and the relationship between researcher and participant cannot be determined *a priori* in terms of designating a researcher as either Insider or Outsider. Merriam *et al.* (2001) were a group of Insider researchers who were working within different communities. They concluded that rather than seeing identity as an Insider-Outsider dichotomy, researchers should construct their positionality in terms of all the aspects of identity.

Merton

Almost everyone who writes about Insider research mentions Merton (1972). His paper, however, is only tangentially about Insider research, and is in fact about the nature of Knowledge. It speaks about the antipathy and mistrust that develops between groups within society that have some ascribed (rather than acquired) identity, based on such attributes as race, class, age, sex, religion and status, due to the degrading and stigmatising victimisation of one group by others . This mistrust extends to the intellectual realm and from this emerges a debate that groups have both monopolistic and privileged access to the knowledge of the group. Black scholars of the time (in the late sixties) argued that researchers in the black community should be black, and in this insistence they were trying to counter what they saw as the imperialistic nature of white people researching black society. Merton compares this to other elitist doctrines such as those of both Marxists and Nazis, in that only "certain groups have, on biological or social grounds, monopolistic or privileged access to new knowledge". He then spends the rest of the paper explaining why if we accept that only black people can understand black people, we would also have to logically accept that:

> "...youth alone is capable of understanding youth just as, presumably,
> only the middle-aged are able to understand their age peers […]
> capitalists, capitalists; only Catholics, Catholics; Jews, Jews, and […]

that only sociologists are able to understand their fellow sociologists"

(page 13-14)

He posits that The Insider Doctrine (sic) perforce means that Outsiders are fundamentally incapable of understanding other cultures, and more than that, they do not even see the right questions to ask. He accepts that the reaction by black scholars naturally challenged the:

"... centuries-long institutionalized premise that 'white (and for some, presumably only white) is true and beautiful'" (page 19)

Merton argues that the Insider Doctrine is a political not an epistemological position, and it presumes a clear demarcation between Inside and Outside. Whereas in reality people do not have single status, but a status set, meaning that people can be simultaneously Insiders and Outsiders. Taken further The Insider Doctrine would imply that black young men can only study young black men, and not young black women. Although there may be identities that appear more significant than others, so colour may matter more than age, Merton argues that there is no such thing as a single group identity – despite political movements to create such, and that:

"Differences of religion or age or class or occupation work to divide what similarities of race or sex or nationality work to unite" (page 24)

He draws parallels with writing history, in that if those on the Inside – the protagonists who know and understand their historical reality – are the only ones who can accurately speak to their experience then later authors, or Outsiders, could have no legitimate access to history. In fact many, including Merton, believe that history is *better* understood with hindsight and/or by foreigners; both situations being those of Outsiders. He considers that the simple Insider doctrine is untenable, as for history so for sociology. There are similar arguments about the validity of white western imperialists (Outsiders) writing the history of other cultures, or on the other hand, that Insiders might be too biased. At several points it was clear to me, through discussion with my supervisors, that there were issues

that I, as an Insider, did not consider interesting, as for me they were 'normal'. I needed to learn to 'make the familiar strange', as much as Outsiders need to 'make the strange familiar'. At any rate Merton says that being an Outsider does not guarantee:

> "...emancipation from the myths of a collectivity (sic) than the role of the Insider guarantees full insight into its social life and beliefs..." (page 34)

Merton catalogues the advantages of being an Outsider, showing from historical examples that Outsiders can bring a greater "...detachment from entangling loyalties" with no "sensibilities to protect" and that they bring needed perspectives (page 35).

However, Merton's thesis is not a:

> "... proposal to replace the extreme Insider doctrine by an extreme and equally vulnerable Outsider doctrine. The intent is, rather, to transform the original question altogether. We no longer ask whether it is the Insider or the Outsider who has monopolistic or privileged access to social truth; instead, we begin to consider their distinctive and interactive roles in the process of truth seeking" (page 36)

He regards the boundaries between Insiders and Outsiders as permeable, and that Insiders and Outsiders should not shut themselves off, becoming entrenched in their perspectives. It became clear to me that I needed to realise how my positionality is fluid, and to endeavour to be open to different perspectives.

Merton considers the biggest problem is not really the 'Insider/Outsider debate', but the ability of the researcher to do high quality research. He argues that all social scientists, regardless of their Insider/Outsider status, and whilst remembering that all of us are both, need to be properly trained to assemble and assess evidence. Good and bad intellectual work is above and beyond the insider outsider debate, and that the "pursuit of truth should transcend other loyalties"

(page 44). He also discusses the blurred meaning that comes with the word 'understanding', the distinction between 'acquaintance with' and 'knowledge about', and that being a rigorous researcher is important to gaining proper understanding.

I will now discuss the different factors that can affect positionality, and thus affect the research, and I start with the site of the research, which I call the locus. Researchers often explain their own research site, but I did not find elsewhere an analysis of the difference between researching in different loci.

Locus of Insider research

Insider research can take place either in the community (De Andrade, 2000; Innes, 2009; Sherif, 2001; Young Jr, 2004) or inside an organisation (Anderson and Herr, 1999; Asselin, 2003; Hewitt-Taylor, 2002; Humphrey, 2013; Labaree, 2002), and the advantages, ethical dilemmas and challenges will differ in the different settings. Another locus is the virtual space, which can be separate from or overlap with communities or organisations. I will not consider this virtual space here, but look at the challenges of Insider research in communities and organisations.

'Community' is one of those words that proves to be difficult to define and whose boundaries are contentious (Cohen, 2013). Most definitions include some aspect of 'geography or location, identity and interest' and whose members share some characteristic that binds them, such as education, race, religion, culture, or language (Dominelli, 2006). Parker (1998) considers that community membership is inter-subjective and involves recursive personal interactions, meaning it involves affective ties and emotional engagement between its members. Likewise, Introna (2007) considers virtual communities as equally valid due to that aspect of shared values and concerns. A pragmatic definition of community, given by Cohen (2013), is that members of a community have something in common, and this 'something' distinguishes them in some way from members of other groups. Community thus denotes both similarity and difference and is a relational concept.

On the other hand Parker (1998) considers that one of the key differentiations between community and organisation is that membership of an organisation is a bureaucratically defined empirical fact. So although an organisation might want its members to feel they are part of a community it is not a requisite for membership of the organisation. However, many organisations function like communities, and are seen as having their own culture (Smircich, 1983). I considered it axiomatic that I was researching within a community rather than an organisation; however, the community has hierarchies in it that are 'organisation like' and this affected who I could easily approach, and who was more difficult. There is no attempt here to enter the debate about the boundaries between communities and organisations, but I attempt to highlight the different issues that arise in Insider research within different settings.

Research in Organisations

Hewitt-Taylor (2002) did research on a nursing course, and she was a member of the course team. She thought that being a team member and a researcher at the same time created 'role duality' that caused her to be seen as a go-between for the students. She felt conflicted when information gained from research could not be used for course evaluation. Likewise, Simmons (2007) experienced loyalty and role conflict in her position as a senior manager in the research she did with nurse consultants, and she was also often approached as a go-between.

Humphrey (2013) did research in social work education as a member of the organisation in which she did the research. She felt that she occupied multiple roles of researcher, academic tutor, social worker and former practice educator. These roles sometimes clashed, when for example, she would realise through her research that there were issues of concern about the suitability of a student or agency, yet she said she had to remain silent when these issues were raised in meetings. This may not have been true, 'contingent confidentiality' would have allowed her to find ethical ways to pass on important information without compromising her research or her position. Mercer's (2007) research was on faculty appraisal within two Higher Education Institutions that she was working at.

She felt varying degrees of Insiderness in different situations, feeling more of an Insider when interviewing her fellow teachers than when interviewing members of management.

Research in Communities

Insider research within communities is very diverse, and presents a range of challenges and opportunities, and here are a few examples. Innes (2009) was researching within the Cowessess First Nation community. He felt that in many ways he was an Outsider both because he was a researcher and because prior to the research he did not know most of the participants. As a Cowessess member and a relative to some of the participants, he was also an Insider, and when he told participants who he was, they made connections to his family, and engaged with the research. Ganga (Ganga and Scott, 2006) attempted to recruit younger members of migrant Italian families via first generation migrants. She assumed that her shared ethnic/cultural origin would make this relatively simple. However, the first-generation Italians' idea of 'Italianness' was different from the investigator's, and their suspicions of the 'official' status of the researchers created reluctance to liaise between the researcher and their children and grandchildren. Chacko (2004) was an Indian studying an Indian community but she herself was born in a different part of India and was educated and middle-class compared to the poor uneducated participants. She felt it was difficult to overcome the power differential, and although all the women were willing to talk to her, there were cultural difficulties in conducting interviews in private. De Andrade (2000) originated from the same racial and ethnic group as the American Cape Verde community she studied, but Cape Verde identity emerged from a variety of European and West African origins, and skin, hair and facial features vary dramatically. There are significant signifiers of identity, and her particular racial identifiers became both a help and a barrier, and were often the focus of the interviews. Beoku-Betts(1994) found her black colour helped greatly in establishing rapport and trust with black women participants of the Sea Islands of South Carolina, yet as an educated researcher she remained in many ways a cultural

Outsider. Delyser's (2001) example occurs in the complex space between community and organisation. She lived as a worker in a ghost town in Brodie State Historic Park and was seeking to understand how visitors and staff understood the past of Bodie. There were aspects of both research within a community (the volunteers formed a community) and an organisation (the town was a business) and she was constantly shifting from being 'one of the gang' to being a researcher. Also participants became aggravated when she asked a question which the participant knew she already knew the answer to. I experienced this as well, and had to find strategies that enabled me to ask the 'self-evident' and to elicit a full response.

In another case, Mullings (1999) interviewed both managers and workers in information processing companies in Jamaica. Black women constituted the majority of the sweated labour whilst managers were either white American expatriates or local black elites, and were mostly men. There was a very tense relationship between workers and managers. She used some aspects of her identity (her level of education, as a researcher attached to prestigious universities) to create rapport with the managers, and highlighted other aspects of her identity (female and black) with the workers. To the managers she related more in the way of what she does (organisation), to the workers she related more as who she is (community).

Although this is a debated issue Figure 5 is based on Parker's (1998) differentiation between communities and organisations as described above. These are not rigid demarcations, but as shown, overlapping. The individual researcher could be firmly in one locus or the other, or somewhere in between. The researcher could also move between loci during one project, as was the case cited above with Mullings (1999). I was firmly in the 'community' side of the spectrum, but I recognise that as a 'member' of the community, for which I pay membership, there are aspects of my relationship with the community that are 'organisational'.
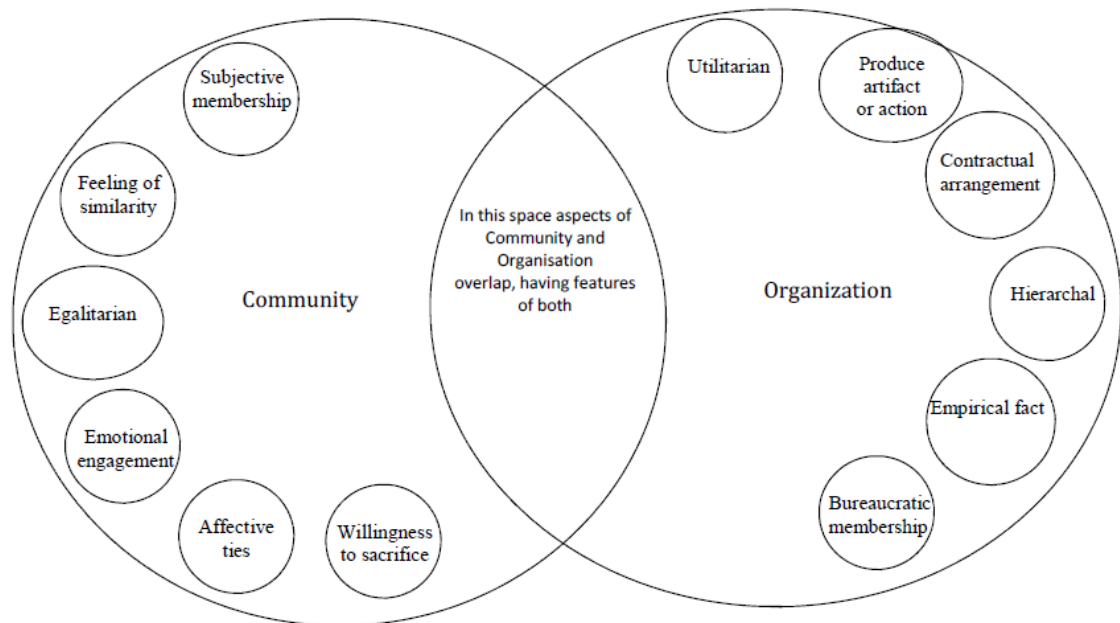
Figure 5: Differences between Community and Organisation

Based on Parker (1998)

A researcher should consider where on the spectrum between community and organisation their research is situated. The locus of research affects the personal dilemmas and professional conflicts the researcher might meet. How Insiderness is fashioned and negotiated and the researcher can consequently make any potential dilemmas transparent and prepare for them.

Level of Insiderness

Organisations are often hierarchical, with some form of pyramid structure in which everyone has a prescribed function with a few people at the top with power and authority and many people at the bottom with less. When there is a hierarchy within an organisation a person can be an Insider at one level but not at others. For example, a person can be an Insider in middle management, but that perforce will make that person an Outsider in the lower and higher levels. For example, in Mercer's (2007) research in education, she felt that when interviewing fellow teachers there was a greater level of Insiderness than when interviewing members of the management. The arrows between each level of the organisation represent power flow between the levels. Although cleaners are on the lowest level of power, they tend to work in an independent way, and are separate from the

power hierarchies. Organisations differ, and some have flatter hierarchical structures, or there may be less delineation between the levels. The thick black arrows indicate how a researcher enters the levels as Insiders; some researcher can enter all the levels, whilst others will only be able to enter one or two, entering the other levels as an Outsider in varying degrees. Figure 6 is my own visualisation of this. Each thick black line indicates entry into a level, and the lines between the levels indicate power flow.
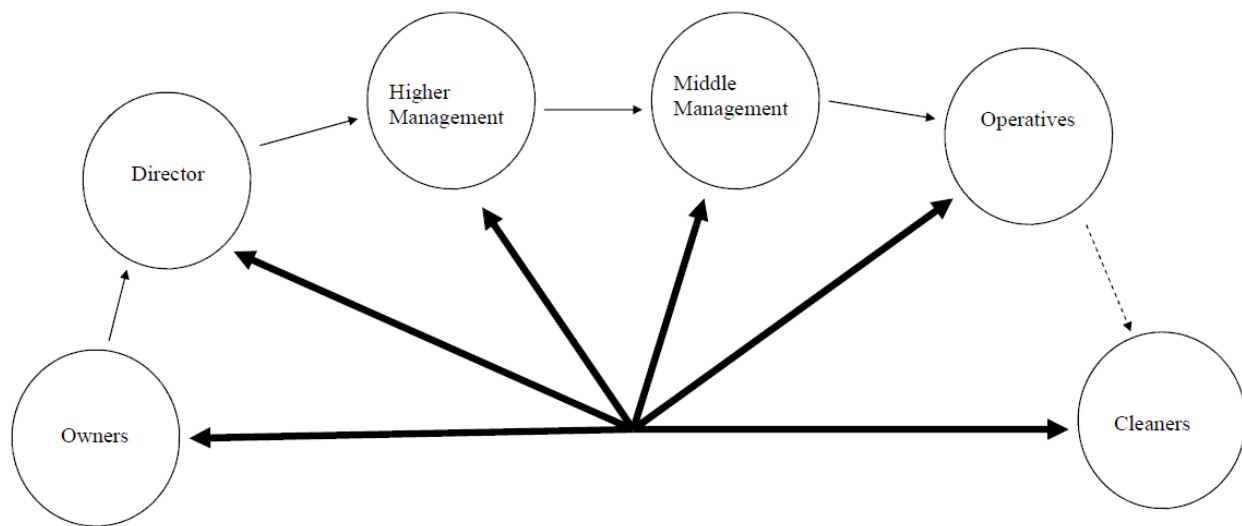
Figure 6: Levels of Organisation

In communities there are usually some types of groupings and hierarchies as well. Magee and Galinsky (2008) suggests that hierarchy is part of the human condition and therefore is present in some way in all communities. Status and power in each community will be mediated in ways unique to that community, and the researcher's personal identity will affect how much of an Insider they will be. In patriarchal communities women would enter the community on one level whereas men on a different level. In other communities the level of education might affect the place that a researcher enters a community. As a consequence there might be those participant groupings in which the researcher is considered an Insider, but other groups in which they are Outsiders.

In this study I am doing research amongst older people and their adult children within a small Orthodox Jewish community. I am an Orthodox woman living in that

community. I am not over 65, but I am close to the age of the children of the older people. Most of the participants are women so my gender helps me in that regard, but works against me when trying to gain access to men. It was not the main reason that I could not get many male participants, but it would have been a factor (see page 128). My understanding as an Insider within this community is that status within the community is conferred by acumen in Talmudic studies, and by ancestry and family connections to great Rabbis of the past or present. Being the wife, daughter, mother or descendent of scholars also confers status on women. Women also gain status by being involved in important volunteering work. I had none of these advantages because I came to the Orthodox life as an adult, but I found this did not restrict me in recruiting participants, but it sometimes affected the conversation as I did not have all the same cultural references. In this particular community money, education and working in certain professions, which confer status in other communities, not only do not confer the same status in this community, but in some cases can do the opposite, as people feel these professionals are more 'secularised' and influenced by 'outside' influences. For this reason, my being a researcher in a high status university is something I tended to play down, as it reduced my Insiderness rather than increases it. A number of people asked what a PhD is and it took some explanation. Similarly, Beoku-Betts (1994) also found her education worked against her as regards being an Insider. There are some families in the community that are better educated, have professional jobs, and come from the lower status families. With those people I am more of an Insider.

It would be inaccurate to see each level in a community connected in the same hierarchical way as an organisation, as there are more complex power flows. What I suggest here is that different parts of the community can be considered separate, and each part is mediated through different aspects of identity. Although in fact there may be hierarchical structures within the community, for the purposes of access and being an Insider we are seeing each part separately (the term level can still be used here). Figure 7 is my own illustration of this point using my specific example. The black lines indicate ways to enter different parts of the community.
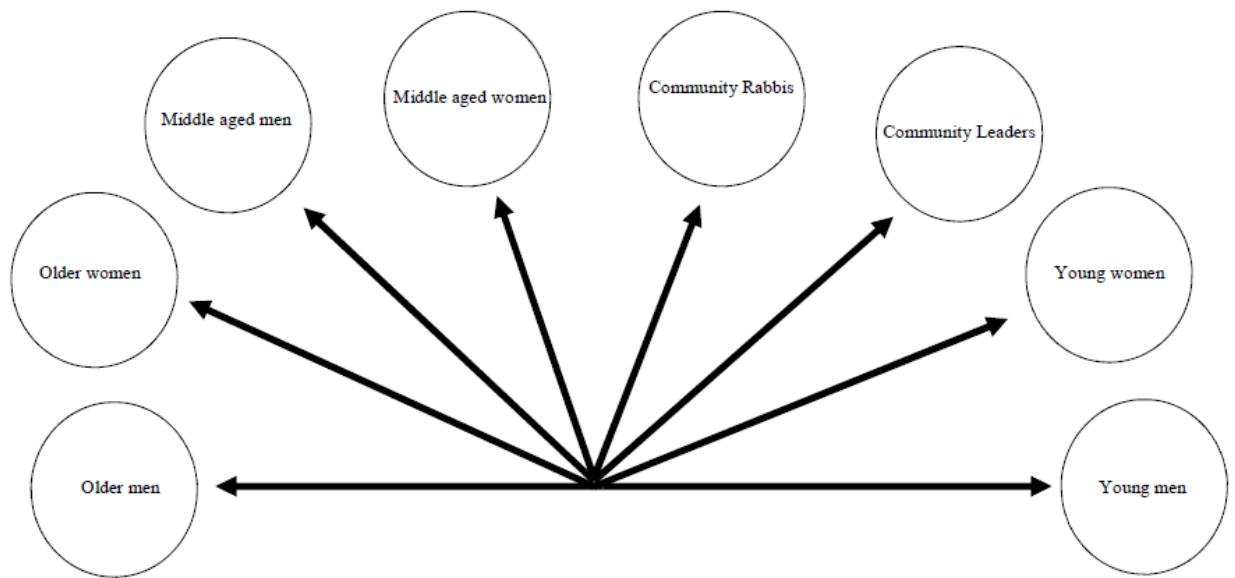
Figure 7: Levels in a Community

Being Jewish and religious and living in the community was essential to gaining access to any part of the community. Gender and age generally helped me, even with older and younger men and women, but gender worked against me with leaders and rabbis. Other aspects had less importance overall, but in some interactions seemed to concern the participants a bit. These were my education, not having been born in the community, and not speaking Yiddish. The point here is that in a community, just like in an organisation, there are different parts or levels, and they are not all accessed equally, and once a researcher has considered the question of locus of their research, they need to think about which level (or part) they are entering their locus. Which elements of their identity will help or hinder them and with which participant groups they will experience more Insiderness.

Depth of Insiderness

Each person has many different aspects of identity, and in terms of being an Insider or Outsider there will be some aspects of the identity that are essential in order to be 'one of', or 'same as' versus being 'different from'. For example, to be an Insider in an organisation being a member of the organisation would be an essential aspect of Insiderness. In many situations that would only be the start,

and in a male dominated organisation maleness might be essential. Various identities can be classified as either 'essential but not sufficient' or 'desirable but not essential'. At any level of the organisation or community that a researcher is an Insider there will be variations in the depth of the Insiderness at that point. For example, it is essential that I am Jewish but not sufficient, and Beoku-Betts (1994) found being black was essential, but not sufficient. In another example, Merriam *et al.* (2001) concludes that 'blackness' is not a single aspect of identity, as there exists a hierarchy within some black communities depending on the darkness of skin colour and how the hair looks, which she calls 'colorism' (sic). Therefore, having some colour may be essential to be an Insider, but not sufficient in situations when the colour is not the 'same as' the participants. For example, in my research, it was desirable that I should know Yiddish, but not essential. Mullings (1999) felt it would have been desirable to be male when interviewing the managers, but found it was not essential if she emphasised other aspects of her identity like her education and links to well-respected institutions. In general, to be considered an Insider, depending on the individual situation there will be either one or a number of essential aspects of identity that need to be similar between the researcher and researched, and many more traits that might be desirable, in order for the researcher to be considered an 'deep' Insider. With reference to the level of entry into an organisation or community, as described above, the desirable characteristics may be different at different levels.

Depth of Insiderness is a sense of the sum total of aligned desirable characteristics there are between the researcher and participants. For example, in an organisation the essential characteristics might be employment position and language, and desirable characteristics might be age, gender and colour. The more aligned the greater the depth. Aspects of identity that are different are aspects of social distancing. I constructed Figure 8 to illustrate this. The circles indicate increasing levels of Insiderness (not intended to be seen as boundaries but more graduated). With each participant there are likely to different depths of Insiderness. For example, Innes (2009) found some participants were happy to speak to him, whereas others were reluctant to participate until they became

aware of distant family connections, so in this case the 'family connections' identity affected his depth of Insiderness with those participants.

1.
Essential characteristics cause a certain level of Insiderness

2.
Along with the essential characteristics if the researcher has a few desirable characteristics the Insiderness is deeper

3.
If there are more desirable characteristic then the Insiderness will be the deepest
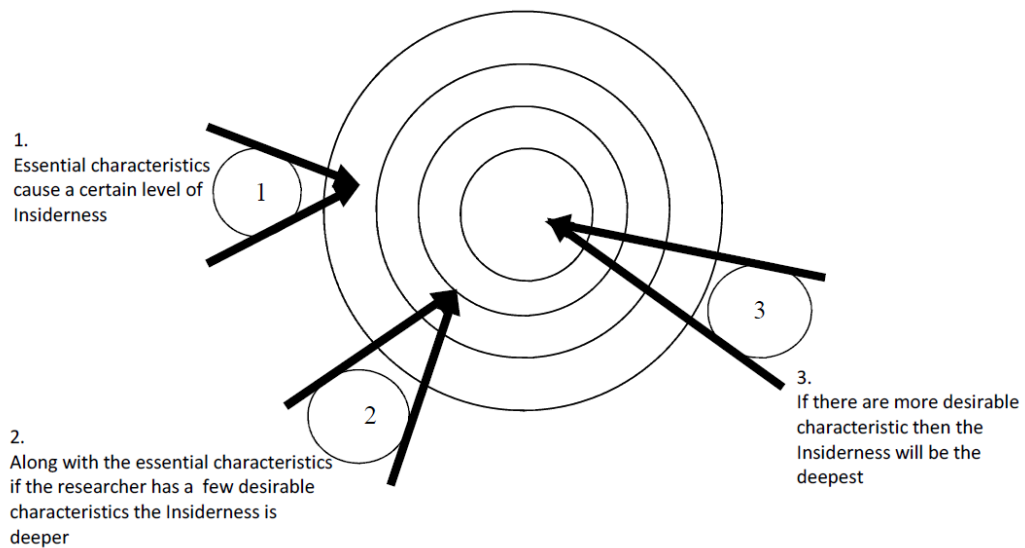
Figure 8: Depth of Insiderness

Changeability of Insiderness

Following the discussion of depth, it follows that sometimes even within a single interaction the depth of Insiderness can change. For example, at the start of an interview the identity and knowledge of researcher and participant may be greatly aligned and the questions are ones that only true Insiders would know to ask, and rely on what Giddens (1993) calls 'mutual knowledge'. At this point the Insiderness would be at its highest. Then, at some point in the interview, a shift occurs, if for example, if the researcher asks a question which makes the researcher more of an Outsider at that point. I call this 'changeability' and I illustrate this in Figure 9. This is my own innovation of how to visualise this process.
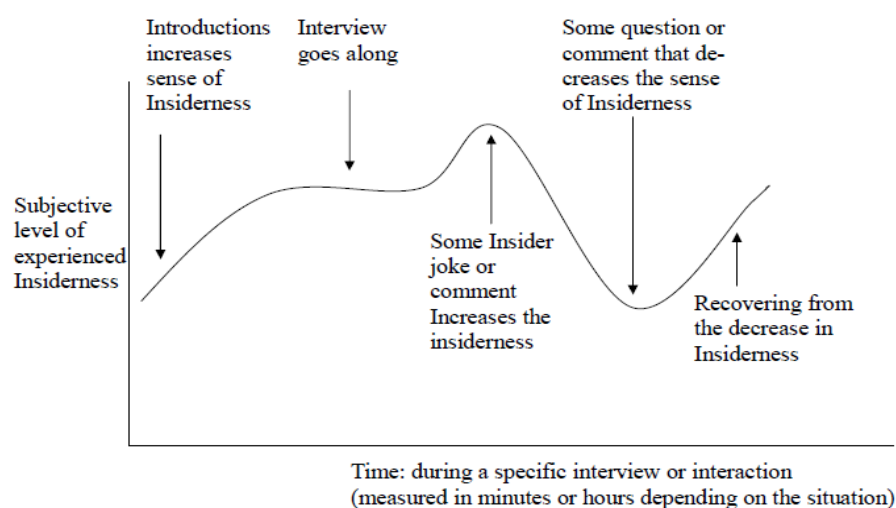
Figure 9: Changeability of Insiderness

In some situations, my non-religious and unconnected family mattered little, in other situations, it appeared to matter more. For example, when telling about where her father works participant 29 said '... *and you're not part of Gateshead so you don't really remember [those companies*].' Her tone of voice told me there was a difference between 'living in Gateshead' and being 'a part of Gateshead'. These slight shifts in my level of Insiderness did not make me an Outsider, but slightly altered the subtle dynamics within the interaction. Likewise, Mercer (2007) felt that particular topics engendered a greater degree of Insiderness. Mullings (1999) found that when discussing certain subjects, managers viewed her 'as a temporary insider', whilst on other issues she 'was not welcomed'. As with depth, a researcher cannot explain in detail the changeability of their Insiderness with all the participants; but they should reflect on whether they experience changeability, and how this might be affecting the quality of the data they are getting. This variability is not binary, but the researcher moves back and forth along a spectrum.

Global effects

Many circumstances that lie outside the realm of the individual can impact on research. These might be things such as the political or financial environment or the culture of openness of the community or organisation. For example, a researcher may have a much harder time doing Insider research in a child

protection social work agency whilst it is under a serious case review. An investigation into a community may be hampered by some bad publicity about that community which increases the distrust of its members to engaging with anybody about anything. We cannot expect to work within a perfect state of affairs, but as researchers we should try to be aware of those elements that might be impacting on the research, and be open about these.

Recruiting participants

Much attention in the literature on qualitative research methodology is given to data collection such as interview techniques, focus groups or observation, and data analysis, involving coding and interpretation. Sampling strategy, discussed at length in quantitative research and statistics is relatively absent from qualitative research literature (Mason, 2002). Patton (2002) regards the different sampling approaches between quantitative and qualitative methods best captures the difference between the two methodologies. In qualitative research, the logic of selection is grounded in the value of information-rich cases and emergent, in-depth understanding not available through random sampling. The selected sample has to achieve certain aims. It needs to be likely to reveal enough of rich `thick description' about the phenomena being studied in order to produce complete and convincing accounts and descriptions, along with their explanations of the phenomena, in order to justify the analytic 'generalizability' of the findings (Curtis *et al*., 2000).

A researcher rarely has direct access to the entire population of interest. It is unlikely that the researcher would be able to, or would want to, ask everyone pertinent to the study. Practical and pragmatic reasons means there will a limited time-frame and money restrictions. Also, even if one could theoretically ask everyone in the relevant population, not all participants will be able to or want to participate. In qualitative studies each participant has the potential to produce large amounts of data, and analysing too large a sample which is very labour intensive, can be time consuming and often simply impractical. Therefore, the researcher's resources needs to be focused so that the data collected will

accurately reflect the range of experiences (Corbin and Strauss, 2008). Researchers must rely upon a sampling frame to represent all of the elements of the population of interest before specific participants are selected. The sampling frame defines the target population and constructs a set of criteria which the researcher uses to select a sample of the participants (Currivan, 2003). If the frame involves a large and heterogeneous population then a large carefully constructed sample frame is designed, to include all the different population characteristics. If it is a smaller and more homogeneous population then a smaller and simpler sampling frame can be used.

Sampling strategies

Sampling strategies in qualitative research differs depending on the research strategy (Miles *et al*., 2014). There are projects that are deductive in nature, starting with a known regularity which is not understood. The research is looking for data to test a theory. Other studies are inductive, in that they start with collecting the data and then trying to derive generalisations. These differences will affect how the sample will be chosen. Curtis *et al.* (2000) explain the differences as described in Table 2.

Table 2: Different sampling strategies

Theoretical Sampling	Purposive Sampling
Inductive	Deductive
Used in `Grounded theory'	Informed by theory
Sequential sample selection, inter-leafed with coding and analysis	Pre-specified sample
Conceptually driven by an evolving theory from data analysis	Sample selection is conceptually driven by the theoretical framework
Cases leads to development of theory Cases ⟶ Theory	Theory will drive the selection Theory ⟶ Cases
cases might affect the scope for developing theory inductively from the data	cases which are pertinent to a pre-existing conceptual framework

Theoretical sampling

Theoretical sampling is a method of data collection based on concepts derived from data during analysis. It is responsive to the data rather than established before the research begins. This means that sampling is open and flexible. Questions that arise from the concepts drive the next round of data collection. Theoretical sampling fits well with Grounded research, as rather than being used to verify or test hypotheses about concepts, theoretical sampling is concerned with discovering relevant concepts and their properties and dimensions. Unlike in other research the data is not first all collected and then analysed, but the analysis occurs after the first data is collected, and the analysis leads to more concepts and these generate questions and questions lead to more data collection. In an ideal world the sampling goes where the data leads, and becomes more specific as the questions become more crystallised. In reality the researcher may not have the opportunity to return to the sample to collect additional data as they might wish (Corbin and Strauss, 2008) and this was the case in this study.

Besides selecting participants that will give insight into the research question it is also important to look for those that are 'disconfirming' cases. These are cases that don't 'fit', and that are likely to question the developing arguments. These cases are important because analysis of these can add considerably to the understanding of the data and enhance the quality of the research (Patton, 2002). I had a number of 'disconfirming' cases (see pages 195, 240 and 263). One of the most important guidelines for improving data quality is to be explicit about the process by which the data are generated. This information allows others to determine whether the procedures used are likely to produce biased inferences. Only by knowing the process by which the data were generated will we be able to produce valid descriptive or causal inferences (King *et al*., 1994).

Selection bias

Selection bias is a significant issue in quantitative and statistical studies, but should not be ignored in qualitative studies. This is especially important when the target

population is large and heterogeneous, as bias can be introduced inadvertently by creating a poor sampling frame. For example, if the target population is only recruited through requests on the landline telephone, then people, who cannot afford a telephone, or only use mobiles, will automatically be excluded. If contact is only made in the day that might end up recruiting people with a particular demographic profile within the target population, and leave out others.

'Non-probability sampling' or 'purposive sampling' such as 'convenience' or 'theoretical' samples, terms used to capture all forms of sampling that are not conducted in according statistical probability, all have the potential to introduce a significant source of error into the research and affect the 'generalisability' of the data (Bryman, 2001, p. 206). These samples are not random, but are deliberately chosen based on some criteria (as discussed above). When the researcher selects cases, however that is achieved, others are perforce not selected, and it is possible for the researcher to either consciously or unconsciously, focus on the cases that support ideas that the researcher already have, or which support their theory, and this selection bias can affect the validity of the research (Collier and Mahoney, 1996). Bias can also occur through other unconscious choices by the researcher. If the researcher is standing in the town square approaching people, the gender, age, colour or appearance of the passersby might influence who the researcher feels comfortable approaching. Such things can also influence who the public will choose to stop for. Another place for bias to be introduced is in 'self selection'. The type of people who come forward, or agree, to join a study, or conversely, the non-responders, or 'drop-outs' may correlate in some way to the variables under study. For example, it may be that in studying weight, people who are the heaviest are the least likely to take part and this would be likely to affect the validity of the research, unless active measures are put in place to counter this.

It is true that sometimes purposive methods cannot entirely overcome the inherent unreliability of generalizing from the usually small samples in qualitative studies. However, the fact that there are dangers of introducing selection bias whenever researchers use choose their cases in a purposive fashion does not imply that the participants should be chosen at random. There are likely to be even more

serious problems if one chooses a very small sample in a completely random fashion. Using careful framing and purposive sampling that focuses on getting a representative sample that will be likely to have sufficient variation on the subject of theoretical interest, as well as looking out for 'disconfirming cases', will improve the validity of the research (Seawright and Gerring, 2008). Some have cautioned that concerns over selection bias in qualitative research are based on an essential misunderstanding of the epistemological basis of qualitative research, and are based on the fundamental unease (scepticism) quantitative researchers have about qualitative research (Collier and Mahoney, 1996).

Sample size

The correct sample size in qualitative research depends on a number of considerations. It must be large enough to assure that most or all of the perceptions that might be important are uncovered. At the same time if the sample is too large there comes a point of diminishing returns, because more data does not necessarily lead to more information. In qualitative studies one occurrence of the data is as potentially as useful in understanding the topic as many. The frequencies of any particular data item are rarely important in qualitative research as it is concerned with meaning (Mason, 2010). Larger samples are usually used in surveys, and where the population of interest is heterogeneous, whereas smaller samples are more common when in-depth interviews are used, or when the population in homogeneous (Bryman, 2001), such as in this research.

Saturation

Saturation is usually explained in terms of '*when no new categories or relevant themes are emerging*' (Corbin and Strauss, 2008). But saturation is more than a matter of no new categories or themes. It also denotes a development of categories. To arrive at those explanations, researchers must continue data collection until the theory is dense and logical and there are no gaps in the explanations (Corbin and Strauss, 2008). The key idea is to carry on sampling

theoretically until a category has been saturated with data. This means that (a) no new relevant data seems to be emerging regarding a category, (b) the category is well-developed in terms of its properties and dimensions, demonstrating variation, and (c) the relationships among the categories are well established and validated. Different concepts/ideas may 'saturate' at different points. As some ideas develop more, then saturation needs to be pushed forward. This method of working assumes one can return to the field to collect more data on an undeveloped concept. However, this is not always possible.

Saturation does not mean that the researcher has simply 'heard it before' but that new data no longer suggests new insights into an emergent theory or no longer suggests new dimensions of theoretical categories (Bryman, 2001, p. 303). Mason (2010) found that sample size in PhD studies varied considerably, and that the average was 31[42]. He also found that the most common sample sizes in qualitative PhD studies using interviews were multiples of 10, and observed that there is no logical (or theory driven) reason why samples ending in any one integer would be any more prevalent than any other. If saturation is the guiding principle of qualitative studies it is likely to be achieved at any point, and is certainly no more likely to be achieved with a sample ending in a zero.

My Sampling Frame

As I wanted to speak to 'older people' I needed to have a definition to work with. I discuss this in my literature review (see page 41) that although I had some problems with the idea of a 'line' which arbitrarily marks the point at which a person is 'old', for the purposes of this study 'older people' were defined as people over the age of 65. I cannot fully justify this line, except that I have to make the cut off somewhere. In reality I was more interested in the 'stage' of life people were at, but that was going to be an unpractical criteria, especially as I could not have ascertained that information without the interview. In one case I spoke to a participant who was almost 65, and was not concerned by the fact that she was not yet 65 as she had valuable insights to give me. I felt I could not use a definition

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[42] Mine is 33

of 'retirement' in this context, as many people in the community do not retire, and the attitude to retirement and transition to old age became an important part of what I was exploring.

I started with a convenience sample, with people I knew, and felt I knew well enough to ask to participate. I spoke to the children of people who have emigrated, and asked them if their parents would be willing to speak to me. I felt that I did not have many of the traditional difficulties of doing research with older ethnic minorities (Sin, 2004). I endeavoured to achieve a sample that represented both genders, although I struggled more to get male participants. The reason for this had more to do with the busy lives that men lead, than their resistance to talking to me as a female (though that might have been some part of the reason for some refusals). The men go to prayers three times a day, work, and regular learning sessions and *shiurim*[43], so they simply don't have time. Many of the women were busy as well, but their time was more flexible, and I got female participants as long as I was willing to go to them at a time that suited them. I discuss this later (see page 131).

Data collection

Who I wanted to interview

I started with four different categories of people that I wanted to interview:

1. Older people who live in Gateshead

2. Older people who moved away

3. Adult children of older people who live in Gateshead

4. Adult children of older people who moved away

As it transpired the group I had the greatest access to was the first group, that is, older people who live in Gateshead. By going through the lists of names of community members I came up with 64 older people living in Gateshead who are

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[43] See page 10

over 65, some were widow/ers, and most are couples. I interviewed 23 older people living in Gateshead. These people were the most available in terms of time, and were the most willing to talk about themselves. Initially I wanted to speak to the children of older people in Gateshead because I thought that I might see some different perspective from the children compared with the older people themselves. However, I learned very little more by interviewing the adult child, and eventually I decided not to continue interviewing this category, except when I could not interview the parent directly. Speaking to older people who left Gateshead presented the greatest challenge, as they were abroad. In this case there were valuable insights to be gained from speaking to the adult children in Gateshead. I did get to Israel but it was difficult to get as many interviews as I would have liked. When I travelled to Israel I had five interviews arranged. When I got there one person had 'gone away' (no explanation). Another spoke to me for a long time (very interesting) but refused me the permission to include the interview in the research! So I only had three interviews in Israel. In Chapter Four I go into greater depth as to who was interviewed.

Reflections on recruiting

Many of the problems faced by others in terms of access and rapport (Wenger, 2002) were not issues for me, and this was because I was an insider, and everyone knew me. I attempted to publicise the research by publishing an advert requesting participants (Appendix 1). I did not expect to get responses this way, and in fact not a single volunteer came forward on their own. However, when I called people individually they recognised what I was talking about and said "oh, is this about that advert I saw?" People felt that I would not want to speak to them because they had nothing of value to say. People needed convincing that what they had to say was valuable and important, as they generally said "I don't think I have anything interesting to say". I did not know whether to take this as a refusal, or just a hesitation about their personal value to the study. I learnt to anticipate this reaction by showing I was very interested in anything they had to say, such as "I would be very interested to hear about..."

I have done many public events, and at the time I had just played a major role in the yearly amateur dramatics performance. When people stopped me in the street to thank me, I had the opportunity to use this to ask people to do an interview with me. I did not do this though, as I felt it was taking advantage. I was concerned that people would feel that I was 'forcing' myself on them. One person *said* "I would feel mean if I said 'no'". Once I had done two or three interviews, I realised that people can really enjoy these interviews, and that it does not have to be a burden for them. This gave me more confidence and made it easier to ask. When asking people to participate, I tried to be careful not to put people in a position where they feel they have to explain their refusal. This could be difficult, especially when there was a pre-existing relationship. Once a friend was so open with me that she told me that her mother is in hospital and as the only child with a large family of her own she is completely overwhelmed by the situation. I felt terrible that I did not know what was going on in her life and that by asking at all I had 'put my foot in it'. In another situation a man disclosed to me that his wife has just started treatment for breast cancer. I felt that he should have been able to just say he's not interested, but as he knew me well, he felt he needed to explain himself. These interactions made some relationships awkward for a while because some people who had refused me an interview felt uncomfortable or embarrassed engaging me in conversation, especially about my research (see also page 133). Another problem was that people thought I wanted the interview immediately, and they were busy or going away right then. When I told them I could do it whenever it was good for them, they were mostly happy to agree.

The Orthodox Jewish community is close and interconnected community. It is assumed that I know who everyone is, and how they are related to each other. This is especially true with older people who know everyone and all their children and children's spouses. I came to this way of life as an adult and I was not able to keep it all in my head. My lack in this area is one of the most noticeable differences between me and the participants. Getting male participants was particularly difficult, as there are several barriers to participation:

The first one is that many men in this community are not comfortable speaking to women. It is not forbidden, as long as certain conditions are in place, but many are not comfortable with it. The fact that I am a religious woman makes this point easier, as I dress modestly and know the unwritten rules of communication between the sexes within this community.

The second barrier, and probably the most significant, is time constraints. Often men in this community do not have an hour a week for anything but the highest priorities, any extra time they used for learning:

> He [my husband] works every morning until about two, then he goes to *mincha*[44], then he has his dinner, then he does some private consultancy, then he does his *daf yomi*[45] at five-thirty and then his *chavrusa*[46] comes at six-thirty and then he goes to *shiur*[47] at seven-thirty and then he goes to *maariv*[48] at eight-thirty. He gets home from *maariv* about nine and then after supper, if he can, he does a bit more work
>
> (19) Female, married, 76 (husband 79)

A Rabbi's schedule will only finish at the earliest eleven at night. Older men, especially those who had cut their working hours did find the time for me. Likewise, some younger working men who were not so intense in learning were able to find time, although often only at a very specific time. Getting a rabbi to speak to me proved impossible, and I had to gain their data through their wives. It is not possible to say how this affected the data, I just point out here that their own voice is missing here.

Having access to people was a significant aspect of my being an 'insider'. I understood the cultural context of their lives, so I knew when to ask and that I had to be very flexible about when I would do the interview. Often when I phoned they would say "oh, ok, can you come this evening", and I could. I interviewed first thing in the morning, in the middle of the afternoon, in the evening and, for men, late at

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[44] Afternoon prayers
[45] Regular *shiur*, where each day they cover one page of the Talmud (Lit: 'Page a day')
[46] Learning partner
[47] Class
[48] Evening prayers

night[49]. I also texted or phoned the night before to check it was still okay, and was flexible about changing times. Often people would just say "call me next week", and I had to keep track of who I should call. One man was not in when I turned up because he had forgotten. Week after week we would make a date, but when I phoned to confirm the person had meanwhile made other arrangements... so persistence was important, and I did end up getting an interesting interview with that man.

Interviewing

The most pragmatic reasons for choosing to interview people is that if we want to find out what people think or feel about something then the most straightforward way to find out is to ask them (Mason, 2002). What is gained from the interview is not an external or absolute 'truth', but constructions of people's lived reality. We are seeking to understand perceptions, views, and interpretations of people's experience. The epistemological constructivist approach assumes that what people tell me is not 'true' in any objective sense, but a reality constructed through the interaction between myself and participant. For example, participants may only think about certain things because of the questions I ask. Every interview is a social interaction, and is contextual, (Kvale and Brinkmann, 2009) and there are difficulties in interviewing a whole series of participants in 'exactly' the same way. I used semi-open interviews (which often were more 'open' than 'semi-open') in which participants were encouraged to describe their thoughts and feeling as freely as possible within a structure. Cues were used to try to ensure that the data collected was consistent with the objectives of the research.

When people did not consent to being taped I was presented with two problems. First, I was concerned that making notes interferes with the interview process. I could not record the interview verbatim and had to be selective. Second, they watched me write, and this could have affected what they told me, as they try to work out from what I write down what (they think) is 'important to me'. For me it was about writing things down I thought I might forget, or when I wanted to

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[49] Covered by the ethics approval. Men were often only available after the night prayers (23:00)

capture the exact words, and leaving things I was pretty sure I would remember, or where I judged that given the limitations I was under, the general understanding was more significant than the exact words. In that case I wrote down a single word or a phrase to remind me of the point. As soon as I returned home I wrote out the interview as best as I could recollect. Having to rely on my memory and notes is an area of potential bias or error.

The participants often found it easier and more relaxing to talk about their past than about their future. Their past gave context to their later decisions. Asking about how the participants came to be in Gateshead also helped to create rapport. Many of the participants had come from Europe, mostly Germany just prior to World War Two. The possible impact of their earlier migration on the decisions of the participants in later life is discussed on page 157.

Reflections on Interviewing

I had four different categories of people that I wanted to interview (see page 145) so I did not have a single questionnaire (see Appendix 2). At the beginning of the interview I explained the study, and I had an information sheet (see Appendix 3) that I went over before we started. It was as general as I could make it as I did not want to close off avenues of discussion by being too prescriptive.

When advertising the study I was concerned the use of the words 'old' or 'older', as people thought that meant 'frail' or 'dependent'. I know this because when I was discussing the study with people, the general response was that '*there are not that many old people in Gateshead*'. When I actually started looking for participants I realised that there are lots of people over 65, but they are far from frail or dependent so no-one was thinking of them if I used the word 'old'.

Interviewing is not only an intellectual activity, but an emotional labour, and I certainly was surprised how draining they were. I had to space the interviews, or I started to dread the next one. Once I realised this I adjusted my schedule to spread the interviews out. Interviews are not standardised interactions where the personality of the interviewer absent. It is an interaction between two people,

which differs according to the personality of the interviewee and the interviewer. This is all-the-more-so if the parties had a previous relationship which can affect the rapport between the individuals and the progression of the interview.

In my first interviews I spoke too much. I spent a considerable time listening back (and trying to transcribe) these early interviews analysing what the nature of the interruptions were. Much of my interrupting was clarifying and rephrasing the answer. Some of the participants tended to wander, and I was trying to keep things on track. I also tend to finish people's sentences in my head and start the next question too early. My supervisor also thought this interrupting was a sign of anxiety and impatience. I reflected on all of this before I started my next round of interviews, and subsequently improved. I discovered the power of silence, and letting people just talk, whilst nodding and showing interest keeping my questions to a minimum. I also stopped worrying about getting 'useful data'.

Participants did not mention things that they assumed I already knew. To counter this I told people to "pretend I don't know', or 'imagine you are trying to explain this to a non-Jew". I tried to show interest and pretend ignorance. An issue in interviewing people I know is that we sometimes 'distracted' to personal stuff. For example, in one interview we talked about how the participant's granddaughter was about the same age as one of my daughters. In another interview we spoke about the upcoming wedding of my son in South Africa, leading to a discussion of life in South Africa and how her daughter and son-in-law are moving there.

After my initial set of interviews I reflected on the questions. I noted that the same question elicited a variety of responses. I also thought about how men and women seemed to answer the questions differently. I thought about whether I needed to phrase questions differently for men and women. I was concerned that this would involve making assumptions about men and women. For example, if I ask '*what do you do?*' men seem to automatically understand that to be a question about paid employment. On the other hand, women spoke about other things that take up their day. Unless I ask an additional question "do you work?", they might not mention that they did work. There is much work that women do that is not paid

employment – such as voluntary community work, unpaid babysitting, or cooking or shopping for their married children – none of which they mention unless I add other questions and show that I value these answers.

An occasional issue that arose during interviews with people I knew was over-disclosure (Mcconnell-Henry *et al.*, 2009). When there is a pre-existing personal relationship there is always a possibility that the boundaries will become blurred. Sometimes emotional issues came up and it was important the interview did not become a therapy session. For example, as a man went through where all his children were, he mentioned one child who had had various problems, and this upset him. The man was also a widower and he started crying when talking about his wife. I gave him time and space to recover, and checked that he wanted to continue. In another situation I had asked someone to do an interview and before the interview was done, he came to me and wanted me to do something for him. At another time I would have not acceded to the request, but obviously I felt I needed to help him because there was a sense of a debt owed. When I reflected on this later I realised that I could have refused, but at the time it felt very difficult for me. Some of the people I interviewed were quite old, and often a bit lonely. By spending time with them and hearing so much about their lives, a sense of intimacy was created between us, especially amongst women. I realised they felt connected to me and acknowledged me in a different way afterwards. As the number of participants increased I started to find this burdensome, because I did not feel about them as they seemed to feel for me. It was sometimes clear that participants had spoken to others who had done the interview already. So some interviews were done with completely unprepared participants; whilst others participants were 'primed'. I cannot know if these differences affected the data.

There were some other issues that arose during interviews. One was that participants often wanted to give me what they thought I wanted, and I had to work to make the participant feel that there was no 'right' answer. Another issue was that some people would not answer a direct question about their age. I used creative ways to get this information, like "how old were you when the war started?" Often people said interesting things as they were seeing me out the

door, after the tape is switched off. One or two people made it very clear they were only giving me an interview as a 'favour'. They were impatient with me and were offended by the implication that they are 'old' and should be considering their 'future care'. This flustered me and I did not ask everything I had wanted to.

Interviewing older people

The idea that one should have a different approach in interviews of older people, or have different expectations in interviews of older people falls back on easy stereotypes of this age group. I interviewed people aged from 65 to 94 years of age, which is a span of almost 30 years, and as such encompasses a broad heterogeneity. I found that interviewing people in their 60s and 70s was comparable to interviewing younger adults. Interviewing frail or impaired people in their eighties and nineties called for an approach that is sympathetic to the physical and mental energies of the respondents (Wenger, 2002). I adapted how I spoke to people depending on how they responded to the situation. There were only a few individual situations that presented particular challenges. Interviews with some of the very oldest respondents could be quite rambling.

The older generation in general felt that there were some things that were private. It was difficult to ask about these things, whereas younger participants were fine with the same questions. Discussing money was one example; another was that there was a strong reluctance not to 'speak badly of the Land'[50]. It was difficult to get people to talk about the difficulties people face in Israel, and I got this information through a roundabout way. Younger people were more open about this.

Transcription

There were a number of issues related to transcription that I had to address. First, whether to transcribe the whole interview or just the 'relevant' parts; and second, what type of transcription to do. The answer to these questions depends largely

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[50] This is a prohibition of speaking badly of the Holy Land

on what the purpose of transcription is. Conversation analysis and discourse analysis is focussed not only in what people say, but how they say it. This requires detailed transcription, using notations of the pauses and modalities of speech. This type of transcription is extremely time-consuming. At the other end of the spectrum, when the information required is informational, rather than feelings or views about experiences, then researchers sometimes only transcribed the relevant parts of the interview. There is also a cost (time and/or money) involved in transcription and this also needs to be taken into account when deciding how much, and in what detail, to transcribe (Mason, 2002, p. 76).

I found that I could not transcribe at all, it took me hours and was so difficult that I could not see myself finishing my research if I was required to continue transcribing. In the end I gave it to a transcriber[51] which was the best decision I made, despite the cost. One advantage of transcribing oneself is that it is a way to get to know the data very well. My interviews were filled with many Yiddish and Hebrew terms so I still had to go through them a number of times to correct them, so I got to know the data very well. I found it extremely useful when doing the data analysis that I knew the data very well from the correcting of the transcripts. I also have an excellent aural memory and I could hear all the interviews in my head. Even in a good transcription there is still a lot of data being lost, particularly when the written language is very different from spoken language. People use a lot of umms and ahhs, stuttering, repetitions and non- grammatical language. This was not so noticeable when I heard it, but became very obvious when deciding what to transcribe. This was especially true of those of the participants for whom English was not their first language. The participants also used idioms in Yiddish or Hebrew, which although I can translate, often hold a wealth of meaning that is difficult to convey in a straightforward translation. There were a few places where I could not hear properly what people said on the tape, but I remembered the conversation and knew what they had said. A few times this was not possible and that data was lost, though not a significant amount.

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[51] With a suitable confidentiality contract signed Appendix 11

Data Analysis

Introduction

The first basic in data analysis is knowing your data very well (Silverman, 2013). This is obviously easier when the person doing the analysis is also the person who did the interviewing, and although I did not do all the transcribing myself, I did know the data very well (see above, page 134). The number of interviews (33) was small enough to remember all the interviews, made easier by knowing the people, and being able to conjure their voice in my head. I loaded the data into NVivo, and used that software in analysing the data. Using NVivo was a sharp learning curve, and of course NVivo does not do the brain work for the researcher, it is just a tool. One of the most difficult aspects of the whole process was the fact so much of the data is left behind, and that the final story I tell is only a fraction of what was shared with me. Not being able to use this data in this thesis was a bit upsetting.

Coding

Grounded theorists developed systems for analyzing the data, usually called coding, that are used to reduce, organise, conceptualise, and interpret the data. Categories are created and elaborated in terms of their properties and dimensions, and related to each other through a series of explanatory statements. Whatever the procedures, they are not meant to be a series of rote actions. There is meant to be an interplay between the researcher and the data, and the analysis must remain rooted in the data. The theory of coding is that it is a process of searching the data for themes, ideas and categories. These are given code labels, which in NVivo are called 'nodes'. Then all similar passages of text are put into the node, so that all the 'collected' pieces of text can easily be looked at together for further comparison and analysis. Coding is not a precise science; it is primarily an interpretive act. A code is a word or short phrase that captures the essence, or sums up or evokes an attribute. They primarily summarise, distil and condense data, not simply reduce it, codes should not diminish but add value. Coding the

data makes it easier to make comparisons and to identify any patterns that require further investigation.

I used nodes in two ways. The first way, the most inductive way, was to start working on one transcript, coding every term or phase that was of note, or interesting, using the 'in vivo' feature. In this way I collected a myriad of nodes (see Appendix 5). If a theme is identified from the data that does not quite fit the codes already existing, then a new code is created. Coding involves close reading of the text, and I got to know my data very well. The second way I used nodes was a bit later when I had already noted something I wanted to explore further. I then worked more deductively using the nodes I already had as a basis for actively searching the other transcripts to see if the same theme occurred elsewhere. There's a search feature in NVivo that allows one to search for similar words in all the transcripts. As I read through the data many times the number of codes evolved and grew as more topics or themes become apparent. It was important to not be overly focused on the things I had already found, because then I missed interesting new things. So I worked both inductively and deductively at the same time. Using the 'in vivo' feature allowed the node to be coded according to the actual words used by the participants, but later these had to be changed to reflect conceptual or abstract ideas, and finding words for these concepts could be challenging.

Two things happened as I continued to code more transcripts. First, I started putting text into pre-existing nodes, thereby finding some common themes. Second I found that I'd started to subdivide some of the nodes as I saw subtle differences between texts in the same node. In other situations I saw that two nodes were conceptually the same and I aggregated them. I kept a reflective diary of my thoughts about what I was seeing in the data. I started to feel overwhelmed by the amount of nodes and the volume of data and felt it was impossible to see the 'wood for the trees'. So many interesting themes emerged from the data that there was no way I could use it all. It was important to keep going back to the research questions and make decisions about which directions to pursue. It was during this process that I changed the question as I realised I could not 'force' the

data into the original question. Figure 10 is from Saldaña's (2012) excellent and useful book on coding and illustrates how the codes move into categories which can help develop themes, concepts and theory.
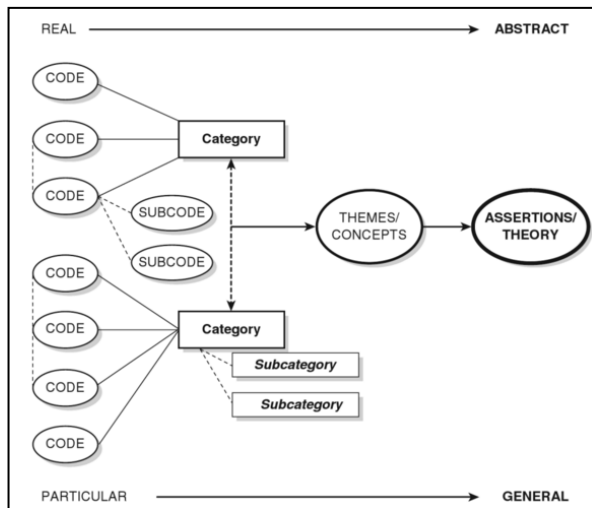
Source: Saldaña (2012, p. 13)
Reprinted with permission

Figure 10: How codes are used to develop theory

In Table 3 I bring an example of the course of data as it flows from a specific bit of data from an interview to theory[52].

Table 3: How coding moves from the specific data to theory

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[52] I note with thanks the discussions with my supervisors in helping me finally work out what 'theory' is

Coding procedures

In Grounded theory there are different stages or levels of coding. The first level is called open coding, which is done to open up the text and expose the thoughts, ideas, and meaning therein. In order to uncover, name and develop concepts we must conduct a process of breaking down, examining, comparing, conceptualising and categorising data. First one scans the interview transcript line by line looking for potentially interesting or relevant material. The data is broken down into discrete parts, closely examined and compared for similarities and differences. The next level is axial coding. After the data has been broken down in open coding; axial coding helps to put it together in some way by making connections between categories. Finally selective coding is the procedure of selecting the core category and developing relationships between it and other categories, and in this way develop theory.

NVivo

I used NVivo for coding and analysing the text. I found that learning to use NVivo and learning the different ways to think about coding was a frustrating process, especially as I felt that this learning was not well-supported by the university. It would have been possible to find out how to do something, but I did not know what the potential of the program was so I did not know what to ask. It was only later when I attended an excellent course in London[53] that I realised what I had missed. As a consequence there were trials and errors, and often working out how to do something easily after I'd already done it the hard way. The best teaching I had on NVivo was when all the work was done, and I realised that I had not known enough about the program; it all could have been done much more easily.

I would have liked to interrogate the data using matrix queries. This would have allowed me to try different configurations and see what came up. Also had I understood the use of 'sets', this would have allowed me to collect all the memos, nodes, queries or text searches under themes, topics, ideas or concepts as they

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[53] With thanks to the ESRC for funding my attendance

developed. By the time I realised how I should have set up the data to make these processes possible it would have been too time-consuming to do. I know now that I should have formatted the transcripts differently to avoid words in the questions also coming up in searches. I found NVivo frustrating and often useless, because I did not know how to use it well enough. On the other hand, being able to always trace back every piece of data to its source, and being able to search all the transcripts at the same time were very useful features.

Ethical Issues

Humphrey (2013) explores the ethical dilemmas in social research. The sphere of research ethics encompasses intrinsic deontological[54] principles around autonomy and privacy and maximizing the benefits and minimising the harms of the research.

If a researcher is required by ethical boards to remind participants of their research remit at every encounter the flow of the encounter will be disrupted. Formal Ethical codes can also act as a straightjacket preventing flexible responses in the field. Some have suggested 'virtual ethics', enjoining us to trust the moral character and credentials of the researcher (Humphrey, 2013).

Before starting the interview I read through the information sheet (Appendix 3) and completed the consent form (Appendix 4). Almost everyone was very uncomfortable with this part – I assume because it felt very 'official'. I had allowed for people not wanting to put consent in writing, but usually it was not a problem, as long as I assured participants that the consent forms were kept locked away, and that they would be destroyed after the study. They would only be seen if I have my study vetted. This is the only place their name is recorded. They were less worried about the tapes, because their voices would not be likely to be recognised by 'outsiders'.

I gave the participants the option of having their recording deleted after the study. I asked them if they would mind if I would keep them for any future study, or for

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[54] Morality of an action based on the action's adherence to a rule or rules. It is sometimes described as "duty" or "obligation" or "rule"-based ethics

educational purposes. The anonymised transcripts will be kept, unless they specifically did not allow. I tried to explain how far the consent extends for keeping the original recordings, and using the anonymous transcripts. I had the whole spectrum of responses. Some people (thankfully very few) did not consent to being taped, and others consented to taping saying: "why should it bother me?" During the taping there was the odd occasion when people asked me to turn off the tape (or not write down) a particular thing. Interestingly this was not because the information was 'personal' or 'private', but because it was 'politically sensitive' – concerning a criticism of some organisation, or expressing an opinion that is not 'mainstream' in the community. In this case it was clear that they trusted me enough to still tell me these things, but did not wanted it taped or recorded. Occasionally someone did not feel happy about signing the consent form, and I recorded their consent at the beginning of the interview. Reticence was sometimes based on the fact that it all felt very 'official', and since their experiences in Germany they do not trust authorities and do not want their name on any 'list'.

Creating and maintaining rapport in qualitative interviews is an ethical issue raised by researchers (Duncombe and Jessop, 2002), and in insider research it must be even more pronounced, and I certainly felt the issues lasted beyond the actual interview and affected relationships more long-term. It was not all negative, as I strengthened relationships and made new friends as well. I also felt it helped me appreciate the older generation and gave me an insight into their history and the struggles they had had. I also learnt a lot from understanding how attitudes have changed over time. The interviews gave a lot to me personally, not only an experience in research methods.

Another ethical issue that came up once was when an individual talked in a racist way, and I had no time to reflect as to how I would deal with this. By not saying something, am I acquiescing? Yet contradicting would affect the dynamics of the interview. This is even more acute when people look to me to acknowledge and agree to what they have said. I reflected on how I should deal with this in the future. I do not feel I dealt with it so badly, but I did not deal with it so well either. I

remained silent but communicated with raised eyebrows, and a tilt of the head a sort of "well.... some people might say that but" attitude and moved the interview on.

Another person mentioned something that was not completely correct with regards to claiming benefit, although I am not sure of the actual law, it sounded a bit suspect, and he himself asked me when he realised what he said 'oh, should I have mentioned that, will they find out?' and I assured him that my work will not be used against him. This incident highlighted the problem, and I needed to think about what I would do if people mentioned a past or present crime. I did tell people in my pre-interview discussion with them that if I came to realise that anyone might be a victim of abuse I would not keep that confidential.

Limitations of the research

I was working in a Grounded way, and as various interesting themes emerged from the data I would have wanted to return to the field and ask supplementary questions and go into some of the issues in more depth. One of the limitations of the research was that this was not possible. Many of the limitations of the research reflect limitations in Grounded Theory when used in practice.

The interviews were very open and people discussed what was significant to them, and what they experienced. This is their truth, as they understand it, or the way they want their lives to be perceived. Their stories are interpreted by me and filtered through my understanding, and the conclusions that I draw are unavoidably limited. The amount of data was overwhelming, and there were numerous themes that came up. I had to select the themes that seemed significant to me and answered the research questions. To a large extent the questions changed as I looked at the data and started to understand what was important to the participants. This is a more grounded, inductive way of working. I recognise that another researcher could have used the same data to find other themes and come to different conclusions.

Summary

This chapter covered my research aims, objectives, strategy and design, a discussion of Grounded Theory and Insider research. I discussed data collection, and analysis, and I finished with a reflection on the ethical issues that were encountered, and the limitations of the research. Now I move forward, in the following four chapters, to discuss my research findings, interweaving research literature with the empirical data to reflect the iterative approach to data analysis. In the following chapter I give a demographic breakdown of the participants, where participants were born, when they came to settle in Gateshead and their work and volunteering profile, as well as the numbers of children participants have and where those children live. In later chapters (five and six) I show my analysis of the empirical data and the themes that emerged from the data. Whilst each chapter has a different focus, they interconnect to form one coherent whole interweaving empirical data with current theoretical insights. In Chapter Eight, the last of the findings chapters I will draw conclusions that are transferable to other contexts, and from which policy advice can be drawn.

Chapter Four: THE PARTICIPANTS

Introduction

This is the first of four findings chapters. In this first chapter I outline the socio-demographic characteristics of the sample, such as age, gender and marital status. I discuss the country of origin and the age they settled in Gateshead. Work profiles and family constellation are described as these were significant factors in the decision-making process about migrating or ageing-in-place. The final part of the chapter concerns migration choices of the older people in the study and how these compare with the migration typologies that are described by other researchers.

Who the participants were

'Participants' is the term I use to indicate the older people in my study, whether that information was accessed directly; or indirectly from adult children informants. 'Informants' are the people I actually spoke to. Whenever I use the term 'participant' I am referring to an older person. I did 33 interviews. 23 of these were interviews with the older people themselves. Three interviewees were talking about themselves (as people over 65) but also as children of (even) older parents. I spoke to two individuals who were married to each other, whereas in all other cases I spoke to only one member of a couple (usually the female). Interviews with informants who are married encompass information about their spouse, so the spouse is included amongst the 'participants'. There were also three situations in which I interviewed older people, and also interviewed those same older people's adult child (under 65). Although qualitatively these interviews gave different perspectives, quantitatively I use the data of the older people only once.

I interviewed four 'categories' of people:

Table 4: Categories of interviewees

OG	Older Gateshead (Older people who live in Gateshead)
OA	Older Away (Older people who have moved away from Gateshead)
CG	Children Gateshead (adult children of older people who live in Gateshead)
CA	Children Away (adult children of older people who have moved away)

I wanted to talk to people who moved and people who did not, and I wanted to speak to adult children of older people who can tell me about their parent(s) experience, especially when I could not access the older people directly. See Table 5 for a chart of all the participants. Figure 11 shows that I mostly spoke to older people who live in Gateshead. I spoke to fewer people in the other categories.
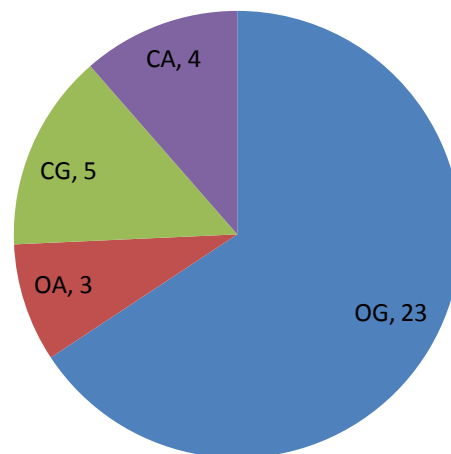
Figure 11: Pie chart of the different categories of informants

Each informant was given a number, then the initials of the person, then M or F to indicate the gender of the informant. If they are informing about more than one person the code is copied and the F and M changed depending on whether they are informing about a male or female, and then on the end OG, OA, CG, or CA were added depending on the group they fall into. The same person could have several codes, so that when I did the analysis, I could keep track of who was being discussed. When I use quotes from a participant I will only cite the number.

Table 5: The participants

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
01 Mrs HM[55]	F	OG	Widow	91	F	Voluntary Stayer	No
02 Mrs SG	F	OG	Married Couple	72	F	Voluntary Stayer	No
(husband)[56]				77	M		
(mother)		CG	Widow	82	F	Home of daughter within Gateshead	No
03 Mrs ME	F	OG	Widow	81	F	Downsized within Gateshead Voluntary stayer	No
04 Mrs IL	F	OG	Married Couple	85	F	Voluntary Stayer	No
(husband)				87	M		

---

[55] **BOLD** indicates the Informant
[56] (brackets) indicates a relative that data has been collected about from an informant, who I count as a 'participant'

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
05 Mrs EF	F	OG	Married Couple	68	F	Involuntary (wife) and Voluntary Stayer (husband)	Yes
(husband)				71	M		
(mother)			Married Couple	97	F	Voluntary Stayer	No
(father)				98	M		
06 Mr HH	M	OG	Married[57]	65	M	Staying at moment	No
07 Mr SC	M	OG	Widower	69	M	Staying at moment	No
08 Mrs CP	F	CG	Widower	86	M	Home of Adult Child (London to Gateshead)	N/A
09 Mrs ML	F	OG	Widow	81	F	Downsized London to Gateshead	N/A
10 Mrs RS	F	CG	Repeat (daughter of number 5)				Repeat

---

[57] The spouse of the interviewee is not included in the data

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
11 Mr SE	M	OG	Widower	81	M	Stay (might downsize to London)	No
12 Mr AB	M	CG	Widower	66	M	Voluntary Stayer	No
13 Mrs GM	F	OG	Widow	85	F	Voluntary Stayer	No
14 Mrs RF	F	OG	Married Couple	66	F	Voluntary Stayer	No
(husband)				70	M		
15 Mr HB	M	OG	Widower	77	M	Stay (might downsize to London)	No
16 Mrs BR	F	OG	Married Couple	82	F	Voluntary Stayer	Yes
(husband)				83	M		

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
17 Mr MK	M	OG	Widower	94	M	Voluntary Stayer	No
18 Mrs JJ	F	OG	Married Couple	68	F	Staying at moment	Yes
(husband)				70	M		
19 Mrs NG	F	OG	Married Couple	76	F	Voluntary Stayer	No
(husband)				79	M		
20 Mrs LR	F	OG	Married Couple	68	F	Staying at moment	Yes
(husband)				70	M		
21 Mrs RG	F	OG	Married Couple	69	F	Involuntary Stayer	Yes
(husband)				72	M		
22 Mrs BK	F	OG	Widow	81	F	Voluntary Stayer	No

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
23 Mrs RS	F	OG	Married Couple	68	F	Involuntary (wife) and Voluntary Stayer (husband)	Yes
(husband)				70	M		
24 Mrs GW	F	OG	Married Couple	65	F	Voluntary Stayer	Yes
(husband)				68	M		
(mother)		CG	Widow	89	F	Home of adult child (Israel to Gateshead)	No
25 Mrs JR	F	OG	Married	66	F	Voluntary Stayer	No
26 Mr AR	M	OG	Married[58]	72	M	Voluntary Stayer	No
27 Mr SE (father)	M	CA	Repeat (son of number 30)				Repeat
(mother)							

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[58] 25 and 26 are married to each other

Informant	Gender of Informant	Category of Informant	Marital status of Participant	Age of Participant	Gender of Participants	Decision	Would move all things being equal
28 Mrs CB	F	CA	Repeat (daughter of number 31)				Repeat
(husband)							
29 Mrs CA	F	CA	Married Couple	77	F	Left to Israel	N/A
(husband)				85	M		
30 Mrs AE	F	OA	Married Couple	82	F	Left to Israel	N/A
(husband)				83	M		
31 Mrs LK	F	OA	Married Couple	83	F	Left to Israel	N/A
(husband)				86	M		
32 Mrs AJ	F	OA	Widow	83	F	Left to Israel	N/A
33 Mrs BR	F	CA	Widow	89	F	Residential care in London	N/A

Gender

Most of my informants were female. As explained in the methodology chapter (see page 126) there were some challenges in recruiting male participants. Additionally, in keeping with general demographic trends, I found the older people were, the more likely they were to be women (Office for National Statistics, 2008), so there were more women to sample. I interviewed four widowers and six widows, the rest were the female half of a married couple or a daughter informing about parents. I interviewed one man about his parents.

The information I gathered was, I felt, quite representative of both genders. I found the priorities of men and women were different, but the wife was able to clearly explain her husband's priorities, and these were similar to those I heard directly from men. Though I am not specifically looking at gender differences, it was a theme that emerged from the data, see page 298.
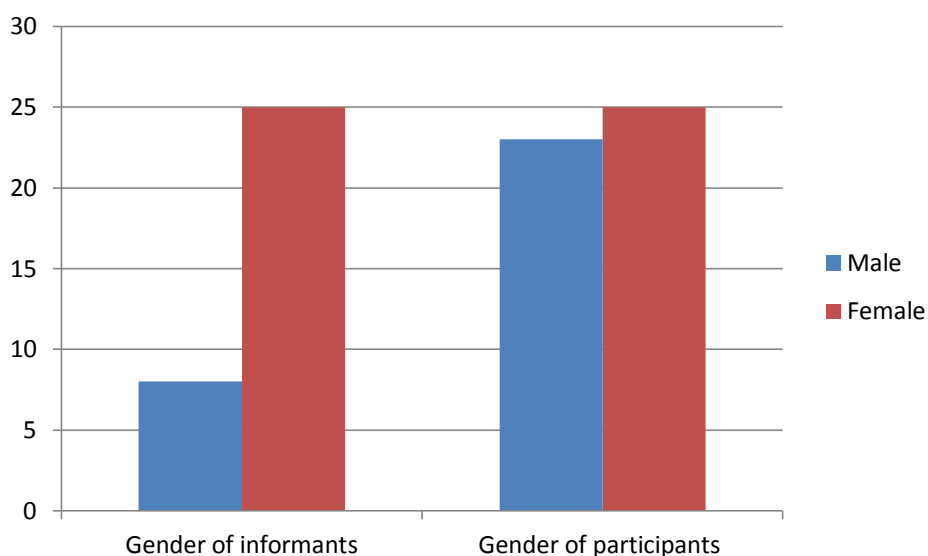
Figure 12: Gender of Informants and Participants

Marital status

All of the participants were or had been married. It is very rare for Orthodox Jews to remain unmarried. As one would expect most of the older people who had lost a spouse were females. Of the fifteen participants (as opposed to informants) that had lost a spouse, six were widowers and nine were widows. That is, 53% were still married.
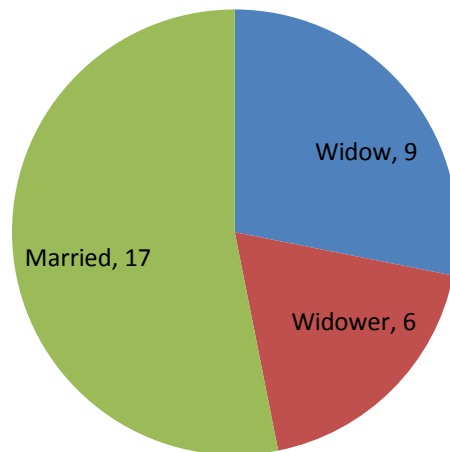
Figure 13: Marital status of participants

Age profile of participants

Although all the participants were over 65, there was quite a spread of ages. One participant was almost 65 (I explain her inclusion on page 125), and I have included her in the 65 band, and one man who was 65 had a spouse who was younger, so the spouse is not included. On the other end of the spectrum, there were 22 participants (46%) over the age of 80.
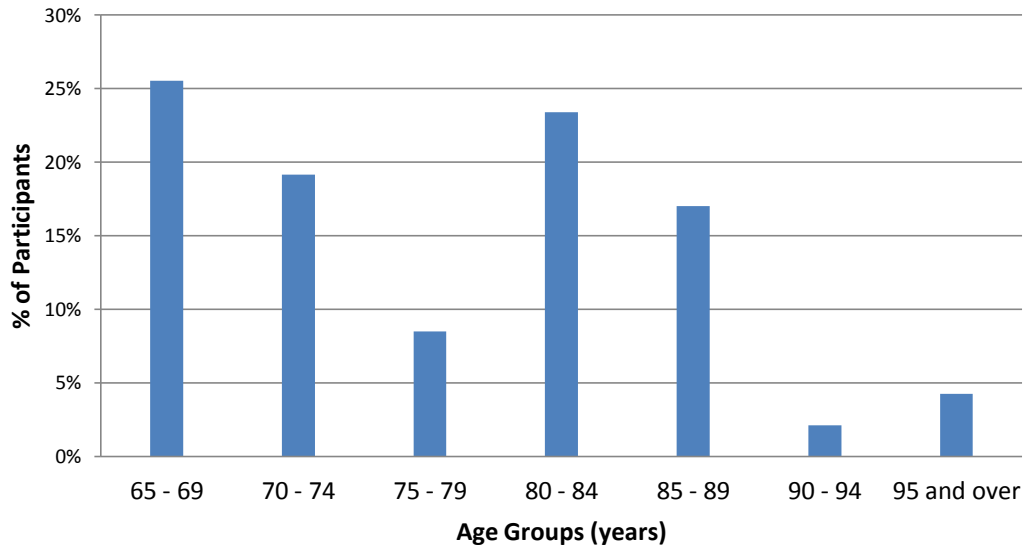
Figure 14: Age profile of the participants

So below in Figure 15 I divide the participants into three populations, the 'young-old' (65 – 74), and the 'old-old' (75 – 84) and the 'oldest-old' (over 85)
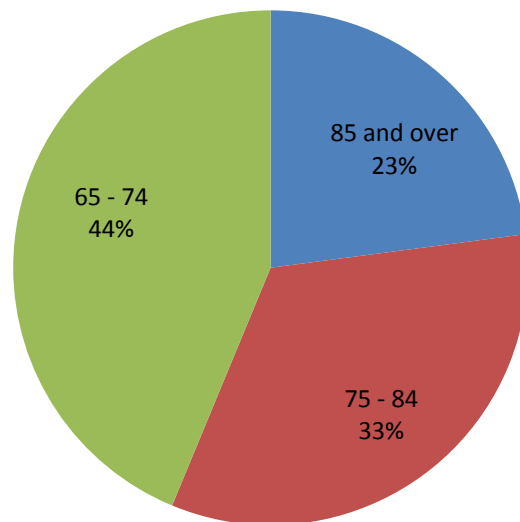
Figure 15: Participants' age in groups

From this you can see that less than half of the participants were 'young-old' and the rest are 'old-old' or 'oldest-old'.

Country of origin

- 54% of the participants were born outside the United Kingdom, of which 44% are German refugees. Five participants came from other places; Israel, France, South Africa and Austria.

- 46% of the participants (23) are born in the UK, all except seven were born to refugees

- Those seven individuals were British for at least two generations.
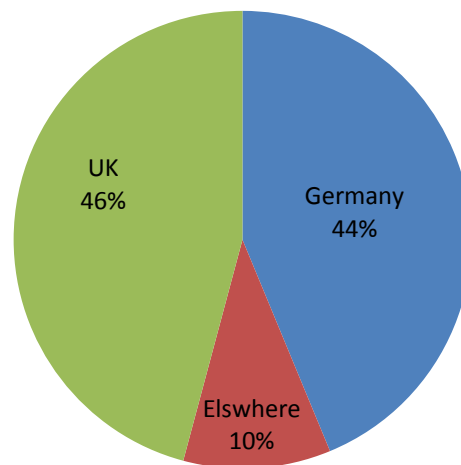
Figure 16: Where participants were born

Age settled in Gateshead

As with many things in life, it can often be more appropriate to talk of people in terms of the stage they are at in their life, rather than their chronological age. I discuss this later when talking about 'retirement' being an experience rather than an age (see page 219). In this community there are quite defined stages in life. After high school boys go to Yeshiva and girls go to a Seminary (see page 10). After that they either marry, or work for some time until they marry. Marriage is the significant life stage, and all participants were or had been married.

The stages of life are:

- **18 – Marriage** – this is between finishing Seminary until marriage for women, or for men after high school, whilst learning in Yeshiva[59] until marriage.

- **When married** – whatever age they marry. For most this will be in early 20's, but a number of the participants, particularly men, married older, and then they settled down in Gateshead.

- **30 – 50** – This is the stage when they still have children at home, but they also already have children of marriageable age. I, for example, reached that stage later than some of my contemporaries, as I married and started my family later than average. For the men in learning (see page 10) this is often the stage when people move to take up a job.

36% of the participants either were born here or came as children, and 57% settled here when they got married, either straight away or within a few years. One couple came to take up work here in their middle years, leaving some adult children behind in Israel, and two people over 65 moved to Gateshead; one widow to downsize, and one widower to live with his adult child.

Many informants told me how they were advised to settle in Gateshead when they got married as at that time the Jewish life in other parts of the UK was not well established and Gateshead was the leading place for men to learn, and it was considered a very good place to live a religious life[60] (this is still a common perception). **Error! Reference source not found.** shows the stage that people settled in Gateshead.

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[59] Yeshiva is not a set length of time, and young men will often learn in a yeshiva until they marry, then continue in Yeshiva, join a Kollel, or start work (see page 10)

[60] See page 236
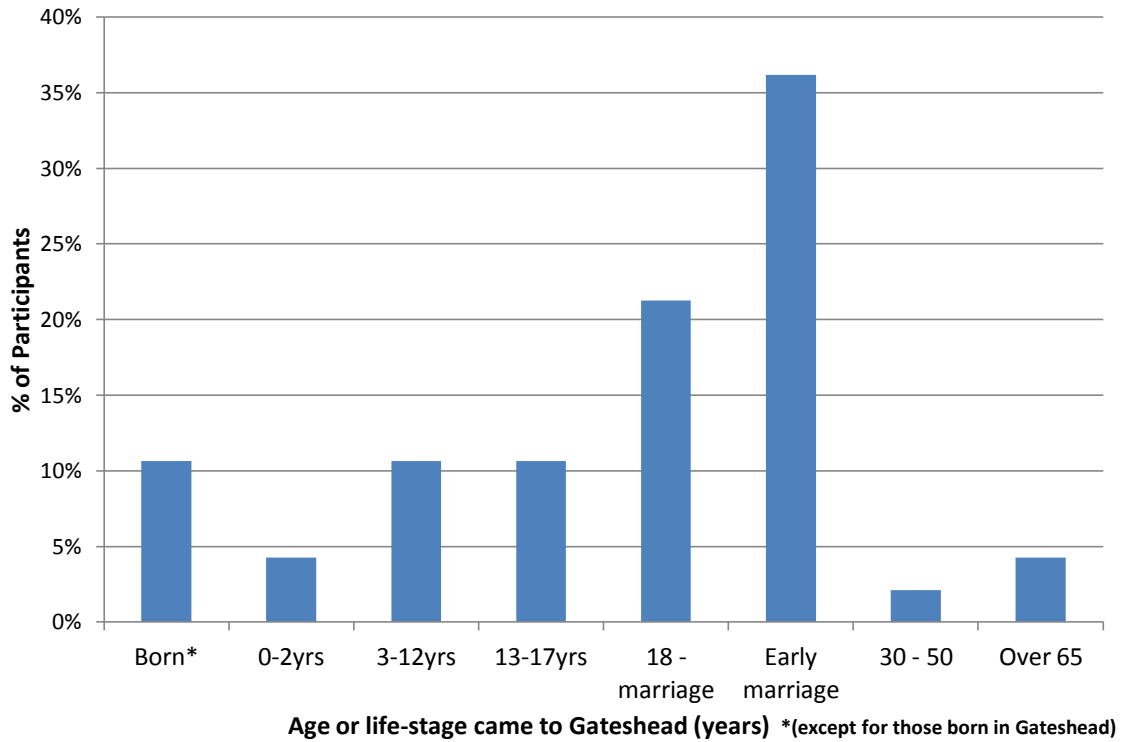
Figure 17 Age/stage participants came to Gateshead

The point I am making here is that many people actively chose to come to live in Gateshead when they married, and those who were born here also remain and settle there.

Of those born abroad, age came to UK

As noted above most of the refugees came from Germany, Figure 18 shows at what ages these people came to the UK (though not necessarily Gateshead).
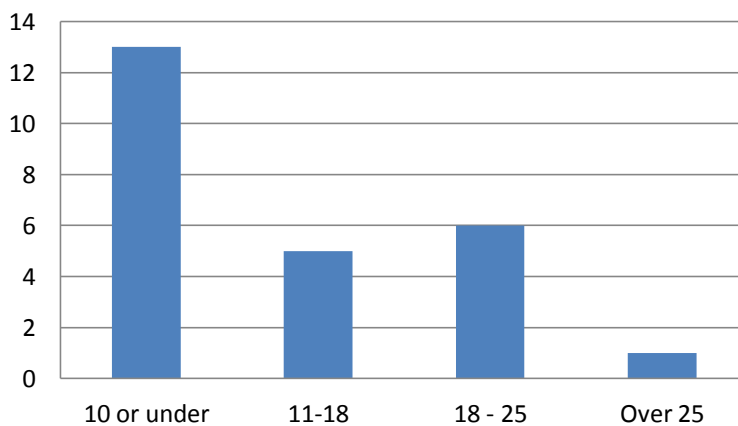
Figure 18: Age came to UK of those born abroad

Many of the participants (both those who migrated and those who did not) had come at a young age, and had hair-raising stories about their escape from Germany. It would have been interesting to know if their early experiences affected their decisions later, by, for example, affecting their sense of place attachment and/or feelings of familism. I did not have enough data to explicate this. The questions to the participants were not designed to gather this data I would have needed to return to the field. Working in a Grounded way would have been a reason for me to do this, but pragmatic considerations did not allow for it. If I had learnt how to use NVivio properly from the beginning[61] I might have been able use it to look for some associations. In the end I decided that this was a distraction to the central thesis of my study. One effect I perceived (though I cannot show that early experiences were the cause of these observations) was the resilience many of these older people demonstrated. Once they decided on a certain course of action they would 'just get on with it' with a very 'no nonsense' attitude, regardless of the problems. This was illustrated by people not complaining. I had to tease out any difficulties they were having. Whilst they would sometimes, at a push, 'admit' to difficulties, they would not 'complain' in a direct way, but rather phrase it as something one has to just 'deal with'.

Work

I asked in the interview whether they were working, and how they kept themselves busy. I was surprised by how busy the participants were[62]. Looking only at paid work, as shown in Figure 19, 60% of participants were working.

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[61] I took all the available courses, but they were not sufficient. The best one was in London in the third year.

[62] And on reflection that surprise reflected my own prejudices
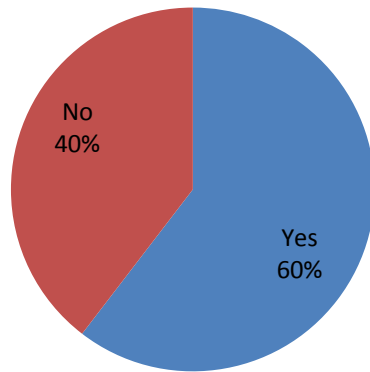
Figure 19: Participants in paid work

The younger people were, the more likely they were to be working, but as can be seen in Figure 20 that up until the age of 80 most of the participants were working; and one individual over 90 was still involved with his business.
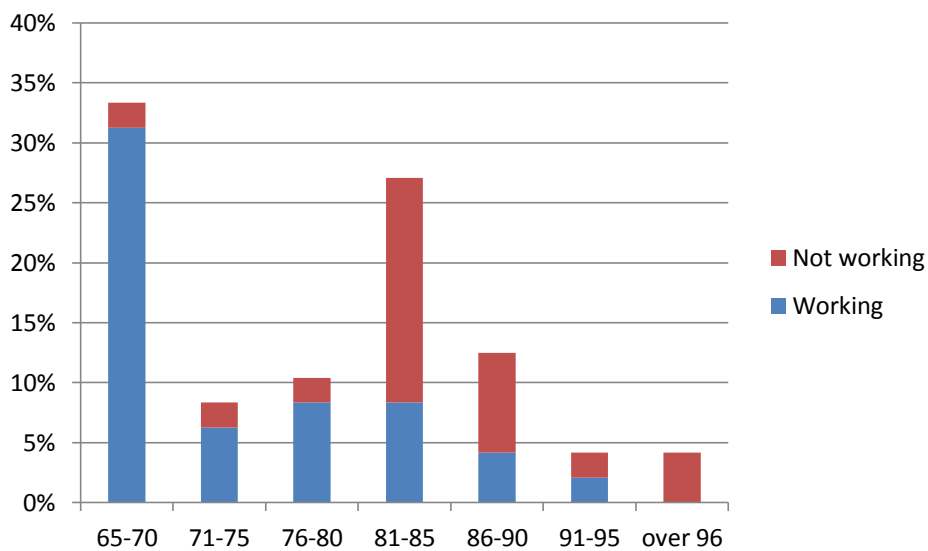
Figure 20: Work by age

Figure 21 shows the breakdown of the 60% of working people according to age group, so here we see that most of the workers were young-old, but as can be seen there are also a significant number of old-old also still working.
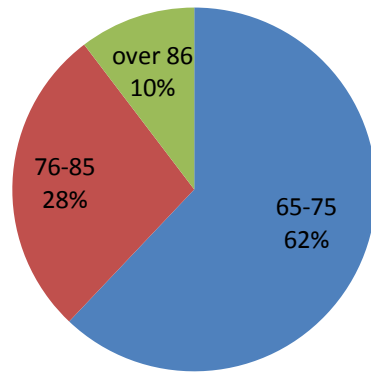
Figure 21: Work by age (grouped)

Later (page 249) I discuss how work emerged as important in the decision whether to migrate or leave Gateshead, as well as being significant in people's sense of identity and feeling they are still contributing.

By gender

In Figure 22 I show that, of those working, 34% are women and 66% were men.
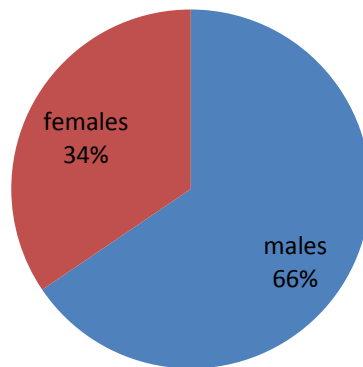
Figure 22: Work by gender

Although I here present graphs to illustrate the amount of paid work done by the participants, most of whom are men, I do not want to undervalue the voluntary work done (mostly) by the women. Some types of voluntary work were as an official part of an organisation, other people were helping neighbours or relatives on an informal basis:

I run a hire service from *Shul*[63] of milky dishes and meaty dishes [...] I do my CAB which, like last Monday night I was two and a half hours filling out a form, I fill out forms for people in my house

(19) Female, married, 76. Husband 79

I'm a labour support [...] I do the weddings [...], I also do the flowers for the weddings'

(20) Female, married, 68, husband 70

We cater the town weddings [...] (we) organise and pay and sort out the bills and [...] laundry and [...] waiters and waitresses, the whole evening is taken care of

(24) Adult daughter informant about mother, 89

I do voluntary work ... you know, when there's *chasunas*[64], I do the receptions and then I work in [...] the Jewish library and [...] now work for the Zaayis Raanan [...] I still go and visit old people

(25) Female, married, 65

Children

Number

On average the participants had large families (see Figure 23). The smallest family was two, the largest was eighteen, but as you can see from Figure 24 the majority of the participants have between six and ten children, and the average was eight. Information about the number of children for one participant was not available.
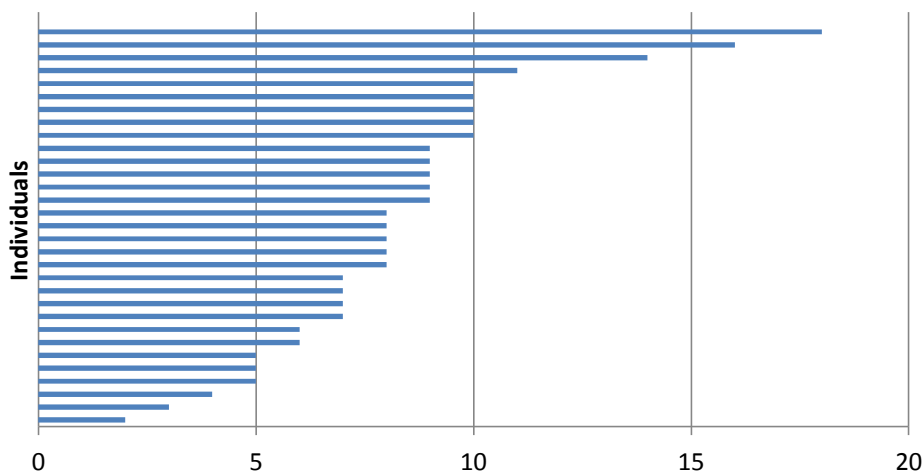
Figure 23: Number of children

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[63] Synagogue
[64] Wedding
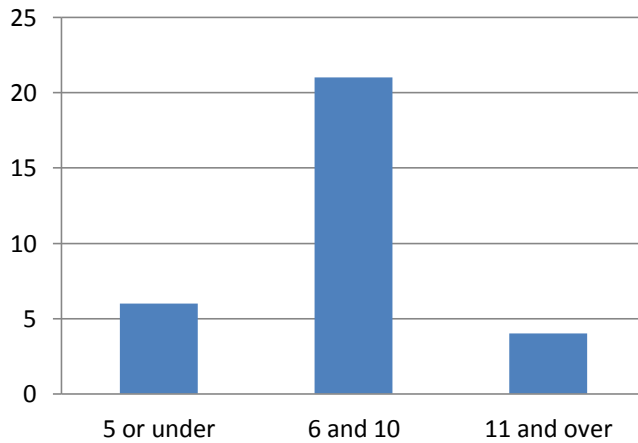
Figure 24: Number of children (grouped)

Where children live

With average family size within the sample being eight, a couple can have their offspring spread around the globe, but as can be seen from Figure 25 and Figure 26 most of the children who do not live in the UK, live in Israel. The number of children people have also has implications for the support of parents, with more children 'sharing the burden'.
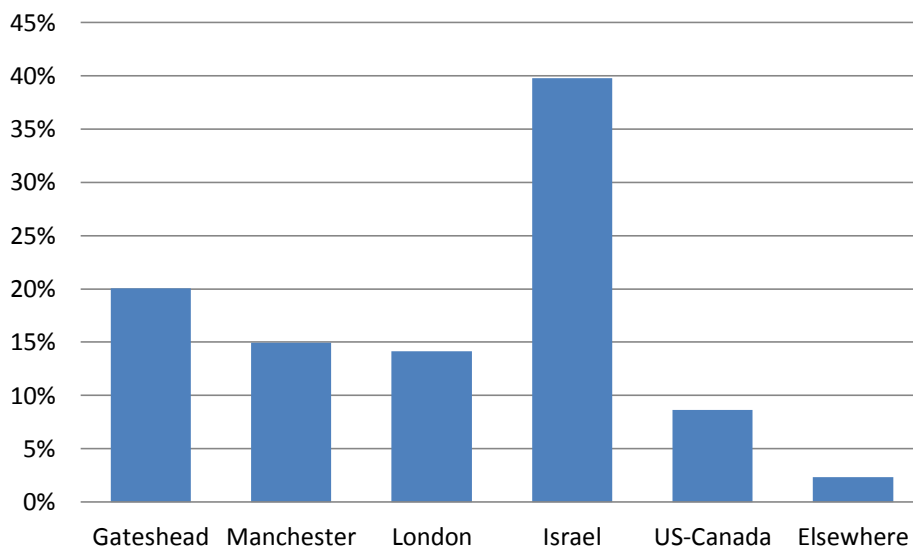
Figure 25: Where participants' children live
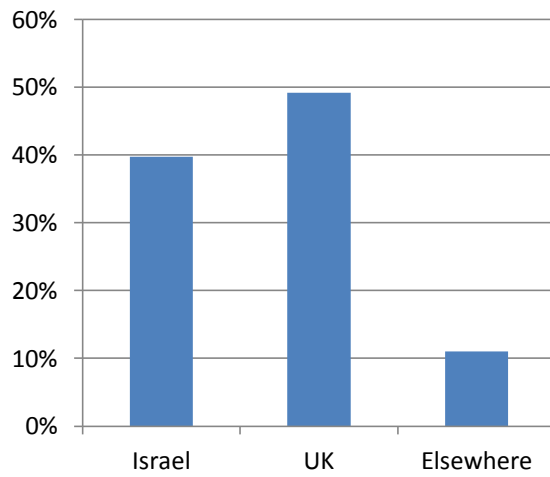
Figure 26: Where participants' children live (grouped)

From Figure 26 it can be seen that the majority of children live in the UK, but when children live abroad the majority live in Israel. Table 6 shows the number of children who live in Israel. Three of those who migrated to Israel had the majority of their children there. The exception is explained later (see page 263).

Table 6: Number of children who live in Israel

Participant	number of children living in Israel	equal or majority live in Israel	Moved to Israel
1	1 of 5	no	
2	5 of 10	yes	
3	2 of 5	no	
4	6 of 9	yes	
5	7 of 14	yes	
6	2 of 9	no	
7	2 of 18	no	
8	information not available		
9	1 of 10	no	
10	repeat		
11	0 of 2	no	
12	0 of 9	no	
13	3 of 8	no	
14	1 of 7	no	
15	1 of 16	no	
16	3 of 8	no	
17	3 of 8	no	
18	5 of 8	yes	
19	0 of 6	no	
20	0 of 9	no	
21	6 of 6	yes	
22	5 of 7	yes	
23	10 of 11	yes	
24	6 of 10	yes	
25	1 of 10	no	
26	repeat		
27	repeat		
28	repeat		
29	7 of 10	yes	Yes
30	1 of 4	no	Yes
31	4 of 7	yes	Yes
32	5 of 5	yes	Yes
33	0 of 3	no	
Total	**yes**	**11**	
	no	**17**	

Age on Migration/Relocation

Those who relocated within the UK were moving to get support. One moved to live with his son, one to downsize near her children, and one into residential care. The average age of these movers was 80.5. The three movers within the UK were single (one widow, two widowers).
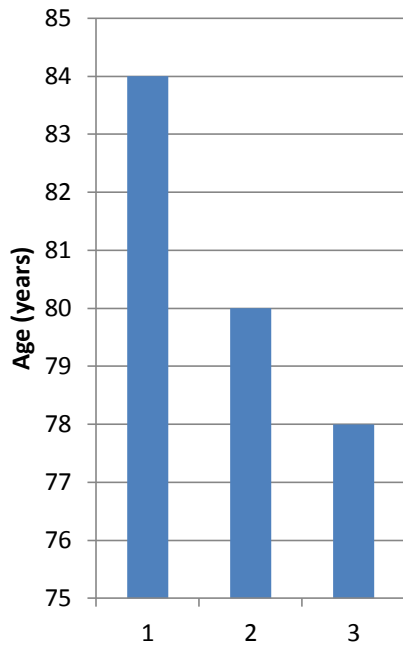
Figure 27: Age on moving within the UK
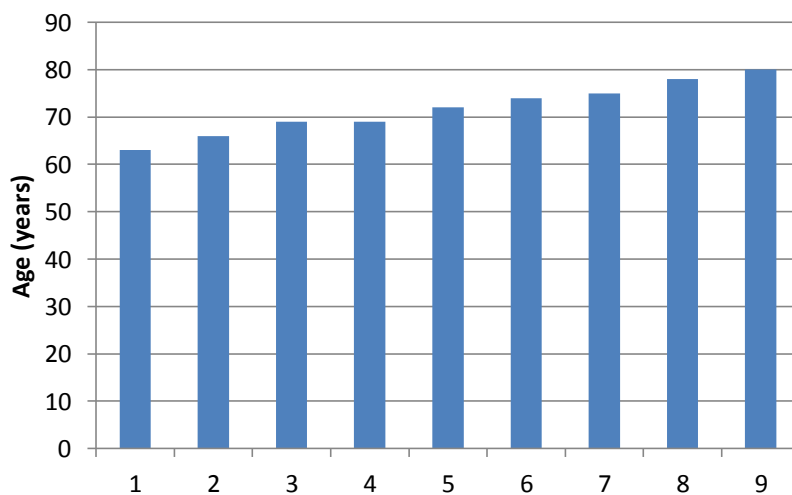
Figure 28: Age of those who migrated

- The age range of those who migrated to Israel was from 65 to 80

- The average age of movers to Israel within my cohort was 72

- All the movers to Israel were married (when they moved)

Movers/Stayers

In the next section, (page 170), I discuss migration typologies, and look at the characteristics of those who move, or migrate. Here I summarise my findings about the intentions or actions of the participants in this study.

If you refer back to Table 5 page 146 you can see there are 33 participants[65]. Participant 25 and 26 are married to each other, so are counted as a unit[66].

- Sixteen said they had no thoughts of leaving ('voluntary stayers')

  - Two of these said they might need to move one day, though they did not want to. These were two widowers whose children live elsewhere in the UK and they have no children in Gateshead. They expect that as they become frailer, or if they become ill, that they would have to move near the children.

- Four said they are staying at the moment. They also said that 'all things being equal' they might like to, at some point, move. However, there was some reason that they could not or would not do so at the moment (such as work or family commitments)

- One couple were 'involuntary stayers'. They wanted to move now, but reported that they could not due to work commitments

- Two couples were divided, where the wife wants to move but the husband cannot. One due to health problems and one due to work commitments

- Two had left London and moved to Gateshead

---

[65] A couple was counted as one unit, though in a few situations the desires of each spouse were different, there was a consensus between the spouses as to what was actually going to happen.
[66] Leaving 32 to account for

- One widow downsized and moved closer to her children

- One widower moved to live with his adult son due to poor health

- One had moved within Gateshead to the home of her daughter

- One had moved from Israel to the home of her daughter in Gateshead. She had retired with her husband from Gateshead to Israel, but returned on her own as she was not coping there

- One had left Gateshead and moved to London, to a residential home

- Four had moved to Israel

The five who had left Gateshead are summarised in Table 7.

Other features of these groups are:

- All of the 'stayers' have a child or several children in Gateshead, and all the leavers, or potential leavers have children in the place they want to go to.

- Most of the leavers had daughters in the place they were moving to. The exceptions were the widow who moved to residential care who only had sons; and the second was the widower who had move in with an adult son, as no daughters were able to have him.

- The four who migrated to Israel were couples (when they moved, though not necessarily now)

- The three who moved within the UK were single

- All those who migrated or moved in my study were home owners who had lived in their home for many years, at the minimum over 40 years. This is unlike other studies (Walters, 2002) which suggest that renters, or those who have lived in their previous homes for less than fifteen years are more likely to move (both for amenity or for health reasons),

There is no phenomenon within this cohort of people moving if they are not moving to be near children, and this appears to be the most significant priority in

their decision. For almost all, moving near the children was primary. For one person it is secondary, meaning they do not move because of the children, but they would not have moved unless there were children in the place they moved to. All of those who migrated had children in Israel, most had the majority of their children there, and most also had a daughter there. The one who moved to residential care in London had two of her three sons there.

Table 7: Movers

	♂♀	Age	Refugee	From	Age moved	Children in place moved to	Children in place left	Daughter in place moved to	Daughter in place left	Marital status when moved	Where moved	Health at move	Reason for moving there	Trigger	Living Presently	Years lived in place before leaving
08	♂	86	Yes	Germany	80	Yes 1 of 5	Yes	No	Yes	Widowed	London to Gateshead	Needing care	Child able to provide care	Spouse died/ Health crisis	cohabits with son	50 +
09	♀	81	Yes	Germany	78	Yes 5 of 10	Yes	Yes	No	Widowed	London to Gateshead	Frail, needs limited support	Children	Spouse died	own home /support	50 +
29	♀	77	Yes	Germany	72	Yes 8 of 10	Yes	Yes	Yes	Married	Gateshead to Israel	Well	Dream fulfilment, Children	Flat became available	own home /some care for wife	50 +
	♂	85	Yes	Germany	80							Well				
30	♀	82	Yes	Germany	74	Yes 1 of 4	Yes	Yes	No	Married	Gateshead to Israel	Well	Availability of care, Children	Deterioration in health	own home /live in full-time carer for husband	
	♂	83	No		75							Needing full-time care				50 +
31	♀	83	No		63	Yes 4 of 7	Yes	Yes	Yes	Married	Gateshead to Israel	Well	Children	Husband's mother needed care	own home /no care	40 +
	♂	86	Yes	Germany	66							Well				
32	♀	83	Yes	Germany	69	Yes 5 of 5	No	Yes	No	Married	Gateshead to Israel	Well	Children, Home	None	own home	32
	♂	died	Yes	Germany	69							Well			N/A	
33	♀	89	Yes	Germany	84	Yes 2 of 3	Yes	No daughters	No daughters	Widowed	Gateshead to London	Needing care	Care Home, Children	Fall	residential care	50 +

Migration Typologies

Previous typologies of migration characterise various types of later life moves. See page 71 for an exposition of the subject in the literature review. Wiseman and Roseman (1979) make a distinction between 'local'[67] and 'long distance' moves; moves by healthy people seeking to improve their lifestyle (Gustafson, 2013; King *et al*., 2000), and moves due to some necessity, be it health or financial (Litwak and Longino, 1987; Walters, 2002). The long distance movers are most often aligned with the 'amenity/retirement', life improving type, and the local moves with need or seeking assistance of some kind. This pairing of 'type of move' with 'distance' is based mostly on statistical studies, and there are many exceptions. I consider here three types of local moves:

1. Downsizing from a large house to a smaller one

2. Move into a home of an adult child

3. Move into a residential home

The first type, the 'downsizer' was not explicitly 'care-seeking', and does not fit with the typology put forward by other researchers, amongst them Wiseman and Roseman (1979), however the latter two types of moves fit most clearly into their characterisation in that they were 'local' and were to some extent 'care-seeking'.

Downsizing

'Downsizing' involves a move from a house to a flat (or in the US a condominium), often in order to release capital and access better facilities. In previous studies (Walters, 2002) it was found to often be both within a city but also between rural and urban localities. This community does not live in rural communities so rural to urban or the other way around is not relevant here. Downsizing was not something I was looking at when I started this study, but it emerged as one of the typologies during the interviews and I research it during my reading around

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[67] It is not clear what Wiseman and Roseman (or others) considers a 'local' move (see lit review page 75), but here I use 'within the UK' as the definition of 'local'

theories of migration in older age. If I had had time I could have returned to the field and extended my sample (in the time honoured 'Grounded research' way), and studied this phenomena more. I was interviewing older people who were from Gateshead, to discuss with them if they planned to move, and if so why? It transpired that one of the participants was actually from elsewhere and had downsized to Gateshead. It became apparent as well that one of my older Gateshead participants had downsized within Gateshead. I did not speak to her at length about that because my focus was migration or relocation and downsizing within the same city did not fit the criteria of phenomena I was looking at.

In other studies downsizers were found to be mostly pre- or just post-retirement, mostly widows, but sometimes couples, with reasonable financial resources and in good health (Wiseman and Roseman, 1979). The examples in this study were single, older and frail (though not 'unwell') and financially secure. The greatest difference between my cohort and others is that they were not moving in order to release capital, or specifically to access better services (though both of these did also happen) but for the convenience of a smaller place, as a big place was 'too much', and where moving also involved moving town, then a significant reason was in order to be nearer children.

One such participant was 09, who had lived in London with her husband. All her 10 children had married, only one of which remained in London. One child lives in Israel, three in Manchester and five in Gateshead. After her husband died she decided to move from her big house in London which she thought was 'too much' for her, to a smaller house in Gateshead. She did not move to live with her children, but to be near her children, in order to affiliate more frequently with family, but not necessarily to receive assistance with a health-related dependency (De Jong *et al.*, 1995). Although she talks about the reason for moving as 'being near' children rather than 'seeking care or support', as a 75 year-old widow, and somewhat frail (see Rockwood (1994) for discussion of 'frailty', see page 42) with some previous medical incidents, she was aware that her children would be able to support her. She had also considered Manchester, but the advantage of Gateshead

was that there were a few daughters in Gateshead, saying, "you need a daughter". The children supported the move, but it was 09's decision.

Moves seeking care, support or assistance

The other type of significant 'local' move (Wiseman and Roseman, 1979) is 'assistance' migration, which is a move whose primary purpose is to access support, assistance or care. In some ways it is not valid to separate these out from the 'downsizers' above, as 'downsizers' also considered the availability of support, although this was not expressed explicitly as the reason for the move. For those who move into residential care or into the house of an adult child the reason for the move, namely to receive support, is foremost. In other studies, this group of people tend to be older, poorer, single and in poor health (Walters, 2002), in my study they were also older, single and in poor health, but contrast to other studies they were not 'poorer'. This is notable because as they did not move out of financial necessity, and in fact they are able to use their resources to help their children (see page 206).

Home of Adult Child

The first category of 'local movers' Wiseman and Roseman (1979) identify are called moves to 'homes of kin'. They categorise these movers as being older, generally single, often recently widowed and needing limited care (i.e. not requiring full-time or nursing care). In Wiseman and Roseman's research they identified that these moves are often, but not always, towards children, and other kin are also considered. Wentowski (1981) found cases where older people would live with in-laws or non-related peers, a phenomenon which would be unheard of in this community, unless for some reason children or other kin were non-existent[68], in which case, people from the wider family network would step in. I saw no evidence, from my data and from moves that I know or was told about, of

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[68] I know of a few such cases colloquially, but they are not part of this study (they mostly occurred in the previous generation where after the war being without any kin was not as uncommon as today.

moves to any other kin[69]. Participant 08 (pages 194 and 209) was such a classic mover. Participant 24's mother was a bit different, as she had migrated to Israel with her husband after retirement but later returned to Gateshead to live with a daughter (see page 195). Participant 02's widowed mother had been living with her (the mother's) sister and family when her dementia deteriorated and the daughter had her mother move in with her.

Institutionalisation

'Institutionalisation' is a move into a nursing or care home and Wiseman and Roseman (1979) characterise these movers as single, usually widowed and older. This concurred with the one example I had of this in my present study, and similarly what I found in my previous study (Raffles, 2012). These older people need a higher level of care than the movers to homes of kin. Usually the family, doctors and social workers make the decision to move the person into a residential home. Despite the policy to increase the participation of service users, it is still most often the family that decides (Davies and Nolan, 2003). It is notable that this was not the case in my data; where the older person made the decisions themselves (see page 188). The 'search space' is quite limited for Orthodox Jews, as there are only two residential homes that cater to the Orthodox community, one in London and one in Manchester (Raffles, 2012). Carers (usually family) in the wider (non-Jewish) community also often feel they have no choices at all (Ryan and Scullion, 2001) as they are limited by proximity of the home, the cost, and space availability.

There was one participant[70] who had moved from Gateshead to a residential home in London. She was an 84 year-old widow whose husband had died a number of years ago. Her health declined, but then there were more serious events, notably a few falls, and she became housebound from fear of more falls. The family became increasingly anxious about her welfare, but she would not hear of moving. The

---

[69] I know of one childless couple (not as part of this study) who moved to Israel where they had extended family networks.

[70] The mother-in-law of participant number 33

family respected her decision, despite their concerns, and they tried to support her at home. The quotes are from her daughter-in-law in Gateshead:

> It was coming to the stage where we felt... we can't let her vegetate […] She was very anxious about falling... but every time we said 'maybe you need looking after'... she wouldn't hear about it
>
> (33) Adult informant about mother-in-law, 89

The main concern for this older woman was that she wanted to stay in Gateshead, even if she would have to move from her house, but that choice did not exist. The choices were felt to be very limited:

> … we were so desperate [but] there wasn't sheltered or residential accommodation here. It would have made such a difference […] it would have been a lot easier. You know, we probably would have done something earlier...
>
> (33) Adult informant about mother-in-law, 89

In the end an event occurred that triggered the move into care. As mentioned above, falls and other health concerns are a common reason for relocation into residential care, and decisions often need to be made quickly (Davies and Nolan, 2003; Rubenstein, 2006), and this is what occurred in this case. She has three sons, two of which live in London, whom she was visiting for the Passover holiday:

> ... [in] London she fainted and broke her ankle […] and then […] she needed to convalesce, […] and Dr A got her a bed in [Name of Home] and [she] convalesced there […] and my brother-in-law said [to her] 'maybe you should stay where you are for the moment.' and she said 'Yeah, okay, I'll stay where I am', and it just continued that way, and she has been in there ever since
>
> (33) Adult informant about mother-in-law, 89

Wiseman and Roseman's (1979) and Ryan and Scullion (2001) found the older person is often not consulted. In this situation, the mother-in-law had considerable decision-making powers. I discuss decision-making and autonomy later (page 179).

Migrating to be near the children

The participants in this study that migrated to Israel do not fit into previous typologies of older migration. These were neither 'retirement', 'amenity', 'return'

nor previously named 'kinship' migrants (Gustafson, 2013; King *et al.*, 2000; Litwak and Longino, 1987; McHugh, 2000; Warnes, 2009). 'Retirement' or 'amenity' migrants are often making longer distance moves, and are characterised as being generally younger (early fifties to mid sixties, or pre- or post-retirement), relatively affluent, and healthier, more active and educated, who are most often couples with no dependents. 'Return' migrations also involve longer distance moves to places of previous residence, or place of birth, sometimes, though not always, characterised by expectations of care or support from kin, most notably from children. These migrants are generally older, more often single, and usually more dependent (Silverstein and Angelelli, 1998).

There is also a phenomenon of older people deciding to move to live near their children. De Jong *et al.* (1995) found these decisions were based primarily on factors other than disability. The characteristics of these movers in other studies tended to be older, less educated, unmarried or widowed. Likewise, Choi (1996) and De Jong (1995) found that people older than 76 moved nearer children due to (but not always) financial problems, poor health or the death or institutionalization of a spouse. Older women are especially likely to move closer to their adult children. Older migrants tend to move closer to those children who are most often female, married, and better-off financially than the parent (Silverstein and Angelelli, 1998).

Migrants that moved to Israel in this study were not the oldest of the participants, but neither were they youngest, they were not 'pre- or just post-retirement', the average age of movers to Israel within my cohorts was 72, (range from 63 to 80). This may have something to do with the fact that the attitude to retirement within the community, and expressed strongly by the cohort was that there 'was no such thing', and people reduced work commitments according to their strength and desires. So post-retirement was considerably older that 65. They were also all couples, were financially secure, and of good health, except for the spouse of one couple who was unwell. The moves were not in order to access care, again except for the one spouse who was not well and went to Israel to access care.

Shifting from 'stayers' to 'movers'

For any individual, I can only understand what they did at the time I interviewed them. Some people know they are going to stay in Gateshead and cannot see any situation in which they will move, but for most people the decisions are constantly being revisited as situations change. Many of those who are staying in Gateshead at the moment might well leave in the future.

People shift from 'stayers' to 'movers' because their life changes. At one point in time they are very busy with work or volunteering, have friends and know lots of people and feel a high level of 'place interaction' and 'place identity' (see page 233) through active engagement with community life. At a later time they slow down the work, start to feel less connected to community, either because they are contributing less (time/energy/ideas/money) or their contribution is less valued. Also as the community changes their feelings change. Friends die or move away, travelling to visit the children becomes more tiring and difficult, and they have to be 'hosted' when they visit, meaning they are more a 'burden' rather than a help. All these things cause their feelings to shift. They would like to have their own place, near the children, where they feel they can really contribute to the family by, for such things as babysitting, cooking and giving grandchildren special attention. At that point, especially if they have most or all of their children in Israel, the move may become more likely.

Some participants expressed their desire to have migrated to Israel for a long time already, but they haven't actually done it. As they got older, health problems or increased infirmity made moving more difficult, their sense of confidence reduced, and they felt they would not be able to overcome the challenges of Israel, with its heat, bureaucracy, foreign language and hilly terrain. They began to fear they if they move they will lose their independence as the children will get too involved in their lives. Even if Gateshead becomes gradually more unfamiliar, it remains an easy place to live and over the years they become increasingly attached to their home.

In one situation a spouse (wife) died and the remaining spouse found leaving the place of shared memories harder[71]. There were situations in my study where the man felt the strong connection to Gateshead, and the woman wanted to move near the children[72]. Yet when the husband died the wife still stayed because by then she felt too old to start again and began to have health or mobility problems. She worried she will be a burden on her children if she moved. She also felt too attached to the memories of her shared life with her husband in Gateshead. This was also a significant factor in why participant 11 wanted to stay in Gateshead. He missed his wife terribly, and he told me it was hard to stay in the house that was filled with her, but it would also be hard to leave it, and in some way it would feel like leaving her:

> ... sometimes at night it's an empty house and I miss (her)... it (the house) brings back a lot of memories [...] it was a long marriage, 40 odd years [...] it's so difficult [...] while I'm able I would prefer to stay here (in the house)
>
> (11) Widower, 81

Summary

In this chapter I have outlined the socio-demographic features of the sample. I explained that although most of interviewees were women, the sample as a whole, which includes spouses, was evenly divided between men and women. Approximately half of the interviewees were married and half were single. Of the single interviewees most were women. I have divided the interviewees into three age groups. There were 44% 'young-old' (65 – 74) participants, and 33% 'old-old' (75 – 84) participants and 23% 'oldest-old' (over 85) participants. Most of the participants who were over 80 (42% of the sample) were refugees from Germany, and most of the younger part of the cohort were born to refugees. Only 7 individuals were British for at least two generations. Over a half of the participants were engaged in paid or voluntary work, including a number of 'old-old' and 'oldest-old' participants, revealing that for some attitude to retirement is that it is

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[71] Participant 15
[72] Participant 22

not an option. The average family size was eight. All of the movers had children in the place they moved to, and three of the four of those who migrated to Israel had the majority of their children there. The final part of the chapter concerned the migration typologies that are described by other researchers, including local movers who downsize, move to live with or near their children, or longer distance moves post retirement to access better amenities and an increased standard of living. I contrast the demographic profile of those who migrated in my study with those of other studies, showing that they are different. The next chapter will address a central theme of interdependence and how this affected the choices older people made.

Chapter Five: INTERDEPENDENCY

Introduction

This study aimed to understand the decision-making process of older Orthodox Jews of Gateshead as to where they live in their later years, particularly whether to migrate to Israel, or within the UK to age-in-place, move near a child or children, move into a child's home or move to a residential home. The previous chapter explained the socio-demographic characteristics of the participants and the types of moves the participants made. The following chapters represent my developing theoretical understanding of the reasons and priorities for the participants' decisions.

The decision to move was a dynamic and complex process involving the pull of different forces as people constantly evaluate and re-evaluate their situation and negotiated and renegotiated their feelings about various aspects of their lives. Priorities and feelings can change as people age, or situations change, and this can lead to new decisions. Older adults not only have to make projections of a future self and to anticipate their future emotional, medical, and financial needs (Perry *et al*., 2014), they also have to consider how their needs and desires impacts on their families, particularly their children.

The priorities of the older people were the desire for independence and 'not to be a burden', concepts framed and mediated through reciprocal exchanges, as well as attachment to children and to Gateshead. I consider attachment in greater detail in Chapter Six. I found that all these needs, desires and expectations were embedded within relationships that were dynamic and constantly negotiated and renegotiated as circumstances developed. This renegotiation occurred within a framework of reciprocity between the generations that acknowledged the give and take between parents and their adult children.

These emergent themes prompted me to theorise that they fit into the larger analytical framework of Interdependency[73]. In this chapter I will explicate Interdependency as an over-riding theoretical construct, and explain its impact on decision-making. This will form part of the unique contribution of this study.

Emergent themes

As I was working in a Grounded way I did not decide beforehand what theoretical constructions I was expecting to see. As particular themes emerged from the early data, I incorporated questions on these themes into the interviews of my later participants, and in this way I 'followed the data'. In the course of the analysis nodes were developed that expressed ideas of 'children helping parents' and 'parents helping children'. I expanded the node to include benefits that were emotional or intangible as well as practical things people 'do' or 'give' others ('goods' and 'services'). Although I was not looking specifically at this topic when I started, I was not surprised to see that 'children helping parents' was a significant factor in the lives of older people. I was somewhat taken aback by the amount of 'help and support', both tangible and intangible, that went the other way, and by the number of the older participants who insisted that they were quite independent and did not 'rely' on their children at all, yet received help from their children in numerous ways.

The first thing I considered when analysing the data, and comparing 'movers', i.e. those who moved away from Gateshead, with 'stayers', i.e. those who chose to stay in Gateshead (or had not yet chosen what to do) was whether the priorities of people who migrated were different from those that do not, or whether they have the same priorities. My conclusion was that fundamentally, with rare exceptions, the same priorities emerged as significant to all the participants, regardless of whether they were movers or stayers.

During the analytical stage many interesting themes emerged that were worthy of more attention. It was sometimes difficult to resist following these lines of inquiry.

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[73] With many thanks to Prof Dominelli for suggesting this

It was necessary to focus on those that I felt best answered the research questions, namely the ones that had the greatest impact on the decision-making process. These were:

- Older people's desire to be near and interact meaningfully with their children and their grandchildren (attachment)

- The desire for what they call 'independence', but more accurately described as 'autonomy', and includes independence, agency and choice

- The desire 'not to be a burden'.

Besides these themes there also emerged a sense of attachment to Gateshead as a place as well as to the people in the wider community such as neighbours, work colleagues and acquaintances. This larger framework of attachment and how it connects with the overarching framework of Interdependency will be discussed more in Chapter Six.

Independence

All the informants mentioned independence as a high priority in their lives:

> I prefer my independence
>
> (03) Widow, 81

Participant 22, an 81 year-old widow who lives alone speaks fiercely of her independence:

> We should never, never depend on our children, never have to depend on the children, should be independent and *besecheldik*[74] till the last minute, that's what I've *davened*[75] every day.
>
> (22) Widow, 81

Independence as it is framed here is clearly linked to two elements. First, 'not depending on children' and second, remaining '*beshecheldik*' which means having

---

[74] 'Sechel' means 'sense' 'be' at the beginning means 'to have' and 'dik' at the ends of words denotes 'having the qualities' of whatever verb it is added to. Here meaning to 'Keep mental capacity'
[75] Prayed for

the ability to think, not to lose the capacity to make one's own decisions. When analysing data such as this, I struggled to understand what appeared contradictory. I heard from many informants sentiments about how important their independence was to them. Yet in many cases (not all) they went on to tell me how much help they receive from the family. For example, this same participant asks her children to give her lifts as and when required:

> I've given up my car, […] when I need to go anywhere I've got a daughter [...] and a son who's driving
>
> (22) Widow, 81

She also mentions a number of other ways her children help her. Many of the participants did not receive any help or support, but those who did, received, according to need, help with shopping, meals, someone sleeping in the house at night, company to go shopping or appointments and help in the house (see fuller list below on page 207). They also give a lot to their children, as part of their reciprocal relationships with their children, which I discuss later on page 206. It seems that people do not see this desire for independence as compromised by what is received. On the other hand, many people, including this participant, felt that their independence would be compromised by their children interfering:

> [he said] 'Mummy, where were you?' I wouldn't dare to ask him 'Where were you?' it's not my business; you're not allowed to interfere in their life, right? [...] well I don't have to tell anybody I'm going to town, it's my business
>
> Listen, they mean it well, that's for sure, I know […] I wouldn't like it if they wouldn't phone and ask 'How are you?'
>
> (22) Widow, 81

It seems that the original statement of not wanting to depend on children does not mean 'not to receive anything from them', nor does receiving from them compromise their sense of 'independence'. As in the above quote they permit their children to care about them, but not to 'interfere', a boundary that can be difficult to negotiate. Participant 22 was living alone, doing such things as her own shopping and cooking. When she goes to her children she cooks food to take with her, and helps out when she is there. So the help she receives can be cast within

the context of 'reciprocity', which I will come back to later in more detail (see page 206).

To help get a better understanding of how it is that people feel independent whilst receiving help, we can look at a person receiving considerable help, and how this affects their sense of independence. Participant 09 is an 81 year-old widow from London. After her husband died she decided to downsize to Gateshead where she has five grown children, each with large families. She did not move to live with her children, but to be near her children, in order to affiliate more frequently with family, but not necessarily to receive assistance with a health-related dependency (De Jong *et al.*, 1995). Although she talks about reason for moving as 'being near' children rather than 'seeking care or support', as a 75 year-old widow (as she was at the time), somewhat frail with previous medical incidents, she was aware that her children would be able to support her, and it played a considerable part of her thinking. Although receiving certain types of help from adult children is acceptable, moving or living near children should not be taken as a sign that they want more extensive help (Hjälm, 2012). Since her move 09's mobility has reduced significantly and her medical problems have increased. Despite this she still considers herself to live independently, meaning in a house by herself, and feels she does not need 'help', and she certainly does not feel 'dependent':

> I don't really need help [...] generally I can shop [...] but I can't carry anything home, myself and my stick are enough, but I can get things delivered.
>
> (09) Widow, 81

She is saying here how she feels she is managing by herself. However, she does in fact get considerable support from her children and she calls on her children or grandchildren often to help out:

> I can always call one of my children or grandchildren, they are going shopping anyway and can pick up a bit of shopping for me[...] no-one is that far, it's hardly the other side of the world.
>
> I'm not keen on going out in the evenings [...] but if I did want to go out [...] I would phone one of my daughters or daughters-in-law and

> ask if they were going, someone would take me – I wouldn't go on
> my own.
>
> I call my sons to take care of anything [in the house] one [son] is
> more practical and another is good with financial things, like I rent
> out the house in London, and A [son] takes care of that for me.
>
> <div align="right">(09) Widow, 81</div>

It seems to me from what she is saying (and the way she said it) that she minimises this help somewhat by using terms such as 'a bit of' 'it's hardly', and suggesting her daughter or daughter-in-law would be 'going' anyway. Having grandchildren to do shopping is not considered really a bother as they are young, strong and have time. She notes that her sons help her, but says the sons are 'good' at these things, suggesting that these are easy tasks and no trouble for them. In fact her son 'pops in' every morning, and she does not feel this as being 'checked up' on. This does not mean she is unappreciative, but it suggests she does not want to feel she is a burden. She seems to be minimizing the 'problem', as older people often do (Walters *et al.*, 2001). This is indicated by her saying that the help is not a big bother. She mentions that she is careful not to 'overburden the children' as they 'have their own lives' and this theme of older people 'not wanting to be a burden' is common in the data. As long as she is not a burden this help does not diminish her sense of independence, but being 'checked up' on would:

> ... almost everyone phones every day, but I don't feel checked up on
> [...] being checked up on would feel like a loss of independence
>
> <div align="right">(09) Widow, 81</div>

She has ten children, with each of her local sons phoning or 'popping in'. Clearly her children succeed in helping her in a way that she is happy with and she does not feel 'checked up on'. In fact it is very likely that they *are* 'checking up' on her as she is very frail and not very well, but the 'checking up on' and support she receives is done in such a way, in the context of pre-existing strong relationships (it is not as if they ignored her until she needed help) in which the children exhibit respect for her personal autonomy and independence.

As can be seen from this, it is important that help has to be offered and provided in ways that respect the autonomy of the recipient. Researchers have found that

help that is intended to be supportive can produce negative reactions in the recipient if it communicates or implies that people are needy or dependent. This can cause a threat to self-esteem and be interpreted as the loss of autonomy and control associated with dependence on others, and violates the deep-seated desire for independence. Overly strong social support provided to vulnerable older persons can cause skills to atrophy and competence to erode, resulting in greater dependency, vulnerability and distress (Liang *et al.*, 2001).

Three important elements are at play for participant 09 in maintaining her strong sense of independence. First, is the fact that she has a job (see page 249), second, is the reciprocity in the relationship, namely she helps the children financially, and thirdly, that she makes her own *Shabbos*, to which she invites guests:

> [I have many] grandchildren in Gateshead[76] and I invite boys one week Friday night and the next week girls.
>
> (09) Widow, 81

This form of giving, not only to family, or with hope of reciprocation, is very significant. Of the six widows four made both *Shabbos* meals at home, inviting boys from one of the many Yeshivas for one meal along with any grandsons or great-nephews in town, and girls from the Seminary and granddaughters or great-nieces for the other:

> Friday night I go to one of the children, my daughter makes me a whole rota worked out between the four children. Then [*Shabbos* morning] I make myself and I invite always about four or five, either Sem[77] girls and granddaughters or grandsons and *bochurim*[78]. Or sometimes if one of my children goes away so I have the partner with the children […]
>
> (13) Widow, 85

One widow made one meal and ate at a child's for the other, and one moved in with one of her four children each week, rotating between them. All of the older couples, some of whom are very infirm, make their own *Shabbos*. Women will

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[76] Meaning in the Seminary and Yeshiva page 10
[77] 16-20 year-olds women attending the local Seminary (see page 10)
[78] 16 – 20+ year-old men attending the local Yeshiva (see page 10)

have been making[79] *Shabbos* and having guests for over 50 years, and it forms a significant part of their identity. The place of *Shabbos* meals is different for men and women, as they perform different roles. For women it is about 'hosting' and making food, which is central in Jewish culture (see page 13). For men it is about being at 'the head of the table'. If a man becomes a widower he can go to his child's house[80] and be the head of the table there[81], but a widow feels the need to host guests at her own table. Making *Shabbos* and inviting guests remains very important to the women, and this is not about reciprocity, but about being able to give without expectation of receiving anything in return, and being the hostess in her own house, which is an aspect of autonomy (see page 188). This fits well with what Liang (2001) describes; that giving is better than receiving on psychological well-being. I discuss more about well-being (quality-of-life) below on page 214.

Participant 09, like many of the older participants, travels often to visit other family members in other UK towns, or in Israel, and they participate in all the family celebrations. This is important, as it places them within the centre of the web of family interdependency. I concluded that older people accepted help within this context of interdependency because they were doing one of two things. Either reframing the help, in order to downplay it, to make it more palatable to them, or that they were, as theorist suggest (Silverstein *et al.*, 2002; Silverstein *et al.*, 2006; Wentowski, 1981) involved in reciprocal exchanges, either short term (they give this and receive that), or over the lifetime (parents, having given for years, can now accept) (see 'support bank' on page 204), that allows the sense that the balance is maintained, and this allows them to accept the help. I had some evidence that both of these forces are at play (see later on page 206), but I felt the equanimity with which people both delivered and accepted support was not sufficiently explained by these theories.

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[79] 'Making' Shabbos is the normal terminology within the community for cooking the meal
[80] I know of one case (not part of my data) where a daughter prepares all the food and takes it to the father and the whole family have their meals in the father's house because he is too weak to walk to their house to lead the meal (on Shabbos cars are not used)
[81] He would not feel a guest – but given the respect as the elder, and all would defer to him

When reading the literature on autonomy, independence, agency and choice (see pages 208, and 188), I came to realise that I had brought my own ideas to the interpretation of the data. I was asking the question, 'why do they say they are independent, but then tell me how much help they get – how do they manage the dissonance?' This reflected my ideas about independence in which losing functional abilities, and needing help with, for example, shopping perforce means a loss of 'independence'. The participants did not equate 'needing help' with a loss of independence. As long as the participants felt they were (as my grandfather used to say) 'free agents' in mind and spirit then they felt 'independent', though the word that more accurately describes what they feel is 'autonomous'.

Not being a burden

There has been a lot of research on the effect of care-giving from the perspective of the caregiver, often called 'caregiver burden'. But care, both the giving and receiving of it involves at least two people (Cahill *et al*., 2009), and this is another important reason for reciprocity in relationships; to counter feelings that the older person will become a 'burden'. The majority of older adults report not wanting to be a burden on family members and perceive co-residence as a threat to their relationships (Roberto *et al.*, 2001). Without a reciprocal role, some were afraid of being seen to be a burden by their families, and also referred to their families' own time constraints in providing social contact and support (Bowling *et al*., 2003). There were many examples of people not wanting to be a burden:

> ... they've got their own families [...] *chas veshalom*[82] I should live
> with one of the children [...] I definitely don't think that to sit on top
> of the children… would be good
>
> (22) Widow, 81

Part of the resistance to being a burden is because, as parents, these older people are accustomed to giving altruistically, and often one-sidedly, to their children and carrying the burden of their families. The participants felt it was unnatural the other way around, for children to care for them. It affects their identity of

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[82] G-d forbid

themselves as parents. They also want their children to be able to look after their own children and not be burdened with extra work, so they resist accepting any support from their children that they consider a burden. Both sides in this relationship construct the children's giving as 'that's what families do for each other'. This eases the sense that they are being a possible burden. The older people are not deceived and a number mentioned that they know that the support they receive from their family helps considerably, but it helps them to remain independent.

Autonomy

Autonomy and independence are inter-related concepts, and although they are often used synonymously, they are not the same. Autonomy is more concerned with thinking and deciding; choice and self-determination. It means a person has the facility to make rational and free decisions, and the capacity to accurately assess what constitutes their own best interest, and the ability to resist the coercive interference of external authorities or powers (Agich, 2003).

Participant 11 and 15 are both widowers. Their wives were considerably younger than they were and both had died of cancer. Neither of these widowers would consider moving to Israel, but because of where the children live participant 11 might move to Manchester, where both his children live; and participant 15 to London where the majority of his children live.

There was an overarching theme to the reason they gave for staying in Gateshead, despite increasing frailty. This was that they wanted to maintain their independence. Two things maintain their image of themselves as independent, namely staying in their own home and continuing working. They have no intention of moving unless they have to, which they say will only happen if they really cannot manage any more on their own. From the experience of other participants this is likely to only be when there is enough deterioration in their situation or a medical crisis to make it impossible to maintain them in their own homes. However, these widowers need considerable support to remain at home,

particularly participant 11, who is older and frailer than 15. For participant 11 this support takes the form of meals being sent from Manchester by courier:

> My daughters send things and I put them in the freezer till I want them
>
> (11) Widower, 81

For participant 15 one of his children and their spouse visits from London every week for *Shabbos*, and leaves food in the freezer for him for that week:

> I couldn't managed without them […] they make meals for me [...] whenever they come
>
> (15) Widower, 77

Both men go to their children for all their *simchas*[83] and for *Yom Tov*[84]. This support does not contradict their self-concept of being independent because they remain autonomous with regards to decision-making, and because they remain at home and at work. They also recognise that what independence they have relies on accepting this help. Clearly it helps to reframe 'dependency' as not being completely negative if it helps them stay in their own homes. They also feel it is important if they can continue to give, or 'give back' to their children (reciprocity) , and that they are still making their own decisions. Clearly this independence has been constructed in a way that Motenko (1995) describes as a 'supported' type of independence, and that 'accepting dependence helps an older person maintain his or her competence, autonomy, and self-esteem'.

Participant 11 realises that as his children live in Manchester and they have to keep sending food up for him, and worry about him from a distance it would be easier for them if he moved to Manchester. He expresses some conflict between his desire to 'not being a burden' yet recognising that by not moving he is in fact 'being a burden':

> I think the reason I wouldn't want to live with them… I think it would… in a way, not a burden, it would be easier for them
>
> (11) Widower, 81

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[83] Family celebrations (see page 14)
[84] Holy days (see page 16)

He feels under some pressure to move, but his independence is too important to him, and he feels if he moves he will lose something very important to him. He knows he is making things difficult for his children by remaining in Gateshead.

Participants 11 and 15 are willing to take various forms of help because they realise that this prevents them having to take help from non-kin within the community, or strangers (paid carers), or as some would consider, the worst option, moving to residential care. All of which would seriously harm their self-esteem and their sense of themselves as being 'independent'. One reason they mention for it being important stay in their house is because they fear having to fit into the externally imposed system that comes with having a carer at set times, living with a child or moving into residential care. These are situations in which they feel people will tell them when to get up or go to bed, or when or what to eat. It is this potential lack of autonomy that really worries them.

Interestingly, although most of the participants did not think about moving into residential care, when pressed, the option of moving into residential care was thought better than moving to live with children. Residential care was mentioned as preferred for three reasons. First, because they felt that this would be less of a 'burden' on the family. Second, because moving in with a child was seen as 'impracticable'. Thirdly, they felt they would have more independence in a residential home:

> … I wouldn't go into the children… that's out! Oh, I would never live with any children. Not children, not grandchildren, just the thought of it! You need independence! […] there's more independence in these homes than there is when you go to [children]… oh much more, you're not your own person when you have to fit in with everybody else [in a family] … you can't be really at home […] at least in these places [residential homes] they can go out when they feel like it, nobody's going to say 'Why are you going out now, it's too cold' or something like that, you know. You're still a bit independent.
>
> (01) Widow, 91

The idea of having a carer at home is not considered a good option either:

> Oh I wouldn't like a full-time carer or anything like that [...] I couldn't get used to somebody coming in and saying 'You're going to get dressed at eight o'clock' I just feel... I can get up at half-past seven or get up half-past ten, I wouldn't like that, I couldn't fit in with somebody else's plans.

> (01) Widow, 91

The focus of the problem is 'having to fit in' with other's plans, either children or a carer or institution. Not wanting to live with children, besides not wanting to 'be a burden', or as participant 22 puts it, not wanting to be 'on top of' them (see above), she feels that the love of a family would not be enough and that she would be bored. In a residential home one would be more stimulated and also be with contemporaries:

> It's not just love, you need... you need stimulation, you need activities [...] to talk and have a cup of tea with people of your own age and who speak the same language as you [...] young people laugh at different things that I don't think are funny [...] you have a different... outlook, a different mindset

> (22) Widow, 81

I noticed that when participant 01, who is 91, spoke about people in care homes that they were referred to as 'they'. This was common, and suggested something about how older people can carry the same stereotypes of older people, just that they apply to people who are (even) older, or more 'dependent' than they are (Degnen, 2007). Possibly there is a process of 'othering' them as a way of distancing themselves from the possibility that they might become like 'them'. People can be both 'othered' and 'othering'. I was not specifically looking at attitude to residential care, but I did note that the homes (and there are only two options, one in Manchester, the other in London (Raffles, 2012)) seemed to have good reputations amongst the participants that mentioned them. The negative attitude about moving to one came from the thought of leaving home, losing some significant level of independence, and the financial worries about funding residential care. On the other hand it was seen as a better option than living with family. Residential homes also were acknowledged as good places for the fact that they allow the residents to socialise with like-minded people of the same age who

share their history and memories. I discuss this more about the importance of memories and shared history in the next chapter (see page 231).

Importance of decision-making to autonomy

Being able to make one's own decisions is basic to maintaining feelings of autonomy. Many of the participants, particularly widows and widowers, would consult their children, and would rely on their children for certain help. However, one of the most significant identifiers of autonomy, decisions, stay with the older person:

> ... they've all given me good ideas of what to do but [...] the final decision has always been my own
>
> (13) Widow, 85

> ... they don't tell me what to do [but] I usually go (for holidays) where the children want
>
> (07) Widower, 69

Where possible the older people will try to comply with the children's ideas or wishes, though many participants told me their children never gave any advice or opinions, it was always the other way around. Agreement though is very different than having the decision being made for them. It was clear that children understood this, and in those situations where the parents needed more help than they realised, or where mental capacity was compromised, every effort was still made to try to get 'buy in' to decisions, rather than imposing one.

The mother-in-law of participant 33 had to move into residential care. Her health had been deteriorating for some time and she had had a number of significant falls, and she became housebound from fear of more falls. The family became increasingly anxious about her welfare, but she would not hear of leaving her house in Gateshead. The family respected her decision, despite their concerns, and they tried to support her at home. The quotes are from her daughter-in-law in Gateshead:

> It was coming to the stage where we felt... we can't let her vegetate
> […] She was very anxious about falling... but every time we said
> 'maybe you need looking after'... she wouldn't hear about it

<div align="right">(33) Adult informant about mother-in-law, 89</div>

In the end a fall triggered the move into care (as mentioned above, see page 174). There was some conflict between the needs and desires of the older person and the concerns of the family. The decision had to be negotiated between the different members of the family. The most difficult aspect was getting the older person to see that she needed help and that the children could not provide it. The family's ability to provide adequate care was especially problematic because the older person resisted moving in with a child, or getting too much help from family. She felt that was 'interference'. When, after the fall, the parent accepted the need for care, part of the reason she agreed to receiving help more graciously, was out of concern for the children. She agreed to residential care, and allowed the children to help her, because she knew that is what they wanted and what she needed. At that point she 'gave up' the notion of being completely independent, but accepted a solution that preserved as much as possible, configuring her independence in a way that allows her to respect her own, and her children's wishes. She remains autonomous because these decisions remain with her, and she also uses her autonomy to engage in reciprocity by taking her children's needs and wishes into account.

Wiseman and Roseman's (1979) and Ryan and Scullion (2001) found the older person is often not consulted in respect to being moved into residential care. In this situation the mother-in-law had considerable decision-making powers. Although the decision to move into the home initially was encouraged by the family together with the older person, the need was obvious, and the older person agreed fully. The decision to stay after the initial recuperation had to be the older hers, in discussions with her children. She never really liked the fact that she had to move into a home, but she agreed, and this 'buy in' to the decision is very important to her feeling that she is autonomous. The children respected her autonomy and remained concerned not to exert too much influence on her:

> it was very hard to know whether we were [...] cajoling her [...] it was
> very hard.

<div align="right">(33) Adult informant about mother-in-law, 89</div>

The family check with her often. Sometimes she complains about leaving Gateshead, so she is asked if she wants to return to Gateshead, although the family would be very unhappy about this, as they feel they are unable to care for her there:

> And whenever she complained about it there we said 'Do you want
> to come back to Gateshead, we will look after you here?' she said
> 'No, I can't'.

<div align="right">(33) Adult informant about mother-in-law, 89</div>

Surrendering certain aspects of their independence has to be the older person's decision, and this in itself maintains a sense of autonomy. When the children check with her it allows her to again assert her autonomy by deciding to stay; by owning the decision. An essential part of the care that the children give to older parents when they need quite a lot of care and support is enabling the parent to remain as independent as possible.

For participant 08, who had to move in with his son in Gateshead, the family decided he needed to move, and he agreed, but a lot of discussion went into where he would go, and he had input into the decision:

> he tried to stay on his own but he wasn't as well as before and he
> wasn't coping well [...] so we decided […] to look after him, so he
> came here

> He totally accepted it [the move] and he just feels very sorry that he
> can't be independent ... and it's been very hard for him, very hard,
> but he accepts that here he gets proper care.

<div align="right">(08) Daughter-in-law informant about father-in-law, he is 86</div>

They try to support him to be as independent as possible within the house, and to have autonomy as much as practical over his day-to-day life:

> My husband taught him how to cope with the medical problems he's
> got [...] so he manages to cope by himself in our house.

He's got his own room which we put a desk in and all his papers and shelves and everything, he's very happy there [...] so one way or another he manages to be independent within the house.

(08) Daughter-in-law informant about father-in-law, he is 86

I found in this study that the parent's wishes were paramount. In my previous study potential movers from this community always had considerable input into decision-making about moves concerning them. I found that only when the person being relocated was unconscious, or seriously compromised intellectually, the family tried to do what they thought the older person would have wanted (Raffles, 2012). It is very easy for older people to become more dependent than necessary, either by getting given too much help, or because the recipient does not want to do much for themselves.

Participant 24's mother is a disconfirming case that highlights the difference between autonomy and independence. This was an older parent who had raised all her children in Gateshead and then migrated to Israel. The move had not been successful. The father had mental health problems and stopped taking his medication. The mother could not manage there, and her father could not support her mother, she had no friends and nothing to do. She became very depressed, and the father did not want to return. In the end the daughter (the interviewee) invited her mother to return by herself and live with her. Living with a daughter was ideal for the mother as she did not want to be independent, and in fact resists doing things for herself or contributing to the family. The daughters feel they should encourage as much independence as possible, but her mother is not so interested. Her daughter said:

… even when she came back here, people said 'Get her a flat, let her be self-sufficient', but she would never live on her own, [...] she would sit in the chair and she would say 'I can't get up' [...] she won't [make a cup of tea] during the day, but [...] you can find three teacups on the table in the morning, she's made it herself [at night] but during the day she won't do it because [someone else will]

(24) Adult daughter informant about mother, 89

This woman had very different needs to the previous case, and to all the other situations that arose in the study. This individual is an exception because she does

not want any independence. She is happy to have everything done for her, without any desire to reciprocate. Others, even if they were receiving help, wanted to feel it is a reciprocal relationship (see later, page 206). The interview with the daughter is packed with the difficulties because of her mother's mental health issues and her dependency behaviour. This has always been difficult, but the situation has worsened recently, with unreasonable spending and loud early morning phone-calls to her children in Israel (2 hours ahead). This case was interesting, in that it was an exception, highlighting how much older people usually *do* want to be autonomous and be in reciprocal relationships. However it is clear that she exercises her sense of autonomy by choosing not to do anything for herself, and to do what she wants despite the problems these behaviours cause her children. She makes tea for herself during the night, proving she *can* make tea for herself, yet insisting during the day that she won't. To a certain extent, taking into account she has some mental health issues, she is choosing (autonomy) to be dependent. She wants to be given help on her terms and expects her children to respect her wishes in accordance with cultural norms in this community (see page 20).

An exception to this over-riding decision-making ability is the case of participant 02's mother, who had dementia. The daughter describes the move:

> I hadn't realised how bad it had gotten [...] eventually (my aunt) told me she couldn't cope anymore and when I realised how bad it was, there was no choice [...] I went over one day, and said "I'm going to have a very special visitor" and she said "oh how nice, who?" and I said "you" and we packed a bag and she came here, and that was that. She was in my home 3 years – she had quite advanced dementia by then.
>
> (02) Female, married, 72, husband 77

Dependency

Society considers it noble to help those with illness and disability by relieving them of the 'burdens' of their disabilities. Unfortunately this often results in disempowerment, infantalization and paternalism (Phillips, 2007). At the core the 'disability lobby' crusade was that instead of having everything done for them,

including things they could do for themselves, people with disabilities should be empowered to take control of their own lives. Empowerment in this context is not about rejecting help or support, but being given choices, and then being given the right type of support to actualise their own decisions. This might well involve some assistance. This same process of infantalization occurs as people age. One of the most common stereotypes of ageing is that older people are cast into the role of dependency and incompetence. This dependency stereotype is related to perceptions of help flowing one way from younger adults to older adults (Adams-Price and Morse, 2009). There is a fundamental conflict between dependency on the one side and personal control, autonomy and competence on the other. This conflict occurs in old age because of the potential power imbalance between the carer and caregiver. The simplistic understanding that there is a 'carer' and a 'care recipient' is false, and ignores the interdependent web of care in which everyone sits. If we take a relational perspective, then we understand care as a social process, a daily human activity, and that everyone exists within a complex arrangement of social relationships and care networks. This Interdependency challenges the false dichotomy between carer and cared for (Phillips, 2007).

Most of the participants live independently, but independence does not mean (nor should it) that they live without help from anybody, as normal relationships, especially between family members, usually involve exchanges of some kind. We are all dependent on others to varying extents all the way through our lives (Adams-Price and Morse, 2009; Baltes, 1996). Two things are incorrect about the dependency stereotype in old age. First, that older people are dependent and, related to this, that the flow of help is only one way. The flow of help is, in fact, often two ways, or help flows to other parts of a more complex web of interdependency, for example, the adult child helps the parents, and the parents help the grandchildren (see later on page 206). To put the matter in perspective, the majority of older people are not sick and dependent. In general, they enjoy better health than have older people of the past. Most, including most of the participants, do not need any more help than the normal, garden variety of

reciprocal services that family members of all ages need and give each other on a day-to-day basis and at times of emergency or temporary illness (Brody, 1981; Brody, 2004). This is what the participants would call 'what families do for each other'. This type of 'needing people' is not dependency. Likewise, they all felt they were contributing in some way to someone, and also, as discussed above (on page 188) they were making their own decisions. All the participants felt independent regardless of the amount of support they were receiving (with the exception mentioned above 195, and despite the exception the participant still felt 'autonomous').

Cultural dimensions

Our view of dependency and independence depends on the constructions we have of them. In Western societies dependency is socially constructed as undesirable, as it is seen, simplistically, as the loss of independence. Independence is constructed as meaning 'functioning without assistance', and is highly valued. This creates a discourse in which the greatest fear is to need someone. Help from others is synonymous with 'dependence' and is the opposite of independence; and this is considered in some way shameful. This reflects the importance given to physical strength and ability in Western society in general. In other societies, that value experience and wisdom, older people are less easily labelled dependent despite physical decline, because the lack of physical strength and ability is less significant. Dependency can be socially accepted at certain times and in certain conditions, such as in childhood. Baltes (1996) proposes that under certain conditions some aspects of dependency in old age can be judged to be functional and even desirable. She also explains that despite the fact that dependent relationships persist throughout the life of most people, dependency seems to be viewed differently in old age. Older people are considered as having 'regressed' to dependency, and it becomes less socially acceptable. Participants in this study challenge these preconceptions of old people being a 'burden' and they are not regressed at all. The exception being the case brought above (page 195) but that

older person's behaviour had more to do with her mental health issues than her age, and she had exhibited dependency behaviours all her life.

There are cultural dimensions to how people adapt and cope with increasing physical dependency. These adaptations depend on describing the cultural rules that underlie the 'helping out' that takes place in supportive interdependent networks. Adaptation also depends on how individual older people interpret these rules over time, and implies people find a way to cope with it. The participants in this study generally did not subscribe to the idea that to need people or to get assistance or support is to 'lose independence' and become 'dependent'. This is partly due to their understanding of 'independence' as 'autonomy', and as long as they feel in control of their decisions, they do not feel they have lost independence. There is also reciprocity at play here, which I discuss below (page 206). Furthermore they do not consider this form of 'dependency', meaning 'physical help', shameful. On reflection, I can see how this plays out in the whole of the life of the community – where supporting others is done quietly without fanfare and with humility. Care is taken to maintain the recipient's dignity and autonomy[85]. On the other hand, people are accustomed to the idea that at certain times and in certain situations, it is perfectly normal to accept help, for example, after a baby, in sickness, or organising a wedding. At these times people accept cooking, shopping, help with childcare, or cleaning help. Therefore, certain types of help, especially from family, can be accepted with ease by older people. The participants frame dependency negatively when they construe it as a loss of freedom to make their own decisions or needing intimate care based on physical incapacity (such as bathing and toileting).

Refer to page 11 to read more about the idea of 'mutual aid' within the Jewish community. People in the community are accustomed to both giving and receiving help at all stages of life and more easily accept support given as physical abilities diminish. There are *mitzvos*[86] that focus on the need to be respectful of old people

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[85] There are specific *halochos*, laws, and moral exhortations in Jewish literature, concerning giving aid to others is a way that preserves the beneficiary's dignity

[86] Commandments

and to value wisdom. The cultural environment of this community is a focus on spiritual priorities and specifically the rejection of the prevalent worship of youth and beauty. Being old is therefore not considered shameful.

Reciprocity and parent-child relationships in later life

Reciprocity emerged from the data as an important theme, and in keeping with the Grounded way I was working I researched the literature on reciprocity when I realised this. Much of the research into parent-child relationships in later life involves the study of exchanges. Empirical research in exchanges tends to be segmented into the study of dyads. Such studied dyads are between parents and adult children, grandparents and grandchildren, husbands and wives, and between siblings. This makes it difficult to represent families holistically in a way that accurately represents the complexity and interdependency that exists between all the different members of the family throughout the life-cycle (Silverstein and Giarrusso, 2010). Social exchange theory understands that personal relationships feel most satisfying when *both* participants are perceived as contributing equally to the relationship. If one side has nothing of value to offer then the recipient in this unbalanced relationship is perceived as dependent (Adams-Price and Morse, 2009; Baltes, 1996, p. 7). Wentowski (1981) writes of 'Generalized reciprocity' which she explains when assistance given is without the expectation of reciprocity in exact proportion, if at all. It is considered the norm among close kin, and develops frequently among non-kin as well. However she says that people assume that relationships will balance themselves over the very long term. Although there is evidence that some people, in some relationships, keep 'account' in terms of reciprocity, there are many cultures where it is the norm among close kin is that there exists a deeper sense of obligation that extends beyond the ability to repay. In this study I found, like similar findings from Chinese communities (Xu *et al.*, 2007), that there was a norm of reciprocity between the elderly and their adult children aimed at equalising relationships, but with no sense of keeping account.

There appears to be substantial evidence that there is a flow of services, particularly financial gifts (Henretta *et al.*, 1997), from the older relative to the

current caregiver. Earlier transfers play a role in determining which child in the family will later provide assistance. The evidence is that it is the children who feel the need to reciprocate, rather than that parents give help to children in the expectation they will reciprocate (Horowitz and Shindelman, 1983). Leopold writes that in Western economies children frequently expect continuous financial support from their parents, who often remain net givers after retirement and until very old ages. Conversely, children provide several types of time transfers to their parents, ranging from occasional help with daily activities to hands-on care (Leopold and Raab 2011). See page 207 for exchanges between participants of this study and their family, and the importance that reciprocity has to a sense of autonomy. Leopold *et al* also found that reciprocity was positively correlated to the amount of help given by the caregiver. However considers that this does not reflect the older person's dependency but affection in the parent-child relationship, with the higher the level of affection, the higher the level of commitment by the caregiver (Leopold and Raab 2011). At the same time, affection between the caregiver and receiver decreases the level of perceived caregiver stress (Horowitz and Shindelman, 1983). Likewise, on the other side, findings indicate that older adults who are givers of support as well as receivers of support are more likely to express greater life-satisfaction (Stevens, 1992).

In looking at gifts mothers give, Kalmijn (2012) found some evidence for the notion that parents are altruistically motivated. He found that more financial support is given to the child who has more need, such as to the child who lives without a partner, has children, has health problems, and is less educated rather than to the child who does not have these characteristics, or the child who will help them more. On the other hand, his main finding was that children who more strongly support filial norms also receive more support, which he takes to understand as meaning that older parents *are* motivated to invest more in children who are more likely to reciprocate. It is not clear to me, from Kalmijn's data, whether the connection between gifts and filial responsibility is causal. It may be that children who support the idea of filial responsibilities create relationships with their parents (e.g. they are generally more appreciative and helpful) that are more likely

to lead to gifts. Or it could be that parents are trying to compensate the children who help them by giving them gifts rather than reciprocating. Kalmijn does find that mothers try to be fair, and if the mother gives to one who needs they will also try to give something to the other children who do not (Kalmijn, 2012). This consideration of who needs help most, rather than being motivated by who will possibly help them more in the future, and trying to be fair, implies a more altruistic attitude. I would argue that the studies mentioned above, and many others on this subject, only look at certain types of 'currency' in exchanges in reciprocity, i.e. ones that can be measured empirically, like 'time for money', and often exclude personal interaction (e.g., contact, emotional support) or sentiment (e.g., liking), that are not easy to measure. Yet, these items have real value to people and should be taken into account when considering reciprocal exchanges in dynamic inter-relationships. If these studies ignore interactions and sentiment it can easily be concluded that old people have nothing of value to offer in relationships, except money. These studies can also miss the very complex nature of transfers and the way sentiment and interaction reinforce material transfers in complex ways (Henretta *et al*., 1997). I saw many examples of this. For example, the adult child helps the parents, and the parents helping the grandchildren. This is also seen in the strong inter-related family networks of the Chinese (Xu *et al.*, 2007).

Filial responsibility

Filial responsibilities are the culturally-defined rights and duties that govern how family members are expected to care for and provide support to each other (Diwan *et al*., 2011). In China there are legal responsibilities to care for older people (Xu *et al.*, 2007). Studies have shown (Brody, 2004; Finch and Mason, 1990) that although the majority of people believe there is such a thing as filial responsibility, and it is seen as legitimate for older parents to have expectations of their adult children, it is "possible for parents to overstep the mark by demanding *too much*, and also by making demands in the *wrong way*" (sic) (Finch and Mason, 1990, p. 152). The traditional value of filial responsibility encompasses children

keeping in close touch with older parents, and that old people should be able to depend on adult children for help. Grandchildren are an important part of this, especially as adults they can be satisfactory and reliable helpers, and can support the older person. They can also support their parent so that they are more available to care for the older person. Daughters-in-law are often also an important part of this support (Brody, 1981; Brody, 2004). Filial responsibility to older parents is an aspect of the broader concept of familism. Familism is a form of social structure in which the needs of the family as a group are more important than the needs of any individual member. Filial responsibility refers to the generalised normative expectation that adult children have the duty to support their ageing parents. Feelings of filial duty or acceptance of the generalised responsibilities of children to parents are conceptually distinct from personal intentions to provide support and the supportive behaviours themselves, though they are predictive of both factors. Even when children embrace the value of filial responsibility, they do not necessarily plan to or actually provide support to their parents (Silverstein *et al.*, 2006).

Social capital

Putnam's (2000) concept of bonding and bridging social capital and Woolcock's (1998) linking social capital facilitate an exploration of how social networks are utilised to 'configure relational space' and broaden access to external resources. Bonding social capital refers to trusting and co-operative relations between members of a network who are similar in terms of social identity (e.g. race/ethnicity) and provides a kind of sociological 'WD-40[87]'. The more dense the network of interactions the broader the participants' sense of self, developing the 'I' into the 'we', (Putnam, 1995). Social capital is a latent resource that accrues when a person cultivates social relationships with people and provides them with resources or services so that they feel obligated to reciprocate and provide something of value in return (Putnam, 1995). The normative definition of social capital with respect to families is the "stock of social goodwill created through

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[87] A lubricant

shared norms and a sense of common membership" (Silverstein *et al.*, 2006), and Silverstein *et al.* consider filial duty as an aspect of social capital. One way of considering acceptance of support by family at older ages is that many of these older people are starting to withdraw from the bank of social capital by relying on filial duty. In this study I felt that whatever each side gives or receives, efforts will be made, particularly by the children, to maintain a sense of reciprocity. This is part of the interdependency that exists within the relationship. In general, though, I saw little evidence that effort was made to keep reciprocity 'balanced'.

There was one example where a participant (22) mentioned explicitly that she had paid in' for long enough, and now it is quite acceptable to get 'paid out':

> ... I drove them for 50 years so now she's driving [me]
>
> ... for 47 years he came to me […] so now it's our turn
>
> <div align="right">(22) Widow, 81</div>

The support bank model

A similar idea is developed by Silverstein *et al.* (2006) with the 'support bank' model. This is a way of understanding how social capital is produced and consumed during the life course of the family. A 'support bank' is a reserve of social capital that parents build early in the family life-cycle through investments of time, money, and affection in their young children. These invested resources build a sense of obligation in children to reciprocate in kind when the parent experiences challenges in later life. Thus, social capital in long-term intergenerational relationships may lie dormant in children, even for decades, until it is triggered by an extenuating need such as a health crisis or the death of a spouse (Silverstein *et al.*, 2006). This understanding of intergenerational reciprocity can be seen as a return on investment or a type of insurance policy (Silverstein *et al.*, 2002). This is called 'lagged reciprocity', and occurs when the provision of support to older parents is the fulfilment of an obligation to repay a social debt based on a parent's earlier transfers to the child. The payback to the parents is triggered by the physical frailty of parents. This type of reciprocity will only occur in the event of parental need. Silverstein *et al* (2002) allows for

altruistic (or other non-reciprocal) motivations on the part of adult children in situations when the parents made few intergenerational transfers to their children when they were younger. This conceptualisation of reciprocal relationships implies that parents give to their children knowing and expecting that they will be re-paid, or that children 'calculate' in some way whether the amount they are now paying as adults is balanced with respect to what they received as children.

Wentowski (1981) talks about balanced reciprocity being basic to defining all relationships, whether between kin or non-kin. It is not clear how this can be measured unless the reciprocity involves the same things, as it is people tend to exchange different things which can have a relatively different value to different people, including the people in the exchange. I have often given a lift to someone and considered it a very minor favour, as there was very little inconvenience to me, yet for the person I helped, who has avoided a long and expensive journey, the 'value' of my gift is much greater. Wentowski theorises that if balanced exchanges have gone on for some time a deeper sense of obligation develops, as is the often the case in families, then imbalances are allowed to occur and assistance given is not necessarily expected to be returned in exact proportion. This has similar ideas to the support bank model and implies that between non-kin, and even between kin that there is some 'measurement' of what we give and what we receive. I found no evidence of this in my study. The only time I saw some 'calculation' at all was between siblings sharing the care of a parent, where some individuals felt they contributed more than others. Most siblings, though, accepted that there were pragmatic reasons why they carried a disproportionate amount of the responsibility, and found the emotional support of the other siblings, and help when it could be offered, satisfactory. See page 213 for more on 'burden sharing'.

For some time there were two approaches describing intergenerational relationships between parents and children. One focused on solidarity, or the strength of the intergenerational bond (Bengtson, 2001) and the other on conflict and problems, particularly when looking at caregiver burden (Connidis, 2009, p. 139). Later theorists (Pillemer and Lüscher, 2004), discussing changes in intergenerational ties, propose ambivalence as a key organising concept for the

study of intergenerational relations. This is where family members may have an emotional discordance whereby they simultaneously hold both warm and antagonistic feelings toward each other and allows us to recognition of a coexistence of both antagonism and solidarity (Connidis, 2009).

Importance of reciprocity to autonomy

My data gives no indication whether these reciprocal transfers are measured in ways mentioned in the studies discussed above. My data reveals a more complex and nuanced understanding of reciprocity which is not about 'balance', but that both parties feel they are both giving and taking. My analysis of reciprocity is part of the original contribution of this study. I argue that in my study reciprocity serves two main purposes:

- It plays a role in maintaining a parent's sense of autonomy (what they call 'independence') by reducing feelings of dependency. It does this because 'giving' suggests control over one's own resources and the self-determination to decide how and where to use those resources (and here I mean *any* resources, not only ones with measurable monetary 'value').

- Reciprocity plays a role in reinforcing their role as 'parent'; as giving to children is a fundamental part of their identity as a parent. I should note here that the majority of older people in my study did not receive 'assistance' from their children.

The consideration here is that the relationships between the parents and children are interdependent. This interdependency involves children and parents being in genuinely reciprocal relationships. The older parents are central to maintaining family relationships, not just giving money. They have a holistic approach to social relationships and value more than monetary (or good and services) exchanges. Even when it appears that the parents are being supported by the children, the non-monetary 'currency' (see page 202) the parents give in exchange is truly valuable to the children.

The children understand the vital place reciprocity plays in autonomy and they facilitate and encourage it. For example, a son will 'pop in' every morning but to 'have a cup of tea' and a 'chat', not to 'look after' or 'check-up on' his widowed mother. The mother feels she is offering something to her son, *and she really is*. This is not a 'ploy', but genuine giving. However, the son *is* also making sure she is alright, but he is *also* giving his mother an opportunity to give to him. The types of help and support each sides give are different, particularly as the needs of the older people increase. There are a range of 'goods and services' that each side can provide, and these are examples from this study:

Children giving: Shopping, accompanying a parent to appointments etc, fixing or moving things in the house, dealing with administrative or financial matters, phoning and visiting, sleeping overnight, *Shabbos* invites, advice and emotional support. These are all in keeping with research into intergenerational support (Silverstein and Giarrusso, 2010).

Parents giving: Learning[88] with, and teaching[89] grandchildren, special grandparent time, shopping, inviting for meals, contributing to cooking for *Yom Tov*[90], financial help (presents, regular stipends, covering one-off large expenses), advice and emotional support.

Participants 11 and 15 both get considerable amounts of help from their adult children. They also help their children a lot. Besides staying in their own house (see page 233) and work (see page 249), this reciprocity plays a significant role in maintaining their sense of autonomy and independence:

I help them quite a lot with more or less with everything

(11) Widower, 81

... he lives in the house that I own ... I still pay the mortgage

... he can't afford, so we help him to come, we pay their ticket (he uses 'we' to refer to himself and his wife, out of habit)

(15) Widower, 77

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[88] Learning here refers to learning Torah (see page 10)
[89] Secular subjects like English or practical subjects like baking or 'how to do' various things
[90] Festivals (see page 16)

They did not express the possibility of moving to be near their children as a 'pull' but as an unfortunate inevitability if they could no longer manage on their own. They appreciate the concern their children have for them, and what the children do to support them, but they do not want to live *with* them.

Maintaining autonomy when children are caregivers

Social gerontologists consider the retention of independence and control over life as key constituents of quality of life (Bowling *et al.*, 2003). In situations where adult children give considerable support to the parent and the parent can give little in return, maintaining a sense of autonomy is paramount. In such situations the adult children gave great consequence to whatever the parent *can* give. The adult children also encouraged and supported whatever independence was possible, and make sure that the older person has as much say as possible in where they live, and in their activities of daily life. Also, as the parent did not wish to 'be a burden', the adult children made as little as possible of the support they provided, at least in front of the parent.

The most extreme example of this was participant 17. At 94 he is the oldest participant. He is a widower that has two of his sons living locally. He is frail, and during the interview it also became clear that he can become confused at times. He gets a lot of support from his family, including his grandchildren. He does breakfast and supper himself and dinner is supplied by his daughter-in-law. Anything he needs is taken care of by his sons, including eating *Shabbos* with them. He still drives very locally, but if he needed to go further or to an appointment one of his sons accompanied him. One of his granddaughters sleeps in the house overnight. His phone is busy all day with his other children calling. He has an alarm, but he's rarely alone. His daughters from London take turns to come up to visit during the week, sometimes with an (adult) grandchild. He insisted he feels very independent, he mentions working still, and he has *chavrusos*[91] who come to the house every morning. He was clearly very happy, smiling and telling

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[91] Learning partners – these are volunteers arranged by his sons. Even if he cannot learn much it will be very important to him that he can continue to do this, as he will have done it all his life.

stories and jokes all the way through the interview, and did not see any contradiction between the support he was getting and his sense of independence. He feels his children are acting out of love and that he is no burden to them, which might or might not be true, but they treat him in such a way that he is not made to feel a burden, and feels fully autonomous.

There were two parents who lived with adult children. Participant 08 moved to Gateshead to live with his son's family when he was 80. His has a form of vascular dementia, causing him to be confused and unbalanced, and requires 'limited care' which the family provide. The quotes are from his daughter-in-law in Gateshead, here talking about life in London before the move:

> ... he was coping on his own by himself in the house, he was going every *Shabbos* to his daughter. The other sister-in-law would bring meals and he would just put them in the microwave and he could do things himself like making sandwiches and putting potatoes in the microwave, eggs in the microwave, that sort of thing.
>
> 08) Daughter-in-law informant about father-in-law, he is 86

It is interesting to note here that the informant says her father-in-law was 'coping on his own' yet then goes on to describe the extent of the support he was receiving. This is a recurring theme of not constructing 'help and support' as a contradiction to 'independence'. This arrangement seems to have been satisfactory for both parties, with there being an assumed expectation of support from the daughter, and that this support did not constitute 'being a burden'. We know this because when more support was required, namely that he needed to live with someone, this daughter was not considered for the role because it would have been 'too much' for her. The father actually wanted to move to Israel, and even made some initial enquiries about going, but he accepted that was not practical and agreed to move to Gateshead. The major considerations when deciding where he would move was whether any particular adult child could cope, both in practical and emotional terms. There had to be a ground floor room available and families where there are lots of young children at home and both spouses working were not considered practicable. Also considered was how difficult it would be for him to get to places such as shops or *Shul*s by himself. The

presence of stairs, small apartments and young children made a move to Israel impossible. The decision where to go was also not decided based on the 'wealth' or 'home ownership' of the children (unlike in Silverstein *et al* (1998), where these were significant factors) and the resources of the host was not considered as it was understood that he would pay his way. In fact, the father has plenty of resources to help the child he lives with, and he contributes considerably to the children:

> He always pays my husband to go to *Eretz Yisroel*[92] ... (and) he's very kindly bought a ticket for me [...] he does contribute towards the cost of the household
>
> (08) Daughter-in-law informant about father-in-law, he is 86

There are also intangible contributions that the family acknowledge. One intangible advantage is the fact that they are setting an example for the next generation about the importance of caring for older people. Another is the relationship he builds with his grandchildren and other kin:

> ...having an elderly parent, grandparent in the house is a big education for the children, there's no getting away from it, it really is. I mean just that they see the whole thing and children gain and my grandchildren see him, you know, that's also a big thing that they see him, they know who he is and they learn respect for older people [...] [his] nephew's children, his great-nephews ... come in, they talk to him...
>
> (08) Daughter-in-law informant about father-in-law, he is 86

It is clear that interdependence was significant in that the help he could give them and the respect they have for his contributions means that a sense of reciprocity is maintained, and this helps maintain his sense of independence. This is an important aspect of the mutual support and interdependency, because his care has now become quite stressful:

> he wants my husband all the time [...] he feels he needs my husband all the time, he relies on my husband
>
> (08) Daughter-in-law informant about father-in-law, he is 86

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[92] Israel

He only really likes to accept help from his son, and the son finds the constant demands very challenging:

> ...my husband says if I wouldn't be there he couldn't do it. I say to him 'No, you know your father can't help it, you know', I keep him calm, it's the only way, because otherwise he wouldn't manage
>
> <div align="right">(08) Daughter-in-law informant about father-in-law, he is 86</div>

One way of understanding the fact that he accepts help primarily from his son is that he accepts the idea of filial responsibility. In reference to the 'support bank model' (see page 204), the father knows he did so much for the son his whole life (paid in to), and this creates an acceptance of help (paid out of) in the present. It is also clear that the main carer, the son, relies heavily on his support network to cope (see 'burden sharing' on page below). Many conceptual ways of seeing this relationship involve the dichotomy of giver and receiver, and a more nuanced way to consider this relationship is through the concept of interdependency, where each side is giving and receiving. Even when the parents' needs increase, their dependency will be reframed, such that they still feel as autonomous and independent as practicable.

Burden sharing

There were only two participants who had such high care needs as mentioned above. These were older parents who live with an adult child (08 and 24). In both these cases it was clear that there was 'caregiver burden', (although the family would not use the term 'burden'). One adult child is male looking after his father and one is female looking after her mother. In both cases other people provide respite to the main caregiver by keeping the older person company or taking them out. The additional support is provided by spouses, siblings, grandchildren, more distant kin (great nieces/nephews and cousins) and the wider community.

Participant 24's mother was also an older parent that moved in with her daughter. All three daughters in Gateshead support their mother, and this is a considerable commitment from them, and indicates a strong sense of filial responsibility (Finch and Mason, 1990). This case is also an excellent example of interdependency and

'burden sharing' between different members of the family. There is a lot of support given by the wider family and community to the daughter who is the main carer. People help with time, visiting, accompanying the older parent to appointments, practical help and emotional support. In this way all the carers are also cared for, as each needs support from siblings, children, and friends, in order to do their bit.

Another example of how the family and community support both the older person and the carer is participant 05. There are three people in this situation who need support. Participant 05 is busy 68 year-old woman with a 98 year-old father with dementia, and a frail mother of 97. They have a full-time paid carer for the father.

Support for the mother:

> There's a rota of ladies who take her out in the morning [...] all Jewish ladies from the community
>
> Mrs D organises that [...] and she checks on people if they can manage
>
> Meals come in for her from Chasdie Gittel[93] and she has a lady comes in in the evening to help prepare supper
>
> <div align="right">(05) Female, married, 68, husband 71</div>

Support for the father:

> My father needs help with everything, he has a carer 24 hours for my father
>
> [there's] not much point in visitors but he does have every day somebody comes in, Rabbi M comes and learns with him […] he's doing something which he always has done, all his life […] sometimes he takes things in and sometimes not
>
> (and) Mrs D organises boys come in to sing twice a week [...] my father's very very musical.
>
> <div align="right">(05) Female, married, 68, husband 71</div>

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[93] Jewish Meals on Wheels Charity

What the daughter does:

> And I have to liaise with the carer, if there's any problem he has, anything he needs to talk over with me, if he's not satisfied about something which doesn't happen very often

> [I always accompany her] She must have accompaniment, she can't walk without an escort, even with a stick

(05) Female, married, 68, husband 71

Support for the daughter:

> [I have a] sister who's very supportive […] I've got a brother in London, they're all very very supportive.

> I'm the only one on the spot but they're very… you know, monitor how things go, ring me up, my sister rings me up regularly to find out how things are and how I'm managing and make suggestions and she's very practical

> If I need to go away somebody will come. So I don't feel hampered… trapped, I don't feel trapped which is a very very big thing because we do have to go away quite often. So between the various siblings and occasionally we've had to call a brother from Israel to come

> let's say my own son's *chasuna*[94] so… we felt and my mother wanted to come to Manchester for that *chasuna*, so we needed that brother (the one from Israel), *dafka*[95] that brother, to be with my father that my mother could get away […] my father is never left alone

> They all pitch in and I have a brother in France […] they come Pesach, *Succos*, summer, and even came in the summer although I […] didn't go away, […] 'cause it makes such a difference to my mother

(05) Female, married, 68, husband 71

This example shows how much help and support there is available, both individual and organisational, and how important the interdependency between the siblings and community is. This is also the advantage of having a large family to 'share the burden'. Each person rests within the web of interdependencies, so when one person is needed to support a parent, then others in the web help support the caregiver with either practical help or emotional support. This type of support was

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[94] Wedding
[95] Idiom: Specifically, Precisely, Deliberately; Purposely

recognised as being essential by caregivers in allowing them to provide the care needed to their parent. Obviously this wider support network is more available in large families and where people live quite close to each other, which is the situation for many of the participants. It also helps that many of the women don't work full-time (part-time work and volunteer work is not uncommon), either enabling them to provide support to an older parent, or to help support their spouse/mother/in-laws/sibling in their caring role. It is important to recognise however, that because families are seen as such supportive networks, and the community as a whole is helpful, it is easy for there to be an assumption that this care is always available. There might be individuals who have few children or even none, or have no close kin, or the family does not live close by, or they do not get on with their family, and they also do not want to accept help from non-kin. These people are particularly vulnerable if the support is not there, because the assumption is that it is (Dept. of Health, 1998).

Quality of Life

Research into quality of life often results in ratings of life-satisfaction against different factors. This can ignore the multi-level or multi-domain complexity of the experience of life. Some studies are quite basic, using an objective and subjective needs-based approach, often derived from Maslow's (1943) hierarchy of human needs. More complex models are more inclusive, using measures of psychological well-being, happiness, morale and life-satisfaction, physical health and functioning and social expectations. Social gerontologists also focus on the importance of social and personal resources, self-mastery or control over life, autonomy (freedom to determine one's own actions or behaviour) and independence (the ability to act on one's own or for oneself, without being controlled or dependent on anything or anyone else for one's functioning). Qualitative studies are better suited at capturing people's individual responses to their life circumstances. People vary as to the meanings they give to events, their unique perceptions and their personal resilience and ability to adapt, all of which will affect their quality of life (Gabriel and Bowling, 2004; Netuveli and Blane, 2008).

Social isolation, loneliness and social support are related but distinct social conditions (Victor *et al*., 2000). We know that having social relationships are positively correlated with high quality of life (Betts-Adams *et al*., 2011). However, having a relationship does not necessarily mean that it is a good one. Quantitatively we can assert that 'contact with grandchildren' is correlated with a higher quality of life, but a qualitative study will clarify what it is about this relationship that is important. For example, it might be that it gives people an emotional boost to enjoy a reciprocal relationship, dispensing advice and gifts to their grandchildren, and gaining pleasure from seeing them happy and feeling loved by them (Bowling *et al*., 2003). For those that are busy and independent this relationship might have a different significance than if the person is bored, lonely and dependent on others a lot of the time. WHO defines Quality of Life as the individual's perception of their position in life within the context of the culture and value systems in which they live and how their perception relates to their personal goals, expectations, standards and concerns. It is a complex interaction of the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. It is not only about what happens in relation to these factors, but how these things are perceived (WHO, 1997).

Quality of Life was not the focus of my study, but it emerged as a theme from my data. My original questions were not specifically designed to gather this information, but I was very interested in how the participants assessed their lives. I wanted to know if dissatisfaction with some aspect of their lives was one of the reasons for contemplating moving, or for actually moving. I was also interested to know if moving improved or diminished their quality of life. To this end, I asked about their social life, how they spent the day, and in what ways they 'felt their age', that is mobility within the house, e.g. managing stairs, how they managed with cooking, shopping and cleaning, travelling locally and long distance (e.g. to family *simchas*), and health. I also asked how safe they felt, and if they liked where they lived. The questions I asked were not scaled in any quantitative way, and I could not return to the field with more questions, but the data I did get revealed

that the participants generally had an excellent quality of life according to the parameters that define it (Gabriel and Bowling, 2004). These factors are very dependent on relationships, and highlight the significance of interdependency.

They are:

1. Good social relationships with help and support when needed

2. Maintaining social activities

3. Living in a home and neighbourhood that feels safe and neighbourly and have access to local facilities

4. Retaining a role in society

5. Maintaining good health

6. Having adequate financial resources

7. Residential stability

How these factors relate to the people in my study was:

1. Good social relationships with help and support when needed

Participants generally had contact with their children and grandchildren and most had lots of other kin and non-kin contacts.

2. Maintaining social activities

Friends their own age presented a problem for some of the oldest participants as their friends had died or moved away. Some people said they did not need friends as they had family. Knowing people on the street and in the shops was also important (See page 246). *Shabbos*, which comes every week, is a time when people are not left alone, unless they choose to be. Within the community in general, great efforts will be exerted to ensure people are not alone on *Shabbos*. Even when people are isolated during the week, they can expect company on *Shabbos*. Older participants, when outlining how they kept themselves busy spoke of visiting older, housebound people, in the past. Those people they visited had since died and there were no friends left to visit.

3. Living in a home and neighbourhood that feels safe and neighbourly and have access to local facilities

I found that few of the participants expressed any dislike of Gateshead, and in fact Gateshead was almost universally appreciated as a good place to live, physically, socially and religiously. They felt they live in a community that broadly reflects their religious and cultural beliefs. Although some participants felt that at night they preferred being accompanied because the street lights are not good enough, they generally felt safe in Gateshead.

4. Retaining a role in society

Participants felt they were contributing to the community through work and volunteering. Volunteering and contributing are positively associated with higher quality of life (Greenfield and Marks, 2004). Several older people also visited other older people on *Shabbos* who might be alone. They also invited guests for *Shabbos*. Both of these activities were important to people's sense of having a 'role' in society (see page 186).

5. Maintaining good health

Health was variable within the sample, but generally it was acceptable and although mobility was occasionally limited, they had a positive psychological outlook and accepted circumstances which cannot be changed. They did not complain, and made reasonable adjustments to take account of any limitations.

6. Having adequate financial resources

Participants have enough money to meet more than basic needs, and to retain their independence and control over life, as well as to give to family. Many gave considerable donations to charity.

7. Residential stability

Long-term emotional attachments to environmental surroundings has also been shown to contribute to well-being in old age, although residential stability may not

always be emotionally beneficial, such as when older people are unable to move away (Wiles *et al.*, 2012). I discuss place attachment in Chapter Six.

Things that lowered quality of life were:

1. Missing children

Missing children and wanting to be a part of their lives and the lives of their grandchildren was the primary motivating factor in moving or wanting to move. Some participants who wanted to move did not have children in Gateshead. This affected them negatively emotionally.

2. Adjusting to moving

Participants that moved to Israel had some adjustment problems there, but in terms of quality of life these were out-weighed by being close to family. Their attitude to these difficulties also showed a lot of resilience (see page 158).

Overall, taking all the different facets into account, the quality of life within the whole cohort was generally very high. This is in line with studies that show that quality of life has been steadily increasing as there has been an increase in active older people (Gabriel and Bowling, 2004; Netuveli and Blane, 2008). It is important not to assume this high quality of life applies to everyone, as there are always going to be individual natures and circumstances that make people vulnerable to isolation and boredom. Although we know there is a link between lack of support and depression, it is not always clear if older people become more depressed because they do not get enough support, or if depressive behaviours cause people to withdraw support (grumpy and ungrateful people can be difficult to be around) (Pettit *et al.*, 2011). One of the oldest participants in the study, 03, is an 81 year-old widow. She did not work or have any hobbies or do voluntary work, although she used to be very active. She has few friends, since they have moved or died. She sometimes can feel trapped and isolated, though she feels she should not complain:

> After my operation I got frightened about going out – I can't go out if
> it's icy, and I have been stuck in the house for days in the winter, and

> I go mad - It's a mistake to think I don't feel sorry for myself sometimes – but I don't complain. We were brought up to just get on with things and not complain.
>
> (03) Widow, 81

She depends heavily on her two sons to visit and sometimes she feels they do not come often enough, a concern older people have expressed in other studies (Gabriel and Bowling, 2004). This can be even more difficult if daughters-in-law or grandchildren are not 'good enough' and the desire is only to see her sons. This was the case for participant 03:

> It not *poshut*[96] to live on your own – I spend a long time by myself [...] they [the sons] should come in more often – I told my son he should really come in every day – or he might come in and find me on the floor.
>
> (03) Widow, 81

Adapting after relocation/migration

One of the research questions was "*what has been the impact of the decisions* (to age-in-place or relocate) *on the older people*". In order to answer this question I asked how things had worked out for them, both for stayers, and particularly for movers, compared with their expectations, and if they had had any regrets.

Weinstein (1989) looked at the adaption of older Americans to life in Israel. Although Weinstein's study was in the eighties and many things have changed since then, and the cohort was not Orthodox, and were American rather than British, there were still many parallels in his findings and mine. Weinstein (1989) established that for migrants to settle well in Israel, they will need to establish new affiliations, new friends and acquaintances, as well as learn about their new neighbourhood, local shops and services. They will also have to cope with the loss of family and friends at home, and adapt to a new culture and language. Migration is disruptive at any age, and one might expect this to affect older adults more significantly than any other age group (Löfqvist *et al.*, 2013). However, older adults

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[96] Simple

also have characteristics that made adaptation to Israel much easier than might be expected. Many of these same factors helped the adjustment of those who relocated within the UK (08 and 09).

Participants in this study had settled well when they relocated or migrated because they:

1. Had chosen to relocate/migrate, as opposed to being or feeling forced

2. Had a chance to visit beforehand

3. Had the chance to prepare

4. Had family and friends (social support) in the new place

5. Had personal attributes that make them more able to cope

6. Were busy with work, volunteering, or some other activities

How these factors relate to the participants in this study were:

1. Had chosen to relocate/migrate, as opposed to being or feeling forced

All the participants had considerable or total choice over their decisions. See page 192 for a discussion on the importance of older people making their own decision, or at the very least 'buying in' to the decisions of the children.

2. Had a chance to visit beforehand

Participants had visited many times. For example, Participant 08 relocated from London to Gateshead. He adapted very well because he knows Gateshead well from many years of visiting. Previous visiting is often a factor in choosing a place to move and helping in the readjustment (Gustafson, 2013). All those who had migrated to Israel had visited many times.

For participant 08, previous visits and knowing people improved his settling and quality-of-life:

> ...the *Rov*[97] knows him. He knows people that he knew before and he's made friends since he's been here [...] he's been coming and visiting [...] and people *mechabed* [98] him, he's also got his grandchildren[99] coming along and we invite them *Shabbos*
>
> (08) Daughter-in-law informant about father-in-law, he is 86

3. Had the chance to prepare

Even when moves were made quickly, people were psychologically prepared, as they had considered and thought about moving for some time. Amongst the participants, preparation for the move was very extensive, as all the participants had visited often over many years, so they knew the area, services and people, and often had developed basic language skills[100] as well (some better than others). Like those in Weinstein's study, the participants warned that living in a place is not the same as visiting a place, and some problems are difficult to anticipate.

An example of long-term planning to move is brought below (page 273). There, I discuss a couple (participant 32 and her husband) who had bought a flat 'on paper' years before they moved. Buying on paper is when one buys a flat in a new development before it is built, making it a lot cheaper. It was on the same street as a number of their children lived. They then spent their remaining years in Gateshead paying off the mortgage, mostly from the rent it earned once it was built. When they moved they already had the flat, and they could sell their house in Gateshead and have that money to help support them once they moved. The husband continued to occasionally come to the UK to work, even after they had moved.

4. Had family and friends (social support) in the new place

All those who moved had children, and sometimes other family, in the place they were moving to. This is not surprising, as moving near to children was the primary motivation for moving. Family was very important factor in settling. Children,

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[97] The Chief Rabbi of the community
[98] Respect
[99] From children living in Manchester or London
[100] Another common misconception is that Orthodox Jews speak Hebrew, and this is not the case, see page 21

grandchildren and other relatives visit often. The older people also help their families by teaching, hosting, or cooking, as well as helping financially when there are *simchas*[101]. If the older person is living alone then they have a family member sleeping over, usually a teenage grandchild:

> Every night another one has a key and they sleep here

<p align="right">(32) Widow, 83</p>

This is common in the community, and occurred for widow/ers that remained in Gateshead as well. Men also settled well if they found a place to pray and learn, and they tended to make friends through *Shul*. For more on this see page 253.

5. Had personal attributes that make them more able to cope

I found the participants generally had a positive and accepting outlook on life, and they exhibited a lot of resilience. For more on this see page 158.

6. Were busy with work, volunteering, or some other activities

All those who moved were very busy. Some were working or volunteering and others were busy with family. In any case boredom and social isolation did not seem to be a problem. This was generally true of all the participants, the stayers and leavers.

Migrants in Weinstein's study also tended to be financially well off, having sold high value houses in the US and buying cheaper flats in Israel. Some of the participants in this study who moved were financially secure, whilst others were struggling. This difference with Weinstein's study is because house prices in Gateshead are low compared with New York prices, and also because property prices in Israel have increased considerably since 1989. In Weinstein's study some of the migrants to Israel had additional ideological and Zionist reasons for moving to Israel. They had a sense of purpose and that they were part of a 'big family' and had a sense of 'belonging'. Ideological factors do play a part in the thinking for Orthodox Jews, but the ideology is not Zionism. Zionism is a non-religious movement, and many from this community would consider it an anti-religious,

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[101] Family celebrations

ideology. The political situation in Israel is also difficult for Orthodox Jews, who often feel persecuted by the non-religious majority. The Orthodox Jew's attachment to Israel is based on a deep historical religious bond and not a Zionist one, and Orthodox Jews have been making 'aliya[102]', for millennia, if they were able to, at least to die there or be buried there. For more on the Orthodox attitude to Zionism see page 22. Weinstein (1989) noted that his cohort felt a significant loss because of the family or friends left behind. This is mitigated today in a way that was not possible in the eighties. Although none of the participants used the internet for email, Skype or WhatsApp, they can speak on the phone cheaply for those they have left behind. Frequent trips back to the UK are also not uncommon.

In summary, I found that participants adapted well to relocating within the UK and migrating to Israel. They had all visited the place they moved to, and had a good network of family support there. Migration is especially challenging as there is a new language and culture to adapt to. Those who migrated to Israel acknowledged that some aspects of life in Israel are difficult and thought it would be better if people were more prepared for the difference between visiting and living in Israel. It is clear that relationships are fundamental to coping well with the demands of relocating or migrating. Based on the above list of things that improve people's ability to settle, they settled well after relocating or migrating and had a good quality-of-life because their relationships were meaningful to the participants. Reciprocity and feeling they give as well as receive support within extended family networks was important to the process of settling after moving. I discuss some of the difficulties later (see page 252).

Interdependency

Individuals go through life embedded in a network of individuals from whom they give and receive social support. The extent of people's rights and duties towards one another within this network is defined by the nature of the culturally accepted set of rules or instructions for controlling elements of behaviour between

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[102] Lit: 'ascending' (in holiness) – moving to Israel is called 'ascending', and leaving Israel is called 'descending'

members of the community, particularly their mutual exchanges. These exchanges also convey precise messages about the degree of interpersonal commitment desired (Wentowski, 1981). There are several different levels, or groups that people feel some level of attachment to, and these different levels of closeness were visualised by Antonucci *et al.* (2004, pp. 363-365) with the 'social convoy model' of social relations. The convoy model is a conceptual framework which allows us to consider how attachment and other social relations vary in the degree of significance in people's lives.

The model is visualised as concentric circles, with the individual in the centre. The circles are used to separate people in terms of the closeness of their relationship with an individual, with inner, middle and outer circles representing different levels of closeness. Inner circle members are attachment relationships that are hard to imagine living without. The middle circle represents people not quite that close, but still important, whilst the outer circle are less close and less important.

Based on: Antonucci *et al.* 2004, pp. 363-365
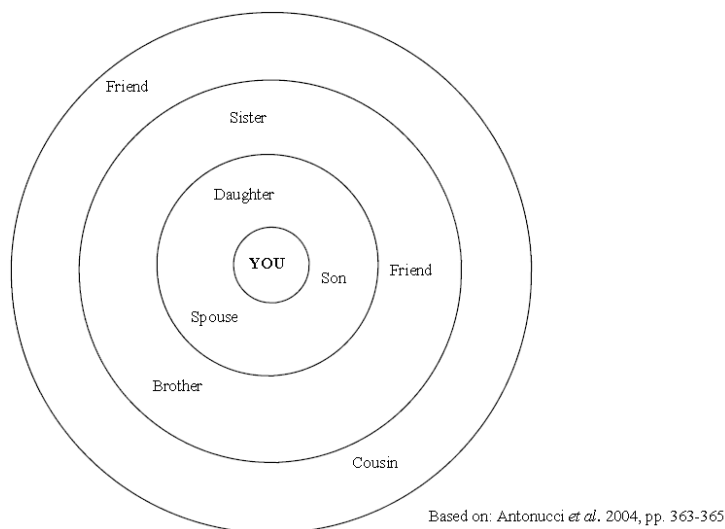
Figure 29: The Convoy Model

Although I did not ask people to fill out convoy diagrams, which might have been an interesting exercise, and if I had been able to I would have returned to the field to do so. However, all the participants made clear that their highest priority relationships were with children and spouses.

Interdependency expresses the idea that we are part of a network, where each part of the network is interrelated and connected, and to varying degrees

dependent on, other parts of the network. Within families interdependency occurs as each member has a discrete social role that has routine behaviours associated with them, expectations for behaviours, and socially defined resources. Individuals become embedded in or tied to these behaviours and roles. Transitions as roles of any individual change affects the position of all the other individuals in the web of interconnected people (Macmillan and Copher, 2005). This interdependency extends beyond the family as individuals within the wider networks are affected by changes within any part of the web. For example, if an older person stops working there might be knock-on effects to family members if there is less money coming in, so less financial help is extended to relatives, who might have relied on this help. Likewise, an adult child may have to visit more often because the older parent is now on their own more and has less structure to their life and is more prone to loneliness. This will impact on the ability of the adult child to meet the needs of other members of their family, perhaps now requiring changes in roles and behaviours of the spouse or children. Problems or role changes experienced by one family member affect every other family member. Each person in the family feels the repercussions as the balance of roles and responsibilities changes, and shifts occur in the family homeostasis (Brody, 1981). There are changes outside the family as well, such as in the workplace in which the older person used to work. There will be changes affecting other workers and the effects of these changes might extend to their families, as people take longer shifts or a new employee affects the dynamics in the workplace, possibly causing decreased or increased work satisfaction. It is like a dance where the altered step of one party has ripple effects on the moves of all the others.

Summary

In this chapter I have shown two major priorities 1) Maintaining autonomy and 2) not 'being a burden'. These priorities are accomplished through people maintaining their decision-making powers and through reciprocity with their children. Care and support can, and are, offered and given in ways that do not compromise decision-making and reciprocity. I found that all the older participants

had considerable control over their lives, and did not welcome interference from their children. Making one's own decisions was of considerable importance in maintaining autonomy. Even in situations where the decision to move was initially made by the family the older people still had significant input into the decision-making process, and definitely had a 'veto'. As Roberto *et al* (2001) has argued, in some circumstances people have to surrender certain aspects of their independence, but this too has to be their decision, and this in itself maintains a sense of autonomy. Sometimes people accept 'supported independence', which is where they need support to actualise their own decisions.

Reciprocity, where older parents give such things as money, presents, advice or emotional support to children or grandchildren, plays a number of roles in relationships including strengthening the identity of parents as 'givers' and reducing feelings of dependency. This reciprocity is not expected to be balanced, as long as both sides feel they are both receiving and contributing to the relationship, and these contributions can take many forms. The idea of interdependence is so well-accepted and integrated into the culture that attitudes to receiving help are significantly different from society in general, and this is seen in other minority groups (Diwan *et al.*, 2011).

Missing children and wanting to be a part of their lives and the lives of their grandchildren was the primary motivating factor in moving within the UK or migrating to Israel. All of those who migrated made the decision themselves, though family assisted with practical aspects of the relocation. Relationships and social contacts improved quality-of-life and helped people to adapt to the major changes in their lives that occurred when they relocated or migrated. I endeavoured to show how inaccurate stereotypes are that cast older people into the role of dependency and incompetence. This stereotype is related to perceptions of help flowing one way from younger adults to older adults, whereas in fact relationships are reciprocal and interdependent. Older parents play a central role in the interdependent web of the family, which leads to participants having a high quality-of-life and settling well after relocation or migration due to the strong family and community relationships that support all the members of the

network. In the next chapter, I look at the role of attachment in the lives older people and its affect on decision-making.

Chapter Six: ATTACHMENT

Introduction

The previous chapter explained the role of reciprocity in maintaining autonomy and how interdependent relationships were crucial in giving participants a good quality-of-life. This interdependency is between the older people and their family, primarily their children, supports their desire for independence, autonomy and their desire 'not to be a burden'. Interdependency also plays a significant part in settling down after relocation or migration. Before I look at the specifics of how interdependency influenced decision-making, I need to consider another strong theme that emerged from the data, namely attachment. This chapter examines the attachment to Gateshead as a place, as well as attachment to children, family and the people in the wider community such as neighbours, work colleagues and acquaintances. There was also attachment to paid or voluntary work. The affective bond of attachment is one of many components of relocation decisions. The ultimate decision is the outcome of the process of negotiating different attachments, together with the available resources or barriers that influence the ability of people to do what they would like. I also consider the triggers that can instigate relocation or migration and the link between migration/relocation and attachment. I considered earlier (see page 174) significant ways in which the migration of the participants in this study differs from other studies. Here I consider how the many aspects of the attachment bond affect relocation decisions, and I connect attachment with the overarching framework of interdependency.

Attachment and migration

There are two basic types of relocation or migration in older age. One type of move is self-motivated and the place of migration and the timing of the move are decided by the wishes of those migrating. Retirement and amenity migration come into this type of migration. This type of migration is primarily motivated by the

desire to improve life. Although those who move are not motivated by a 'push' away from an unsatisfactory situation, they are attracted by the 'pull' of a potentially better location. These moves tend to be over long distances, and are clearly 'migrations'[103] as opposed to local residential adjustments (Gustafson, 2013; King *et al.*, 2000; Litwak and Longino, 1987; McHugh, 2000; Serow, 1987; Warnes, 2009). The latter are generally short distance, and motivated by some problem or difficulty. Such things as inadequate living conditions, poor health, death of a spouse, or poverty cause people to move (De Jong *et al.*, 1995; Gilleard *et al.*, 2007; Warnes, 2009; Wiseman and Roseman, 1979). Moving into residential care or moving to cohabit with an adult child are examples of such moves (Lee *et al.*, 2002; Ryan and Scullion, 2001). Because the move is motivated by necessity rather than choice people often resist it. People's level of attachment to the present place and potential new place will affect how they feel about leaving (Wiles *et al.*, 2012). Older people who have spent most of their adult life in their current home are much more likely to feel strong place attachment and this can limit their ability and willingness to move to a more appropriate place (Gilleard *et al.*, 2007). Attachment theory intersects with migration theory. Cuba and Hummon (1993) found that attachment changes over the life course. Younger-old people are attached more to places where there are significant people and older-old people are more attached to their 'home', particularly through home ownership and their personal possessions. This would imply that my sample would be less likely to migrate, as there would be strong attachment to their home. I did find strong attachment to home in some cases, and yet others, despite this attachment, still migrated.

Place attachment was a theme that emerged out of the data; I had not asked the participants many of the standard questions related to place attachment. Attachment, or 'rootedness', emerged from the analysis in both the movers and stayers. It would not be possible from my data to distinguish attachment to the physical place as separate from attachment to people, spiritual meanings, memories, identity or the sense of belonging. All these emotions were expressed,

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[103] The demarcation between long and short distance is unclear. See page 75

and it was clear that 'attachment to Gateshead' was important for all of these reasons. I found that all the participants, both movers and stayers, had a high level of attachment to Gateshead.

Those who migrated achieved a successful move, despite the fact that research (Wiles *et al.*, 2012) suggests that residential stability contributes to well-being in old age and that people who move from a place of high attachment will not achieve high stability in the new location. I explore more fully in the previous chapter (see page 219) the reason the participants in this study adapted well. Briefly, the reasons were, first, that people were not 'forced' to move by financial or environmental circumstances or health reasons as is often the case in other studies. Second, a is sufficient support system is in the new place to overcome any lack of stability created by moving to a place of less affective attachment. Lastly, although people were attached to Gateshead, they had strong feelings of attachment towards Israel as well, and they were familiar with it.

Place Attachment

Hernandez *et al* (2013) considers that the theories of place attachment have not kept pace with the increase in the interest in this subject, partly because researchers on place attachment come from all branches of social sciences. This includes environmental psychology, sociology, community psychology, human geography, cultural anthropology, gerontology, demography, urban studies, leisure sciences and tourism, ecology, forestry, architecture and planning, and economics. This has resulted in the proliferation of concepts and terms used for describing this emotional bond. For example, place identity; urban identity; topophilia [104]; rootedness; place dependence; place attachment; sense of place; sense of community; or community attachment (Lewicka, 2011). In many studies on the affect of attachment on relocation, the intensity of the psychological or subjective attachment bond is considered on its own. However, attachment can be better conceptualised as a 'multidimensional phenomenon' of interplay between many

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[104] Topophilia (From Greek topos "place" and -philia, "love of") is a strong sense of place, which often becomes mixed with the sense of cultural identity.

different factors which may encourage or hinder residential mobility. Giuliani notes that these studies can also fail to note if there is a distinction between affective attachment (what people feel), as compared to actual or expected stability (what people experience) (Giuliani, 1991; Giuliani and Feldman, 1993). Seamon's definition of place attachment is that it is "an emotional bond between people and a particular place or environment" (2014, p. 11), thus encompassing a broad spectrum of attachments. Place in this context is defined as "any environmental locus in and through which individual or group actions, experiences, intentions and meanings are drawn together spatially" and can range in scale from a room to a region. Place attachment in its broadest definition includes the cultural or religious meanings of the place. Rootedness is a term some of the participants used in describing how they felt about Gateshead. It is an phrase commonly associated with attachment, and is an expression of the degree of personal and social involvement people have in a place as well as the quality-of-life and environmental aesthetics a person experiences there (Seamon, 2014).

Although there are quantitative variables used to measure attachment, it is debatable as to whether one can identify and measure all the processes and structures that go into building up a place attachment in a quantitative way. Place attachment is a spectrum of emotions as well as behavioural affective and cognitive ties, and can be best reached through qualitative studies (Patterson and Williams, 2005). There is a spectrum of place attachment. Strong place attachment involves people committed to the place where there is a strong positive ambience. A weak place attachment involves disinterested people, a dysfunctional physical and spatial environment and an unpleasant ambience (Seamon, 2014).

Place attachment and person-to-person attachment

Scannell and Gifford (2013) discuss the idea that places can serve many of the same functions as person-to-person attachments. Living in a place, or repeated visits to a place, constructs the sense that a particular place as 'home'. This creates a place where one can retreat from threats, problem-solve and gain emotional relief, and which can provide an anchor for wider exploration. In fact places may

act as surrogate security if an interpersonal attachment is lacking. Also forced separation, such as in war, natural disaster, or eviction, can cause people to suffer grief, anxiety and depression similar to separation from the attachment figure. There are many factors that can disrupt place attachment (such as political, economic or other external disruptions). However, there is little research into the effect of these disruptions and whether there develops place attachment styles as there are with person-to-person attachment styles (secure, anxious-ambivalent, avoidant, disorganised). Place and interpersonal attachment are part of a mutually reinforcing process, as secure interpersonal attachment allows for the security to explore, and attach to, place. Good early attachments may, as do interpersonal attachments, allow people to become well attached in later life. On the other hand, early disruptions make it more difficult to become rooted in a place in later life. This is a little studied phenomenon but appears to be a issue for those raised in military or diplomatic families, where no single place feels like 'home' (Rapport and Dawson, 1998; Schaetti, 2002). With respect to being attached to different places, people can have a diversity of 'attachment figures'. This usually starts with the primary caregiver (often the mother) but broadens out to include the father, grandparent or nanny. In the same way, certain places can become a primary 'attachment place', usually 'home', but can extend out to the wider community area, the city or country, and can also include historical or spiritual places. Although there tends to be a 'primary' place attachment, it is possible (though not common) to have multiple place attachments (Scannell and Gifford, 2013). The importance of places is intertwined with the relationships with the people in the place and the meanings places have in terms of experiences gained in that place and the memories they hold. These meanings, memories and relationships are wrapped up with interactions with people. As relationships with the people in a place change, or the actual people in a place change, then people's relationship with that place, or their attachment, also alters. It is difficult to draw conclusions about the importance of place, separate from attachment to people. An example of this was expressed by participant 03. She downsized within Gateshead, and has children in Gateshead, but also in Israel. When I asked her about leaving or staying, she replied:

> I have roots here – I've lived here for 65 years now, my husband wouldn't have wanted me to move away.

<div align="right">(03) Widow, 81</div>

The fact that this is the place she shared with her husband was significant. Even the flat she moved into had been bought by her husband as an investment, so she felt linked to him despite leaving the house she had shared with him:

> My husband was very wise, and he bought these flats [...] and now I live here

<div align="right">(03) Widow, 81</div>

In terms of how early place attachment might affect decision-making about ageing-in-place or migrating. Carrying Bowlby's theories about person-to-person attachment further, Scannell and Gifford (2013) postulate that early secure attachment to the attachment figure (such as the mother) allows people to create strong bonding with a spouse. It is possible that those with secure place attachment developed in the early years cope well with moving and forming new place attachments in later life. On the other hand, those with poor early attachment might find it easy to leave one place and move to another as they lack a deep sense of rootedness and do not resist leaving.

Place interaction, realisation and identity

Significant aspects of place attachment are 'place interaction', 'place realisation' and 'place identity'. Place interaction stems from the regular activities and behaviours that a person engages in when in a place. Place realisation is connected to the physical aspects of the place (landscape, buildings and furnishings) which together form the ambience and distinct individual feeling of the place. This leads to the sense of 'place identity', which is the process by which one accepts and recognises the place and space as integral to personal identity and self-worth (Seamon, 2014).

A sense of place is also created through 'time-space routines', i.e., a set of everyday activities performed automatically in the place (driving, shopping, meeting neighbours, performing other daily activities), which produce the feeling

of belonging within the rhythm of life in place. These time-space routines need time to develop and so obviously residence time and the strength of emotional bonds with places are positively related (Lewicka, 2011; Seamon, 1980). This was evidenced in my data, as people told me about what how they had lived for a long time in Gateshead and developed routines and memories. Seamon (1980) first raised the idea that it is through interactions within a place that creates the emotional bonds with that place. These will be everyday activities and reflect aspects of meaning that people give activities and also the place these activities take place in. When people move through the routines of their lives, and these routines are positive, then the physical space and buildings associated with these 'time-space routines' will evoke positive feelings of attachment. If within a house a child experiences safety and nurturing, then the house will feel like 'home' and the house itself will create these feelings even when the people that created them are not there (Lewicka, 2013). This is why attachment to place is so often tied up with the memories of the place and the meanings that people give the experiences they had in that place. This in turn is part of the identity people develop of themselves with respect to the place, either positive or negative, and why people get upset by changes in the physical environment, even improvements, if these are imposed from outside (Seamon, 2014). The physical space holds the meaning of events even after the events have passed (Lewicka, 2011). This is part of the mechanism by which place attachment and relocation decisions intersect. If people have poor bonds with the place, due to poor quality housing, or unsafe streets where negative feelings are associated with the place, or the positive associations and memories have been superseded by negative ones, as the environment has changed, then people are more likely to want to move (Walters, 2002). Similarly, time spent in a place is consistently found to be the best predictor of place attachment (Lewicka, 2011), because the longer people have lived in a place the longer the 'time-space routines' have occurred, the more memories people have accrued. Memories such as having raised their family there and of their relationship with their spouse, especially if the spouse has died, and the stronger the affect on the person's identity (Lewicka, 2013), the less likely people are to want to move. Sometimes moving can feel like bereavement, as the disruption of

attachment bonds can cause loss and grief (Brown and Perkins, 1992). People are also less likely to move if they feel they have invested in the place, and if they own their own home. Taken together there is a greater chance of moving when people do not own their own home and if they have lived in their home for fewer than fifteen years (Walters (2002) quoting Choi (1996) and De Jong *et al.* (1995).

Attachment to Gateshead

Most members of the study cohort had lived in their homes for over 40 years. They mostly owned their homes, and they were attached to Gateshead. Therefore, other explanations need to be found for people with high levels of place attachment being, not just willing, but enthusiastic about moving. Contrary to other studies (e.g. Wiseman (1980) I could not discern any significant 'push' factor in my cohort based on dissatisfaction with their environment, such as housing or services, in Gateshead. I found 'attachment to Gateshead' a strong theme amongst both movers and stayers. There were different aspects of attachment mentioned, such as attachment to the house, feeling 'at home' in Gateshead, which is safety and familiarity, attachment to memories, and that the spiritual, religious and cultural priorities of Gateshead fitting with their own. There was also attachment to activities, namely work and/or volunteering (see page 249) and for men the attachment they have to their place of worship (see page 253).

An example is participant 77, who has no children in Gateshead and remains in Gateshead because he loves the place, particularly the house:

> ...my children would very much like me to move to London [...] and the only reason why I'm staying here really is because here I've got this lovely house
>
> (15) Widower, 77

Although he says here that the only reason is because he loves the house he later mentions a number of other reasons for staying, all of them related to attachment to some aspect of Gateshead. Participant 13 talks about her house in terms of comfort:

> [... I want to] stay in my own house [...] I like to have my own facilities
>
> (13) Widow, 85

Participant 16 relates to the memories of raising her children:

> I'm happy 'cause we brought the children up here
>
> (16) Female, married, 82, husband 83

Participant 06 is one of the younger informants, and neither he nor his wife feels particularly connected to Gateshead, though they see its advantages, such as convenience of the shops and *Shuls*, yet saying '*they could leave in a minute*'. However, they would miss the house, realising that if they moved, (they would consider London), they could not afford an equally large house:

> [my wife] couldn't imagine living in a house with less than six bedrooms, she lived in a big house in Manchester and here we have a large house.
>
> (06) Male, married, 65

A number of the participants had 'downsized', leaving their big houses in which they had raised their families to smaller and more practical residences. Without exception they felt this had been a good thing to have done, and were happy with the outcome, but it had been an emotional wrench for them at the time:

> I wasn't happy about it – I had broken my hip, and I couldn't manage that big house – it made sense, but I didn't want to do it – but now I am happy about it after the fact.
>
> (03) Widow, 81

Some of the oldest participants talked of the significant contribution they had made in making Gateshead the community it is. Some participants felt Gateshead was changing and that this affected their feelings about living there. The primary reason people mentioned for liking Gateshead was because they liked the religious lifestyle (on page 32). It is considered a place where spiritual matters and community support are emphasised over material success. It was also the foremost place of Jewish scholarship post-War, and many scholars and senior lecturers moved to Gateshead in its formative years and set the tone of the place. Many of the participants were those early establishers of Gateshead or their children. Others were those who wanted this lifestyle and to raise their children

with these priorities. This was mentioned by a lot of the older participants as the reason they were advised to settle in Gateshead in the first place. Rabbi Dessler[105] influenced a lot of people to settle in Gateshead:

> My father was invited by R' Dessler to join The *Kollel*, but when he got here (Gateshead) he was invited to join [Place] and he was there for 50 years
>
> (02) Female, married, 72, husband 77

> And he [Rabbi Dessler] used to come to Letchworth[106] and my parents realised what a great man he was and […] he thought the best place would be Gateshead.
>
> (13) Widow, 85

> So Rabbi Dessler used to come to Letchworth and […] he advised my parents for the *chinuch*[107] for the children to come to Gateshead.
>
> (15) Widower, 77

> [two names] suggested he [my father] should come here [Gateshead] because they were looking for a *melamed*[108] [...] he [my father] got to know Rabbi Dessler and [with him] he started the [name of Institution]
>
> (18) Female, married, 68

The fact that Gateshead is a '*frum*' place is significant. '*Frum*' conveys not just a sense of religious observance, but a full 'buy into' the whole lifestyle which would be expressed in all the cultural signs such as dress, speech, separate seating, and the style of prayer services amongst other things. People mention that Gateshead is both a *frum* place and an easy place to live. All the local (Jewish) services are within easy walking distance, shops, *Shul*s, schools, etc. Until recently, the whole community was within a 10 minute walk:

> It's easy to live here, it's easy, everything is convenient, you don't get that anywhere else [...] it suits me fine
>
> (01) Widow, 91

> [I] like Gateshead because it's a *frum* place
>
> (04) Female, married, 85, husband 87

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[105] For more on R' Dessler (see page 30)
[106] Many of the participants lived here during the War
[107] Education
[108] Teacher

I'm grateful to be living here, it's a *frum* environment, kosher food, the children are nearby, I'm very very grateful.

<div align="right">(09) Widow, 81</div>

This participant had moved from London, and she had found London difficult because the house was 'too much for her' and because everything is so far away, which became a problem when she started having problems walking. Gateshead is much easier that way. Even among the participants who had emigrated, it was not because there was dissatisfaction with Gateshead. It was a move 'towards' Israel, because of the children, rather than a move 'away from' Gateshead. Participant 29 said her mother, who had moved to Israel, 'loved Gateshead', and missed it a great deal.

Participant 30 moved to Israel because it was perceived as a better place to get full-time care for her husband. She said "I would have stayed in Gateshead" if her husband's needs could have been met there. The son said:

At the time [there] certainly [was] not any other reason […] the main factor, the only factor I should say [was the care]

<div align="right">(27) Adult son informant about parents, he is 83, she is 82</div>

Place creating

A significant aspect of place attachment is 'place creating' (Seamon, 2014), in which a person feels s/he has some influence on the type of place it is. Place attachment is rarely static, because, as Seamon says, "people and their worlds are integrally intertwined", and as places and people change and the interaction between the two alters, then feelings about places change. People are not only attached to the physical environment, but also to the people associated with the place. Through interaction with the place and through the whole complexity involved in the 'experience of place' the place comes to form part of identity. Therefore. attachment and identity are intertwined. Many of the older participants had been living in Gateshead for 40 to 50 years and they had a strong sense of 'place creating' because they had had considerable influence in how Gateshead became the place it is. They were often the builders of the institutions of Gateshead (see page 30). Participant 17 had started a business that employed

many local Jewish people and earned him enough to support his family, and later to support his children to 'stay in learning[109]' and become important Rabbis. He also helped most of the institutions and charities in Gateshead. His sense of being an important part of Gateshead was a strong part of his identity and sense of attachment:

> [The children] say I should come to *Eretz Yisroel* but I'm so attached to Gateshead that I can't leave [Laugh]. You know? It's impossible. [...] Yeah, and the town would be very upset if I leave [Laugh] I'm not thinking about it.
>
> (17) Male, widower, 94

Many of the participants felt that 'Gateshead has changed', though attitudes to those changes varied, with some being more sanguine than others. Some people, who saw themselves as significant in forming the 'type of place it is' and have lost this influence, became distressed by these changes, feeling the changes have not been improvements. This is not related to physical changes, but how religious attitudes and behaviours have 'worsened'. For more on this see page 247.

Place attachment to Gateshead explains a lot about why people stay. However, it also opens up the question about those that left. Did they feel their attachment to Gateshead less intensely than movers? Are there factors which to some extent weaken feelings of attachment? Distress over the changing nature of Gateshead might be one such factor making moving more likely. The decision to move is affected by the pull of different attachments. If people feel a weakening attachment to Gateshead, and a stable attachment to Israel, then combined with the desire to be near their children, moving becomes more attractive.

Attachment to Children

De Jong *et al.* (1995) discusses the phenomenon of older people deciding to move to live near their children. These decisions were based primarily on factors other than disability. Walters (2002) says that later-life migration to be near to adult

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[109] This refers to financially supporting men (and their families) to stay in Kollel so they don't need to go out to work. Eventually they become scholars of repute and get a rabbinic position.

children is '*sometimes difficult to incorporate into conventional push-pull models of migration*', and this concurs with what I found in my study. The characteristics of these movers in other studies were that they tend to be older, less educated, unmarried or widowed. Likewise, Choi (1996) and De Jong (1995) found that people older than 76 moved nearer children due to some (but not all) of the following; financial problems, poor health or the death or institutionalization of a spouse. Older women are especially likely to move closer to their adult children. Older migrants tend to move closer to those children who are most often female, married, and better-off financially than the parent (Silverstein and Angelelli, 1998).

In my study, the movers who were moving for care or support (see page 170) fit the profile in other studies as being generally older, of poorer health and single. Though unlike in other studies this study cohort tended to be financially better off than the children they were moving to. Other movers in my study who moved to be 'near the children', were not seeking care and support, and had a very different profile, in that they were couples, in good health, and of all ages, ranging from 63 to 80 years. Amongst the participants 'being near the children' was the most mentioned reason that people gave for staying, or wanting to stay, or for leaving, or wanting to leave. There were some notable exceptions to this, two older widowers who did not want to move near their children (see page 188), and a couple who migrated to access care for the husband (see page 263).

Before considering how relationships affect the migration or age-in-place decisions it is important to put the interdependent relationships between the generations within the context of how these relationships function generally. When discussing their lives it became clear that children (and here we are talking about children who are often grandparents themselves) and grandchildren play a very significant role within the lives of many of the participants.

Many of the participants who had children locally spoke of their interconnected lives:

> The children are very much part of our lives and we of their lives.
>
> <div align="right">(04) Female, married, 85, husband 87</div>

I've got a very close connection with my children

(07) Widower, 69

For various reasons people cannot always move to be near their children, but wish they could:

... we always dreamed of living near the children – five live there

(02) Female, married, 72, husband 77

… at the back of our mind we are going away eventually, to *Eretz Yisroel.* [...] To be near our children, the grandchildren. To be in touch with the grandchildren.

(23) Female, married, 68, husband 70

We can learn about motivations and priorities about moving from the stayers as much as from the movers. A stayer, who could not move for a number of reasons, mentioned her children particularly:

I've got two married children here. Two daughters, one with six children and two with four children. And then I've got a married granddaughter a few streets further away with seven children.

(19) Female, married, 76. Husband 79

They [the children] are waiting [for us to come], each one [...] convinces us why it would be best to live next to them

(21) Female, married, 69, husband 72

For the leavers, the desire to be near to children was the only reason (bar the one exception, see page 263) that people gave for leaving or for wanting to leave Gateshead. In the one exception where the primary reason for the move was health, they would not have moved if there had not been children there. Participant 31, who originally moved to care for the husband's mother, remained to live near four of their seven children. She is also the centre of a large extended family:

[I have] my brother in Bnei Brak [with] sixteen children, I go to his *chasunas*[110], to his grandchildren's chasunas […] My two sons who live in this street they come in every day […]

---

[110] Wedding

> I have four granddaughters who […] come to me to teach them English. I have one family with… ten? [she is trying to remember how many grandchildren] And now two married [and] they all come here to me.
>
> (31) Female, married, 83, husband, 86

This participant shows how she plays a role in keeping all the family interconnected. She is the hub around which many of the wider family rotates, and women often play such a role in keeping up kinship ties (Bott and Spillius, 2014, p. 136). This grandmother plays this central role around which the rest of the family revolves. Men were also very involved with their grandchildren, most often grandsons with whom they can learn. Learning Torah provides a unique link between the generations, as they can learn as equals. Grandparents play an important role in the transmission of religious values (Bengtson *et al.*, 2009). In a society in which the children are often the most 'savvy', 'learning Torah' is an area where grandparents can still offer wisdom and insight. Participant 04 speaks of how her husband, who is now quite frail and unwell, maintains strong relationships with his children and grandchildren both locally and those that live elsewhere:

> He learns with them [grandsons] *mishnayos*[111] or something over the phone and [...] the children here are very much in touch
>
> (04) Female, married, 85, husband 87

Another informant spoke of his parent's involvement with their children and grandchildren:

> … my children go to them every week on Tuesdays for supper and so do my brother's kids, they go on Mondays or Wednesdays
>
> (12) Adult son informant about father who is 66

Eating weekday meals seemed a common way to keep contact with children and grandchildren. Participant 13 has four out of her eight children living in Gateshead, all of whom are grandparents themselves. The adult children come to her for meals without their children:

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[111] Particular part of Torah

> …. the parents [take turns to] come for dinner during the week. Without their children […] they love to come
>
> (13) Widow, 85

Everyone mentioned their feelings about wanting to be near their children, whether as a reason for moving, or for staying. This is a qualitative study and I did not use any scaled metric to measure the participants' level of attachment to their children or to Gateshead as a place. People are constantly evaluating and re-evaluating their situation and renegotiating their feelings about the place they live in. Their situation is altered by changing strengths and abilities, health issues, and their wish to be connected to their children and grandchildren. I illustrate the part place attachment and the desire to be near children had in the decision-making process in the next chapter.

Attachment to Friends

Friends offer support of various types; physical, informational and emotional (Liang *et al.*, 2001) and social contacts improve the quality-of-life for older people (Netuveli and Blane, 2008). The strength of friendship exists on a spectrum, and included in this category 'friends' are the more distant family network. Many people come from very large families and are related to many people within the community, whom they consider 'friends'. The oldest age group had few, if any, friends left. They had either died, moved away, or were in care:

> There's not many friends left. Who is there? W's in London, [name of home] ... and R went, and her sister-in-law went, she's gone to Manchester. There's nobody here of my contemporaries [...] [name], she's older than me, but she is the only one that I know from before, who else is there? I haven't got any contemporaries really. They've all gone.
>
> (01) Widow, 91

They found it difficult to make younger friends because they feel the war created a great difference in experiences:

> they don't know what we're talking about, when we talk. Big generation gap. Especially with the war, all that sort of thing.
>
> (01) Widow, 91

Those who were slightly younger sometimes had an easier time with having younger friends, the difference between the generations being less extreme:

> There are no people my age who have been here the whole time – there are not so many older people, they either have left or they are older and being cared for [...] I know I am very fortunate to have very good friends (names a few). They are mostly about 10 years younger than me – but I can pop in to have a tea and a chat
>
> (02) Female, married, 72, husband 77

Of course there are personality differences and some people don't need a lot of friends:

> I have a few close friends, I'm not like those outgoing people who have a whole circle of friends…
>
> (05) Female, married, 68, husband 71

> I have *kesher*[112] with people but not very intimate because first of all I don't feel the need for it so much, […] I don't socialise very much [...] I was never a very sociable person.
>
> (21) Female, married, 69, husband 72

Many women's friendships were developed through children, and these friendships then extend into older age, but not always:

> When I had more kids I socialised more than now
>
> (14) Female, married, 66

I was surprised by how many participants, when asked about their friendships, said they did not have friends. Mostly this did not seem to concern them, as they felt busy and relied on their relationships with their adult children and their spouse and other family (such as siblings, cousins) for all their social and emotional needs. This is their choice and is an expression of their autonomy, Some participants would like to have more friends but find that they are too busy:

> I don't socialise, I don't have time for that, I'm used to being very busy
>
> (24) Female, married, 65, husband 68

---

[112] Connection

Men's friendships are different, they mostly revolve around the place they pray and learn (see page 253). Widowers have particular difficulties maintaining friendships outside of the friendships they develop in their all male environment. Participant 11 has been living in Gateshead for over 50 years and knows everyone, but his social relationships were often based on his wife's friendships. This concurred with findings that among retired married men the wives are the 'social organisers' (Russell, 2007):

> ... there are very few houses I would just walk in […] there's only certain people that my wife knew
>
> (11) Widower, 81

The different way that men and women create and maintain relationships creates differences when they migrate. It is easier for men to settle when they relocate. They felt they had settled when they had found a '*mokom*', which a place to *daven*[113] and learn (see page 253). When a man moves he needs to become a member of a place that he feels comfortable in, and where is can become accepted and gain some status. If they find the right place, men find it easier to 'fit right in':

> He's got *seder*[114] in the morning and he goes to *Kollel*[115] now in the afternoon.
>
> (31) Female, married, 83, husband, 86

Likewise, Participant 08 moved from London to Gateshead. He adapted very well because he knows Gateshead well from many years of visiting. Previous visiting is often a factor in choosing a place to move and helping in the readjustment (Gustafson, 2013). This was not a factor in the choice of where he would move, but it did make his quality-of-life better (see page 214). Women on the other hand relied heavily on family, and tended not to make new friends, though some reconnected to friends that had migrated previously. Their sense of 'being settled' or 'belonging' came more from feeling known, and knowing people around, in the

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[113] Pray
[114] Regular learning session
[115] Place of learning (see page 10)

streets and shops, and this took longer and was more difficult. See page 252 for gendered differences to settling after relocation.

Neighbours and the Wider Community

For a variety of reasons, life is easier in a community blessed with a substantial stock of social capital, and traditional communities often have a strong store of social capital (Putnam, 1995). My data indicated that children are the central relationships to the participants, and friendships are important to some people but not all. But in terms of their relationships within the whole community, they all have a good supply of bonding social capital. The sense of 'belonging' is an expression of the close links between bonding, bridging and linking social capital, and in fact social capital is a subject that crosses across many of the themes that emerged during the analysis.

Feeling attached to Gateshead, an aspect of which is feeling comfortable and settled within the community, is largely due to the wider social structure. This is made up of acquaintances and neighbours and recognising people in the street, creating the sense of 'belonging' that many people identified as being important to them. When they felt they lost this, it was painful to them:

> I was raised here [...] but half the town is new, I feel like a stranger here and I feel like an old woman here, you know, people look at you up and down-
>
> (24) Adult daughter informant about mother, 89

This becomes even more significant as people age, they don't want to have to make new friends and they want to see familiar faces in the street. These relationships may not be close or intimate, but they are people who have a shared experience of the place and history, and shared interests and concerns. The sense of community is created through social bonding or 'bonding social capital' and involves neighbours who trust each other. This is also related to the concept of 'neighbouring' (Mihaylov and Perkins, 2014). Neighbours can also be an important part of the informal caring and support system for older people (Barker, 2002).

When a person visits a shop and the people who work there are familiar and the space is familiar, such as where the products are placed, the whole process of shopping is pleasant and comfortable. If sometimes minor things change they can be adapted to. An individual worker can replaced, because there are enough of the familiar workers to remain comfortable, and people learn the new face eventually. If there is a refurbishment and enough stays the same, people will adapt. These people are not 'friends' or even 'acquaintances' but they are 'known'. This 'general' familiarity will help people cope with the some changes. In Gateshead the people working in the shops are people that the older people saw grow up, they probably even saw their parents grow up, so they are known not just through the shop but as part of the community generally. If new owners come and change everything about the shop, or there are new shops opening that they have no history with, and there are no familiar faces, it can become quite distressing as the person starts to feel they know no-one and recognises nothing. This emerged as a theme from the data. People were distressed when more and more people they saw in the street seemed to be a stranger, and that they were not recognised by these new faces. There was also a sense that Gateshead has 'changed'. For some people, who have lived in Gateshead for 50 years and sit in an important place in the history and development of the place, this is distressing. Some also feel the 'mentality' has changed:

> [the] type of people is different now [...] the mentality has changed.
>
> (23) Female, married, 68, husband 70

> I don't approve of all the changes in Gateshead
>
> (03) Widow, 81

Others were more sanguine about it:

> No, no, no, I'm used to it here. Even whatever [the] changes...
>
> (04) Female, married, 85, husband 87

> No, not everybody's happy with Gateshead now [...] but I've got no problems [...] I've seen so many changes in life
>
> (11) Widower, 81

Not knowing people in the community, or recognising people in the street can make it particularly difficult for women when relocating. One couple (the parents of participant 29) bought a ground floor flat that became available in the building across from where their daughter lived, so they moved there within a couple of months. Although they actually moved quickly, they had been thinking about it for years, and felt very prepared. Although the wife accepted the move, she found it difficult because she missed Gateshead, and found it was harder to feel a 'part' of the community. In Gateshead they were well known, as it is a small tight knit community, whereas in Israel the communities are enormous by comparison, and people don't get 'known' until some time has passed:

> ... for my mother it was major [...] (she) went every single week to the same greengrocer round her corner and no-one ever said 'Hello'.
>
> She went every single week to the same *Shul* on *Shabbos* and after five years maybe one lady started saying 'Good *Shabbos*[116]' to her.
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

Participant 31, who also moved, mentioned this as well:

> When you come you don't know anybody

For this participant, who has now been in Israel for over 20 years, through the fact that she teaches children, she now knows a lot of people:

> ... but I've been teaching all these years so there are many parents who recognise me in the street
>
> <div align="right">(31) Female, married, 83, husband, 86</div>

When describing the difficulties of relocating to Israel one issue that emerged was that although there are very great advantages to being 'amongst ones' own' in terms of living in a large Orthodox community and that even the secular people, (taxi drivers, bus drivers, administrators, bank clerks etc.), are Jewish, it was different than being in Gateshead where everyone knows you and you know everyone (I discuss adapting after migration on page 219).

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[116] Greeting on Shabbos

All these connections; with children, other family members, friends and neighbours, as well as all the people that make up the community that creates the sense of familiarity, are parts of the web of interdependency within which people sit. The relationships people have with the people in Gateshead are a significant part of attachment that people feel to it. And as much as all these people give something to the older person, the older person is giving the same back. The older person forms part of the positive associations about a place for other people. The reason this is 'interdependency' is because the need for people to have neighbours and familiar faces goes both ways. Just by being in a place, older people continue to contribute to its ambience, and this goes beyond what people do for each other.

Attachment to Work and Volunteering

Hjälm (2012) explains that 'work-role attachment theory' has a number of elements. One is 'job involvement', which refers to an individual's affective attachment to a particular job. It reflects the degree to which individuals view their job as a central part of their life. Besides the obvious financial benefits work has, it is known to play a significant role in mental health, and be central to a person's identity. The nature of work is important; fulfilling work provides opportunities for control, skill use, externally generated goals, variety, for social contact and a valued social position (Hodson, 2001, p. 13). The participants in this study spoke about their work filling many of these roles in their lives; identity, social connections, structure and routine, autonomy and independence, financial resources, and the fact that feel they are still contributing and that it makes/keeps them busy. Here we see how valued work is to participant 09, and at 81 years-of-age it contributes greatly to her sense of independence as well as giving her structure and purpose:

> I work in the primary school [I'm] so grateful to have a job, it gives me something to do, some routine and it's more satisfying than sitting around at home. I work three mornings a week, and I really enjoy it.'

> (09) Widow, 81

If she could not work anymore at some future time then she would be vulnerable to boredom and isolation. The knock on effect of that would be the need for her four children and many grandchildren to get more involved in supporting her. Work also is an important way to have social interactions:

It's a good job otherwise I would feel lonely maybe [Laugh].

(18) Female, married, 68 (husband 70)

This participant later told me she had 'no time for friends', and also 'the people I grew up with in Gateshead are not here anymore', so clearly work fills an important social role. She continues:

When I was younger I needed to work for money, I suppose [Laughing] now I [also] need it to keep me out, busy, [I] need to be busy.

(18) Female, married, 68 (husband 70)

Being busy is clearly considered a good thing and she is not looking to slow down. Her husband is also very busy at the head of an educational institution. The importance of work is revealed by her talk about retirement. The attitude to retirement, which was universal amongst the participants, was first, that it is not healthy for older people not to keep working. People felt that it was important for their own mental health. Part of this benefit comes from 'being busy', the other part from being 'still of use'. Being able to contribute is an important aspect of work. Second, many of the people I interviewed had jobs in educational institutions, so although they're paid jobs, they have a strong aspect of mission and purpose to the work, and if they are following in the footsteps of parents then it feels an even greater mission. Work gives older people a lot of benefits, and they are meaningfully, and sometimes essentially, contributing. Therefore, the 'dependency' is both ways and work is an aspect of Interdependency.

Participant 09 cannot imagine either herself or her husband retiring because both are very connected to the places they work on an emotional level. They are attached to their work, and also to Gateshead through their work. This attachment to Gateshead is a strong motive to stay. The husband started the institution and

feels completely bound up with it, and others tell him how indispensable he is, especially as it involves many financial worries:

> Oh it [retirement] doesn't mean anything to me, I hope I never have to retire [Laugh]. [Name] used to say, we'll work till we drop, [and] he did; same as my father. [I] might [retire] if I get too old for the job, but I will want to work if I'm still of use … There's nothing to talk about, my husband can't leave [place he works] and nobody wants to take that over!
>
> (18) Female, married, 68, husband 70

Participant 19 has a husband in business, and she also cannot see him retiring. He has slowed down a bit and cut his hours:

> I wouldn't like him [my husband] to retire unless he had to. He's got a brain. [...] At retiring age he sold his business and then they kept him on as a consultant and they've kept him on ever since [...] He works every morning until about two [...] then he does some private consultancy in the afternoon
>
> (19) Female, married, 76, husband 79

Participant 20 has all her children living away from Gateshead, but for both of them work is very important and makes them both happy:

> They all want us to move, but I feel that, thank G-d I've got this job, it keeps me going and the big thing for me is that my husband is so happy [...] he's teaching the boys, he's teaching the girls… he's loving it, why should I... disturb that?
>
> (20) Female, married, 68, husband 70

Although not providing an income, volunteering serves many of the functions of work for the participants. Voluntarism is where people help each other – both known and unknown, especially during difficult times. It can be done on an ad hoc one-to-one basis or institutionalised through various social and religious organisations. It is an extension of neighbourliness and an important part of the community's social capital. Lots of help is given between families that is not counted as 'volunteering' but serve to provide many of the same advantages to people, though without the status associated with organisational volunteerism. Participant 19 helps her family:

> I've got two daughters [living here and] I've got at the moment four married grandchildren here, all with quite big families [and I'm] very involved, very involved [...] for example, like this *Shabbos* my daughter's gone away, I've got all her children [...] When they have babies I'll take the kids off them

(19) Female, married, 76 (husband 79)

She is equally busy with organisational voluntary work:

> I do Citizen's Advice and I run a hire service from *Shul*[117] of milky dishes and meaty dishes which keeps me very, very busy [...] I'm very occupied.

(19) Female, married, 76 (husband 79)

Contrary to attitudes in wider society that older people are a burden, participants in this study feel engaged and useful through work or volunteering. They do not think about retiring but reduce working commitments according to their strength, often working full-time until over 80. Engaging with helping their families serves many of these functions as well; feeling useful and keeping busy.

In terms of migration, if people don't retire, and just reduce their workload according to their strength, then often by the time they are ready to give up work completely (if that day ever comes) they are quite infirm, and feel that moving will be too difficult.

Attachment and gender

I found some differences between men and women in terms of attachment. This was not part of my original research question, and after I saw some interesting ideas emerge from the data I was not able to return to the field (as a Grounded researcher would do) and pursue this line of enquiry. With that disclaimer it is still interesting to bring my observations, and note that this would be an interesting area of further study. The differences I observed were:

The role of work or volunteering in the lives of men was different than in the lives of women. Women tended to speak about 'keeping busy', 'structure' and 'being

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[117] When people make a meal for large numbers they can borrow kitchenware

useful' as well as earning 'extra' money to help their children. Their main identity revolved around being a mother and when still married, a wife. For men their jobs were more essentially part of their identity, and it gave them status, social contact and structure; they also often felt 'indispensable'.

Male attachment

Group membership can also bolster individuals' sense of self-worth and validate belief systems through self-verification processes. Group membership provides individuals with a sense of belonging and social connectedness. By serving as a social resource, groups may allow individuals to fulfil their fundamental needs for belonging and affiliation (Knowles and Gardner, 2008). One of the major types of groups is the Intimacy group, which are small groups with high levels of interaction, similarity, entitativity [118] and importance to their members. Membership in these groups is typically of long duration, and the groups are impermeable and are characterised by shared goals and outcomes. Examples of such groups falling into the 'intimacy group' are families, friends, street gangs, and fraternities (Johnson *et al.*, 2006). Men in the community have such 'group affiliation'. This is called having a '*mokom*'. This is a Hebrew word that means 'place' and involves a number of aspects of life revolving around praying and learning. Men go to prayers three times a day, called *davening*[119]. Although prayer is the primary activity, as it is always done in a group, and there are a number of different roles within the service, and strong attachments are formed within the group (see also page 18). All the older men in this study were also part of a small group that meets with a Rabbi for a regular *shiur*[120]. They often have been part of this *shiur* for many years and strong bonds are formed between the group members. Most men also have a learning partner that they meet every day. *Davening*, learning and *shiurim* were an important feature in older men's lives for many years, giving the day structure allowing them to meet with their friends, and conferring status. Taken all together, these factors create a strong sense of

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[118] The perception of a group as pure entity
[119] Praying
[120] Torah lecture (pl: shiurim)

belonging for men, and collectively this is called having a '*mokom*'. Having a '*mokom*' involves an overarching feeling of attachment to the physical building and the social aspects of praying in a quorum, learning with *charusos*[121] and attending a regular *shiur*. Being a member of a group is important in the maintenance and enhancement of self-identity and self-esteem (Johnson *et al.*, 2006).

A *mokom* is particularly significant for those that are not working or who are only working a little bit, because work gives many of the same benefits as having a *mokom*, giving people a place of belonging, with social contacts, structure and status. Having a *mokom* was mentioned by all the men and a number of wives about their husbands, as an important factor in their attachment to Gateshead:

> I *daven* very early in the morning, [...] then I go to a *Kollel* [...] so that takes my mornings [...] my social life really is the *shiurim*
>
> (11) Widower, 81

> I've been *ba'al tefilla*[122] in *Shul* for a long time and I would lose that as well if I went to London [...] here I'm an important person and I like it, Rosh Hashanah, Yom Kippur[123] I *daven mussaf*[124], for years I've been doing it
>
> (15) Widower, 77

> ... he feels... attached to certain things and he enjoys those. The *Rov* and... the *shiurim*... and, you know
>
> (23) Female, married, 68, husband 70

Gender differences to adapting after migration

Attachment, and the differences between men and women as to what mattered in terms of attachment, affected the adaption process after migration. Finding their '*mokom*' was significant in men feeling settled after migration. I found that men relied on becoming known by others though finding their *mokom*, their association with a *Shul*, or going to *shiurim*, and having *chavrusos*. Many Israelis will speak Yiddish, so although the men don't speak Modern Hebrew[125], they tend to have

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[121] Learning partner
[122] Leading the prayers
[123] High holy days (see page 17)
[124] One of the main High Holy Day prayers
[125] See page 21

Yiddish as a common language with other men. Most Israeli women will not speak Yiddish, and the participants generally did not speak Modern Hebrew, so communication was more of a problem for women.

After moving, participant 31 had found getting known, and knowing others, was not easy, but her husband, as a Cohen[126], became known quickly. In Israel a Cohen gives a daily blessing and is always the first to be called up to read the Torah, which happens on Mondays, Thursday and *Shabbos*. This makes a Cohen more known to the group:

> They all recognise my husband because he's a Cohen [...] He's a
> Cohen that everybody knows
>
> (31) Female, married, 83, husband, 86

And his *mokom* gave him a structure and social life:

> He's got *seder*[127] in the morning and he goes to *Kollel* in the
> afternoon […] He has got friends like he had in Gateshead
>
> (31) Female, married, 83, husband, 86

On the other hand many women who had migrated told me they did not expect to make new close friends, and they relied on their children and grandchildren for social contact. Whereas men mentioned 'having a *mokom*' as important in both their attachment to Gateshead, and their ability to settle in Israel, for women attachment was mediated through relationships with family, friend and neighbours. When they moved the women noted that it bothered them that they were not acknowledged or recognised in the street as they had been in Gateshead. As mentioned not having a common language is also more of a problem for women. Participant 31 had had some difficulty in settling, and had to get used to the fact that she did not know anyone:

> When you come you don't know anybody […] it's not easy […] we
> don't have friends like that where you go in and say 'put the kettle
> on'
>
> (31) Female, married, 83, husband, 86

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[126] A descendent of Aaron, the brother of Moses, the priestly tribe, with the duty and ability to bless other Jews and is given preference in many religious rites
[127] 'Seder' (lit: order) means learning with a learning partner and/or having a *shiur* at a set time

There were a number of things that they recognise they might never get used to:

> ... I won't get used to the dirt here [...] my husband hates it
>
> ... there is so much bureaucracy
>
> ... before *Yom Tov*[128] [shopping]'s a nightmare
>
> ... the whole attitude is so different here [...] it's rude
>
> ... wherever you go there's a hill
>
> ... it's not very easy to learn a new language over 60
>
> <div align="right">(31) Female, married, 83, husband, 86</div>

Participant 29 also found it difficult to feel a 'part' of the community in Israel. In Gateshead the couple were well known, as Gateshead is a small tight knit community, and she had been there for so long by the time she had migrated. In Israel, the communities are enormous by comparison, and people don't know each other as well. Her daughter said:

> ...(she) went every single week to the same greengrocer round her corner and no-one ever said 'Hello'. She went every single week to the same *Shul* on *Shabbos* and after five years maybe one lady started saying 'Good *Shabbos*[129]' to her.
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

She also found the heat difficult to bear, and she did not know the language. It was much easier for the husband to settle, especially as he found his '*mokom*' (see page 253), and although he also did not speak Modern Hebrew, he knows Yiddish, which many other religious Jews know:

> For my father it was also a big change, but it wasn't major… a *beis hamedrash*[130] here, a *beis hamedrash* there… a *Kollel* here, a *Kollel* there… it was a bit harder to find *chavrusos*[131] a bit, he doesn't know *Ivrit*[132] so well, but everyone knows Yiddish, (and) … he went out a lot, he made friends
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

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[128] Holiday
[129] Greeting on Shabbos
[130] Learning hall
[131] Learning partner
[132] Modern Hebrew (learning is done in Aramaic and biblical Hebrew and Yiddish, see page 21)

Despite these issues all the participants who migrated to Israel felt the move had been successful. They had a lot of social support from their families. For more on adaption see page 219.

Summary

This chapter showed how the high level of attachment to Gateshead I found amongst the participants is mediated a number of ways. People formed attachments to Gateshead through having lived there a long time and having developed a sense of safety and familiarity. The spiritual, religious and cultural priorities of the Orthodox community of Gateshead increase their sense of belonging, and thus attachment. This sense of belonging is amplified by the fact that they felt they had a role in making Gateshead the place it is (place creating). Through positive experiences and relationships they had also collected many memories, which created and enhanced feelings of attachment to the physical environment and home. Attachment to Gateshead flows from, and is greatly influenced by, past and present relationships. This is especially true of attachment to houses because of the meanings and memories they contain. Friends, neighbours and people in the streets also join to create an ambience of a place that feels familiar and also contributed to attachment. There was also attachment to, work and or volunteering, which, besides giving people meaning, also involved interactions with colleagues and students. For men they also had attachment to their *mokom*, which is also primarily about relationships to people and joint activities in which they feel they play an important role. Many aspects of attachment are based on the feelings people had that they matter in the community in which they live. They have this feeling due to work or volunteering, by being a neighbour and friend, or through their relationships with their family, particularly children.

All these aspects of attachment, based as they are, on interconnected relationships in which they give and receive, are part of the over-riding theoretical construct of interdependency. Attachment to place is mediated through the presence of, and relationships with, people. This is reciprocal, because each person

also mediates that attachment for other people just by their presence as a neighbour, friend, work colleague, member of a '*mokom'*, as a 'familiar face in the street', and for being part of the history and memories of others.

In the next chapter I focus on migration to Israel and discuss the process of decision-making. I consider individual decisions and experiences as exemplars that illustrate all the factors influencing the decision-making process, and how people rank the different attachments and relationships. I also look at the factors that either trigger, or act as a barrier to, migration to Israel.

Chapter Seven: DECISION-MAKING

Introduction

In Chapter Four I outlined a profile of the participants and the decisions people made. Some have opted to stay, some to migrate or relocate, and many think they might move in the future but have yet to do so, because they were still busy living their lives. There were a few who want to move but feel they 'cannot' for some reason. In Chapter Five, I explained interdependency, and how it is influenced and mediated by reciprocity, which enables older people to remain independent and autonomous and to maintain their sense of not being a burden. In Chapter Six I examined how meaningful attachment to Gateshead was built and maintained through attachment to significant relationships with people, activities and events. This chapter explores how interdependency, reciprocity, the desire for autonomy and independence are weighed in the balance as older people make decisions about where to live in older age.

There were three types of decisions. People who decided to move, and moved; people who decide to move, yet did not; and people who decided not to move. In as much as I realise that 'not deciding' is also a type of (passive) decision, in this chapter I am not considering participants who said they were not thinking about it at all. When trying to understand the difference between those who leave and those who do not, I wanted to understand 'involuntary stayers'. These were people who want to move but for some reason cannot. These people reveal a lot about the decision-making process of choosing between different priorities and attachments.

From interviews with 'stayers' I identified two groups – voluntary and involuntary stayers (Perry *et al.*, 2014; Wiseman, 1980). Voluntary stayers were people who want to stay. This group can be subdivided into two groups, those that very much wanted to stay long-term and did not envision leaving, and those that were staying *'for the moment'*, because they were not thinking of 'retirement' or a change in

their lives *at the moment*. On the other hand, involuntary stayers wanted to move, in all cases to be near the children, but give various reasons why they had not left yet, or why they were not likely to leave.

I conducted four interviews with (or about) people who had migrated to Israel. Each move had different dynamics so it serves my purposes to look in detail at each and to unpick their decision. I can also contrast those who moved with people in similar situations that did not move. In this way I highlight the factors that influenced the final decision and in this way reveal the complexity of the decision-making process. I also highlight triggers and facilitating factors of migration, as well as barriers that prevent people from actualising their desires. There were also practical considerations, as well as more subtle complex emotional barriers, that prevent people fulfilling their ambitions.

Reasons people move

Often, it seems from the literature that there is a linear decision-making process. First, people feel a push away from where they are living, or a pull towards somewhere else, often both. Push factors are poor living conditions, health problems, financial stress, or some event like death of a spouse. Pull factors are family ties, a better lifestyle and/or amenities. Second, people decide where they will move, based on various considerations depending on the reason for the move. They consider such things as their financial situation, available amenities, and where any adult children live. Finally, people will move. My findings indicate that a much more complex decision-making process takes place. First of all, a decision is not the same as an action. People decide they want to move, but don't, just as people decide not to move, but then do. This chapter aims to explore some of this complexity. Rarely is there a single reason for any decision, more often there are a complex web of relationships, attachments, circumstances and events that influence decisions.

As noted above (page 71), Walters (2002) comments that much of the literature on 'elderly migration' (sic) finds that a significant motivation for moving is to protect

or improve health, or due to declining health and the need for care. I had a number of participants that moved within the UK due to health concerns (see page 170). This chapter focuses on the decisions of those who went to Israel, only one of which could be considered a move due to health. Walters (2002) also noted another significant reason in the literature for older migration is to improve standard of living and residential amenities and to reduce the cost of living. Retirement' or 'amenity' migrants (Gustafson, 2013; King *et al.*, 2000; Litwak and Longino, 1987; McHugh, 2000; Warnes, 2009) are generally younger (early 50s to mid 60s, or pre- or post- retirement), relatively affluent, and healthier, more active and educated, who are usually couples with no dependents. Retirement in this context is when people stop working rather than a particular age (Sander and Bell, 2014). Many of these migrants are moving longer distances to improve their lifestyle, or standard of living, and they are frequently also seeking to leave a place they no longer want to live in (for a variety of reasons). There is also the phenomenon of 'circulatory' migration (McHugh, 2000) or 'seasonal' migration who are similar to retirement or amenity migrants but involves moves between two residences.

It is difficult to categorise the migration of older people from Gateshead to Israel as 'amenity' migration, as in many ways Israel is more expensive, and has poorer quality amenities than Gateshead. This is because housing costs are low in Gateshead compared to Israel. Also in Gateshead all the shops and *Shul*s are close by, meaning it easy to get around, and for older people this is a significant aspect of a good quality-of-life. The bureaucracy in Israel can also be difficult, and as immigrants from the UK there are many things that need to be sorted out, and the fact that this has to be conducted in a foreign language (Hebrew[133]) makes dealing with officials even more problematic. In terms of standard of living many products are not available in Israel or cost a lot more. Some basics are cheaper, but any imported goods, such as clothes or electrical goods, can be very expensive. It also depends if the income people are living on is locally generated, as wages are very

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[133] Modern Hebrew as spoken in Israel is not the same as Biblical Hebrew – so many people who are fluent in the latter cannot speak the former (see page 21)

low, or from abroad, such as a pension. Even good pensions can be affected by the exchange rate, and the value of people's money can be quite variable. Another reason cited for 'amenity migration' is pleasant weather (Gustafson, 2008). Israel is hot, and this was often cited as a factor making life difficult there, not more pleasant (perhaps this is the difference between Spanish or Florida heat and that in Israel).

Although it seems that 'amenities' are not a reason for this migration, what people consider important in terms of amenities differs according to the individual and also depends on expectations, and previous experiences. For the participants in this study being in a place they consider Holy, not having to live in a Christian culture and being surrounded by people 'like themselves', are all important considerations. For the participant seeking care for her husband, the availability of this care is clearly an 'amenity'. The disadvantages of Israel might prevent people from moving and the benefits of living in Israel might not be the primary reason for moving, as that is almost always that of being near the children, they are still a significant consideration. This (Older Orthodox migration) is a type of migration that has not been reported on before, and the central role of interdependency in the decision-making process is a new theory.

Silverstein and Angelelli (1998) found that parents who expect to move closer to or cohabit with children are influenced by whether children are homeowners, the assumption being that the space, resources, and residential stability associated with owning a home may make the home-owning child a more attractive choice, especially when co-residence is the intended goal. None of the participants in this study making this long distance move to Israel considered the resources of their children. The migrants were generally financially better off than their children, and intended to be independent. They were not thinking about assistance from their children as a motive for moving, although it might be an unexpressed 'back of their mind' consideration, because the reasons reported by migrants do not necessarily reflect their actual motives or behaviour (Walters, 2002). Generally health was a reason people chose not to move.

In other studies, older people move to improve their financial situation, as part of improving their standard of living. This is not the case with this cohort as moving from Gateshead to Israel (or London, Manchester or the US) is expensive. For some individuals lack of money was the primary barrier to moving (see decision 6), but for most migrants the expense was one of the many factors taken into account, and was part of the complexity of the decision. There are two elements to this 'not affording', one, if they moved they would have to accept a lower standard of living, including a smaller house, and two, if they move it will make them unable to afford to help the children as they do now. The 'not affording' is often not an absolute, but part of the decision about how resources are used.

The decision to move[134]

Decision 1: Reluctant movers

Participant 30 was the only one who mentioned health as a reason to migrate to Israel. The husband of participant 30 was unwell and needed full-time care, which the wife was finding increasingly difficult to provide:

> ... for eight years I was looking after him in Gateshead and it was becoming very, very difficult [...] I'm not so young ... I can't manage
>
> (27) Adult son informant about parents, he is 83, she is 82

The main reason giving the move was the need for full-time live-in care, and this would be cheaper and more attainable in Israel[135]. The son expressed it like this:

> ... it was becoming more necessary to have a carer and it worked out simpler and cheaper to get a carer in Israel [...] everybody says it's very, very costly [in Gateshead] and it's very, very cheap in Israel...
>
> (27) Adult son informant about parents, he is 83, she is 82

She had two sons living locally in Gateshead, both of whom were helpful, but she did not want the burden to fall on them, it was obvious that the majority of the burden of care fell on her. She wanted a solution where she could be given help with her husband's care, but not by her children. In Israel she also has a child, a

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[134] These are not a typology, but generally descriptive
[135] This was the opinion of the participant; I make no comment on the reality.

daughter, and she did not want to be a burden to her either. Participant 30 feels she doesn't rely on her daughter, and says her daughter is very busy, and often away. The son talks about how much help the daughter gives:

> My sister feels a bit tied down 'cause she's the only one there [...] she's in and out when she's there, they live [...] round the corner [...] her son goes in there every day
>
> (27) Adult son informant about parents, he is 83, she is 82

She does not talk about how much help she gets from her daughter, and 'downplays' the help she receives, a phenomenon discussed on page 186.

Parents know that children are very busy with their own families of their own and work commitments. As mentioned on page 187 they take this into account in their decisions because they don't want to be a burden on the children. They want their moving to be a help to them. In this case the daughter in Israel wanted the parents to move to Israel and was very upset at seeing her mother struggling:

> my daughter couldn't bear it [...] one of the reasons my daughter wanted me to come here was to have help
>
> (30) Female, married, 82, husband 83

Despite her daughter being away a lot, the mother appreciates that the daughter lives there. Although moving to be near children was not *the* reason for the move, she would not have moved had there not been a child there. She told me *'I wouldn't have come without a child here'.* She considered the impact her struggles were having on her children, all of whom were not happy with the situation, and these feeling were also taken into account when deciding what to do. As it turned out, she sees a lot of extended family, more than she did in Gateshead, as people pass through Jerusalem a lot:

> But as regard to the friends and people coming in… where they're living now, is such a centre ... the family… for some reason are always going there, there's always people popping in and there's much more people coming in to their flat in Israel than in England
>
> (27) Adult son informant about parents, he is 83, she is 82

This move was a way to **increase** her independence, as the day-to-day care of her husband would be done by others. Although she doesn't like to leave him for long, the move has freed her up considerably:

> I can go out during the day, I don't go too many hours […] I don't go away.
>
> (30) Female, married, 82, husband 83

The son told me:

> … my sister takes her out […] all three[136] of us go often […] my brothers take her out, and when I go there I take my mother out […] she goes out a lot
>
> (27) Adult son informant about parents, he is 83, she is 82

Although medical deterioration was the reason for the move of participant 30 and her husband, between talking to the son and the mother it was difficult to identify a specific event that triggered the move. A difficult situation got increasingly worse, until the family felt that the situation was 'enough', and the move was precipitated.

The mother gets a lot of family support in Israel. Her daughter helps by taking her shopping and going with her parents for appointments. Also, as mentioned above, when the daughter is not travelling, she often visits. There is always other extended family visiting. Help also comes from the daughter's son, who goes into his grandparents every day:

> I've got a grandchild doesn't live far, he comes to learn with him [my husband] every day
>
> (30) Female, married, 82, husband 83

This quote also illustrates how the interdependency within the family extends to the next generation. It also shows how 'learning' is still important, even though this man cannot speak and it is not clear how much he understands. It is a sign of

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[136] Two sons in Gateshead, one in US

respect to continue with activities that are, or were, important to him. Someone also comes in to put *Tefillin*[137] on him.

All the preceding would imply that the decision was quite straight forward. There was a need, and the need would appear to be met best in Israel, so the move was made. Although the mother realised she could not cope, and agreed in principle to the move, she did not really want to move. This was because she was very attached to Gateshead. The desire to stay had to be balanced by concern for her husband's care, and the burden she felt she could not carry any longer. She said '*I would have stayed in Gateshead*'. The son said:

> At the time [there] certainly [was] not any other reason [...] the main factor, the only factor I should say, was the care
>
> (27) Adult son informant about parents, he is 83, she is 82

Their religious and cultural needs affected the choice to move as well, because they wished to have male carers and there was a feeling that good male carers were difficult and expensive to procure in Gateshead. The quality and quantity of help was also important as the social services in Gateshead were offering very limited help, and in Israel 24/7 care is available at a cost they could afford.

All the reasons to move would not on their own made this move actually happen. A significant factor was having sufficient resources, both financial and social (social capital[138]). First, money allowed them to buy a flat near the daughter[139], and build a stair-lift and get 24/7 care. All this was done without selling their house in Gateshead, which has been left as it was, because money had been spent to have it adapted, and the family did not want to 'burn their bridges'. Second, the children all helped facilitate the move. They organised the purchase of the flat, arranged the transportation of their possessions, and sourced the carer and arranged medical treatment. Having a daughter nearby and adult grandchildren

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[137] Tefillin are black boxes with parchment inside. One is strapped to the head and one to the arm during morning prayers. Even if he cannot say his prayers it would be very important for him to still put them on.
[138] See page 203
[139] An expensive part of the city

was also a considerable source of support. All this made this move both possible and successful.

Summary

Although the general pattern of 'moves for health' is because people cannot manage on their own and need help (De Jong *et al.*, 1995), this move that was not towards dependency, but towards independence. In Israel there are Filipino carers who have a reputation for being very polite, respectful and kind to older people. Participant 30 is very happy with the carer. Moving freed her up and improved her quality of her life considerably. She also no longer worries about her husband's care, which is a great relief for her. Also she loves living in Israel among Jews, and she sees more of her family.

This move is interesting example because although health was the expressed reason for the move, there were many other factors to take into account.

Reasons to move:

- The fact that one spouse was ill, and moving would improve his care
- Moving would remove the burden of care from the wife
- The children were concerned for both of them and wanted the move to happen

These factors ended up being stronger than the reasons to stay, which were:

- She felt attached to Gateshead it was where she had lived for over 50 years and where she knew everybody and everybody knew her, and is full of memories
- Two of her four children (two sons) live in Gateshead. She had one daughter living in Israel. To some extent she had to choose the one of her children who lives in Israel over the two in Gateshead

Other factors were:

- Despite the pressing need for more care, and all the advantages of moving to Israel, they would not have moved had there not been a daughter living there
- If they would have been able to get appropriate help in Gateshead for a good price they would not have moved
- The two sons helped a lot when she was in Gateshead, and the 'burden' of 'watching out' for the parents was shared, whereas in Israel it all falls on one daughter

This example exemplifies a number of things

- The difficulty of balancing different needs and priorities; even for the same person. The mother did not want to move, but also realised how much it would improve her life
- How the outcomes of decisions cannot be predicted, as initial anxiety about the move was transformed to a pleasurable realisation that the move was the best thing they could have done
- Whatever decisions people make they need to have resources to fulfil their desires, both in terms of money and social support

Decision 2: Voluntary movers

Participant 31 is an example of a different type of decision altogether. There are two stages to this decision, first, the decision to move, and then, the decision to stay. About 20 years earlier participant 31 and her husband went to Israel to care for the husband's mother. They stayed for three years for that reason. Participant 31, reports the move like this:

> ... my mother-in-law was in her nineties and we came to [visit] her and I saw she had dementia so we didn't go back, simple as that [...] we both gave up our jobs knowing that she was getting older and ... we suspected it might happen, we couldn't just leave her alone in the flat [...] we rented a flat and took her to us (for) about three years.
>
> (31) Female, married, 83, husband, 86

After the death of her mother-in-law they then made a second decision about whether to stay or return to Gateshead. They decided to stay:

> After that we discussed seriously whether to go [back] or not. My husband said he wanted to be buried here, so I said 'well, we may as well live here', and that was the bottom line.
>
> (31) Female, married, 83, husband, 86

Independence and being a burden played no role in this decision, as they moved 20 years ago when she was 63 and her husband was 66. They were, and still are, very active and contribute a great deal to the family that is in Israel. They do get some 'support' now in the context of a reciprocal and interdependent relationship with the family. They are not well-off financially. The daughter in Gateshead said she could not afford to visit her parents, and the parents also could not afford to pay for a trip.

They both had lived in Gateshead for a long time and had not thought of moving, if not for the mother-in-law. However, once they had moved, it was not too difficult to stay. They had already done a lot of the hard work of settling, and could not see any particular reason to move back. Deciding to stay was not the same as making the decision to move in the first place. In deciding to stay, one important factor was the fact that they had four of their seven children living in Israel. Their decision impacted on the children in Israel, who have much more contact with their parents. It also affected the daughter they left in Gateshead who misses her parents. The other factor influencing their decision to stay was a sense of connection to the Holy Land[140]. 'Love of the Land' is a factor in a number of decisions (see above on page 262) but for some people it was strong motivator and primary reason. However, even when it is a primary motivator, the presence of children in Israel is essential.

Summary

This was an example which illustrates that 'not affording' depends on one's priorities. This couple had sufficient resources to move only if they accepted

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[140] This is the meaning of the reference to 'being buried' there. See page 24

having a smaller flat than they might have liked, and that they would not be able to help their children financially. The priorities for the decision in this case were different for the initial move, and later, the decision to stay. The original decision was based on the need to care for the older mother. The decision to stay was based on the 'love of the land' and to be near the children. They also felt that once they had done the 'work' of settling it was not such a big decision to stay.

Decision 3: Enthusiastic movers

As mentioned in decision 2, some people hold a deep desire to live in the Holy Land. Though they also consider the presence of their children, especially in relation to exactly where in Israel they move to, this strong religious desire is a significant priority that causes some older people to move from Gateshead. This is even though they have children in Gateshead, and are settled and connected in there, having a significant amount of bonding social capital (see page 203). This ideal causes people to be willing to uproot themselves and overcome the difficulties of adjustment to a new lifestyle. Although it seems that 'amenities' are not a reason for this migration, as mentioned above (page 262) what are considered 'amenities' is very personal. For the participants in this study a certain lifestyle, access to Holy sites and being surrounded by other Jews are all important 'amenities' that Israel offers. The father of participant 29 had always wanted to go to Israel, dreaming of living a certain type of life in Israel:

> He wanted to be part of that world... [have] that lifestyle. But the opportunity didn't happen at a young age and he wanted that dream to come true [...] My father sat with the dreams for a long time […] At that time, my uncle [...] already owned his house (in Israel) [...] and he [my father] was just waiting for the right place and the right time, it never left his mind, he was always going [...] he always wanted to sit and learn in *Kollel* in *Eretz Yisroel*
>
> (29) Adult daughter of parents who moved to Israel, he is 85, she is 77

Attachment to a place involves many meanings, and in this case we see how this attachment includes religious and symbolic meanings and genealogical linkage to the land, and places of pilgrimage and worship (Low, 2012). Here, it is expressed

quite explicitly, but it was a factor in many of the respondents' desire to live in Israel. It is also why the children have settled there, and these religious meanings affect the decisions of the parents, who subsequently move there.

In all the other cases when people migrated, the when, where and how of the move was negotiated between the spouses. I did not pick up conflict between the spouses, though their priorities for moving may have differed. In listening to the stories of 'stayers' I saw that, where conflict exists between the needs and wishes of the spouses, then the 'status quo' tends to be maintained. The status quo is to stay. This case is an exception. In this case the wife was very attached to Gateshead, having lived here since she was three. Two of her ten children live in Gateshead and she also has a lot of extended family. She and her husband had lived in Gateshead for over 50 years. Their daughter said that the move was in fulfilment of her father's dream, and although the wife co-operated fully, it was very hard for her to leave Gateshead. Her mother was happy that she would be near eight of her ten children, as financial constraints had made it difficult for her to see her children as much as she would like:

> … they were going away for Pesach and often for *Succos* to *Eretz Yisroel* because the families were all too big to come to them, and my mother couldn't really cope having such large families come to them and there was (anyway) no money to bring the big families over
>
> (29) Adult daughter of parents who moved to Israel, he is 85, she is 77

It is important to note that this family had resources to move. The husband had worked in business for many years and they owned the house in Gateshead. They were moving to a new build in Israel in an area that was still being developed, so the flat prices would have been within their reach. The wife would not have gone had it not been to help her husband live his dream. There were other cases of one spouse wanting to move and the other not wanting. Generally, I found the one that does not want to move wins, because it is easier to maintain the status quo. Moving is hard enough, it needs the full cooperation of both spouses. The daughter praises her mother for her willingness to move for her husband's sake:

> ...for my mother was major [...] For my father it was also a big change, but it wasn't major [...] It was very hard for her, but she really set her mind to do something that her husband wanted and she did it. But it wasn't easy-
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

Her willingness to go with him was based on a number of factors, her 'affective attachment' (love) for her husband, and the wish for him to be happy, the recognition and understanding of his religious feelings, and the feeling that at least she will be near more of her children. Her daughter expressed it in religious terms, that there is a special reward in Heaven for her mother, who sacrificed so much for her husband in order for him to fulfil his dream. In the end the move actually happened because they saw the right flat at the right time, and saw this as a sign from Heaven that this was the moment to go. The availability of a convenient flat was seen as an opportunity not to miss:

> ... one year when they were there, they were building nice new diras[141] in a new building straight opposite my sister and there was a nice ground floor flat [...] and they came back very excited, they'd done loads of homework and they looked into all the different things and that was at *Succos*[142] and at Hannukah[143] they moved.
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

Although they actually moved quickly, they had been thinking about it for years, and felt very prepared. Despite all the positives, the wife found the move difficult because she missed Gateshead. There is more on the difficulties of settling in Israel on page 252. The couple's daughter says her mother never complains and now:

> she has her family and she loves it there and if you ask you she'd tell you she never had one single regret, it's the best thing she did
>
> <div align="right">(29) Adult daughter of parents who moved to Israel, he is 85, she is 77</div>

The connection with the children was very important to her and has become even more important as since the move she has become unwell. In hindsight the daughter thinks the move was positive, especially in terms of health. Filipino carers are also available in Israel and are well regarded for their care:

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[141] Flat
[142] Around October
[143] Around December

> ...my mother would not be with us today if she hadn't gone to *Eretz Yisroel*, 'cause the medical care there… Certain aspects of [...] medical knowledge [...] are way better than anything here. [...] but once the doctor's finished [...] off you go [...] with no nursing care [...] you have to rely a lot on family, my mother's eligible for a Filipino [...] it's not possible to manage only with family
>
> (29) Adult daughter of parents who moved to Israel, he is 85, she is 77

With eight of her ten children living there, the responsibilities of her care is shared amongst the siblings.

Summary

The primary reason for this migrating decision was attachment to the Holy Land and having adult children there. This decision was negotiated within the reciprocal interdependent relationships between the spouses, and between the parents and children. The strong attachment they both had for Gateshead, particularly the wife, was also taken into account. Her affective bond between herself and her husband overcame her attachment to Gateshead. If she had decided not to go, then they would not have gone. Despite the strong religious feelings for *Eretz Yisroel* and the desire to move there, this migration would not have occurred had there not been strong bonding social capital through the presence of a number of children and wider family in Israel to support them. As always, having sufficient financial resources was essential to realise their intention.

Decision 4: Returning home

Participant 32, like in the previous example, also had a long standing dream to go to Israel. In this situation the reason is because the husband was raised in Israel, having come there as a child refugee from Germany, so for him it was a 'returning home'. The wife originally had come to the UK as a child with her parents when they fled from Germany just after Kristallnacht in 1939. When they married they settled in Israel, but during the 1967 War the wife became anxious and they moved to the UK, 'temporarily'. They chose Gateshead because the wife had many relatives there, including siblings. In the end, they stayed and raised all their children in Gateshead. All five of their children married and settled in Israel. They

remained in Gateshead, but always with the intention of going back eventually. So besides wanting to be 'near the children', there was an important priority to 'return home'. For this couple the process of deciding and planning to move was very different than it was for others. This is because they know the language and culture and have extended family connections there, as well as emotional ties to the place. Despite the resolution to move back, it still needed something to push the 'will do' into reality. When it came to moving back to Israel participant 32 said[144]:

> The last year or two in Gateshead we said 'We'll move back soon' (and) [...] they [were selling] houses on paper[145], [...] so when we were in England we every month paid a flat here [...] When it was built we rented it out to pay off the cost. When we came here the cost was already paid off [...] then we rented out in Gateshead and lived here. And … when my husband was niftar[146] I sold the house in Gateshead
>
> (32) Widow, 83

So buying the flat was very significant, and shows considerable planning, but they moved a few years later. The flat is near a number of their children, in a reasonably priced area. After the flat was built, they rented it out for a number of years to help pay off the mortgage on it. They did not move because the husband was still working and earning well in Gateshead. In the end she could not verbalise any specific event that made the decision to migrate progress from the planning stage to actually doing it. He reached an age when he wanted to cut back on his work, and move 'back home', and she wanted to be near the children. This was not retirement though, because her husband continued returning to work in Gateshead on a short-term consultancy basis. He only retired years later when he became ill, shortly before he died. We saw that work was a significant factor that causes people to stay. In this case they were able to move and for him to continue working.

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[144] English is not her first language, I have transcribed it as she spoke instead of rephrasing it
[145] New developments sell flats on 'paper' before they are built at greatly reduced cost.
[146] Died

Summary

For this couple place attachment and attachment to children were the two driving forces of wanting to migrate. Although they had a certain amount of attachment towards Gateshead, their greater attachment was to Israel. The couple had different primary agendas. He was returning 'home' where he had been raised, and where he feels a strong sense of identity. She wanted to be close to the children and grandchildren. Adjustment to life in Israel for this couple was not as major as it was for others. In this case, like all the others, having the resources to move was essential. Although in this case resources were not plentiful, they had planned well and bought a flat in Israel relatively cheaply.

The decision to stay

The data revealed two types of 'stayers'. That is, people that remain in Gateshead. These two groups are 'voluntary' and 'involuntary' stayers (Perry *et al.*, 2014; Wiseman, 1980). Perry speaks of 'Involuntary stayers' as those individuals unable to relocate despite "significant concerns about care and environmental needs related to physical and financial limitations" (page 77). The involuntary stayers in this study had a completely different dynamic, in that they wanted to move nearer the children but felt there were barriers that prevented them from leaving. Significant barriers were, how much easier life is in Gateshead, and the difficulties the move would create, particularly with regards to losing autonomy, see later, page 288.

Decision 5: voluntary and involuntary stayers (spouses with different needs)

This example illustrates a situation in which the spouses had very different needs and wants. Participant 05 is 68 and her husband is 71. She was born in Gateshead to German refugees. Her husband, also the child of refugees, has an important position in the community. As in the previous example participant 05 also has strong idealistic feelings about the Holy Land and has a strong desire to move to

Israel. She had lived there for six months after Seminary[147], and she describes her feelings:

> I got a tremendous, tremendous love for the country [...] the *Kedusha*[148] and the whole lifestyle… whole atmosphere. It was a tremendous longing.
>
> (05) Female, married, 68, husband 71

Over the years they have made frequent visits there, and she would love to move there. Yet despite having seven of her fourteen children and extended family living there, they cannot migrate. The reasons for not leaving are different for herself and her husband. For herself the primary consideration at the moment is the fact that she has very old parents (in their nineties) living in Gateshead:

> At the moment with (my) parents here it's essential, absolutely essential [I stay]. I'm the only one on the spot … you know, to monitor how things go
>
> (05) Female, married, 68, husband 71

Her desire to move was not a 'plan' but a dream; she did not seem to think it was something that might happen in the near future. In reality it was her husband's needs that were likely to prevent a move in the foreseeable future. She recognises that her husband's work holds him in Gateshead:

> As long as my husband has the strength to carry on he will […] so, no question, no talk about retirement, besides which he gets tremendous satisfaction (from his work)
>
> (05) Female, married, 68, husband 71

His work puts him in the position of being approached to give advice and to decide matters of Jewish law. It is likely that he will feel needed by the community even as he gets older. His work is an important part of the interdependency because the 'town needs him', and he needs the town, and his departure would have a huge affect on both. Her husband is also frail and unwell, so life in Israel would be more difficult for him. This is because getting around in Israel is more difficult. Participant 05 reported that they would only consider living next to a particular

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[147] About 18 or 19
[148] Holiness

son, as she feels that he would be the most supportive. At the moment her dream is very unlikely to materialise because of his work and health.

Summary

As discussed in Chapter Five each person sits within the web of different interdependent and reciprocal relationships. The highest level was connection with spouse and children, but wanting to be near children is sometimes in conflict with the needs of other people. This case shows how it is necessary to balance the needs of different people within relationships: spouses, children, and her older parents, as well as the community. At the moment the older parents of participant 05 are the most important, but later it is still unlikely that they can migrate because her husband would find the move too difficult and is more attached to Gateshead through his work. She is accepting that the needs of her husband, and through him, the needs of the community, trump her desires.

Decision 6: Involuntary stayers

Participant 23 is a married woman of 68 who is remaining in Gateshead. She was originally from France; her husband was raised in Gateshead. She has many of the reasons to move to Israel that participant 30 does. In fact, her reasons for moving are even stronger. Her strongest reason for wanting to move is that ten out of her eleven children live in Israel. Closeness to her children and grandchildren is very important to her. She has no children in Gateshead, and she misses them very much:

> 'At the back of our mind we are going away eventually... to *Eretz Yisroel*. To be near our children […] to be in touch with the grandchildren.'
>
> (23) Female, married, 68, husband 70

Like the example in decision 1 her husband is sick, but rather than instigating the move, she explains that his illness makes moving difficult:

> Travelling for myself is not the problem, the problem is my husband
> [...] my husband has not been well and [...] he had the stroke three
> years ago and… bit by bit, you know

<div align="right">(23) Female, married, 68, husband 70</div>

The husband in particular would be much more dependent if he moved. This is because he needs help getting around. When they visit Israel she has to rely heavily on family to help him get around, as it is hilly and there are steps. In Gateshead he can manage much better on his own. The places he goes to *daven*[149] and learn are very close. She would not want to move if it meant that either she or her husband lost independence:

> I want my husband to be more independent before we go there

<div align="right">(23) Female, married, 68, husband 70</div>

Although she really wants to move, she recognises that there are downsides, not only for her husband, but also for her. Moving whilst her husband still needs support would have knock on effects for her as well, because she would be required to help her husband more. She likes to, wants to and needs to work, and she recognises that she might not be available to work if she is needed to help her husband:

> I still want to work [there], I don't want to be, you know, just a
> nanny, I'd like to work, especially in education

<div align="right">(23) Female, married, 68, husband 70</div>

She also realises that getting appropriate work is more difficult as an older lady without fluency in the language. She does not want to be a burden on her children, and she knows that moving would affect them as well. She also talks about her concern that her children might be 'on top of' her with their concern, and this is also a threat to her independence.

Participant 30 does not feel particularly attached to Gateshead. She did not want to settle in Gateshead in the first place, and she feels even less connected now

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[149] Pray

that things have 'changed[150,]:

> [we live here] because my husband was living here and he wouldn't hear of anything else. Now I like it even less […] I'm not a Gateshead person.

<div align="right">(23) Female, married, 68, husband 70</div>

Although dissatisfaction with the present place of settlement is often a reason for moving (Walters, 2002) it was not the housing or services that she did not like, but the mentality, which she feels has changed. The husband, on the other hand, is strongly attached to Gateshead. He was raised in Gateshead. She mentions particularly his attachment to work, although he does little now, it matters to him. He also feels a responsibility to the work[151] he does and ideally he would like one of his sons to take over before he could think of moving:

> ...if he can hand it over to any of his children [...] my husband will get to go away

<div align="right">(23) Female, married, 68, husband 70</div>

He also has a great attachment to his place of learning and prayer (see page 253):

> he feels… attached to certain things and he enjoys those. The Rov and… you know, *shiurim*, *davening*, he's set up what he likes

<div align="right">(23) Female, married, 68, husband 70</div>

Lack of financial resources significantly affects the ability of this couple to move. Unlike the couple in decision 1, this couple are not well-off financially. They cannot afford the resources to get whatever level of care might be needed in Israel, and they would have to rely on the children. Without adequate resources to pay for the right help, ill health is a real barrier to moving.

Summary

In deciding what to do, the requirements and desires of all the children and the mother and the father need to be considered. These are the people within a reciprocal interdependent network. In the end, the needs of the father takes precedence over the wife's strong desire to be near the children and

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[150] See footnote 109
[151] His work provides a service

grandchildren, and the children's desire to have their parents come live near them. Everyone accepts that the father's desire to stay in Gateshead should take precedence. Having the parents stay in Gateshead maintains his independence as much as possible. Maintaining the father's independence is a very high priority for everyone, because everyone cares about the father. There are a number of differences in this case as compared with decision 1:

- In Decision 1, the husband was so sick that he cannot express his opinion, so the whole family had to decide what would work best for everyone. In this decision the husband could express his view that he was attached to Gateshead

- In Decision 1, the husband was so ill he was not getting out and being part of Gateshead so he would not feel its loss. In this decision the husband can still get around in Gateshead

- In Decision 1 they have sufficient resources to be able to buy a flat and get full-time care. In this decision they do not have the resources to allow them to move, buy a flat in a good area (i.e. near the children), and get appropriate care/help in Israel

- In Decision 1 the husband's health initiating the move, in this decision her husband's poor health was a significant factor that prevents it

- In Decision 1 the decision to move was to increase independence, in this decision the decision to stay was to maintain independence and not be a burden on the children

It is clear that maintaining independence is of high importance to both couples. They were also both concerned with not being a burden to their children. This example shows a situation in which the husband is more attached to his 'mokom'[152] and the woman to her children. But whatever the attachments, maintaining independence is a higher priority.

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[152] See page 253

Decision 7: Voluntary stayer

Staying is often a passive decision; people are 'staying' because they have never considered leaving. These are 'voluntary stayers' (see page 259).There are a number of reasons people gave for not wanting to move. When I asked participant 04 '*have you ever thought about moving*?' she answered:

> No, not really because my husband's business is here and he helps the children out with whatever he makes from the business, he gives money to all the children.
>
> (04) Female, married, 85, husband 87

When I suggested that the reason they did not go was for financial reasons, so they could continue to help the children, she answered:

> we hadn't planned to go there

So for them it was a 'non-question' – she hadn't thought they would ever go, and she struggled to find the right way to express why she did not want to go, despite the fact that six of her nine children live in Israel. However, through the course of the interview she mentioned many reasons why she wanted to stay. The reasons were:

• They don't like the lifestyle in Israel. Also since her husband has been unwell the difficulties of travelling and getting around in Israel have made it even more unlikely they would ever want to move:

> [there's a] lot of stairs and the roads are hilly and there isn't always somebody to take him (in his wheelchair)
>
> (04) Female, married, 85, husband 87

She also considered that they would require help for him to get around, something they do not need in the same way in Gateshead. So moving would make him more dependent. He gets lifts in Gateshead as well, but as many people have a car here, and the distances are short, it feels less of an imposition. Also, from the road to the building is much easier in Gateshead, whereas in Israel there are usually lots of steps.

Strong attachments:

- o To work/volunteering:

The husband was still working, although he is unwell and frail. Here we see the strong attachment to work as mentioned previously (see page 249):

> (he) doesn't want to retire, it's not good for anybody to retire because no... don't want to retire, then you've got nothing to do
>
> <div align="right">(04) Female, married, 85, husband 87</div>

She is busy with voluntary activities:

> I buy frozen meals from London every three or four months [...] I've got two big chest freezers, for people, either not well or have a baby [...] [also] I've got humidifiers so ... if somebody is wheezy they can come and fetch it [...] I do library on a Thursday afternoon and in between [...] I mend the books
>
> <div align="right">(04) Female, married, 85, husband 87</div>

Work takes a very central role in the husband's life. He is still going into work despite not being able to contribute too much anymore[153]. She also feels strongly that she still has a lot to contribute.

- To their home: Both of the couple have lived in Gateshead a long time and she feels attached to her house, which she would not consider leaving, and:

> …it would be too much work to go and move to another house

- To their children in Gateshead: They are very involved in the lives of her two children living in Gateshead:

> ... the children are very much part of our lives and we of their lives

She spoke a lot about the different ways they are involved in the lives of their children and grandchildren

- She loves living in a community where all the Jews are religious:

> I like Gateshead because it's a frum[154] place

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[153] He used to own the business I work for, though he has since sold it, he still goes in everyday

Summary

Attachment and connection to Gateshead are strong factors in this couple's desire to stay. They have a considerable amount of social capital through their connections with children, colleagues and other community members. This affective attachment towards the people, work/volunteering and community reinforces attachment to the physical environment, including their house. They are also attached to the religious nature of Gateshead and feel they are part of what Gateshead is. This is place creating (see page 238). Maintaining their independence and autonomy is a major, if not primary, consideration, and this precludes moving completely. Working and volunteering, being and feeling useful, and maintaining reciprocal relationships clearly enmesh them within interdependent relationships that influence where they want to live. They know they would find life in Israel difficult and they would lose some independence. They also resist change and can see no reason to consider any. Financial considerations do not prevent a move if they would want to migrate. They do not like waste[155], and spending money in this 'unnecessary' way was an anathema to them, and they live very simply. They give a lot of their money to their children.

Decision 8: Ambivalent stayer (gave up the idea of going)

Participant 02 has five of her ten children in Israel. Only one lives in Gateshead, and they only moved to Gateshead recently. She had thought that one day they would move:

> ... we always dreamed of living near the children – five live there
>
> (02) Female, married, 72, husband 77

When I asked her the question about moving it was clear that she had weighed and measured all the advantages and disadvantages. The spouses had discussed it at length together. They also spoke about it with their children. This is very different from decision 7, where it was clear participant 04 hadn't really thought

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[154] Religious (see page 237)
[155] She admits to be a considerable hoarder and resists change

about moving, or discussed it. Although participant 12 and her husband had at one time thought of going, they will not do so. She gave a number of reasons.

- She finds life difficult there:

    I do not feel at home there, I can't get used to it, the bus, shopping –
    it's all so different and difficult

She knows that if they would move they would rely heavily on their children and that is unacceptable to her. If life is more difficult in terms of, for example, shopping, getting around or dealing with the language barriers, then reliance on children would be more necessary.

- She is worried that the children will be 'on top' of them:

    Also the children would be on top of us – I appreciate my space

This theme of 'not wanting to be a burden' emerged from a lot of the narratives. This comment in particular is interesting, as it is very different from those that say that they want to move to be near their children. Here, we can see that it is an important consideration that people not be 'over-helped', as that greatly affects a sense of autonomy. When she was talking about her son having recently come to Gateshead to live, living on the same street, she said:

    They don't overwhelm us, I talk to (my daughter-in-law) often,
    sometimes every day, or a few times a day, but they have their own
    life, and they are not on top of us

                                                        (02) Female, married, 72, husband 77

- There are financial considerations. If they moved they could only afford a small apartment:

    The money is not a small thing either – I have a large house here, but
    I wouldn't have the money to buy even a small apartment in
    Jerusalem

                                                        (02) Female, married, 72, husband 77

Also, if they did move they could not continue to help the children financially:

> We manage on very little and anything that is left over goes to the children – they are all living on the bread line, and we send them anything we have
>
> <div align="right">(02) Female, married, 72, husband 77</div>

We see a strong theme of interdependency and reciprocity. So the financial considerations are both for themselves, that they would have to have a smaller home, and also for her children that they would not be able to help any more.

- Attachment to work: Her husband does a job that is very important to the community, and he heads one of the important institutions of Gateshead. Like in decision 6, he would be greatly missed by the community if he left. As mentioned many times the attitude to retirement was that there is no chance of him retiring, and he remains very busy:

> as long as he has the physical and mental strength he will go on

She is also busy managing the number of visitors that come to ask her husband's advice and sorting the letters he gets from around the world. She said that when they reflected on moving they realised it would not be a 'peaceful retirement', because if they moved he would 'bothered' by his many *talmidim*[156]:

> Also my husband would have no peace there, even more than here,
> he has thousands of *talmidim* there and he wouldn't get anything
> done. So it's not going to happen
>
> <div align="right">(02) Female, married, 72, husband 77</div>

- Attachment to Gateshead. Both of the couple had been in Gateshead for many years. She is one of the oldest people raised in Gateshead, having come as a baby. She feels her identity is strongly linked to the place, as well as to her close relationships, particularly her husband. She feels she is his:

> I would say I am a real Gatesheader – I am rooted here, and I am my
> husband's wife and my children's mother, it's enough for me
>
> <div align="right">(02) Female, married, 72, husband 77</div>

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[156] Students

Summary

This couple's reasons for staying are along similar lines other stayers. These are: difficulties of life in Israel; the wish to remain independent; attachment to work and community; and financial reasons. Not having the money is not the main reason, but part of the overall picture. It is also influenced by interdependency and reciprocity because by staying they have more resources to help their children. Work is one of the most important reasons to stay. Work is part of a significant interdependent relationship with the community, as the community needs the husband, and the husband needs the community.

Triggers for leaving

Here I specifically relate to the triggers for migration. I dealt with the issue of relocation within the UK on page 170. It is self-evident that expectations of migrating will not always correlate with actual migration, as behaviour may diverge from expectations because circumstances may change over time— unexpectedly blocking or triggering geographic mobility (Silverstein and Angelelli, 1998). I found that the participants could not identify a specific trigger to moving. On the other hand many who wanted to move could identify barriers. I tried to identify the triggers from the stories they told me, even though the participants did not recognise for themselves a specific 'trigger point'. In their eyes in just 'happened'. Even when people planned their move over a long time, it was still interesting to try to work out why they finally moved at the time they did. In the end I could not come up with any general conclusions about this. The only exception to his was participant 31 (see decision 2) who had visited her husband's mother and found her situation intolerable, as she was suffering from dementia and was in need of care. Heath played a significant part in the move of participant 30's move (decision 1), but there was not specific trigger that made the move happen *at that time*. Other leavers were more forward thinking and planned out. They had bought flats, or they were 'on the lookout' for something suitable, so moving occurred when a flat became available.

Barriers to leaving

Health was a frequent barrier to moving, as in decision 6. As is common in this community people often do not retire but reduce their workload according to their strength and ability. It is quite possible that by the time people stop working they are no longer be in a position health-wise to migrate.

Financial considerations were also mentioned as a barrier to moving. The idea of 'not affording' was not a simple matter of literally not affording the move at all. Since the property price differences between Gateshead and Israel are so large some people might not be able to afford a flat near their children, as the children had bought their houses many years ago when the prices, both actual and relative, were much lower. They would also have to move to a smaller residence than they were used to in Gateshead. Hosting is of particular significance to people, particularly women (more about this on page 185). Downsizing would mean that their children cannot stay with them over *Yom Tov*[157]. Besides not wanting to downsize, the participants also recognised that if they did make such a move they would not have extra money to help the children. This was of particular significance, and some people mentioned one reason not to move to Israel is in order to keep supporting the children (decision 8). Some people therefore made the decision that although they would like to move, on balance it is better for them to stay and have money for the children. Those that did move either had sufficient financial resources to support a nice flat in a good area and continue to help the children or they were happy to live at a lower standard of living and face the resulting consequences, including not helping the children financially as much as they would like. In fact people who were not anyway supporting their children felt freer to move, as the financial impact was only on them, such as living in a smaller apartment. It is important to note that older people still moved despite the fact that they knew they would encounter some, and sometimes considerable, financial and other hardships, by doing so. It seemed that there was some consideration that moving nearer children would make it easier when they would

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[157] Jewish holidays (see page 16)

need more help, but this was not made explicit. On the other hand there was an expressed acknowledgment by some that they know that children want to help them and that moving closer makes providing that help easier for the children.

Summing up the decision-making process

The primary considerations in the decision-making process were 1) the desire for independence, and to not be a burden 2) attachment to children 3) attachment to people 4) attachment to place, and 5) financial resources.

1. The desire for independence, and to not be a burden

People thought about whether a move would increase or decrease dependency. Some felt a move would increase dependency (decision 6) and others that it would reduce it (decision 1). Some people felt that although they wanted to be near their children, they would become a burden to the children, and also that their children 'would be on top of them', both of which would affect their sense of autonomy. The reason one move would increase dependency and another would decrease it was due to the fact that living in Gateshead is easier for independent living unless there are considerable resources available to offset the difficulties. This is because of the differential cost of housing, the topography of the country and it's easier to get around and make friends and access services. The difference between Gateshead and Israel as regards getting around on one's own is a consideration when people are thinking of migrating when they are already compromised physically. If people move when they are still fit and healthy then they do not seem to consider this. Maintaining reciprocity is important part of remaining independent. For this reason some people consider the financial implications of their decision on their children. If they move and use up all their resources they cannot give money to the children. Also they risk becoming a financial burden on their children if their money isn't sufficient.

2. Attachment to children

All those who moved, moved towards children. All who actively stayed mentioned children were an important part of that decision[158]. There is not a simple numbers calculation (two here and six there, so move there). If a deeper relationship has built up with the children who live close by, then moving away from those children would be difficult. On the other hand people do not move, no matter what their primary reason for moving is, unless there are children in the place they are moving to.

3. Attachment to people

People also have affective attachment towards important people in their lives, particularly children. Wanting to move near children is the primary reason people give for moving, or for wanting to move. As mentioned in Chapter Six, people have significant attachments to many other people in their wider environment such as neighbours, friends and shop keepers. They lose this connection when they move to Israel, and this is discussed elsewhere (see page 252). In deciding what to do, the needs and desires of all the people within a reciprocal interdependent network need to be taken into account.

4. Attachment to place

Attachment to place is mediated in large part by attachment to people. People form attachments by having lived in Gateshead because of the spiritual, religious and cultural attributes of Gateshead, all of which are created by a community of people with those values. They also have memories, positive experiences with people, and had a role in making Gateshead the place it is. This attachment enhances feelings of attachment to the physical environment and their home. There was also attachment to work and or volunteering. There is particular attachment to work that has significance to the community. On the other hand, people often have a significant place attachment to the Holy Land because of its

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[158] There were exceptions of people who are not yet thinking about it. There was also the exception of two widowers who don't want to move near their children and have none living in Gateshead. See page 170

religious and spiritual meaning. Despite these feelings towards Israel, migration did not occur without the strong bonding social capital of children and other kin in Israel to support them.

5. Financial resources

Whatever decisions people make they need to have resources to realise their intention, both in terms of money and social support. The idea of 'not affording' depends on one's priorities. Some are not prepared for the downsizing and reduced standard of living, others can buy suitable apartments and pay for suitable help. Being able to help children financially was also an important factor in the decision-making. I found that there were rarely clear triggers to migration, but finding an appropriate flat and having sufficient resources are facilitating factors. Not having financial resources acts as a barrier to actualising their wishes to migrate. There are also practical considerations they take into account, such as work commitments (separate from work attachment) as well as practical concerns about coping with the lifestyle. There are also more subtle forces at play, such as inertia, or not liking change. Moving, even with all the help of family, is a difficult and stressful time. People, therefore, tend towards the status quo. Any reason to move has to overcome the inertia of the status quo. Usually if there is a conflict of needs or desires between the different spouses, the status quo is maintained. There was one exception to this, see decision 3. In all other cases the spouses agreed. Many of the stayers had spouses with different needs, and the needs of one spouse are significant enough to be acknowledged by everyone as being paramount.

Summary

This chapter examined eight decisions, four who had migrated and four 'stayers', both voluntary and involuntary. Each decision had different specific dynamics, but the key concepts affecting the decisions were attachment to people and place, autonomy and independence, social capital, financial resources and interdependence. I contrasted those who moved with people in similar situations

that did not move, highlighting the factors that influenced the final decision, revealing the complexity of the decision-making process. I also highlighted triggers and facilitating factors of migration as well as barriers that prevent people from actualising their desires.

Chapter Eight: DISCUSSION AND CONCLUSION

Introduction

This study sought to investigate what the thoughts and plans of older people in the Orthodox Jewish Community of Gateshead for the future, and whether they considered relocation. I wanted to gain insight into how older people structured their priorities in deciding whether or not to relocate, such as the importance of religion and culture, health, proximity to family and financial considerations. As the research progressed I developed a specific interest in the phenomenon of older people, who have lived happily in Gateshead for over 40 years, migrating to Israel. I also wanted to understand how the decisions of older people affected them and their families.

Answering the research questions

The first research question was: what decisions did older Orthodox Jewish people from Gateshead make about ageing-in-place or migrating?

Those who made short distance moves to be near or live with children corresponded with the typology put forward by other researchers e.g. Wiseman *et al* (1979). One who downsized and moved from London to Gateshead, one moved back from Israel after an unsuccessful migration, to live with an adult child in Gateshead, one moved from London to Gateshead to live with an adult child, and one moved from Gateshead to a residential home in London (see page 170). The phenomenon characterised in this study of older Orthodox people migrating to Israel is of a particular type that has not been studied before (see page 78). When looking at those who migrated, they migrated despite a number of factors that would ordinarily preclude migration. 1) These people moved despite research that suggests many older people prefer to 'age-in-place' (Wiles *et al.*, 2012). People in their seventies and eighties often move due to some 'pushing' factor that makes

the move 'involuntary' (Perry *et al.*, 2014), whereas or this sample voluntarily migrated to Israel despite high levels of attachment to Gateshead. 2) Unlike other studies (Walters, 2002) which suggest that those who have lived in their previous homes for less than fifteen years are more likely to move, all those in this study who migrated were home owners who had lived in their home for many more than fifteen years (40 or 50). 3) Some people identified in other studies migrated to improve their standard of living or access to amenities (amenity migration). Those that migrated in this study moved to a society that is more physically difficult to live in, and involved a reduction in their standard of living. 4) In other studies people were identified as migrating to receive care and support from kin. This was often 'return' migration (Walters, 2002). There were individuals in this study who moved within the UK to receive care and support from adult children, but migration to Israel was not for that reason, and neither was it 'return' migration.

Another research question was: What were the main priorities, and what role did these priorities play, particularly relationships with adult children, in the lives of older Orthodox Jewish people from Gateshead?

I found that the same fundamental priorities emerged as significant to all the participants, regardless of whether they were movers or stayers. The final decision depended on how individuals negotiated the differing priorities of the spouses have different views, and taking into account the needs and wishes of their adult children, and depending on their particular circumstances, especially with regards to health and financial resources. The priorities of the older people were the desire for autonomy, independence and 'not to be a burden', autonomy was primarily signified by decision-making, and all the older people in this study had complete control over their decisions, though some are influenced by their children's needs and opinions.

Original Contribution

This research gives an original insight into understanding Interdependency using the concepts of wishing to 'remain independent', the desire for autonomy and to 'not being a burden'. Interdependency is expressed through reciprocity and

attachment. These priorities sit within the framework of the participant's attitude to age and retirement. This is the context in which these decisions are made.

Age is fluid

In this study most participants, regardless of age, were healthy and active. A few mentioned having some of the physical ailments associated with older age, and a small number were quite unwell. Participants accepted the natural changes that accompany the ageing process such as arthritis, diabetes or having difficulty walking. They describe this as 'feeling my age' or 'not as young as I was', but did not consider themselves as 'old', and reported they 'felt young inside'. Chronological age was not an indicator as to people's mental or physical health, as people aged differently. The participants in this study, regardless of their health or level of disability, were almost all still working, volunteering or engaged with the community and their families. This included participation in family celebrations, which in large families are plentiful. Men placed a high priority on remaining fully engaged in the religious side of their life. They attended prayer services three times a day, learnt with a learning partner and heard regular Torah lectures. Respect for older people in the community was not dependent on mental and physical health but rooted in appreciation of a person's innate value as a human being and in recognition of their past and on-going religious, cultural, emotional, social and economic contribution to families and community.

Attitude to retirement

The attitude to retirement within the cohort was that there 'was no such thing'. People reduced work commitments according to their strength and desires and the community provided and supported opportunities for their continued involvement. Some people did not seem to retire at all, but even those that did, it was considerably older than 65. The participants felt that work was important for their own mental health. It gave structure to their day and maintained social relationships. People felt that being 'still of use' and contributing was an important aspect of work. Many people had jobs for which they felt a strong mission and

purpose. This type of work made people felt they were indispensable and this impacted upon their ability and willingness to retire. With many people only reducing their workload according to their strength, often until their eighties, migration was undertaken at any age, the oldest being 80 years old. If people do not move whilst they still had the ability to be independent in Israel, then migration became increasingly difficult and progressively less likely to happen.

Interdependence

I argue in this work that perceptions of help flowing from younger adults to older adults create inaccurate stereotypes that cast older people as dependent and incompetent. The concept of interdependency, on the other hand, expresses the idea that everyone within a family, social network and the wider community is connected and dependent on others. If support given is within the context of interdependency and respecting the need of older people to remain autonomous, then it is not considered as a loss of independence. Reciprocity, and knowing that their contribution is valued, reduces older parent's feelings of dependency.

A number of themes emerged from the data as being of importance to the decision-making process. These are: 1) the need to be autonomous, 2) the need to remain as independent[159] as possible, and 3) to not 'be a burden'. I also contend that attachment to people and place was a primary consideration in decision-making. Primarily there is attachment to children, but attachment to the place of Gateshead, and for some, Israel, was also significant. All these aspects of attachment, based as they are, on interconnected relationships in which they give and receive, are part of the over-riding theoretical construct of interdependency. Attachment to place is mediated through the presence of, and relationships with, people. This is reciprocal, because each person also mediates that attachment for other people just by their presence as a neighbour, friend, work colleague,

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[159] See 188 for a discussion of the difference between autonomy and independence

member of a '*mokom*'[160], as a 'familiar face in the street', and for being part of the history and memories of others.

Older people in this study are embedded within a network of reciprocal interdependent relationships. All the participants made clear that the relationships with the highest priority are with children and spouses. They are also connected to wider networks of other relations, work colleagues, neighbours, friends, and 'people in the street'. These relationships, as well as their lived history in Gateshead, and the memories it holds, form the basis of their attachment to Gateshead. The decision or desire to migrate or age-in-place revolves around the prioritisation of different aspect of interdependence and attachment, and they negotiate this with their need to remain autonomous, independent and to not be a burden.

Independence/Autonomy/not 'to be a burden'

Independence, autonomy and not to 'be a burden' were high priorities and they all connect to Interdependence[161]. Autonomy was maintained by 1) making their own decisions and 2) having control over their own resources. This was meaningfully signified by a) engaging in reciprocity, b) living in their own home, and for some, particularly women, in c) hosting guests for *Shabbos*. Living in one's own home was not about ownership but about dominion – that this is 'their space', in which they can structure their lives as they please and host others. In order not to feel a burden older people received support in the context of reciprocal interdependent relationships. Being a 'burden' threatened their identity as parents who are the 'providers' and compromised their sense of independence. In some cases it was necessary for older people to surrender certain aspects of their independence. This did not compromise their autonomy when this was their decision. Choosing to be less independent, or not to be independent, is an indication of autonomy. Autonomy and independence was also maintained by engaging in meaningful activities, such as work or volunteering. It was important to older people that they

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[160] See page 253
[161] See page 185

continued to make a contribution. The contributing nature of work is an aspect of Interdependency. Work was focussed on people. The people they work with and for, and the people who are helped by the result of their labours. They give to the work, and the work gives something to them.

Attachment

Attachment to the physical environment and their home developed out of participants' attachment to the many relationships within Gateshead, both close and superficial. I found for all the participants that only the presence of children, not any other kin, was taken into account in choosing a location to live. The centrality of their relationship with their children and spouse created a strong attachment to the home which they shared. Through memories and positive experiences people had developed a sense of safety, familiarity and belonging to Gateshead. This attachment was due in part to the spiritual, religious and cultural nature of Gateshead, amplified by the role they had in its development. Friends, neighbours and people in the streets create a familiar ambience that contributes to attachment. Attachment to work and or volunteering, which, besides giving people meaning, structure and financial resources, also involves interactions within the context of interdependency. Men also had attachment to their *mokom*[162], which is also primarily about relationships to people and joint activities in which they feel they play an important role. All these aspects of attachment, based as they are, on interconnected relationships in which they give and receive, are part of the over-riding theoretical construct of interdependency.

Resources

Whatever decisions people make they need to have resources to realise their intention, both in terms of social support and money.

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[162] See page 253

Social capital

Bonding social capital refers to trusting and co-operative relations between members of a network who are similar in terms of social identity (Hyyppä, 2010; Putnam, 1995). Life is easier in a community blessed with a substantial stock of social capital as is the Orthodox Jewish community of Gateshead. My data indicates that spouses and children are the central relationships to the participants, and friendships are important to some people but not all. All the participants had a good supply of bonding social capital, which helped people have a good quality-of-life generally, and specifically helped people to adapt to the major changes in their lives that occurred when they relocated or migrated.

Financial resources

The availability of money played an important role in the decision-making process about relocation. Money was required to buy a flat in the place people moved to, paid for relocation costs, and when needed, paid for care or support to prevent them having to rely on children. People were determined that any burden of care should not fall on their children. Lack of financial resources prevented people from actualising their wishes to migrate. The idea of 'not affording' depended on the individual's priorities. Some people could afford apartments that met their standards and paid for suitable help, others were not prepared for the downsizing and reduced standard of living a move would require. Another important factor in the decision was being able to continue helping children financially.

Gender differences

I found that sometimes the priorities of men and women were different, and this was most clear in those stayers where one of the couple wants to move and the other does not. Usually if there was a conflict of needs or desires between the different spouses, the status quo was maintained.

Put simply, it seemed that men were very connected to their place of learning, prayer and Torah lectures (*mokom*[163]), where they have a sense of belonging, status and camaraderie. Women, on the other hand, want to be close to the children and grandchildren. This meant men tended to want to stay, and women tended towards wanting to leave. When this was the other way around it was because women seemed to be more realistic, or some might say negative, about the potential problems, whereas men (as reported by their wives) did not think about these practical problems in the same way. Also, the problems women and men face in settling are different and this might also have an impact on the different attitudes. Men settled more easily once they had found a suitable *mokom,* whereas women found it more difficult to get to know the neighbours and be known by people in their environment, and therefore it was harder to become integrated to life in Israel. In Figure 30 I have visualised the how attachment to place, work and people are all aspects of interdependency.
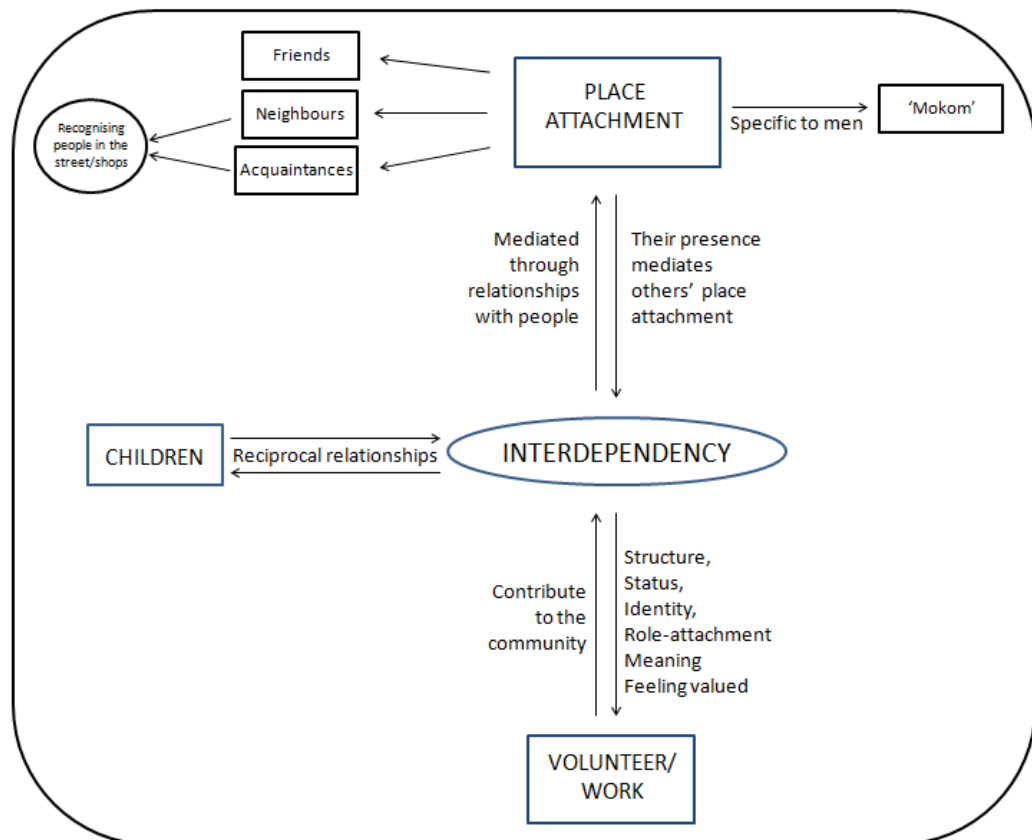

Figure 30: Interdependency between the individual and people, place and activity

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[163] See page 253

The decision-making process

The third question is: What was the decision-making process of older Orthodox Jewish people from Gateshead about ageing-in-place or migrating? In every decision, including migration and retirement, there are going to be factors over which the individuals have no control. These will be societal factors such as the political, financial and social context in which people live, including social expectations of what people 'should' do. Other factors will be related to personal circumstances, such as poor health or personal traits such as the ability to deal with change and having resilience. Then there are factors that are not completely outside the person's control, but create such an imperative that the person *feels* no control. This was mentioned in relation to feeling indispensable in their jobs, or having responsibility for an ailing parent. The degree of available resources (financial, social capital) can cause people to feel that certain choices are possible or impossible. It can sometimes be difficult to gauge whether something is completely outside one's control, or only *feels* like it. At the next level, assuming that a decision is *possible,* people make a cost benefit analysis which involves three stages. Although these are described below as though they are chronologically arranged, all the stages are actually done at the same time, or in more complex arrangements. The process bears similarities to Townsend and Busemeyer's (2014) 'approach–avoidance' decisions which is an exploration of the complexity of decision-making. Figure 31 illustrates my own representation of the decision-making process.
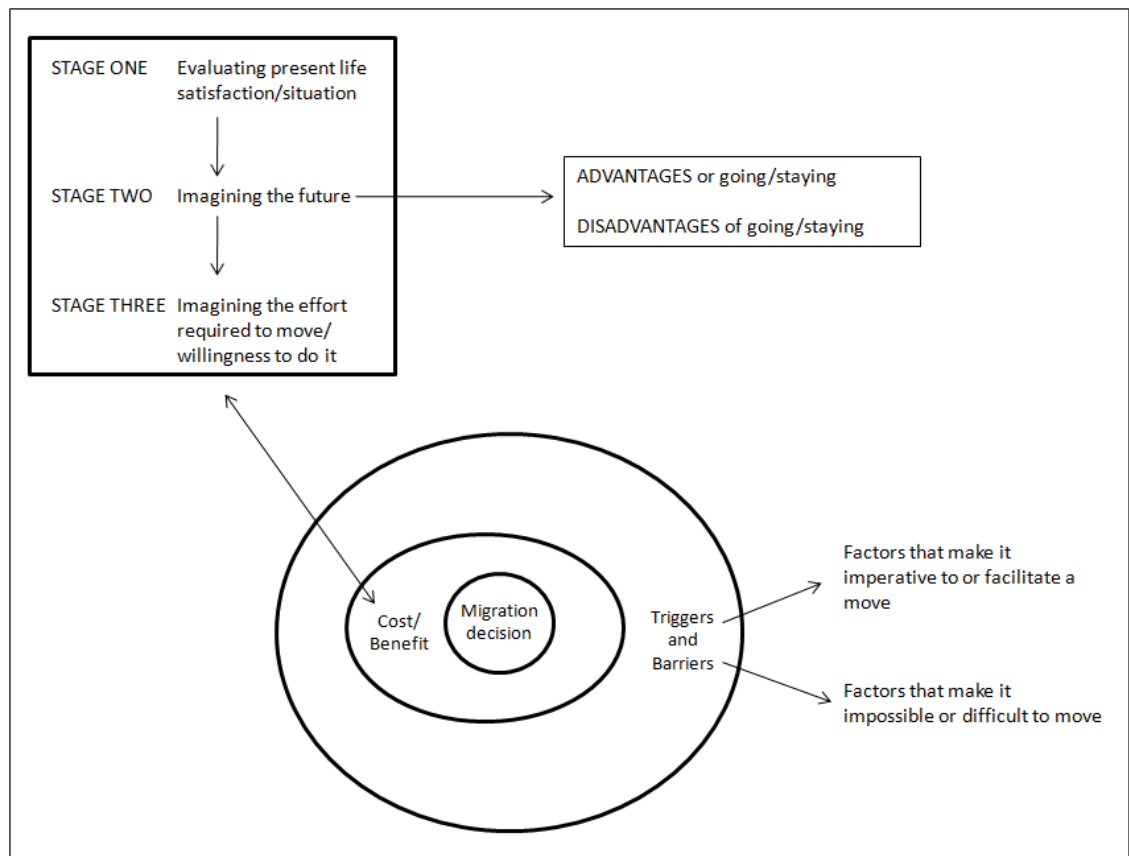
Figure 31: Migration decision-making

Stage one involves a person considering their present situation and whether they are happy with their lives.

Stage two involves imagining the future in different scenarios and an analysis of the outcomes of different possible decisions.

Stage three is a consideration of the effort it will take to get from the 'now' to 'then' (imagined future). Even when the outcome of a move can be imagined as being very good, but the effort required in reaching that future is considered too great, or the process creates too much anxiety, then people will stay with the status quo.

There were a number of people who simply did not progress to stage two. They got on with their lives and would deal with things as needed, and they did not worry or consider the way the future would unfold. Generally this represented a satisfaction in the present circumstances, but it might also conceal an anxiety

about the future resulting in a very 'here and now' (denial) type of thinking. Not thinking about the future is also a viable choice.

Stage one and two, weighing up the present and considering the possible future ('present – future' thinking) involves weighing up of different priorities and considering how any possible action (or inaction) will affect them. These priorities will be resolved in different ways depending on the individuals and on aspects outside their control. Even when stage two results in a decision that moving would be best, at stage three people become overwhelmed by the process, and stay stuck wanting to move but not doing so. Because people vary in the way they weigh risks and advantages of moving, people reach different outcomes with the same set of circumstances. For example, research indicates that women are more likely to perceive the likelihood of negative outcomes (Harris *et al*., 2006), meaning that spouses may come to different conclusions about the costs and benefits of moving.

Who makes the decision?

I did not have enough data to determine clearly how this decision-making process was negotiated between the spouses, as I had few interviews with men (husbands). I also did not interview both spouses in a couple to determine the extent they differed either in their decisions, as well as the process by which they came to their decisions. This is a limitation in the data, and in the conclusions that emerge from the data. I have noted where spouses differed in opinion, as reported by one spouse (usually the wife) and shown that where conflict existed between the needs and wishes of the spouses, then the 'status quo' tended to be maintained. As the status quo was staying, that was what happened. Moving is such an enormous undertaking it would be difficult to do it without the full cooperation of both spouses. However, these conclusions are tentative, as I only had one side of the story.

Recommendations

For policy-makers

Improvements in life-expectancy along with the reduction in fertility have caused an increase in the proportion of the population that is aged over 65 or more years. This is usually constructed as a problematic increase of the older population. Due to small families it could be equally framed as dearth of younger people. Families are also complicated by increased rates of divorce, remarriage, and step-family formation. The increase in women in the workforce also has affected the structure of multigenerational families and the relationships within it. Society is challenged as to how it will cope with the expanding need for support and care of its older population whilst there are fewer family members to share this task. As a result more resources need to come from external sources, and this has policy implications. Appendix 12 is a list of official reports, guidance and legislation that affect Community Care, indicating that policy often is appropriate in being person centred, empowering, focussed on keeping older people independent in their own homes and prioritising autonomy and independence over safety and efficiency. However these policies require attitudinal changes and resources to enact as they are intended (see references in appendix 12). This study reinforces many of these recommendations:

1. In as much as policy can have some influence on attitudes, they need to be directed towards greater engagement of older people in society. The default assumption should be that older people are autonomous and independent and can meaningfully contribute. This should not be tokenistic, but a real recognition that there is not a boundary across which people pass from a normal state of being to 'old age'. There are already policies such as the removal of a statutory retirement age and outlawing ageist discrimination. More could be done, such as funding programmes that encourage older people to contribute. When more older people are visible in public life and in the media then attitudes change and this has an effect on older people's self-perception as well.

2. There are basic services that both local and central government provide that impact disproportionally on older people's lives. The 'austerity' agenda negatively affects services such as healthcare, adult education services, and transport. Many of these services help keep people independent; delaying the time they become dependent on others.

3. Social work policies and practice for older people should prioritise autonomy and independence over safety and efficiency.

4. Older people are also disproportionately affected by reduction in the availability or quality of health-care services, for example, the increasing difficulty in getting a doctor's appointment; services that are directly affected by policies (Age UK, 2014).

5. Policy-makers could also value the contribution of family carers. This can be done by recognising the real monetary value of the work they do, through cash-for-care payments, as well as supporting them in other ways. Funding professional social services to allow adjustments to houses, funding respite, having an advice service, and reducing thresholds for eligibility are all tangible ways statutory bodies could help, but are constrained from doing so by lack of money.

There is often a false economy in policies that lead to cuts in services, as there is not only an emotional cost when older people lose their independence and go into care homes, but health and financial costs as well.

Specific policy priorities relevant to the needs of this community would be:

1. To make it easier for older people from this community to access residential care appropriate for them, namely in London or Manchester

2. Understand the need for, and provide where indicated, male carers

3. Realise the importance of working in partnership with this community to ensure the availability of culturally sensitive services

For the Jewish Community

It is essential that Orthodox Jewish community organisations take note of a number of conclusions that are relevant to them. It is very positive that older people in the community not seen as 'old' because they are busy and fully functional. There is also a prevailing assumption in the community that older people tend to migrate. Together these factors create an assumption that there is not a pressing need for services aimed at frail, and or disabled older people. This assumption needs to be looked at again because:

1. The number of older people in the community at the moment reflects a community size of 50 years ago. Yet this community has grown exponentially and, in the future, there will be considerably more older people.

2. We cannot assume that people will migrate because:

   a. As seen on page 164 Table 6, the majority of the participants do not have equal or the majority of their children living in Israel, and page 166 shows that 16 out of the 26 participants living in Gateshead want to stay in Gateshead and have no plans or intentions of leaving, with 2 having moved *to* Gateshead. Though events may change this, it is important not to assume older people will leave Gateshead.

   b. There are many people who feel they need to stay in Gateshead for the sake of their work. By the time these people are at the point of stopping work, they may not feel up to moving.

   c. The next generation of older people may not have the resources to move, as costs in Israel have spiralled. They also may be less willing to reduce their standard of living.

   d. Migration depends on children settling in Israel long-term. If more children are returning to the UK, fewer older people will subsequently migrate

Jewish life provides a lot that encourages good mental health. The culture of Jewish life, with the central role of *Shabbos* and *Yom Tov*, provides constant

opportunities for family and social gatherings[164]. The community also places value on the voluntary work of older people. The attitude to retirement values older people's continued contribution, and the prevailing attitudes within the community to older people are significant in improving and maintaining social relationships and identity and thus the health and well-being of older people. There is also a large pool of social capital in the community that can be drawn upon to support older people. It is important to see that older people are *also* an integral part of this social capital and are a valuable resource for the community to draw on to support each other and others. Despite all this the community should not assume that family and friends can and will support all the needs of every older person. Services for this group of people should be constructed to meet their needs, which based on this research are; to feel useful and remain autonomous, and as independent as possible. Therefore, services should:

1. Support independence. For example, accompanying people to go shopping, rather than shopping for people.
2. Be gender specific. For example, having men learn with older men, the volunteers can also be older men
3. Be culturally relevant. For example, arrange *shiurim*[165] at suitable times for older people
4. Encourage older people to contribute. For example, recruiting them for cooking for meals on wheels, or older men mentoring a boy. If mobility is a problem the older people can make phone calls and organise things from their own home

Although all those who migrated eventually settled well[166], they felt there were ways in which they could have been prepared better for some of the difficulties they met. These are issues that might not arise when visiting, such as dealing with bureaucracy, ease of shopping or getting around, and language differences.

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[164] Refer back to page 16 where I outlined the number of Jewish holidays there are during the year
[165] Torah lectures
[166] With the exception of the mother of participant 24 who had mental health issues and could not cope (see page 195)

Another implication of this research is that people who do migrate should be better prepared for the challenges they will meet.

For practice

Social workers and carers can, and should, offer and give care and support in ways that do not compromise autonomy and reciprocity. Older people can and should maintain control over their lives, because making one's own decisions is of considerable importance in maintaining autonomy. Even in situations where a decision must be made by others, older people should be encouraged to 'buy into' the decision. In some circumstances people have to surrender certain aspects of their independence, but this too has to be their decision, and this in itself maintains a sense of autonomy. Other times people need 'supported independence', which is where they need support to actualise their own decisions (Roberto *et al.*, 2001).

Care needs to be given in a way that doesn't disempower or infantalise, and is not controlling. Overly strong social support provided to vulnerable older persons can cause skills to atrophy and competence and confidence to erode. It sometimes appears to be automatic that people speak to older people with condescension. It requires training and personal reflection to stop doing this. Even when people lose certain capacities they do not lose their 'personhood' and should not be addressed as if they are something 'other'. There is a recurring theme in this research that 'help and support' does not have to be a contradiction to 'independence', if it is given within interdependent, reciprocal relationships and where the contribution of the older person is truly valued. If people are treated in such a way that they are not made to feel a burden, and make their own decisions and have control over their resources then they will feel fully autonomous.

For future research

There were many questions that came up in the study that I could not pursue. I interviewed four people who had migrated, for whom it had all been a positive experience. It would be beneficial to interview participants for whom migration

had not been a positive experience. I focussed on migration to Israel, but it would be helpful to know the experiences of those who had relocated elsewhere in the UK as a comparison.

To understand if there is a connection between early experiences of migration and later decisions, by, for example, affecting the sense of place attachment and/or feelings of familism, and/or affecting the development of resilience, comparative research would be necessary with the next generation of older people who did not have the early experiences of war and fleeing as refugees.

In the light of participants' assurance that moving to live with adult children would be the last thing they would want for themselves, further research is necessary into what the outcomes are for older people, and their families when cohabiting.

Research is needed into what the differences in the process of feeling settled after migration between men and women tell us about the different priorities of men and women and how they construct their social lives. Likewise, further research into the gender differences is needed, such as differences in the importance of work in people's lives and the difference in the decision-making process and final decision between men and women.

Reciprocity played a central role in maintaining autonomy in this study. It would be of considerable benefit to do further research into what different people give and take in these reciprocal relationships, and develop theoretical constructs that take account of the complexity and interdependency that exists between all the different members of the family throughout the life-cycle.

Final word

I would have liked to work in a more genuinely Grounded way by returning to the field with new questions based on what had started to emerge from the data. I would have liked to have interviewed more 'leavers'. I also heard many stories about the participants' early life and how they came to the UK. Many interesting themes came from this part of the data, but I was not able to pursue these lines of

enquiry. I was particularly interested in whether there was a link between people's early experience with migration to the UK, and later migration to Israel. Older people's migration is intimately linked to their children's earlier migration. Another line of enquiry that could be profitably researched is the migration of younger married people to Israel. I would be interested to know why they move and how do they settle and manage long-term.

It would be disingenuous to make it appear as if there had been a linear process in this research; that I started with a clear question, did my interviews and got results that answered the questions, and subsequently drew my conclusions and proposals for policy and future research. In fact this research was really a reflective process and often met with frustrations, change of tack, and at times struggling to understand what I had discovered. I could not capture the full measure of that process without confusing the narrative. I anticipate (see appendix 13) that the Orthodox Jewish community council will make use of its findings, and that I will be able to disseminate the findings further.

APPENDIX

Mrs Leah Raffles BSc. MSW.

Call for participants!

I am doing a PhD in Durham University looking at the decisions Gateshead's older people make about their future. I would like to gain an insight into whether, and how, people plan for their future, and the priorities that affect their decisions. This study will hopefully enable the local authority and the JCCG to plan better services.

I would like to interview:

➢ People over 65 living in Gateshead, whether they have made plans about their future or not

➢ Anyone with a parent over 65 and from Gateshead, whether or not they are presently living here

➢ Older people from Gateshead who have left. If you know of anyone I can ask, please let me know

I would really like to speak to both men and women, and where applicable, to both spouses.

The interviews will be:

- **Confidential**
- **At a time and place to suit you**
- **About an hour long, but can be shorter if needed**

For more information please call

477 5239 – If you leave a message I'll get back to you

07940 357 113 – If I don't answer I'll see the missed call and get back to you

Issue 433

Note: my name within the community is Leah not Larissa

Interview Schedule – Older; residing in Gateshead

Introductory comments

Thank you for agreeing to talk to me.   I expect we will talk for about an hour, but if you feel tired or would like to take a break please let me know and we can stop at any time. We can finish another time.

Read the information sheet or give it to them to read

Do you have any questions before we begin? You can contact me later if you have any further questions after I have left.

Consent form – sign or gain verbal consent

Tell me a bit about yourself and your family?

Probes: Age, where born, how you came to come to Gateshead, marriage, present marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities (draw a genogram showing family connections). Identify who is in Gateshead.

What family (not just children) is in Gateshead? How often do you see them?

Can you tell me about your life now?

Probes: Do you need help with household tasks? Personal care?

Do you get any help from any of your family, and what type of help is it (driving, shopping, cooking, cleaning)

If they identify they receive help identify what type of help and from whom and who helps you (if at all).

Tell me about the quality of your life

Do you feel 'old'?

What do you like about living here? What do you not like?

Questions of identity / attachment to place– belonging:

To what extent do you feel equality, trust, and safety within the community?

How much do you take part / feel a part of the community?

Tell me about the community / social / family networks you have

How much would you say you 'belong in Gateshead'?

What are your plans for the future?

Probes: Have you made plans or thought about the future?

What are these plans for the future?

If the person hasn't made any plans – can you tell me why you haven't thought about this yet?

What would need to happen to cause you to consider your future again (illness, retirement? Children moving)

What are your concerns the future? Have you made a will or power of attorney?

Can you imagine how you would like to be supported as your needs increase?

What are your priorities when you make these decisions? For example, if not mentioned then prompt

(Maintaining independence

The type and standard of care available

Proximity to family

Social connectedness

Financial considerations

Religious and cultural considerations

Services available)

How would your leaving or staying (depending on what they say) affect you / your children?

Do you discuss these things with your children? What do they say? (Identify if different children say different things)

Is there one child who's opinion you seek? Do you trust your children to do what's in your best interests?

Do their opinions influence you? (Identify the points made by children that they take into account)

Are there others who you ask or offer their opinion about this? (Friends, rabbis)

Interview Schedule – Older; residing in Gateshead

Introductory comments

Thank you for agreeing to talk to me. I expect we will talk for about an hour, but if you feel tired or would like to take a break please let me know and we can stop at any time. We can finish another time.

Read the information sheet or give it to them to read

Do you have any questions before we begin? You can contact me later if you have any further questions after I have left.

Consent form – sign or gain verbal consent

Do you have any questions before we begin? You can contact me later if you have any further questions after I have left.

Can I start by asking you to tell me a bit about yourself and your family?

Probes: Age, where born, how you came to come to Gateshead, marriage, present marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities (draw a genogram showing family connections). Identify who is in Gateshead.

What family (not just children) is in Gateshead? How often do you see them?

Can you tell me about leaving Gateshead?

How it came about that you moved here?

Was it a sudden decision? (prompt – precipitated by an emergency or was there a slow decline and realisation that this was needed?)

What were the priorities in moving here?
(Maintaining independence
The type and standard of care available
Proximity to family
Social connectedness
Financial considerations
Religious and cultural considerations
Services available in location)
Why didn't you stay in Gateshead?

If in residential setting - Could you have been supported locally in a non-religious or non-Jewish care home?)

Who made the choice as to where you would go? Who else was involved in the decision making?

How did you find out about the different places?

What choices did you have?

Which did you consider?

Since the move

Who visits you here?

Do children/grandchildren visit?

In general looking back, would you say that this was a good move for you?

In general can you tell me how you have felt about the move?

Tell me how it felt to leave Gateshead? Do you miss it? – what aspects?

Can you tell me about your life now?

Probes: Do you need help with household tasks? Personal care?

Do you get any help from any of your family, and what type of help is it (driving, shopping, cooking, cleaning)

If they identify they receive help identify what type of help and from whom (refer to chart below)

 (ask – don't fill in) and who helps you (if at all) and something about the quality of your life

What do you like about living here?

What do you not like?

Questions of identity / attachment to place– belonging:

To what extent do you feel equality, trust, and safety within the community?

How much do you take part / feel a part of the community?

Tell me about the community / social / family networks you have

How much would you say you 'belong ' where you are? Do you still feel like a 'Gatesheader'

Interview Schedule – Older; residing in Gateshead

Introductory comments

Thank you for agreeing to talk to me.   I expect we will talk for about an hour, but if you feel tired or would like to take a break please let me know and we can stop at any time. We can finish another time.

Read the information sheet or give it to them to read

Do you have any questions before we begin? You can contact me later if you have any further questions after I have left.

Consent form – sign or gain verbal consent

Tell me a bit about yourself?

Prompts: Age, marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities. Identify who is in Gateshead.

Tell me about your parent(s)?

Prompts: Age, where born, how they came to come to Gateshead, marriage, present marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities

How much contact do they have with their children/ other social contacts?

Do you help your parent(s)?

Prompts: What type of help is it (driving, shopping, cooking, cleaning)

Do they need help with household tasks?

Do they need help with personal care?

If they identify that they need or receive help then fill out chart below

If they need more support – who arranges the extra help? Is it paid or voluntary (Agencies, friends, other family)? Tell me how that works?

Do you think of your parents as 'old'?

Have you thought about your parent(s) future?

Prompts: Can you imagine how they will be supported as their needs increase?

Do you worry about your parent(s)? What are your concerns for the future?

Do you discuss these things with your parent(s)? What do they say?

How much influence do you have over what happens?

Are there others who they ask for (or offer) their opinions?

Do you/they have plans?

What are your/their priorities?
 (Maintaining independence
The type and standard of care available
Proximity to family
Social connectedness
Financial considerations
Religious and cultural considerations
Services available)
How do you feel about what's happening – or what is going to happen?

How important is it for you that they remain here/leave (how does it affect you/them emotionally)

Try to distinguish between own view of situation and older persons view

Interview Schedule – Older; residing in Gateshead

Introductory comments

Thank you for agreeing to talk to me. I expect we will talk for about an hour, but if you feel tired or would like to take a break please let me know and we can stop at any time. We can finish another time.

Read the information sheet or give it to them to read

Do you have any questions before we begin? You can contact me later if you have any further questions after I have left.

Consent form – sign or gain verbal consent

Tell me a bit about yourself?

Prompts: Age, marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities (draw a genogram showing family connections). Identify who is in Gateshead.

How often do you see them?

Tell me about your parents?

Prompts: Age, where born, how they came to come to Gateshead, marriage, present marital status, (if divorced or widowed for how long) children, work (past or present), other responsibilities

How much contact do they have with their children/ other social contacts?

Do you think of your parents as 'old'?

Do you help your parent(s)?

Prompts: What type of help is it (driving, shopping, cooking, cleaning)

Do they need help with household tasks?

Do they need help with personal care?

If they identify that they need or receive help then fill out chart below

If they need more support – who arranges the extra help? Is it paid or voluntary (Agencies, friends, other family)? Tell me how that works?

Have you thought about the future?

Prompts: Can you imagine how they will be supported as their needs increase?

Do you worry about your parent(s)? What are your concerns for the future?

Do you/they have plans? What are your/their priorities?

How much influence so you have over what happens? Other family members? Other people?

How do you feel about what's happening – or what is going to happen?

How important is it for you that they remain here/leave (how does it affect you/them emotionally)

What are your / their priorities when you make these decisions?
(Maintaining independence
The type and standard of care available
Proximity to family, Social connectedness
Financial considerations
Religious and cultural considerations
Services available in location)
Do you discuss these things with your parent(s)? What do they say? (identify if different children say different things)

Do your opinions influence them?

Identify the points made by parent(s) that you agree with / disagree with?

Are there others who they ask or offer their opinion about this?

Are you happy with their decision? Would you have preferred a different decision? (if yes, what would you have preferred, why would you have preferred it, and why could that not happen?)

Try to distinguish between own view of situation and older persons view

Appendix 3: Example of information sheet

Leah Raffles
17 Oxford Terrace, Gateshead, NE8 1RQ
0191 477 5239 / 07940 357 113
larissa.raffles@durham.ac.uk

I am doing a PhD in Durham University looking at the decisions Gateshead's over 65's make about their future.

I would like to gain an insight into whether, and how, people plan for their future, and the priorities that affect their decisions. For example, I would like to understand why some people leave Gateshead, and others stay, and what factors play into those decisions. I would like to tape this interview. I will ask you if you mind this, and if you mind, then you can refuse. In the interview:

➢ I will be asking you a bit about yourself, like your age, marital status, children and work.
➢ I will be asking about your parents or parent. I will be asking about their life until now, like where they were born and raised and how and when they came to live in Gateshead, and where all their children live.
➢ Then I will be asking you about their life in Gateshead before they left, how they managed, kept themselves busy and their family and social life. I will ask you about the ways in which you supported each other
➢ Finally I will be asking you about how they came to decide to leave, where they went and how it is going for them there now, and whether there are any thoughts or plans to change things in the future.

The interviews will be about an hour long, but can be shorter if needed, or done in a number of shorter slots.

The interviews will be at a time and place that suits you.

You can withdraw from the study completely or stop the interview at any time, or just miss out a question.

What will happen with the information I collect?

- I will keep confidential the fact that you have taken part in the study
- I will keep confidential all the information you give me
- Notes will be anonymous and will be kept in a secure place and will only be seen by me and possibly by my supervisors at Durham University
- When I transcribe the interview I will take out all identifying details
- Any quotes I use in publications etc will be anonymous
- I will ask you if I can keep the anonymised material for later use – you will be able to refuse this
- I will ask you for permission to keep the recording for later use. This might be for other researchers or for people interested in oral histories. Although I will not keep your name with the recording, there will be identifying details in the recording which will not be removed. Think carefully about if you mind me keeping this, and only accept if you are completely sure about it

Please note I cannot guarantee confidentiality in the unlikely event that you say something which leads me to believe that a vulnerable person is at risk of abuse or significant harm.

Will this study help anything?

The Rov and JCCG agree that this study will gather useful information, enabling the local authority and the JCCG to plan better. A proper study of this type can also illustrate to the Council the unique needs of our community.

Thank you so much for agreeing to take part in this study.

If you have any concerns or questions you can contact my supervisors
Lena Dominelli *Lena.Dominelli@durham.ac.uk*   **Helen Charnley** *H.M.Charnley@durham.ac.uk*

Or by telephone: 0191 334 140

A Study of the Care Choices for Older Orthodox Jewish People in Gateshead

Consent Form

I agree to the following (please tick):

❑ To take part in an interview

❑ I agree to the interview being taped

I understand that (please tick):

❑ I am free to withdraw from the study at any time.

❑   The information I give will be treated confidentially (except where the protection of a vulnerable person may be concerned) and stored safely and will only be seen by the researcher and her supervisor from Durham University. I will not discuss with others that you have given an interview, or the contents of the interview.

❑   All information I use will be made anonymous. It will be summarised along with information given by others, and my name will not appear in any reports, papers or journal articles produced by the researchers.

❑ I permit my interview to be kept for future research.

❑   Consent was given verbally and is recorded at the beginning of the tape.
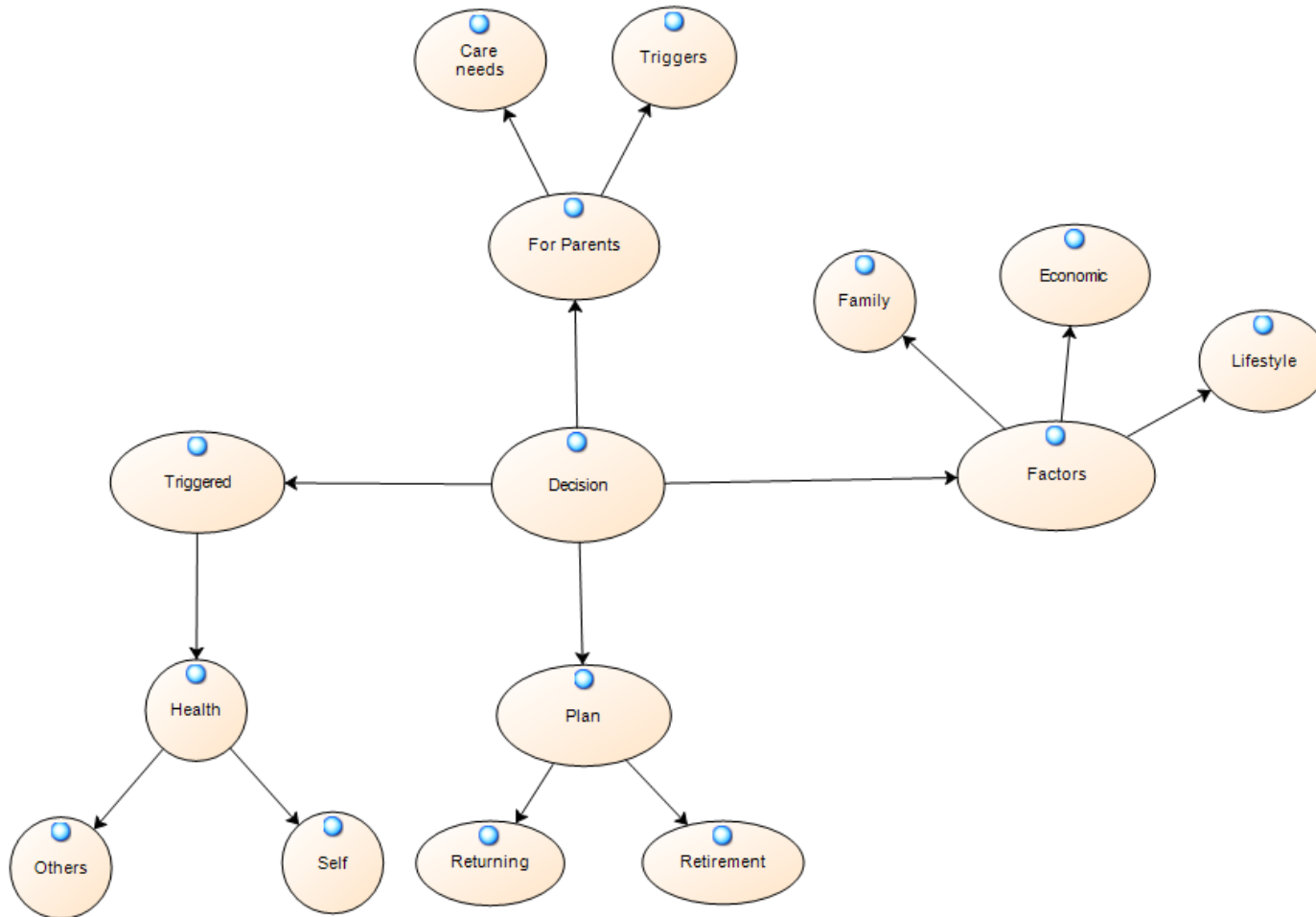
Print Name …………………………..…………………………..
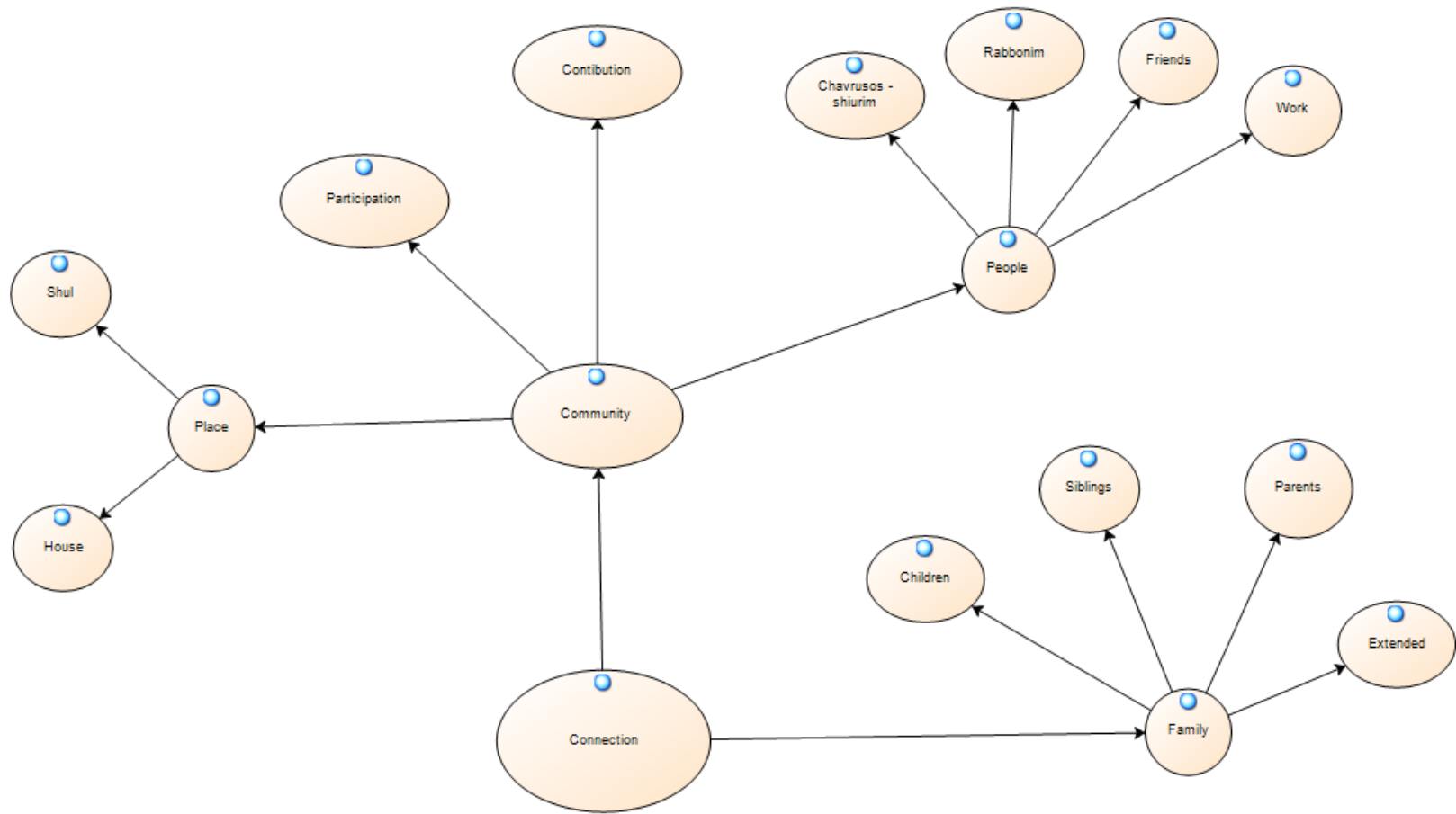
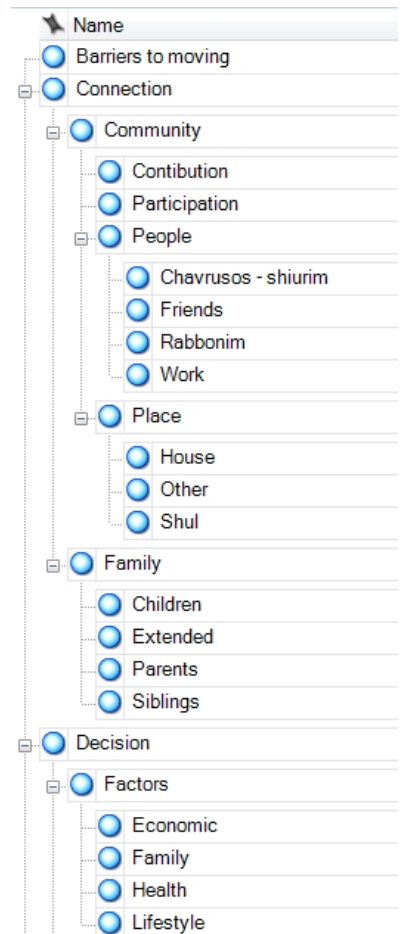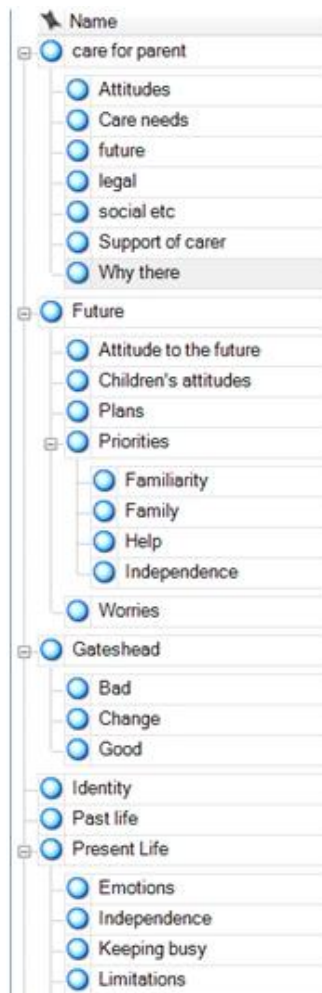**Signed …………………..………………..   Date ………………….**

Completed forms can be returned to: L. Raffles, SASS, Elvet Riverside 2, 32 Old Elvet, Durham University, Durham, DH1 3JT

Or you may hand it to the researcher at the beginning of the interview.

Appendix 5: NVivo Screenshots

Themes

Name
- Family
- Help
- Independence
- Worries
- Gateshead
  - Bad
  - Change
  - Good
- Identity
- Past life
- Present Life
  - Emotions
  - Independence
  - Keeping busy
  - Limitations
  - Relationships
    - Family relationships
    - Helping
    - Social contacts
- Reasons for Going
  - Children
  - Financial
  - Health
  - Life style
  - Nature of Gatehsead

Name
- care for parent
  - Attitudes
  - Care needs
  - future
  - legal
  - social etc
  - Support of carer
  - Why there
- Future
  - Attitude to the future
  - Children's attitudes
  - Plans
  - Priorities
    - Familiarity
    - Family
    - Help
    - Independence
  - Worries
- Gateshead
  - Bad
  - Change
  - Good
- Identity
- Past life
- Present Life
  - Emotions
  - Independence
  - Keeping busy
  - Limitations

Name
- Barriers to moving
- Connection
  - Community
    - Contibution
    - Participation
    - People
      - Chavrusos - shiurim
      - Friends
      - Rabbonim
      - Work
    - Place
      - House
      - Other
      - Shul
  - Family
    - Children
    - Extended
    - Parents
    - Siblings
- Decision
  - Factors
    - Economic
    - Family
    - Health
    - Lifestyle

Queries

Name	
Chavrusos	
community	
decide	
family	
first	
fourth	
Independence	
Independence (2)	
learning	
married children	
Money	
Nephew	
node query	
nodes	
power of attorney	
Second	
third	
work	

JEWISH COMMUNITY COUNCIL OF GATESHEAD

JCCG

103 Bewick Road
Gateshead
NE8 1TY

T 0191 478 2226 ◆ F 0191 478 5599 ◆ E info@jccg.org.uk

11 March 2012

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

<u>Mrs Larissa Raffles – Phd Proposal</u>

Mrs Raffles has discussed with us her plans for Doctoral research concerning residential care provision for older people within the Orthodox Jewish Community of Gateshead.

The Community Council is very aware of issues around the need for many within our community to leave the area to access culturally suitable residential care. We are hopeful that Mrs Raffles' work will produce useful data that will help with constructive strategic planning in the future.

We are happy to consult with Mrs Raffles regarding her project as it develops and to assist her as necessary, as we have done with her Master's thesis. In particular we should be pleased to assist her with gaining access to relevant people and organisations.

Yours faithfully,

Joseph Schleider

Trustee, JCCG

Durham University
School of Applied Social Sciences

RESEARCH ETHICS AND RISK ASSESSMENT FORM

All research that involves access to human participants or to personal data with identifiable cases must be assessed for ethical issues and risks to the research participants and researcher(s)[1]. The research ethics form starts this process and must be submitted by the principal investigator for *all* such projects that staff or students of the School intend to undertake. Students and PGRs completing the process should seek guidance and support from supervisors. Staff members are invited to seek advice and support from the co-chairs of the SASS ethics sub-committee. Research that is purely literature-based does not require ethical approval.

Applications for ethical approval are reviewed in line with relevant codes of ethical practice, such as that of the British Sociological Association [2] or ESRC Research Ethics Framework[3]. Data should also be handled in a manner compliant with the Data Protection Act[4]. Researchers seeking funding from a research council must work within the appropriate research ethics framework.

When completed, this form should be submitted to the designated approver for your type of project. The form must be approved before any data collection begins.

Type of project	Default Approver
Students undertaking dissertations on taught courses (including MSW students)	Your dissertation supervisor
All other students undertaking project work as part of taught modules	Your module convenor or workshop leader
Research students	Director of Postgraduate Research (via SASS Research Secretary (PGR))
Staff	Chair of Ethics Sub-Committee (via SASS Research Administrator)

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[1] http://www.dur.ac.uk/research.office/local/research_governance/
[2] http://www.britsoc.co.uk/equality/Statement+Ethical+Practice.htm
[3] http://www.esrc.ac.uk/about-esrc/information/research-ethics.aspx
[4] http://www.dur.ac.uk/research.office/local/research_governance/data_protection/

1

PART A. To be filled in by all applicants

Section A. I Project outline

Name of investigator: Larissa Raffles

E-mail address: *larissa.raffles@durham.ac.uk*

Dissertation/project title:

Decision making about the care of older Orthodox Jewish people from Gateshead

Degree and year (students only): PhD year 1

Student ID (students only): cnfc29

Project funder (where appropriate): ESRC

Estimated start date: October 2012   Estimated end date: May 2016
of project   of project

Summary (up to 250 words describing main research questions, methods and brief details of any participants)
Dissertation/project title

Decision making about the care of older Orthodox Jewish people from Gateshead

Main research aims/questions
Aims
The aim of this research is to study how older Jewish people from Gateshead structure their priorities in making decisions about their care and the impact these choices have on the older people and their families.

Research Questions
The specific research questions are:
1. What decisions are older Orthodox Jewish people from Gateshead making about their care?
2. Who are making the decisions?
3. What were the criteria and priorities affecting the decisions made?
4. What has been the impact of the decisions on the older people?
5. What has been the impact of the decisions on their families?

Proposed methods
I will gather data through semi-structured interviews.

Sample/participants
1. Older Orthodox Jews residing in Gateshead
2. Relatives and carers of older Orthodox Jews residing in Gateshead
3. Older Orthodox Jews from Gateshead presently residing elsewhere
4. Relatives and carers of older Orthodox Jews from Gateshead presently residing elsewhere

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Section A.2 Ethics checklist (*please answer each question by ticking as appropriate*)

	Yes	No
a). Does the study involve participants who are *potentially* vulnerable for example, children and young people; those with a learning disability or cognitive impairment; those unable to give informed consent or individuals in a dependent or unequal relationship?	☑	☐
b). Will it be necessary for participants to take part in the study without their knowledge/consent (e.g. covert observation of people in *non-public* places)?	☐	☑
c). Could the study cause harm, discomfort, stress, anxiety or any other negative consequence beyond the risks encountered in normal life? Does the research address a sensitive topic?[5]	☑	☐
d). Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	☐	☑
e). Will the project involve the participation of patients, users or staff through the NHS or a social services department?	☐	☑
f). Will you be required to undertake a Criminal Records Bureau check to undertake the research?	☐	☑
g). Are appropriate steps being taken to protect anonymity and confidentiality? (in accordance with an appropriate Statement of Ethical Practice).	☑	☐

If you have answered **'yes' to any of questions a) to f) or 'no' to question g),** you must complete Part B of the form. Now go to Section A.3.

Section A.3 Risk assessment checklist

	Yes	No
a). Does the study involve practical work such as interviewing that requires the researcher(s) to travel to and from locations outside the University?	☑	☐
b). Does the study involve accessing non-public sites that require permission to enter?	☑	☐
c). Are there any identifiable hazards involved in carrying out the study, such as lone working in isolated settings?	☑	☐

If you have answered **'yes' to any of questions a) to c)**, you must complete Part C. of this form.

Section A.4 Next steps

a) If *only* Part A is required, please go to Part D of the form and ensure you complete the checklist and sign the completed form. Submit the form to the designated approver

b) If you need to fill in Part B (this is required if you have answered 'yes' to any of questions a) to e) in Section A.2) please continue and complete Part B and add any further attachments.

c) If you need to fill in Part C (this is required if you have answered 'yes' to any of the questions in Section A.3) please continue and complete Part C.

PART B

Part B must be completed if you have answered 'Yes' to any of questions a to e in Section 2 of Part A.

Section B.1 Other approvals
If your project requires approval from an NHS or Social Services ethics committee, you should submit a draft NHS/SS application to your designated approver within SASS, along with this form, prior to submission to the appropriate external ethics committee. If you are submitting a draft NHS/SS to your designated approver within SASS, you only need to complete Section 1of Part B. Once approval has been granted by SASS, including meeting any conditions, you must submit the approved forms together with evidence of this

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[5] Sensitive topics can include participants˘ sexual behaviour, their illegal or political behaviour, their experience of violence, their abuse or exploitation, their mental health, or their gender or ethnic status. Elite Interviews may also fall into this category.

3

approval. Researchers undertaking studies in an NHS or social services setting must abide by the *Research Governance Framework for Health and Social Care*[6].

a)   Does the research require ethical approval from the NHS or a Social Services Authority?

Yes ☐   No ☑

If 'Yes', please ensure the draft documentation is attached.

b)   Might the proposed research meet the definition of a clinical trial? It may do so if it involves studying the effects on participants of drugs, devices, diets, behavioural strategies such as exercise or counselling, or other 'clinical' procedures.

Yes ☐   No ☑

If 'Yes', *a copy of this form must be sent to the University's Insurance Officer*, *Procurement Department. Tel: 0191 334 9266. Insurance approval will be necessary before the project can start and evidence of approval must be attached with this form.*

Section B.2 Project details and ethical considerations

a)   Who are your research participants? (please describe sample size, characteristics and sampling procedure)

a)   Older Orthodox Jews residing in Gateshead
b)   Relatives and carers of older Orthodox Jews residing in Gateshead
c)   Older Orthodox Jews from Gateshead presently residing elsewhere
d)   Relatives and carers of older Orthodox Jews from Gateshead presently residing elsewhere

'Older people' will be defined as people over the age of 65 who have care needs or are presently living independently but are concerned about the future.

Family Carers - refers to those people (usually relatives) who make decisions for or with an older person, and/or organises care for the older person (as opposed to, but not exclusive of, someone who delivers personal care). To a certain extent this is a self defining group in that close family will have feelings and opinions on their relatives' choices, even if the older person feels completely autonomous, and different family members will feel they have more or less decision making rights.

Based on my MSW dissertation research and knowing the community I would expect at least 40 participants.
I will endeavour to choose a diverse sample that represents both genders and a range of ages and experiences.

As a member of the community I know a number of older people and their carers, and through them I will gain access to other participants (convenience sample). Through these contacts I will make contact with other potential participants (snowballing).

a)   Are there any people who will be excluded? If so state the criteria to be used

I would exclude anyone unable speak English, with dementia, or lacking capacity to give consent.

b)   Who will explain the investigation to the participant(s)? And how? (attach information sheet or similar)
The researcher will explain the research the participants and/or to family or carers of potential participants, and in all cases a leaflet will be given as well.

c)   How and where will consent be recorded? (attach consent form)
Either written or recorded verbal consent (see attached consent form)

d)   What steps will be taken to safeguard the anonymity of records, to maintain the levels of confidentiality and security of data storage promised to participants and to ensure compliance with the requirements of the Data Protection Act?

All original consent forms will be kept separate from questionnaires (to maintain anonymity)
When interviews are transcribed the names will be anonymised. The recording will be done on a password protected recorder. Everything will be kept in locked filing cabinet. The recording, with copies kept to a minimum just for backup, will be kept on computer with a password. If a transcriber is used they will sign the relevant confidentiality clause.

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[6] http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/AtoZ/Researchgovernance/DH_4002112

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I am doing this research as a member of the community, and also I am well known because I have worked in community affairs. Therefore my address and telephone number is widely available. I will be including my own address and telephone number in my information leaflets and questionnaires, and people would think it strange if I did not do so.

e)　　Will non-anonymised questionnaires, tapes or video recordings be destroyed at the end of the project? [7]

　　　　　Yes ☐ Go to B.3　No ☑ Go to next question　　　　Not Applicable ☐ Go to B.3

f)　　What further use do you intend to make of the material and how and where will this be stored?

　　　　　Further research, for publication and for educational purposes

g)　　Will consent be requested for this future use?　　Yes ☑　No ☐　Not Applicable ☐

Section B.3 Risk or discomfort to participants[8]

What discomfort, danger or interference with normal activities could be experienced by **participants**? State probability, seriousness, and precautions to minimise each risk.

Risk/Discomfort	Probability	Seriousness	Precautions
Carers May get upset talking about the experience of moving a parent into residential care	*Possible*	*Low*	*Explain that we may be talking about upsetting things, and ensure they understand that they can stop at any time, and can choose to discontinue, or re-engage when they are ready, including at another time.*
Older person getting distressed	*possible*	*medium*	*Explain that they can stop talking if they want to at any time. Ensure they have a supportive network, or I will signpost them to professional support*
Older person getting tired	*Likely*	*Low*	*Do interviews in small chunks of time, offer breaks or to stop.*

---

[7] Non anoymised tapes will be kept, and specific consent will be obtained for this

[8] For further guidance applicants can consult *Social Research Update*: *Safety in Social Research* http://sru.soc.surrey.ac.uk/SRU29.html and the *Code of Safety* developed by the Social Research Association http://www.the-sra.org.uk/guidelines.htm#safe

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PART C. FIELDWORK RISK ASSESSMENT AND HEALTH DECLARATION

All applicants who intend to conduct research with human participants outside the University should complete these forms. For further guidance please consult the University's Health and Safety Manual Section F1 at: http://www.dur.ac.uk/resources/healthandsafety/manual/f1.pdf

Section C.1 Fieldwork Risk Assessment (participants and researcher)

DEPARTMENT SASS	LOCATION Gateshead
ACTIVITY Interviews	PERSONS AT RISK Interviewer

DURATION OF ACTIVITY 1 hour approx

POTENTIAL HAZARDS: some interviews will be lone visits, in some cases in early evening or Sundays.

POTENTIAL CONSEQUENCES: none – for the following reasons....

EXISTING CONTROLS: I will check who else will be in the house. If after assessing the potential risk of lone working I feel it presents a problem I will arrange the interview in the Healthy Living Centre (in Gateshead), which has offered the use of their interview room at no cost. However I will know most of the people personally and do not expect there to be risks. I will carry a mobile phone, and make sure someone knows when I am expected back. I have had lone worker training and training in risk assessment.
In Manchester and London the interviews will take place in the residential homes.

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

Severity ....**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐   HIGH ☐
                                                                                          LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

Severity .... X Likelihood .... = Risk Rating ....MEDIUM ☐   HIGH ☐
                                                                                          LOW ✓

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DEPARTMENT SASS	LOCATION Gateshead/Manchester/London
ACTIVITY Publications with name and address	PERSONS AT RISK researcher
DURATION OF ACTIVITY N/A	

POTENTIAL HAZARDS: People know researchers private information

POTENTIAL CONSEQUENCES: none, because of the following reasons

EXISTING CONTROLS
The material is circulated only within the community, all of whom already know my name and address, including my mobile number which I have made public for other reasons over time. As this is Insider research it is important that I emphasise my 'insiderness' rather than my connection to the University.

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

HIGH ☐

Severity ....…...**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐

LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

HIGH ☐

Severity .... X Likelihood .... = Risk Rating ....MEDIUM ☐

LOW ✓

ASSESSOR

NAME .... JOB TITLE ....

SIGNATURE .... DATE ....

DEPARTMENT SASS	LOCATION Gateshead/Manchester/London
ACTIVITY Interviews	PERSONS AT RISK Interviewee
DURATION OF ACTIVITY 1 hour	

POTENTIAL HAZARDS: Interviewee gets upset

POTENTIAL CONSEQUENCES: emotional upset

EXISTING CONTROLS Ensuring support in place by clarifying if there are supportive family or friends they will be able to talk to. Ensuring they understand they can stop at any time, and reminding them of this if they become distressed

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

HIGH ☐

Severity ....…...**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐

LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

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Severity .... X Likelihood .... = Risk Rating	HIGH ☐ MEDIUM ☐ LOW ✓

ASSESSOR
NAME .... JOB TITLE ....
SIGNATURE .... DATE ....

Section C.2 Fieldwork Health Declaration

During your research you may undertake one or more periods of fieldwork, involving visits to locations some of which will require a reasonable degree of physical health and fitness. In order to ensure that each research project operates with due regard for health and safety - in addition to being rewarding for those involved - all students and staff who expect to participate in fieldwork must declare any medical condition or incapacity which could prevent them from fully participating in the expected activities, or which may endanger the health and safety of themselves and others. As a condition of undertaking the research, you must complete the form below, after first becoming familiar with the details and expectations of the proposed fieldwork activities. All information will be treated in the strictest confidence and used only for determining the suitability of a fieldwork activity.

Please note that answering YES to any of Part B does not automatically exclude you from a fieldwork activity and every effort will be made to provide alternative arrangements where these are necessary, but it is essential that you provide full information. Where YES is answered, or the Part C declaration is not signed, the matter will be referred for a further medical opinion.

PART A

Department of   **SASS**

Location of research   Gateshead/London/Manchester

Start and End dates Nov '12 – Nov '14

Name of researcher   Larissa Raffles   Name of supervisor   H Charnley; L Dominelli

PART B

Do you have a medical condition, allergy or intolerance that may restrict your taking part in the expected fieldwork activities?

                                                                NO

DETAILS _____

Do you have any physical injury or incapacity that may restrict your taking part in the expected fieldwork activities?

                                                                NO

DETAILS _____

Do you take medication to control any of the above conditions?

                                                                NO

DETAILS _____

PART C

I declare that I am not knowingly suffering from any medical condition or disability that could prevent me from participating fully in the fieldwork activities.

My last tetanus booster was on   **Not Known**

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Signed _____ Date_____

PART D. CHECKLIST AND SIGNATURES

Section D.1 Checklist of attachments

All applicants should tick which parts of the form you have completed and the documents you are attaching with this form:

1. Part A (all applicants)	☑
2. Part B (for research with vulnerable people, on sensitive topics, etc)	☑
3. Part C (for research outside the university)	☑
4. Completed draft NHS or social services ethics form (students only, if applicable)	N/A
5. Confirmation of insurance cover (if applicable; see Part B, section B.1.b.)	☐
6. Information sheet for participants (required if consent is to be obtained)	☑
7. Consent form for participants (required if consent is to be obtained)	☑
8. Draft questionnaire (required if you are using a questionnaire)	N/A
9. Draft interview/focus group guide (required if you are using interviews/focus groups)	☑

10. Written confirmation from all agencies involved in the study that:
    a. they agree to participate;
    b. a CRB check is or is not required.
(STUDENTS ONLY ARE REQUIRED TO SUBMIT THIS - the agreement to participate may be 'in principle', pending ethics approval by the university or the agency. An e-mail from a manager or other appropriate gatekeeper is acceptable).
	☑

Section D.2 Signatures

All applicants must complete this section

Principal Investigator[9]

Name: ....Date: ....

Supervisor/tutor (research students only):

I have read this form and am happy for it to be considered for ethical approval

Name of supervisor: ....Date: ....

Section D.3 Next steps

This signed form with all attachments should be submitted to the appropriate person for review and approval, as indicated on the front sheet of the form.

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[9] For student dissertations and projects, the principal investigator will usually be the student

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FOR OFFICE USE ONLY

PART E: OUTCOME OF APPLICATION

Please tick

a)	The proposal is satisfactory and is approved as it stands.	
b)	The proposal is accepted subject to approval of an NHS, Social Services or other external Ethics Committee (copy to be submitted to SASS when approved)	
c)	The proposal cannot be approved and the applicant should submit a new/revised proposal in the light of the comments noted below.	

Comments *(for forwarding to the applicant)*

Signed ....Date ....

Name (block capitals) .... Designation ....

A COPY OF THE APPROVED FORM MUST BE KEPT ON FILE.
STUDENTS ON TAUGHT PROGRAMMES AND PGRs MUST SUBMIT A COPY OF THE APPROVED
FORM TO THE RELEVANT PROGRAMME SECRETARY.

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RESEARCH ETHICS AND RISK ASSESSMENT FORM

All research that involves access to human participants or to personal data with identifiable cases must be assessed for ethical issues and risks to the research participants and researcher(s)[1]. The research ethics form starts this process and must be submitted by the principal investigator for *all* such projects that staff or students of the School intend to undertake. Students and PGRs completing the process should seek guidance and support from supervisors. Staff members are invited to seek advice and support from the co-chairs of the SASS ethics sub-committee. Research that is purely literature-based does not require ethical approval.

Applications for ethical approval are reviewed in line with relevant codes of ethical practice, such as that of the British Sociological Association [2] or ESRC Research Ethics Framework[3]. Data should also be handled in a manner compliant with the Data Protection Act[4]. Researchers seeking funding from a research council must work within the appropriate research ethics framework.

When completed, this form should be submitted to the designated approver for your type of project. The form must be approved before any data collection begins.

Type of project	Default Approver
Students undertaking dissertations on taught courses (including MSW students)	Your dissertation supervisor
All other students undertaking project work as part of taught modules	Your module convenor or workshop leader
Research students	Director of Postgraduate Research (via SASS Research Secretary (PGR))
Staff	Chair of Ethics Sub-Committee (via SASS Research Administrator)

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[1] http://www.dur.ac.uk/research.office/local/research_governance/
[2] http://www.britsoc.co.uk/equality/Statement+Ethical+Practice.htm
[3] http://www.esrc.ac.uk/about-esrc/information/research-ethics.aspx
[4] http://www.dur.ac.uk/research.office/local/research_governance/data_protection/

1

PART A. To be filled in by all applicants

Section A. I Project outline

Name of investigator: Larissa Raffles

E-mail address: *larissa.raffles@durham.ac.uk*

Dissertation/project title:

Decision making about the care of older Orthodox Jewish people from Gateshead

Degree and year (students only): PhD year 1

Student ID (students only): cnfc29

Project funder (where appropriate): ESRC

Estimated start date: October 2012   Estimated end date: May 2016
of project   of project

Summary (up to 250 words describing main research questions, methods and brief details of any participants)
Dissertation/project title

Decision making about the care of older Orthodox Jewish people from Gateshead

Main research aims/questions
Aims
The aim of this research is to study how older Jewish people from Gateshead structure their priorities in making decisions about their care and the impact these choices have on the older people and their families.

Research Questions
The specific research questions are:
1. What decisions are older Orthodox Jewish people from Gateshead making about their care?
2. Who are making the decisions?
3. What were the criteria and priorities affecting the decisions made?
4. What has been the impact of the decisions on the older people?
5. What has been the impact of the decisions on their families?

Proposed methods
I will gather data through semi-structured interviews.

Sample/participants
1. Older Orthodox Jews residing in Gateshead
2. Relatives and carers of older Orthodox Jews residing in Gateshead
3. Older Orthodox Jews from Gateshead presently residing elsewhere
4. Relatives and carers of older Orthodox Jews from Gateshead presently residing elsewhere

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Section A.2 Ethics checklist (*please answer each question by ticking as appropriate*)

	Yes	No
a). Does the study involve participants who are *potentially* vulnerable for example, children and young people; those with a learning disability or cognitive impairment; those unable to give informed consent or individuals in a dependent or unequal relationship?	☑	☐
b). Will it be necessary for participants to take part in the study without their knowledge/consent (e.g. covert observation of people in *non-public* places)?	☐	☑
c). Could the study cause harm, discomfort, stress, anxiety or any other negative consequence beyond the risks encountered in normal life? Does the research address a sensitive topic?[5]	☑	☐
d). Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	☐	☑
e). Will the project involve the participation of patients, users or staff through the NHS or a social services department?	☐	☑
f). Will you be required to undertake a Criminal Records Bureau check to undertake the research?	☐	☑
g). Are appropriate steps being taken to protect anonymity and confidentiality? (in accordance with an appropriate Statement of Ethical Practice).	☑	☐

If you have answered **'yes' to any of questions a) to f) or 'no' to question g),** you must complete Part B of the form. Now go to Section A.3.

Section A.3 Risk assessment checklist

	Yes	No
a). Does the study involve practical work such as interviewing that requires the researcher(s) to travel to and from locations outside the University?	☑	☐
b). Does the study involve accessing non-public sites that require permission to enter?	☑	☐
c). Are there any identifiable hazards involved in carrying out the study, such as lone working in isolated settings?	☑	☐

If you have answered **'yes' to any of questions a) to c)**, you must complete Part C. of this form.

Section A.4 Next steps

a)   If *only* Part A is required, please go to Part D of the form and ensure you complete the checklist and sign the completed form. Submit the form to the designated approver

b)   If you need to fill in Part B (this is required if you have answered 'yes' to any of questions a) to e) in Section A.2) please continue and complete Part B and add any further attachments.

c)   If you need to fill in Part C (this is required if you have answered 'yes' to any of the questions in Section A.3) please continue and complete Part C.

PART B

Part B must be completed if you have answered 'Yes' to any of questions a to e in Section 2 of Part A.

Section B.1 Other approvals
If your project requires approval from an NHS or Social Services ethics committee, you should submit a draft NHS/SS application to your designated approver within SASS, along with this form, prior to submission to the appropriate external ethics committee. If you are submitting a draft NHS/SS to your designated approver within SASS, you only need to complete Section 1of Part B. Once approval has been granted by SASS, including meeting any conditions, you must submit the approved forms together with evidence of this

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[5] Sensitive topics can include participants˘ sexual behaviour, their illegal or political behaviour, their experience of violence, their abuse or exploitation, their mental health, or their gender or ethnic status. Elite Interviews may also fall into this category.

approval. Researchers undertaking studies in an NHS or social services setting must abide by the *Research Governance Framework for Health and Social Care*[6].

a)   Does the research require ethical approval from the NHS or a Social Services Authority?

Yes ☐   No ☑

If 'Yes', please ensure the draft documentation is attached.

b)   Might the proposed research meet the definition of a clinical trial? It may do so if it involves studying the effects on participants of drugs, devices, diets, behavioural strategies such as exercise or counselling, or other 'clinical' procedures.

Yes ☐   No ☑

If 'Yes', *a copy of this form must be sent to the **University's Insurance Officer**, Procurement Department. Tel: 0191 334 9266. Insurance approval will be necessary before the project can start and evidence of approval must be attached with this form.*

Section B.2 Project details and ethical considerations

a)   Who are your research participants? (please describe sample size, characteristics and sampling procedure)

a)   Older Orthodox Jews residing in Gateshead
b)   Relatives and carers of older Orthodox Jews residing in Gateshead
c)   Older Orthodox Jews from Gateshead presently residing elsewhere
d)   Relatives and carers of older Orthodox Jews from Gateshead presently residing elsewhere

'Older people' will be defined as people over the age of 65 who have care needs or are presently living independently but are concerned about the future.

Family Carers - refers to those people (usually relatives) who make decisions for or with an older person, and/or organises care for the older person (as opposed to, but not exclusive of, someone who delivers personal care). To a certain extent this is a self defining group in that close family will have feelings and opinions on their relatives' choices, even if the older person feels completely autonomous, and different family members will feel they have more or less decision making rights.

Based on my MSW dissertation research and knowing the community I would expect at least 40 participants.
I will endeavour to choose a diverse sample that represents both genders and a range of ages and experiences.

As a member of the community I know a number of older people and their carers, and through them I will gain access to other participants (convenience sample). Through these contacts I will make contact with other potential participants (snowballing).

a)   Are there any people who will be excluded? If so state the criteria to be used

I would exclude anyone unable speak English, with dementia, or lacking capacity to give consent.

b)   Who will explain the investigation to the participant(s)? And how? (attach information sheet or similar)
The researcher will explain the research the participants and/or to family or carers of potential participants, and in all cases a leaflet will be given as well.

c)   How and where will consent be recorded? (attach consent form)
Either written or recorded verbal consent (see attached consent form)

d)   What steps will be taken to safeguard the anonymity of records, to maintain the levels of confidentiality and security of data storage promised to participants and to ensure compliance with the requirements of the Data Protection Act?

All original consent forms will be kept separate from questionnaires (to maintain anonymity)
When interviews are transcribed the names will be anonymised. The recording will be done on a password protected recorder. Everything will be kept in locked filing cabinet. The recording, with copies kept to a minimum just for backup, will be kept on computer with a password. If a transcriber is used they will sign the relevant confidentiality clause.

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[6] http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/AtoZ/Researchgovernance/DH_4002112

4

I am doing this research as a member of the community, and also I am well known because I have worked in community affairs. Therefore my address and telephone number is widely available. I will be including my own address and telephone number in my information leaflets and questionnaires, and people would think it strange if I did not do so.

e)   Will non-anonymised questionnaires, tapes or video recordings be destroyed at the end of the project? [7]

   Yes ☐ Go to B.3 No ☑ Go to next question   Not Applicable ☐ Go to B.3

f)   What further use do you intend to make of the material and how and where will this be stored?

   Further research, for publication and for educational purposes

g)   Will consent be requested for this future use?   Yes ☑   No ☐   Not Applicable ☐

Section B.3 Risk or discomfort to participants[8]

What discomfort, danger or interference with normal activities could be experienced by **participants**? State probability, seriousness, and precautions to minimise each risk.

Risk/Discomfort	Probability	Seriousness	Precautions
Carers May get upset talking about the experience of moving a parent into residential care	*Possible*	*Low*	*Explain that we may be talking about upsetting things, and ensure they understand that they can stop at any time, and can choose to discontinue, or re-engage when they are ready, including at another time.*
Older person getting distressed	*possible*	*medium*	*Explain that they can stop talking if they want to at any time. Ensure they have a supportive network, or I will signpost them to professional support*
Older person getting tired	*Likely*	*Low*	*Do interviews in small chunks of time, offer breaks or to stop.*

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[7] Non anoymised tapes will be kept, and specific consent will be obtained for this
[8] For further guidance applicants can consult *Social Research Update*: *Safety in Social Research* http://sru.soc.surrey.ac.uk/SRU29.html and the *Code of Safety* developed by the Social Research Association http://www.the-sra.org.uk/guidelines.htm#safe

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PART C. FIELDWORK RISK ASSESSMENT AND HEALTH DECLARATION

All applicants who intend to conduct research with human participants outside the University should complete these forms. For further guidance please consult the University's Health and Safety Manual Section F1 at: http://www.dur.ac.uk/resources/healthandsafety/manual/f1.pdf

Section C.1 Fieldwork Risk Assessment (participants and researcher)

DEPARTMENT SASS	**LOCATION** Gateshead
ACTIVITY Interviews	**PERSONS AT RISK** Interviewer
DURATION OF ACTIVITY 1 hour approx	
POTENTIAL HAZARDS: some interviews will be lone visits, in some cases in early evening or Sundays.	
POTENTIAL CONSEQUENCES: none – for the following reasons....	

EXISTING CONTROLS: I will check who else will be in the house. If after assessing the potential risk of lone working I feel it presents a problem I will arrange the interview in the Healthy Living Centre (in Gateshead), which has offered the use of their interview room at no cost. However I will know most of the people personally and do not expect there to be risks. I will carry a mobile phone, and make sure someone knows when I am expected back. I have had lone worker training and training in risk assessment.
In Manchester and London the interviews will take place in the residential homes.

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

HIGH ☐
Severity ....**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐
LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

HIGH ☐
Severity .... X Likelihood .... = Risk Rating ....MEDIUM ☐
LOW ✓

6

DEPARTMENT SASS	LOCATION Gateshead/Manchester/London
ACTIVITY Publications with name and address	PERSONS AT RISK researcher

DURATION OF ACTIVITY N/A

POTENTIAL HAZARDS: People know researchers private information

POTENTIAL CONSEQUENCES: none, because of the following reasons

EXISTING CONTROLS
The material is circulated only within the community, all of whom already know my name and address, including my mobile number which I have made public for other reasons over time. As this is Insider research it is important that I emphasise my 'insiderness' rather than my connection to the University.

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

HIGH ☐
Severity ....**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐
LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

HIGH ☐
Severity .... X Likelihood .... = Risk Rating ....MEDIUM ☐
LOW ✓

ASSESSOR

NAME .... JOB TITLE ....

SIGNATURE .... DATE ....

DEPARTMENT SASS	LOCATION Gateshead/Manchester/London
ACTIVITY Interviews	PERSONS AT RISK Interviewee

DURATION OF ACTIVITY 1 hour

POTENTIAL HAZARDS: Interviewee gets upset

POTENTIAL CONSEQUENCES: emotional upset

EXISTING CONTROLS Ensuring support in place by clarifying if there are supportive family or friends they will be able to talk to. Ensuring they understand they can stop at any time, and reminding them of this if they become distressed

RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS

HIGH ☐
Severity ....**LOW**......... X Likelihood ....**LOW**....... = Risk Rating ....MEDIUM ☐
LOW ✓

NEW CONTROLS REQUIRED:
None

RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS

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Severity .... X Likelihood .... = Risk Rating ....MEDIUM ☐
HIGH ☐
LOW ✓

ASSESSOR

NAME .... JOB TITLE ....

SIGNATURE .... DATE ....

Section C.2 Fieldwork Health Declaration

During your research you may undertake one or more periods of fieldwork, involving visits to locations some of which will require a reasonable degree of physical health and fitness. In order to ensure that each research project operates with due regard for health and safety - in addition to being rewarding for those involved - all students and staff who expect to participate in fieldwork must declare any medical condition or incapacity which could prevent them from fully participating in the expected activities, or which may endanger the health and safety of themselves and others. As a condition of undertaking the research, you must complete the form below, after first becoming familiar with the details and expectations of the proposed fieldwork activities. All information will be treated in the strictest confidence and used only for determining the suitability of a fieldwork activity.

Please note that answering YES to any of Part B does not automatically exclude you from a fieldwork activity and every effort will be made to provide alternative arrangements where these are necessary, but it is essential that you provide full information. Where YES is answered, or the Part C declaration is not signed, the matter will be referred for a further medical opinion.

PART A

Department of   **SASS**

Location of research   Gateshead/London/Manchester

Start and End dates Nov '12 – Nov '14

Name of researcher   Larissa Raffles   Name of supervisor   H Charnley; L Dominelli

PART B

Do you have a medical condition, allergy or intolerance that may restrict your taking part in the expected fieldwork activities?
NO
DETAILS _____
Do you have any physical injury or incapacity that may restrict your taking part in the expected fieldwork activities?
NO
DETAILS _____
Do you take medication to control any of the above conditions?
NO
DETAILS _____

PART C
I declare that I am not knowingly suffering from any medical condition or disability that could prevent me from participating fully in the fieldwork activities.

My last tetanus booster was on   **Not Known**

Signed _____ Date_____

PART D. CHECKLIST AND SIGNATURES

Section D.1 Checklist of attachments

All applicants should tick which parts of the form you have completed and the documents you are attaching with this form:

1. Part A (all applicants)	☑
2. Part B (for research with vulnerable people, on sensitive topics, etc)	☑
3. Part C (for research outside the university)	☑
4. Completed draft NHS or social services ethics form (students only, if applicable)	N/A
5. Confirmation of insurance cover (if applicable; see Part B, section B.1.b.)	☐
6. Information sheet for participants (required if consent is to be obtained)	☑
7. Consent form for participants (required if consent is to be obtained)	☑
8. Draft questionnaire (required if you are using a questionnaire)	N/A
9. Draft interview/focus group guide (required if you are using interviews/focus groups)	☑
10. Written confirmation from all agencies involved in the study that: 　　a. they agree to participate; 　　b. a CRB check is or is not required. (STUDENTS ONLY ARE REQUIRED TO SUBMIT THIS - the agreement to participate may be 'in principle', pending ethics approval by the university or the agency. An e-mail from a manager or other appropriate gatekeeper is acceptable).	☑

Section D.2 Signatures

All applicants must complete this section

Principal Investigator[9]

Name: ....Date: ....

Supervisor/tutor (research students only):

I have read this form and am happy for it to be considered for ethical approval

Name of supervisor: ....Date: ....

Section D.3 Next steps

This signed form with all attachments should be submitted to the appropriate person for review and approval, as indicated on the front sheet of the form.

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[9] For student dissertations and projects, the principal investigator will usually be the student

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Appendix　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　345

FOR OFFICE USE ONLY

PART E: OUTCOME OF APPLICATION

Please tick

a)	The proposal is satisfactory and is approved as it stands.	
b)	The proposal is accepted subject to approval of an NHS, Social Services or other external Ethics Committee (copy to be submitted to SASS when approved)	
c)	The proposal cannot be approved and the applicant should submit a new/revised proposal in the light of the comments noted below.	

Comments *(for forwarding to the applicant)*

Signed ....Date ....

Name (block capitals) .... Designation ....

A COPY OF THE APPROVED FORM MUST BE KEPT ON FILE.
STUDENTS ON TAUGHT PROGRAMMES AND PGRs MUST SUBMIT A COPY OF THE APPROVED
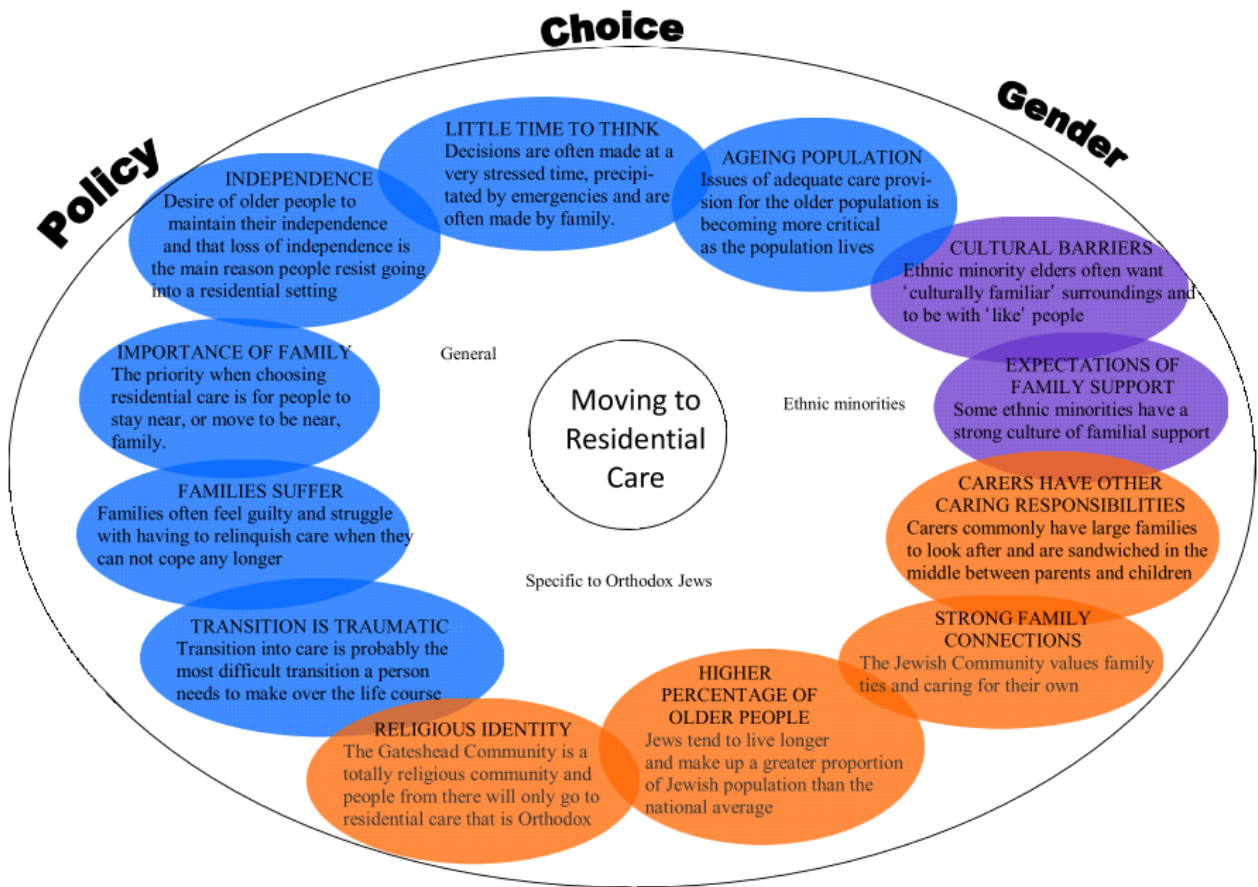FORM TO THE RELEVANT PROGRAMME SECRETARY.

10

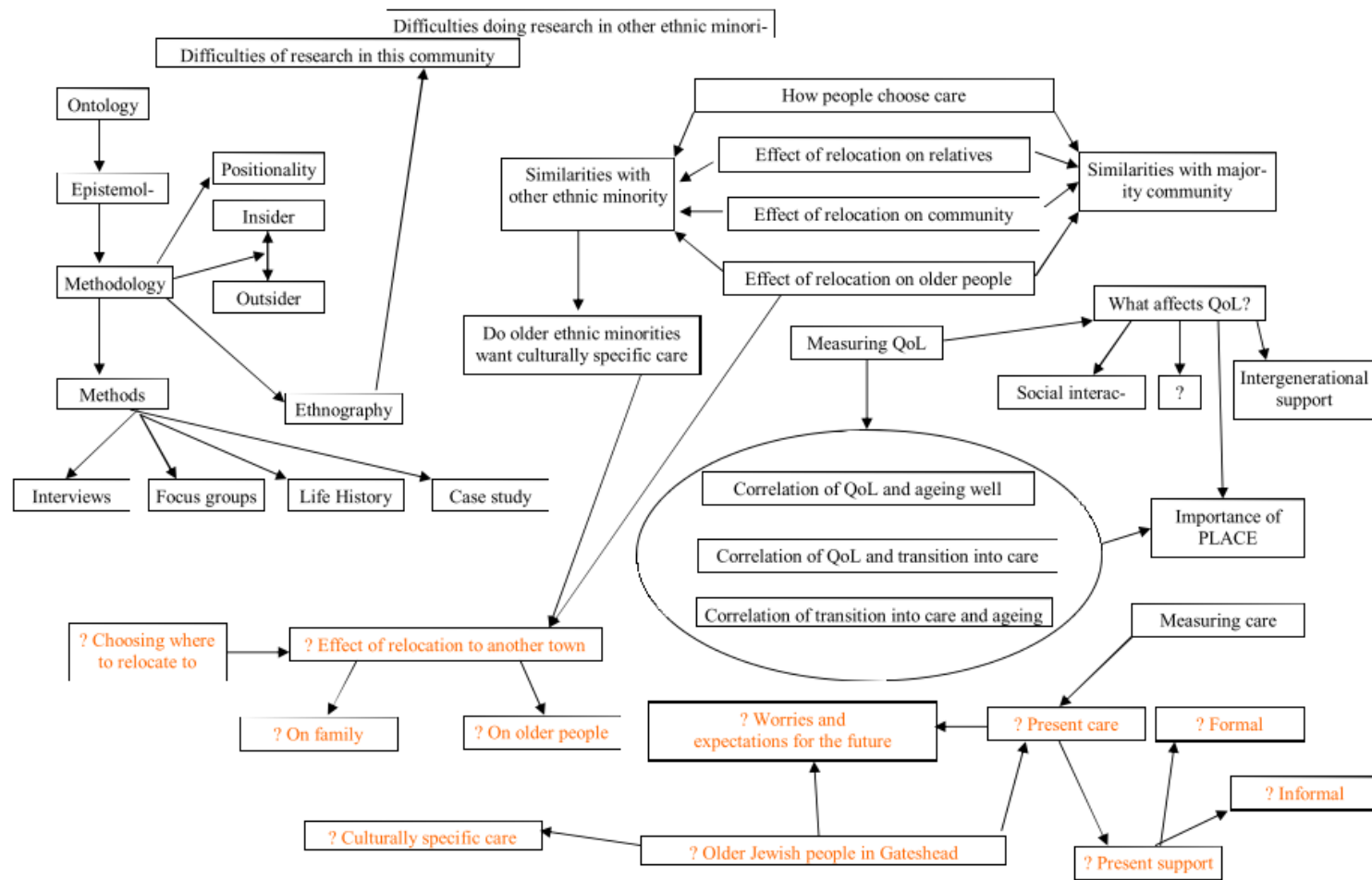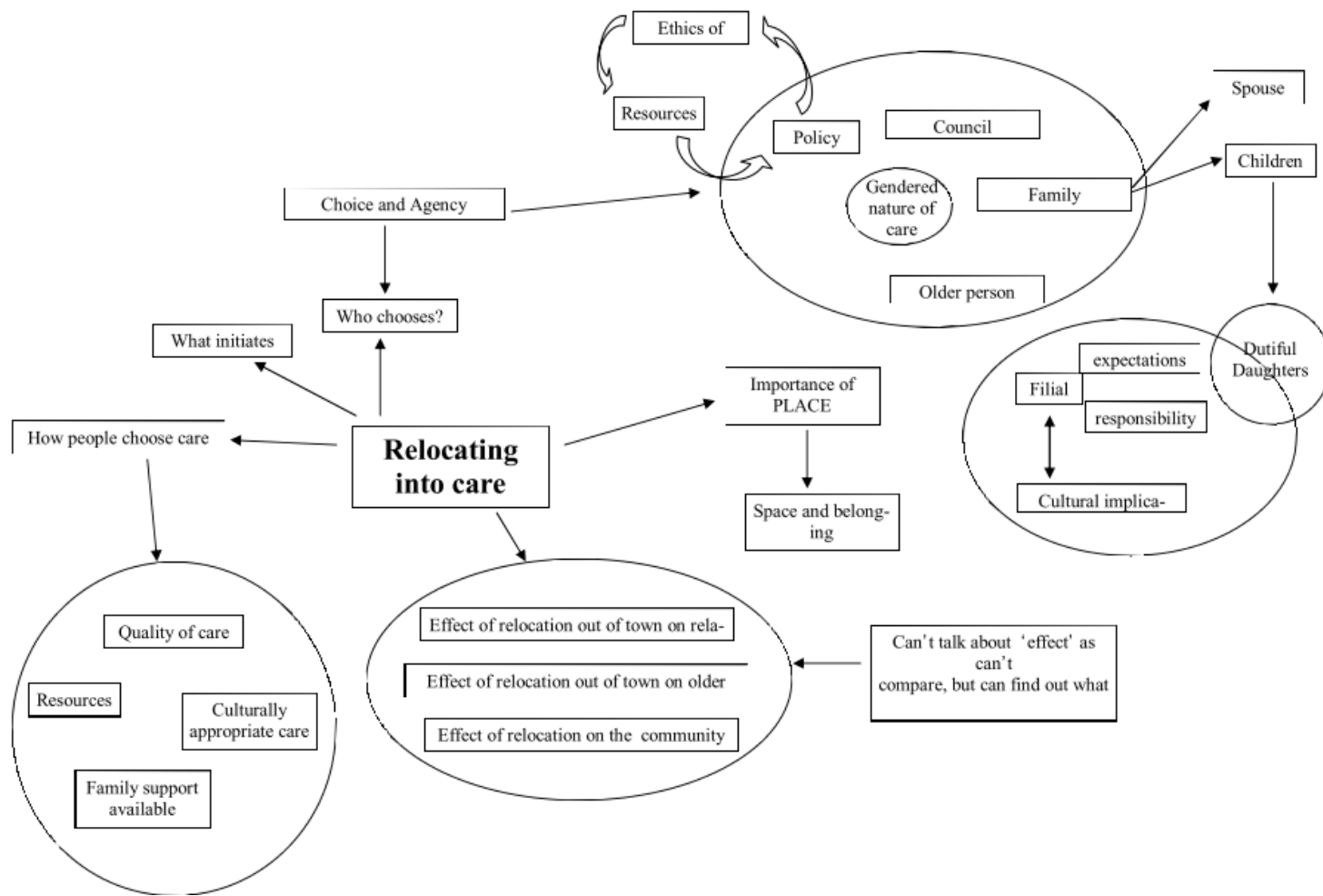Appendix   346

Appendix 8: Mind-maps

Figure 32: Mind-map 1
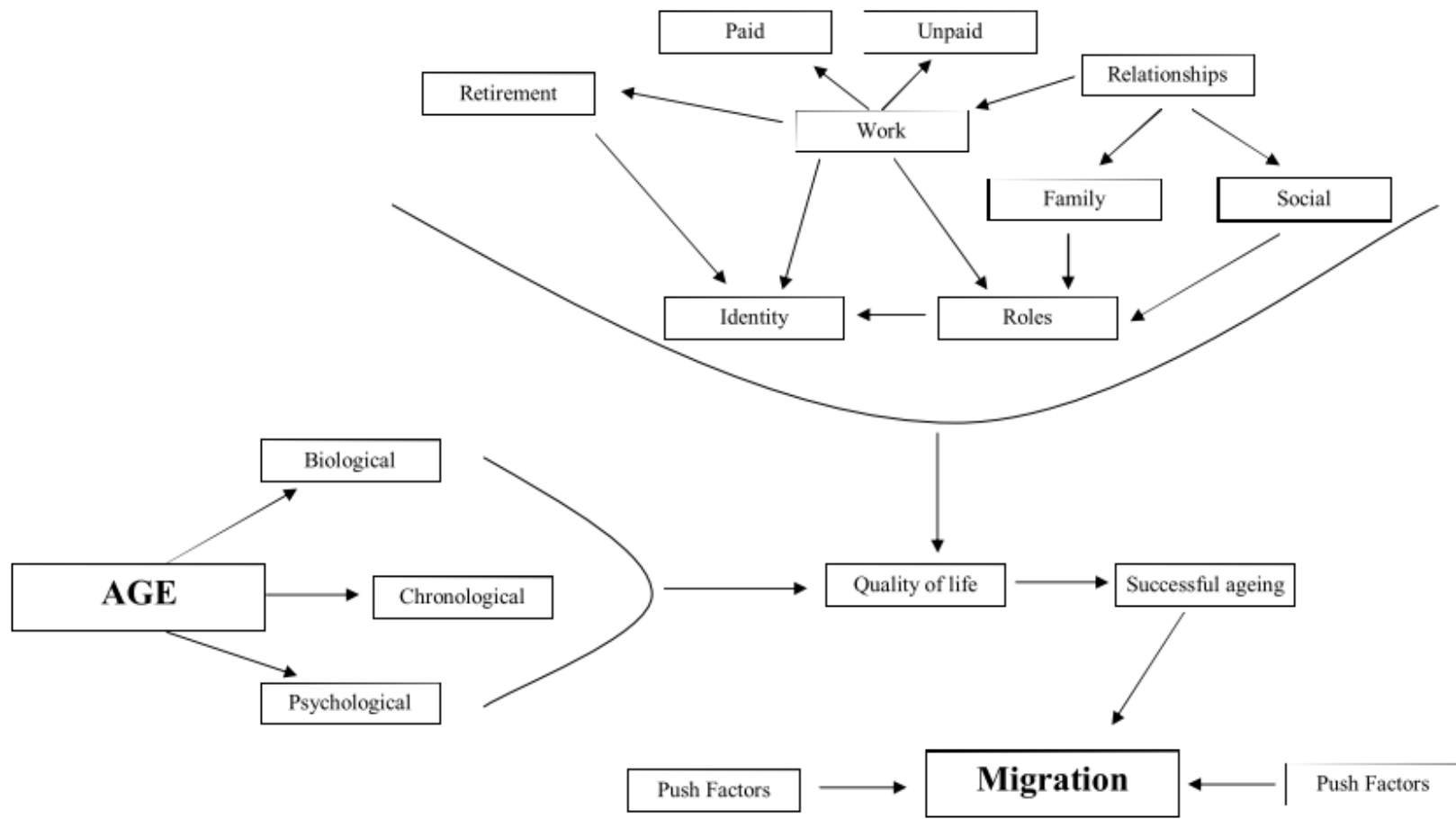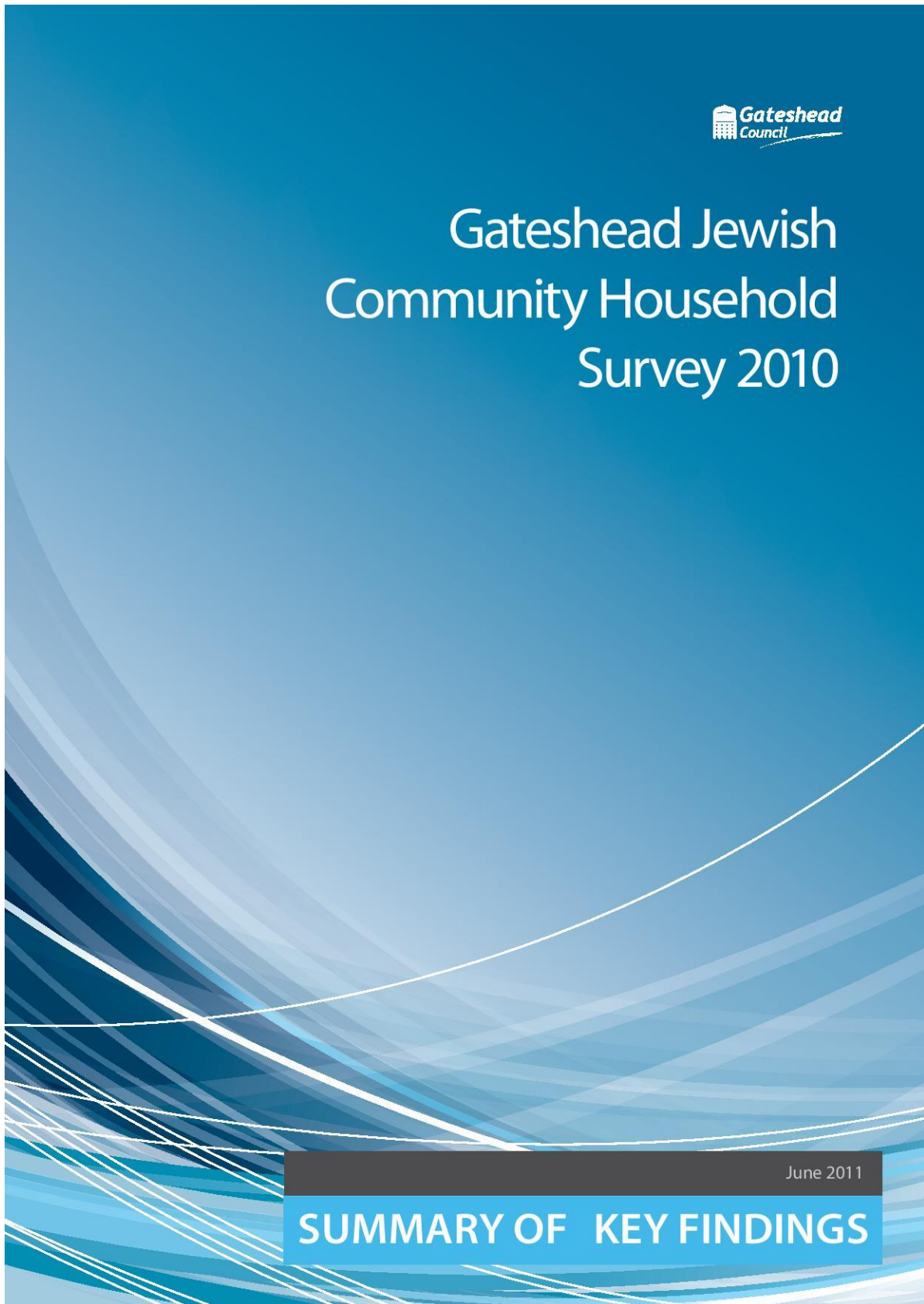
Figure 33: Mind-map 2

Figure 34: Mind-map 3

Figure 35: Mind-map 4

(Wiseman, 1980) Reprinted with permission

Type	Decision Maker	Differentials (Who Moves)	Reasons for Moving	Search Space	Housing Outcome
Local Moves					
Suburbanization & Exurbanization	Mover	Pre-retirement Middle & Upper Income, Younger Couples	Housing & Neighborhood Environment	Suburban area	Home ownership
Inner City Relocation	Mover; Govt. Bodies	Lower Income	Stress; Forced	Limited; Short Distance	Rental Home or Apartment
Apartmentali-zation	Mover	Middle & Upper Income	Changing Space & Maintenance Needs	Entire Urban Area	Apartment; Condominium
Communalization	Mover	Singles, Older	Need for Socialization; Limited Assistance	Limited to a Few Specific Places	High Density Communal
Homes of Kin	Mover & Family	Singles, Older	Need for Limited Care; Loss of Spouse	Very Limited	Family Home
Institutional-ization	Family; Social Worker; Doctor	Singles, Older	Need for Personal Care	Limited to Specific Opportunities	Institution
Migration					
Amenity Area	Mover	Retirees, Couples, Middle & Upper Incomes	Retirement; Amenity Environment	Formed by Vacation Experience & Migration Experience of Others	All Types Except Institutions
Return	Mover	Retirees, Middle & Lower Income	Retirement; Importance of Home	Formed by Previous Residential Experience	Family Home; Apartment; Institution
Kinship	Mover & Family	Singles, Older	Need for Limited Care; Loss of Spouse	Locations of Family Members	Family Home; Apartment; Institution

Gateshead Council

Gateshead Jewish Community Household Survey 2010

June 2011

SUMMARY OF KEY FINDINGS

Foreword

The Jewish Community Household Survey is a good example of the close collaboration which has developed between the Jewish Community Council of Gateshead and Gateshead Council over the last fifteen years. The survey was commissioned by Gateshead Council and undertaken in partnership with the local Jewish community.

The fact that this survey was seen to be necessary reflects the significance of the Jewish Community and the importance of the positive contribution which it makes to the life of Gateshead.

The results of the survey also highlight important differences in the profile and needs of the Jewish community when compared to the wider community of Gateshead as a whole.

We hope that this Survey will be a valuable tool in enabling services and programmes to be planned more effectively to take account of the needs and priorities of the Jewish community, especially in areas such as children and young people, health, housing and economic development.

We thank all those who have worked so hard to produce the Survey and commend its findings.

Councillor Mick Henry
Leader of Gateshead Council

Rabbi SF Zimmerman
Rabbi of the Gateshead Jewish Community

Introduction

The Jewish community in Gateshead is some 125 years old. From small beginnings it has grown to become the third largest orthodox Jewish community in the United Kingdom (after London and Manchester). During the holocaust it provided a haven for orthodox Jews fleeing from Nazi persecution, attracting a group of leading Jewish scholars. This provided the initial impetus for Gateshead to become renowned as the leading European centre for orthodox Jewish further and higher education which it is today. About a dozen colleges now cater for various types of students who literally come from the four corners of the globe to study in Gateshead. Rabbis and teachers trained in Gateshead are sought after to fill positions worldwide and the community is often referred to as the Oxbridge of the Jewish world.

The contribution of the Jewish community as a bedrock of stability, to the Bensham and Saltwell area in particular and Gateshead in general, is widely recognized. Indeed it is a classic example of a sustainable, dynamic and thriving community, experiencing steady population growth at a time when the population of the wider area has not been growing. It now numbers some 4,500 persons, including a student body of over 1,500. There are a similar number of children under sixteen and the community has its own school system to cater for them.

The educational institutions provide the majority of employment opportunities for the community but there is a growing group of younger people involved in its many shops and businesses. Indeed the community makes a significant contribution to the economic life of central Gateshead.

Members of the community tend to be strong on life-skills and social capital but many have non-accredited qualifications and are in need of up-skilling to fully develop their earning potential. Cultural and religious factors also frequently operate as barriers to accessing mainstream services and opportunities, making the community a hard to reach group. This is of particular significance in areas such as health, housing, training and employment.

In order to address these and other issues the Jewish Community Council of Gateshead (JCCG) was formed some fifteen years ago to represent the community in its dealing with Gateshead Council and other statutory bodies. It operates at a strategic level through participation on a range of local partnerships. It provides a range of services and facilities at its Bewick Centre and through its Labriut Healthy Living Centre. It also acts as an umbrella body supporting close to fifty community and voluntary organizations, as well as social enterprises, and provides advice & guidance to individuals on a range of issues.

Approach and methodology

The Jewish Community Household Survey was commissioned by Gateshead Council and undertaken in partnership with the local Jewish community. The survey was developed to collect a wide range of information about the community to enable the specific characteristics and needs of the community (which are often significantly different to those of the wider community) to be more fully quantified and understood. The Census provides the only other source of detailed information, but this has proved to be of little use to identify members of the Jewish community.

The results of the survey will provide an important evidence base to inform the planning and delivery of a wide range of programmes and initiatives in the future, and will feed in to a range of detailed needs assessments, including the Joint Strategic Needs Assessment (JSNA), together with the high level Gateshead Strategic Needs Assessment, which draws together a range of data and evidence to inform corporate priorities.

The planning and development of the survey involved representatives of the Jewish Community Council of Gateshead (JCCG) together with officers from Gateshead Council and Gateshead Primary Care Trust. A questionnaire survey was devised to collect baseline data and importantly to enable benchmarking with the wider borough population. Reference was made to other surveys carried out in recent years in the orthodox communities in Hackney and Salford.

The questionnaire was delivered to one in every four households within the Jewish community. Interviewers were recruited from within the community to undertake the survey work through assisted completion via telephone.

Fieldwork was carried out from the end of June 2010 to August 2010. A total of 102 questionnaires were successfully completed, representing approximately 21% of the community. Evidence from community records, school rolls etc. suggest that the achieved survey sample was highly representative of the community as a whole, with the exception of the 5-10 years age group (over-represented), and the 45-64 and 65 or over age groups (under-represented).

Key findings by themed section are set out below, which highlight a number of challenges and opportunities for the community. In interpreting the data collected it is important for service providers and commissioners to appreciate how the cultural and religious perspective of the Gateshead Jewish community (along with other Orthodox Jewish communities) deeply affects its priorities and service needs. Please refer to full report for details of data sources used for comparative analysis.

Summary of key findings

Characteristics of the community

Mainly large young families and a much smaller older population than Gateshead as a whole.

- The size of the permanent resident community is around 3,000.

- The student population contributes an additional 1,500 to a total population approaching 4,500 or 2.4% of the current Gateshead population.

- The average household size is 6.4 compared to 2.2 for Gateshead.

- 64% of households have four or more resident children.

- 53% of the permanent resident community are under 16 years of age, compared to 18% for Gateshead.

- 8% of the permanent resident community are aged 18-24, which is similar to the figure of 9% for Gateshead. A significant number of young people move away from the community to study or experience life in other parts of the UK or abroad for a few years. Some will return to Gateshead to raise their families. The number of young people increases through the term time student population.

- 23% of the community are aged 25-44, which is slightly lower than the figure of 27% for Gateshead.

- 8% of the community are aged 45-64, compared to 26% for Gateshead.

- Around 4% of the community are 65 years of age or older, compared to 18% for Gateshead. Many older residents chose to move away from Gateshead to retire to be closer to family members or to access residential care facilities.

- It is estimated that the community is experiencing year on year growth of around 5%, compared to a growth rate of less than 1% for Gateshead.

Schools and Education

Independent schools produce good levels of academic qualifications, though there are significant support requirements for children with special educational needs. Lack of external accreditation of many of the qualifications gained through the community's own FE and HE institutions presents barriers to wider employment opportunities, although this issue is being increasingly addressed.

- The Community maintains its own system of education with a combined figure of just under 1,300 children on the rolls of the educational institutions and a total of almost 1,500 children below the age of 16, which constitutes 4.1% of the Gateshead population.

- There is a steady year-on-year growth of 7-8%.

- There are a total of over 1,500 young people between the ages of 16 and 21 enrolled in community's own institutions of further and higher education, with the vast majority coming from other parts of the United Kingdom and abroad.

- Around 120 members of the community attend advanced graduate institutes for higher rabbinical and talmudical studies.

- 12% of the 5-15 year olds in the sample were recorded as having special educational needs, compared to 7% for Gateshead (see definitions in section 6).

- 4% of the 5-15 year olds covered in the survey had received a statement of special educational needs, compared to 3% for Gateshead.

- 64% of those aged 16 or over have achieved 5 or more GCSEs at A*-C or equivalents (Level 2), compared to 61% for Gateshead.

- 38% have achieved Level 3 or equivalents and 26% have achieved Level 4 or equivalents, compared to 26% and 22% for Gateshead.

- However, lack of external accreditation of many of the qualifications gained through the community's own further and higher education institutions presents barriers to wider employment opportunities, although this issue is being increasingly addressed.

Childcare

Shortage of childcare places is affecting employment options for parents.

- Of the 35 parents in the sample who stated that they needed childcare, 37% were unable to find appropriate care.

- 77% of those unable to find childcare require it to enable them to work or attend training/ education.

- 85% of those unable to find childcare said that this was due to lack of available places or hours not available.

Housing

Demand for larger family dwellings with a lack of space the main reason for moving house. Demand for accommodation continues to grow as new households are formed.

- 56% of households are owner occupiers and 42% rent their homes, compared to 65% and 34% for Gateshead.

- 31% of those renting have private landlords and none rent from the Local Authority, compared to around 5% and 23% for Gateshead.

- 82% of households live in terraced accommodation, compared to 28% for Gateshead.

- 45% of families encountered difficulty in finding accommodation to purchase outright or with a mortgage and 43% reported difficulty in finding accommodation to rent.

- 60% of households have or have added rear and/or loft extensions to increase space.

- A further 27% would like to add an extension with cost the main barrier.

- Energy efficiency steps have been taken through double glazing (83%), loft insulation (60%) and cavity wall insulation (22%).

- The majority of households considered their homes to be in adequate or good condition but only 43% reported that they had no problems with their accommodation.

- 27% of households reported that they experience a shortage of indoor space and 41% a shortage of outdoor space.

- 24% reported that damp was a problem in their homes.

- 23% of existing households expect to be moving house within Gateshead in the future (mainly in the next seven years) due to needing larger accommodation (this figure factors up to over 100 households for the whole community).

- The sample identified 47 additional households expected to be formed over the next seven years through the creation of new families (this figure factors up to over 200 households for the whole community).

- Almost half (47%) of such new households expect to require 3 bedrooms initially and would prefer to buy their own home with a mortgage.

- A further 46% would prefer to rent from or enter into a shared ownership arrangement with a Housing Association.

Employment and training

Part time employment is a feature of the community. Large numbers look after the home or are engaged in full time academic study. Growing numbers are involved in commercial activity.

- 34% of adults are employed on a part time basis, compared to 12% for Gateshead.

- 22% are employed full time, compared to 38% for Gateshead.

- 19% look after the home or care for a family member, compared to 6% for Gateshead.

- 13% are engaged in full time Higher Education, compared to 6% for Gateshead.

- 68% of those in work are employed in schools or Further Education colleges within the community

- The private business sector accounts for 19% of employment, reflecting the growing levels of commercial activity.

- 62% of those in the sample seeking work, would prefer part time employment.

- 32% of those who are not seeking work are looking after the home/children full time and a further 26% are studying full time.

- 67% favour looking for work through contacts within the community.

- Training in a range of business related skills have been received by many within the community, with basic and advanced computing skills the most popular, with continued and growing demand for such training.

- Lack of funding (74%) and family commitments (62%) are given as the main reasons stopping respondents from setting up a business .

- 22% would consider setting up a social enterprise.

Community and Social Care

There is a significant amount of care and support provided for the community by the community.

- 16% of households receive now or may require in future support by way of adaptations, equipment or technology in the home due to age or disability.

- The survey results may have understated the needs of older members of the community.

- 26% provide unpaid care to a friend or family member.

- 16% provide paid care.

- Beyond immediate family members, friends and neighbours feature highly in support networks within the community.

- There is a significant amount of voluntary support provided, with as much as 6600 hours per month of volunteer time and 1900 hours per month of advice giving being donated by members of the community (factored up based on survey sample).

- There is a lack of residential care e.g. sheltered accommodation for older residents, many of whom choose to move away from Gateshead to be close to other family members or to access appropriate care provision.

Health and wellbeing

The self reported general health of the community is good, and there are low levels of smoking and alcohol consumption, though healthy eating and exercise levels are lower than the Gateshead average.

- A note of caution regarding self reported perceptions of good or poor health, which can either over or under-report issues based on the levels of positivity/optimism, feelings of wellbeing and resilience within the community.

- The survey only captured a small sample of older people within the community so health issues are likely to be slightly under-represented. However, the community is largely made up of young families so health issues relating to older age are not as significant as for the wider Gateshead population.

- Less than 2% of people in the sample (both adults and children) stated that their general health is poor, compared to 13% for Gateshead and 9% for England.

- 5% stated that they have a long-standing illness, disability or infirmity, compared to 24% for Gateshead and 18% for England.

- 21% reported that they are overweight.
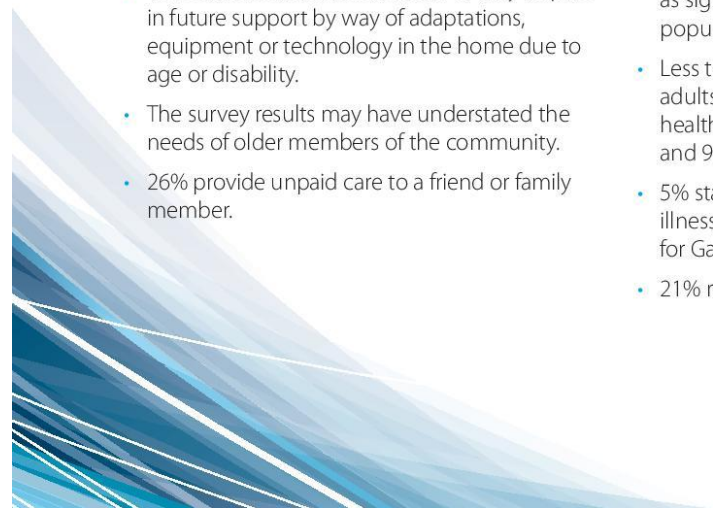
- Less than 3% of adults stated that they consumed more than 6-8 units of alcohol at least once per week during the previous 3 months, compared to 33% for Gateshead.

- 3% of adults smoke, compared to 26% for Gateshead.

- It is important to reiterate that the survey was solely carried within the permanent resident population, and the student population would almost certainly report higher levels for smoking and alcohol consumption.

- 24% report usually eat 5 portions of fruit or vegetables per day, compared to 28% for Gateshead.

- 26% undertake moderate physical exercise for at least 30 minutes more than five times per week, compared to 42% for Gateshead.

- However, local parks are well used by members of the community, most notably Saltwell Park (used by 98% of families in sample) and Avondale Park (73%).

- Less than 5% of households were unable to access a doctor, and 8% experienced difficulty in accessing a doctor during the previous 3 months.

- Three doctors (GPs) are members of the community but all are nearing retirement, which may raise issues of access in future.

- Less than 5% of households were unable to access a dentist and 9% experienced difficulties.

- 33% had difficulty accessing mental health services and 33% were unable to access an ophthalmologist, but both these relate to very small numbers. Awareness of mental health issues is growing within the community, and ways of addressing these.

- Health services arranged for mothers and babies within the community are well utilised, though a significant number of mothers also access antenatal clinics provided outside of the community.

- A large number of women attend well woman clinics but a relatively small number of men attend well man clinics.

Finance

Many households have income levels below the Gateshead average with half having difficulty with mortgage or rent payments.

- Respondents were given the option not to answer the questions on income because of their sensitivity and 42% provided the information, so the resulting income figures are based on a smaller sample of the community.

- 28% of households stated that they had a combined income of less than £20,000 per annum.

- Less than 6% stated that they had a combined income of £30,000 or more.

- Many households had income levels below the Gateshead average of £27,430.

- All households had access to bank accounts and the majority had debit and credit cards, and savings accounts.

- 58% of households had store cards and 56% had home contents insurance.

- 48% stated that they could not afford home contents insurance and 40% didn't consider it a priority.

- 50% of households reported having difficulty with mortgage or rent payments, and 61% reported having difficulty with other household bills.

- 20% feel (or have felt) under stress due to their personal financial situation.

Further information

For more information on the Gateshead Jewish Community Household survey and issues raised in this summary please contact:

David Andrew
Area Coordinator
Neighbourhood Management Team
Tel: 0191 433 3824
Email: davidandrew@gateshead.gov.uk

David Shimmin
Research & Intelligence Team
Chief Executive's Department
Tel: 0191 433 2267
Email: davidshimmin@gateshead.gov.uk

Jewish Community Council of Gateshead
Tel: 0191 478 2226
Email: info@jccg.org.uk

Gateshead Council

Appendix 11: Transcription Confidentiality Agreement

Transcription Confidentiality Agreement

Name of Transcriber _VICTORIA L UHEARD_

I am aware that in the course of any assignment by Larissa Raffles as a transcriber I will have access to confidential information pertaining to research participants; and that in order to uphold the confidentiality offered to all research participants and the case study site, any such information must be kept in confidence by me and used only in connection with the work assigned to me by Larissa Raffles.

Therefore in consideration of the transcription services I am carrying out for Larissa Raffles I agree:

1. I will hold in strict confidence, and will not use, assist others to use, or disclose to anyone, any information concerning such confidential information, including the name of the project and city in which the case study was carried out.

2. That I shall not derive any personal profit or advantage from any confidential information that I may acquire during my transcription services assigned to me by Larissa Raffles.

3. That transcribed documents remain the property of Larissa Raffles.

4. At the time I terminate my relationship with Larissa Raffles, for any reason, I will deliver to Larissa Raffles all documents related to the research and I will erase any copies of the audio files and transcripts from my computer and destroy any hard copies I may have made to facilitate the transcription process.

5. That I shall respect participants' confidentiality at all times and not seek to take advantage of, or pass on to any third party for any reason. If I am required by law to pass on information I will, if possible, first inform Helen Charnley or Lena Dominelli at Durham University.

6. I shall disclose immediately if I have any conflict of interest in carrying out this assignment, such as any business, financial, family or other interest, which may be connected with the audio files being transcribed.

7. That any personal use of the research data is strictly prohibited.

8. Access to the research data must be limited to myself.

It is understood that with exception to 4 above, there is no time limit on any of the obligations under paragraphs 1 - 8 above.

I certify that I have read and understood the foregoing agreement.

VLHeard   _16 Jan 2014_

Transcriber Signature   Date

Audit Commission Report, 1986. This report pointed out the 'perverse incentive' of local authority funding working against community care.

The Griffiths Report, 1988. This reviewed the funding of community care. Argued that overall responsibility for community care should lie with local authorities.

The Wagner Report, 1988. This investigated residential (institutional) care and recommended that a variety of types of care should be provided by local authorities, including care at home

Caring for People, 1989. White Paper about Community Care, promoting domiciliary day and respite care, supporting carers promoting the independent sector and removing the bias towards institutional care

National Health Service and Community Care Act 1990. Based on the Griffiths Report. Introduced the idea that the state should be an 'enabler' rather than the main provider of community care

The Community Care (Direct Payments) Act 1996. Local Authorities have a power to make direct payments to some people to allow them to purchase their own care (but not the over 65s)

Modernising Social Service 1998. White paper supporting welfare reform and social inclusion by promoting independence; improving protection of vulnerable people

Health Service Act 1999. *Create duty of partnership, ability to pool resources, joint commissioning, integrated service and single assessment process*

February 2000 regulations under 7(1) Local Authority Social Security Act 1970. Removed the upper limit of 65

The NHS Plan: A Plan for Investment, A Plan for Reform. *A whole chapter on dignity, security and independence in old age*

Health and Social Care Act 2001. Converted 'power' to 'duty' to provide direct payments

National Service Framework for Older People 2001. *Eight standards relating to age discrimination, person-centred care and the promotion of an active old age*

The Community Care, Services for Carers and Children's Services (Direct Payment) (England) Regulations 2003. Duty for Local Authorities to make direct payments to those assessed under the Carers and Disabled Children's Act 2000, increasing the scope of direct payments also to many carers.

 (Biggs *et al.*, 2003; Means *et al.*, 2008; Walsh *et al.*, 2000, p. 184; Wilson, 2008, p. Chapter 6)

NHS
Newcastle Gateshead
Clinical Commissioning Group

How will you involve people in a new and creative way which suits your target group? (Max 300 words)

Community member Mrs Larissa Raffles has completed an MA at Durham University examining the residential care options available to older members of the Orthodox Jewish Community and is presently in the process of completing a detailed Phd Study. We have benefitted from Mrs Raffles' advice in this matter and intend to bring it to bear in taking the focus groups forward.

Mrs Raffles' policy recommendations are not yet published and we await those with interest. However she has shared with us some general guidance that as a general principle older people should be provided with the right type and degree of support to shape the services that are intended for them. Sustaining independence and the need to feel useful are very high priorities. Within the Gateshead Jewish community for example, there is a need for older men to be supported in particular ways that are directly relevant to them, such as lifts to Synagogue, and provision of discussion groups and study partners in an environment they would be comfortable with.

The Focus Groups we convene will be run on a very interactive basis - we will be seeking not just the answers to "*what would you like*" and "what do you need?" - rather "*what does your vision for this community amount to*?" and "*What services would you like to see for all people as they progress into the 3rd and older age*?"

We will also consult with local CVS groups including the Jewish Cultural Centre, Zayis Raanon and DASH Group and our own Labriut Healthy Living Centre, together with others with a particular expertise or specialism that will be brought to bear in designing the best environment, timing, and structure for the groups to produce optimum results.

Please describe how you will evaluate the project (Maximum 300 words)

This will be through a combination of the following:

1. Direct participant feedback.
2. Internal discussion and evaluation within JCCG and Labriut – with support from Mrs Raffles.
3. Cross referencing with existing studies and surveys – see earlier.
4. Relevant support from Gateshead Public Health Team will be sought

Please describe how you will meet the given timescales? (Maximum 200 words)

With team working, prioritisation and appropriate support as detailed above.

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