The central issue in the present study was whether we should be as pessimistic about the consequences of older people’s moves as the adage ‘never move an old tree’ presupposes. We focused on the antecedents and consequences of later life migration. With the life course frameworks of Litwak and Longino (1987) and Mulder and Hooimeijer (1999) as starting point, the first question centered around the cumulative influence of life course events and several conditions on later moving decisions. We studied the influence of retirement, the loss of a partner, the empty nest and declining health on moves to residential care facilities, adapted housing and regular housing, and on the distance of the moves. We found partial support for the framework of Litwak and Longino that each life event triggered a specific type of move. In particular the transition to living alone and declining health were associated with moves to residential care facilities and adapted housing. Older people who had lost their partner often moved to adapted housing, and they were more likely to be institutionalized, if they had already health problems at the first observation. Also recently retired people and those whose last child left home improved their living environment and moved to regular housing in areas with a higher status. We did not observe a trajectory of moves associated with consecutive life events, as was suggested by the life course framework formulated by Litwak and Longino. By including the framework of Mulder and Hooimeijer, we were able to show that moving was more complex, as joint events and conditions played a role in the moving process.

The three subsequent research questions focused on the effects of moving on personal relationships and loneliness. The second research question focused on whether different types of moves would affect the sizes of core and role networks, and social and emotional loneliness. We compared the network sizes and the extent of loneliness before and after moves to regular housing and residential settings. We used the model of Lawton (1989), which predicts that well-being will be promoted by a good fit between the older adults functional capacities and their living environment. We observed that this applied especially to vulnerable older adults whose emotional loneliness decreased after a move to a residential care facility or nursing home. Emotional loneliness is generally associated with the absence of intimate relationships. Before the move there was no fit between the older adults’ capacities and living environment: They lived alone, were in poor health and surrounded by professional care-givers. By moving, they adapted their living environment to give them more opportunities for intimate relationships, which resulted in a greater sense of well-being.

The convoy model of Kahn and Antonucci (1980) assumes that the role network is most susceptible to change because it consists of relationships dependent on the role context such as neighborhoods or work settings. In the third question, we therefore studied the effect of moving and moving distance on three types of role networks with
neighbors, fellow club members and co-workers respectively. As was expected, the results were most striking in the neighbor network: Long distance movers lost the most neighbor relationships and rebuilt their network with new neighbor relationships. Older adults also lost relationships with fellow club members, which was contrary to our expectations. We expected more continuity based on the assumption that people were motivated to continue being members of a familiar club or organization. No changes were found in the co-worker network, which was in accordance with our expectations. We also observed large turnovers in the networks of people who did not move, which in our view indicated a normal circulation. Over the life course people come and go, especially in role networks. The convoy model helped specify the effects of moving on particular role relationships, which was rarely done in longitudinal studies.

As neighbor relationships changed the most and were easily replaced, the fourth question focused on which conditions contributed to the development of new neighbor relationships after a move. We differentiated between long and short distance moves. The study was exploratory because not many theories focus on initiating role networks and relationships, in particular by older adults. We chose eight conditions connected to personal and contextual circumstances. They were based on the assumption that older adults need to have opportunities to meet (Völker & Flap, 2007), and perceive similarity or share activities (Sias & Bartoo, 2007). Contextual conditions such as volunteering and neighborhood characteristics were more beneficial to older adults than personal factors, such as health or children nearby, in developing new neighbor relationships, especially after a long distance move.

With regard to the overall conclusion, we found ample support for our expectation that residential relocation, even for older people, is not that much of a drama. As we noted in the introduction, many studies assume that for older adults in particular, a move can be mentally and physically disastrous. The dominant conviction, not in the least among older adults themselves, is that aging in place is best for everyone. Governments in Western Europe and in recent years in the United States as well share this conviction and formulate policies to help older adults to age in place. To put relocation and aging in place in perspective, first a distinction is drawn between voluntary and involuntary moves, with the latter having more emotional consequences than the former (Nygren & Iwarsson, 2009). Sergeant, Ekerdt, and Chapin (2010) compared older adults’ expectations about moving to their actual moves in the community or to a care setting. They found that their expectations were predictors for moves in the community, but not for moves to a care setting, which were often triggered by life events related to health and partner status and therefore less predictable. Second, even when aging in place is discussed and alternatives are presented (Golant, 2008), the well-being of older people should be taken into consideration. The results of this study consistently
show that older adults restore their personal networks, and that their well-being is not negatively affected after moving.

In our empirical chapters, three theoretical lines become visible; the first pertains to the relocation process and specifically the variability within this process, the second to the convoy model dealing with life course changes at the network level, and the third to social capital with the focus on individual choices as regards the personal network. The second and third propose mechanisms to explain network change. We consider these lines against the background of aging in place (Wahl, Iwarsson, & Oswald, 2012).

As to the relocation process, we showed in Chapter 2 that older movers do not go through age-graded transitions, where moves might follow specific life course events as suggested by Litwak and Longino (1987). Even though not many older people move in the Netherlands, as in many other Western countries, there are many pathways in the process of moving. We added conditions in line with the framework formulated by Mulder and Hooimeijer (1999) to justify the complexity of the process. Oswald and Rowles (2006) suggested more detailed and discriminating analyses of specific predictors such as health, and outcomes of relocation. Furthermore they suggested using longitudinal designs to follow residential trajectories over time, to study individuals before and after the move, and to compare movers and non-movers. Krout and Wethington (2003) described how the diversity of housing arrangements for older people increased in recent decades, affecting residential needs and decisions as well as subsequent outcomes for people who moved as well as those who remained in place. Our longitudinal design enabled us to follow the residential trajectories of older people and compare different samples. Older adults moved in response to separate life course events, and although we found variability in the process, it can be reduced to characteristics of voluntary and involuntary moves. Voluntary moves are often characterized by changes in personal and environmental circumstances, while involuntary moves often occur due to negative changes in personal circumstances, often in terms of declining health (Nygren & Iwarsson, 2009).

Over time, the life courses of older people changed. In the postwar years it was common to move to homes for the aged soon after retirement, at a relatively young age. There was a housing shortage for younger families, and admission to residential care was available for people in relatively good health. By the 1980s, pre-retirement schedules lowered the age for leaving the labor market to the mid or late fifties. The government started lowering institutionalization rates by having admission depend on a greater need for care. These changes accompanied increased individualization, making institutionalization at a younger age a less common choice (Gilleard & Higgs, 2005). Life course changes such as retirement and the empty nest and their consequences for relocation reflect the institutional and cultural formations of later life.
Variability in the process is related to the destandardization of the life course and shifts in typical roles, which reflects broader societal changes (Thomése et al., 2005). These changes were increasingly accompanied by diversity in housing arrangements.

With the choices available, the question arises as to why older adults persistently prefer to age in place with the risk of missing out on congruent residential environments. As Golant (2011) put it, older adults eventually find themselves in residential arrangements with split personalities. The condition of the house and of the older adult no longer fit (Lawton, 1989). Aging in place means remaining in the community with some level of independence rather than in residential care. It is seen as enabling older people to maintain independence, autonomy and a connection to their social support resources including their friends and relatives (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). In addition, it avoids the costs of institutional care and is favored by policy makers, health providers and older adults themselves, as is noted elsewhere.

The discussion of aging in place is most relevant for older adults with declining health because they have the least choice as regards remaining at home. Arguments in this discussion center around feelings of familiarity; older adults have often lived a long time at their current addresses. The tone of these arguments is predominantly a positive one. It is however overlooked that the social environment is not always positive. In the first place, people often have problematic relationships with their neighbors, mainly due to noise and arguments (Ross and Mirowsky, 1999; Perkins & Taylor, 1996). Most Dutch neighborhoods differ greatly from the American disadvantaged areas in these studies, but similar problems seem to play a role. Hoexum (2011, January 8) describes neighbors as a chronic disease there is no escape from since there is no medicine. Second, the social environment is subject to change. When people age, their neighborhood changes as well (Deeg & Thomése, 2005). Children, friends, acquaintances and neighbors also grow older, become ill, or move to other parts of the country. The former residents might be replaced by others, leaving the elderly ultimately in a vacuum because social relationships in the immediate environment deteriorated. This includes the risk of social isolation and along with declining health, malnutrition was recently observed (Schilp et al., 2012). Third, in the event of health problems, if care is provided by a partner or children, this entails specific difficulties. An older partner can have health problems too, and family members usually lack the experience or skills to provide professional support. It is usually unregulated and unsupervised, and although given with the best intentions, inadequate and poor-quality care can contribute to home accidents, emergency room visits or hospitalization (Golant, 2008).

This brings us to the two theoretical lines in our empirical chapters that address network change. The convoy model (Kahn & Antonucci, 1980) focuses on the antecedents and consequences of life course changes at the network level. In the
convoy structure, the life course is a basic determinant of changes, encompassing changes in personal properties (individual needs and assets) as well as situational characteristics (role changes) (Thomése et al., 2005). Based on the convoy model, in Chapter 4 we found that the role network did not change that much after regular moves. As predicted by the convoy model, role relationships were interchangeable, especially with neighbors. There was some loss in the relationship categories of fellow club members and colleagues, but it was not dramatic. The role networks remain quite stable in the event of relocation. We also conclude that despite suggestions that the geographical basis of relationships is losing importance (Van Tilburg & Thomése, 2010), a shared location is still important for the neighbor and club member relationships of older movers. Launching a new network depended in part on a shared location, as was clear in Chapter 5, where factors connected to the neighborhood play an important role in the event of regular moves. Logan and Spitze (1994) stressed that older residents have greater social cohesion within a neighborhood than younger ones. Early old age in particular is a period when neighborhood involvement increases. Older people tend to make friends in the neighborhood. Moreover, older adults facilitate the social control in the neighborhood because they are at home during the day and more likely to visit and maintain social ties with their neighbors (Ross & Mirowsky, 1999). Although we did not use the convoy model regarding movers to care facilities, the model as well as the findings can be applied to them as well, since we did not find any large changes in their personal networks either. The shared location arguments apply to these movers as well. Care setting residents have opportunities to meet other people if they have the same daily routines regarding meals and other activities or if they share rooms. We can thus conclude that despite a considerable turnover in the constituting relationships, the personal networks of movers generally remain stable.

The composition of the personal networks changed, but this only had a limited impact on the network size. Lost relationships were largely replaced by new ones. The decision to end relationships and start new ones, especially role relationships, might be based on cost and benefit considerations and on the availability of alternative relationships. This third theoretical line follows from theories of social capital at the individual level (Thomése, et al., 2005); people invest in others to gain future access to resources. The farther one moves, the higher the costs of continuing role relationships with people from the old neighborhood. The most important cost relates to increased travel time, leading to less spontaneous contact opportunities. The benefits of starting relationships in the new neighborhood relate to the provision of support and access to information. This cost and benefit mechanism also applies to people who move to residential care facilities or nursing homes. In particular if social relationships in the old neighborhood deteriorated due to the older people’s increasing need for help,
institutionalization provide an opportunity to start new, more balanced relationships with peers. As is clear in Chapter 3, the first post-move contacts are instrumental, aimed at gaining information on daily routines, and in the long run more emotionally directed toward interaction with peers. This theoretical line complements the convoy model. Both address changes in older adults’ needs and circumstances. The convoy model, however, deals with changes at the network level. Although there are considerable changes in role relationships, the personal network as a whole remains relatively stable. The social capital theories focus on changes at an individual level. This theoretical line predicts which specific relationships older adults will devote their efforts to. The two theoretical lines are thus complementary (Thomése et al., 2005).

This study attempted to address the following research question: What are the antecedents of the residential relocation of older Dutch adults and what are the social consequences? We observed that many older adults move after individual life course events and often adapt successfully. We conclude that certain older trees do blossom after a move. Relocation is not socially or emotionally disruptive and there is no longer much reason to consider older adults victims of a move, as the adage ‘never move an old tree’ suggests. It could be noted that earlier in life, people focus on challenges and changes (jobs, houses, holidays), whereas later in life the focus is more on hanging onto what is familiar (Wahl et al., 2012). Paradoxically, aging in place is often linked to enhanced feelings of control, even if it is a move that could enhance feelings of control and a more satisfying future (Golant, 2011). In modern society, older adults can take responsibility for their own lives by shaping their network after a move and arranging it to suit their needs.

It is no simple matter however to make recommendations on the basis of these outcomes. Generally speaking, a cultural shift in how late life relocation is viewed would be desirable. The government needs to genuinely inform older people and their social environment about the pros and cons of aging in place. Not only do the oldest people need to be informed, so do younger ones, who have more choice as regards coming health problems. The government should also examine whether aging in place is more cost-effective than living at residential care facilities or nursing homes. All the costs of aging in place, subsidized support and home adaptations, the labor costs of family caregivers that might include career disruptions and lost wages, visits from and to medical professionals and overdue home maintenance need to be measured. Only then can older people make a well-founded decision about whether to move or not, and understand the implications of the step. Successful aging means older adults can actively manage their own experiences and need not fear age-related changes.