



Australian Housing
and Urban Research Institute

**Linkages among housing assistance,
residential (re)location and use of
community health and social care
among old-old adults: shelter and
non-shelter implications for housing
policy development**
Positioning paper

prepared by the
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2001

AHURI Positioning Paper No. 15

ISSN 1834-9250

ACKNOWLEDGEMENTS

This material was produced with funding from the Commonwealth of Australia and the Australian States and Territories. AHURI Ltd gratefully acknowledges the financial and other support it has received from the Australian, State and Territory governments, without which this work would not have been possible.

The Project Officer would also like to acknowledge the advice provided by the research team, in particular the support provided by Dr Sam Davis (nee Cody).

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Executive Summary

This paper provides the context for an examination of the shelter and non-shelter implications for housing policy development of the relationships between housing assistance, residential (re)location and the use of community and social care services by the older population. Specifically the paper examines housing policy, housing assistance and aged care policy in Australia; the current housing situation of the aged and current programs that exist to enable older people to remain in their homes for as long as they wish; and the experiences overseas with housing the aged and the delivery of services. This paper also examines research into quality of life as it pertains to the older population. The paper concludes with an outline of the research strategy to be undertaken in the project.

The key points in this paper are:

- The Australian government is seeking to better understand the influence of housing and housing assistance on the quality of life and overall well-being of individuals and consequently families and the community.
- A review of policy shows that until recently in Australia housing policy was formulated without an overall perspective of its influence on the health and well-being of the population.
- The current policy focus in ageing, housing and community care is on encouraging older people to remain in the community for as long as they wish. For older people, housing can be extremely significant.
- In the context of the policy orientation on ageing in place, linkages between housing and service provision are very important to the welfare of the older population.
- Along with issues relating to the integration of services for those who wish to age in place, relocation raises a number of important issues for policy development. These range from a broader range of housing options through to addressing the impact of relocation on health and well-being.
- Despite growing recognition of the importance of housing for the health and well-being of older persons, little research has been undertaken.
- Although recent research has led to informed policy, leading to an improvement in the range and adequacy of housing options for the older population, this improvement has occurred with little understanding or evaluation of house settings, measures of resident satisfaction, of housing transitions or of the effectiveness of programs and policies to meet the needs of this diverse population group.
- While much of the funding and direction for housing assistance is the responsibility of the Commonwealth Government, the delivery of such assistance and the supply of housing is the responsibility of the States and Territories. Each state is faced with the difficulties of providing housing assistance to a population with increasingly complex needs in an environment of fiscal restraint. State and Territory governments need to

rely increasingly on the community sector and the private market to assist them in trying to meet demand.

- The effectiveness of housing assistance and housing policy for the aged is closely intertwined with a number of policy areas, in particular aged and community care policy.
- The shift in policy focus from residential care to home care has implications for housing policy and planning in terms of the way accommodation and services fit together to best support frail older people and their carers. The dilemma of how to link housing with care has remained a difficult proposition not only in Australia but also in many other parts of the world. This dilemma arises from the historical development of housing and care policies.
- The aged live in a variety of accommodation types reflecting the diversity required by the general community, past opportunities and obstacles in life, as well as innovative housing meeting specific requirements of an older life and lifestyle.
- A lack of diversity in the housing market (in terms of properties and assistance-financial and otherwise) may lead to the emergence of a significant group of older people who are forced to stay in the family home or other forms of accommodation, perhaps without adequate support networks for longer than they would like. This has the potential to impact on the quality of life of the individual.
- Research into quality of life and wellbeing in older people in relation to housing has traditionally focussed on the move to residential care settings. It is only much more recently interest has turned, and limited research has been undertaken, in examining ageing in place and how non-shelter outcomes may vary from one housing situation to another.
- This study will examine the shelter and non-shelter implications of the linkages among housing assistance, residential (re)location and the use of community health and social services. The research will use two modes of investigation, analysis of findings from a major multidisciplinary longitudinal panel study of old-old Adelaidians, (70 years and older at baseline) the Australian Longitudinal Study of Ageing (ALSA), and surveys of key state and national decision makers, relevant departments, and non-government bodies as well as older persons concerned with housing and aged care. In so doing, the project aims to provide data arising from individual behaviour, beliefs and from experts in aged care.
 1. The ALSA study, while not specifically designed for this project, collected data on housing related matters; physical and functional health status; psychological well-being, receipt of pensions; lifestyle activities; and major life events.
 2. As housing assistance is a State issue, focus groups will be conducted in a number of States to gain a greater understanding of current policy directions, linkages among housing assistance and services and consequent influences on housing and non-shelter outcomes.

3. While some limited research has been undertaken into the association between various forms of housing and quality of life, much of this research has been based on data collected at one point in time, or over a very limited time period. One of the strengths of this study is the availability of data collected over time (The Australian Longitudinal Study of Ageing). This is particularly important for policy development that will address the needs of older people now and in the future.

1. Introduction

The importance of housing for the aged has gained increasing significance, not only because of the growing numbers of the aged, increasing life expectancy and the trend towards longer periods of frailty and disability, but because of the focus now on encouraging older people to remain in the community. It is only in the past two decades that any policy towards older people has gained significance. In the past addressing older people's housing needs and providing aged care services has largely centred around removing older adults from community living. As a result, many older people found themselves in hostels and nursing homes because their housing was inappropriate rather than the level of their care needs. For example, a review of research on reasons for admission to nursing homes found the ability impairment of residents was not detrimental to a degree that required the total care and support provided by residential homes. Essentially, although failing health may be viewed as a prerequisite for residential care, the degree of impairment does not necessarily require the 'total' care environment of an institution (McIsaac, 1997). A reorientation of policy to keeping people of all ages with special needs in the community, housing issues and the need for integration of services have taken on increasing significance not only in Australia but throughout the world.

Encouraging older people and others with special needs to remain in the community has, around the world, been termed 'ageing in place'. This concept has become a policy priority and led to a reorientation of the way housing and social policy for the older population is conceived (Bochel, Bochel and Page 1999; Pastalan 1997). This policy orientation recognises the desire of older people to remain in familiar environments and is seen to best achieve optimum opportunity for well-being and healthy ageing.

For older people, housing can be extremely significant. While housing is important at any stage in life, its importance may be amplified with ageing. The housing situation of the aged is the culmination of a lifetime of opportunities and obstacles. While an older person's housing may be able to meet their needs at a point in time, this situation can quickly change and become increasingly complex as a result of the myriad of changes associated with ageing. Some of these changes may directly or indirectly precipitate a change in living arrangements.

Adequate housing is a necessity and a right for all in society. Within the policy arena it is increasingly being recognised that housing is one very important facet of the complex and interrelated factors that influence health and well-being. The notion of ageing as a period of increasing frailty, disability and dependency underlies the abdication of responsibility for maintaining quality of life of the aged by most policy areas in the past, leaving health care policy to address a narrow array of older peoples' needs.

More recently, with the understanding and recognition of the diversity and rights of the ageing population, policy and planning has been directed to a more holistic approach recognising that policy and planning must encompass and enhance the whole of peoples' lives. The Commonwealth Government is currently developing a National Strategy for an Ageing Australia. This strategy will be 'a broad ranging national framework for action identifying opportunities and challenges and response options for government, business, the community and individuals to meet the needs of Australians as they age' (the National Strategy for an Ageing Australia, 1999, 10). This National Strategy, as well as State government strategies, emphasises the importance of independence, dignity, self-esteem, connectedness, participation,

happiness and a healthy lifestyle. These qualities are difficult to achieve if housing is unsuitable or inappropriate to peoples' needs.

In the context of the policy orientation on 'ageing in place' linkages between housing and service provision are very important to the welfare of the aged population. The aged are significant users of a wide range of services and housing can potentially operate as a significant mediator in the demand for assistance and use of services. Housing policy (and associated living arrangements and changes in them) may be an important lynchpin in ensuring a range of higher order or non-shelter outcomes.

Policy makers listened when older people indicated that their preference was to stay in their own homes. As Cody (1998) states:

Since 1985 Australia has been pursuing a policy of deinstitutionalising aged care¹ that could be said to reflect such preferences. The trend towards home-based provision of services is seen to exemplify recognition of the rights and preferences of older people to maintain maximum independence. Yet despite high numbers of homeowners in the older age groups and their desire to remain in their homes, relocation becomes an issue for many. The 1992 Housing and Location Choice Survey found that about 23% of those between 60 and 80 years of age moved, this increasing to 30% for those aged 80 years and over.²

The increasing numbers of older people, especially those over 80 years old (ABS 1999; McDonald and Kippen 1999) means that relocation will continue to be a significant issue. Therefore, along with issues relating to the integration of services for those who want to 'age in place', relocation raises a number of important issues for policy development. These range from a broader range of housing options through to addressing the impact of relocation on health and well-being. It is important that policy makers recognise that transitions made from one form of housing to another may translate into differential use of services. A decision to relocate is often motivated by an actual or anticipated gap between the capabilities of older people and the availability of services that would enable them to 'age in place' (Hugo and Wood 1984; Kendig and Neutze 1999; Stein and Morse 1994). An understanding of factors associated with, or predisposing one to, relocation is important.

Despite the growing recognition of the importance of housing for the health and well-being of older persons there has been little research around the world on the subject (Tinker 1997). Until recently research has tended to concentrate on specialised rather than mainstream or 'ordinary' forms of housing. The Australian government is seeking to better appreciate the contribution housing and housing assistance interventions make to the quality of peoples' lives (AHURI Research Agenda 2000). In terms of the aged, it is important to increase our understanding of the non-shelter impacts of different forms of housing and housing assistance and how housing assistance programs might more effectively link with aged care programs and services (for example income support, community care, health care) to affect higher order outcomes. The linkages (or lack of them) between programs including housing assistance and other areas of need should be explored to identify opportunities for improving outcomes of a range of interventions aimed at improving the well-being among the older population.

This project sets out to explore a number of issues:

- The impact of housing and housing assistance on the welfare of the individual and consequently the family and community.
- The nexus between living arrangements, housing and service use particularly at transitions between tenure types.
- The place of housing assistance within an integrated service system.
- Shelter / Non-shelter outcomes in relation to relocation.

To provide the context for an examination of these issues this Positioning Paper describes:

- the policy arena in terms of housing, housing assistance and aged care;
- the current housing situation of the aged and programs that exist to enable older people to remain in their homes for as long as they wish;
- overseas experiences with housing the older population and the delivery of services;
- research into quality of life across housing types; and
- an outline of the research strategy to be undertaken.

Further outputs from this project will include a Work in Progress Report detailing early findings from the research, a Findings Paper demonstrating the value of the research for policy development and a Final Report on the detailed findings of the research. The Project will be completed by November 2001.

Chapter 2. Housing policy, housing assistance and aged care policy

This chapter examines housing policy, housing assistance and aged care policy. Over the last 15-20 years recognition of the importance of home and place has led to a focus in policy towards 'ageing in place' initially in reaction to the provision of aged care but more recently as it relates to housing policies for older people. Diversity of choice in housing for the aged has become an objective of housing policies at all levels of government in Australia.

2.1. Housing policy

While the Commonwealth and State governments are jointly responsible for funding housing assistance, policy and programs at all levels of government, past and present, in a number of arenas influence and impact on the housing situation of the population including the aged population (Kendig 1993; Department of Housing NSW, 1999). Until recently in Australia however housing policy has been formulated without widespread consultation, analysis of changing needs and recognition of the wide range of shelter and non-shelter implications of various policies (Howe 1992). It is only recently that policy development has encompassed a broader view of housing which incorporates an understanding of the need for co-ordination and links with other arenas such as transport, urban design, community facilities and care and support services (Pfeffer and Green 1997; Tasmanian Department of Health and Human Services undated).

A number of papers (Kendig 1990, 1993; Kendig and Gardner 1997) have reviewed the development of policies that influence housing in old age and the political and economic contexts in which they occurred. Since the early 1980s there has been growing Commonwealth, State and local government attention to the issue of ageing and housing. At the Commonwealth level these include the National Housing Strategy (NHS 1991, NHS 1992; Howe 1992), the Australian Urban and Regional Development Review (AURDR 1994a, 1994b; Morris Consultants 1996; Purdon Associates 1996; S & S Consultants 1996; Spiller, Gibbins, Swan 1996; DTRD 1996; AHURI 1996), and the Aged Care Mid-term Review (DHHCS 1991a, 1991b; DHHLGCS, 1993). The purpose of all of these studies has been to establish the current status of housing and to examine ways to increase housing options available to the community and particularly in relation to the aged, to examine the linkages between aged care and housing. Although such studies have led to an improvement in the range and adequacy of housing or accommodation options for the aged in recent years (Kendig 1999), it has occurred without a clear understanding of the effectiveness of programs and policies to meet the needs of the older population.

The Mid Term Review of the Aged Care Reform Strategy Stage Two (DHHLGCS 1993, 133-4) highlighted that little primary research had been undertaken into any aspect of housing for the aged and, in particular, little understanding or evaluation of housing settings, measures of resident satisfaction or understanding of housing transitions existed. Just recently the Australian Institute of Health and Welfare (AIHW 1999, 158) commented on the difficulty of adequately assessing the need for, and effects of, housing assistance to disadvantaged households and Kendig (1999, 9) in an address to the ACT *Adaptable and Accessible Housing Conference* stated 'we still know very little about the relative effectiveness of different packages of income support, accommodation, and services in meeting particular combinations of individual needs and preferences among older people.'

Studies (Cody 1998; Kendig and Neutze 1999) indicate that today's retirees and those to follow (the baby boomers) are more knowledgeable, will have more resources and higher expectations, having grown up and worked in the postwar period rather than the years of war and depression which characterised the lives of people over 70 today. The new groups of retirees will demand and expect more housing choices and options reflecting their own increasing diversity and range of needs. Yet, the question arises "do we really know what older people want or do we as a society provide what we think they want, or ought to want?"³ In the past and even clearly today we have assumed what they want – for example many of the housing and long term care options for older people assumed a willingness to relocate; we built bed sitters assuming older people did not require bedrooms and space; and Archibald's (1999, 106) comments in relation to buildings recently constructed for older people in Victoria clearly highlights a lack of understanding.

Many buildings recently constructed for seniors are pseudo-Victorian, Australian colonial or 1950s in character. These buildings tend to be patronising to older people in that they can be over-impressive, over-secure, over-built, old fashioned institutional places pretending to be homely and seeming to assume that seniors should be confined in irrelevant, glossy updated past environments. To 'hospitalise' them in large new buildings that are sentimental and nostalgic can be sad for older people and for the community. Unfortunately these complexes are often constructed in lonely, remote outer suburban areas where large tracts of land are available and often bear little social or geographical relevance to the earlier lifestyles of the residents.

If we are serious about commitments to enhancing older people's lives and wellbeing it is essential that the ever-changing needs and requirements of the older population are continually assessed and reassessed.

Australia has no overall housing policy that outlines long term prospective goals. Yet housing policies have far-reaching consequences over the lifespan. As Gibson, Mathur and Racic (1997) point out

In old age the cumulative effects of housing choices and opportunities (including government housing policies) interact with contemporary health and welfare services. Housing in combination with the accessibility and availability of services, strongly influences the extent to which individual needs for health and welfare assistance are met, and the ways in which they are met.

Australian governments' direct role in housing policy is through the provision of housing assistance which is enacted through the Commonwealth State Housing Agreement (CSHA), the latest being the 1999–2003 Agreement. This assistance is designed to meet a number of policy objectives covering broad economic and social arenas (home ownership, community development, social infrastructure) as well as specific housing issues (affordability, dwelling modification, location, cultural needs, market failure) (AIHW 2000). This assistance is provided to households who are unable to obtain or retain suitable accommodation due to a number of reasons including cost, availability or suitability. Housing assistance is provided by the three levels of government via a range of programs to try to fulfil the government's aim of providing greater choice in the housing market.

Much of the funding and direction for housing assistance is the responsibility of the Commonwealth government the delivery of such assistance, and the supply of housing is the responsibility of the States and Territories. The State and Territory governments provide matching funds to those provided by the Commonwealth through the CSHA as well as additional funds to undertake housing assistance

programs. They supply and manage public housing, oversee community housing and are responsible for land taxes, stamp duties and residential tenancies legislation. It is the State governments' responsibilities to deliver CSHA programs such as Home Purchase Assistance, Aboriginal Rental Housing and Private Rental Assistance (CSCRCSSP 2000). The CSHA however only provides short term funding certainty until 2003 and the States are uneasy about the future of Commonwealth funding for housing assistance after this date (Department of Housing NSW 1999). Each state is faced with the difficulties of providing housing assistance to a population with increasingly complex needs in an environment of fiscal restraint. State and Territory governments need to rely increasingly on the community sector and the private market to assist them in trying to meet demand. Serious questions arise about the welfare of needy groups including the aged if there are significant reductions in funding or involvement of the Commonwealth government in housing assistance. How will the state governments view their responsibility in the ongoing provision of housing assistance and how will this impact on ageing in place, the integration of services and ultimately the well-being of the individual?

Many if not all of the States and Territories (Dept of Human Services SA 1999a; Ministry of Housing Western Australia (undated); Department of Housing NSW 1999; Queensland Dept of Housing (undated); Tasmanian Dept of Health and Human Services (undated)) currently recognise and emphasize the importance of housing to the general well-being of individuals and consequently the wider community. In social gerontology there are debates about whether older people should be treated as a special group or integrated within society (Leveratt 1999) but in relation to housing some believe the aged deserve special attention (Roberts 1997; Kendig 1990; Kendig and Gardner 1997). Acknowledging there are no specific overall housing policies for particular groups in society and in each of the policy arenas specific groups are only part of the overall consideration, with the possibility of increasing frailty and disability with age, housing is seen as an integral factor in relation to well-being and quality of life.

Some of the States responded to the challenge of increasing the diversity of housing options for their older populations by developing 'Older Persons Housing Strategies'. The Department of Public Works in Queensland initiated such a strategy in 1991. This strategy involved developing discussion papers, consultations with older people and interest groups, developing new programs (housing design, home modification and maintenance assistance) and developing links between housing and other forms of support (Smyth 1996). Similarly the New South Wales Government through the Office of Housing Policy, Department of Urban Affairs and Housing launched its Older Persons Housing Strategy in late 1994. This strategy had two overriding objectives – to develop new approaches to the provision of housing assistance to older people; and to influence housing market responses to the housing needs of older people. Funding was provided to develop a home maintenance and security handbook; for pilot projects examining housing information services, innovation in design, location, management and care linkages and a joint venture mixed tenure project (Larkin 1996). The setting up of such strategies appeared to enhance and enable the development of links between major stakeholders in a range of agencies; government and community based to the benefit of the older population yet these two strategies were one off programs that no longer are operational. South Australia however is currently in the process of developing a housing strategy for its older population. This strategy will comprise the 'housing' component of the Department of Human Services strategic approach to the needs of older people. The guiding principles to this strategy may be found in wider state policy documents on ageing - *Ageing A Ten Year Plan for South Australia* (Office for the Ageing 1996) and *Moving Ahead* (Dept Human Services SA 1999b).

The Commonwealth, State and Territory governments recognise the need for increasing diversity and of the importance of housing to the welfare of their populations. Yet it is clear from this section there are a number of issues, which may seriously impact on governments' goals of providing the best outcomes for older people and more importantly the quality of life achievable by the individual.

2.2. Aged and community care policy development

The effectiveness of housing assistance and housing policy for the aged is closely intertwined with a number of policy areas, in particular aged and community care policy. The recent interest in housing for the aged is one of the outcomes of a series of reforms (Aged Care Reform Strategy) to aged care beginning in the mid 1980s particularly as a result of the House of Representatives Standing Committee on Expenditure Report (1982) *In a Home Or at Home: Home Care and Accommodation for the Aged*. This report indicated the escalating cost to government of continuing to provide residential care and how this contrasted with peoples' wishes to remain at home and in the community. Since this report there has been a process of rapid change with the movement away from residential care to community care and a more holistic integrated approach recognising the importance of all aspects of ageing to general health and well-being (Gibson 1998; Pfeffer and Green 1997). As a result of this report the 'relevant Commonwealth department commenced a process which brought together consideration of a complex range of policy issues, crossing all three levels of government, as well as policy sectors within governments. For the first time in Australia there was clear identification of the complex interrelationships between urban planning, housing, supported housing, home care, residential care and health services' (Pfeffer and Green 1997, 282).

This change in policy direction, focussed attention on 'ageing in place'. While this term as the basis of policies for the aged has been widely accepted throughout Europe, North America, Australia, Japan and other countries dealing with an ageing population, Pastalan (1997, 3), in relation to North America and Europe comments acceptance of this term occurred 'even though there is only a vague idea of what this concept actually means in practical and policy terms.' Similar sentiments are expressed by Gregory (1999, 1) in relation to policy implementation in Australia – '...despite the development of "copy book" legislation with the drafting of the Home and Community Care Act 1985, the complexity of providing a system of care to meet the needs of the frail aged and younger people with a disability in the community environment was little understood.'

The shift in policy focus from residential care⁴ to home and community care⁵ has implications for housing policy and planning in terms of the way accommodation and services fit together to best support frail older people and their carers. The dilemma of how to link housing with care remains a difficult proposition not only in Australia but also in many other parts of the world. This dilemma arises from the historical development of housing and care policies. Pynoos' (1990, 168-9) commentary on the American context is equally relevant to Australia

Housing policy has traditionally focused on improvement of overall structural quality and affordability, rather than suitability over time. Little attention has been paid to the role housing can play in promoting "ageing in place" through the addition of social and health related services, or to its central relationship to long-term care policy. Long-

term care policy, on the other hand, has almost exclusively focused on the financing of nursing home care, despite the recognised need for a continuum of care...the result is a patchwork of services with large gaps between fully independent living and the near total dependence that often characterises nursing home care. A better understanding of the role of housing in the organisation and financing of long-term care services is essential if aging in place is to move from a social concern to an effective policy.

Recognition of the limited co-ordination that existed in Australia between housing and the aged care sectors in the 1980s resulted in a focus on this in the National Housing Strategy and the second stage of the Mid-Term Review of the Aged Care Reform Strategy (Howe 1992). In fact Howe (1992, 3) stated 'Inadequate integration of effort by the two sectors [housing and aged care] in the past has contributed to negative outcomes in the lives of older Australians, exacerbating rather than alleviating poor health, social isolation and premature entry to more intensive levels of residential care. Improved coordination and greater flexibility in linking program elements can alternatively contribute to positive outcomes and better use of available resources.'

The Home and Community Care Program (HACC) is a complex diverse program involving Federal, State and local governments, providing a wide range of services to people in their homes. Initially designed to provide a range of basic services to enable older people to remain in the community, thereby avoiding premature admission to residential care (a preventative strategy) it soon became a system of targeted resources to those at greatest risk of admission. In 1992-93 the government introduced Community Care Aged Packages (CACPs) to provide a community alternative for frail older people whose dependency and complex care needs would qualify them for entry to a residential care facility at least for low level care. More recently the government has introduced Extended Aged Care at Home Packages (EACH). These packages provide nursing home level care to people in their own homes. Besides providing care in the community to the older population Australia's aged care system also provides residential care. Residential care is financed and regulated by the Commonwealth government while the services are provided by the non-government –sector (religious, charitable and private providers) although a small number of facilities are operated by State and local governments. There are two main forms of residential care – high (or nursing home) care and low (or hostel level) care. Access to residential aged care and CACP and EACH programs is reliant on assessment of suitability of an individual by Aged Care Assessment Teams (ACATs). The introduction of care in the home resulted in a decrease in the provision of residential care places and the provision of CACPs and EACH is funded by replacing an equivalent number of nursing home places (Commonwealth Dept of Health and Aged Care 1999).

While this system of care is widely acceptable throughout the world (financially and in meeting the desire to age in place), and while in Australia a wide array of services is available, being trialled, and provided to many older frail people in the community, it is not without its problems. A number of issues include:

- The demand for HACC services is high and many agencies are unable to keep up with demand (Bagnell 1999).
- While there is evidence community care delays entry to nursing homes (Howe 1997) there is no evidence keeping very frail old people at home and out of an institution extends life.
- For those persons who do not meet the entry criteria as assessed by the ACATs and who do not have the financial means to purchase what they

see as necessary, there is no alternative but to remain in the community (Gibson 1998).

- Lack of supply, particularly in terms of residential places, increases pressures and stress on the public health system and families.
- While ageing in place may be acceptable to older people because they believe they will be able to access services when they feel they are required, the current policy of targeting services to those most in need restricts access to people with low needs. Limited research into outcomes of the supply of community services shows early intervention is more effective than intervention later in the course of dependency (Howe 1997).
- The provision of community care is based on the assumption that individuals have a stable home in which their care needs can be adequately provided. In relation to this the Brotherhood of St Laurence (1994, 23) states the 'balance of care approach of Australian policy still doesn't include a large enough range of supported housing options likely to be necessary for those who don't own their own home, and whose housing is unstable or unsuitable to their needs. The CACPs offer some flexibility to provide services to meet individual needs, but not enough to compensate for inadequate housing, so in that sense they are poor alternatives to hostel provision in low-income areas.' While the Commonwealth government provides Assistance with Care and Housing for the Aged Program (ACHA), which connects housing and community care for low income frail older people in insecure housing, current funding for this program is unable to meet required needs (Leveratt 1999).
- The family, its willingness and capacity to provide care is vitally important to Australia's aged care system. The availability of informal carers however diminishes as old age advances. The informal carers (spouses, siblings and children) are also increasingly in the workforce and are themselves ageing and hence may become less capable of intensive caring responsibilities (Productivity Commission and Melbourne Institute of Applied Economic and Social Research 1999, 322).
- The number of people with a profound or severe core activity restriction will increase over the next forty years. In 1981 the total number of people aged 65 years and over in this category numbered 279 000; it will increase to over 500 000 this year and by 2031 the number of people in need of some sort of assistance in their daily lives will exceed one million (AIHW 1999, 174).

In the context of these overall issues it is of interest that there are considerable variations among the States and Territories in the provision of community and residential care. In relation to community services there is no clear evidence that these variations are converging over time or why these variations exist. The AIHW (1999, 187) found that in 1997-98 if the hours of assistance provided in home help, home nursing, personal care and home based respite care were added together the Northern Territory had the highest level of service provision (explainable by population profile), followed by Victoria (with 4107 hours of these four service types per 1000 population aged 65 years and over with a profound or severe core activity restriction), followed by NSW (3008), the ACT (2841), Tasmania (2747), South Australia (2685), WA (2664) and finally QLD (2078). The level of service provision in Qld is around half that in Victoria. In terms of residential care though the NT again had the highest provision at 328 residential care places per 1000 people 65 years and over with a profound or severe core activity restriction. This was followed by Qld with 305 places, the ACT (295), SA (293), WA (291) and NSW (291). Tasmania and

Victoria had the lowest levels of residential care provision with 282 and 274 places respectively (AIHW 1999, 192-193).

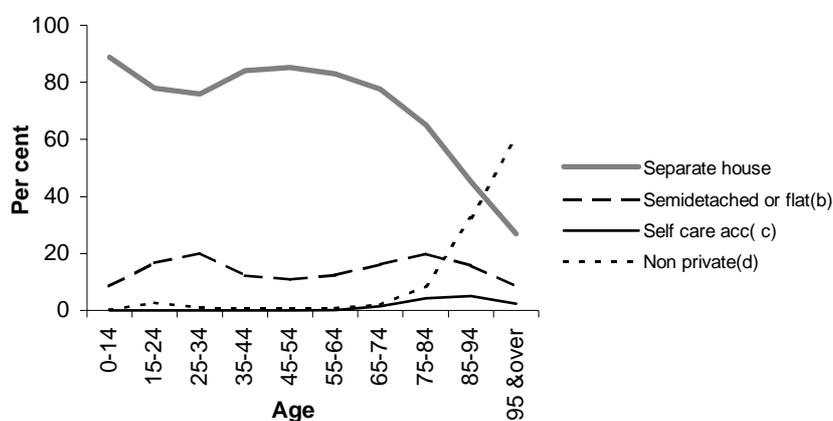
While the linking of housing and care has remained a dilemma because of its inherent complexity, continuing progress in this direction is essential to the well-being of the aged and other needs groups within the community. The combination of the right type of housing with the appropriate care and support is essential to the government's role of enhancing the whole of peoples' lives. Inadequate housing can diminish a good support package while a poor support package can have a detrimental effect on independence despite the availability of adequate housing. Both scenarios are likely to adversely impact on an individual's quality of life.

Chapter 3. Shelter and non-shelter outcomes of housing policy in Australia

The housing system is a complex mix of tenures (home ownership, public rental, private rental, community housing) and housing characteristics (house type, condition, location). The aged live in a variety of accommodation types reflecting the diversity required by the general community, past opportunities and obstacles in life, as well as innovative housing meeting specific requirements of an older life and lifestyle.

Around 90 per cent of aged persons live in private dwellings while the other 10 per cent live in non-private dwellings such as nursing homes, hostels, hotels, caravans and boarding houses (Howe 1992, 18). The dwelling type that people live in varies across the lifespan and ageing often results in a change of accommodation. Figure 3.1 shows dwelling types of the population at the 1996 census. What is immediately apparent is the change in dwelling type with increasing age. In 1996 while the proportion of people living in separate houses remained relatively stable at around 80 per cent to ages 65-74, thereafter there is a significant downward trend such that only 27 per cent of those aged 95 years and over remained in a separate dwelling. The proportion of people in semi-detached dwellings initially rose from around ages 55-64 reaching a peak of 20 per cent for those aged 75-84 years. While only a very small proportion of people lived in non-private dwellings up to ages 65-74 this increased dramatically for people aged 85-94 (31 per cent) and to 58 per cent of those aged 95 years and over (ABS 1999).

Figure 3.1 Type of Dwelling, all Persons, 1996



Source: ABS 1999

3.1 Home ownership

In terms of broad tenure, as a result of past policies such as assistance to encourage home ownership, very little support for private renters, and a marginal public housing sector, (AHURI 2000; Badcock and Beer 2000; Bourassa, Grieg and Troy, 1995; Kendig 1990; Kendig and Gardner 1997) home ownership is the overwhelming tenure for all Australians and as ownership accrues with age, home ownership is particularly high among the older population (Table 3.1). At the 1996 census 80 per cent of the population aged 65 years and over owned or were purchasing a dwelling.

While home ownership is generally viewed as advantageous by providing security of tenure, the potential for capital gains, and for some, the means to alter through the housing market their housing situation to suit changing needs, there is considerable diversity in the situation of older homeowners. The current generations of the aged population are heavily dependent on the aged pension and while homeowners may be better able to manage on a pension compared to people in the rental market, they often have little money. This situation has been termed 'asset rich, income poor'. In 1999 close to 1.5 million Australians aged 65 years and over were receiving the age pension while another 400 000 aged persons were receiving a pension from the Department of Veteran Affairs (AIHW 1999, 181).

Table 3.1: Australia: Tenure and living arrangements for the population aged 65 years and over, in private dwellings 1996 census

Housing tenure	Couple only 65+	Family 65+	Single person 65+	Other 65+	All persons 65 years and over		
					65-79	80+	Total
Owner without mortgage	82.7	73.2	66.8	54.4	75.7	71.4	74.9
Owner with mortgage	4.3	11.8	2.5	6.7	5.4	3.5	5.0
Private rental	4.3	7.1	9.3	9.0	6.3	7.0	6.4
Public rental housing	3.3	4.7	9.4	3.3	5.3	5.3	5.3
Other	2.4	1.2	5.0	2.5	2.5	5.1	3.0
Not Stated	2.9	1.9	6.6	23.9	4.6	7.4	5.1
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total ('000s)	922.5	281.1	551.3	106.9	1511.6	350.2	1861.8

Source: AIHW 1999, 134.

Owner occupied dwellings may be individual home units or units in a retirement village or much more likely separate dwellings on reasonably large blocks in the suburbs of the metropolitan areas. Many of the aged homeowners live in the family homes they bought as young homebuyers in the developing suburbs of the time. While these homes remain suitable for many, for some the size of home and garden may become an increasing burden to care for, and while appropriately located initially, priorities change over time with changing circumstances and access to shops and services and facilities may become restrictive without a car or good public transport.

Many older people wish to remain in their own homes but have concerns about needed repairs and modifications, as well as dealing with trades people and the costs of repairs. Funded by the Home and Community Care Program (HACC), state governments have developed home maintenance and modification services (Forsyth 1992). A highly successful program in South Australia is the *Staying Put* program based on the successful program of the same name in the United Kingdom (Purdon Associates 1996). Started in 1990, this scheme offers advice and practical help to home owners with repairs, improvements or adaptations to their homes and specifically targets older people who are at risk of leaving their homes because arranging needed maintenance or repairs is too complicated or stressful. The program is funded jointly by the Commonwealth Department of Veteran Affairs,

Home and Community Care, the Wyatt Benevolent Institution and Aged Cottage Homes (Reed G 1996). This program has assisted people to remain in their homes longer and it also illustrates the way various organisations can work together successfully to provide positive outcomes for the older population. In addition to such programs there are some special purpose packages available (for example the South Australian government's seniors loan) although such financial products including reverse equity loans are not widespread in Australia (Gouge 1996; Roberts 1997).

While remaining in the family home (with the possibility of receiving help when required) may be suitable for many, for others the large dwelling on a large block with considerable distances between services and facilities may increasingly lead to the desire to move into more suitable alternative housing often within the same neighbourhood or familiar environment. There are often a number of obstacles to change and clearly one of these is affordability. There are a number of financial issues which constrain older people's choices:

As the home is the largest and maybe the only financial asset older people have they are very reluctant to release the value of this asset and worry about the consequences of such action on pension entitlement. The costs of relocation estimated at anywhere between \$4000 and \$25,000 (stamp duty, real estate agents commissions, removal costs) can be a strong disincentive to moving. For many pensioners, in particular this would appear to be a significant waste of money (Dept of Transport and Regional Development 1996; Crotty 1996).

While there may be considerable housing diversity in an area there may be a pricing differential between the older homes and the newer homes, villas and units on smaller allotments (Howe 1992). There are some programs in Australia designed to assist older homeowners to purchase or part purchase more suitable accommodation. One of the better known programs was the *Wisechoice Program* in Western Australia (Australian Urban and Regional Development Review-AURDR 1994a; D'Alessandro 1996; Nicholls 1997). This program involved the construction and sale of strata title units in groups of 5-10 units to people aged 55 years and over who owned a home of moderate value who wished to move to smaller accommodation. The State government offered the people loans to make up the shortfall in funds. While successful with the construction of over 600 units in five years, in the end the program was not financially viable (the program had to be self-financing but buying land at market value eventually resulted in the price of units being beyond target prices). The program created much interest from seniors as it provided a small neighbourly community of mutual support and it was a program older people could trust (Ministry of Housing WA, personal communication). In South Australia Aged Cottage Homes has increased opportunities for relocation by developing some interesting packages whereby older people are able to purchase a percentage of the equity in a home with the balance being held by the organisation (Reed G 1996). Thus while such programs may be seen as suitable or successful in the short term it is acceptability by the older population and long term viability of such programs that is crucially important.

3.2 Public rental housing

The major impetus in public housing in Australia began after WWII in an attempt to ease the housing shortage and to house young families. Houses were often built on large estates adjacent to the newly developing manufacturing sites in the middle and outer suburbs of the metropolitan areas and also in major regional centres. While initially these houses were available to a range of income groups, reports into poverty in the mid 1970s found those in the private rental market were most in need and this

resulted in a change in policy for the allocation of public housing away from low or middle income earners to those most in need (Stimson, Manicaros, Kabamba and Murray 1997).

At the 1996 census 5.3 per cent of the population aged 65 years and over (approximately 100 000 persons) lived in public rental housing (Table 3.1) and this is a particularly important avenue of accommodation for single older people, especially women. Public housing has traditionally been provided as a long term alternative to private ownership and currently around one half of all aged tenants in public rental housing entered the system as young adults in their twenties and thirties (Kendig and Stephens 1987). As they have aged through the system in larger family accommodation, often on large blocks of land, they have been encouraged to move to what was considered to be more suitable public rental accommodation. State housing authorities have been providing accommodation specifically for aged persons since the 1960s (Kendig and Gardner 1997). Aged accommodation began with the development of bed-sitter and one unit accommodation in large groupings. While the quality of public housing varies, these developments are no longer seen as a suitable means of accommodation (and probably never really were by older people) and are being progressively redeveloped into smaller complexes with a mix of one and two bedroom units with designs that take into account the needs and requirements of older persons and that maximise the opportunities for people to remain living independently.

The State and Territory governments are responsible constitutionally for the building and administration of public housing while funding is provided primarily by the Commonwealth government through the Commonwealth State Housing Agreement. This agreement has undergone a number of changes in recent years. Of particular importance to the public rental sector is the significant change in policy direction over the last ten years that has shifted housing assistance for low income households in Australia away from the supply of public rental housing to a focus upon income support through rent assistance to private tenants⁶ (Badcock and Beer 2000; Kendig and Neutze 1999; Shelter SA and SACOSS 1998). There are a number of reasons for this change in policy including the inequity in the assistance provided to public and private tenants, the growing affordability problems facing private tenants (Yates 1997), concern over the performance of State Housing authorities and the belief the private rental market could adequately cater for all low income households except those with special housing needs (Badcock and Beer 2000). This shift in direction has led over recent years to a significant decline in funds for new housing stock and the refurbishment and redevelopment of existing houses in a climate of growing demand. There is real concern within housing authorities on the future funding of public housing (Department of Housing NSW 1999; Ministry of Housing, WA Focus Group Discussion 2000). Although some housing authorities have entered joint ventures with for example local councils, and non-government organisation like Masonic lodges, churches and the RSL, the states seem unable or unwilling to cover the shortfall in funds (Kendig and Neutze 1999) and they have been forced to review their own policy directions, the results of which are likely to have a negative impact on low income households. In Victoria for example, the Office of Housing has reviewed its waiting lists changing the priority groups (to long term homeless and people with disabilities rather than low income) as well as tightening its overall eligibility criteria for access (income limits, reflecting those necessary for Commonwealth rental assistance as well as asset limits) which will make it more difficult for low income older persons to acquire housing (Leveratt 1999). In addition while in the past public housing provided security of tenure, this may no longer be the case. Again in Victoria for example all new tenants are given 3 or 5 year leases. To narrow the gap between public rental rebates and rent assistance to private renters

the Victorian government also lifted rents. While still capped at a maximum of 25 per cent of income the increase was significant for those reliant on fixed income (Leveratt 1999).

In relation to the overall Commonwealth focus on income support rather than housing provision Yates (1997, 276) comments the change in policy has long term ramifications indicating it may lead to 'the potential destruction of the foundation for any future housing policy which provides secure, appropriate and affordable housing for all because of the failure to ensure the continued existence of a viable social housing sector.' As public housing is a very important avenue of accommodation for the aged population and development of community housing could be, these developments are especially concerning for current and future cohorts of older persons, particularly with the recent indications of a decline in home ownership (Badcock and Beer 2000) and the growing economic divide between groups in society, (Badcock 1997; Beer, Forster and Maher 1996; Birrell, Maher and Rapson 1997). Such policy reforms may lead to older persons living in less stable and inappropriate forms of accommodation which may seriously impact on their knowledge of, and access to, a range of health and welfare services and ultimately their well-being and quality of life.

3.3 Private rental

At the 1996 census 6.4 per cent (Table 3.1) of the population aged 65 years and over living in private dwellings lived in private rental accommodation although this tenure can include non-private dwellings such as caravans and boarding and lodging facilities. While private rental accommodation has been regarded as a short-term or transitional tenure, for many now it has become a longer-term prospect (Wulff and Maher 1998). Aged persons living in the private rental sector have clearly been identified as those in greatest housing need (Kendig 1990; Roberts 1997). Recognition of the poor status of private renters in relation to other tenures led to the recent shifts in government policy away from the provision of public housing and rent rebates to rent assistance (Kendig and Neutze 1999; Yates 1997; Badcock and Beer 2000). Under the Commonwealth Government Rent Assistance Program, rent assistance through the Department of Family and Community Services and the Department of Veteran Affairs is paid to older people who rent privately (including boarders, residents in retirement villages and caravan parks) and pay rent above minimum threshold rent levels. In September 1998, 19 per cent of the recipients of Commonwealth Rent Assistance through the Department of Family and Community Services were aged 60 years and over while in February 1999, 92 per cent of Department of Veteran Affairs recipients aged 61 years and over received rent assistance (AIHW 1999, 140). Data from the ABS (undated) on housing costs by tenure 1997-98 showed the 19 800 couples aged 65 years and over renting from private landlords were spending on average 30 per cent of their income on housing payments while the 6 per cent of aged lone person households (35 100 households) were spending nearly half (49 per cent) of their incomes towards their housing. In South Australia this burden is lessened for some private rental tenants who become eligible for Rent Relief through the South Australian Housing trust. Tenants are eligible for this program if their income is less than 50 per cent of average weekly earnings and they pay more than 40 per cent of their income in rent. Rent relief can be paid in addition to rent assistance provided the above criteria are met (Shelter SA 1997). This assistance, as a result of a change in policy is only now available to existing tenants. Rent relief is no longer available to new tenants and this is a major setback for low income households on fixed incomes in the private rental market and may be indicative of a complete phasing out of this type of housing assistance.

While theoretically, private rental allows greater choice of housing quality and locational options, with affordability and accessibility in the private rental market declining over the last few years (Leveratt 1999) it is almost impossible for low income older people to compete for better quality accommodation in the market place and may even force some into accommodation considered by many to be less than satisfactory. Choice and suitability of the current accommodation may also be constrained by the reliance of the tenant on the landlord for needed repairs and modification. Accessibility is also affected by who is in the low cost private rental property. Recent work clearly indicates that low-income households consume less than half of the low cost housing (Yates, 1999).

Security of tenure is an issue of particular concern to older people in the private rental sector. The fear of having to relinquish their tenancy can cause considerable stress and constantly moving has the potential to severely affect their health and to receive care as required. It is difficult to deliver care to older people who are transient or insecurely housed (Roberts 1997) and in the past some may have entered hostels prematurely just to secure longer term accommodation (this has become more difficult with the need for an entry fee and greater emphasis on high functional dependency) (Alt Statis and Associates 1996). To partly address the problem of insecure housing and care needs for low income persons the Commonwealth government funds the Assistance with Care and Housing for the Aged Program (ACHA). This program provides grants to housing and community service providers for support workers to help vulnerable people to continue living in their community. An evaluation of this program (Alt Statis and Associates, 1996, xi) concluded it had been successful in providing improved housing and care outcomes for 80 per cent of its clients. Yet despite the program's success there is disparity between its identified prospective client population and the actual funding available (Leveratt 1999).

The circumstances of older renters in the private rental market may affect the standard of living of these people and consequently may have serious implications for their health and well-being and overall quality of life (Roberts 1997; Russell, Hill and Basser 1998).

3.4 Community housing sector

Inadequacies in the public and private rental market are putting increased reliance and pressure on the community housing sector. Community housing offers a range of housing choices to low income persons or people with special needs. The size of the community housing sector varies considerably across Australia although it remains a very small part of the housing system (in 1996 it represented 0.5 per cent of all households in Australia, AIHW 1999, 146) with most agencies being quite small and operating within a very limited geographical range (Paris 1997). The community housing sector operates under a range of organisational structures, management practices, funding and accountability systems. In general they are either run by housing associations, housing co-operatives or various non-government organisations and local government authorities often combining housing with other welfare services.

The community housing sector in Australia has targeted the older population. In 1998 36 per cent of people in community housing tenancies (10 432) were aged 65 years or over (AIHW 1999, 149). The best known example of community housing for the aged population is the Abbeyfield model developed in England in the mid 1950s which provides housing and care for ten older people sharing a large house with live-in help. Various community housing projects have been developed (Forsyth 1992; AURDR 1994a) and surveys of residents and studies of this sector indicate it

compares as well if not better with the public sector in terms of standards of property, maintenance, locations to meet consumer needs and security of tenure (Shelter SA 1997). Thus this housing sector appears to be a good option for providing housing programs that are more responsive to the varied needs of older persons and local communities (allowing resident input, promoting a sense of community, independence, self determination, development of management skills) and may therefore provide good opportunities for positive non-shelter outcomes.

Although government funding for innovative housing has been around for a number of decades, and in relation to the aged since the passage of the *Aged Person's Home Act* in 1954 (Kendig 1990; Reed G 1996), serious attempts by the State and Federal governments to develop a community housing sector did not occur until the early 1990s. There are also doubts about the current government's commitment to the ongoing support and funding of this small but responsive housing choice (Paris 1997; Badcock and Beer 2000).

Besides the conventional forms of accommodation in relation to the aged and other special groups in society a number of innovative housing options have been developed, the most obvious being retirement villages.

3.5 Retirement villages

Retirement villages while remaining a small segment of the housing sector have grown significantly over the last two decades. There is no clear definition of what constitutes a retirement village and the legal definitions vary between the States and Territories (Stimson, Manicaros, Kabamba and Murray 1997; Eardley and Birch 1998). Retirement villages however are characterised by a number of features: They are segregated housing complexes specifically for aged people which include a range of accommodation from independent living units to hostels to nursing homes. Retirement villages are assumed to provide positive outcomes for residents with reports that people living in retirement villages 'enjoy higher levels of life satisfaction and morale than their counterparts in wider society' (McDonald 1996, 167). There are three main types of retirement villages: rental villages for people who do not own property and have few assets and the ongoing costs are met within the age pension; donor funded villages which involve residents making a donation to a church or non-profit organisation in return for accommodation with ongoing costs being a proportion of the age pension; and resident funded villages where the resident purchases a unit and in some cases all or part of the maintenance and running of the complex (Eardley and Birch 1998).

This form of accommodation is an attractive option for older women as they account for approximately two-thirds of all residents. Many of these women are lone person households (Stimson, Manicaros, Kabamba and Murray 1997) As older women can often feel vulnerable retirement villages promoted as 'solutions to older people's concerns about security, home maintenance, increasing frailty and loneliness' (Reed G 1996, 5) can therefore be an attractive proposition. There are a number of reasons people give for moving into retirement villages (Stimson *et al* 1997; Gardner 1994). These reasons include to pre-empt physical decline, to be free of home maintenance, to combat isolation and loneliness, to be safer, to be independent of family, to take advantage of supportive care, dissatisfaction with the previous housing environment, declining health of individual or partner, and widowhood. While for many retirement villages are an excellent housing option the reality of life within a retirement village can be quite different to expectations. For example, while retirement villages may offer companionship people may still be lonely and having committed finances to a

retirement village it may be very difficult to leave. It may not provide greater security. It may result in less frequent visits from family members and friends. It may not meet all residents' needs for help and support. They may be more expensive than other housing options. People do not necessarily realise that retirement villages are institutions with rules and regulations and conforming to these can create stress for the person who moves into the village (Buys 2000; McDonald 1996).

3.6 Diversity in housing

It is widely recognised that good housing policy provides and allows for a wide range of housing options. While on the surface it may appear there is a wide range of choices overall, this is not necessarily so particularly from a locational perspective. A report by the Australian Urban and Regional Development Review (AURDR, 1994b) argued the available housing stock in Australia is currently unable to meet the housing needs of the aged population. It is anticipated this situation is only going to get worse before it gets better for a number of reasons:

- The expected growth in the aged population over the next fifty or so years particularly if life expectancy continues to improve (McDonald and Kippen 1999).
- Housing stock in Australia changes at a rate of one to two per cent per annum (Roberts 1997; AHURI 1996).
- Much of the housing occupied by the aged is in the middle or outer ring of suburbs while much of the diversity in housing occurs in the inner suburbs of the major cities. There is a trend of increasing homogeneity of dwelling types as one moves outwards from these inner suburbs (AHURI 1996). This suggests that unless there is significant redevelopment in some areas, housing choices/options may actually decline over time for older people wishing to remain in their local area as they age.
- There is a shortage of suitably zoned land which therefore restricts the movement of older people to more suitable medium density housing in their local area and there seldom is much advanced planning and provision for future land use changes (Crotty 1996; Kendig and Gardner 1997).
- Objectors and resident action groups opposed to medium density developments in their neighbourhoods (Crotty 1996).
- Past development of the urban form based on zonal type planning with regional shopping centres, industrial estates and enclave type housing suburbs (based on long distance commuting)
- A significant number of the aged live in non-metropolitan Australia in coastal towns favoured as great places for retirement, mining towns as a result of past employment or other regional centres. Other than the coastal retirement centres (which present their own problems) many of these centres are experiencing decline (which has an influence on house prices and home equity and availability of options) and can be quite some distance from necessary and required services and facilities (Department of Housing NSW 1999; Gattuso 1996; Kendig and Neutze 1999; Roberts 1997).

The lack of diversity in the housing market (in terms of properties and assistance-financial and otherwise) may lead to the emergence of a significant group of older people who are forced to stay in the family home or other forms of accommodation, perhaps without adequate support networks for longer than they would like and longer than the family carer may also like. This has the potential to increase isolation, stress, diminish independence and control and overall be detrimental to health and wellbeing.

Providing choice is a challenge for governments –Commonwealth, State, local; private developers; relevant organisations and the community. There have been many studies examining ways to increase housing choices within Australia in terms of architecture (Archibald 1999; Reed D 1996; Reed G 1996); state and local planning regulations and urban form (Axford 1996; Crotty 1996; Kendig 1993; Kendig and Gardner 1997, Reed G 1996) and through the dissemination of information (S & S Consultants 1996; Schindeler 1996; Wilson and Scott 1995; Zardani 1996). In fact the aims of the *New Homes for Old Strategy* (AURDR 1994a) was to increase the efficiency of existing Australian urban housing stock by creating increased housing choices for older people. The focus of that review was on overcoming financial difficulties, lack of information, rigidities in planning regulations and the limited integration of housing with other aged services. Developing diversity in housing in the community is going to remain an important issue and it is important to understand how the States and Territories are coping with this dilemma.

3.7. Relocation

While the current generations of the aged population have a low degree of residential mobility compared to the total population it is clear from Figure 3.1 that with increasing age, mobility rates increase. Between the 1991 and 1996 censuses while 21 per cent of people aged 65-74 and 21 per cent of the population aged 75-84 moved residence this increased to 30 per cent for those aged 85-94 and up to 37 per cent for the population aged 95 years and over (ABS 1999, 18). Although the very old were more likely to move they were less likely to have moved very far reflecting their very strong attachment to a particular locality or neighbourhood.

A decision to relocate is often motivated by an actual or anticipated gap between the capabilities of older people and the availability of services that would enable them to 'age in place' (Hugo and Wood, 1984; Kendig and Neutze, 1999; Stein and Morse, 1994). An understanding of factors associated with, or predisposing one to, relocation is important. Many studies have investigated the consequences of older people moving from one type of accommodation to another. Relocation is often portrayed in a negative light but a review of the literature suggests differing outcomes. Some studies found relocation had negative outcomes such as increased mortality and morbidity, depression, stress, declines in morale and happiness and overall decreased life satisfaction. In contrast other studies have failed to find negative outcomes and in fact some studies have reported improvements in quality of life (Gattuso 1996; Golant 1998; Pastalan 1983; Pearlman and Uhlmann 1988; Reed, Payton, and Bond 1998; Stein and Morse 1994). Pastalan (1983) suggests a major reason for these contradictory results is that there are a number of intervening factors which influence the outcome of moves – the characteristics of the people being moved, the reasons for the move, its meaning to the mover, and the helping techniques used to facilitate the move.

3.8. Conclusion

This chapter has examined the shelter characteristics of the older population and the issues and factors that may influence a person's overall quality of life. From the literature and informal discussions with people with an interest in aged housing a number of shelter and non-shelter elements can be identified. The shelter characteristics that may influence quality of life can be classified according to the quality of home (for example, condition of house-level of upkeep needed, bedroom availability, space) or to the characteristics of the tenancy or location (for example, amenity, affordability, familiarity, accessibility, security of tenure, safety/security, privacy-territoriality). Many non-shelter outcomes have been identified which

individually, or in combination, can positively or negatively influence well-being and quality of life. These non-shelter outcomes include for example, companionship, inclusion, independence, isolation, health, hospitalisation, income, fear, stress, control, choice and impact on family or the household. These are considered in the following chapter.

Chapter 4. Impact of housing on quality of life and shelter and service provision

This chapter firstly provides a brief overview of shelter and service provision in other parts of the world dealing with a growing aged population. The major discussion however centres on the issue of quality of life and the limited number of studies examining well-being among older people in a number of shelter settings.

4.1. Shelter and service provision

With general acceptance of the importance of ageing in place, many countries around the world are grappling with the task of trying to develop best practice initiatives in combining housing with support services. It is difficult to gain a clear understanding of different countries progress in this regard however for as Means (1996, 207) comments, 'Individual countries differ over time and between themselves about the respective roles of hospitals, nursing homes, residential care, 'special needs' housing schemes and hostels in supporting disabled people with differing levels of 'dependency' need.' Social and cultural background is also important, for example in terms of the importance and expected role of the family in old age care. In addition the tenure structure existing in particular countries may influence the range of opportunities and choices for older persons.

Purdon and Associates (1996) presents an overview of overseas experiences in providing older people's housing and the programs and initiatives in various countries to address design and development, financing, service links, information and awareness and special needs. From an examination of policies and programs in New Zealand, the United States, Canada, Europe and the United Kingdom, the authors concluded many countries share a very similar set of experiences and that 'most policies and programs are a variation on a theme and some societies have more effective delivery mechanisms. In addition, these policies and programs are essentially responses to circumstances arising from previous practices and policies, and must be viewed in the overall context of each country's social and economic history.'

Purdon and Associates also commented that in overseas research Australia is recognised as a leader in relation to specialist and social support provisions for the older population.

Despite differing starting points in the focus on community versus residential/institutional care there appear to be a number of common issues arising in the countries dealing with this dilemma:

- Considerable geographic variability in the coverage of community care services (Brotherhood of St Laurence 1994).
- The level of service provision is unable to keep pace with demand and projected demand (Pastalan 1997).
- The historical fragmentation of housing policies, health policies and community care and the policy statements that now refer to the need for coordination between agencies and departments, across geographic boundaries and the need to engage in partnership and pooling of resources to achieve the best results for clients. The lack of coordination between housing and services impinges on the concept of responding to a continuum of changes across the lifespan (Bochel, Bochel and Page 1999; Brotherhood of St Laurence 1994; Houben 1997; Pastalan 1997).
- Are there limits to an 'ageing in place' philosophy?

4.2. Quality of life

Research into quality of life and wellbeing (however quantified) in older people in relation to housing has traditionally focussed on the move to residential care settings. It is only much more recently interest has turned, and limited research has been undertaken, to examining ageing in place and how non-shelter outcomes may vary from one housing situation to another. The relationship between housing conditions and physical health has long been established in the literature (Ambrose 1997; Birren, Lubben, Rowe and Deutchman 1991; Bland 1999; Dunn 2000; Marsh et al 2000; Oldman and Quilgars 1999; Phibbs 1999; Thomas 1986). For example, research has identified the direct and indirect effects of housing on the physical and mental health of occupants, as well as its impact on personal development and the fulfilment of 'life objectives' (Ambrose 1997). An understanding of the relevance and importance of housing in terms of overall wellbeing and quality of life is a much more recent field of study. Well-being for the aged has been explained in terms of the balance between autonomy and security. Much of the recent theory and research has identified older people's need to maintain perceived and effective independence as well as a strong need for physical, social and emotional security (Luszcz and Dean 1999; Parmelee and Lawton 1990).

4.2.1. Meaning of home

As a home is so integral to ordinary life we often fail to consider or even to recognise its importance to lifestyle and wellbeing. This may be particularly so for an older person especially those aged 75 years and over, who may spend a considerable part of each day at home. For an older person 'home' takes on increasing significance well beyond the provision of a physical structure.

Trying to establish the meaning of home is difficult. From studies (Davison, Kendig, Stephens and Merrill 1993; Dupuis and Thorns 1996; Rowles 1993; Raciono, Walker, Taylor and O'Connor 1993) it can be defined as a place of belonging and ownership, of comfort and security, evidence of personal and family achievement, choice of who is invited in and who is not, an individualized or unique atmosphere or tone, a place where one's time is one's own, and a place where the person makes decisions about the home environment. Max Fatchen, Australian author, (Koch, Annells, and Brown 1999, 17) commenting on ageing and the importance of home states

...I think that it's so important to remain in your own home, among your own things, doing your own thing, because a house is a living entity, especially for elderly people.

I mean, everywhere you go in your home there is a living memory. Memories don't lie in scrapbooks, but are in your mind to be constantly reactivated. If you go to your bathroom, suddenly the bathroom can become people – your children, chubby bodies, soap in their eyes, cries of, 'Where's the towel?'...in your own home, you are living in the past, but also you are, in a sense, in the present that you create for yourself.'

While the residence in which older people live is important to their everyday feelings of wellbeing, the surrounding environment and local neighbourhood is equally important, providing a sense of identity, familiarity, social interaction and context in which life has meaning and importance. The nature and quality of the place in which a person lives is believed to contribute significantly to well-being and the ability to be independent and self-sufficient (; Davison, Kendig, Stephens and Merrill 1993;

McDonald 1997; Reed, Payton and Bond 1998). An example which clearly reflects the importance of neighbourhood is the account of an older woman who lived in Surry Hills, Sydney (an area of multiple disadvantage and sub-standard housing) and moved to public rental housing in the outer suburbs but after a period of time had returned (Russell, Hill and Bassar, 1998, 104):

I'll tell you what, this is heaven here. I love this here, Surry Hills, because I know people, you know, that I've known for years...all around, see...we often sit downstairs and have a bit of a laugh at different times...it's very convenient for me...Up there [in public housing unit in outer suburbs] where I lived there were no shops around...It was dreadful, I ended up twice in the hospital up there...there were no shops there, only the plaza. They had three banks, one cake shop and pie shop and supermarket. It was that little...No shelter from the sun, and you'd have to walk and all the traffic, would be coming along (main roads) and my eyesight was better then, but thank God because you'd get knocked and I used to be terrified to...I'd have to walk on those real hot days...Them days have gone and now I'm happy I'm here.

These examples clearly portray the inextricable link between where a person lives and how 'home', rather than just housing, must be part of a strategy to shelter older people. They show that quality of life and hence well-being is affected in tangible and intangible ways by living arrangements. Research has consistently shown that older people age with differing degrees of success and this is related to a better quality of life (Andrews, Clark, Luszcz, 2000; Berkman *et al*, 1993; Jorm *et al*, 1998; Stawbridge *et al*, 1996).

4.2.2. Research into non-shelter outcomes of housing

One living environment that has been purported to provide a good balance of independence and security is the retirement village. While studies on the whole have reported general satisfaction with life in retirement villages (Eardley and Birch 1998; Kendig and Gardner 1997; McDonald 1996) a study by Biggs *et al* (Biggs, Bernard, Kingston and Nettleton 2000; Nettleton, Bernard, Biggs and Kingston 1999), actually compared the health status of a retirement community in England with a comparable community sample at two specific points in time, one year apart. The study involved a combination of qualitative and quantitative methods to examine to what degree and in what ways retirement village living impacted on the health of residents.⁷ The results of this research indicated that over the one year period the retirement village residents maintained their physical, mental and social functioning while deteriorating functioning was found in the neighbourhood sample. This implies particular characteristics of this retirement village have had a positive influence on the well-being of its residents. The overall applicability of these findings needs to be established by further investigations of various retirement settings.

While considerable research has been undertaken into relocation to nursing homes there has been little published work on the perceptions of people entering hostel care. A study by Reberger, Hall and Criddle (1999) examined the social, psychological and physical impacts of moving into hostel care. The participants in the study had to meet a number of criteria including living in the community within their

own home, or in unserviced units within retirement villages and seeking permanent hostel care. A Folstein's Mini Mental State Examination (MMSE)⁸, Modified Barthel Index (MBI)⁹, Short Form 36 (SF-36)¹⁰ and demographic information was collected prior to admission to the hostel and then repeated three months later. The study showed that the SF-36 improved in 7 of the 8 domains after admission to a hostel. Mental health was the only factor that did not improve significantly. The study also compared this sample group to the Australian age and gender matched norms for quality of life and this illustrated that for many in the group their quality of life compared well with people living in the community.

To try to gain a greater understanding of the field of 'quality of life' and to contribute to the theoretical field Ferris and Bramston (1994) undertook a study to clarify some of the important quality of life issues by asking older people in a variety of residential settings (nursing homes, hostels, retirement villages, family home) about their daily routines. Quality of life was measured by The Comprehensive Quality of Life Scale (ComQol). This measure accounts for both subjective and objective life quality. In addition it also identifies individual differences by asking respondents how important each aspect of their life is before having them rate how satisfied they are with it. The scale looks at seven life domains: material possessions, health, productivity, intimacy, safety, place in the community and emotional well-being. The results of the survey showed type of residence did not influence what was regarded as important in life but how satisfied one is with it. The most important considerations in quality of life were relationships, social networks and health. Nursing home residents recorded the lowest scores on both subjective and objective measures while the retirement village residents scored the highest values. While there was a difference between residents 'in care' (hostel and nursing home) or living independently (retirement village or own home) interpretation of these results is tempered by the fact those living independently were considerably younger than the 'in care' group – up to ten years.

These studies indicate that housing can influence the well-being of older people. Yet little attention has been paid to exploring how various types of housing tenure, or changes between them, exert their impact on older people's quality of life. With a policy focus on healthy positive ageing the need for such research is vital.

Chapter 5. Research strategy

This Positioning Paper clearly identifies some key gaps in our understanding of the relationship between housing and healthy ageing. This chapter outlines the methodology to examine the shelter and non-shelter implications of the linkages among housing assistance, residential (re)location, and the use of community health and social services. The chapter illustrates how the project methodology is designed to meet the knowledge gap and thereby aid in advancing policy development.

5.1. Gaps in research knowledge

Broadly, this paper has identified the following gaps in our research knowledge:

A lack of understanding of the role of housing in healthy ageing

There is a need to:

- Ascertain the impact of housing on non-shelter outcomes in the older population.
- Define the non-shelter impacts of different forms of housing and how these may contribute to improved psycho-social well-being for individuals, families and communities.
- Define key outcome measures, including housing related indicators for social sustainability / vulnerability among the older population.

A lack of information and understanding of relocation issues in relation to shelter and non-shelter outcomes

Greater awareness is needed about:

- How the types of housing assistance available promote or inhibit housing choices for older people.
- The critical housing related factors that interact with non-shelter impacts and their flow-on effect on specific shelter and non-shelter outcomes, including quality of life.

Limited knowledge of the place of housing assistance within an integrated service system

There is a need to gain an understanding of:

- The provision of housing assistance by the states and territories in relation to key health and social service provision.
- The way the states address ageing in place across tenures
- What elements of policy and practice enhance or inhibit the integration of housing and other services.

Initial studies in this field have examined health related outcomes, often defined in terms of morbidity, use of health care and mortality. While these indicators may provide generic objective consequences of relocation for example, in the absence of individual subjective perceptions of quality of life a portrait of the dynamics between housing and well-being in later life remains incomplete. Finally as implied in this document, in later life one's tenure and living arrangements are fluid, suggesting the need for longitudinal data that prospectively maps this dynamic.

The shelter aspects of diversity in housing are fundamental to policy development in meeting the housing needs of an ageing population. However key non-shelter outcomes, such as subjective well-being in social, psychological and health domains,

require urgent consideration also. Not only will the older cohorts of the population continue to increase in size, their voice in policy-related debates will become increasingly evident and articulate.

5.2. Modes of investigation

This research will use two modes of investigation, analysis of findings from a major multidisciplinary longitudinal panel study of old-old Adelaidians (ALSA) and surveys of key state and national decision makers, relevant departments, and non-government bodies and older persons concerned with housing and aged care.

5.2.1. Survey data

In a review of methodologies that examine the economic, social and health impacts associated with poor housing or unmet housing needs (Phelps 1999, 8) it was identified that 'the most convincing evidence of the relationship between inadequate housing and health draws from longitudinal studies...It must be noted, however, that such longitudinal studies are rare...'

The empirical data from older people for this project will be from the Australian Longitudinal Study of Ageing (ALSA). ALSA is a population-based bio-psycho-social and behavioural study of 2087 older adults residing in the community and in residential care. The general purpose of ALSA is to gain further understanding of how social, biomedical, and environmental factors are associated with age-related changes in the health and well-being of persons aged 70 years and older. The sample for the study was randomly generated from within the Adelaide Statistical Division using the State Electoral Database. Households with one or more residents over the age of 70 were targeted for inclusion.

Baseline data collection began in September, 1992. Four subsequent Waves occurred at 12 month intervals, with a fifth wave in 1998 and a sixth, which commenced in October 2000. Information collected has been obtained via comprehensive personal interview, a home-based assessment of neuropsychological and physical functions and self-completed questionnaires. The continuation rate for the study has been close to 90% at each successive wave. Deaths and serious illness of self or spouse were the most prominent reasons for discontinuation.

Although not specifically designed for this research project, ALSA collected information on a number of housing related matters. Questions also tapped physical and functional health status, psychological well-being (emotional and mental status), receipt of pensions, lifestyle activities and barriers and major life events, for example (for a list of relevant variables see the Appendix). In this longitudinal study initial and subsequent changes in these different dimensions can be tracked and related to each other. The ALSA sample size and range of variables mean that, in addition to basic descriptive analysis, sophisticated multivariate analyses can also be applied to the data.

5.2.2. State and Territory consultations

As housing assistance is very much a state issue, to gain a greater understanding of current policy directions, linkages among housing assistance and services, and consequent influences on housing and non-shelter outcomes for the aged population, representatives with an interest in housing and aged care will be consulted.

Focus groups will be conducted in the states of Western Australia, South Australia, Victoria, New South Wales and Queensland. Representatives from the relevant government departments, elderly citizens organisations, local council, major housing

groups, aged care organisations, aboriginal housing groups and ethnic groups will be invited to attend.

To complete an Australian wide perspective similar groups in Tasmania and the Northern Territory will be invited to complete a short confidential questionnaire accessed via the Centre for Ageing Studies website. This questionnaire will also be available to members of the focus groups to allow further elaboration of the issues raised at the focus group meetings.

The issues to be targeted in focus groups to address the gaps in knowledge relevant to developing policy required for the integration of services include:

- How well do the housing choices for the aged meet the needs of the older population, and in particular the population aged 75 years and over? (Consider all tenures and types of housing)
- What are the impediments or barriers to the provision of appropriate housing for the aged / or which limit the choices people make? How can these barriers be overcome?
- What are the key non-shelter impacts of different forms of housing provision (including housing assistance) on individuals, families and communities?
- What policies (general and specifically for the aged) have been effective in increasing the range of housing available to the older population?
- How well do community and aged care services meet the needs of the older population?
- What policies, models and strategic planning processes exist for the linkage and integration of housing with community and aged care services? What policies and models appear to be successful?

What environments have been created to foster linkages?

What opportunities are available for the exchange of information and ideas across departments / agencies /non-government organisations?

- What role does/ can / should local government play in the provision of aged housing and the integration of community services and aged care services?

5.3. Anticipated outcomes

The anticipated outcomes of this research will, in the context of housing an ageing population, inform:

- Methodological strategies associated with monitoring relevant and specific and global outcomes resulting from housing tenure, relocation, housing assistance and the availability of integrated housing and community programs;
- Implications of, and possible mechanisms for, achieving more fully integrated inter-sectoral policies on housing and other aspects of aged care so as to address older peoples' complex needs in a holistic way;
- Program planning activities aimed at ensuring greater integration and co-ordination of inter-related aged care services including housing assistance to individuals, families and communities.

Some initial findings from this study will be reported in a Work in Progress Report. A summary of the research project results and implications of the findings for policy development will be presented in an AHURI Research and Policy Bulletin and a Final Report is expected to be completed by the end of October 2001.

Chapter 6. Conclusion

In the last twenty years there has been a reorientation of the way housing and social policy for the older population has been conceived and developed. The policy orientation recognises the desire of older people to remain in familiar environments with needed support facilities as is required. Despite the growing recognition of the importance of housing to the quality of peoples' lives there has been little research into the specific impact of different forms of housing, the influence and effects of changes in policy, and the impact of relocation on the overall health and well-being of the older population.

The aged are significant users of a wide range of services and housing can potentially act as a significant mediator in the demand for assistance and use of services. The combination of the right type of housing with the most appropriate care and support is essential to a successful 'ageing in place' philosophy. Yet the linking of housing and care remains a challenge in Australia as in other parts of the world.

The development of sound housing policy requires research into, and a clearer understanding of, the influence of housing and housing policy on quality of life and well-being. Insight into the place of housing within an integrated service system is also required.

While some limited research has been undertaken into the association between various forms of housing and quality of life much of this research has been based on data collected at one point in time, or over a very limited time period. One of the strengths of this project is the availability of data collected over time (The Australian Longitudinal Study of Ageing). This is particularly important for policy development that will address the needs of older people now and in the future.

Endnotes

¹ Gibson, D., 1998.

² Stimson, Manicaros, Kabamba, and Murray, 1997.

³ Similar questions are posed and addressed in the work of, Sixsmith, A., 1990.

⁴ Residential care – The provision of nursing home (high) and hostel (low) care. Generally, nursing homes have provided 24 hour nursing home and accommodation services, while hostels have provided accommodation services and personal care (assistance with tasks of daily living, such as dressing and moving around), with some nursing when required. While some nursing homes and hostels will continue to specialise in high care, low care, or dementia, an increasing number of facilities offer the full continuum of care, and allow residents to remain in the one place as their care needs increase. Older people cannot enter nursing home or hostel care without assessment by an Aged Care Assessment Team, (National Strategy for an Ageing Australia, 2000, 21).

⁵ Community care – Care provided in the community through the Home and Community Care program, Community Aged Care Packages and care services for veterans and war widows. A wide range of services are provided, including home help, meals on wheels, personal and nursing care, transport, home maintenance, and respite care. Some services provide high level care management for people with complex care needs (National Strategy for an Ageing Australia, 2000, 19).

⁶ Private rental housing assistance is available to people on low incomes who are renting accommodation in the private market. Such assistance is provided in two quite different forms (AIHW 1999, 129):

- Commonwealth Rent Assistance is supplementary financial assistance that may be payable to recipients of social security and Department of Veterans' Affairs payments who pay rents above specified threshold levels in the private rental market.
- Private rental assistance is a suite of housing assistance programs provided by the States and Territories through the Commonwealth State Housing Agreement aimed at assisting low income households experiencing difficulty in securing or maintaining private rental accommodation. Assistance is provided in the form of rental assistance (subsidies), bond assistance and other assistance (such as relocation expenses and advice and information).

⁷ The research was undertaken in three phases. The first part involved structured questionnaire interviews with the two sample populations. These interviews collected socio-demographic data as well as three validated questionnaire tools – the Short Form 36 Health Survey (SF36), the Life Satisfaction Index (LSI), and 18 Semantic Differentials (SD). Participant observation in the retirement community also took place and allowed detailed observation of daily activities and interactions. The second phase of the research involved repeat sampling of the two communities one year later. The third and final part of the study, based on the information collected from the surveys, involved a series of focus group discussions with the retirement village residents to discuss issues around transitions, independence/dependence and health status. The focus groups were also supplemented by telephone interviews with local health and welfare professionals who were familiar with age-segregated environments.

⁸ The Folstein Mini Mental State Examination (MMSE) is a simple measure of cognitive functioning. It divides into five subsections: orientation, registration, attention and calculation, recall and language. The MMSE scores from 0-30, with 30 being the highest possible score, and a score of 20 or less indicating cognitive impairment (Reberger, Hall and Criddle 1999, 145; Folstein, Folstein, and McHugh 1975).

⁹ The Modified Barthel Index (MBI) is an index used to measure physical self-maintenance. It estimates mobility (ambulation, stair climbing, chair/bed and toilet transfers), personal care (showering, grooming, dressing and feeding) and also bladder and bowel management. The MBI scores from 0-100, with 100 the highest level of independence in activities of daily living. An MBI score between 70-80 would indicate that with community support a person could continue to live at home (Reberger, Hall and Criddle 1999, 146).

¹⁰ The Short Form-36 (SF-36) (Australian Version) – This tool is well validated under Australian conditions and is widely used to measure generic health status. It divides into eight domains: physical functioning, role physical, bodily pain, general health, vitality, social function, role emotional, and mental health. A single measure of change in health status over the preceding year is also included: however, this particular item is yet to be validated within the Australian context (Reberger, Hall and Criddle 1999, 146).

Appendix

List of Relevant Variables in the Australian Longitudinal Study of Ageing

Dimension	Possible Variables
Housing	Type of housing, second house, detailed household structure, tenure, length of residence, previous moves and impact of moves, ownership and market value, rental information, public housing provision, self-assessed comfort and quality of housing, home robbery and impact, plans and reasons for considering moving.
Health	Self rated health, health trajectory, functional ability, hospitalisation, number of health professionals consulted, falls at home
Psychological wellbeing	Depression, morale. Self-esteem
Social contact and support	Social contact with family and friends, support from children, family social network, other social network, emotional support, instrumental support
Lifestyle Activities	Household maintenance, domestic chores, service to others, social activities
Relocation	Strategy if health declines, future need of nursing home for self or spouse
Life Events	Security, loss/bereavement, social isolation, serious injury/illness
Service utilisation	Ancillary data: use of meals on wheels, RDNS, Dom Care
Income/finances	Receipt of pensions, total yearly income, total assets, concession cards held, how well does income meet needs
Demographic details	Age, sex, birthplace, length of residence, language proficiency

References

Alt Statis and Associates, 1996, *Connecting Aged Care and Housing, An Evaluation of the Assistance with Care and Housing for the Aged Program (ACHA)*, Aged and Community Care Service Development and Evaluation Reports, no 23, Aged and Community Care Division, Department of Health and Family Services, AGPS, Canberra.

Ambrose, P., 1997, Housing as preventive medicine, *Housing Review*, vol 46, no 3, pp 57-59, May-June.

Andrews, G., Clark, M., and Luszcz, M., 2000, Successful ageing in the Australian Longitudinal Study of Ageing: Applying the MacArthur model cross-nationally, paper submitted to the *Journal of Social Issues*.

Archibald, P., 1999, Houses for all ages: adaptable designs, *Australasian Journal on Ageing*, vol 18, no 3, pp 106-107.

Australian Bureau of Statistics, 1999, *Older People, Australia: A Social Report 1999*, ABS, Canberra, Cat No 4109.0.

Australian Bureau of Statistics, (undated), *Housing, Life-cycle groups, Australia Now*, www.abs.gov.au/Ausstats/AB...9c0dca2568a900154a55!OpenDocument

Australian Housing and Urban Research Institute (AHURI), 1996, *Statistical Analysis of Older People and Their Housing Circumstances*, Commonwealth Department of Transport and Regional Development, AGPS, Canberra.

Australian Housing and Urban Research Institute (AHURI), 2000, Research Agenda 2000, www.ahuri.edu.au/research/agenda/res_agenda_2000.pdf

Australian Institute of Health and Welfare (AIHW), 1999, *Australia's Welfare 1999, Services and Assistance*, AIHW, Canberra.

Australian Institute of Health and Welfare, 2000, www.aihw.gov.au/housing/aust-ha-programs/index.html/

Australian Urban and Regional Development Review (AURDR), 1994a, *New Homes for Old*, Strategy Paper No 1, The Australian and Regional Development Review, Melbourne.

Australian Urban and Regional Development Review (AURDR), 1994b, *New Homes for Old*, Workshop Papers No 1, The Australian and Regional Development Review, Melbourne.

Axford, S., 1996, New roles for the state in addressing planning for the aged, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Badcock, B., 1997, 'Recently observed polarising tendencies and Australian cities', *Australian Geographical Studies*, vol 35, no 3, November, pp 243-259.

Badcock, B. and Beer, A., 2000, *Home Truths, Property Ownership and Housing Wealth in Australia*, Melbourne University Press, Melbourne.

- Bagnall, D., 1999, 'The old & the dutiful, *The Bulletin*, May 18th, pp 22-27.
- Beer, A.P., Forster, C.A. and Maher, C.A., 1996, *Areas of Social and Economic Disadvantage in Australian Cities: Australia's National Overview*, Report to the OECD Project Group on Distressed Urban Areas, Department of Transport and Regional Development, Canberra.
- Berkman, L.F., Seeman, T.E., Albert, M., Blazer, D., Kahn, R., Mohs, R., Finch, C., Schneider, E., Cotman, C., McClear, G., Nesselroade, J., Featherman, D., Garmezy, N., McKhann, G., Brim, G., Prager, D., and Rowe, J., 1993, High, usual and impaired functioning in community dwelling older men and women: findings from the MacArthur Foundation Research Network on Successful Aging, *Journal of Clinical Epidemiology*, vol 46, pp 1129-1140.
- Bernard, M., and Phillips, J., 2000, 'The challenge of ageing in tomorrow's Britain, *Ageing and Society*, vol 20, pp 33-54.
- Biggs, S., Bernard, M., Kingston, P., and Nettleton, H., 2000, Assessing the Health Impact of Age-Specific Housing, www.keele.ac.uk/depts/so/staff/sb/nhselors.htm
- Birrell, B., Maher, C., and Rapson, V., 1997, 'Welfare dependence in Australia', *People and Place*, vol 5, no 2, pp 68-77.
- Birren, J.E., Lubben, J.E., Rowe, J.C., and Deutchman, D.E., (eds), 1991, *The Concept and Measurement of Quality of Life in the Frail Elderly*, Academic Press Inc, San Diego, California.
- Bland, R., 1999, Independency, privacy and risk: two contrasting approaches to residential care for older people, *Ageing and Society*, vol 19, pp 539-560.
- Bochel, C., Bochel, H., and Page, D., 1999, 'Housing: the foundation of community care?', *Health and Social Care in the Community*, vol 7, no 6, pp 492-501.
- Bourassa, S.C., Greig, A.W., and Troy, P.N., 1995, The limits of housing policy: home ownership in Australia, *Housing Studies*, vol 10, no 1, pp 83-104.
- Brotherhood of St Laurence, 1994, *Aged Care Policy and Programs: A Literature Review*, Social Policy and Research Paper no 9505, Brotherhood of St Laurence, Fitzroy, Victoria.
- Buys, L. R., 2000, Care and support assistance provided in retirement villages: expectations vs reality, *Australasian Journal on Ageing*, vol 19, no 3, pp 149-151.
- Cody, S., 1998, Ageing, Housing and Health, Paper presented at the *South Australian Health and Hospital Services Association Conference*, Adelaide, Raddison Playford, August 26th, Now publication through Shelter SA.
- Commonwealth Department of Health and Aged Care, 1999, *Aged Care in Australia, Aged and Community Care August 1999*, Commonwealth Department of Health and Aged Care, Canberra.
- Commonwealth Department of Transport and Regional Development, 1996, *Study on Older People's Housing- Measuring the Financial Costs and Benefits of Moving*, AGPS, Canberra.

Crotty, B., 1996, The private sector's role in aged housing and related issues, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

D'Alessandro, L., 1996, Homeswest - Wisechoice Program, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Davidson, B., Kendig, H., Stephens, F., and Merrill, V., 1993, *It's My Place: Older People Talk About Their Homes*, AGPS, Canberra.

Department of Health, Housing and Community Services (DHHCS), 1991a, *Aged Care Reform Strategy Mid-term Review 1990-1991: Discussion Papers*, AGPS, Canberra.

Department of Health, Housing and Community Services (DHHCS), 1991b, *Aged Care Reform Strategy Mid-term Review 1990-1991: Report*, AGPS, Canberra.

Department of Health, Housing, Local Government and Community Services (DHHLGCS), 1993, *Aged Care Reform Strategy Mid Term Review Stage Two Report*, AGPS, Canberra, October.

Department of Housing, New South Wales, 1999, *Directions for Housing Assistance Beyond 2000, Background Paper*, Department of Housing, September 1999, www.housing.nsw.gov.au

Department of Human Services, 1999a, *Promoting the Health and Wellbeing of Older People, Summary of Health Promotion Strategies 2000 / 2005*, Department of Human Services, Adelaide.

Department of Human Services, 1999b, *Moving Ahead, A Strategic Plan for Human Services for Older People in South Australia 1999-2004*, Department of Human Services, Adelaide.

Dunn, J.R., 2000, Housing and health inequalities: review and prospects for research, *Housing Studies*, vol 15, no 3, pp 341-366.

Dupuis, A., and Thorns, D., 1996, Meaning of home for older home owners, *Housing Studies*, vol 11, pp 485-501.

Eardley, T., and Birch, M-R, 1998, *Retirement Villages, Residents' Housing Costs and Living Circumstances*, Social Policy Research Centre, Reports and Proceedings, no 139, July, University of New South Wales.

Ferris, C., and Bramston, P., 1994, Quality of life in the elderly: a contribution to its understanding, *Australian Journal on Ageing*, vol 13, no 3, pp 120-123.

Folstein, M.F., Folstein, S.E., and McHugh, P.R., 1975, 'Mini Mental State': a practical method for grading the cognitive state of patients for the clinician, *Journal of Psychiatric Research*, vol 12, pp 189-198.

Forsyth, A., 1992, *Changing Places - Case Studies of Innovations in Housing for Older People: A Report Prepared for the Mid-term Review of the Aged Care Reform Strategy, Stage Two*, Commonwealth Department of Health, Housing and Community Services, Canberra.

Gardner, I.L., 1994, Why people move to retirement villages: home owners and non-home owners, *Australian Journal on Ageing*, vol 13, no 1, pp 36-40.

Gattuso, S., 1996, The meaning of home for older women in rural Australia, *Australian Journal on Ageing*, vol 15, no 4, pp 172-176.

Gibson, D., 1998, *Aged Care Old Policies, New Problems*, Cambridge University Press United Kingdom.

Gibson, D., Mathur, S. and Racic, L., 1997, *Older Australians at a Glance*, Sheet 22, Australian Institute of Health and Welfare, Canberra.

Golant, S.M., 1998, Changing an older person's shelter and care settings: a model to explain personal and environmental outcomes, in Scheidt, R.J. and Windley, P.G. (eds) *Environment and Aging Theory, A Focus on Housing*, Contributions to the Study of Aging, Number 26, Greenwood Press, Westport, Connecticut, pp 33-60.

Gouge, D., 1996, Financial flexibility and older persons' housing, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Gregory, V., 1999, The Role of Community Programs to Support "Ageing in Place" Strategies, paper presented at the *Geodemographics of Ageing in Australia Symposium*, The Royal Geographical Society of Queensland Inc and the Australian Population Association, Queensland Branch Inc.

Houben, P., 1997, Challenges in the modernisation of Dutch housing and care for the elderly, *Housing Studies*, vol 12, no 3, pp 355-366.

House of Representatives Standing Committee on Expenditure, 1982, *In a Home or At Home: Accommodation and Home Care for the Aged*, Report from the House of Representatives Standing Committee on Expenditure, October, AGPS, Canberra.

Howe, A. L., 1992, *Housing for Older Australians: Affordability, Adjustments and Care*, The National Housing Strategy Background Paper, No 8, AGPS, Canberra.

Howe, A., 1997, What does community care research tell us about community care in Australia, *Australian Journal on Ageing*, vol 16, no 3, pp 120-126.

Hugo, G. and Wood, D. R., 1984, *Ageing of the Australian Population: Changing Distribution and Characteristics of the Aged Population*, 1981 census project paper no 8, National Institute of Labour Studies, Flinders University of South Australia.

Jorm, A.F., Christensen, H., Henderson, S., Jacomb, P.A., Korten, A.E., and Mackinnon, A., 1998, Factors associated with successful ageing, *Australasian Journal on Ageing*, vol 17, pp 33-37.

Kendig, H., 1990, Ageing, policies and politics, in Kendig, H. and McCallum, J. (eds), *Grey Policy Australian Policies For an Ageing Society*, Allen & Unwin, Sydney, pp92- 109.

Kendig, H., 1993, Creating housing options and urban environments supportive of an ageing population, in Sanders, K. (ed), *Ageing: Law, Policy and Ethics Directions for the 21st Century*, Proceedings of Symposia held at University of Melbourne 1992, University of Melbourne School of Social Work, Melbourne.

Kendig, H., and Neutze, M., 1999, Housing implications of population Ageing in Australia, in Productivity Commission and Melbourne Institute of Applied Economic and Social Research, *Policy Implications of the Ageing of Australia's Population*, Conference Proceedings, AusInfo, Canberra, Chapter 16, pp 435-467.

Kendig, H., and Stephens, F.E., 1987, Financing housing innovations for older people: public and private alternatives, in Foster, C., and Kendig, H.L., (eds), *Who Pays? Financing Services for Older People*, Commonwealth policy Co-ordination Unit and Ageing and the Family Project, ANU, Canberra, pp 289-315.

Koch, T., Annells, M., and Brown, M., (eds), 1999, *Still Doing, Twelve Men Talk About¹¹ Ageing*, Wakefield Press, Adelaide.

Larkin, A., 1996, Governments responding to the challenge, New South Wales.: Older Persons Housing Strategy, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Leveratt, M., 1999, 'You Wonder What's Going To Happen Next' *The Changing Policy Environment and Low-Income Older People's Access to Services*, Brotherhood of St Laurence, Victoria.

Luszcz, M. and Dean, J., 1999, Behavioural Adjuncts of Confusion: How lucid nursing home recipients cope with confused co-residents' behaviour, *Australian Psychologist*, vol 34, pp 149-154.

Mc Donald, J., 1996, Community participation in an Australian retirement village, *Australian Journal on Ageing*, vol 15, no 4, pp 167-171.

McDonald, P., 1997, Older people and their families: issues for policy, in Borowski, A., Encel, S and Ozanne, E., 1997, *Ageing and Social Policy in Australia*, Cambridge University Press, UK, Chapter 10, pp 194-210.

McDonald, P., and Kippen, R., 1999, Ageing: the social and demographic dimensions, in Productivity Commission and Melbourne Institute of Applied Economic and Social Research, *Policy Implications of the Ageing of Australia's Population*, Conference Proceedings, AusInfo, Canberra, Chapter 4, pp47-70.

Mclsaac, S.J., 1997, Identity in the Institutional Setting: A Status Passage Analysis, Paper presented at The 16th Congress of the International Association of Gerontology, 19-23 August, Adelaide, Australia.

- Marsh, A., Gordon, D., Heslop, P., and Pantazis, C., 2000, Housing deprivation and health: a longitudinal analysis, *Housing Studies*, vol 15, no 3, pp 411-428.
- Means, R., 1996, From 'special needs' housing to independent living?, *Housing Studies*, vol 11, no 2, pp207-231.
- Ministry of Housing, Western Australia, (undated)., *Housing 2029*, www.housing.wa.gov.au/policy/policy_2029.cfm
- Morris Consultants, 1996, *Financing Older People's Housing – The Extent to Which Questions About Financing Older People's Housing Have Been Answered*, Commonwealth Department of Transport and Regional Development, AGPS, Canberra.
- National Housing Strategy, 1991, *Australian Housing: The Demographic, Economic and Social Environment*, Issue Paper No 1, AGPS, Canberra.
- National Housing Strategy, 1992, *National Housing Strategy: Agenda for Action*, AGPS, Canberra.
- National Strategy for an Ageing Australia, 1999, *Background Paper*, The Hon Bronwyn Bishop MP, Department of Health and Aged Care, Canberra.
- National Strategy for an Ageing Australia, 2000, *World Class Care Discussion Paper*, The Hon Bronwyn Bishop MP, Department of Health and Aged Care, Canberra.
- Nettleton, H., Bernard, M., Biggs, S., and Kingston P., 1999, The health impact of age-segregated housing, *Generations Review*, vol 9, no 2, p19.
- Nicholls, R., 1996, Social support programs for seniors in Western Australia, *Ageing International*, vol 23, no 1, pp 33-51.
- Office for the Ageing SA, 1996, *Ageing, A Ten Year Plan for South Australia*, Office for the Ageing, Adelaide.
- Oldman, C. and Quilgars, D., 1999, The last resort? Revisiting ideas about older people's living arrangements, *Ageing and Society*, vol 19, pp 363-384.
- Paris, C., 1997, Reflections on community housing in Australia, *Urban Policy and Research*, vol 15, no 1, pp 7-17.
- Parmelee and Lawton 1990, The design of special environments for the aged, in Birren, J.E., and Schaie, K. W., (eds) *Handbook of The Psychology of Aging Third Edition*, Academic Press, Inc, San Diego, pp 464-488.
- Pastalan, L.A., 1983, Environmental displacement: A literature reflecting old-person-environment transactions, in Rowles, G.D., and Ohta, R.J. (eds), *Ageing and Mileu Environmental Perspectives on Growing Old*, Academic Press, New York, pp 189- 203.
- Pastalan, L.A., 1997, An introduction to international perspectives on shelter and service issues for aging populations, in Pastalan, L.A., (ed) *Shelter and Service Issues for Aging Populations: International Perspectives*, The Haworth

- Press, New York, Chapter One, pp 1-7 (This book has also been published as *Journal of Housing for The Elderly*, vol 12, numbers 1/2.
- Pearlman, R.A., and Uhlmann, R.F., 1988, Quality of life in the elderly: comparisons between nursing home and community residents, *Journal of Applied Gerontology*, vol 7, no 3, pp 316-330.
- Pfeffer, M., and Green, D, 1997, The making of policies for the aged, in Borowski, A., Encel, S and Ozanne, E., 1997, *Ageing and Social Policy in Australia*, Cambridge University Press, UK, Chapter 14, pp 278-300.
- Phibbs, P., 1999, *The Social and Economic Impacts of Unmet Housing Needs*, Occasional Paper 4, Housing Policy and Research, Department of Housing, Queensland Government.
- Productivity Commission and Melbourne Institute of Applied Economic and Social Research, 1999, *Policy Implications of the Ageing of Australia's Population*, Conference Proceedings, AusInfo, Canberra.
- Purdon Associates 1996, *Review of Overseas Experience with Older People's Housing*, Commonwealth Department of Transport and Regional Development, AGPS, Canberra.
- Pynoos, J., 1990, Public policy and aging in place: identifying the problems and potential solutions, in David Tilsen (ed) *Ageing in place – supporting the frail elderly in residential settings* Illinois: Scott Foresman and Co.
- Queensland Department of Housing, (undated), *Improving People's Lives Through Housing, An Integrated Approach to Housing for People and Communities*, www.housing.qld.gov.au/corp/dept_info/publications/improving.htm
- Raciono, J.A., Walker, P., Taylor, S., and O'Connor, S., 1993, *Housing, Support and Community: Choices and Strategies for Adults with Disabilities*, Paul Brookes Publishing Company, Baltimore.
- Reberger, C., Hall, S. E., and Criddle, R. A., 1999, Is hostel care good for you? Quality of life measures in older people moving into residential care, *Australasian Journal on Ageing*, vol 18, no 3, pp 145-149.
- Reed, D., 1996, Locational aspects of housing and planning, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.
- Reed, G., 1996, 2020 vision for older Australians: Perspectives, The role of providers, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.
- Reed, J., Payton, V. R., and Bond, S., 1998, The importance of place for older people moving into care homes, *Social Science and Medicine*, vol 46, no 7, pp 859-867.
- Roberts, M., 1997, 'Housing with Care: Housing Policies for an Ageing Australia', *Ageing International*, vol 23, nos 3-4, pp 90-106.

Rowles G. D., 1993, Evolving images of place in aging and 'aging in place', *Generations*, vol 17, no 2, pp 65-70.

Russell, C., Hill, B., and Basser, M., 1998, Older people's lives in the inner city: hazardous or rewarding? *Australian and New Zealand Journal of Public Health*, vol 22, no 1, pp 98-106.

S & S Consultants, 1996, *Review of Housing Choices, Local Area Pilot Projects*, Commonwealth Department of Transport and Regional Development, AGPS, Canberra.

Schindeler, E., 1996, Housing choice: information/promotion: The audience, the message and the media, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2000, *Report on Government Services 2000, Volume 3*, AusInfo, Canberra.

Shelter SA, 1997, *Housing: A Basic Human Right, The Effectiveness of Housing Policy and Housing Assistance*, Shelter SA, Adelaide, May.

Shelter SA and SACOSS, 1998, *Redefining the Contribution of Housing to Stronger Communities, A South Australian Perspective*, Shelter SA, Adelaide.

Sixsmith, A. 1990, The meaning and experience of 'home' in later life. In W. R. Bytheway and Julia Johnson (editors), *Welfare and the Ageing Experience: A Multidisciplinary Analysis*. Aldershot: Avebury. pp 172-192

Smyth, B., 1996, Governments responding to the challenge Queensland, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Spiller Gibbins Swan Pty Ltd, 1996, Housing redevelopment joint ventures involving home owners, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.

Stein, I., and Morse, C., 1994, Relocation of the aged- a literature review, *Australian Journal on Ageing*, vol 13, no 1, pp 41-43.

Stimson, R., Manicaros, M., Kabamba, A., and Murray, A., 1997, *Ageing and Retirement Housing in Australia*, The Australian Housing and Urban Research Institute, Queensland University of Technology, Brisbane.

Strawbridge, W.J., Cohen, R.D., Shema, S.J., and Kaplan, G.A., 1996, Successful aging: predictors and associate activities, *American Journal of Epidemiology*, vol 144, pp 135-141.

Tasmanian Department of Health and Human Services, (undated), *Policy Framework for Housing Tasmania*, www.dchs.tas.gov.au/services/housing_tasmanians/Paper.pdf

Thomas, T., 1986, The psychological well-being of elderly women entering long-term-care residences, *Australian Journal on Ageing*, vol 5, pp18-23.

Tinker, A., 1997, Housing for elderly people, *Reviews in Clinical Gerontology (UK)*, vol 7, no 2, pp171-176.

Wilson, P., and Scott, H., 1995, *Housing Choices for Older Australians*, (2nd ed), Council on the Ageing (Australia).

Wulff, M., and Maher, C., 1998, "Long-term renters in the Australian housing market, *Housing Studies*, vol 13, pp 3-18.

Yates, J., 1997, Changing directions in Australian housing policies: the end of muddling through? *Housing Studies*, vol 12, no 2, pp 265-277.

Yates, J., 1999, Keynote Speaker, Shelter SA State Council, June 1999.

Zardani, Y., 1996, Housing Choice: information/promotion, a user perspective, in *Housing an Ageing Society: The Challenge Ahead*, National Conference, 8-9 May, Sponsored by the Department of Transport and Regional Development and the Department of Health and Family Services.
