Enclave or engage?
Mixity and housing choices in an ageing society

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Abstract

Like Europe, Australia has an ageing population with the percentage of people 65 and older expected to double, and those 85 and older to quadruple, in the first half of the 21st Century. Appropriate housing for older people is often stereotyped as the retirement village or the residential aged care institution (popularly referred to as nursing homes) when in fact the vast majority of older people remain living in regular single storey, detached, three or more bedroom housing in the general community until death or the very late stages of life. This is encouraged by government policy which over recent decades has progressively stepped up support services for older people in the home to include even those with dementia. This raises questions as to how well current housing and neighbourhood environments are able to support ageing in place, facilitate health and wellbeing, and encourage social and economic participation.

Recent metropolitan urban policy and strategic planning in Australia is also advocating transit-oriented development with a hierarchy of mixed use centres – mixed in terms of land use as well as social characteristics – presumably inclusive of an increasing number of older people. Healthy planning principles are also being advocated with the aim of increasing participation for a wider range of the population. There is also evidence also that the post war “baby boomers”, now entering the aged cohort are less disposed towards age-specific housing enclaves. In the light of these trends, this paper will explore the perspectives of older people concerning the merits of age specific enclave living versus integration in the general community based on a recent study funded by the Australian Housing and Urban Research Institute. The implications of these findings for future ageing, housing and planning policy, and for the development industry, will then be discussed.

Keywords: Older People, housing, neighbourhoods, participation.

Introduction. Australia’s Ageing Population

The Australian population, like much of the rest of the developed world, is rapidly ageing due to low fertility and death rates and the arrival of the baby boomers into older age. This is simply demonstrated by projections of the Australian Bureau of Statistics (ABS) which predict that percentage of Australians 65 is likely to double, and the percentage of 85 and over quadruple in the first half of the 21st Century (ABS, 2007). This has profound social and economic consequences that demand a wide range of policy responses, including with regard to the suitability of housing, neighbourhoods and urban infrastructure. If not addressed, former Treasurer Costello predicted in his first Intergenerational Report (Australian Government, 2002) a huge budget blowout over the coming 40 years that would be unsustainable.
Policy responses of the Australian Government to an ageing population have included introducing compulsory superannuation, increasing the eligible age for pensions, encouraging extended workforce participation, and shifting the emphasis from institutional aged care to ageing in place with increasing levels of home based care. Indeed, the latter is one of the rare examples of a win-win-win policy whereby the Government saves on residential aged care costs, older people can achieve their desire to remain in their own homes, and aged care professionals consider that maintaining independence and participation in the community contributes to healthy ageing. While some assistance for older people in their own homes has long been a part of support for older residents at a fairly basic level (meals-on-wheels and assistance with shopping, cleaning and maintenance) more recently it has been progressively stepped up to include care for those suffering from dementia – equivalent to nursing home level care.

These policy changes raise important questions about the capacity of the built environment to support significantly larger numbers of older people living and participating in the community with higher levels of need for assistance and support. It also begs the question as to whether older people wish, and if it is in their best interests, to remain in the often larger family home, to smaller and more appropriately designed dwellings in the general community or, indeed, to age-segregated developments such as retirement villages or senior’s housing. It is here that the issue of mixity arises – to what extent do older people wish to move to age-segregated enclaves or prefer to be more engaged in the general community by remaining in their home and neighbourhood?

Positive Ageing and Mixity

Along with the shift from the disengagement to activity theories of ageing, the emphasis in ageing research and public policy has shifted from a focus on the biomedical pathology of ageing emphasizing the average decline of cognitive and behavioural function, to one recognising the heterogeneity of the aged population, and the potential to reduce risks through dietary, exercise, behavioral and psychosocial means to achieve ‘successful ageing’, defined by Rowe & Kahn as “…including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (Rowe and Kahn 1997:433). Subsequently, other terms such as ‘healthy ageing’ (Tyas et al, 2007), ‘active ageing’ (World Health Organisation, 2002), ‘productive ageing’ (Caro et al, 1993; OECD, 1998), and ‘positive ageing’ (Gergen & Gergen, 2003) have been used to portray similar conceptions of ageing, broadly embracing and promoting physical, social and mental health and wellbeing together with social and economic participation. This has been given added impetus by the impending entry of the baby boom generation into older age. In Australia as in other countries, these concepts have since entered the policy arena and popular discourse to present a more positive image of how older people are regarded and see themselves (Family and Community Development Committee, 1997; Department of Health and Aged Care, 1999; Andrews, 2001; Prime Minister’s Science, Engineering and Innovation Council, 2003).

It is popularly held that Baby Boomers come into old age with a different set of values and expectations regarding retirement and housing than previous cohorts. In a review of literature on baby boomers’ expectations and plans for their old age, Quine & Carter (2006) summarized how they are characterized as follows:

“In retirement boomers may refuse to accept that they are ‘old’, may be more ethnically heterogeneous, more selfish, socially polarised, demanding and belligerent, and less accepting, trusting and conforming than their parents’ generation. They may prioritise being in control, freedom of expression and individuality, and may remain economically conservative but socially moderate swinging voters. Boomers were commonly thought to ‘expect more’ from retirement than their parents’ generation” (Quine & Carter, 2006:4)
In terms of their housing aspirations Quine and Carter concluded that:

“Writers have suggested that as they age, boomers may wish to live independently (not move in with their children or be institutionalised) and continue to be active in their own intergenerational communities (not restricted to people their own age), retaining their existing social networks. They may also live alone more often than previous generations due to higher levels of divorce and separation. Modified housing, requiring specialist services, technology and design, and age-friendly infrastructure and built environment will be required.” (Quine & Carter, 2006:5)

In their study of ageing in place and intergenerational and intrafamilial transfers and shifts in later life, Olsberg and Winters (2005), found that baby boomers were more likely to use up all their assets before they die and hence less likely to leave an inheritance for their children and had a dominant attitude of “put yourself first after years of hard work.” They also found baby boomers were “lowest in every category of wishing to age in place, indicating that they were “…particularly comfortable with moving house” and that “…ageing in place depends more upon attachment to location than the family home”. Consequently, more than half expected to move either to a smaller house or change location, for some to release money to live on. These findings led to the conclusion that “[t]here is a significant shift in the values and priorities of older Australians which is transforming the patterns of future housing tenure, lifestyle and family relationships. Desires for independence, flexibility, consumer and lifestyle choices increasingly take precedence, challenging traditional notions of old age and family obligations.”(Olsberg & Winters 2005:vii)

Such changes in how ageing is perceived are relevant to the issue of mixity for older Australians, since common to the principles of positive ageing and the values of the baby boomer generation is the importance of maintaining independence, productivity and participation in the community – implying that for most older people this is likely to continue to be realised by living independently in their own home in the general community, as opposed to moving to an age-segregated community.

**Older Australians and Their Housing**

Despite the common stereotype of older people living in retirement villages or residential aged care institutions (hostels or nursing homes), evidence from the Australian census in 2006 indicates that the vast majority do not. The large majority (96.5%) of Australians over 55 years of age live in private dwellings, 83% are owner occupants, 76% live in separate houses, and 83% of the houses they live in have three or more bedrooms (ABS, 2006b). According to the Canadian National Occupancy Standard (CNOS), which has been adopted by Government in Australia as a measure of crowding and under-occupancy, this means that older Australians appear to grossly underutilise their homes, and this has increased by 29% over the 10 years from 1996-2006 along with a general increase in the size of newly constructed dwellings (Judd et al, 2010). This argument has been used by policy makers to justify increasing diversity in housing type and size and assuming that older people will want to downsize to more appropriate accommodation to improve housing efficiency.

According to the 2006 Census of Population and housing, 4.3% of Australians 65 and over lived in retirement villages increasing with age as illustrated in Figure 1. It can be seen that the percentage rises with age to 6.2% of those 75-84 and 8.1% of those 85 and over – or a total of 15.7% of those 75 and over (ABS, 2006). The retirement village industry estimates that in 2010 there were 1,850 retirement villages in Australia housing with approximately 115,000 dwellings and 160,000 residents housing 5.25% of Australians 65 years of age and over (having more than doubled in the previous 8 years from 2.3%), and approximately 10% of those 75 years and over (Retirement Village Association as cited in Productivity Commission, 2010). In 2008, industry research predicted growth from 5.2% to

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1 A formula based on the number of children in the household, their ages and gender.
around 7% in the following 15 years (Jones Lang Lasalle, 2008). While the industry predicts increasing demand for retirement villages to 7.5% of the 65 and over population in the next 15 years (RVA as cited in Productivity Commission, 2011), this is still only a relatively small percentage of the older population.

Figure 1. Older Australians living in Self Contained Retirement Villages, 2006

Residential aged care (institutional hostels and nursing homes) on the other hand accounted for only 3% of Australians 65 and over. While this increased with age, even amongst those 85 and over, only 26% were living in residential aged care (ABS, 2006) meaning that the clear majority lived in private dwellings and not in age segregated private or non-private housing.

In summary, this means that the vast majority of older Australians do not live in age-segregated housing, but rather in the community at large. This raises the question whether this is by choice or default, and whether staying put or moving it is in the best interests of the health and wellbeing of older people.

Age-Specific Housing Options in Australia

A recent AHURI study of age-specific housing and care for low to moderate income older people defined age-specific housing as “…accommodation or dwellings that have been specifically constructed for, modified for, or allocated to older people.” (Bridge et al, 2011:13). In such accommodation admission is restricted to people of older age, which may vary from 55 to 60 years of age or older. The study identified six main types of age specific housing in Australia:

1. For profit retirement villages
2. Not for profit retirement villages
3. Community housing (including congregate housing, housing associations, housing cooperatives, community houses, Abbeyfield houses and other similar models, and some community aged rental options)
4. Mobile home communities (including residential parks, caravan parks and manufactured home villages)
5. Assisted living villages
6. Age-specific boarding houses/Roaming houses/Private hotels (Bridge et al, 2011:14)
This did not include public rental housing, which accommodates a small percentage of the older population (3.5%), some of which is in age segregated form as this was outside the scope of that study. It also excludes non-private residential aged care.

**Previous Studies of Moving in Older Age**

In their study of the push and pull factors for moving to a retirement village, Stimson & McCrea noted that “the takeup rate by retirees voluntarily deciding to relocate to a retirement village is very low” and that “[i]n Australia it is not until retirees reach their mid-70s that the takeup rate increases to approximately 5%, peaking at 7.6% for those aged 85-94 years” (Stimson & McCrea, 2004).

Stimson et al’s research on retirement villages surveyed 985 residents of 111 retirement villages and found the most common reason retirees moved from their house was “…health issues and the need for assistance, followed by the death of a spouse or partner, problems in maintaining the home, the need for a lifestyle change, and a desire to be close to family.” Factor analysis revealed four push factors: (a) “change in lifestyle: …wanting more free time, more time to spend with other people…and wanting a lifestyle change”; (b) “Maintenance: …difficulty and cost of maintaining a home and garden, wanting a smaller home, wanting more free time, and having others move out of the home”; (c) “social isolation: …the death of a spouse or partner, being lonely, and wanting to spend more time with people”; and (d) “health and mobility: …deteriorating health, the need for assistance, and no longer being able to drive a car.” (Stimson & McCrea, 2004:1458-9).

Most common reasons for moving to a retirement village were “design of units” and “affordable” followed by “close to family and/or friends”, “services and facilities”, “design of village” and “close to public transport”. Their factor analysis identified three pull factors: (1) built environment and affordability: …a range of village attributes, including design and layout, site and size, services and facilities provided, staff and management, and affordability”; (2) “location: …access to public transport, proximity to social activities and recreational facilities, proximity to the coast or water, climate, and familiarity with the area from holidaying there”; and (3) “maintenance of existing lifestyle, and familiarity: …the village being located close to friends and family, close to services being used before relocating, and familiarity with the area from having lived there.” (Stimson & McCrae, 2004: 1462). While social isolation (mostly amongst single female and older retirees) was present amongst the push factors, and proximity to family and friends amongst the pull factors, there was no explicit evidence that the attraction was to an age segregated community per se, though this may have been the location where friends were located.

Using data from waves 1, 3 and 6 of the Australian Longitudinal Study of Ageing Research, Faulkner & Bennett analysed the motivations and choices for moving of older people 70 years of age and over in Adelaide, South Australia. When asked about their intentions and reasons for moving, in the earlier two waves people were motivated more by the need for “modified, better designed or more suitable accommodation” (38.7% and 52.6% respectively) whereas reasons given by those in Wave 6 were more “to receive more or better personal care” (44.9%). While this may imply that people move to age-specific accommodation to receive better care, when asked about “their preferred housing options if they or their spouse became dependent on others and needed assistance” all three waves showed a strong preference for “staying at home with outside help (74.1%, 66.8% and 66.3% respectively) (Faulkner & Bennett, 2002:43). Again there is little indication that desire to live in an age-segregated community would be an important reason for moving.

In their study of ageing in place and the intergenerational and intrafamiliar housing shifts in later life, Olsberg & Winters (2005) found in a national survey of 6,789 older Australians (50 years of age and older) that 64.6 % preferred to age in place in their current home, rather than move. The reasons given for this were “suits me in location” (83.1%), “suits me in comfort” (75.2%), “suits me financially” (63.2%), “want to stay near friends” (34.7%), “emotional attachment” (20.9) and “can’t afford to
move" (17.2%). When asked about their future moving intentions (in multiple response question), 35% “suggested that they may move from their present home in the future” (a time frame was not specified by the researchers) with the most common reasons given being to “move to smaller house” (22.0%), “move location” (16.9%), “move due to health or disability” (15.1%) and “downsizing to release money to live on” (10.9%). Only a small percentage gave reasons “to live with family” (2.3%) and “to release money to help children, or other family” (1.5%). Indeed, many survey respondents were anxious about a possible move into a retirement village with concerns focusing around the cost of obtaining the housing and high maintenance fees. Again, this research demonstrated no motivation for moving because of a desire to live in an age segregated community. However, in this same study, focus group responses regarding retirement villages revealed that those who were positive about having moved to a retirement village cited co-locating with friends as a reason.

Recent AHURI research by Beer et al on the housing careers of Australians indicated that for those aged 55 and over who had moved in the previous ten years “consumption oriented factors dominated housing moves – especially the processes of purchasing a home, movement to a better home, the building of a new home or location as well as downsizing – accounting for 44 per cent of responses”. (Beer & Faulkner, 2004:136). Likewise, lifestyle and consumption also featured strongly, along with personal reasons including health and disability as reasons for an intended move within 12 months of the survey. Again while a small percentage indicated family/social contacts as a reason for a future move, there is little evidence of a moving because of a desire to live in an enclave of older people.

**Older Home Owners: Attitudes to Moving or Staying Put**

Our AHURI funded research on dwelling, land and neighbourhood use by older home owners involved a national survey with 1604 respondents and 70 in-depth interviews conducted during 2008-9. It found that despite the apparent under-occupancy, the vast majority of older people (91%) regarded their existing home as either ‘very suitable’ or ‘suitable’ for the needs of their household. While 94.5% had one or more ‘spare’ bedrooms, these rooms were utilized for other purposes. Close to one quarter (23.1%) had one or more ‘temporary residents’ living in the home (defined by the ABS as people staying over 20 days but less than 6 months per year), which requires an additional bedroom to be set up. Temporary residents included a mix of adult children (37%), other relatives (20%), grandchildren (18%) and friends (14%). ‘Spare’ bedrooms were regularly used for a range of activities including an office or study (34%), a guest bedroom for visiting family and friends (27%), a hobby room (12%), storage (9%), utility room (4%) and a reading room/library (2%).

Indeed some respondents argued that they needed to retain their space following retirement because they spend more time in the home, couples need individual personal space, for expanded home based activities, and a greater need to accommodate visiting family and friends.

We have lots of friends from Sydney and they can come up and stay comfortably without disturbing us. Our children too, …they were going to be here just for a month and they’ve been here now for seven months so it has worked out well to have the room. We find we need the house this big now that they’re all having children… you want the kids to come and visit and preferably even together so they can see each other and the grandkids will see each other (Alan, 65–69 years with partner, separate house with 5+ bedrooms, suburban, working part-time, assistance required)

The reluctance of many older people to move to a smaller dwelling or to an age segregated community is therefore understandable. This challenges the mismatch argument that most older people under-occupy their homes, and the use of the Canadian National Occupancy Standard as a useful measure of under-occupancy in Australia. It also explains why many older people do not wish to move to age segregated housing such as retirement villages.
To explore attitudes to housing options further, we asked older home owners about the importance of various options for moving in the event of developing a disability or increased need for assistance. The responses are shown in Figure 1. Respondents clearly favoured remaining in their existing home with professional care services over any other options including age-segregated retirement villages, seniors developments\(^2\) and residential aged care. Those who considered these options important, mostly did so should they be unable to cope in their current home for health or disability reasons. As has also been observed in other studies (eg Olsberg & Winters, 2005) the least favoured options were living with children and renting part of the home to others.

The interviews revealed that reasons for wanting to stay put included sentimental attachment to the home and neighbourhood, familiarity with local services and a desire to maintain existing social networks, as indicated by the following respondents.

We’ve looked at moving, at downsizing. The problem is we like where we are. It is an easy home to look after, the sun is nice, the yard is easy to look after, we’re close to our church, we’re close to two shopping centres and we’ve got no traffic problems. (Jim, aged 65–69, with partner, separate house, suburban location, working part-time, assistance required)

You say this is my life. What is it about living somewhere that you have lived 50 years that you see as your life? What is it? Is it that you know the shops? Is it that you know the streets? It is that I know everything with my eyes closed and I feel secure here. Yes. If I go and live

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\(^2\) Age-restricted (55 years of age an over) private independent multi-unit developments that do not come under Retirement Village legislation.
somewhere else, I don’t know anybody. Around here I know all the faces. I know everybody. (Alice, aged 65–69, living with son and family, CALD, suburban location, separate-house, pensioner)

Some respondents also voiced their concerns about living in age-segregated communities. This mostly hinged around the preference to be part of a mixed community.

People in nursing homes or retirement villages, they’re all the same age so they age just being in there. They probably get some visitors now and again with young ones with their families, but if you’re in a neighbourhood you’ve got all different ages all the time. (John, aged 60–64, living alone, CALD, separate house, regional, self-funded retiree)

I think a retirement village partitions people off and there may be some people who would like to live in a community with all older people. I mean personally that’s not me, no. The other thing about those particular communities is that many of them at present anyway don’t encourage pets and I think pets are important particularly for older people, as long as I don’t trip over them, but they are important particularly if a person is alone. (Sarah, 65–69 years, living alone, attached house, pensioner, assistance required.)

Well, that’s one of the big weaknesses of the retirement village is that when I go there, look around, and I see where I will be…putting myself, but due to my old age, hard to compromise. No guest, nothing else, just me and my wife squeezed into two small bedrooms. That’s the retirement village,…no choice except other outside facilities [that] are [with]in my own walking. How to balance…your personal life and community life. That’s the issue. (Philip, aged 80–84, with partner, CALD, suburban, attached house, pensioner requiring assistance.)

Others objected to the costs involved in retirement village living.

As a pensioner it’s becoming harder for us to find accommodation within our price range, you know. And like me, personally, there’s no way I could ever move to a retirement village for instance. Every retirement village that I’ve ever looked at is way beyond my price range. As a pensioner, if I could afford to buy into it as a pensioner, I can’t afford the corporate fees because the corporate fees in some of those places are huge. (Heather, 70–74 years, living alone, attached house, capital city location, self-funded retiree requiring assistance.)

It should be noted that in Australia, for-profit retirement villages come under state government regulation and generally operate on a lease-license or loan-license basis which requires a substantial up-front payment (often equivalent to the value of the dwelling) plus monthly maintenance fees, and a departure or exit fee, also referred to as a deferred management fee.

**Participation in the Community**

A strong argument for the preference amongst the majority of older people to age in place is that the house represents “a combination of personal and financial security, family memories and a sense of place and wellbeing” (Manicaros & Stimson, 1999) and people become more attached to their homes as they age (Davison et al, 1993; Dupuis & Thorns, 1998). Moving in old age can be stressful and dislocate a person from their social networks, familiar environment and established medical and other support services.

Our study documented the participation of older people in the community. The results are shown in Figure 2 which indicates the frequency of participation in activities outside the home. Not

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3 CALD indicates a culturally and linguistically diverse respondent.
surprisingly, the most frequent amongst these was involvement in shopping/banking/retail activities. Other activities participated daily or weekly by more than half of the respondents included sport/recreation (including walking for daily exercise), religious services/activities, visiting family and friends, volunteering activities and involvement in community/social clubs.

The Interviews gave further insights into the importance of participation to health and wellbeing. The following three statements exemplify the multiple activities that many older people regularly participate in within their communities.

[I go out] six days out of seven, sometimes seven. I have a regular local coffee shop that I go to three or four times a week. Movies, since I’ve retired I go to galleries and music a fair bit more. I enjoy simply being out walking around the neighbourhood. It’s an aesthetically pleasing neighbourhood and I like looking at people’s gardens as well as the buildings. And I
go to a fair number of community courses and that sort of thing. So yeah, there’s lots of stuff, lots of reasons for going out. (June, aged 60–64, living alone, attached house, suburban location, self-funded retiree.)

About five days out of the seven I go out at some time during the day. I actually tutor children after school on Mondays and Tuesdays. I also work in the Parish office voluntarily on Mondays. I take the dog to the nursing homes and that. That is community service. I go to CWA [Country Women’s Association] — we have a meal and a meeting… Thursday is shopping. That is mainly it and visiting friends. There are three of us in town who are single, so we take turns on Thursday night at eating at each other’s house. (Ruth, aged 60–64 years, living alone, separate house, regional location)

[I do] two mornings at the local English immersion school as a volunteer. A minimum of one half day a week and usually two playing croquet. Now I’m not playing croquet today which is a play day because they have a competition on. But I shall be there on Monday afternoon because we are teaching the pupils of one of our local good schools the elements of croquet. So we go and we do all sorts of things. Church, every Sunday I’m the organist. We have a home group that meets once a fortnight for church and sometimes we meet in people’s houses and you will see the big room downstairs is ideal for having a home grouping. Church, croquet, [town name], [agency name], looking after disabled. I take a meal to the [agency name], an evening meal, about once every two to three weeks. I personally befriended one of the adults who comes here to stay occasionally and I take them out, and [an] assistant who I help… I would suggest that out of a normal working week of seven days I am out of the house on five days — taking part in some community something. And on the extra day I might be in church practicing the organ, but that’s personal, that’s not something to do with other people, that’s when I’ve got a bit of spare time and I go and play, yes. (Helen aged 70–74 years, living alone, separate house, suburban, self-funded retiree)

Older people with disabilities can also be active participants in community activities.

I have friends who will take me out, who have adjusted very well to getting me in and out of cars and pushing wheelchairs and things. Mostly I would get out at least once a week. Yeah, I would get out once a week. Sometimes it might only be to the doctors, it may not be to anything else. And then I will have a run and I’ll have sort of two or three things in the one week. I try not to do that. I like to go to the movies. And the movie theatre that we go to, mainly down in [local town], it’s just a little theatre. There’s a ramp up to it and there’s a ramp inside. It’s designed for — they’ve changed it and it’s always been accessible to people in a wheelchair. I like to go to people’s houses and sort of see people, but it doesn’t necessarily work. I like going to concerts, more classical music than anything else. (Esther, aged 55–59 years, with partner, separate house, regional, pensioner with a disability)

Important local relationships are not necessarily limited to people in the same age group.

All my immediate family are interstate. I have a sort of surrogate family who now lives fifteen minutes walk down there, a couple of small kids, substitute grand children and so on. And friends, well, since I’ve been here for so long, I have lots of acquaintances around, some friends, and then friends which live in further suburbs. (Maria, aged 60–64 years, living alone, attached house, suburban, self-funded retiree)

While location to medical and healthcare facilities is less frequently participated in, 83% of survey respondents regarded close location as important, a sentiment confirmed in the interviews.

We’ve got all the facilities that we need close at hand and I’m talking about as we get older, medical facilities. We can walk to the doctors. We can walk to the medical centre. We’ve used
the physio just down the road, we’ve got a chiropractor, dentist, everything is just here if we want it, not that we are utilising them necessarily at the moment because I still go to my original dentist and that sort of thing which is some distance away because I can drive. But for the future, everything we need is very close by. If we can’t walk there, if we had to get somebody to drive us it’s not putting a huge imposition on them because it’s all close by. (George, age not specified, with partner, suburban location, separate house, self-funded retiree)

Participation in the community is an important part of the lives of many older people, and a reason why staying put is preferred to moving to what might be perceived by others as more appropriate housing.

**Dwelling and Neighbourhood Design and Ageing in Place**

Our study also highlighted the importance of dwelling design to ageing in place. Conventionally designed homes are rarely suitable for ageing in place and custom modifications can be expensive. Approximately one third (34%) of survey respondents had already modified their homes (mostly to bathrooms, grab rails, stairs/ramps) and 40% said that they were likely to make modifications in future. In the lowest age quintile 20% did not think they could afford the required modification and 52% were uncertain as to whether they could.

There was strong support amongst respondents for adaptable and universal housing design to enable ageing in place in the event of developing a disability or increased need for assistance. While Australia has had mandated accessible design for public and commercial buildings for many decades, only very recently has the Government introduced mandatory Access to Premises standards for common areas of apartment buildings and voluntary Liveable Housing Design Guidelines to encourage the development industry to adopt universal design in housing.

While the design of the house is critical to being able to age in place, so the design of the neighbourhood is also important to enabling participation. Indeed, the in-depth survey interviewees identified a number of neighbourhood design issues that acted as barriers to participation, including:

1. **Paths of travel:** Including “absent, inadequate or discontinuous footpaths; poorly maintained, damaged or uneven paving surfaces; inadequate footpath width; footpaths too close to busy roads; obstructions such as trees or shrubs; inadequate provision of pedestrian crossings; confusing or ambiguous paving cues; and inadequate lighting at night.

2. **Transport and related infrastructure:** distance or steep topography to transit nodes; lack of seating and shelter at transit nodes; stair only access to trains and buses; concern about crime and safety around transit nodes.

3. **Public access buildings:** (public, commercial and retail): lack of seating, stair only access to some older public and commercial buildings; lack of handrails on entrances and stairs

4. **Public open space:** poor provision, design or maintenance; lack of paths, seating and shelter in parks; inadequate provision of public toilets

5. **Street fixtures and furniture:** lack of seating provision; poor provision, maintenance or opening hours of public toilets; lack of local street cafés.

6. **Wayfinding:** confusing (curved) street layouts

7. **Safety and security:** fear and risk of crime in public areas; unsafe walking at night (poor lighting), anti-social behavior of young people around hotels

Our study found huge variability in the quality of neighbourhood design and infrastructure to support ageing in place in the many locations where our 70 interviewees lived. Lower income, outer suburban and regional towns were the most deficient, but even some popular coastal retirement areas lacked some fundamental elements such as footpaths, adequate lighting, seating and shelters. Older home
owners were also found to be highly car dependent due in part to the convenience of personal transport, but also because of inadequate provision, reliability and design of public transport and associated infrastructure.

Despite the existence of the World Health Organisation’s Age Friendly Cities Program since 2007 (World Health Organisation, 2007), only a small number of Australian municipalities have participated in the Global Network. There are, however also some encouraging developments in healthy and age-friendly planning. In 2005 the Department of Health and Ageing in partnership with a number of peak bodies and built environment professional associations convened a national speakers series entitled ‘A Community for All Ages – Building the Future’ in various locations around Australia “…to challenge traditional models of housing and community design” and “…to move thinking from our current car-oriented suburbs to create ‘walkable communities’ where older people can remain active in their own homes and communities, and where younger people can play safely” (Office for an Ageing Australia, 2006). The Australian Local Government and Shires Association (ALGA) has also been active in promoting and resourcing councils around age-friendly built environments (ALGA, 2005) through publications and their ‘Planning for an Ageing Community’ website (http://www.alga.asn.au/policy/healthAgeing/ageing/). Guidelines for Healthy Planning, have also been developed by the National Heart Foundation (National Heart Foundation, 2004) and the Planning Institute of Australia has published a guide for healthy planning (Planning Institute of Australia, 2009) and hosts a Healthy Spaces and Places website with resources for planners (www.healthyplaces.org.au). Despite these positive developments Australia has yet to develop any national guidelines for age-friendly neighbourhood design.

**Mixity in the Residential Aged Care Sector**

In Australia, the not for profit residential aged care sector is also beginning to move away from age-segregated accommodation. Two leading agencies in New South Wales have moved decisively in this direction. Australia’s oldest charity, The Benevolent Society, has recently embarked on an Apartments for Life project based on the Humanitas model developed in the early 1990s by Dr Hans Becker in the Netherlands with the expressed purpose of “enabling older people to live in the one place until the end of life” and “supporting older people’s control over their own lives and their continued activity and participation in community life.” (Benevolent Society, 2009). This approach is premised on the fact that “the overwhelming majority of people over 50 do not relish the prospect of spending their last years in a nursing home” and that “future generations of older people (baby boomers) will be even less interested in traditional forms of residential aged care” yet require “access to suitable and secure housing, as well as care services” (Benevolent Society, 2009).

The site is located in the beachside Sydney suburb of Bondi, a cosmopolitan and reasonably dense apartment area, and spans between two streets. It will include 140 apartments in two 10 storey buildings and a lower 5 storey building with apartments designed to universal design standards and will be a mixed tenure development with 10% low income rental units, 30% affordable units and the remaining 60% owner occupied units (Figure 3). Though occupied entirely by older people, considerable care has been taken to integrate the facility with the surrounding community. This has been done by maintaining public access between the two streets, making half of the site accessible open space for general community use and the inclusion of community facilities (meeting rooms, café, dementia day care centre and men’s shed) on the site that will be also available to the community. Social activities and on-site care services for residents will also be provided. The intention is to increase integration of housing for the aged with the community. This represents a significant shift from the typical age-segregated institutional residential aged care facilities of the past.

An even more concerted move away from institutional care toward mixity in housing for older people is the new person-centred framework of Uniting Care Ageing NSW & ACT. The framework is based on the premise of an increasing number of older people in the community, increased longevity and
prevalence of dementia, cultural diversity, changing preferences and expectation (particularly of the baby boomers), and increased diversity in wealth. The strategy is founded on six principles:

1. Client choice and involvement
2. Independence and wellbeing
3. Social justice
4. Social inclusion
5. Separation of accommodation and care
6. Recognising the value of carers

The Framework states that the “preferred service model is to integrate our services in communities preferably around a well located community hub which is part of a town centre with good access to transport and opportunities for inter-generational contact. In some communities, these services may be located on one site.” (Uniting Care, 2009). Inter-generational mix involves the inclusion of key worker affordable housing, housing for younger people with disabilities, and childcare services in their new developments - all areas in which Uniting Care is already active. According to their Manager for Development and Innovation: “we do not feel that isolated enclaves of seniors’ housing are appropriate any more, although we do know from market research that seniors value security and safety and some do not necessarily want children and working people living next door to them in the same building due to life-style differences [but they] do seem happy for a variety of residents to be sharing the same site.” (Wood, 2011)

Uniting Care currently have three projects under construction in coastal regional NSW town centres, all including co-location with other accommodation types such as children, youth and family services, café’s, childrens’ play areas, and affordable housing units funded through the federal government’s National Rental Affordability Scheme. Another six projects along these lines are being planned for other metropolitan and regional town locations, all of which will have a range of different accommodation types and mixed uses. (Wood, 2011).

These recent initiatives demonstrate that the move from congregate to community based housing is not limited to private dwellings but is also beginning to be applied in the residential aged care sector.

Conclusion: To Enclave or Engage? That is the Question

An enclave is defined as “a place or group that is different in character from those surrounding it” and engage means to “establish meaningful contact or connection with” someone or something (Oxford Dictionary, 2011). This paper has presented evidence of a number of factors driving the majority of older Australians to remain in their own homes engaged with their local community rather than move to housing in an age-segregated enclave. Important among these factors is the desire to remain in a familiar mixed community and maintain existing social networks and access to services. It has suggested that the arrival of the baby boom cohort into older age may bring with it attitudes that are less favourable to enclave living. Supporting these trends and sentiments is the current policy emphasis on ageing in place and the delivery of increasing levels of aged care to the home.

However, this is not to suggest a one size fits all approach to housing for older people. There are, and will remain, a small percentage of Australians who will choose to move to age-segregated communities. It is the role of public policy to ensure that these choices are available and housing and appropriate care options available. This will require home and neighbourhood environments designed to better facilitate independence and participation. While we have made some progress in Australia in recent years, there is still much to be done to ensure that our housing and neighbourhoods are up to the task that lies ahead.
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