Factors Influencing Old Age Persons’ Residential Satisfaction: a case study of South Australia

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Abstract
If aged people are not satisfied with their housing, they will be more confined to their homes and therefore more prone to isolation, depression, reduced fitness and increased mobility problems. The aim of the paper is to examine the factors influencing aged persons’ residential satisfaction in South Australia. A triangulation method is adopted in this research.

The quantitative analyses demonstrate that old age persons’ preference for housing is predominantly city and inner suburbs with good social and community facilities, sometimes they prefer areas of ‘sea-change’ or ‘tree-change’. Qualitative analysis of focus groups describes the factors which have an influence on old age persons’ residential satisfaction leading to better quality of life. Nine focus groups were conducted in particular localities (Burnside, Glenelg, Inner Adelaide, Elizabeth, Marion, Findon, Clare, Murray Bridge and Goolwa) in South Australia. Each of the focus groups targeted a particular cohort.

The research revealed that local shopping and services, traffic and pedestrian infrastructure, neighbourhood attractiveness, security, and public transportation influence choice of residential preference in the old age. However their sentimental attachment to their house and place also play an important role in their residential choice and satisfaction. This information will be useful for making the policy recommendations relating to the land use planning and transportation, and to assist in senior-friendly developments and neighbourhood improvements.

Key words: ageing, well-being, residential satisfaction, elderly, quality of life
Introduction

It is well recognised that throughout the world, the population is ageing and Australia’s population is no exception. Ageing is the most dramatic change that will occur to Australia’s population, particularly over the next 50 years (Luszcz et al. 2004). These demographic changes are leading to economic, social, and personal challenges for the society, families and individuals, and the issues for government are numerous. The implications of an ageing society have increasingly become a focus of research, policy, and debate in Australia and many other countries from both developed and developing world. At international, national and state level, policies and strategies have been developed that focus on the ‘challenges and opportunities’ of ageing population.

Much of the focus has centred on the fiscal implications of providing retirement incomes and projected increases in costs on the healthcare system. Astonishingly, less attention is paid on other aspects of ageing such as planning, housing and factors contributing to ageing well. Rosenberg and Everitt (2001) argue that after health and financial situation aged people’s concern is their housing and built environment. Indeed, housing and built environments cannot be separated from health and income because all three are inter-related (Rosenberg and Everitt 2001; Golant 1992). Well-being is not merely the absence of mental health problems. It is a complex issue that could be defined in many ways. In this research well-being is considered as endaimonic approach where well-being is more than just happiness. It focuses on the degree to which a person is fully functioning (Walterman 1993). Fully functioning is not limited to people’s mood but instead goes beyond this, such as environment, which have an impact on human mood. Therefore to attain well-being of aged people there is need to provide residential satisfaction. Residential satisfaction will lead to successful ageing by providing healthy ageing in terms of physical, mental and emotional
well-being. Residential satisfaction could be measured by a variety of ways. However in this research residential satisfaction refer to opportunities for old age people to be part of general community with aged friendly neighbourhoods such as comfortable housing, crime free neighbourhoods, safe and secure pedestrian environments with sufficient lighting, age-friendly community planning and neighbourhood design, public transport, recreational facilities, park and trails that ensure access to facilities for physical activities facilities, affordable and accessible health, shopping and community facilities.

There is a belief that design of built environment may hold remarkable potential for addressing many of the nation’s current public health concerns including obesity, cardiovascular disease, diabetes, asthma, injury, depression, violence, and social inequities, which will ultimately lead to enhanced well-being. From the literature it is obvious that there is no standard measurement of well-being and quality of life. Oldman (2000) and Baker (2002) argue that residents’ expressions of satisfaction and commitment a good and/or better quality of life is housing with care and facilities which will allow elderly to live healthy.

A key concern of the aged population is the quality of life in older age. Residential satisfaction is important not only because aged people need secure and comfortable home and neighbourhood but also because housing provides social surroundings for aged people to interact with others in the community and live a quality life. However, planners from both public and private sectors, responsible for providing housing and services for the aged population, are divided into two schools of thought. One believes in full integration of the ageing communities whereas the other believes that aged people prefer a built environment that specifically caters to their particular needs (Rosenberg and Everitt 2001).

Housing is very important for old age people because in old age mobility tends to decline and restrict activity, therefore they are generally confined to their home and immediate
surroundings (Phillips and Yeh 1999). Phillips et al. (2004) argue that there is a very strong relationship between residential satisfaction and wellbeing for successful ageing. Therefore to improve the wellbeing of the older population it is important to identify the factors which lead to wellbeing. Identification of residential satisfaction is very complicated because satisfaction levels vary from person to person based on their individual expectations, needs and affordability (Brown 1995, 1997; Phillips and Yeh 1999; Siu and Phillips 2002; Amerigo and Aragones 1997).

The majority of the aged population live in urban areas and literature demonstrate that a large numbers of older people prefer ‘ageing in place’ as their first choice (Chapman and Deborah 2001; Government of NSW 2004; Brook Lyndhurst 2004, Pastalan 1990; Tinker 2002). This means the suburbs or localities they lived in their early family years remain as their home for the rest of their lives. In other words, ageing in place refers to growing old in the home, community and environment that one is familiar with. It implies that suburbs need to be age friendly. It is also observed, in general, only after 80 years of age people prefer to move out as by then they begin to depend on others.

As the new generation of South Australians move into older age, people are beginning to give more thought to the types of living arrangements and choices available to them for their future. Housing plays a very important role in human life and it has direct relationship with the quality of life. Homes are safe place of protection where people put down family tree, feel a sense of belonging, and ultimately experience ‘place identity’ or uniqueness with the home (Proshansky 1978). Dwelling and the neighbourhood can be sources of physical and psychological revitalisation, which add to emotional attachment and the sense that the residence is the home (Casey 1993). Rioux (2005) argues that ageing people feel safe and comfortable in their homes if they have stronger sense of belonging.
For some years government policy has favoured the ‘ageing in place’ option, providing support in people’s own homes. Arguing the case for ‘ageing in place’, policymakers make much of people's wish to stay in their own homes and to retain freedom and self-sufficiency in that place (residence) for as long as possible. One of the implicit assumptions behind this policy is that freedom could not be preserved in any other forms of living arrangements. But many aged persons are already making positive choices in favour of alternative arrangements. Housing does not mean houses but it means houses and associated day-to-day facilities required to support comfortable life. Most of the aged people wish to live at home for as long as they can (Rioux 2005). Law and Warnes (1982) argue that many continue to live in residences they occupied for most of their adult lives. Often, houses are not valued merely due to money but due to precious memories (Rioux 2005).

The ageing of Australia's population is mainly attributed to increased longevity, fall in fertility and the maturing of the baby boomer generation, this will present significant challenges to the design and development of the built environment - buildings, structures and spaces in which we live, work and play. In South Australia, low density urban development, a characteristic of many communities, is not particularly age-friendly. Features such as rapid suburbanisation, dispersed development patterns, the lack of footpaths, separation of land uses and high levels of automobile dependency present significant obstacles to the independence of seniors. Good urban design might play an important role in allowing seniors to age in place and remain active - both physically active and active in their local communities. Safe pedestrian environment, easy access to shopping centres, mix of housing choices, health centres and recreational facilities are all important elements that can provide residential satisfaction to the ageing population. If the aged people are not satisfied with their residential areas they will be more confined to their home and therefore more prone to
isolation, depression, reduced fitness and increased mobility problems. The built environment has a powerful impact on mobility, independence, autonomy and quality of life in old age and can also facilitate or obstruct the quest for a healthy lifestyle at all ages. It is important to promote the independence and quality of life of older people by providing them residential satisfaction. By providing residential satisfaction one can achieve quality of life and productivity and independent living (UN 1994). If neighbourhood are not safe, footpaths are not built aged friendly, street lighting is poor and there is no public realm nearby, where aged people could go and meet their pier or other, they will not have interest to go out of their house and they will therefore be confined to their home.

Therefore, the aim of this paper is to examine the factors that influence aged persons’ residential satisfaction in South Australia. Case study method using both quantitative and qualitative analysis is adopted in this research to investigate the housing satisfaction of aged people of 55 and above age cohort.

The first part of the paper provides an overview of the spatial distribution of the old aged people and infrastructure and community facilities required for old age people. The second part will dwell on the aspirations of older Australians, for their living needs and their view on residential satisfaction. Finally, the paper will discuss the implications of the changing needs of the older population and the policies necessary to meet these needs.

**Results**

This section presents the results of the quantitative and qualitative (content) analysis. Quantitative analysis of the Australian Bureau of Statistics 2006 census data provide the spatial distribution of aged population in South Australia. The qualitative analysis of nine focus group discussions was conducted to obtain the aged people’s view on residential satisfaction. A structured focus group was commissioned in April 2007 by Planning SA to
obtain the views of people (55 years and over) and stakeholders, on the current and future housing requirements of South Australians as part of the project “Ageing and its implication for planning and social policy”. One of the authors was then working with Planning SA as Project Manager for the project. The focus group was conducted by the AHURI Southern Research Centre. Nine focus groups averaging 12 precipitants were conducted across South Australia to obtain the view of the aged population. Three of the focus groups were held in regional areas (Clare, Murray Bridge and Goolwa) of the state and six were held in different areas of metropolitan Adelaide (Burnside, Glenelg, Inner Adelaide, Elizabeth, Marion, and Findon). These focus groups consist of people in 55-60, 61-65, 65-75 and 75+ age cohorts and from groups such as social housing tenants, low income renters; self funded retirees and ethnic groups. Even though focus groups do not allow predication, it shows the trends and allows data gathering. Focus group was used because it offers the real advantage of providing participants with a forum to discuss a wide range of issues. They are also (1) a cost effective way of collecting peoples’ attitudes, experiences and feelings about a particular issues in a relatively short period of time, (2) a useful way of determining the major view points of people prior to conducting more detailed qualitative and quantitative research on issues, and (3) a means to allow the researcher to interact with a group of respondents.

**Quantitative analysis**

The general patterns of a high percentage of the population aged 65-79 are in the ‘middle suburban’ ring Statistical Local Areas (abbreviated hereafter as SLA). SLA is a geographical unit adopted by the Australian Bureau of Statistics for the enumeration of census of population and housing carried out at five year intervals that enclose the Adelaide Central Business District (CBD). Outside the metropolitan Adelaide, Victor Harbor and its surrounds,
Gawler and Barossa have a higher concentration of older population as illustrated in figure 1. This implies that the 65-79 age cohorts are still a very independent and mobile age cohort.

[Figure 1 about here]

SLAs with high percentage of the population aged 80+ are those that are centrally located in metropolitan Adelaide, as well as Victor Harbor and the Barossa. This trend suggest that the 80+ age cohort needs easy access to aged care services on account of reduced mobility and a higher incidence of disability and health problems. They are therefore either unwillingly forced to move to some form of institutional care or tend to be located in areas where required services are easily accessible. This is reflected in a high concentration of aged care services around the city centre and central locations in Adelaide.

It is observed that a very high proportion of 65-84 age cohort live at the same residence as they did five years ago (refer figure 2). The majority of people in this age group were living in their family home this may be because they do not prefer to move or are unable to move due to a number of constraints, which is supported by the result of the focus groups such as financial problem, lack of public transport and availability of services within walkable distance. The result of the focus groups reflected another concern, the elderly have a sentimental attachment to their suburbs and their social networks in their neighbourhood.

[Figure 2 about here]
Therefore, it is imperative that if there were more suitable and affordable housing options available in the same neighbourhood, which is affordable and suitable for aged people, then the migration level might increase. Compared to the 65-84 age cohort housing mobility levels of population aged 85+ is generally higher. This is likely to be a reflection of ‘enforced’ migration of this age group of people due to disability and deteriorating health conditions.

**Qualitative analysis**

There are many different dimensions of older persons' living environments that influence residential satisfaction and thereby their well-being. The factors that might impact on older persons' residential satisfaction were explored in South Australia. It includes a number of key elements: built fabric such as interior and exterior dwelling characteristics, security concerns, informal social support including family, friends and neighbours, social services and community facilities around or near neighbourhoods. As stated earlier nine focus groups were conducted to capture the trend of old age Australian residents aged 55 and over who lived in various housing arrangements including private/public and new/old housing establishments.

The research found that residential satisfaction varies within and between some cohorts and groups. These differences were related to where they live, socio-economic conditions, age, and assets. The majority of responses were astonishingly similar regarding how they viewed ageing and what they expected from their housing/neighbourhood. The majority were happy with their house and the neighbourhood they live in and want to stay in-situ as long as possible.

Ageing in place was obviously the highly preferred option for aged people. However, most people in the focus groups were practical and stated that they would consider moving to more suitable accommodation when their health declines or they become disabled. Concerns were raised that if due to reasons such as health or housing property becoming unaffordable or just
the want to downsize their housing for maintenance and upkeep reasons, their preference will be for housing that is well serviced, near public transport and well integrated with the community, instead of being located on the urban fringes or towns. The major concerns of most of the participants was the accessibility to public transport and other transport options, health facilities and community services which will help them to age in place. For the 55+ age group transport seems to be the key in overcoming isolation and it is seen as crucial when they will no longer be able to drive to the services and facilities they need.

Inner city focus groups reflected living in the inner city was important for most of the participants because they had very good access to the services, shops and the transport that they needed. It was easy for them to walk or catch free transport to the Central Market or the city centre. The location of family was not of central importance to this group because, as one woman stated, ‘children move around, therefore it is better to be central rather than in close proximity to to children’. The connector bus provided by the Adelaide City Council was mentioned by almost each participant as a key service that they used.

Preferred locations in old age include all suburbs, towns and those closer to existing services and infrastructure (transport, shopping centres, medical and health facilities) rather than moving into large-scale retirement villages or residential parks. Retirement villages were not a preferred option – one participant stated that ‘I am scared of being put in a block of older people where the only outing is a funeral’. It has also emerged from the focus groups that their ability to delay the move to more intensive care accommodation was (and is) being affected by the availability of minor home maintenance assistance for day-to-day needs. The 75 age cohort participants stressed the need for better and more ongoing after care options to support people to ‘age in place’.
The research brought out that even though older people do not want to be socially isolated or segregated from the mainstream community, they prefer to be buffered to some degree from noise, crime, general antisocial behaviour and other disruptions right on their doorstep, they also want to be well linked to the services they require (including medical and health services and social activities/groups and accessible public transport options). The older peoples expect that the governments at various levels (federal, state and local) should provide more services to them as they age, which will allow them to ‘age in place’ and provide easily accessible information on such services for the aged people.

Not surprisingly the findings of the focus groups reinforce trends of housing preferences observed interstate and overseas. The findings have significant implications not only for the design of housing for old age population but it also reminds the planners of the need for a re-think of the design of neighbourhoods and suburbia.

**Discussion and conclusions**

Housing is not restricted to the house but it includes the surrounding environments and community facilities and services at neighbourhood levels such as the physical condition, safe walking paths, location and proximity of support services, the quality of lighting, ventilation, pavements, availability and adequacy of nearby open and green spaces, proximity to informal supports including family and friends, accessibility and usability of transportation, and security concerns (Golant 1984; Gomez-Jacinto and Hombrados-Mendieta 2002; Kaplan 1985; Levy-Leboyer and Ratiu 1993). Kart and Kinney (2001) argue that the elements of living environments would include characteristics of the neighbourhood and community, such as the physical conditions, locations and proximity of support services, proximity to informal supports including family and friends, accessibility and usability of transportation, and security concerns. Michael et al. (2006) supports the other researchers
stating that neighbourhood design influences active ageing. Other factors which have an impact on residential satisfactions are infrastructure such as transport and community facilities and services. Research in the transportation, urban planning and public health areas indicates that people are more active in accessible neighbourhoods with mixed land uses, high street connectivity and high population density (Handy et al. 2002; Saelens et al. 2003).

It is observed from the focus groups that familiarity with neighbours and neighbourhoods is a key driver of housing choice in later life, and is an important reason why older people want to live in their family house. They feel that it will be hard for them to make friends in any new place and they will feel excluded from society. For many, residential satisfaction is strongly related to location, public transport, services, and familiarity with area, social networks and cost of living. As people age, isolation becomes a growing problem and access and mobility become increasingly critical. Affordable and reliable transportation options are essential for older people. Public transport allows elderly to live independently, access medical and social services, contact society, friends and relatives and provides them with the feeling of belonging to the community. Therefore residential areas need good public transport for residential satisfaction for the older people. Good and accessible shopping centres provide older adults with a place to walk, to meet others, and to stay active. Heavy traffic and inadequate pedestrian infrastructure restrict older people of movements in the neighbourhood. The physical environment of the neighbourhood encourages walking for exercise and pleasures. Adequate public transport is essential to reaming in the large community and to be independent in one’s neighbourhood.

‘Ageing in situ’ or ‘ageing in place’ is seen as the most preferred option for the aged people. However, this option is often restricted because of provision of services that varies with age (Treas 1995). In many countries, there are social and medical services helping the aged
population to age-in-place and to improve the quality of their life (Rowles 1993). If they have to move, their preference is to be scattered throughout suburbs and towns, closer to existing services and infrastructure (transport, shopping centres, and medical and health facilities) rather than moving into large-scale retirement villages or residential parks. It has also emerged from the focus groups that their ability to delay moving into more intensive care accommodation was (and is) being affected by the availability of minor home maintenance assistance for day-to-day needs. The focus groups demonstrated that older South Australians are strongly in favour of living in their own homes for as long as possible. Only 7% of Australians aged more than 70 years live in residential care. However, the design of their home may make it impossible for them to continue to live in their home. Some researchers suggest that maintenance costs and property rates can be a challenge particularly, for people living on the basic age pension who are likely to be living in older homes (Judith 2004). This study reflects that residential satisfaction may also depend on one’s attachment to the place and neighbourhood. Even though the government is promoting ‘ageing in place’, its success will depend on the extent to which residents are satisfied with the physical elements of their house and neighbourhood, as well as the social environment in which they live (Phillips 2004). Therefore there is an urgent need for the government to improve elderly peoples houses and neighbourhoods to avoid barriers or potential hazards to older persons’ daily activities such as social services that offer to care for older persons’ daily needs such as day care nursing home, GP, home cleaning services, meal on wheels and household helpers.

In summary main aspects of the living environments that may influence residential satisfaction of older persons in South Australia can be: physical characteristics of housing such as the condition of the homes and surrounding environments such as security, lighting, parks etc; availability of community facilities and social services such as transportation,
health centre, meals-on-wheels, and shopping; social support such as the support offered by the older person’s relatives, friends and neighbours; provision for older people and families who want to live near but not with each other (e.g. granny flats); and diverse housing options for aged people.

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References


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Figure 1: Population aged 65-79 and 80+ years as a percentage to total population (2001 SLAs)

Source: Planning SA.
Figure 2: Mobility of aged persons
Source: Planning SA.