Deakin Research Online

This is the authors’ final peer reviewed (post print) version of the item published as:


Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30037089

Reproduced with the kind permission of the copyright owner.

Copyright: 2008, Pavilion Journals (Brighton) Ltd
Where will we live when we get older?

Tricia McLaughlin, RMIT University, Melbourne, Australia

Anthony Mills, RMIT University, Melbourne, Australia

Abstract

Ageing populations, although exhibiting marked differences across countries and cultures, are a global phenomenon. Old-age dependency ratios in most developed countries are projected to double by the year 2050. In Australia there will be a strain on economic growth as a large part of the population moves from pre-retirement to post-retirement age over the next 25 years. A disproportionate amount of this strain will be concentrated in aged-care housing or retirement accommodation. Current evidence suggests that existing housing stock for older people is inadequate. As the Australian population ages, the maintenance and long-term performance of retirement housing is a key concern of government and housing providers. This study looked at four aged-care or retirement providers across Australia and examined the performance of the current housing stock managed by these providers. The interviews revealed that housing design decisions in retirement stock, although critically important to the changing needs of occupants and the adequate supply of suitable housing, are often ill-considered. The findings critically question the idea of simply building 'more of the same' to relieve demand. This study has major implications for the future of Australian retirement housing, especially as the population ages dramatically.

Keyword(s): Housing older people; Retirement; Housing design; Ageing population; Aged-care accommodation.

AGEING IN PLACE

In 2002 the Australian government released a National Strategy entitled An Ageing Australia – An older Australia: challenges and opportunities for all. Key components of the strategy include independence in old age, selfprovision and the endorsement of a range of housing options that fit the changing needs of an ageing population. A key strategy is the concept of ageing-in-place. Considerable research indicates that
the relocation of older people into aged-care facilities is stressful, provokes frustration, anger and guilt, and is, for a period of time, debilitating (Waters et al., 2001; Krothe, 1997; Stein, 1996).

The concept of ageing-in-place has two components: the first is the design and construction of housing for older Australians that accommodates the gradual move from total independence to partial dependence without the need for a change of address (Olsberg, 2004). The second is the reduction of costs associated with residential care facilities through the diversion of healthcare delivery in older people’s own homes. For both components, housing design features are critical.

Enabling ageing-in-place where older Australians can remain in their own dwelling as long as possible is desirable. For the increasing percentage of older Australians selecting ‘retirement’ accommodation as their preferred dwelling for ageing, it is important that the accommodation is designed with ageing-in-place considerations. Spanbroek (2005) notes that the idea that the retirement accommodation client will move on to be replaced by the next fit and healthy occupant is no longer applicable in today’s environment. She notes:

‘the future client may well be the ageing baby boomer, who will still seek out the beautiful aesthetic home, but will have expectations for accessibility, safety and independent living’ (Spanbroek, 2005: 69).

Tinker et al (2007) note the cultural emphasis on the importance of one’s own home and illustrate the common finding of research that older people want to stay in their own homes with repairs and adaptations made over time. McCafferty (1994) along with Croucher et al (2006) all emphasise the importance of older people remaining in their own home in terms of good quality of life. But to remain in one’s own home requires design of housing and retirement accommodation that facilitates this. Tinker et al (2008), in their research into remodelling and adaptations to existing extra care housing found a lack of understanding of this concept among built environment and social care professionals. They stress the importance of adequate information being given to these professionals at the point of first contact. They comment:

‘Our research shows the crucial role that architects, contractors and surveyors play in ensuring remodelling delivers best value’ (Tinker et al., 2008: 11).

The design of housing and retirement accommodation is paramount in allowing older Australians to live independently. It is equally important that housing for older Australians addresses integrated design for the future. There appears to be little documented research in Australia on what retirement housing stock actually exists and what adaptations of that stock have been made to address the needs of existing residents. Australian government sources classify aged-care housing stocks by ‘bed type’ and care needs (high, medium or low care) and assessments for modifications or ‘remodelling’ are only made on request, rarely at the point of design. This study, although small, examined the existing housing and retirement stock of four national providers to determine the capacity for meeting the needs of older people.

AIMS AND OBJECTIVES

This study was concerned with current housing stock in aged-care and retirement villages. It presents an exploratory analysis of the opinions of four facility managers and the quality and performance of existing housing stock within the facilities they manage.

The aims of this study were to:
• determine the age and condition of existing accommodation stock managed by these aged-care professionals
• explore the performance of this stock over time
• establish the feasibility of maintenance and renovation of this stock
• explore occupant behaviour on entry and the performance of stock as occupant behaviour changes over time.

This paper briefly examines the results of the interviews of the four facility managers and summarises the key issues to arise from the discussions.

THE RETIREMENT FACILITIES

Four retirement/aged-care facility managers were selected for this study. The managers were selected on the basis of locality of their facilities (two were in regional Victoria, one in Queensland and one in metropolitan Melbourne), their availability and experience as facility managers and the profile building age of the accommodation stock under their management. In all, the facility managers were in charge of up to 4,800
housing units. Face-to-face interviews were conducted with the managers. Each manager was asked to comment on a series of statements and questions about the ageing-in-place policy of the Australian government and its effect on independent living units (ILUs) and their occupants in their facilities. Managers were also asked to comment on the maintenance or renovation of their existing accommodation stock in light of changing occupant needs or ageing-in-place policies. Finally, these facility managers were interviewed about accommodation design decisions on existing stock in their villages.

The retirement facilities: design factors in selection

Currently 3.6% of the Australian population reside in retirement villages or independent living units/houses/apartments. The average age of independent living unit residents is between 70-75 years of age (Davidson et al., 2001). This was reflected in the profiles of residents discussed by the facility managers. The main reason individuals moved to the facilities in the study were:

- children have moved away
- need for increased security
- upkeep of own property is burdensome
- downsizing/changing lifestyle/grey nomads
- death of spouse
- medical ‘scare’
- preferred by residents’ children.

Facility managers cited the desire for increased care as the single most common issue raised by families and residents on entry to a village unit. Although driven by lifestyle choices, such as access to leisure facilities, social networks and support structures such as village managers and maintenance staff, many families of residents, make decisions based on the potential for increased services as health and mobility declined. One facility manager noted:

‘The majority of the family, especially the adult children comment upon the idea that their parents can access health services as they age. Many ask about the aged-care facility of the high care unit. They say things like: “I’m worried about them, but I work and can’t keep an eye on them.” Security matters.’

Another facility manager of a newer facility (built less than 10 years ago) commented:

‘The family members seem more relieved than the residents. They say things such as, “Well you’re here now, this will be good.” as though this place is the last instalment in the residents’ lives.’

Family members appear impressed by the close proximity of high care facilities when making the decision to move parents into retirement facilities. The facility manager responsible for the rural village commented:

‘Family members are often relieved to see we have high care units/beds available – they don’t want to inspect them as this upsets them too much, but they often ask quite detailed questions about those units. The presumption is that their parents will move into one of the high care units at some stage… like a production line of old age.’

In many instances the facility managers felt the residents themselves were very ill-informed about the ageing process and the independent living unit or retirement stock. Comments about maintenance were confined to gardening or size of the unit, rather than issues of mobility, height of tables, benches, bathroom access, or visibility issues etc. Ageing maintenance issues were rarely discussed at the point of entry to a unit. Some residents and their families made enquiries about the capacity to ‘buy-in’ services, such as property maintenance and home care assistance, but the vast majority of residents were not aware of or interested in ageing-in-place policies. There was a general perception that such policies were not relevant.

One of the facility managers commented on the disinterest in ongoing modifications and maintenance by attributing it to how the residents perceive themselves:

‘Most of the new residents, especially the couples, see themselves as fit and young. They envisage continuing with their lifestyle, sports and leisure activities for the rest of their lives.’

This was endorsed by another:
'The family members think when you grow old you automatically move into high care. Ageing is misunderstood: it is seen as a health problem. They don’t think they can stay in these independent units once they get old.'

While it is true that a percentage of residents can no longer live independently as they age, the issue of moving to an alternate location seemed a ‘fait accompli’ accepted by residents and their families. Ageing does, on occasions, mean declining abilities but this may not require new accommodation. Of all the managers interviewed, this concept that residents would be moved to a higher care facility was paramount. It was widely accepted that ‘as you grow older, you move on to alternate accommodation’. The managers felt that the issue of design modifications and creative design to match older occupants’ needs was not a priority for existing residents. The managers interviewed in this study were of the opinion that residents just accepted the need to ‘move on’ as they grew older. There was pressure on village sites to create high care alternate accommodation for residents as they grew older.

**The retirement facilities: existing stock and ageing-in-place needs**

All of the facility managers interviewed were in charge of housing stock that was built prior to 2000. Independent living units or retirement house stock in three of the four organisations examined were at least 10 years old. The most recent ‘villages’ in the organisations examined were eight years old. Housing stock tended to be client driven. The alteration of existing facilities was also an ongoing issue for the services organisation. The manager commented:

‘Up until the early ’90s, the average stay in one of our independent units was just under 11 years. Now with ageing in place policies we are finding CACPs (Community Aged Care Packages) expensive to deliver and maintain in these units and yet the residents are being encouraged to stay in the unit.’

Another noted:

‘Our units are old – built in the ’70s. We are trying to update them but the residents do not like change.’

The role of designers and architects was seen as fundamental to change by the managers interviewed:

‘In one of the villages I manage the newer units have been designed by an architect who really listened. The best part is the potential for changes such as handrails; and wheelchair access will not be as expensive now.’

All of the managers interviewed stressed the importance of early design features so that residents could stay longer in existing housing. One manager commented on the importance of design:

‘Clearly, new specific purpose-built stock will need to be built. We need more adaptable, flexible designs for the aged – age and disability friendly: age-friendly housing using innovative designs and the application of new technology so that people can continue to live in their own homes. Aged care “hotelling” that offers services as an add-on.’

In terms of existing housing stock, land costs and property maintenance were significant concerns for the managers but each admitted that these issues had little relevance for the residents. Residents liked the village atmosphere of the existing stock, and location was only important in terms of proximity to shops, clubs and outside services. As residents grew older, the importance of external services was critical. One manager commented:

‘Some of our residents receive home help with cleaning, dressing and bathing. Access for the carers is vital, but we find parking, stairs and delivery an issue. These houses or units were not built to have daily visitors and if more than one unit in a section has daily visitors it gets quite hectic and annoys other residents.’

The Australian government policy of ageing-in-place means services are delivered to those in need. These ‘deliveries’ also create stress on access to existing housing stock.

**Maintenance and ageing-in-place issues**

The facility managers were struggling with the delivery of the Australian government ageing-in-place requirements and maintenance:
’Most of our housing stock has limited accessibility for wheelchairs or walkers or motorised mobility chairs. The doorways, hall and bathrooms were just not built to cope with these things. We have had to widen doorways, put in ramps and even rails to help. Frankly they make the unit look ugly – to say nothing of the storage issues of the scooters.’

Another commented:

’Frailty is a big ageing issue. Most of our residents start to become unsteady on their feet – our slopes, steps and manicured gardens are too slippery and dangerous. We are finding a lot of falls inside the houses – shelves are too high or the oven doors too heavy or even light/electricity switches bending or stretching. This is when they fall over.’

Again, another comment about the issue of body steadiness and poor design for neuromuscular ageing:

’Door handles and taps are badly designed – they require strength and dexterity. Our houses are not modern to cope with this – the cupboards are too deep. In some of our houses the cupboards are empty because they are too low or too high to reach safely. One resident has to get someone in all the time to wind out the window. Fancy putting wind-out windows in a house where people are going to grow old!’

The needs of residents as they grow older in retirement housing tended to fall into four main areas: visual; body steadiness and capacity; neuromuscular; and access. Residents who developed cognitive or ongoing physical problems requiring medical supervision moved on to alternate housing or high care accommodation.

The managers interviewed all agreed that more could be done to assist elderly individuals who often leave retirement accommodation because it no longer suits their needs. One manager commented:

’These people are not really sick – they just need help getting things done, or getting around. Some of our units have one or two steps and if you are on a walking frame, this is very tiring. Also the kitchens are dangerous. Their reflexes are not quick – the stoves and ovens can be dangerous. I guess the unit just doesn’t suit them anymore.’

Another commented:

’The idea of little, small rooms – a sitting room, kitchen, dining room etc. starts off fine, but really creates trouble as you get older. We need movable walls so that the space can be altered as the mobility changes.’

Facility managers were concerned about modifications to existing properties:

’Every time a resident dies or moves out because they are too old or too sick to stay, we have to completely refurbish and change the property. No one wants to buy into a place with wheelchair ramps everywhere, or modified benches, etc. We go back and refurbish the whole place.’

This manager commented on costs:

’Of course it is expensive, so we pass most of it onto the resident or even the government in some cases. That’s why the entry costs are growing. It does seem strange to keep refurbishing the unit and then gradually adding ageing modifications again. It goes on and on…’

The cost of ongoing maintenance and new facilities, the depreciation of existing stock due to modifications and the lack of forethought and planning in design were all significant barriers to residents remaining longer than an average of 11 years in retirement housing.

Healthy older Australians do not think of themselves as growing older much beyond retirement from paid work or requiring support in their housing arrangements as they grow older. Previous research indicates that baby boomers are mostly concerned with lifestyle and downsizing household size rather than the appropriateness of their housing arrangements as they grow older (Spanbroek, 2005). Maintenance of independence is an important concept, but needs to be supported with practical housing designs. As Heavens (2004) notes:

’What happens when health deteriorates enough to make living less than easy, but not bad enough to go to assisted-care facilities?’
CONCLUSIONS

While there are a number of limitations on a study of this type, there are also a number of findings on which further study may be developed. The findings reveal that on entry to a retirement facility examined in this study, very few residents gave considerations to the accommodation and its design in terms of growing older. The decisions made on entry to retirement accommodation did not reflect the future housing needs of the individuals. Most entrants viewed the accommodation in terms of its current facilities and its match to their current lifestyle. Perceptions of needs in terms of the housing stock as the individual grew older were very vague, in many cases non-existent.

Of the managers interviewed in this study, all were of the opinion that current retirement housing stock in their facilities was inappropriately designed and maintained in terms of current ageing needs. Most residents ‘moved on’ from the retirement accommodation once their physical capacity changed with age. The main areas where the housing stock was inappropriate were access and mobility, and visual and neuromuscular characteristics. Retirement housing stock in the management of the interviewees did not allow for growing levels of dependency as the residents grew older. Modifications and access housing features were expensive to install post-design and there was a perception among managers that such features would be resisted by residents at the point of initial entry.

One of the barriers to design alterations was the culture of operators, managers and residents to categorise retirement housing by age and physical capacity. The concept of ‘moving on’ to alternate accommodation as physical needs changed was prevalent. This perception is at loggerheads with current Australian government policy of ageing-in-place.

In Australia, demand for retirement housing stock will increase over the next 25 years. Age may not be a determining factor for access or entry into this housing market, but the current inappropriateness of the housing stock is a contributing factor to length of stay in the market. There is an urgent need to challenge designers, builders and operators in the retirement housing market to create stock that is architecturally pleasing, provides the required lifestyle facilities on entry and that also allows for inexpensive, timely, subtle and appropriate modifications as the residents grow older. There is also an urgent need to undertake greater research into existing accommodation stock and its usefulness for older Australians. Until these challenges are met there is little hope of adequately providing a solution to the question of “where we will live when we get older?”

References


