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"Accommodation options for elderly people"

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ACCOMMODATION OPTIONS FOR ELDERLY PEOPLE

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There are, in Australia today, 1.18 million people in their sixties, 725,000 people in their seventies, and 275,000 in their eighties and over, that is about 2.18 million people over 60, and one million over seventy. Comparing our population today with that in the census before last (1976) the number of people in their sixties has increased by 14.3 per cent; the number in their seventies by 25.8 per cent, and the number in their eighties or older by 24.9 per cent. During the same period the population as a whole increased by only 9.5 per cent. Conventional wisdom labels those 65 and over as "aged" and using this convention for the moment, our "aged" population increases by around 110 per day or 40,000 per year. When translated into goods and services and social facilities and supports, this warrants carefuly policy attention. Elderly people require a wide range of supports, mostly income support, but also health services, housing support, and social services. Public resources which are allocated are substantial, yet the range of incomes, access to services and housing situation of elderly people is probably wider than for any other population category. (As the overwhelming majority of elderly people live in the community I have, for today's talk, interpreted "accommodation options" as something much broader than residential care).

The diversity of the elderly population is enormous. About two thirds of those over 65 are under 75, that is most elderly people are of an age where people are usually physically healthy and mentally alert. Their main problems relate to adjusting to retirement, and in most cases the associated income reduction.

The author wishes to acknowledge the work of Chris Rossiter in the preparation of the tables appended to this paper.

Income maintenance and preventive health services are of great importance. About one third of people over 65 are over 75, and thus of an age where most people need more than average levels of support from the community. In addition to economic and social dependencies, physical limitations and disabilities become part of the lives of many people.

As we observe changes in the population structure and project estimates of the population structure for the future the two thirds: one third ratio of "young-old" to "old-old" will, over the next 25 years, approach a half and half situation - half of the elderly will be under 75, and quite staggeringly, half over 75. There will still be enormous diversity among the 3¼ million elderly people we will have in Australia in 25 years time. There are several notable features of an ageing Australia. As ages go up, so too does the proportion of women. At age 65, for every 100 men there are 113 women; at age 75 there are 136 women for every 100 men, and among the over 80s there are more than twice as many women - 219 women for every 100 men. Most elderly men have a spouse, but most elderly women do not have a spouse, and having a spouse, according to researchers at the Australian National University is the greatest defence against social isolation, public dependency and poverty. Couples are more likely than single people to live in private households. Ill health increases with age, as do activity limitations, and thus a demographic pattern of dependency can be identified. Solutions lie in development and implementation of accommodation policies, realistic assessments of family policy, and recognition in policy planning of the structures

which ensure appropriate living arrangements, independency and dignity.

I should like to point out to the harbingers of gloom and doom that all is not lost, and that the certain knowledge that there will be considerably more elderly people; that a greater proportion will be aged 75 or more; that most will be women; and that these people are the greatest users of services gives us a great deal to go on. These factors combined with the fact that unlike episodic illness, chronicity has an element of "predictability", and this means that planners have the challenge before them now, and certainly have the skills to develop workable, equitable and humane policies. As we look to the future in gerontological planning it will be necessary to develop in our planning, the philosophical concepts, the framework for action, the process, and the product.

Accommodation policies are important starters because the product is obvious, the process is easily identifiable, the framework for action may be cumbersome, but the philosophical concepts needs a lot of working out. This comes about because of the diversity of the elderly population and the wide variety of needs, resources, problems and conditions.

As we examine data on accommodation in Australia it is important always to distinguish between conditions and problems. Some accommodation conditions may appear more or less satisfactory, but we must not always assume they are problems. Many home-owning elderly people living comfortably in secure surroundings

with sufficient income and satisfactory supports are part of the prevalent range of accommodation conditions, but not necessarily part of the accommodation problem. The same can be said of those willingly and happily living in independent units or hostels at the top end of the market.

In trying to come to grips with accommodation policies and options the conditions and problems of aged persons housing need to be dissected. Conditions are human circumstances which are palpable and real, such as living alone, being widowed, disabled, isolated, having an income below a certain amount, but these are not necessarily problems. Problems have no objective unambiguous meaning or definition - they are matters of judgement. Problems are those situations or conditions that people bring to agencies for solution or help. As such the conditions are identified and interpreted by practitioners, professionals, and anyone else who might be called an expert, and of course their interpretation and judgement may be very different to that of the client or consumer. A great deal of skill is required in understanding the transition from condition to problem and in analysing the genesis, origin, basis and shared nature of problems. This understanding moves us from identification to the verge of policy intervention.

It is important always to remember that housing and accommodation are concerned not only with physical structures, but also with issues of dependency, functional ability, choice, affordability and access.

Most elderly people in Australia live in private residences. 93.6 per cent of people aged 65 and over live in private households, and only 6.4 per cent live in institutions (nursing homes, hostels, homes for the aged, etc). Institutional rates vary by age and sex: 2.1 per cent of men aged 65-74; 2.4 per cent of women 65-74; 8.1 per cent of men 75+; 17.2 per cent women 75+ live in institutions of various types. Of elderly people in private households, three quarters own or are purchasing their homes. Ahout three fifths of age pensioners in private dwellings own or are purchasing their homes. However, the majority of elderly people are women. Approximately 20 per cent of elderly female household heads are tenants, whereas approximately 12 per cent of elderly male household heads are tenants. (the tables attached to this paper present data on dwelling arrangements and home ownership).

As I have just pointed out the overwhelming majority of eldery people live in private households. In its 1981 Handicapped Persons Survey, the Australian Bureau of Statistics identified 450,700 people over 65 as having handicaps, and of these 82 per cent live in private households and 18 per cent in institutions. Again age was significant. Of those aged 65-74 92 per cent of those with handicaps live in private dwellings while for those aged 75 and over 72 per cent of those with handicaps live in private dwellings and 27 per cent in institutions. (Table 2 below). Therefore, not only do the overwhelming majority of elderly people live in private households, the overwhelming majority of elderly people with handicaps live in private dwellings.

Two distinct policy arenas open up in the accommodation field. On the one hand are what might be called "closed care" policies, and these focus on structures, funding patterns and meeting needs in a comprehensive and congregate manner. On the other handare "open care" policies where the emphasis is not on supporting structures, but on supporting people to live flexibly. While a great deal of stress is placed, in closed systems on valuing independence, the reality is that organisationally flexibility is something that takes place only at the margin. There are two very different types of housing and accommodation policy and it is not always easy to distinguish conditions and problems, and identify working limits between the two types of policies.

Accommodation policies for elderly people in Australia are splattered across an expansive canvas and the majority players pop up all over the place with policies and regulations, constraints and limitations, aspirations and hopes. Accommodation policies for elderly people involve activity by all three levels of government, non-government welfare organisations (of whom about 6,000 in Australia are involved with the welfare of elderly people), private entrepreneurs, developers, and professionals, to name a few. At the Commonwealth Government level we have four main departments deeply concerned with accommodation policies for elderly people - Social Security, Health, Housing and Construction and Veterans Affairs. Several others are marginally concerned with these issues. It would be trite of me to list the various roles of the numerous State and local government involvements.

Some people like where they live, some don't. Some people can comfortably afford their housing, some can't. Some need better access to community services, some don't. Most live in private independent accommodation but around 100,000 live in institutions and a further estimated 150,000 (half as many again) live with younger relatives, usually adult children. Levels of dependency vary with income and mobility limitations, and with community formal and informal supports. Put all of that against a backdrop of a privatised, individualised, federal system, and accommodation policies border on the incoherent and incomprehensible.

The issues to be addressed then are what types of interventions should take place by governments to ensure appropriate and satisfactory accommodation for elderly people; for whom should intervention take place - independent elderly people, those needing some support, those heavily dependent?; what should the product be?; Given that costs will be involved, should buildings be subsidised? Most elderly people, at any time live in satisfactory and suitable accommodation, yet a substantial number either livein unsatisfactory housing or are highly vulnerable. Because of the high degree of vulnerability, governments cannot ignore the fact that accommodation after retirement has an undeniable place on the policy agenda.

When developing post-retirement accommodation policies four target groups are readily identifiable - independent elderly people, elderly people in need of some support, dependent elderly people, and those who provide care for elderly people. (I won't today touch on this last group).

People who have just retired find themselves at home a lot more and find that their social networks may have changed. If income has been reduced their greatest need is for housing that is affordable and which has low maintenance costs. As a target group for policy intervention not much attention is focused here as home ownership rates are very high and in general housing causes no major problem. There is a problem, however, for those who are not home owners and who do not rent from housing commissions. Perhaps the most urgent need among the independent elderly can be found in those renting in the private market. 9.1 per cent of households with elderly heads are private renters. Of elderly people living alone in private households 12.5 per cent, or nearly 50,000 are private tenants. These are among the most vulnerable people, and three quarters of them are women.

Elderly people who need some assistance can be supported to live in their homes often with simple and low-cost aids, minor adaptations to ease physical limitations, and certain basic communications equipment. In addition a balance of support services, both of a formal and informal nature can be constructed comprising, where appropriate, home help, meals on wheels, home nursing, home cleaning, handywork, gardening, shopping, meal preparation, etc. Sometimes the smallest amounts of these can made all the different between satisfactory and unsatisfactory accommodation.

When one talks about dependent elderly people there are different types of dependency which must be noted. Those having major physical or mental disability are frequently accommodated in some form of institution. The largest part of accommodation policy for elderly people has been concerned with institutional care. Debates have raged on the desirability of such accommodation, and on whether it is being administered effectively and efficiently.

The institutional aspect is only one part of the accommodation spectrum, but it highlights the full range of complexity - issues of equity, affordability, provision auspices, public/private provision, etc. There simply isn't the time today to discuss the enormous number of pressing issues in areas such as subsidies, funding, program grants, grading (Nursing home, personal care, hostel, etc), day therapy centres, provision for confused people, management support, nursing home, hospice and hostel approvals, patient rights, fee determinations, the 35 day rule, deficit funding, patient assessment etc., etc. These are the important areas which require careful policy attention and which need coherence. To discuss any one properly would keep us here for the rest of the afternoon and more.

In addition to the important issues raised by Mary Scott this morning, there are two important aspects to highlight in developing policies, in the "closed care" arena. First is the issue of dealing with an increasing population of patients with

dementia - a rate which increases dramatically with increasing age. As the numbers and proportions of "old-old" increase, so too will the incidence of dementia and that time is here, now, to put significant resources into experiments and options in flexible and comfortable living for these people.

The second aspect to highlight is the area of patients' rights. People in residential care should not have to accept second best, be deprived of ordinary comforts and have their lives beset with unnecessary restrictions. The Centre for Policy on Ageing in the U.K. has recently published a code of practice for residential care, covering social care, physical features, individual client groups and staff. (A copy is attached as Appendix B).

These small digressions into some of the issues in residential care highlight the diversity of dealing with accommodation policy. Not only is there an enormous array of issues in residential or closed care, there are numerous policy issues in dealing with the problems of the vast bulk of the elderly who live in private households. These issues include the funding of rate concessions, home maintenance, rental subsidies, upgrading programs, Housing Commission building and allocating policies - issues in "underutilisation" - should people who live alone in large houses be encouraged to move on? Who funds the choices that people make? In addition to those who live in private dwellings 25,000 elderly people live in caravan parks, 10,000 in boarding houses, and an unknown number in granny flats. Sometimes these housing conditions may become accommodation problems.

A third range of issues which relate to accommodation are those which provide support for elderly people at home - the full gamut of domiciliary services. These are provided to support people who wish to live in their own homes. If successful, the services will help keep people in a familiar environment, keep them out of more expensive institutional care and improve their quality of life. Services such as home help services, home nursing services and meals on wheels are provided under a wide variety of auspices - sometimes by government, sometimes by non-government non-profit welfare agencies, sometimes by commercial enterprises and sometimes by volunteers, neighbours, friends and family. We have done extensive work in the Social Welfare Research Centre on the mix of these issues.

It is very obvious then that there is no single list of issues or options called "accommodation policy". We clearly have different levels of operations and it is important to note the delivery auspices that have an impact on aged persons' accommodation. We can note four major systems which deliver services to elderly people.

First, there is the statutory system. This comprises government provided and operated services. They may be costly, but in their favour is the argument that they can provide on a universal basis - they are publicly supported by the majority of the population who are not in need, so that a minority of the population, who are in need, can receive services.

Second, there is the commercial system. There, services are bought and sold at a price that the market will bear. Apart from most housing, there are few pure commercial services - most medical and hospital services are subsidized, though at the top end, private nursing home and private nursing services have a commercial market.

Third, there is the non-government welfare sector - sometimes called the voluntary sector. This is a large and complex web of organizations varying in size, scope, activity and interest. It is too diffuse to be regarded as a unified sector. Our research has identified around 37,000 NGWOs in Australia, of which 6,000 deal with aged people. There are complex funding and service arrangements between NGWOs and government.

Fourth, there is the informal system of social care. The help and support that family, friends and neighbours give one another is so often just taken for granted that it seldom enters discussions of service provision. We have no way of estimating the extent of informal help, but we are presently conducting studies on family care of eldery people and on volunteer activity. Informal supports include provision of care in the home of dependent and disabled people, young and old; transfers of material resources within families; provision of advice and psychological support in coping with difficult situations.

These four systems, the statutory, the commercial, the non-government agencies, and the informal, intervene to provide supports, primarily to limit dependency. There are, of course,

important value questions about where the responsibility lies. Should individuals be responsible for their own health and welfare? How far must a situation deteriorate before government should step in? Should the state be primarily responsible for all risks? Should families care for their dependent members? What if elderly people have no family, or if their family does not have the resources to play the caring role?

What threads can we draw together? First of all our research indicates that aged people in the future will probably look more towards the formal system of care and less to their families. Many families want to look after their elderly relatives but they are not equipped to do so nor do they have the social supports they need. Social and demographic changes underline this clearly. We have seen, in recent years, a marked reduction in family size; changing incidence and attitudes towards separation, divorce and remarriage; complex changes in the position of women in industrial societies; and considerable geographical mobility. So as we move into a greater dependence on formal care (when the above factors are combined with changing morbidity and disability patterns) the real emphasis in accommodation policy will be on provisions which are first and foremost abundantly humane, and able to trade off issues of adequacy, equity and efficiency.

Three types of considerations must be analysed in the development of workable accommodation options. First there are considerations of equity. It is important to ensure that the cost burden is met equitably, that those without means are not excluded and that those with means are able to pay a share, and not have them inappropriately housed because a relative who may stand to inherit from an elderly person might not want them eating into capital. Also there are equity issues in ensuring an appropriate balance between those as the House of Representatives Expenditure Committee put it, "at home or in a home". Another important issues is equity between the sexes.

Second there are implications for allocating people to different care arrangements. It has been argued that a simple division between nursing care and hostel care is, in reality, too simplistic. Something in between seem warranted, and one could argue much the same at all the margins - nursing and hospice care - independent units and private dwellings, etc. These problems at the margins mean that there are major organisational obstacles in securing the kind of care that is most appropriate for the individual as well as being efficient in the use of resources.

Third there is a conflict of goals. Our federal system has, in the past, left the States to make the running on community care while the Commonwealth has picked up the tab for institutional care. The States have not been as forthcoming as has been required, and there is no incentive for them to make a great effort - a combination of the Commonwealth and

the voluntary sector picks up the pieces. The conflict of goals arises because there is no incentive to take initiatives. The situation has been highly residual. Perhaps we can look to a changed situation under the HACC program.

Survey work has shown:

- at any time, most elderly people do not have a 'housing problem'.
- the vast majority of elderly people wish to live in their own home, even if they have difficulties looking after themselves (or the home).
- government expenditure in respect of aged persons' accommodation is very much focused on institutional care, despite the fact that the vast majority of elderly people live in the community, as do a greater proportion of those with disabilities.

The key policy question relates to identifying conditions and problems and determining the most appropriate instrument of intervention and the most appropriate point of intervention to meet the various needs that emerge at various stages of the life-cycle. The dependencies of old age are usually chronic rather than transitional and may foreshadow continuing or increasing dependency. The dependencies are expected and accepted and by our study we hope to be able to provide more information on how these dependencies can best be dealt with in terms of the provision of support and services for family members and elderly dependent people.

In our society different needs are met by different support systems. The inter-relationship between statutory, commercial, voluntary and informal systems of care is not easily defined, nor is it in any way fixed. It is open for negotiation and rearrangement.

TABLE 1

AUSTRALIA'S ELDERLY POPULATION BY AGE AND SEX, 1961-2001

thousands

Year	65-74		75-84		85+		All 65+	
	Women	Men	Women	Men	Women	Men	Women	Men
1961	332.7	266.0	148.3	102.3	29.0	15.8	510.1	384.2
1981	501.3	445.5	253.2	155.8	73.8	27.6	828.2	628.9
1991	627.6	532.8	372.7	235.9	109.7	46.3	1110.2	815.1
2001	673.8	593.3	481.7	325.6	181.8	82.4	1337.3	1001.3
% increase :								
1961-1981	50.7	67.5	70.7	52.3	154.4	74.7	62.4	63.7
1981-2001	34.4	33.2	90.2	109.0	146.3	198.5	61.4	59.2

Source : ABS 1981 Census

ABS Australia's Aged Population 1982

TABLE 2

ELDERLY PEOPLE WITH HANDICAPS, 1981 :

PLACE OF RESIDENCE BY AGE.

Per cent

Living in.....	65 - 74	75+	All 65+	All people 5+ with handicaps
Private households	91.9	72.3	81.9	91.2
Institutions	8.1	27.7	18.1	8.8
Total	100	100	100	100
N. of people in each age group ('000)	220,400	230,300	450,700	1,264,700

Source: A.B.S. Handicapped Persons, Australia, 1981
Cat. No. 4343.0

TABLE 3

ELDERLY PERSONS, 1981 :

PLACE OF RESIDENCE BY AGE & BY SEX

Per cent

	65 - 74		75+		All 65+		
	Men	Women	Men	Women	Men	Women	All
Living in....							
Private households	97.9	97.6	91.9	82.8	96.0	91.8	93.6
Institutions	2.1	2.4	8.1	17.2	4.0	8.2	6.4
Total	100	100	100	100	100	100	100
N. of people in each age group	414.7	501.1	181.7	324.8	596.8	825.8	1,422.6

Source: A.B.S, Handicapped Persons, Australia, 1981.

TABLE 4

PERSONS AGED 60 OR OVER, 1981 :

TYPE OF DWELLING BY SEX

Type of dwelling	Per cent Males	Females	All 60+
Private dwelling	91.9	90.2	90.9
Non-private dwelling:			
Hospital, not mental (public & private)	1.5	1.5	1.5
Mental hospital	0.3	0.2	0.2
Nursing home	1.9	4.1	3.1
Home for the aged	0.8	1.7	1.3
Boardinghouse/private hotel	0.7	0.3	0.5
Hotel/motel	0.9	0.5	0.7
Caravan park	1.5	0.9	1.2
Staff quarters	0.2	0.1	0.2
Convent/monastery	<0.1	0.3	0.2
Other non-private	0.3	0.2	0.3
Total non-private dwellings	8.1	9.8	9.1
Total	100	100	100
N. of persons 60+ ('000)	888.7	1,140.4	2,029

Source: V. Staines(1984) based on 1981 census material

TABLE 5

PERSONS AGED 65 AND OVER 1981 : MARITAL STATUS BY SEX

Per cent

Marital status	Males	Females	All persons 65+
Married	74.2	38.4	53.5
Never married	7.5	8.2	7.9
Widowed	15.7	51.1	36.2
Divorced	2.7	2.3	2.4
Total	100.0	100.0	100.0

Source : ABS 1981 Census of Population and Housing

TABLE 6

PERSONS AGED 65+, 1976 : MARITAL STATUS BY AGE AND SEX

Per cent

Marital Status	Men		Women	
	65-74	75+	65-74	75+
Never married	8.2	8.2	8.9	11.2
Married	77.9	59.5	47.2	19.9
Widowed	11.6	30.7	41.3	67.3
Divorced	2.4	1.6	2.6	1.6
Total	100	100	100	100
N =	357,561	156,488	430,879	289,222

Source : H.P. Brown, Australian Demographic Databook, ANU, p.130

TABLE 7

PERSONS AGED 65+, 1979 : LIVING ARRANGEMENTS BY SEX

Per cent

Living Arrangement	Males	Females	All persons 65+
Living with family			
- spouse	70.3	35.6	50.2
- other family	3.5	8.9	6.6
- relative of family head	3.2	10.1	7.2
Not living with family			
- another person	2.3	2.3	2.3
- living alone	14.8	34.2	26.0
Living in an institution	5.8	8.9	7.6
Total	100	100	100

Source : D.T. Rowland, 'Living Arrangements and the Later Family Life Cycle In Australia', AJA 1982, Table 3.

TABLE 8

HOUSEHOLDS WITH ELDERLY HEADS, 1981 :

NATURE OF OCCUPANCY BY AGE

Per cent

Nature of occupancy (tenure)	65 - 69	70 - 74	75 - 79	80+	All 65+	All households
Owner	65.2	66.2	65.8	65.6	64.8	33.2
Purchaser	9.1	5.6	3.5	2.5	6.6	33.0
All owner/purchasers[1]	77.2	75.8	72.7	71.6	74.8	68.1
Public tenant (Housing Commission/Trust and other government agency)	5.9	6.1	6.1	5.5	6.2	6.3
Private tenant	8.2	8.8	9.7	10.0	9.1	18.3
All renters[1]	14.4	15.3	16.3	16.0	15.7	24.9
Other tenure n.e.i.	5.1	5.8	6.7	7.7	5.9	4.1
Tenure not stated	3.4	3.8	4.3	4.7	4.0	2.9
Total	100	100	100	100	100	100
N. of households in each category	304,610	239,514	157,068	123,196	916,683	4,668,907

Source: A.B.S. 1981 Census Table 87

1. These totals include some households who did not specify the nature of their tenancy or whether they were owners or purchasers.

TABLE 9

STRUCTURE OF DWELLING BY AGE OF HOUSEHOLD HEAD, 1981

Per cent

Structure of dwelling	0-54	55-64	65-74	75+	All households
Separate house	71.5	77.3	71.1	54.8	71.1
Semi-detached house	2.5	2.6	3.5	2.7	2.7
Row/terrace house	1.1	1.0	1.2	0.9	1.1
Flat	13.7	11.4	15.6	17.5	13.8
Other	0.6	0.4	0.4	0.4	0.5
Not applicable	9.3	6.2	7.3	22.8	9.6
Not stated	1.4	1.1	1.1	1.0	1.2
Total	100	100	100	100	100

Source : G. Hugo (1984), Ageing of the Australian Population, Table 49
Based on 1981 Census data.

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