

**The Housing Circumstances and Preferences of Elderly
Australian Veterans and War-widow(er)s**

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ABSTRACT

This study set out to re-examine some of the assumptions behind Australia's current housing policies. It is the first empirical Australian study which specifically addresses the housing circumstances and preferences of veterans and war-widow(er)s. Around 23% of Australian males and 7% of Australian females aged 65 or over are veterans or war-widows.

In the literature review two key policy issues were identified - caring for older people at home and the need to provide them with greater housing choice. Reference is made to Troy's argument that choice is not the issue it has been made out to be and that there is an urban consolidation agenda behind current housing policies.

The study made use of both qualitative and quantitative methodologies. These comprised interviews and focus groups as well as a major survey, preceded by a pilot study. The main survey questionnaire was sent to 1,000 veterans and war-widow(er)s throughout Australia. There were 685 responses coded, giving a return rate of approximately 70%. In addition spouses and partners of the veterans surveyed were sent a separate questionnaire to ascertain if there were any marked differences between the attitudes of veterans and their spouses/partners towards their housing. There were 156 replies.

The surveys sought detailed information on housing circumstances, including data on home satisfaction, the desire to move or not to move, and the 'perfect' home both for now and for the longer term. The results confirmed that the great majority of older veterans and war-widows do not want to move. A majority are living in their own separate houses and are 'perfectly happy' with their accommodation, with affordability being a particular feature. Problems identified which could eventually make moving a necessity if assistance were to be unavailable include the size of the garden, maintenance problems, ill health and the size of the home.

The thesis proposes some housing policy initiatives that could be taken by the Department of Veterans' Affairs to assist older veterans and war-widows.

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Thanks to my wife Geraldine and my family for their support and to my sister Elaine and brother-in-law, Geoff.

Dedication

This thesis is dedicated to my parents.

The venturers

As we look from above, we can see them being taken
by the outgoing tide, the ceaseless waves moving them
ever onward to the unknown.

Look, there is a mermaid singing about her finery.

But the venturers know not to covet.

They know what they are

and are happy with what they have.

Here a dolphin offers some help, and now some more.

Here some are tiring and making their preparations,
before quietly sinking to the azure castles beyond.

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List of Abbreviations and Special Names

- DVA *Department of Veterans' Affairs.* The Department services the Repatriation Commission and is responsible to the Minister for Veterans' Affairs.
- Veteran *A person entitled under the Veterans' Entitlements Act to receive benefits at the expense of the Repatriation Commission.* When used with the term 'War-widow(er)', it means an entitled male or female person who served in the Australian Forces, but because of the small number of female veterans, the term is commonly understood to mean a male veteran.
- War-widow *A female whose spouse's death was accepted as service related, or he was a T&PI or a Prisoner of War.*
- War-widow(er) *A male whose spouse's death was accepted as service related.* Because the spouses of female veterans whose death has been accepted as service related may also receive the War-widows' pension, the thesis uses the term 'War-widow(er)' throughout for the sake of precision. In fact there are only a handful of War-widowers (ie only 129 war-widowers out of a total of the 99,731 in receipt of the War-widow(er)s pension in March 1998). The reader may safely assume in examining the results of the study that War-widow(er) statistics cover a female population.
- T&PI *A veteran whose war related disabilities have been assessed by the Repatriation Commission as being at a level at which he or she is totally and permanently incapacitated.*
- Treatment eligibility *Eligibility for health care at DVA expense.*

Chapter 1

Introduction

This thesis is about the housing and the elderly, with a special focus on older veterans.

Before beginning the thesis, I think it will be useful for the reader to understand why I have become interested in this topic.

In explaining my general interest, I draw on my own experiences, believing them to be representative of common experiences. In doing so I am aware that much of the literature on housing and the elderly comprises the individual stories of older people, upon which the writers have drawn conclusions based upon the similarity of experiences.

The chapter leads on to explain the specific interests and policy concerns, to outline the research subject, the aims and objectives, and to present the research hypotheses.

1.1 From where does the writer's interest in housing for the elderly derive?

a) personal experiences

In 1993 my mother died alone in her two bedroom town house just up the road from me. The last few years of her life had been rather lonely, with my father, suffering from Parkinson's disease, being in a nursing home, after a long period at home as a semi-invalid. My mother, who had worn herself out trying to look after him, found separation very stressful.

My sister and I had spent many weekends trying to get both parents out of their conventional three bedroom home in a Canberra suburb, to which they had moved some ten years before from a country town. The house was too large for them to look after any more, and we considered a retirement village would be more appropriate for them at this stage in their lives.

My father eventually had to go into a nursing home out of necessity, after a few falls and late night calls to us for assistance. With the maintenance of the house, including a large garden, creating increased stress for my mother, it became apparent to us that things had to change, though not so apparent to my mother. Her home was in a suburb remote from the suburbs in which my sister and I lived, and to help her maintain the house also created strains for us. I had my own family responsibilities and found looking after her garden as well as mine, a worry. Mum had to drive her car quite a distance to the nursing home, which she did at least several times a week. Her driving concerned us, especially as she had a couple of minor accidents.

The 'moving' saga dragged on, with a couple of moves to a retirement village almost coming off. One problem was Mum's desire that the unit be suitable for my father also, so she could have him living at home again. We were disappointed to find that the toilets in retirement villages and even bedrooms and kitchens do not always provide for easy wheel chair access. After one particularly frustrating weekend of showing Mum units yet again, my sister and I said we were giving up. However, in an inspiration, my mother managed, by herself, to find a two bedroom town house. This delighted us all a great deal. It was close to where I lived so that she could easily drop in to see us and also enjoy visits from her grand children. The nursing home was closer than before, though not on a regular bus route, so the driving had to continue.

Every now and again, Mum would become determined to bring Dad back home to the new unit, but a couple of trial weekends away from the nursing home proved to be far too much for us all. There were some desperate phone calls in the middle of the night to help pick my father off the floor of the toilet, onto which he had fallen from his

wheel chair. The unit was not designed for an invalid. Wheel chair access to the toilet was impossible and it took all my strength to get him in and out of the toilet and, for that matter, into my car and then into the house. The unit certainly had nothing like a 'Medi-alert' system. Little support could be expected from the 'community' as the neighbours, mostly younger office workers, kept to themselves and were absent most of the day.

My mother managed to arrange for rails to be fitted in the toilet, through the ACT equivalent of the PAD scheme, which made a minor improvement to access, but she found it difficult to arrange other assistance. 'Meals on wheels' could be arranged, but my mother, being of rather independent spirit, considered that meals on wheels was for the poor people, and didn't like the meals anyway. She found it very difficult to obtain any other assistance, especially when she tried to have Dad over for the weekends, as the ACT resources for home support seemed to be very stretched. A 'visitor' was arranged, which my mother enjoyed to some extent, but she found the visits rather tedious after a while, as the person was obviously just putting in the time, and couldn't be a real friend. She was reluctant at first to go to the local community centre for 'day care', but did get some pleasure out of it eventually, though she was not always well enough to go.

She had various bottles of pills which she was supposed to take each day, but down played any concerns we may have felt about her ill health. One of the consequences of the move had been that she had had to find a new doctor. The new doctor was not one with whom she felt comfortable, and so she did not see him very often. In the event, we were unable to find out much about what was really wrong with her. Meal preparation and eating in general became a problem for her and her health got worse. Loneliness turned to depression, and unfortunately this made it more difficult for us - for example I would feel terribly guilty if I didn't call in every night, but at times it was hard work!

The unit was large enough for visitors, and Mum being Mum would throw herself into looking after interstate visitors to Canberra, who would have no appreciation that after

their week's visit, it would take her a month or so to fully recover from the effort of playing hostess. It was too easy for us all to think that Mum would be able to carry on indefinitely in her usual role, looking after everyone else.

At this stage, we saw that something needed to be done urgently and managed to persuade her to go into a hostel on respite. We also actively pursued the idea of her going into the hostel as a permanent resident. However, after the respite, my mother felt much better and thought she didn't need to go back, despite having been assessed as a hostel patient. Eventually, after her health had slipped again, she came to appreciate herself that it really would be a good idea to go into the hostel. She felt tired out. By this stage, however, the entry price had gone up so much that she would have had little, if anything, left over when she sold the house. She was very reluctant to make the decision in these circumstances.

The outcome, in retrospect, was inevitable. She died alone one cold winter's night. When I found her, she had been dead a couple of days.

My father lived on for a couple more years, though you would hardly call it living. He was in with the 'OLD old' residents who were mostly in very poor health indeed, and there was not much communication between them. They mostly just sat in their chairs or lay in bed. There was little activity for them.

In general the nursing home was very good, though we felt anger at times at what we perceived were staff neglect and casual care, mostly after my father fell and broke his hip and was then considered too old for an operation, until we intervened after ten days of pain. He hated the life, but put up with his circumstances stoically, only occasionally making a quiet joke about a particular 'demon' nurse. To describe his ward as the twilight zone, where people were being stored until their tired, drugged bodies and minds both finally gave up, would be no exaggeration. My father finally gave up in late 1995. It took less than two minutes for us to remove all signs of his existence from the ward in which he had spent about five years, his downcast room mates trying to avoid our gaze as they waited for their inevitable breakfast.

This may be a typical story of people ageing and dying, but the whole process was made more difficult with concerns about appropriate accommodation, difficulties in finding it, and difficulties in getting 'home care' services to remain in the home longer. In talking to others, I have found that many have had similar experiences. For example:

- the father in law of a relative, who was renting a single bedroom third floor Housing Commission unit with his wife in the eastern suburbs of Sydney, became immobilised and then asked if he could move to the ground floor. He needed an extra room for storage of medical equipment and for a carer to stay over on occasions. He was told the ground floor unit, which had become vacant, could not be made available to him as it had two bedrooms. He was also told he would have to move to the western suburbs to get a two bedroom unit. The end result was that he went into a nursing home.
- the mother of a friend recently moved into a retirement cottage. She had outlaid around \$120,000 to get in. Because her daughter moved away from Canberra, she also chose to move. However moving out of the cottage cost her some \$30,000.
- a doctor friend told me that one of his patients needed to move out of her large family home in Canberra for health reasons, and he encouraged her to do so. She didn't have quite enough money to move into the retirement village she would have preferred, and had to move into other aged accommodation, mainly occupied by elderly male veterans, although she is not a veteran herself. She had to pay the maximum entry fee on account of being just over the assets and income test threshold. She is quite unhappy there, one reason being she is not allowed to keep her pet cat.
- a solicitor friend says she has many stories of elderly people being taken advantage of by real estate agents, and of the unsatisfactory financial arrangements in a number of retirement villages. She says some elderly people become so terrified that they are going to be robbed, that they end up not being able to make a decision at all and stay

where they are until there is no choice left for them. One lady who moved into an 'up-market' retirement village does not like the life at all but to move out would cost her a very substantial amount of money. She has no choice but to stay.

- For two or three years I wondered why a large brick home on a corner in a suburb near where I live was being allowed to deteriorate. The first sign of neglect was broken ridge capping and roof tiles, but as time went on, windows including large bay windows and external doors were smashed. In time it was increasingly obvious from the street that the interior of the house, including walls, had been extensively vandalised.

Later I learnt that the occupant, who had been suffering for some time from dementia and had continued to live in the house while all the damage was being caused, was moved out following social worker intervention. The house has now been sold and repairs carried out.

Though, in the words of a recent Prime Minister, "life wasn't meant to be easy", my experiences and those of my friends and relatives made me feel a need to explore whether it could be made easier for the growing army of elderly. How can their needs be better met? Certainly it seems obvious that the health and social needs of the elderly cannot be separated from their accommodation needs. Are our current strategies to meet these needs appropriate?

b) my employment

I currently work for the Department of Veterans' Affairs (DVA) and have become very aware of the changing needs of its ageing client population and of the linkages between health and housing. My position in the Department provided me with the opportunity to examine these linkages, and the Department agreed to sponsor my research in this area.

I will briefly explain the Department's interest, before stating the focus of the research and its value.

DVA's housing functions

The Defence Service Homes Corporation, now managed by a Section within DVA, has for many years provided veterans with cheap housing loans. However with the ageing of the veteran population, the need for new housing has largely passed, and so the Housing Section is examining ways of meeting the changed needs. Already loans are being provided to veterans who wish to carry out renovations or enter retirement villages, and the Department is entering into joint ventures with community organisations to provide hostel accommodation.

DVA's health care functions

In addition to paying pensions, the Department also has a statutory obligation to meet the health *and* social welfare needs of veterans and their dependants.

While the Department spends around \$1.7 billion a year in health care, which excludes benefits available to veterans under the Home and Community Care Scheme (HACC), it is beginning to look more closely at the linkages between health and appropriate housing.

1.2 Broad aim of this research

My readings and inquiries suggested that while there has been research into the housing needs of and housing choices open to the aged, there is room for a great deal more. Indeed with an ageing population, there is a pressing need for much more information on which to base our planning.

An assumption I considered needed further exploration was the assumption that most people want to remain in their own homes, and assumptions about the benefits of home help services in this regard. The Department of Veterans' Affairs has estimated that around 90% of aged veterans live at 'home' and has implemented strategies to allow them to remain in their own homes for as long as practicable. I wondered

whether 'home help' services were in fact propping up some people who would be better off moving. I also wondered if people were saying they did not want to move because of a perceived lack of non-institutional as well as institutional accommodation options.

It would seem important for such questions to be addressed before the Department can make proper judgements about, for example, whether to fund some expensive home modifications. There have been several instances where the Department has been asked to provide in excess of \$100,000 for a lift so a veteran can continue to remain at home. There have also been more than a few cases where the cost of recommended bathroom and/or kitchen modifications have been costed at more than a home may be worth. In 1996 the Department was asked to provide special bathroom facilities for an elderly veteran amputee living in a caravan park who could not easily leave his caravan at night to go to the public ablutions and toilet block.

All social welfare departments have to address such questions. However while strict rationing of resources can be undertaken more easily in other social welfare departments, DVA's services are very much entitlement driven and it is not as easy to draw the line, especially where such requests have been supported by medical or allied health professionals. It may be more cost effective as well as better for the client in the longer term to make greater use of the available resources to assist them to move into more suitable accommodation.

On the other hand there are assumptions being made about older people being better off moving, whether by pressure from well meaning relatives, or by planners. The latter see the elderly as living lonely lives in large, old homes in need of repairs and maintenance. Their homes are often in areas remote from shops and services and without public transport. It has become folklore that there are many old grannies in declining health and poor economic circumstances hanging on grimly to their castles in well to do or formerly grand suburbs. They would be better off moving and this would enable their large homes to be redeveloped for younger families.

Policies based on these assumptions have significant social impacts and resource implications. The broad aim was to examine them and to look at some of the policy implications.

1.3 Objective

The objective of the study was to obtain research data that can be used to evaluate the validity of the above assumptions and so to support or to question current planning.

Because of the particular interests of the researcher, the research would have a veteran focus. While the findings will have direct relevance for those developing housing policies for older veterans and war-widow(er)s, they will have a broader relevance as the housing needs and preferences of older veterans and war-widows are unlikely to be much different from those of their non veteran peers in the community.

Questions that arose for the researcher at the outset were:

- Do most older people (in this research, veterans and war-widows) really want to stay on in their own homes?
- Would they be better off moving and would this be a better solution for them and a more cost effective one for the community?
- Are they remaining where they are because they perceive there are few alternatives, and those that are available, such as nursing homes, are unattractive to them?
- What other barriers are there that prevent them from moving?
- If many, in fact, would like to move, to what type of accommodation would they want to move, assuming any barriers to their moving could be removed?
- Are there any differences in attitudes between husbands and their spouses?
- Why do people move?

In order to address these questions, it would be necessary to explore the current housing circumstances of older people in order to obtain:

- their perceptions of their current housing situation, their understanding of their housing preferences and perceived options both now and for the future;
- their feelings about moving or not moving; and
- the impact of factors such as type and condition of the home, location, financial situation, age, gender, health and the availability of support services on the decision to move.

In undertaking research into these matters, a number of research hypotheses were proposed.

Hypothesis 1

- that the great majority of elderly veterans and war-widows want to continue living in the homes in which they have spent a great part of their lives; and
- they want to continue living in the homes in which they have spent a great part of their lives, even if their accommodation is no longer suitable for their needs.

Hypothesis 2

- that individual circumstances vary greatly but for the great majority of older people, the conventional “separate” house can provide suitable accommodation for most or all of their lives.

Hypothesis 3

- that moving can be a very negative experience for older people. The stress involved in moving is a major transaction cost which may prevent them from moving in the first place, or, if they do move, make it an experience they do not want to repeat.

Hypothesis 4

- that while older frail people may want to continue living at home, many will eventually move to more supportive housing.

1.4 Structure of the thesis

This chapter has introduced the thesis by outlining the author's interests and motives in undertaking this research and its aims and objectives.

Having established the research agenda and listed the hypotheses for the research, the next chapter (Chapter 2) will provide a review of the literature relating to housing and the meaning of home, and specifically on housing for older persons, and then discuss some of the key issues.

Chapter 3 will detail the research methodology, while chapter 4 will provide background information on veterans, the role of the Department of Veterans' Affairs and its policy interests in housing matters. Chapter 5 will provide an overview of the survey results and Chapter 6 will discuss the survey results in detail, against the research hypotheses.

A summary, conclusion, policy suggestions and ideas for further research will be provided in Chapter 7. An appendix will include detailed information such as the results of focus group meetings, further tables to support the research findings and copies of the survey questionnaires.

Chapter 2

Literature review

2.1 Introduction

In 1861 just one per cent of Australia's population was over 65 years of age. By 1991 this figure had increased to 11.3 percent. This figure is expected to grow to 22 percent in 2041. (Rowland 1991:18) ¹

However, not only has the proportion of old people increased but there is a change in the nature and duration of illnesses that the frail and elderly experience.

'In times past, a person's final years were characterised by a modest and gradual decrement in the general ability to carry out they usual activities of daily life. Then when a major illness did occur... the outcome was almost always fatal. The frail elderly can now live for much longer periods of time in the presence of extraordinary frailty and disability. Their care may go on not for just a few months or even a year or two but rather for many years or even decades.'
(Bogdonoff 1991: 3-4)

McCallum (1997:72) calls this the substitution of morbidity and mortality. As the health problems increase, they will need further care and assistance and may eventually find that their homes are no longer suitable.

The DVA Client and Carer Survey revealed that veterans and their carers had some significant health problems. (McNair 1993) While one might have an expectation that

¹ See also: Conference paper by Professor Peter Saunders, Keynote speaker 'The population profile to the year 2010 and its social and economic impact on Australia' National Conference - Housing an Ageing Society: The Challenge Ahead. Sydney 8-9 May 1996.

their health problems would be worse than that of the general community on account of the effects of war service, seen against Australian Institute of Health and Welfare survey findings cited by Sax (Sax 1993: 51), their health problems are similar to those of their peers in the community. ²

Table 2.1

DVA Survey of Clients and their Carers (undertaken by AGB McNair 1992):

Health disorders

Vision problems corrected by glasses	63%
Arthritis	55%
Deafness (complete or partial)	43%
Back disorders	33%
High blood pressure	33%
Bronchitis/Emphysema	24%
Varicose veins/haemorrhoids	19%
Nervous disorders/anxiety state	19%
Sleeping problems requiring medication	19%
Dermatitis	15%
Cancer (variety of types)	12%
Foot problems that affect mobility	12%
Memory loss	11%
Other eye disorder/disease	10%
Gout	10%
Cataracts	9%
Blindness (variety of types)	9%
Recurrent severe headaches	9%
Diabetes	8%

The survey showed that while most people (76%) are independent; 19% are not independent but can cope for some time alone and 6% cannot cope alone at all. As

² See also similar data for the US. W Edward Folts and Dale E Yeats eds. Housing and the Aging Population: Options for the New Century, New York, Garland Publishing 1994: 17)

the veteran population ages, their dependency will increase, and hence their problems in coping in homes which may not be suitable for older people.

2.2 How are older people accommodated?

Home ownership in Australia

It is increasingly acknowledged that older people wish to remain in their own homes for as long as possible and not move despite the health and other problems associated with old age. To obtain a broader understanding of why older people may wish to remain in their own homes indefinitely, we need to link this together with the high level of home ownership among elderly people in Australia.

Sax, citing Kendig, says that more than three quarters of the elderly in Australia are home owners. Among the non-home owners are those who were home owners but have realised on their assets and moved in with relatives or into other supportive facilities. 'Those who have never been home owners tend to have had low incomes for most of their lives.' (Sax 1993: 24)

Sax notes that home ownership is a mechanism for storing wealth from working years and so maintaining an adequate standard of living in retirement. In addition to low housing costs and security of tenure, home ownership confers a sense of pride and achievement. Not only are elderly owners incomes higher than those of renters and boarders, nearly two thirds of them still live with their spouses compared to only a third of renters and 10% of boarders. (Kendig cited in Sax 1993: 26)

While appropriate housing includes such characteristics as the physical quality of the housing, its location, its access to employment and services, the physical safety it

provides and the mechanism through which it is supplied and managed, affordability and appropriateness of housing are very closely linked. Hence groups constrained in their access to affordable housing, which would include many old people, are also constrained in their access to housing that is appropriate. Elderly renters suffer more financial disadvantage than public renters and are much less satisfied. Only 50% of private renters are happy with their tenure and of those income units in housing stress, 60% are private renters. (Department of Housing and Regional Development 1993: 31, 64, 69)

One might then expect that older people living in their own homes or paying them off, may see no advantages in moving. Against this background, Kendig's finding, cited in Sax, that only 3% of older persons move each year, is not unexpected. (Sax 1993: 20) Howe reported that around 25% of the population aged 65 years and over had moved in the last five years. (Howe 1992: 69)

Extent of home ownership

According to Howe,

'the great majority of persons aged 65 years or more, some 90%, live in private dwellings, whether as owners or renters. Those in non-private dwellings are divided amongst nursing homes, (4.4%), hostels, 2.4% and other sheltered accommodation including boarding houses, 3.2%. About 5% of old people are public tenants in private dwelling and 7.5% are private tenants. ... The proportion of old people living in family households changed from 76% between 65 years and 69 years of age to 42% after 80 years of age.' (Howe 1992: 18)

A 1994 Department of Veterans' Affairs survey of 2,644 veterans and war-widows in receipt of health care benefits provided very similar figures for the veteran community. The survey showed that most veterans live in their own home, and only small numbers live in nursing homes, hostels and retirement villages. The figures are:

Table 2.2

DVA Survey of Clients and Carers (1994):Housing type

Separate house	74%
Semi detached house	5%
Flat or apartment	11%
Caravan or mobile home	2%
Boarding house	0% *
Hospital	0% *
Hostel for aged, disabled	1%
Nursing home	2% #
Retirement village	3%
Other	1%

With regard to nursing homes where the number of the veteran patients increases rapidly over the age of 80, it should be noted that the figure of 2% may be understated. The response to the questionnaire from patients in nursing homes may not have reflected their real numbers.

* Minimal result due to the relatively small sample size.

The survey also showed that 18% of men and 75% of women lived alone. While 28% of those surveyed under 65 years live alone, 65% of those aged 85 and over lived alone. We might expect the statistics for women to be higher than the Howe statistics because of the large number of war-widows in the veteran population. (Department of Veterans' Affairs 1994 a)

With such large numbers of older people including veterans and war-widow(er)s living in the conventional house, it is important to ascertain the extent to which this kind of accommodation can continue to meet their needs.

2.3 The significance of housing - what is 'home'?

Any discussion of what is appropriate housing for the aged or indeed any serious housing policy research needs to examine what a home is and what it means.

An examination of what home means necessitates crossing disciplinary boundaries to derive connections to gain an understanding. The disciplines include philosophy, anthropology, psychology, sociology, architecture and history. The concept of home is a subject being specifically addressed in a cross-discipline called 'Environment-Behaviour Studies.' (Saile 1995: x)

The meaning of 'home' (or 'there's no place like home')

'Home' can have many different kinds of meaning in different cultures and environments. In his discussion of the various contributions, Benjamin says that the home is a name for a category for phenomena that are at once both 'concrete and abstract'.

'As a framework, the home is a physical and abstract structure within which we conceive of and interpret both domestic life and activities outside the home. It is thus a nearly total frame for our early development and later life that members of distinct cultural groups create.' (Benjamin: 1995)

According to Brink, the western home is a physical and/or psychic area and place where one lives, and where one has an emotional, often profound and affectionate relationship to this place throughout the lifespan. (Brink: 1995)

Rapoport cites Hayward's research (Rapoport: 1995: 34) in which it is suggested there are nine attributes of the dimensions of a home. In order of importance these dimensions are:

- 'as a set of relationships with others;
- as a relationship with the wider social group and community;

as a statement about one's self-image and self-identity;
as a place of privacy, and refuge;
as a continuous and stable relationship with other sources of meaning about the home;
as a personalised place;
as a base of activity;
as a relationship with one's parents and place of upbringing; and
as a relationship with a physical structure, setting, or shelter.'

While agreeing that there is some consensus in the literature about these attributes, Rapoport (1995: 34) takes issue with attempts to arrive at a tight definition of 'home'. He argues that they reflect confusion between the object and the relationships with it. The various dimensions/categories described could equally be applied to other concepts including dwelling, primary setting and social networks. 'At issue' he says 'is a set of relationships with fixed, semi-fixed and non-fixed features of the environment.' That is, there is a two way interaction between people and environments. (Rapoport 1995: 49) Hence there is a link between the concepts of 'home' and 'place'. 'Home' becomes a special kind of 'place'. Both can be studied in the same way 'by identifying particular settings with certain attributes, characteristics and ambience and defined by systems of activities.' (Rapoport 1995: 45)

Rapoport's linking of the two concepts enables us to better appreciate that the relationships between people and home or place can be different for different groups at different times. They can be highly variable and changes over time can include cultural change, lifestyle changes and changes in ideals and images. (Rapoport 1995: 46) At any one time, different groups may have different evaluations of the same houses, depending, for example on their need for a stage for social performance or for the atmosphere for private family life and domesticity. (ibid: 46)

This is a useful point to note here, since it can help us to appreciate how evaluations by older people of their homes can change over time. When the family moves out or a spouse dies, 'home' may not seem like home any more.

Thomas Wikstrom, (1995: 279-281) writing about home and housing modernisation, discusses the notion of rootedness to a home. He says a home protects people from the outer world, defines a space of their own, provides a place to undertake the tasks of daily life and connects them to their neighbourhood. The sense of home, the atmospheres, sentiments and emotions, are, however, things that people carry with them. 'Home' may be living happily with a beloved wife or husband, the smell of cooking or the feelings when one approaches one's house. 'Feeling at home is when you're the one who decides the strength of your coffee.' (Wikstrom 1995: 274, 280)

Wikstrom argues that in this time of rapid change and mobility, a person needs more than a house or a flat. He needs to know how to dwell. He needs a centre where he is rooted in space, but he must have an inner freedom that makes him strong enough to survive the loss of a home and make a new one. The atmospheres, sentiments and emotions can be re-created. (Wikstrom 1995: 280)

Dovey equates homelessness with 'placelessness,' which is association with no particular place:

'The dream of the modern movement in architecture and planning was that technology and industrialised housing would be able to provide high quality housing for everyone, mass produced in high-rise blocks set in a garden landscape. Housing was regarded rationally in terms of universal requirements, applicable internationally and cross-culturally. The house was conceived as a 'machine for living in', a piece of technology. The result, we have since learned, was homelessness.' (Dovey 1985: 59)

If valid, this would provide an explanation for the apparent reluctance of many older people to move into such settings.

The Australian cultural model of home

Setting aside Rapoport's problems with the attempt to define 'home' and his argument that the various attributes of 'home' can be equally be discussed in terms of house and dwelling, it is interesting to note Thorne's Australian cultural model of home. He argues that the meaning of home in Australia is intimately related to home ownership, but apartments or flats are not considered the same as 'home'. Home is a particular kind and style of house one can own which gives security, pride of ownership and the freedom to modify. (Thorne 1986)

Australian historical perspectives

The importance of cultural values and social aspirations in the creation of the Australian model of home has been described in Australian housing histories written by Robin Boyd and John Archer.

Robin Boyd's history of the Australian home emphasises the importance of social aspirations in the development of our current housing stock.

'Australia is the small house....The nation was built on the principle that for every family there should be a separate house and for every person there should be a separate room. ...Ownership of one, in a fenced allotment, was the unquestioned goal of the average Australian, as inevitable as marriage. The Australian town dweller scrimped and saved for it, and fought two World Wars with it featuring strongly in the back of his mind.' (Boyd 1987: 3)

'The house was the only kind of residence Australia seriously contemplated. It was said that flats were for foreigners. The Australian demanded his garden and his privacy' (Boyd 1987: 227)

'The suburb was the major element of Australia society. In 1947 around 93% of both Sydney and Melbourne residents lived outside the city in the vast ring of suburbs.' (Boyd 1987: 4)

The great majority of older veterans and older Australians generally, are from the era that Boyd has written about and shared the same social dream.³ That many may not want to give up that dream would come as no surprise.

John Archer, in his history of the Australian house, claims that:

‘Modern homes are more than mere shelters; they are extremely sophisticated, complex and expensive status symbols whose importance is often exaggerated.’
(Archer 1996: 3)

Archer’s message is that we are all concerned, to a greater or lesser degree, with status and our esteem in society. Taking this further, we could postulate that if in moving out of an overly large home a person would pay a heavy social price, he or she might decide that putting up with some of the drawbacks of that house may be a lesser price to pay. Similarly, to move from a house in a very bad state of repair that is nevertheless owned and has a yard, might not be an easy thing to do.

In relation to the significance of housing for older Australians, a qualitative study supported by the Commonwealth’s Ministerial Council uncovered an intense depth of meaning of home among older home owners. For many their home encapsulated their sense of self, independence and even sanctuary. Kendig and Gardner commented that:

‘After retirement the home can be especially significant for maintaining identity and social standing and as a base for daily life.’ (Kendig and Gardner 1997: 175)

³ See also Anna L Howe, ed., Towards an Older Australia: Readings in Social Gerontology. St. Lucia University of Queensland Press 1983:1.

2.4 The suitability of 'home' for older Australians

In considering the suitability of the home for older Australians, it is necessary to look at the needs issues which lie behind assessments of suitability.

Meeting of human needs

The sociological literature describes a hierarchy of human needs, in, for example, works by Bay (1977); Marcuse (1964) and Maslow (1954). People are motivated to behave in certain ways in order to satisfy their various needs. There are some basic human needs: for example, for food, safety, security and shelter, and there are higher level needs of a more social nature, such as a need for companionship and social approval.

Social anthropologists focus on the extent to which cultural conditioning shapes these needs and our behaviour, though they have differences of opinion about whether there are basic energy sources driving us towards the meeting of our higher level human needs or whether cultural conditioning largely shapes the way we behave. This is the 'nature versus nurture' argument so well presented by playwright David Williamson, in his play about Mead and Saunders, 'The Heretic'. (Williamson: 1996)

Anthropologist Roy D'Andrade provides quite a balanced view. He argues that human motivation depends upon goals (ie for a 'goal schemas' approach).

'I believe most upper level goals.....for most people are multiply determined and that the idea that there must a small number of basic or ultimate energy sources is wrong. In the usual case, most individuals learn to want to do things that are normal cultural goals by the ordinary experience of seeing admired others do these things, receiving approval for doing them oneself, and experiencing a variety of intrinsic gratification by doing them and as a result of doing them.' (D'Andrade 1995: 239)

Applying this to housing and to homes, we might postulate that since through our social welfare system people in our society are now largely able to meet their basic physical survival needs for shelter and protection from harm, their housing aspirations and choices largely reflect their cultural goals and individual social wants. This was raised above in the earlier discussion of the history of the Australian home.

While there is considerable cultural and social uniformity in Australia, care still needs to be taken not to make easy judgements on what may or not be 'suitable' or 'appropriate' housing for all groups and individuals in our society. There have been many mistakes made through ignoring this, with some of the past Aboriginal housing solutions (conventional 'white fella' homes) being a prime example. (Harrison 1997: 124-125)

What might constitute suitable homes for elderly Australians?

Hayward's criteria for a home (Hayward cited in Rapoport 1995: 34-35) were listed above. Other theorists, including Despres, (cited in Rapoport 1995: 35) have developed similar criteria. The author has taken note of these, as well as the literature on housing needs in the National Housing Study Reports in developing some specific criteria which could be used as a check list in assessing the suitability of older Australians' homes. No doubt the check list would have a more general application to non-Australians as well.

'Home' criteria

In the opinion of the author, a home for older Australians needs to:

- be conducive to good health;
- provide safety and security including security of tenure;
- by its location allow older people to maintain and extend their social networks;
- permit easy access to services including shops, recreation facilities, health care providers, other community services including churches, and, if they are still in employment, to their place of work;
- provide accommodation that is affordable, comfortable and in good condition;

- provide privacy and freedom from stress, which could include the stress created through having bad neighbours;
- be designed so that it is neither too big to look after, nor too small for comfort, and is relatively easy to keep clean;
- provide proper access to those who need wheel chair access, and does not have features such as steps, sharp edges and slippery floors or paths;
- have adequate heating and, as necessary, cooling, and all the normal facilities required for everyday living such as safe and effective cooking, laundry and toilet facilities;
- have the amenities that particular individuals desire, which could range from a manageable garden, a place for a dog and the grand-children to run, room to keep some chooks or to build an aviary, a work shed and a garage for the car and the caravan; and
- provide the occupant with sufficient flexibility so that he/she should not be faced with a move in the immediate future, while at the same time, not locking them in to staying when they need to move for financial (eg unsaleability) or other reasons (eg family pressure to keep the family home).

Similar ideas may be found in other publications.⁴

Earlier in the discussion of human needs the author warned of the need to be careful in making judgements as to what constitutes a 'suitable' home. Certainly a suitable home for older people need not be a house. It may be a privately rented flat, a Housing Commission house or flat, a private house or flat, a caravan or mobile home.

On the other hand, looking at the conventional suburban bungalow against the criteria might explain why it can continue to meet the needs of the majority of people until well into their old age, and even until they die, particularly if home care and other services are available. A move to some alternative form of accommodation such as a flat or unit may seem illogical in such circumstances, particularly if there is the danger

⁴ A good place to live Report on the consultation: Housing choice for Older People held Housing Strategy: The Housing Needs of People with Disabilities. Discussion paper prepared by Sach and Associates Hawthorn AGPS Canberra 1991.
The complete guide to barrier free housing: convenient living for the elderly and physically handicapped. Gary D Branson Betterway publications White Hall Virginia 1991.

of 'placelessness' or 'houselessness' (Dovey 1985: 59) as a result. If the home (including 'place') is meeting the suggested criteria, this can help us to understand the reluctance that many older people have to give up their bungalows.

Even so, one cannot guarantee that the bungalow will be suitable forever, hence a move to different accommodation while one is still capable of doing so may in fact, be very logical. Eventually it may become very apparent, if only to families and health care professionals, that the 'home' is no longer suitable for the older person to maintain an adequate quality of life, even if assistance services are well developed.

Decisions then need to be made, based upon the available alternatives. However the availability of suitable alternatives has been claimed to be a problem for many older people. A lack of real, acceptable alternatives is likely to lead to inertia, to people making rationalisations about how happy they are in their current accommodation, and why they do not need to move.

In brief, 'home' is the familiar place where it feels safe, where the needs for food, shelter and close personal relationships are met; it is the place of choice and the place to return to when away. It is both place and dwelling. 'Home' is not just where one lives.

For the elderly, the likely loss of 'home' involved in moving, no matter what problems their dwelling may have, may be all too apparent. Leaving the dog and the chooks may be too much, even if some of the floorboards in the home are missing. In such circumstances we may well ask why would they want to move, and do they really need to?

2.5 To move or not to move

Earlier, in discussing the concept of home, the dangers of 'placelessness' and 'homelessness' were raised. It was suggested that older people may see real risks in moving out of 'home'. While they may see some gains (for example, avoiding the need to keep doing arduous and costly home and garden maintenance) they may perceive, whether consciously or not, that they will lose more than they may gain in moving. If they do they may no longer feel they are 'at home'.

The author will now look at research which supports the assumption that 'older people prefer to stay in their own homes and familiar communities as long as possible', and to examine some of the implications. (Freeth 1996: 14)

The desire to 'stay put'

There are costs associated with moving, which can be both material and non material. These can be called the 'transaction' costs of moving. If the transaction costs of moving outweigh the benefits to be gained from moving, the older person will not want to move. They will want to 'age in place'.

'The disruption of major adjustments may inhibit older people from moving and attachment to present housing creates strong incentives to "stay put".' (Howe 1992: 60)

Researches by Hoekstra (1978), Diesner (1980), and Rose (1982) have explored this desire to live on at 'home' regardless of its condition. A similar finding is reported by Lawton who said 'even the intrusion of frailty and chronic disease does not dislodge most elders from their preferred homes.' (Lawton 1995: 481)

Broadly this research has shown that where older people have gone back to less than suitable homes after some significant health problems they may still not see any need to move. Despite the poor or otherwise unsatisfactory conditions that may exist at

home, home improvement and maintenance needs are not confronted. That is, the suitability of the housing is just one element in the consideration of where to live.

In 1980 Marion Diesner undertook a pilot study of lifestyle and housing requirements of elderly people in inner and South East Sydney who had experience of recent illness and hospitalisation. Thirty-one percent of these recalled going home and having no one to look after them. Just under half of these had difficulty managing on their own, yet over 75.3% said their desired accommodation would be what they had at the present; 74% had lived in the same dwelling for more than 10 years, and 30% for over 30 years. (Diesner 1980)

Hoekstra's study of 255 elderly residents of old inner city suburbs of Sydney was very concerned with the condition of the dwellings, the quality of the living environment and the ability of the respondents to cope. It found that many older houses inhabited by elderly people would, by today's standards, be rated as sub-standard and would need modernisation and general maintenance. Forty percent of all rooms assessed required some repairs, with 15-20% being in a poor state. Dangers were assessed in 37% of dwellings and health hazards in 39%. One fifth scored poorly for bath/shower/hand basin/toilet conditions.

In spite of such deficiencies, 62% were very satisfied with their accommodation, 31% somewhat satisfied and only 7% not satisfied; 64% would not like to live anywhere else. Of the 42 respondents who wished to move, 83% wanted to live in a normal dwelling type, the remainder in special accommodation. If they were forced to move, 46% of the whole sample said they would go to family/friends, 38% did not know where and 16% were uncertain. (Hoekstra 1978)

In his discussion of why it is that older people may continue to live in such accommodation, Thorne, citing Kendig, says this is

‘...one of the effects of the generally low economic status of the elderly living in their owner-occupied dwelling. That is, low income and pensioner elderly owners can live an ‘adequate but frugal life’ but without money for extra such as household repairs’ (Thorne 1986: 287)

In 1982, Rose undertook a pilot study in Birmingham which revealed that ‘elderly people... appear to be unaware of some of the problems with which they have to cope when they become older and more frail.’ (Rose 1982)

Summarising the three studies, Thorne has said:

‘Generally, looking at the results of the three studies, although the questions asked were different, it becomes clear that a significant percentage of the elderly living independently do have problems of pursuing activities required for normal living and have depressed feelings of well-being and a poor attitude to life, yet only a smaller percentage wish to move to supportive housing such as a retirement village and hostel (only eight per cent in the Diesner study).’
(Thorne 1986: 32)

In attempting to understand this behaviour we need to look at the stresses involved in moving.

Moving can be a very stressful event, even for younger people, and can have very adverse effects on a person’s health and sense of well being. It can involve a complete disruption of one’s life and can lead to feelings of loss of control. If the stress is perceived to be too great, the older person may choose to stay, regardless of any obvious benefits of moving.

‘From numerous epidemiological studies of varying design - using different populations, health outcome measures and stress indicators - there has come

considerable convergence of evidence indicating that many disorders are precipitated by environmental stressors such as moving, unemployment or bereavement. The extent of community disintegration, a lack of social support and the number of stressful events in the life of an individual have been found to affect illness, productivity and indeed life expectancy.' (Elliott and Eisdorfer 1982: xvii)

Being in the position of having no choice but to move can be a most stressful circumstance because the person loses some control over their life. Ekstrom's Swedish study (Ekstrom 1994: 369-371) reported on the deleterious emotional effect of moving where people are forced to move through housing renewal.

Thorne cites Fisher and Jackson who noted in 1976 that

'...surveys of residential movers rarely discover neighbouring or social contacts as a reason for moving, but, once moved, they may suffer social isolation and move back to their former district of abode.' (Fisher and Jackson cited in Thorne: 282)

Thorne also cites research in Holland which has shown that if working class people move away from their familiar housing environment, they may be more lonesome and socially isolated. More particularly, says Thorne, if the elderly feel pressured to move to a new environment, they are even more likely to suffer loneliness. (Earle cited in Thorne 1986: 284)

Thorne goes on to say:

'Understanding this interaction between environment and social contact and feelings of loneliness and withdrawal is important for both those who wish to

remain in their own dwelling and those who wish to move, particularly for the lower socio-economic groups.’ (ibid)

He then suggests that care needs to be taken in attempting to improve the situation of elderly people living in what seem to be squalid conditions.

‘For the elderly living in conditions that are assessed as squalid by others, a move away to a newer, cleaner, better equipped environment may only produce more deleterious effects on the individual concerned.’ (Thorne 1986: 284)

This discussion of the desire to ‘stay put’ will end with a very cogent message from Davison, Kendig Stephens and Merrill about why most older people have a strong preference to stay in their homes ‘to the end’.

‘The preference to stay in their own homes is virtually inseparable from their wish to stay as independent as possible.’ (1993: 199)

The reasons for moving

Although the above mentioned research has shown there is a preference for ageing in place, there is a need to revisit this research question.

There may be a great amount of rationalisation going on when people say they want to stay on in their own homes. To use an analogy, if life is a cinema complex and the early comers get the tickets to the best shows and get the best seats, the late comers accept their lot. They make the best of what they have, as yearning for something else will not bring any rewards. This does not mean they should ignore an offer of tickets if they become available.

Sax has pointed out that while most old people may want to remain in their homes, many change their views and wish to establish a new home in a smaller house, a flat, a villa or in a retirement village etc. (Sax 1993: 25) Some may choose to move to retirement destinations, even though there are some disadvantages associated with this including a feeling of alienation resulting from the severance of ties with relatives. (Sax 1993: 21)

The following remarks by Sax are very pertinent to this discussion.

'Preferably, elderly people should live in cheerful, comfortable dwellings with good lighting, adequate heating, a minimum of stairs and a generous supply of labour-saving appliances. Too often they live in inconvenient old houses that are drab, in poor repair, filled with heavy furniture and with stairs that are steep and poorly illuminated. Often there is too little income for renovations or to cover higher rents in a new home.' (Sax 1993:24)

Some reasons for moving are:

Security

While a concern about security may not be a prime reason for moving, it is clear that security can be of concern to many older people, particularly older women living on their own.

Freeth's study of older people in the St George region of Sydney in 1996 showed that concerns about security were amongst the list of reasons given for choosing to move to a villa. A comment made by one of the study participants tells a story:

'It is worrying being here at night and lately I have been troubled by local children and people ringing the doorbell at night.' (Freeth 1996: 9)

The NSW Council on the Ageing found that 40% of the people they interviewed about their intention to move into retirement accommodation gave security as a reason. (Chandler 1984: 142)

Financial difficulties

Financial concerns are common to older people, especially if they are pensioners.

While home ownership may be a very satisfactory form of housing for the aged, there can still be major problems associated with this form of housing, especially economic problems. (Graycar cited in Watson 1988: 112) People may have large capital assets tied up in the home but have very little money on which to live.

Problems can arise due to lack of income, rates, (particularly if valuations in an area have increased sharply), taxes, maintenance costs and other on-going expenses. These may lead to people needing to move.

Those in the private rental sector are likely to be worst off. The Poverty Inquiry of 1974 (Australian Government's Commission of Inquiry into Poverty: 1974) revealed that many private tenants were in dire straits. This is supported by Kendig's assertion that older tenants are inclined to put up with poor housing conditions through fear of moving or inability to find a better alternative. (Kendig 1981: 24)

The Australian Housing Research Institute (AHURI) reported in its May 1997 Quarterly Housing Monitor that (based on an AHURI survey in November 1996) public renters are in the low 40% of the income range, private renters cluster in the lower to middle income, while outright owners are spread evenly across the income range (reflecting the age distribution of owners); 70% of low income earners pay more than 30% of their income on rents. The newsletter notes that housing cost stresses are less apparent in the public housing areas, but public housing has not kept pace with growing need.

A Howe finding (in National Housing Strategy Background Paper Number 8) was that older people report greater satisfaction with their housing than other age groups but where they did report disadvantages, these were more likely to relate to the costs of upkeep or rates but less likely to be other cost factors, notably mortgage payments, compared to disadvantages reported by younger people. Older private renters were

less likely to report any disadvantages than other private renters, but it was suggested that this could be because of low expectations or reluctance to find shortcomings with their accommodation. (Howe 1992: 79)

Maintenance problems

The McLeay Report (McLeay 1982) showed that many aged home owners are living in dwellings that are in a poor state of repair. According to Kendig (1981:9) over half the aged home owners are living in dwellings built before World War II which are generally in much poorer condition than newer ones.

Kilner wrote that the existing dwelling stock is largely not suited to older people's needs, particularly if they are frail and infirm. Gardens are frequently of unmanageable size, bathrooms and toilets are not appropriately designed, entrances can be inconvenient and interior access poor. (Kilner 1983:9)

According to Lynch (cited by Watson 1988: 114), a Newcastle Inner City Survey of Elderly Housing Need revealed that the housing problems were serious enough to force one third of the residents interviewed to consider alternative lifestyles even if these should mean an unfavourable trade-off in their life styles. (Lynch 1983: 44)

A survey by Chandler (1984: 136) of 60 prospective consumers of retirement village accommodation concluded that almost a third were interested in this form of housing because it represented freedom from maintenance. The survey concluded that one of the three main reasons why elderly people considered alternative accommodation is the current cost of maintaining their present accommodation.' (Chandler cited by Watson 1988: 114)

Maintenance problems may be associated with older people reporting that they would like to move to a smaller house or, for those who moved, that they moved because their previous house was too large. The National Housing Strategy reported that almost one quarter of older couples who moved gave obtaining a smaller dwelling as reason for moving. (Howe 1992: 78)

Even so older people make adjustments to their housing, for example by having intimate knowledge of potential hazards and maximising the positives of having a garden and minimising the negatives. (Howe 1992:80)

Health problems

According to McCallum, achievements in increasing life expectancy are not being matched by similar improvements in disability-free survival and handicap-free survival. (McCallum 1997: 35-36) As health problems become chronic, care burdens will increase the likelihood of the elderly person needing special accommodation. With more people reaching older ages, more will develop problems such as senile dementia, requiring expensive specialist psycho-geriatric facilities, or general care facilities. (McCallum 1997:58)

A Howe finding was that the proportion of 'movers' saying they had no choice but to move was the same as those saying their move was due to health reasons. Howe suggested that further investigations were warranted to ascertain the relationship between these factors and outcomes. (Howe: 1992: 71)

Transport and access

With ageing comes reduced mobility. Older people can not only find it difficult to travel to the shops, community facilities, recreation activities, and to visit friends and relatives, but can even become confined within their homes because of their disabilities. They may lose their ability to drive, and some may not even be able to use public transport, should it be available.

Nevertheless a National Housing Strategy finding was that there was a surprisingly close match between the priorities for access to services indicated by older people and the total population and more of the total population than the aged ranked public transport as important than did older people. The suggestion made was that transport services in general needed to be improved rather than limiting aged person's housing on the basis of existing transport availability. (Howe 1992: 82) That is, while the need to locate older person's housing close to transport and services is often

emphasised, the solution may be to bring the transport to the housing. (Howe 1992: 66)

Gender issues

The problems listed above can have a special significance for women.

Due to gender roles that have been filled by men and women in past years, women in the older age groups are often unaccustomed to dealing with maintenance and repairs and handling economic responsibilities. These responsibilities can befall them when they are struggling to survive emotionally after the loss of their spouse.

‘...when the woman is widowed or divorced, the economies of scale alter and other fundamental issues relating to a woman’s former dependency on a deceased or divorced spouse can afflict her ability to cope in the home ownership sector.’ (Watson 1988: 112)

Citing Lynch’s Newcastle study, Watson says that over half of the women in the home ownership sector found maintenance and repairs to be a problem after their husband’s death/divorce. For some the primary reason for leaving their last accommodation was because the house and garden were becoming unmanageable. (ibid: 114)

Officers in DVA responsible for the Veterans’ Home Maintenance Scheme told the author that some widows find dealing with their housing problems to be beyond them, as their husbands had handled all such matters. They showed the author records of various conversations with one particular widow who had used the telephone help line

service. These showed how the widow had worked herself into a hysterical state as a result of her stove not working.

Kendig cites Job who typified men as being oriented toward 'event confrontation' while women evolve lives around 'network maintenance.' (Job cited by Kendig 1986: 10) The traditional 'male' skills in performing their roles are more difficult to acquire, especially if the need to learn them arises late in life, so that some older widows may never gain the confidence needed to cope on their own. (Kendig 1986: 95)

With regard to couples, Kendig found a 'strong and traditional division of household labour' among older couples. (Kendig 1986: 93-95) He says that even when the husband is disabled, there is relatively little re-allocation of responsibilities. Wives remain the care givers, and do not take over traditional male tasks which cannot be carried out by the husband.

Kendig goes on to say that the disability of a wife, however, appears to bring about a substantial renegotiation of domestic tasks. Even so, he found that half of the disabled wives in his study still had responsibility for meals preparation. He also said that it is more difficult to provide assistance with such tasks from outside the household. (This led the author to hypothesise that a crisis involving the wife may make the husband more open to moving than he otherwise might be).

However Kendig qualifies this when he says

'...gender related skills with instrumental tasks become most important when people live alone', and

'those (women) who have never married are in most, but not all respects, as independent as widowers and never married men.' (Kendig 1986: 95)

The problems for women go much further than this. The economic structure of our society has traditionally disadvantaged women. (McCallum 1990: 61-63) Many

never-married women and women widowed or divorced years previously, have reached old age with few accumulated assets, savings and resources. Hence many experience considerable financial difficulties.

With lower levels of pay and disrupted periods of paid work owing to family raising obligations leading to little or no superannuation payments, it is no surprise that single/divorced/widowed older women are well represented in the rental sector. In light of their economic situation it is to be expected that, without the benefit of subsidised rents, older women might as a general rule be worse off than men living in private rental accommodation. 'Single older women are over-represented in the least advantageous tenures.' (Sax 1993: 27)

Marital status is also an important factor, with married couples being the least likely to move. Howe found that while only 20% of married couples moved in 5 years, about 30% of the never married and widowed moved, while the rate for those separated or divorced was close to 40%. Widowhood is commonly associated with adjustments in housing in old age. (Howe 1992: 69)

Having explored issues surrounding moving, the next section looks at the housing policy issues for older people.

2.6 Housing policy issues

There are two main policy themes that have emerged recently with aged housing. The first is the trend towards keeping people out of institutionalised care (Healey 1990: 127-149), whilst the second is the attempt by planning authorities such as the NSW Department of Planning to increase housing choice through a range of policies, including urban consolidation. Each of these will now be examined in turn.

A) Home based care

Australia has followed on from overseas trends and attempted to arrange help at home rather than placing people in nursing homes, hospitals and hospices.

Sax details the history of long term residential care planning in Australia from the 'benevolent asylums' of Colonial times through to the present. Nursing homes were 'approved' from 1963 to care for patients in receipt of Commonwealth nursing benefits. Capital and operating subsidies were paid by the Commonwealth.

Nursing homes came to dominate the system of aged care. Nursing homes were seen as low-risk, high profit ventures, with assured patronage.

An interdepartmental committee concluded in 1970 that there was an over provision of nursing home beds, that the provision of additional beds would condition a large section of the community to accept it as 'normal' for frail elderly persons to enter nursing homes and that numbers of people had been inappropriately admitted to nursing homes. (Sax 1993: 89-93) Administrative measures were then taken to contain costs by restricting the growth in nursing homes. (Department of Community Services 1986)

Sax says that by 1974 it was reported that much of the spending on 'the affluent elderly' would have been better spent on providing care at home. (NHMRC 1976 cited in Sax 1993: 91) He gives a history of the growth of community programs from 1957 when a home nursing subsidy scheme was introduced, but says that the provision of community services to enable people to be cared for at home remained uncoordinated until 1983, when the Macleay Report (McLeay 1982) was released. Changes were then made to overcome the 'excessive concentration on residential care compared to the haphazard provision of home and community care services.' (Sax 1993: 110) The changes included closing off new nursing home approvals to allow for other options, the payment of subsidies for hostel care and the introduction of respite beds.

To restrict the growth in residential bed numbers, the Commonwealth's policies provide for 100 places per 1,000 persons aged over 70 years in nursing homes and hostels (ibid: 94), with the nursing home/hostel bed ratios to be evened up. Clients need to be assessed by a geriatric assessment service in order to be admitted to either institution. A commitment was made to the reallocation of resources from institutional care in favour of community care for frail aged people and people with disabilities, which was achieved through a new Home and Community Care (HACC) Program announced in the 1984/95 Budget. (HACC Program cited in Sax 1993: 93)

The HACC Program continues today as a cost-shared program between the Commonwealth (Department of Health and Family Services) and State/Territory governments. The program funds agencies and/or community groups to provide a service to people living at home who are at risk of inappropriate institutionalisation.

A prime objective of the program is to avoid inappropriate admission to residential care, through providing people with the range of services they need to lead independent lives in the community. This provides people with a more acceptable quality of life than residential care, and is generally believed to be cheaper. (Sax 1993: 117)

Howe found patterns indicating that 'care needs of individuals prior to admission to a nursing home are met in the community in the great majority of cases' (Howe 1992: 77), but noted that some moves towards some form of non-private dwelling 'are not always made at a stage towards admission to nursing home care but can be precipitated by housing needs'. Hence there is a need to give 'separate consideration to housing needs as distinct from care and support needs in the analysis of adjustments in older person's housing and in policy responses.' (Howe 1992: 77) Those in high need groups who have little choice but to move, need both accommodation and basic support options. (Howe 1992: 71)

Such a conclusion is in keeping with the view of the author that some people may be better off moving than continuing to receive home care services, assuming suitable accommodation choices are available to them, or they could be provided with financial assistance to make their home more suitable.

The author also suggests that the development of home support programs has had insufficient regard for the housing needs of the elderly. The provision of services to help older people to remain in their homes is essential, but it is not a 'cure-all', especially when inevitable funding limitations mean that there are gaps in the services. There comes a time when a home support service is only a stop gap measure and either the home has to be made suitable or the person offered other appropriate accommodation.

A similar message was provided in an article by Mary Nemo on US housing policies. Nemo argued that longer term care policies on housing and social services in the U.S.A. continue to be treated as if they are entirely separate issues. Nemo cites a 1987 report to the US House Select Committee on Ageing by Donald Redfoot. (Nemo 1994) While it is primarily addressing the over-emphasis in the US on institutional-based care, it still has relevance to the Australian situation.

'The separation of housing and health services is no longer tenable as we address the growing need for long-term care. Housing problems have concentrated on the "bricks and mortar" of constructing and maintaining physical structures without addressing the service needs of residents. Health service programs have stemmed from the treatment of acute disease and have therefore emphasised institutional-based care. Community-based social service programs developed with little regard to the housing needs of the elderly. The result is a patchwork of services with large gaps between fully independent living and the near total dependence that often characterises nursing home care.'

(Nemo 1994)

B) The need for more housing choice

In recent years much effort has gone into the reviewing of housing policies and programs at the Federal and State levels. Of particular note is the National Housing Strategy, a landmark housing research project in Australia. This review produced a number of papers which identified the problems that various groups in the community may have in gaining access to housing that is appropriate to their needs. These groups include older people, people with disabilities, people in rural and remote areas, homeless people, aboriginals and migrants. A conclusion overall was that there is an inadequate range of housing types to choose from and other barriers to housing choice.

Howe, however, in her background paper for the National Housing Strategy, concluded that the great majority of older Australians are satisfied with their housing and said that this finding has two broad implications in looking to solutions for those who face problems.

‘First, the kinds of housing occupied by these older people, the adjustments they do make and the reasons for their satisfaction can demonstrate the kinds of housing that others might want. Dissatisfaction may indicate that individuals are missing out on these choices as much as preferences for other kinds of housing; the main issue is the one of access to existing options rather than widening the range of choices.’

‘Second, a priority focus on the needs of the minority who do face problems is strongly indicated, with a diversity of approaches called for. Some needs may be addressed through changes in the general housing market while other need more age-specific approaches.’ (Howe 1992: 83)

In other words, we would do well to look at the levels of satisfaction with the housing occupied by older Australians and facilitate choice of the desired housing types.⁵ In this regard Howe's solution mentioned earlier is deserving of attention.

'While the need to locate older person's housing close to transport and services is often emphasised, the solution may be to bring transport to the housing.'
(Howe 1992: 82)

In addition we need to cater for the unmet demand by a minority of older people for more appropriate housing, which would mainly involve smaller dwellings and medium density housing, accommodation which is preferred by other groups as well as older people who want to move. (Howe 1992: 83)

The extent to which lack of choice prevents older people from moving

Howe found that the 'numbers of older people who are not able to find suitable options would represent only a very small segment of the total housing market' and that the majority of those who want to move and do so 'appear to satisfy their housing preferences in the general housing market.' (Howe, 1992: 72,83)

The author's observation is that the elderly who move today eventually seem able to find something to suit them, and this group does not have a choice problem. It is the ones who leave it too late to move who end up with the choice problem. They inevitably end up with limited options mainly because they need supportive accommodation, and there are government policies limiting the provision of this kind of accommodation. However lack of information on what is available would seem to be a problem.

It is of interest in regard to a lack of information that the ACT Council on the Ageing has recently seen fit to advertise for a 'Housing Options Adviser' to provide advice and assistance to older people who wish to move out of their homes into some

⁵ The Quarterly Housing Monitor reported in its May 1997 Newsletter that almost 80% of the older age groups have achieved home ownership (AHURI May 1997: 4).

alternative form of accommodation, but are not aware of the options available. The organisation has taken this step because, notwithstanding the desire of many older people to remain living at 'home', it believes that there are quite a number who would like to move but do not know how to go about it.⁶

However, MSJ Keys Young, in a paper prepared in 1992 for the former Department of Health, Housing and Community Services, found lack of information was not the problem. This began with the assumption that information about housing choices is lacking among older people and that this is a major impediment to their moving house. However the results of their qualitative research strongly indicate that

'It is not so much that ignorance is a fundamental barrier to changing housing, but rather that older people do not generally feel any need to change their housing.' (MSJ Keys Young 1992:14)

And:

'...it was not a lack of information that led to a lack of housing mobility but rather the reverse - a lack of motivation to move results in people not seeking or being open to information about housing outcomes.' (ibid:14)

In examining why it might be that the elderly people surveyed felt that their housing continued to be suitable and functional for their needs, the MSJ Keys Young report said:

'An overriding factor in this was that many people did not perceive themselves as elderly. In fact there was a good deal of active denial of their own ageing process and potential to be incapacitated...' (ibid:15)

'In short, many people judged that there was little point in making an unwanted housing change because of something that *might* eventuate. They would wait

⁶ A variety of material has been published to assist older people to make housing choices. This includes publications like Housing Choices for Older Australians (1990) Melbourne: Council on the Ageing.

and act only if something - for example death of a spouse, a stroke, *did* eventuate. (In many cases, indeed no change was made even when the feared event did occur). Under these circumstances, information about alternative choices is not only irrelevant but unwanted.' (ibid:15)

The report goes on to say:

'In addition to wanting to avoid moving if they possibly could, there was a general inertia about making changes, that, at its most severe, is a response to the trauma of moving. People weighed the familiarity of what they had and knew against the unknowns surrounding a housing move - friends and neighbours left behind and new friends and neighbours to get to know, known cost associated with existing housing as against uncertainties about costs of a new home, familiar and known possessions that might have to be discarded, the emotional attachment to a place that has seen one through so much of life to be replaced by a place that is an emotional vacuum, the possible loss of position and role within the family symbolised by the sale of the family home, and the difficulty and effort of packing and moving. In short, there are many practical and emotional costs associated with undertaking such a major move, and the focus groups indicated that these were a major barrier to making housing changes once people were beginning to look at housing options.' (ibid :15-16)

The preference to 'age in place' was true for many of the survey participants in all the Australian cities surveyed, particularly as it related to a preference for growing old in their local area.

Specific findings from the study were:

- those living in large dwellings generally did not find the size of the home represented a problem for them. Size was important for functional as well as symbolic and status reasons;
- gardens and gardening were important for some for the pleasure and privacy they provide but a problem for others. The death of a husband was sometimes a signal that a woman should consider moving to something other than a detached house;
- outdoor space for storage and work space was valued;
- for those who had actually moved, the move had generally worked out better than feared or expected;
- problems with steps and stairs had led a number of people to move from a 'high' house into a low set one, while others said they could stay in their family home because it was 'low-built';
- maintenance problems associated with a house that was old or in poor condition could be one 'push' factor encouraging a housing change. Equally, easily maintained new housing, with its attractive decor and equipment was a positive attraction;
- access to local services and facilities was an important element in housing preferences - for example as a reason 'staying put' in the family home. The relationship between housing densities and access to services was by no means self evident;
- familiarity and attachment were important. Change was to be avoided if possible - most wished to stay on in their own home, simply because it was 'home'. However for those who did decide to move, the preference was to stay in the same general area. A major reason for deciding to move out of a familiar area was to be nearer to children, while some were attracted to moving to coastal retirement areas. On the

other hand, some who had tried this had missed family, friends and family activities, especially after the death of a spouse, and had returned;

- being close to other family members, particularly children and grand children, was a critical factor for most people, cutting across other criteria;
- privacy was important, and was a reason for wanting to continue living in a free standing house, though this could bring some trade offs with safety and security;
- most of the participants regarded the detached house as the best possible form of accommodation. Problems perceived with high or medium density living included noise, lack of privacy, lack of space, bad neighbours, and uninterested tenants. Positive aspects included security and low maintenance. Retirement villages were a good solution for some, but others had some strong reservations, including the fear of being swindled. (ibid: i-ii)

It is apparent from this that the question of housing choice is a complex one and we should be careful to avoid drawing simplistic conclusions.

Current housing policy agendas

The current housing agenda, which encompasses the need for more housing choice, is well summarised in the following extract from a submission by the Department of Health, Housing, Local Government and Community Services to the Industry Commission Inquiry into Public Housing:

‘Recent studies have shown that the current density, form and structure of cities do not meet the needs of many sections of the community. This has two main dimensions:

- existing densities make it impossible to run efficient public transport in many areas, thereby increasing the difficulties of access to services and employment for those without a car; and

- there is an inadequate range of housing types which are adequately integrated with services.

The Commonwealth government therefore has a keen interest in improving asset management as a means to:

- improve the use of land and infrastructure;
- facilitate a better match between housing stock and housing needs in the community; and
- maintain the value and equity of housing stock.’ (Department of Health, Housing Local Government and Community Services 1993)

With reference to housing choice, there has been a number of programs designed to improve choice and to make people more aware of their housing options, including the New Homes for Old Program. (New Homes for Old 1994)⁷ The strategy paper ‘New Homes for Old’ states:

‘Many older people want to move from large dwelling on large blocks isolated from the services they require, yet they often find it difficult to find suitable alternative housing which keeps them close to their familiar networks and familiar environments. The obstacles to change are identified in this report as being:

- a limited range of financing options;
- rigidities in planning regulations;
- poor provision of information; and

⁷ See also Department of Housing and Regional Development ‘New Homes for Old Workshop Papers #1’. In Proceedings of a workshop May 1993. Prepared by Sandy Halley, Melbourne.

- lack of integration of housing with other aged services.

In the immediate future, older people seeking alternatives to their existing housing will be concentrated in the middle suburbs of our major cities. There should be no expectation that older people should change their housing before they wish to do so. But providing alternatives for older people who do wish to change their housing would create a major opportunity to settle younger families in middle-distance suburbs which already have good access to services for families. This would enable older people and their families to live closer together, and would be consistent with the policies of Commonwealth and State governments to slow the growth of the urban fringe.' ('New Homes for Old' 1994: 7,8)

With varying degrees of success, efforts have been made by government bodies as well as private bodies to address some of the financial barriers to elderly home owners who desire to move. These include reverse mortgage schemes. (Gouge 1996) More needs to be done to reduce the financial barriers.

'there is a need for innovative schemes to enable elderly homes owners who so desire, to move into accommodation more adequately suited to their needs - be it smaller, more manageable, newer, one storey etc. Alternatively schemes could be devised to enable older home owners to stay in their dwellings by selling or part selling their properties to the housing department or local authority. Responsibility for maintenance could then be transferred elsewhere.'

(Watson 1988: 116)

The subject of 'poor provision of information', already addressed above, extends to a lack of skills and background knowledge. Many older people do not have the skills or knowledge to understand the intricacies of the housing market and to manage all the associated legal and financial difficulties. Flatness in the housing markets in recent years has also reduced the opportunities for many older people to obtain enough return

from the sale of their homes to be able to move house even if they have the skills and knowledge.

The Department of Veterans' Affairs Housing Branch has a keen policy interest in addressing these issues. As will be mentioned in Chapter 4 ('Housing Policy in DVA'), the Department has taken steps to integrate its planning of housing services and age care services and has initiated some innovative programs.

The strategies set out in 'New Homes for Old' are reflected, for example, in the NSW Government's State Environmental Planning Policy (SEPP 5) Housing for Older People or People with a Disability (first gazetted in 1982 and last amended in 1997). The 1997 amendment aims, among other things, to remove rigidities in planning regulations and to better integrate housing for the elderly and disabled with services while also achieving urban consolidation. (NSW Environmental Planning Policy No 5: 1982 as amended 1997)

Housing developed under SEPP 5 tended to be on a large scale and hence to create environments with which older people found problems. The draft amendment to SEPP 5 in late 1997 attempted to address this problem because:

'The message from current research on the preferences of older people is that they wish to stay in their own homes and neighbourhoods for a long as possible, rather than moving into an "old people's home" in another locality.' (NSW Department of Urban Affairs and Planning 1996: 7)

Hence the new policy aims to encourage smaller scale developments within established urban areas which

'provide older people with an option to move out of their large, older homes into smaller, newer dwellings in their local area where services and facilities are available', and for 'people with disabilities an option to be integrated with the community, independent from family or larger institutions.' (ibid)

It attempts to do this though breaking the nexus between care and facilities. The emphasis will be on care services being accessible, rather than being provided on site.

While this new policy seems to be an improvement, it carries an assumption that there is insufficient housing choice for the elderly and disabled, that this can be addressed through encouraging medium and high density housing for these groups, and that this is what they want. Table 2.3 reflects the assumption being made by the NSW Planning Department that older people ('empty nesters, retirees, singles') need medium or high density housing. (Sheehan 1997)

Sheehan has argued that the SEPP5 policy is doomed to failure, because it ignores direct and indirect costs for the aged in moving which are a disincentive to moving. These are:

- in trading down to a cheaper home, the mover can have the balance assessed as income, and pension benefits can then be affected by virtue of the Assets and Income test;
- in borrowing for a dearer home, amounts over \$40,000 count as income, hence the person's pension and 'fringe' benefits (eg rate reductions and discounts on telephone charges) can again be affected⁸; and
- when the elderly move into more formalised care arrangements, involving moving to medium or high density accommodation, they can lose the free or low cost care advantages that they have enjoyed. Instead of the free care provided by family and friends, and free or greatly subsidised home care services (including HACC services) they may have to pay for formally arranged services. (Sheehan 1997)

⁸ Personal communication, 22/3/98, with Robert Schaverien, Financial Planner and Chartered Accountant, Bleakleys Ltd, Sydney City Office:

'A mortgage secured loan (meaning here a home equity conversion loan) of up to \$40,000 for home repairs and improvements, or to improve a pensioner's standard of living is not counted as income for pensioner purposes and is not included under the Assets test for the first 90 days.'

Table 2.3

Changes in Housing - Household Life Cycle Stage Needs		
Source: New South Wales Government Department of Planning <u>Housing Demand: Demand for Housing Types in the Sydney Region</u> . A Research Study, 1993, p. 20. ⁹		
Stage	Preference	Needs
Young family, no children	Low maintenance Close to shops Shorter-term ownership Particular area, or Long term ownership Space for household additions	Medium or high density or detached home
Young family with children	Reasonable space for children Long-term ownership	Detached house
Family with older children	Lower maintenance Close to shops, transport Family, friends	Detached house Large medium density
Empty nester, retirees, singles	Low maintenance Close to shops, transport, family friends	Medium or high density

While the logic of the above mentioned policy agenda, involving higher densities and increased housing types, has been generally accepted by Australia's State and Federal Governments as self evident, the agenda should not be accepted uncritically.

Demographic data shows that low fertility over the last few years and the likelihood of

⁹ Table adapted from a table by David Sheehan included in a dissertation entitled 'Small Scale Private Housing for the Aged and S.E.E.P. No 5' submitted in November 1997 in partial fulfillment of the degree requirements for Masters of Urban and Regional Planning, from the Faculty of Architecture, University of Sydney, p 10.

low rates continuing will lead to a fall in the proportion of younger persons in the Australian population. (Ford 1986: 13; Saunders 1996) This combined with other societal changes, notably the postponement of marriage and an increase in divorce and single parent families will affect both housing demand and the type of housing demanded by people below retirement age. If this leads to an overall reduction in the demand for housing, the 'housing choice' problem for older people may be reduced. With reduced overall demand pressures, in future years the market may even be able to meet the particular needs of older people without major intervention.

Furthermore such an agenda may be over-emphasising the second aspect of Howe's findings which covered the unmet demand by a minority of the elderly for smaller dwellings and medium density housing and under-emphasising the point that most older people are satisfied with their housing. (Howe 1992: 82-93)

In summary, it has been accepted by housing planners and governments in Australia that a major reason why older people do not move is that they have very limited housing choices and that more medium density housing is needed for them. This thesis is cognisant of the need to examine the basis of the prevailing policy agenda more closely. In Troy's view, there is not a choice problem at all, hence the above policy described agenda is flawed. (Troy 1996) There is an urban consolidation agenda which is the driving force behind such policies as SEPP5. This view will now be examined.

The Troy view - there is no evidence of a 'lack of choice'

Professor Patrick Troy has been head of the Urban Research Program in the Research School of Social Sciences at the Australian National University for many years and is widely regarded as a leader in this field. His views on urban consolidation have had considerable influence in Australia.

In his most recent book 'The Perils of Urban Consolidation' (Troy 1996), Troy takes issue with the whole 'lack of choice' argument.

Troy says

‘Much of the argument about lack of choice rests on the claim that individuals find themselves in housing which they believe is too large for their household and that they would move to smaller dwellings if there was a *better* choice; that their housing is poorly designed and that they would choose better designed buildings if they were available.’ (ibid 1996: 40)

Troy believes the push for more choice embodies a physical determinist perspective and is efficiency driven, whereas the need is to increase the efficiency of the current housing stock and change the form of the city through increasing its density. (ibid 1996: 40, 165)

He says it implies that

‘...households cannot, will not, or do not want to, utilise the extra space they have when all the evidence is that they expand to fill the space available to them. It also implies that developers have failed to supply appropriately sized housing. But there are dwellings of a wide variety of sizes and design in large cities and if developers believe there is a gap in the offerings, they can fill it profitably.’ (ibid 1996: 40)

Troy says the arguments about choice can be reduced to issues of ‘dwelling size, dwelling type, design, location and housing tenure.’ (ibid 1996: 41-45) In discussing each of these he makes the following points:

- rather than the conventional three bedroom house or two bedroom flat offering limited choice to the public, this type of accommodation is provided in response to demand and in fact provides most occupants with the flexibility in their living arrangements and activities they desire.
- The argument about choice becomes tied up with questions of style as fashion, but there are functional reasons why people prefer the traditional house, notably that it

meets their desire for a separate front and back door and for some private outdoor space.

- There is an overwhelming desire to educate people, to change their preferences, to lead them into higher density living. Much of the medium density development that is considered good design by professionals is not so regarded by the general public.
- It is assumed that people seek or should seek good access to the centre of the city and that they are frustrated from making their preferred location choices by the present form of the city. In fact most people tend to be satisfied with their housing and location choices. While the market will not always satisfy their choices, it is not appropriate to use policy to limit location choice under the guise of increasing it. For example urban consolidation can force low income people to the city fringes. (Troy 1996: 45,46)
- Studies (Neutze and Kendig:1991) have shown that home ownership in Australia is very high. Approximately 92% of people own a dwelling at some time in their lives and about 85% continue to own until near the end of their lives. The benefits of owner occupation are substantial. Forms of tenure other than owner occupation will only prove attractive if they increase the security of residents. People in the main have what they want and are not yearning for more choice. Moving could increase their housing costs for little social benefit. (Troy 1996: 49)

Troy argues that the current housing policies are based upon flawed analysis and misrepresentation of the facts. For example the figures on average house size are unreliable and that in any event the focus on average size of houses is irrelevant. (Troy 1996: 172)

He says:

‘The pro choice arguments are based on the promulgation of elitist romantic notions of urban life which are not based on rigorous analysis of what households have or aspire to.’ (Troy 1996: 169)

There is no evidence of a choice gap. People already have, and exercise, choice. (ibid: 40)

Troy warns that

‘the current housing and urban policies incur obvious individual personal costs while leading to no discernible social benefits.’ (ibid:172)

The following statement reflects Troy’s difficulties with the approaches now being taken for the housing of older people.

‘It is even more illogical to use the assumption that older people should move to smaller, higher density housing to justify the wholesale conversion of the housing stock to meet what *at best* is a short term requirement of a small proportion of households. The proposition that all housing must be permitted to have a *granny flat* in the back yard or to be converted to dual occupancy lacks a logical base and will result only in the creation of extensive areas with little diversity and low levels of amenity.’ (Troy 1996: 37)

Discussion of Troy’s views

It was shown above that there can be benefits for an older person in moving. This assumes that there is sufficient accommodation available of the type required. Troy would say there already is. Developers and housing financiers will supply the type of housing that is demanded. (Troy 1996: 41)

The author is of the view that developers are, in fact, inevitably conservative. They would prefer to build something that has worked in the past than to look for

innovative solutions. Perhaps Troy's view misunderstands the role and motivations of developers.

Troy's complaints that the pro-choice arguments are based on elitist romantic notions could be turned back on him. His arguments against higher density housing could be used to avoid change, benefitting some groups over others. For example community pressure from affluent younger people with families can, and has in the Canberra situation he describes (Troy 1996:157) prevented older people in their neighbourhood from subdividing their homes or moving into semi detached accommodation so they can stay in the local neighbourhood. This would seem to be a good example of the NIMBY ('not in my backyard') syndrome at work.

It is worth noting here that the Australian Housing Urban Research Institute (AHURI) reported in its May 1997 Quarterly Housing Monitor that medium density housing is becoming slightly more popular. An AHURI survey in November 1996 showed that 29% of respondents said medium density housing was not very acceptable, compared with 34% in May 1995. (AHURI 1997: 4) However there appears to be no change in the proportion of people who would choose medium density housing if they were to move in the next five years. When asked if it was likely they would move to a medium density dwelling in the next five years, 73% of respondents said 'not at all likely', compared with 71% in November 1995 and 74% in September 1996.

Howe provides a perspective, however, to any claims about the 'popularity' of medium density housing for older people, pointing out that there are factors other than age involved, notably household composition. The likelihood of considering medium or higher density housing was similar for middle and older age groups and for couples and singles. (Howe 1992: 78,79)

Howe argues that while older people were more likely to occupy medium or high density housing compared to the population as a whole, the chief interest of older

people who want to move is to move to a smaller home. The apparent success of medium density retirement housing may simply indicate a lack of comparable alternatives. A shortage of such housing may be one factor contributing to the growth of retirement villages, with uptake reflecting the lack of alternatives as much as clear preference. Howe therefore argues that older people's preferences for medium density housing may be satisfied through increasing the supply of medium density housing in the general housing market rather than specifically in aged person's developments. The 'persistent low residential mobility of older people' may be partly explained by a lack of such accommodation in chosen locations and hence 'there may be a sizeable latent demand that would respond to more diversified provision.' (Howe 1992: 78,79)

Troy has raised some major policy issues and they cannot be dismissed lightly. Is it really in the interests of the elderly for large scale redevelopments to proceed such as the ones he discusses in Canberra? (Troy: 65) Is the NSW State Environmental Planning Policy (SEPP5), for example, still heading in the wrong direction?

It is apparent that there are some significant issues here on which there are wide differences of opinion. As they can have very significant policy implications, it is important to examine them.

2.7 The context of the survey

The 1991 National Housing Strategy report quoted the following statement:

'It is impossible to separate housing from a consideration of the broader aspects of the life of the people. (National Housing Strategy: 1991)

The above discussions have shown that it is impossible to examine housing and housing for the elderly independently of social, cultural and industrial settings, while individual circumstances will also vary - one man's meat is another's poison. This makes for difficulties in making definitive statements. For example there will always

be some older people who will be quite happy to move and will not experience problems such as stress or depression as a result. Likewise there will be others, from the above discussion perhaps a majority, who would not like to move and/or will experience some problems if they did.

With so much at stake, including the increasing difficulties and costs in moving bigger and bigger groups of older people as the population ages, it is essential that the size and nature of the problems are fully appreciated. The author's survey will help in gaining an understanding of the problems facing older veterans and war-widow(er)s, and the extent to which a lack of housing choice is an issue. By focusing on some of the assumptions on which current housing planning is based, the study should also make a contribution to the improvement of planning for the elderly population as a whole.

2.8 Summary and conclusion

Summary

This chapter began by highlighting the increase in the proportion of the aged in the population and some characteristics of this group including morbidity issues and their current housing circumstances.

The chapter then addressed the important issue of what home means. Attributes of a home were discussed, before examining Australian research on this topic.

Next the suitability of 'home' to meet the needs of older Australians was explored, beginning with a reference to the meeting of human needs, and proposing some criteria for 'home' in Australia.

The next section of the chapter addressed the question of 'to move or not to move' and explored the reasons why aged people often prefer to stay in their own homes

even when this can involve living in sub-standard conditions. Some benefits from moving are outlined , and some gender issues discussed.

The following section addressed two main policy themes that have emerged with aged housing: home based care and housing choice. It was noted that the current housing policy agenda is based on an assumption that there is a lack of choice and that changes need to be made to the current density, form and structure of cities. The issue of housing choice and the extent to which it impacts upon the decision to move was discussed and this led on to an examination in some detail of Troy's views which run counter to the view that older people have a 'housing choice' problem.

The section concluded that there are important and unresolved issues which have significant planning implications.

Conclusion

The above discussion illustrates that there are wide differences of opinion in relation to housing the aged. There is information that shows older people prefer to stay on as long as possible in their own homes, and current strategies, notably home care programs, aim to support them in this. It has been further argued that if, indeed, most older people are happily accommodated in their own homes, then the view that there is a lack of housing choice for older people is one being pressed by planners with broader agendas while in fact 'lack of choice' is not a real concern of older people. Those who want to move can find what they want in the market place. Behind urban policies which aim to provide more housing choice is an acceptance of an 'urban consolidation' philosophy.

On the other hand there is information suggesting that there is a lack of housing choice for older people and that lack of real choice can lead to a great deal of rationalisation about the merits of 'staying put'. There will never be enough money for the home support services needed to enable older people to stay on at home indefinitely. Many are already living with the stress caused through living in inappropriate accommodation, the financial burdens of having to maintain old, family style accommodation and through their inability to move.

Such wide differences of opinion suggest a need for more research on this subject. The author is aware that much of the research to date has involved undertaking a number of relatively small surveys. It has also depended heavily upon interviews with a limited number of individuals or groups. Reasons for this include the difficulties and costs of undertaking broader research in this area.

Having identified the need for further research to help resolve the differences of opinion in the literature, the next task of this thesis is to report on a broad, Australia wide study of a specific group of elderly people who make up a significant proportion of the elderly population in Australia - older veterans. Empirical evidence will be sought to test the hypotheses listed in Chapter 1. The study will include a major survey as well as group and individual interviews. Hence the research will be of special value in the policy planning context.

Information about the research and details of the methodology are set out in the next chapter.

Chapter 3

Outline of the research and the methodology

In this chapter the author will describe the research undertaken and the methodology.

3.1 Research topic - background

The literature review (Chapter 2) showed that there are differences of opinion in the literature as to how older people may best be housed. Information was provided that older people want to stay on in their own homes for as long as possible and should be assisted to do so. Professor Patrick Troy was quoted as saying that older Australians are generally happy to continue living in their conventional homes. His response to the current Australian State and Federal government housing and urban policy agendas, which include improving housing choice, is that in fact people have made their housing choices - they are happy with what they have. Housing choice is not a real issue for them. The 'more choice' argument goes hand in hand with urban consolidation policies, which have the broad aims of restructuring the form of cities and increasing and improving the nation's housing stock. Troy argues that these policies 'incur obvious individual personal costs while leading to no discernible social benefits.' (Troy 1996: 172)

Others argue that many people are inappropriately housed and if there were more housing choices available and if other barriers, especially financial barriers, were to be reduced, many older people would in fact be much better off in moving. This may particularly apply to older single or widowed females, who tend to encounter more housing difficulties than men on account of the gender roles that women have performed in the past and often because of their reduced economic circumstances.

In order to contribute to the debate as described in the literature review, the study will involve both quantitative and qualitative research. The research will involve a rigorous, comprehensive survey of older veterans and war-widows supported by focus groups and individual interviews.

The survey will focus on the types of accommodation in which older veterans and war-widows are living, how they are coping, their desire to move and their housing preferences. The results will provide more information on which to base planning for an ageing veteran population as well as for other older groups in the community.

The Department of Veterans' Affairs agreed to assist with the survey. This involved:

- giving approval to the researcher (via the Department's Ethics Committee) to undertake the survey and to use Departmental client information and the personal information provided by veterans;
- providing the researcher with access to Information Management (IM) staff in order to obtain population samples for the survey as well as statistics on the number of veterans who have changed their address (indicating they have moved house); and
- providing some financial support for the study including financial assistance with printing and postage of the survey and with the coding of the completed questionnaires.

3.2 Nature of the research

In the literature review it was noted that it is impossible to examine issues involving housing for the elderly independently of social, cultural and industrial settings. Each individual situation is likely to be somewhat different. In such circumstances it is quite appropriate to use qualitative measures; hence, much of the research in this area is based on the similarities of experience revealed when people tell their individual stories. However quantitative research can provide statistics on which to assess the validity of the findings of the qualitative research. The study therefore aimed to

provide a proper balance between qualitative and quantitative research methodologies involving a major survey as well as individual interviews and focus groups.

3.3 Broad survey criteria and scope

Definition of 'elderly'

In the literature review it was noted that there can be marked differences between people of the same age and that for many older people, the term 'elderly' is patronising, limiting and inappropriate. However an age criterion had to be set and the author decided upon veterans and war-widow(er)s 60 years of age and over. This age lines up with the age at which the Department of Veterans' Affairs (DVA) Service Pension is payable to male veterans on age grounds (though female veterans can receive it at age 55). Since the average age of DVA entitled clients is now over 70 years, the sample would thus be quite representative of an ageing DVA entitled population.

Scope of the survey

Since much of the research in this area has involved relatively small surveys confined to a particular geographical area, the researcher's aim was to undertake as large a survey as was feasible. Sponsorship by the Department of Veterans' Affairs (DVA) made it possible not only to obtain quite a large sample, but also to undertake a national study.

Further details reflecting what transpired will be provided below, but in broad terms, the survey was to cover veterans and war-widows over 60 years of age who are eligible for DVA health care benefits (the DVA 'treatment population'). The reason for the latter criterion was that the great majority of veterans have either full or partial entitlement to DVA treatment (also called health care) benefits, and the researcher

was interested in the links between health and housing, as discussed in the introduction. The Department also has a great deal of information about those who are entitled but correspondingly, very little on the non entitled - the Department may not even have a proper address.

As a forerunner to the main survey, a pilot survey of about 100 veterans and war-widows over 60 years was undertaken (in the event, 105 were selected). The sample for this survey was to be obtained from the DVA Client Data Base by the Department's Information Management (IM) Section. For the main survey, the researcher decided upon a sample size of 1,000. Again the IM Section would provide the sample from a total of 295,382 veterans and war-widows over 60 who are eligible for health care benefits (as at November 1996).

3.4 Survey procedures

Overview

The author first explored the above listed issues in several individual interviews and initial focus groups in Canberra and then listed any further issues that had arisen. These issues were taken into account in the development of a preliminary questionnaire. Several revisions of this initial draft were tried out on other groups and individuals in the Canberra area. Further focus groups were conducted in Adelaide and Canberra. These were of great importance in the development of the survey.

Because the interviews and focus groups (to be described later) revealed that women and men felt differently about some issues, the researcher made a decision to undertake a supplementary survey. An additional questionnaire for spouses and partners was therefore planned. This would also provide the researcher with a more complete picture of the housing situation in individual households.

Two questionnaires would be mailed out in the one envelope, one for the veteran or war-widow, and another for completion by a spouse or partner, where appropriate.

Obviously this second questionnaire would have no relevance to single/divorced people and widows but it was not feasible to establish beforehand who amongst those surveyed would find the second questionnaire relevant, making it impossible to ascertain a return rate. Assuming however that it had been feasible, the expectation would have been that the return rate for the second questionnaire would not be as high as for the main questionnaire. Spouses or partners do not have DVA entitlements (unless they are veterans in their own right) so could be expected to have less interest in the survey. On the other hand, because of the generally favourable attitude that veterans and war-widows have towards the Department of Veterans' Affairs, a high return rate would be expected from them.

After the pilot survey had been conducted, any problems that arose in the arrangements were examined and any necessary changes incorporated in the methodology for the main survey. The results of the pilot survey were analysed, and final amendments were made to the two questionnaires. The main survey was then undertaken, coded and evaluated.

In selecting names for the mail out to selected veterans and war-widows, a group who had changed their address ('moved') in the past two years was included. In the analysis of the returned questionnaires account was taken of this. That is the 'movers' were looked at as a special group. Bearing in mind that moving can be a very negative experience for older people, the intention here was to examine the issues surrounding the decision to move and how the move eventuated. Details will be provided below.

Other relevant elements of the survey procedures include:-

- the researcher was required to make a formal submission to the DVA Ethics Committee before the survey could proceed. This committee includes representatives from the ex-service organisations, senior DVA officers including the medical adviser to the Department and legal officers. The submission was approved unconditionally.

The author was, among other things, required to strictly observe the requirements of the Commonwealth Government's privacy legislation.

- the National President of the RSL was contacted and he agreed to provide a covering letter for both the pilot and the main survey. This was to increase the perceived status of the survey and to encourage veteran participation.
- at the request of the Ethics Committee, the main survey was to have a separate letter from the Department included. The Committee wanted to allay any fears that might be raised in recipients that the information obtained could be used for some other purpose, such as for DVA pension assessments.
- for both the pilot and the survey proper a company was contracted to prepare camera ready art work for the printing of the questionnaires. A printing company was used to generate the survey forms and a professional mailing house was used to distribute them.
- because of the small number of the pilot questionnaires and the fact that changes were made in the questionnaires used for the survey proper, the pilot forms were not professionally coded. However for the main survey, professional coding of the results was arranged by the University of Sydney. The SPSS statistical analysis package was selected.

Further details of each step follow.

3.5 Initial investigations and survey planning

This process commenced in April 1996 when the researcher interviewed a World War II veteran and his wife, who were living in a retirement village in a regional city. The interview was written up as a case study and has been included in Chapter (Chapter 6). This interview was a most useful beginning as the couple interviewed were able to describe their circumstances very lucidly and to provide initial insights into the

reasons why older people may choose to move. They described in detail the crisis situation that had occurred in their lives which led them to realise that they needed to move out of their large home with expansive gardens in the suburbs, into a retirement village in the same city. (Other interviews were later conducted - see 3.7).

After this first interview a trial questionnaire was drafted. This questionnaire was tested with veterans at the following:

- a veterans' home in Canberra; and
- the monthly meeting of a veterans' association.

In addition some draft surveys were also circulated to members of the War-widows Guild for comment.

The lessons from this preliminary field work included:

- that people living in retirement villages felt that a housing questionnaire did not apply to them. They all stated they had made their decision to move to more appropriate accommodation, and were generally happy with their decision. They were not planning any further moves, except, perhaps, next door to hostel accommodation on the same site. Some group dynamic may have been at work, in that the ethos of the village was that you should feel you had made a good decision to move in, and it was important both for you and the group, to play your part in making the village a success.
- the care that needs to be taken in the design of a questionnaire. This early version was too long at nearly nine pages including a covering explanation, and the lay out was confusing. Some of the questions were also open to interpretation. In order to tighten the approach, it was decided to undertake a more formal scoping exercise in order to highlight the objectives of the survey and hence what questions should be included. Details of this scoping exercise are contained in Appendix 1.

3.6 Focus groups

The author conducted a number of focus groups to establish issues and to focus the research. While the Department had agreed to sponsor the survey, the author was not undertaking it as part of his DVA duties and had to make arrangements independently of the Department. The arrangements were made through contacting the executive officers of the RSL and the War-widows Guild at the National and State levels.

Two focus groups were arranged in Adelaide and one in Canberra. Financial constraints prevented further focus groups being arranged in other States but the author considered that the Adelaide and Canberra meetings were representative and that further meetings were not necessary.

For the two Adelaide focus groups, the Department of Veterans' Affairs agreed to make available an officer from the Defence Service Homes (DSH) Section of the South Australian State Office of DVA to act as recorder. The person selected, Mr Michael King, was of considerable help, providing a summary of proceedings based on detailed notes and a tape-recording. The author also made use of butcher's paper and pens to focus the discussion and record proceedings and acted as facilitator. For the Canberra focus group, a professional facilitator was used.

Details of the focus groups are at Appendixes A.4 and A.5.

A summary of the comments made at the three focus groups and the issues identified are at Appendices A.6 and A.7.

3.7 Individual interviews

In addition to the above mentioned interview with a World War II veteran and his wife, the author conducted three other interviews, making use of a tape recorder on each occasion. The first was with an elderly ex-service woman who was living in a government flat in a regional city. The second was with a very old (97 years) World

War I veteran who was living in a small country town. The third was with the middle aged daughter of a widow whose husband had served in World War II. The widow (not a War-widow as defined by DVA), suffered from dementia, and had recently entered a hostel after a great deal of effort and worry for her daughter. The whole process had involved about three years of mind changing, by which time the daughter felt quite worn out by it all.

The information obtained in the interviews was taken in account when examining the findings of the focus groups, listing of hypotheses and the drafting of the survey questions.

These interviews have been written up as 'case studies' and included in the results chapter (Chapter 6).

3.8 Use of two questionnaires

As mentioned in the overview of the methodology, the author made a decision to use two questionnaires. A shorter questionnaire would be included for spouses/partners.

In the focus groups there had been a number of comments suggesting that the wives of veterans might feel differently from their husbands on the question of whether they would like to move or not. The author also gained the impression that the husbands were generally determined to stay on in their homes while their wives were still alive and (using the words of one war-widow) 'able to support them', and that the wives go along with this. Yet the spouses seemed more open than their husbands to moving to something smaller that required less maintenance. The discussions also suggested that the single women and long term widows had a greater ability to look realistically at their future housing needs than the married men.

From comments made in the focus groups and interviews, the author came to the view that the 'traditional male tasks' can include decision making on such matters as

housing. In addition the returned service woman interviewed *had been very definite in her remarks about the way married women of her vintage had 'never been allowed' to make any decisions (to the extent that some were 'never even allowed to write a cheque'). With the death of their husbands, they were unable to cope. (*written up as a Case Study - see Chapter 6, Sections 6.3, 6.5 and 6.9).

The author therefore saw merit in finding out if spouses/partners see their circumstances any differently from their husbands, even if they both hold the same views on moving. They may, for example, see that their own ability to be a carer is slipping and that they need increasing support. It thus could be that the statement '*older people want to stay on in their own homes as long as they can*' might need some qualification, to reflect gender differences.

To this end the author decided to issue a questionnaire to veterans and war-widows, and to enclose a second questionnaire for spouses/partners, who in most instances would be female. There was also a pragmatic reason for this. In earlier discussions with veterans and veteran groups and in the responses to the initial questionnaire, the author noted that the women were more forthcoming about their circumstances than the men, and believed that a better understanding would be obtained by putting together the comments of both parties.

3.9 Moving towards the drafting of the questionnaires.

Having listed the above hypotheses, the author prepared a topic list to assist in the drafting of survey questions. The following is an example from the topic list. The full list may be seen at Appendix A2.

Topic list prepared as a preliminary step to the drafting of the survey questions - example

Topic list	Why important?	How to analyse	Question
After retirement to the coast, another move can be required	Planning of coastal areas; planning decisions need to be realistic	Survey concerns of people at coastal areas; ask others if they have moved back from such areas. Veterans who have moved in the past 12 months are surveyed.	Boxes, say 5 choices: eg 'in my area there are plenty of doctors, other facilities, plenty of friends to help etc'
Trapped in own homes - cannot make enough on the sale	People not coping, lonely, 'genteel poverty', services not sufficient, unable to take advantage of housing options	All areas.	Could ask what they'd get for their houses, and the cost of what they might like to buy into

3.10 Wording of questions and the layout of the questionnaires

The author met with Mr David Groube, Director, Housing Unit, in the Australian Bureau of Statistics Canberra Office, who provided some examples of survey forms on housing they had used, including forms used for the Australian Housing survey of 1994, and an example of a census form. (Australian Housing Survey 1994) In developing his survey questions, the author took account of questions in these surveys, on the grounds that the use of similar wording would make it more likely that problems of interpretation could be avoided.¹⁰ This was possible mainly where questions asked about the type of home and its condition. The author also made use

¹⁰ Australian Bureau of Statistics Disability, Ageing and Carers. Data Reference Package 1993 ABS Catalogue No. 4432.0.

Australian Bureau of Statistics. Australian Housing Survey 1994 form SSS 20.

Australian Bureau of Statistics Australian Housing survey 1994 User Guide ABS Catalogue No. 4180.0.

Australian Bureau of Statistics 1996 Census of Population and Housing: Basic Community Profile. ABS Catalogue No. 2901.0.

of a number of texts on how to develop questionnaires including deVaus, (1995) and Foddy (1993).

The author also looked at some other surveys including the 1996 survey undertaken by Stephen Freeth on behalf of the Rockdale, Hurstville and Kogarah Councils in Sydney NSW which asked questions very pertinent to the planned study. (Freeth 1996) It highlighted the lack of housing options for older people in the St. George region and concluded that while older people generally prefer to stay in their current homes, they recognise that this can become difficult given the need to deal with home maintenance, gardening and expensive renovations to improve access.

The simple questions and format used for Freeth's study provided a useful model for this study. This format required people to select from several possible answers and tick the appropriate box, and answer some 'yes', or 'no' questions. The questions followed a logical sequence, leading to key questions about attitudes to moving. For the majority of questions, respondents were given the opportunity to write in a comment if they wished. The author believed that the subjective comments provided could help bring to life the more objective data obtained through the direct questions.

Some details about the development of the questions for the pilot survey and for the justification of the various questions are contained in Appendix A9.

3.11 Testing of pilot questionnaires

Copies of the two pilot questionnaires were tested with the veteran and his wife who had been previously interviewed (see the Case Study at Chapter 6.6). They examined them closely and said they had no problems with the questions or with the layout.

In addition, the pilot surveys were tested at a Day Care Club which was run at Bateman's Bay in NSW. This meeting was arranged by a DVA social worker. The intention had been to conduct a 'dry run' of the pilot, to involve distributing the

envelope containing the two questionnaires and to see how the group members managed the whole package. As it happened the social worker had had to cancel an earlier invitation and by the time the meeting was held (30th August 1996) it was too late for the 'dry run'. By this date the mail out for the pilot survey was underway.

Though the questionnaires were not presented to the participants in envelopes with covering letters, the exercise was still useful. It showed that the questions in the questionnaire were appropriate, reasonable and understandable and that the pilot survey (which was already underway) should be a success.

The author was also able to identify some other issues. One key issue to arise was that older people in coastal retirement towns may need to move because medical and services for the elderly are lacking and they are often far from their families. There is little by way of public transport and people can end up being rather isolated. The current depression in the housing market in this area was another issue. Several people in two storey homes said they would like to move to single storey accommodation but could not sell their homes for enough to be able to move into alternative accommodation (hostel accommodation was mentioned in one case). Few had children living in the area. Most had retired to the area some years ago and their children now lived elsewhere. These findings added support to the information obtained from the focus groups, described earlier.

3.12 Pilot survey

Presentation

The author worked closely with a forms designer on the layout of the questionnaires. They were then professionally printed. The 'blue' form for veterans and war-widows was one sheet folded into six pages. The 'pink' form for spouses and partners was again on one sheet, but being shorter, was folded into four pages. Arrows were used

to help people through the questionnaire. Copies of the two questionnaires are at Appendix 13.

Covering letter

In order to maximise the response, the author had arranged for the National President of the RSL, Major General W J ('Digger') James to provide a covering letter in support of the survey (Appendix A.13).

Pilot survey sample

Initially the intention was, for practical reasons, to confine the survey to NSW and the ACT. However with the promise of some financial support from the Department of Veterans' Affairs towards the cost of the surveys and access to DVA national data, it was possible to undertake a national survey of about 1,000 people, to be preceded by a pilot survey of about 100. It was considered that the value of the findings would be increased by a national survey, especially given the variety of housing markets operating in Australia.

In the end 105 names were randomly selected from a range of postcodes that were collated to represent a cross section of veterans who would be eligible for inclusion in the main survey. These postcodes are listed in Appendix A.9.

The mail out of the pilot survey took place on 20th August, 1996. Those surveyed were asked to return the questionnaire(s) in the pre-addressed, postage paid envelope to the researcher by 10 October 1996. They had about three weeks in which to do so, allowing for mail delays, after which a reminder letter was sent out. This letter thanked those who had replied and gave the others another two and a half weeks. A number came in after the final date and one came in several months after this.

3.13 Outcome of the pilot survey

Sample problems and response details

Due to an IM oversight, the mailing list, which comprised 105 names, was drawn from the total DVA data base, not just the 'treatment population'. Consequently it included the names of some who were British veterans (eligible for health care through DVA under an agency arrangement with the British Government) and some spouses of deceased veterans not eligible for DVA health care benefits. These people may not have had the same motivation to respond as DVA entitled veterans and war-widow(er)s. Nevertheless a return rate of 57% was still achieved. There were 8 returned not completed. The son of one veteran wrote to say that his father had died. (The author sent his condolences).

While one letter of complaint was received, a number of positive letters and telephone calls supporting research on this subject were also received.

Telephone calls

The author received a number of phone calls (around 25). One widow wanted to provide details over the phone to avoid completing the questionnaire, but she was encouraged to complete the questionnaire. There were several phone calls from the children of those surveyed who advised that their mother or father was not in a position to respond due to ill health and/or was in a nursing home. There were also several phone calls ostensibly to seek clarification on how they might answer a particular question, but the issues were minor and the motivation for the calls seemed to be to convey support for the survey and to provide additional information.

After a reminder letter was sent out in October 1996 one or two people rang to apologise for their failure to respond in time. There were several phone calls from relatives to say that the person contacted was beyond replying on account of their health. The majority of these relatives then put this in writing.

The follow up letter led to an increase in the return rate from 50% to 57%.

Problems with the use of two forms

While most people seemed to have no great difficulty in completing the forms, the 'pink' form for spouses/partners was not as successful as had been hoped. Some people completed both forms in their efforts to be as helpful as possible, while some others completed the wrong form. In addition several people completed the second form on behalf of their spouse/partner.

The author's inclination was not to abandon the use of two forms for the survey proper, as those who completed it properly provided some interesting information. The design of the forms would be improved to address this problem.

Form completed by a relative/other carer

Mostly where relatives/carers sent the questionnaires back, they simply noted that the person was unable to complete the questionnaire. In one or two instances they had also endeavoured to complete the questionnaire on behalf of the person contacted, but this was generally easy to detect from the nature of the answer, comments made, the names provided etc. Such responses were disregarded.

The problem of someone else filling in the answers on a questionnaire is one that is almost impossible to avoid with surveys of old and infirm people, as this was. Invariably some will need help in completing the questions. The difficulty is in knowing whether there were any interpretations made by the person providing the assistance. For example a nurse in a nursing home or a daughter may have helped a veteran who is unable to write, to complete the questionnaire. This raises the question as to whether such responses should be disregarded.

The author's approach was to take each questionnaire on face value, but disregard it if it was apparent that someone else had completed the questionnaire for the veteran or war-widow. In practice this was not hard to ascertain. For example a comment would be made at the top of the form, along the lines that "Mum is in a nursing home and is suffering from dementia. She is unable to complete the questionnaire and I have done so on her behalf." Also any 'helpers' noted the fact on the bottom of the form or in a covering letter.¹¹

3.14 Development of the survey proper

General remarks

Apart from the problems with the use of two forms, described above, the responses to the questions in the two questionnaires indicated that the respondents did not find the questionnaires too long or too difficult to answer. The layout needed some improvement, and several questions needed to be reworked to make them simpler and clearer. Some redundancy was discovered and this led to the length of the questionnaires being reduced.

Further attention was given to the coding requirements, and this led to some further amendments to the layout.

A list of the changes made to the survey forms after the pilot study is at Appendix 9. Copies of the final versions are at Appendix A14.

Coding boxes

¹¹ 'Dementia can affect in some way about one in four Australians in their older years'. (1997, 8 September). The Daily Telegraph (Statement by the Director of the Alzheimers Association of Victoria, Lynette Moore).

While coding boxes had been inserted in the pilot questionnaires, they were not used. Some changes to these were made for the survey proper, further thought having been given to the way the answers would be coded. The changes mainly involved inserting coding boxes in the spaces left for comments so that any comments could be coded as well. This necessitated the preparation of a list of headings to cover any comments made concerning the respective questions asked. Almost every question gave the person an opportunity to make a comment or provide additional information.

Presentation changes

In order to achieve a good response and to ensure that the questionnaires could be completed without difficulty by elderly people, considerable effort went into their design. This included planning the layout so that the forms did not look daunting, using boxes, different fonts, white areas for comments, arrows to direct the respondent, and making use of colour and tints.

The outcome was that the forms used for the main survey looked professional in appearance.

Copies of the revised questionnaires for the main survey may be seen at Appendix A15.

Covering letters

Again the National President of the RSL provided a covering two page letter on official RSL letter head. Likewise, a second covering letter from the Department was included to encourage a good response (Appendix A14).

Drawing of the sample for the main survey

While the sample for the pilot was drawn from particular post code areas, this was dispensed with for the major survey. A nationwide sampling would ensure that any particular post code areas which may be of interest would be adequately represented.

The Department's Information Management (IM) Section first looked at the entire DVA Client Data Base, and extracted the names of veterans and war-widows who are entitled to DVA health care ('treatment') benefits. The DVA Client Data Base comprises the names of some 800,000 people of all ages. While a majority of these are eligible for at least some pension and health care benefits, many are not. Entitlement to health care ('treatment') benefits stems from entitlement to the Disability pensions, the Service pension and the War-widow(er)s pension, and comprises around 340,000 people.

From this 'treatment population' extract, IM removed the names of any treatment entitled person who was under 60 years of age. This left a total of 295,382 eligible veterans and war-widow(er)s who were 60 years of age and older.

From this number (extract #A) they extracted the names of those who had changed their address in the past two years ('movers'), and from this list they obtained a random sample of 200 names. While for the pilot sample, 30% were 'movers', for the main survey this was reduced to 20%, or 200.

Then from the same extract (#A) the names of another 800 veterans and war-widow(er)s, were selected by random sample. A proportion of these would have moved - based on the statistic obtained when the pilot sample was obtained, the author believed that around 150 of these 800 would have been 'movers'.

In addition, IM provided 'reserve' lists. This had been planned as IM had said at the outset that they did not have the resources to make the 'movers' program even more complex by excluding the 'foreign' veterans. This made it necessary to manually extract the names of the foreign veterans from the two lists and replace them with names from two 'reserve' lists (for 'movers' and others) This was done, with the names (around a dozen overall) being added as they appeared, in turn, in the two reserve lists.

In one case the author noted that a veteran whose name had been selected did not have an address. This suggested that the veteran was homeless. While it would have been interesting to get a response from such a person, there was no way of contacting him.

The author therefore replaced his name with another from the appropriate 'reserve' list.

Movers

For the 'pilot' survey, the sample was obtained from 49,723 people in the listed postcodes (which included some coastal retirement areas). Of this number, 3,527 were 'movers' (ie changed postcodes) in 24 months, or 7.1%. For the main survey, there were 19,000 'movers' (ie changed postcodes) in 24 months out of 295,382 who were 60 years of age or over and eligible for DVA health care ('treatment') benefits. This means that 6.4% changed postcodes in 24 months. This figure excludes deaths and new intakes into post code areas and also does not take account of any people who moved out and then back in to a postcode area. The State break up was:

Table 3.1

Veterans who changed postcodes in the preceding 24 months

NSW	6408
Vic	4239
Qld	3973
SA	1676
WA	2158
Tas	546
TOTAL	19,000 'movers'

3.15 Undertaking the main survey

As for the pilot, the address list was provided to the mailing house on disk. The mailing house collated the various inclusions (covering letters, questionnaires, return pre-addressed and postage paid envelope), addressed the envelope and despatched it. The survey package was posted out on 28 October with a return date of 20 November 1996.

Telephone inquiries commenced almost the day after the mailout and continued for over a month. Initially the author received around 10 calls a day for about a week, but

this trailed off to around two or three a week as time went by. A reminder letter was sent out on 21 November 1996 giving a two week extension but questionnaires received up to 6 December 1996 were accepted.

This reminder letter generated more phone calls, generally to apologise for not replying in time. A number were from adult children/other carers to advise that the person was in poor health and/or in a nursing home and would not be responding. Many of the telephone calls were superficially about particular questions but really seemed to arise either from some enthusiasm for the survey and a desire to talk in person to the researcher who had shown interest in them. Others phoned through some concern about the importance of the survey and their perceived inability to say very much of interest. Especially after the reminder letter was sent out, adult children or other carers telephoned to say that the recipient of the survey was in a nursing home and/or was very ill, so would not be replying.

Letters accompanied a number of returned questionnaires, generally providing more details about individual circumstances.

One survey 'package' was returned marked 'address unknown', while 6 were returned not completed.

Of the 1,000 sent out, there were over 700 replies. However a number of these had to be disregarded because the wrong form had been completed, or because the questionnaire had been completed independently of the veteran/war-widow by another party or it could not be coded for some other reason.

There were 685 veterans/war-widows (blue) forms suitable for coding, and 156 spouse/partner (pink) forms. The number actually returned was higher but close examination revealed that many had not been properly completed. More heed could have been taken of the problems with the 'pink' form in the pilot survey. In retrospect, the inability of many older people, some of whom would not have had much of an education, to closely follow the instructions could have been anticipated.

The reminder letter led to the return rate climbing from around 60% to around 72%. However the 'effective' return rate for the 'Blue' form, after wrongly completed questionnaires had been removed, was 68.5%. It was not possible to provide a return rate for the 'Pink' form as there was no way of knowing the number of spouses/partners of the surveyed veterans.

3.16 Comments by the respondents

The survey questionnaire allowed participants to provide individual comments. While statistics were collated through coding of answers which matched up with a list of the answers that the author and coder had determined (subjectively) to be the most common answers made it difficult to find statistically valid data. Subjective assessment of the comments and letters was also necessary.

3.17 Follow up correspondence and telephone calls

The questionnaire invited participants to say if they would mind providing further information to the researcher if called upon. The intention was to follow up on a sample of these in 1997. This could have taken the form of a letter asking more questions on issues that arose in examining the results any trends. If practicable, interviews would also be arranged with some of those whose answers were relevant to the matters being looked at more closely. These would be written up as case studies.

A high proportion of veterans and war-widows gave their names and addresses, and telephone numbers, while others wrote letters, providing further and inviting further

contact. In light of the available time and resources, it proved impractical for the researcher to send out letters, but he did make a number of telephone calls. In this regard special care had to be taken as the veteran or war-widow may have died in the interim.

3.18 Generating the data files from the main survey

Coding of the questions in the main survey - methodology

Because of the size and complexity of the survey, the author considered it necessary to employ a person to undertake the coding of the completed questionnaires. This necessitated several discussions with the coder to finalise the coding instructions. The initial list of categories under which the various comments were to be coded required some culling and consolidation. Otherwise there may have been too broad a list of responses and the resulting statistics would have been meaningless. In addition it would have then been conceivable that someone could trace a particular answer to a particular person.

Coding was completed by 31 December 1996. Analysis by the author continued during the 1997 university year.

Four data files

The first file 'Main' file comprised the 685 respondents to the 'veterans and war-widow(er)s' questionnaire.

The next file comprised the 'movers' who had responded to the veterans and war-widow(er)s questionnaire (a subset of the 685).

For privacy reasons the questionnaires were not marked in any way to allow the identification of the ones who were from the group of 200 'movers'. This task had to be done manually. The author was only able to identify those who had provided their

names and addresses, but fortunately the majority of people put their name and contact details on their questionnaires, and in some cases attached letters.

The names were then separated out from the others in a file of 'movers'. A check using the SPSS system revealed that several of the 'movers' group had in fact stated they had been in their home for more than 5 years. This may have been because they made an error. Another possibility is that they move north for the winter and advised the Department of a new address for their pension cheque for the winter period. A further possibility is that while they may now be living in a hostel or nursing home, they may still have kept their 'home' and home address. In any event, their names were removed from the list of 'movers'. This left a total of 83 people in the 'movers' file.

The next file (called the 'Second' file) comprised the 685 less the known 83 movers, less those within the 'movers' group whose answers had cast some doubt on whether they had in fact moved.

The fourth file comprised those who responded to the 'Pink' form sent out to spouses and partners (the 'Spouses/Partners' file).

Before providing the results of the research in chapter 5, in the next chapter the author will pause to provide some information on veterans and war-widows and the Department of Veterans' Affairs, to give an indication of how veterans may or may not be different from their peers in the community in terms of benefits received. While some may indeed be better off than their peers on account of these benefits, the main difference is likely to be that the non-veteran community is comprised of a significant proportion of migrants who have arrived in Australia since the Second World War.

Chapter 4

Background information on the Department of Veterans' Affairs and its clients

While this thesis concerns housing for elderly people, it focuses on older veterans and war-widows, although one of the two survey questionnaires was to be completed by spouses and partners, who are, in the main, non veterans. It was suggested in the introduction to this thesis that the circumstances and housing requirements of veterans and war-widows are similar to those of their non veteran peers in the community. Hence the research findings may be expected to be representative of the situation of all older members of the Australian community.

To help the reader gain a better understanding of the extent to which veterans and war-widows are or are not different from other members of the community, and hence to see the research findings in this perspective, this chapter provides information on veterans and war-widows.

4.1 Population details

The following information has been obtained from several Departmental publications but mainly from the findings reported in two Departmental surveys conducted in the two years prior to mid 1994. (Department of Veterans Affairs 1994: 1; Department of Veterans Affairs 1995b: 3,4)

The Department of Veterans' Affairs (DVA) provides pensions and other benefits to over half a million people who served Australia in war or are dependants of those who

served. However the total DVA client base, including those not currently receiving benefits, comprises over 803,000 people.

Of this number, about 276,000 are veterans and about 270,000 are war-widows, widowers or dependants of DVA pensioners. In 1995 there were 198,739 veterans in receipt of the Service pension which is equivalent to the age pension, and which is also income/assets tested. 148,974 wives and widowers receive support payments, including around 88,000 war-widows in receipt of a War widows pension. In June 1995 there were also 157,298 veterans in receipt of a pension in compensation for service related disabilities (the disability pension). There is considerable overlap between the service and disability pension groups (that is, many veterans are in receipt of both pensions).

Approximately 340,000 veterans, including the 88,000 war-widows, are entitled to health care at Departmental expense. This group is known as the 'treatment population'. Approximately 82,000 are only eligible for the treatment of service related disabilities, while the rest are eligible for the treatment of all conditions. (Department of Veterans Affairs 1997: 12)

The total treatment population is projected to decline by 10% by the year 2001, but the number of veterans and dependants aged 75 or older will increase from 119,000 to around 216,800. The treatment population was 341,566 in 1994, 341,464 in 1995 and is projected to be 308,000 in 2001.¹²

In 1994 approximately 85% of the treatment population was aged 65 years or older while some 50% was 75 and over. While the number of people in Australia aged 75 or older has been projected to increase by 29% between 1994 and 2001, over the same period the number of veterans and dependants aged 75 or older will increase by 76%. That is, the veteran population is 'ageing' at a much faster rate than the general population. By the year 2001, almost three quarters of veterans and war-widows will be aged 75 or older.

¹² Department of Veterans' Affairs. Treatment Population Statistics - Quarterly Report March 1997: Table 8 : Treatment Population Projections).

Veterans and their widows now form a substantial proportion of the aged population in Australia. Currently 23% of Australian males and 7% of Australian females aged 65 years or over are veterans and their widow(er)¹³. A study of elderly veterans is thus a study of a significant component of the elderly in Australia.

¹³ Department of Veterans' Affairs. Paper prepared for the Health and Community Services Ministerial Council, June 1995.

Table 4.1 shows the age (65+) and sex break-up of the DVA treatment population at 1 July 1997, as a part of the Australian population.

Table 4.1

Proportion of DVA Treatment Population by age by sex, 1 July 1997

Age group	Male			Fem			Person		
	Total pop'n	DVA pop'n	% of total pop'n	Total pop'n	DVA pop'n	% of total pop'n	Total pop'n	DVA pop'n	% of total pop'n
65-69	337467	8660	3%	354783	11939	3%	692250	20599	3%
70-74	276141	66510	24%	327023	29753	9%	603164	96263	16%
75-79	179609	71420	40%	243797	28378	12%	423406	99798	24%
80-84	105839	30463	29%	176622	17081	10%	282461	47544	17%
85+	60298	10799	18%	141601	10849	8%	201899	21648	11%
Cumul Age									
65 & over	959354	187852	20%	1243826	98000	8%	2203180	285852	13%
70 & over	621887	179192	29%	889043	86061	10%	1510930	265253	18%
75 & over	345746	112682	33%	562020	56308	10%	9077660	168990	19%
80 & over	166137	41262	25%	318223	27930	9%	484360	69192	14%
85 & over	60298	10799	18%	141601	10849	8%	201899	21648	11%

Source: DVA Treatment Population Statistics, June 1997

Australian Demographic Statistics, December Quarter 1996 Australian Bureau of Statistics (ABS) Cat No 3101.0

Other information obtained from DVA surveys

- Eighty six per-cent of veteran/war-widow households either live alone or in a household of two.
- Despite reporting deteriorating health in the previous five years, staying on in their homes remains a strong priority - 98% said that staying in their own home is important with 88% rating it as very important. (Department of Veterans Affairs 1994: 13)
- Most older veterans (89%) also feel that it is important to very important to have people around who could do things that they cannot manage. (Department of Veterans' Affairs 1994: 13)

The DVA surveys showed that major concerns included the effects of increasing disability on quality of life and the person's level of independence or ability to stay in their own home. (ibid: 21) The most commonly rated priority for DVA over the next five years was to improve services designed to enable people to remain in their own homes. Even so, the surveys showed that a number of older veterans were thinking about moving to a retirement village. The perceived advantages were having support when needed, access to medical services and less gardening and home maintenance. Conversely, the perceived disadvantages were loss of independence, moving away from friends and family, selling the home, and having nothing to do.

As an indication of this reluctance to move, the methodology chapter showed that of the 295,382 veterans and war-widows entitled to treatment from whom the survey sample was taken, only around 7% had changed their post code in the past two years, or approximately 3.5% per year.

4.2 How different are older veterans from other members of the community?

In focusing on veterans and war-widows, one should be careful of preconceptions based on community sentiments and assumptions. In general our society accepts that

veterans and their dependants deserve special treatment, but some organisations providing community services often exclude veterans on the grounds that they are far better off than others.

Putting aside the question of their need for special treatment because they served their country, we can still ask whether veterans and war-widows are better off than their peers.

Looking first at their health, on one hand only the fit were selected for war service so that many of those who returned without incurring any disabilities relating to their war service may today be even fitter than their peers. On the other hand there are some very ill veterans whose quality of life is very poor indeed on account of their war service, though the worst affected by our two major wars are unlikely to have survived until now. For example many veterans have had amputations as a consequence of their war experiences. Others may have mental problems that are war related, including problems with alcohol. Today we may put many of these mental problems under the heading of 'Post Traumatic Stress Disorder (PTSD)'. PTSD can re-occur in later life and be a cause of the homelessness for which the charities (like the Wintringham Homes in Melbourne) must cater.

On balance, it is reasonable to say that the health enjoyed by the majority of veterans may be now no worse than that of their elderly peers who saw no war service. Older veterans are now, in the main, suffering from the diseases and chronic conditions that afflict all older people.

For this reason the Department of Veterans' Affairs is now focusing on providing veterans with the kind of health care services needed by other aged people in the community as against meeting the unique needs arising from veterans' war service. This was a major factor in the decision by the Repatriation Commission to sell the Repatriation Hospitals or to transfer them to State Governments. Large general hospitals in metropolitan capitals for acute care were no longer viable especially as

older veterans were not in a position to travel large distances and wanted to be treated in local community facilities.

In terms of their financial status, it is also apparent that eligible veterans and war-widows are better off overall than their peers. A 1994 report on compensation for veterans and war-widows commissioned by the Minister for Veterans' Affairs (the 'Baume' report) said in regard to the generosity of compensation, that while other schemes assume do not compensate people after normal retirement age, this is not the case with veterans and war-widows. (Baume, Bomball and Layton 1994: 40)

'The overall result is that this scheme has developed into one which is not merely generous, but comparatively extravagant in contrast with the rest of the community.'

With regard to the granting of the war-widows pension, the report also notes the following comment by the Australian National Audit Office:

'diseases not untypical for elderly males and which are of chronic aetiology (ie dependent on an accumulation over decades of sufficient exposure to an array of causal factors) are being accepted as leading to war caused deaths. (ibid 1994: 112)

Again care needs to be taken here to avoid making easy judgements. There are some very wealthy veterans, some of whom receive the highest level of disability pension and some who, by clever accounting, may also be able to claim the Service Pension. Nevertheless, like other pensioner groups, aged veterans (some of whom may not even have applied for the Service Pension even if eligible, or for a disability pension even if they have disabilities that may be war caused) and war-widows, are still represented amongst the poorest in the land. Veterans have also been and continue to be, well represented in the ranks of the homeless and the distressed. The Chief Executive Officer of Wintringham Homes (which houses elderly homeless people in Melbourne) noted at the May 1996 National Housing Conference that veterans can

always be found amongst the down and out and homeless for whom his organisation cares.¹⁴

It should also be noted that while the experience of war particularly affected the lives of those who served, it still affected the lives of those who remained at home. In addition the great majority of veterans have shared with their peers the experience of such events as the Great Depression. Similarly, while many of the older community who are non veterans migrated to Australia after World War II, some of them may also have experienced many of the traumas of war.

The fact that increasingly the typical DVA client is a war-widow who has seen no war service is also worth emphasising. It means that apart from differences in the benefits received, the typical DVA client is increasingly no different to other older members of the community. The main difference may be a cultural one, since, as was suggested earlier, the non-veteran community is comprised of a significant proportion of people who emigrated to Australia after the Second World War.

4.3 Housing Policy in the DVA

Over many years veterans have been able to obtain low interest loans under the Defence Service Homes Scheme (DSH Scheme). Other benefits have included home owners insurance and home contents insurance at competitive rates. Currently the maximum loan available to an ex-service man or woman or widow or widower of an ex-service man or woman is \$25,000 repayable over 25 years.

In recent years it has become apparent to the Department of Veterans' Affairs, which has responsibility for the DSH Scheme, that with the ageing of the veteran population and changing accommodation needs, a broadening of the housing benefits was

¹⁴ Reported by Bryan Lipmann, CEO, Wintringham Homes, Melbourne, in an address: Why are elderly poor dying in homeless person's night shelters? National Conference - Housing and Ageing Society UNSW 8-9 May 1996.

necessary. A great majority of those eligible for a loan had already accessed their entitlement many years ago and as a consequence were not eligible for a second loan to make their home more suitable in their retirement or to purchase a more suitable home. A further problem was that the loan had to be covered by a mortgage. This made for difficulties in approving loans where, for example, the person was purchasing a licence for a retirement village unit and so did not actually own the unit. Other problems included a rise in the number of older veterans and widows who were experiencing problems in maintaining their homes.

The Department also came to appreciate that the housing needs of an ageing veteran population cannot be separated from their health care needs and their social well-being. Because the DVA legislation (the Veterans' Entitlements Act, or the 'VEA') defined health care (called 'treatment' in the VEA) as including the provision of services to ensure the social well-being of veterans and their dependants, this had, from the mid 1980's, allowed the Department to develop policies which were not just aimed at providing a standard range of health care services such as medical and dental care. They permitted the Department to develop a range of services to help veterans to remain in their own homes and enjoy a better lifestyle. A home help scheme was implemented, but this was soon subsumed into HACC. Other measures have included veteran and care provider health education, veterans information and assistance services, and grants programs including the Joint Venture Scheme (funding projects which may assist older people to remain in their homes for example through assisting them to participate in community recreation activities) and a Community Care Seeding Grants Program.

The Department also took steps to address some of the shortcomings of the DSH Scheme. These included allowing veterans to use their DVA loan to purchase a retirement village unit. A home maintenance telephone advice and assistance service was established and is now operating very successfully.

The need to integrate policy planning for housing and health was a key reason for the transfer of housing responsibilities including responsibility for the DSH scheme and

certain housing/care related health services, to a new Branch within the Department's Health Care and Services Division. This new Branch has responsibilities for the DSH scheme and for a range of programs relating to residential and community aged care including the Joint Venture Program, the Community Care Seeding Grants Program, the Residential Care Development Scheme (providing seeding funding to organisations to develop residential care facilities), a home modifications program for the disabled (providing, for example, ramps and bathroom modifications) and the home maintenance assistance service.

Currently the Department is exploring further measures. These include the provision of a second loan to those who need a loan to renovate their homes or to move to a new home. This could involve reverse equity mortgage arrangements

Further funding will be provided towards the upgrading of residential care facilities operated by ex-service organisations to include special facilities for those with dementia, with special emphasis being given to the needs of veterans in rural and remote areas. Community Age Care Packages establishment grants will be made to ex-service organisations and community based organisations who have obtained approval for these from the Department of Health and Family Services.

The Department's policies aim to provide a balance between the need to allow veterans to remain in their own homes for as long as possible and to provide the necessary assistance to those older veterans and war-widows who need to move to special accommodation.

Further details on the functions of the Department and the Repatriation Commission, veterans' entitlements, administrative arrangements and current issues may be found at Appendix 12.

4.4 Summary

This thesis focuses on veterans and war-widows, hence Chapter 4 provides background information for the reader about the DVA legislation and the role of the Department, giving details of health care, pension, housing and other benefits available to the Department's clients. While veterans and war-widows are a significant and special group within the elderly Australian population who receive special benefits and may as a group be relatively better off than some other older groups, the chapter argues that their circumstances and needs are not significantly different from those of their non veteran peers. With the proviso that many non veterans immigrated to Australia after WWII, in which case there may be some cultural factors, the findings of this research into their housing should thus equally apply to other members of the elderly community.

The next chapter details the results of the research, and relates these to the research hypotheses listed in the introductory chapter.

Chapter 5

Introduction to the survey results

This chapter provides a 'snap shot' of the respondents to the survey of veterans and war-widow(er)s (the 'Blue' questionnaire) - their age, gender, their housing situation and whether they have moved in the past five years. This will be followed by a short section listing data from the Australian Housing Survey to allow some comparison to be made between veterans and non veterans in similar age groupings.

5.1 Introduction

In the chapter on the methodology (Chapter 3) the author reported that four data files were created: a 'Main' file, a 'Second' file, a 'Movers' file and a 'Spouses and Partners' file.

The statistics for this 'overview' chapter will be based on the 'Main' file which comprised the 685 respondents to the veterans and war-widow(er)s questionnaire (the 'Blue' questionnaire). A total of 1,000 veterans and war-widow(er)s were sent the 'Blue' form.

The 'Second' file comprises the 571 respondents who were in the larger of the two random samples of DVA clients, which contained 800 clients whose selection had not been dependent upon their having moved. (They may well have moved also). It filters out respondents from the second random sample of 200 clients (the 'movers'). The latter had been identified by DVA as people who had changed address ('moved') in the past two years.

Chapter 6 will focus mainly on the 'Second' file in its examination of the four hypotheses. This has been called the 'Pink' questionnaire. The 'movers' and 'spouses/partners' files will also be examined. Some special issues that arose will be discussed separately.

The following summary will help clarify the relationship between the four files and the two separate questionnaires.

Relationship between the four files and the 'Blue' and 'Pink' questionnaires

Survey sample:

[800 veterans and war-widow(er)s, who may or may not have moved] + [200 veterans and war-widow(ers) who had advised DVA of a change of address] = survey of 1,000.

'*Main*' file (from 'Blue' form respondents):

Of the 685 questionnaires coded, 571 were from the group of 800 (71.3% of this group), and 114 were from the group of 200 (57% of this group). This was called the 'MAIN' file.

'*Second*' file (from 'Blue' form respondents):

This comprised the 571 out of the 800 (ie a response rate of 71.3% for this group) whose 'moving' status was not the basis for their inclusion in the survey, and who thus may or may not have moved.

'*Movers*' file (from 'Blue' form respondents):

This comprised the 114 respondents out of the sample of 200 'movers' (people who had advised the Department of an address change in the previous two years) *less* 31 because their answers to the question asking how long they had lived in their current home indicated they had not, in fact, moved permanently. While 200 may have advised the Department of Veterans' Affairs of a change of address, this may only

have been because they may have moved north to a holiday cottage to avoid the cold of winter, but then they moved back to their permanent home.

Hence the file called 'Movers' comprises only 83 cases (41.5% of the 200) who confirmed by their answers that they had definitely moved.

'Spouses/partners' file (from 'Pink' form respondents):

The 'spouses/partners' file comprises those spouses or partners who returned the separate 'Pink' questionnaire. While 1,000 forms were sent out, there was no way of knowing how many spouses or partners would receive the survey, and hence what was the response rate. A total of 156 were coded.

5.2 Description of the veterans and war-widows who responded ('Main' file)

This overview will be based on the responses to the first five 'general information' questions of the 'Blue' questionnaire as the later questions focused more on housing issues.

Veteran/war-widow status (Question 1, 'Blue' questionnaire)

Of the 685 respondents, 452 or 66.3% were veterans, while 29.9% were war-widow(er)s (Table 5.1). Three and a half per-cent were both veterans and war-widow(er)s.

This break up is roughly in proportion to the veteran population. There are approximately 260,000 veterans eligible for the service and/or disability pension, 154,000 dependent spouses/widows, and 97,000 war-widow(ers)s (23%). However the treatment population (which comprises veterans eligible for health care, plus entitled dependants, mainly war-widowers) is approximately 340,000 and war-widow(ers)s comprise around 28% of this. (Department of Veterans' Affairs:1997)

Table 5.1 Veteran status

		Respondent's category		
		Frequency	Percent	Valid Percent
Valid	Veteran	452	66.0	66.3
	War Widow(er)	204	29.8	29.9
	Both	24	3.5	3.5
Missing		5	.7	.3
Total		685	100.0	100.0

Source: Author's survey - 'Main' file. 'Blue' questionnaire: Question 1

Because a veteran may be a female, a cross tabulation was obtained on question 1 and question 2b (gender) to see how many female veterans there were who were not also war-widows. There were 28 which represents about 12% of the female respondents. The treatment population comprises approximately 2.7% of female veterans. (DVA Statistics Unit November 1997) The cross tabulation table also showed that there were 13 war-widowers, 11 of whom were also veterans. (See Table 5.2). There are approximately 122 war-widow(er)s in the treatment population, or 0.03%. (DVA Statistics Unit, November 1997)

Table 5.2

Gender * Respondent's category Crosstabulation

		Respondent's category			Total
		Veteran	War Widow(er)	Both	
Gender	male	411	13	11	435 (63.5%)
	female	28	182	11	221 (32.2%)
	missing	17	10	2	29 (4.2%)
Total		456	205	24	685 (100%)

Source: Author's survey - 'Main' file. Total 685, missing 29.

'Blue' questionnaire: Questions 1 and 2b.

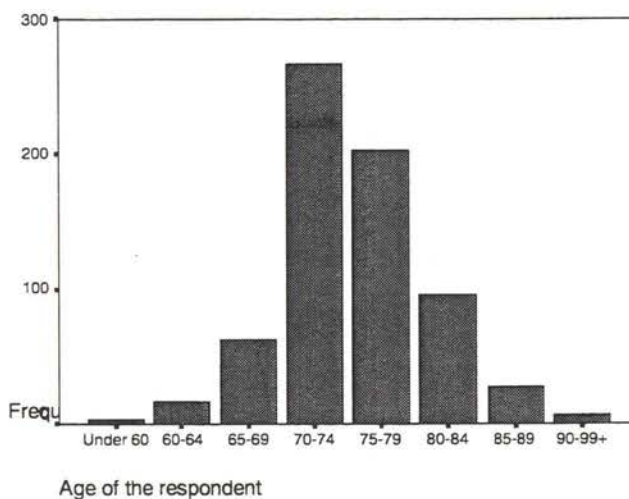
Age of the respondents - question 2

The mean (mid way between 70-74 or approximately 73) is in line with the average age of the veteran population. The average age of the treatment population was 71.77 years in June 1997. The average age of 'Gold' card holders ('full' treatment benefits) was 74.57 years, and of 'White' card holders (treatment for 'service related' conditions only), 63.09 years. However 61% of 'White' card holders are under 60 years, so that the average age of the veteran population over 60 is closer to the age of the 'Gold' card holders. In June 1997, 86% of the treatment population was 60 years of age or older and 49.6% was 75 years or older. (Department of Veterans' Affairs 1997)

Approximately 49% of those who responded were over 75 years (see Appendix 11, Table A.1 and Chart 5.1).

While the survey criteria excluded those under 60, three people must have understated their age or made an error, for three ticked the box meant for those who were under 60.

Chart 5.1 Age of the respondents



Source: Author's survey "Main" file
'Blue' questionnaire: Question 2a.

Fifty per-cent of the males were 70 or over while 81% of the females were 70 or over.

Table 5.3

Age of the respondent/gender cross tabulation

Age of respondent	Gender				Missing	Total	Valid %
	Male	Valid % (M)	Female	Valid % (F)			
Under 60	2	0.5				2	0.3
60-64	7	1.6	8	3.6		16	2.4
65-69	25	5.7	34	15.3		60	9.1
70-74	186	42.6	74	33.4		260	39.5
75-79	143	32.7	54	24.4		197	29.9
80-84	59	13.5	34	15.4		93	14.1
85-89	15	3.4	11	5.0		26	3.9
90-99+		0	6	2.7		6	0.9
Missing					28	28	
Total	437	100	221	100	28	685	100

Source: Author's survey - 'Main' file. Total 685, missing 28.

Veterans/war-widow(er)s questionnaire: Questions 2a and 2b.

Marital status - question 2c

Half of the respondents were married, while 43% were widowed. Only 4% were separated or divorced, while 2.5% had never married (see Tables 5.4 and 5.5).

Of the 16 who had never married, one was a female. The thirteen married females would have been veterans in their own right because war-widow status is lost on re-marriage (see Table 5.4). The number of widows corresponds with the number of war-widows plus female veterans shown in Table 5.5.

Table 5.4

Marital status/gender crosstabulation

	Gender				Missing	Total	Valid %
	Male	valid % M	Female	valid % F			
Marital status							
Married	312	74.3	13	5.9		325	50.5
Defacto		0		0			
Separated/divorced	24	5.7	1	0.4		25	3.9
Widowed	69	16.4	205	93		274	42.8
Never married	15	3.6	1	0.4		16	2.5
Missing					45	45	
Total	420	100	220	100	45	685	

Source: Author's survey - 'Main' file. Missing 45.

'Blue' questionnaire: Questions 2c and 2b.

Table 5.5 **Respondent's DVA category**

	Vet	Valid %	War-widow	Valid %	Both	Missing	Total	Valid %
Marital status								
Married	318	73	13	6.5			331	50.2
Defacto			1	0.5			1	0.1
Separated/divorced	25	5.7	1	0.5	1		27	4.1
Widowed	75	17.2	185	92.5	23		283	42.9
Never married	17	3.9					17	2.6
Not known							659	
Missing						26	26	
Total	435	100	200	100	24	26	685	

Source: Author's survey - 'Main' file. Missing 26.

'Blue' questionnaire: Questions 2c and 1.

With whom were they living (Question 2d)

Around half were living with their spouse or partner, while around 45% were living on their own (Table 5.6). About 6% were living with their children or other family.

Table 5.6 Living arrangements

		Frequency	Percent	Valid Percent
Valid	With my spouse/partner	304	44.4	48.5
	With my children/other family	37	5.4	5.9
	On my own	283	41.3	45.1
	Other	3	.4	.5
	Total	627	91.5	100.0
Missing		58	8.5	
Total		685	100.0	

Source: Author's survey - 'Main' file

Veterans/war-widow(er)s questionnaire: Question 2d.

The 1994 DVA Health and Lifestyle survey showed that 18% of men (ie male veterans) and 75% of female clients live alone, which represented an increase from 1989, when 11% of men and 63% of women lived alone. The DVA surveys also showed that men are more likely to be living with a spouse or partner (94%) while women are most likely to be living with children (48%) They also showed that people in the older age groups are more likely to live alone. Of those under 65 years of age, 28% live alone compared to 65% of those aged 85 or over. (DVA 1994: 3)

Analysis of the survey data supported the findings of this DVA research. To provide a comparison with these statistics, a cross tabulation was obtained on gender, age and 'with whom do you live'.

The table at Appendix 11 A.2 shows that 82% of the female respondents live on their own, and 26% of males, which would reflect the ageing of the veteran population and

the fact that the great majority of the female respondents were war-widows. Again as might be anticipated, more females (23 or around 11%) were living with family than males (14, or around 3.5%). Forty five percent live on their own. Seventy percent of women over 85 years live on their own and 36% of men over 85.

Place of residence - Question 3a

More than half of the respondents (55%) live in a metropolitan area, while 72% live in a metropolitan area or regional city. Around 23% live in a country town or village, while almost 4% live on a farm or rural property (Table 5.7).

Table 5.7 Place of residence

“I live in....”	Numbers	%	Valid %
A metropolitan area	359	52.4	54.6
A regional city	115	16.8	17.5
A country town	132	19.3	20.1
A country village/hamlet	22	3.2	3.3
On a farm/rural property	25	3.6	3.8
In a coastal town or village	4	0.6	0.6
Other	1	0.1	0.2
Missing	27	3.9	
Total	685	100	100

Source: Author’s survey - ‘Main’ file. Missing 27.

‘Blue’ questionnaire: Question 3a.

Housing situation - Question 3c

Almost 80% live in a separate house, a semi-detached, a row or terrace house or a town house. Approximately 66% live in a separate house, around 13% live in flats, 3.4% live in retirement villages, 1.5% in hostels and 1.2% in nursing homes. Around

1% live in a caravan or trailer park, while 0.6 per-cent live in a home belonging to their family or children.

(Note: Because the 'Main' file includes the special 'movers' group, Table 5.8 understates the numbers of veterans and war-widow(er)s in separate houses. Many of the movers would have moved out of separate houses. Table Appendix A.3, which comes from the 'Second' file, shows that approximately 70% are in separate houses and another 12% in semi-detached/row/terrace/town houses. Around 11% are in flats).

Table 5.8 Type of home

Type of home	Numbers	Valid percent
Separate house	424	65.5
Semi-detached/row or terrace/ town house - one storey	72	10.5
Semi-detached/row or terrace/ town house - two or more storeys	17	2.5
Flat attached to house	16	2.3
Other flat/unit/apartment 1 or 2 storey block	47	6.9
Other flat/unit/apartment 3 storey block	11	1.6
Other flat/unit/apartment 4 or more storey block	9	1.3
Caravan/trailer park	7	1.0
Home of children or other family	4	0.6
Retirement village	22	3.2
Nursing home	8	1.2
Hostel	10	1.5
Total respondents		100.0
Missing	38	
Total	685	

Source: Author's survey - 'Main' file. Missing 38.

Veterans/war-widow(er)s questionnaire: Question 3c.

Cross tabulations were generated with statistics on age, marital status, gender and living arrangements. These showed that 69% of the males and 62% of the females lived in a separate house. The 22 people in retirement villages comprised 2.9% of the male respondents and 4.8% of the female respondents. Again by comparison, there

were more females in nursing homes and hostels ie, 1.9% of the male respondents and 4.3% of the females.

Table 5.9 Type of home and marital status cross tabulation

Type of home <i>Note: % in column = % of group</i>	% Married	% widowed+ separated/ divorced	% Never married	Col % of total respondents by house type & Nos
Number (..) = No. within subgroup	Nos. = (..)	Nos. = (..)	Nos. = (..)	Nos. = (..)
Separate house	75% (245)	57.7% (168)	25% (3)	66% (418)
Semi-detached/row or terrace/ town house - one storey	11.3% (37)	10.6% (31)	8% (1)	11% (69)
Semi-detached/row or terrace/ town house - two or more storeys	2.7% (9)	2.7% (8)		2.7% (17)
Flat attached to house	1.5% (5)	3.4% (10)		2.4% (15)
Other flat/unit/apartment 1 or 2 storey block	3.4% (11)	10% (29)	33% (4)	7% (44)
Other flat/unit/apartment 3 storey block	1.2% (4)	2.4% (7)		1.7% (11)
Other flat/unit/apartment 4 or more storey block	0.9% (3)	1.7% (5)	8% (1)	1.4% (9)
Caravan/trailer park	0.3 (1)	1.7% (5)	8% (1)	1.1% (7)
Home of children or other family	0 (0)	1% (3)		0.5% (3)
Retirement village	2.1% (7)	4.8% (14)		3.3% (21)
Nursing home	1.2% (3)	1.4% (4)		1.3% (8)
Hostel	0 (1)	2.4% (7)	17% (2)	1.6% (10)
Sub total	327	291	12	630
Missing				55
Total.				685

Source: Author's survey - 'Main' file. Missing 55.

Veterans/war-widow(er)s questionnaire: Cross tabulation Questions 3c and 2c.

Table 5.9 shows that 75% of all those who were married lived in a separate house. Excluding separated and divorced from the widowed/separated/divorced group, 59% of those widowed lived in a separate house. This finding indicates that a move out of the separate house is related to a change in marital circumstances and a change in needs.

Housing tenure - question 3d

Three quarters of the survey respondents (74.8%) said that they owned their homes, while a further 7.8% said they were purchasing their homes. Thus almost 83% had the security of tenure provided by ownership. Almost 6% (5.8%) were in private rental accommodation, while almost 7% (6.6%) were renting government accommodation. Two and a half per-cent were living in accommodation owned by their children or other family.

Tenure and house type (Table 5.10 and Table Appendix A.4)

Overall 75% owned their own homes and 64% either fully owned or were purchasing a separate home. Approximately 80% of the male respondents owned a separate house and 77% of the females owned a separate house (see Appendix Table A.4), while 84% of males owned or were purchasing their homes, and 79% of the females.

A comparison with 1974 Aged Person's Housing Survey figures for the general population shows consistency over time. In 1974, 85% of aged married couples owned their own home or were purchasing them and 60% of aged singles owned their own home. (Pollard and Pollard 1986: 41) The great majority lived in detached houses, (77%) with 85% of married couples and 72% of singles living in a separate house. (ibid) Any differences for veterans could possibly be the result of the availability of lower interest DVA housing loans to veterans and the number of War-widow(er)s in the sample, and hence include the advantage of the higher level of the War-widow(er)s pension status over the age pension.

Table 5.10 Type of home/tenure cross tabulation

Type of home	% Fully owned	% being purchased	% Private rental	% Gov't rental	Owned by ch'n/ family	N.A.	Total Row % & Nos
Number (..) = No. within subgroup	% & Nos.	% & Nos.	% & Nos	% & Nos	% & Nos.	% & Nos	
Separate house	58% (360)	6.1% (38)	1.3% (8)	0.6% (4)	1.1% (7)	0.2% (1)	67.6% (418))
Semi-detached/row/terrace/ town house - 1 storey	6.6% (41)	1.0% (6)	1.5% (9)	1.5% (9)	0.3% (2)	0.6% (4)	11.5% (71)
Semi-detached/row/terrace/ town house - 2 or more storeys	1.6% (10)	0% (0)	0.2% (1)	0.2% (1)	0% (0)	0.2% (1)	2.1% (13)
Flat attached to house	1.3% (8)	0.3% (2)	0.2% (1)	0.2% (1)	0.6% (4)	0% (0)	2.6% (16)
Other flat/unit/apartment 1 or 2 storey block	2.4% (15)	0.3% (2)	1.1% (7)	2.9% (18)	0.2% (1)	0% (0)	7% (43)
Other flat/unit/apartment 3 storey block	1.3% (8)	0% (0)	0.2% (1)	0.2% (1)	0% (0)	0% (0)	1.5% (10)
Other flat/unit/apartment 4 or more storey block	0.6% (4)	0% (0)	0.2% (1)	0.6% (4)	0% (0)	0% (0)	1.5% (9)
Caravan/trailer park	0.6% (4)	0% (0)	0.3 (2)	0% (0)	0% (0)	0% (0)	1% (6)
Home of children or other family	0 (0)	0% (0)	0.2% (1)	0% (0)	0.2% (1)	0% (0)	0.3% (2)
Retirement village	1.6% (10)	0% (0)	0.3% (2)	0.3% (2)	0% (0)	0.3% (2)	2.6% (16)
Nursing home	0.5% (3)	0% (0)	0% (0)	0% (0)	0% (0)	0.3% (2)	0.8% (5)
Hostel	0.2% (1)	0.2% (1)	0.2% (1)	0.2% (1)	0% (0)	0.8% (5)	1.5% (9)
Sub total	464	49	34	41	15	15	618
Missing							67
Total.							685

Source: Author's survey - 'Main' file. Total 685, missing 67. Q3c & 3d. Veterans/war-widow(er)s ('Blue' form).

As would be expected, those in the private and governmental rental sectors are much less likely to be in a separate house (16%) compared with those who own or are purchasing their home (78%) (see Table 5.10).

Approximately 5.5% were in private rental accommodation and 6.6% were in government rental accommodation, while 2.4% were living with children/other family.

Condition of dwelling (Question 3e)

Table 5.11 Condition of dwelling

<i>Condition</i>	<i>Numbers</i>	<i>Valid percent</i>
Excellent	205	30.5
Good	334	49.7
Fair	120	17.9
Poor	10	1.5
Very poor	1	0.1
Not applicable	2	0.3
Total responses	672	100
Missing	13	
Total	685	

Source: Author's survey - 'Main' file. Total 685. Missing 13.

Veterans/war-widow(er)s questionnaire: Questions 3e.

While 80% said their home was in excellent or good condition, around 20% of the respondents said their house was in fair, poor or very poor condition (see Table 5.11). Since a number commented that their houses were 50-60 years old, and said that maintenance was a problem for them, this statistic does not seem surprising. Of the 131 people who said their home was in fair, poor or very poor condition, 55% were 75 years of age or older.

Thirty two percent of private renters indicated that their dwelling was in a fair, poor or very poor condition, compared to 19% of those who lived in a fully owned dwelling and 20% of those who lived in a separate house.

Comments by respondents indicated that they were mainly concerned about maintenance costs and the increasing difficulties of looking after the garden. “I have to pay for lawns to be cut, heavy gardening and maintenance, but so far I can manage.”

Details of the current home (Question 4)

Affordability

Question 4 of the ‘Blue’ questionnaire asked respondents for information about their current home including whether it was affordable for them. The results are shown below. Approximately 17% said their home was not affordable (see Table 5.12).

Table 5.12 Affordability of the home

Is your home affordable?	Numbers	Valid percent
Yes	561	83.2
No	113	16.8
Total responses	674	100.0
Missing	11	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 11.

‘Blue’ questionnaire: Question 4 #1.

While the respondent’s comments overall indicated that the majority were managing, rates and taxes and the cost of repairs and maintenance including gardening were given as key financial issues. Some examples of comments about financial difficulties follow.

“Capital is disappearing. I need to buy a cheaper house to enjoy quality of life.” (War-widow).

“As my financial position does not allow me better accommodation than I have, I will have to cope with it. I have lived in a caravan for 18 years.”

Affording private rental accommodation was a struggle for a number of respondents. Some comments about this were:

“I am in private rental and living on the smell of a greasy oil rag so I can keep the bills paid. If I could get more rent assistance it would be good. I’d like to stay in cheaper accommodation. It’s a struggle to live on the pension since my husband passed away.”

“Renting is a financial strain. More public housing is necessary. Would it be possible to find out what housing options are available to veterans?”

“Private rental is very high especially when a second bedroom is sometimes needed for everyday living.”

“The rent costs me all my pension. I need help.”

“If the rent increased, we would have to consider moving.”

Cross tabulations covering tenure and affordability are at Appendix: Tables A.6 and A.7. The cross tabulations show that affordability declined significantly for private renters (53% said private rental was affordable) and, surprisingly, for people who are living in a home owned by children or family (5 out of 7 people in a cross tabulation who were living in a separate house owned by children or family said it was not affordable, and 3 out of 4 of those living in a flat attached to a house owned by children or family). While 87% of those who owned their own separate house said it

was affordable, 62.5% of those renting a separate house said it was affordable. Only 28% of those renting a one or two bedroom unit said its was affordable.

Suitability of the design of the home

Question 4 also asked whether the home was suitable in design for older persons. Table 5.13 shows that approximately 36% believed their home was not suitable in design for older persons.

Table 5.13 Suitability of the design of the home

Suitable in design for older persons	<i>Numbers</i>	<i>Valid percent</i>
Yes	433	64.2
No	241	35.8
Total responses	674	100.0
Missing	11	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 11.

Veterans/war-widow(er)s questionnaire: Question 4#2.

In their comments, problems raised by respondents included steps, inadequate bathrooms (including lack of an en-suite or an inside toilet), out of date kitchens with out of date appliances and lack of a spare bedroom (especially where they were living in a flat).

Several said they would like a new home. However the most commonly made comment by respondents was that a smaller home was required. It would easier to maintain, and have a smaller yard and garden. Other commonly made comments were that they would like a ‘low’ house (one storey or with no steep climb up to enter the house) because of problems with steps and a house on a flat block of land. A cross section of the comments about design or functional problems with their homes follows.

Steps/climbing:

“A more suitable house without steps and a level block in the same locality would be acceptable.”

“If my health condition worsens, I may have to move to a low set dwelling. The stairs are getting to be a problem.”

“It is too hilly at our present home. I would prefer a level area.”

“I had a massive coronary. The house has a steep drive way and steps to the front door. I don’t want to move. It depends upon my future health o a drastic change in circumstances.”

“A chair lift on the stairs may prolong my capacity to stay in my present home.”

Facilities:

“I’d like a separate shower.”

“I’d like a toilet in the bathroom.”

“I’d like a verandah and a few more cupboards.”

“An en-suite is needed.”

“I’d like more modern appliances, stove etc.”

Size/design features:

“My perfect home would be a smaller, newer building on the same site. The existing site is the important factor.”

“It would be nice to have a new dwelling.”

“I need an extra bedroom so my family can stop over.”

“More compact so it’s easier to clean.”

“I would like to live in a smaller home with a smaller garden in area like the one I live in now.”

“I do not need a home as large as my present home now that I am alone.”

Proximity to shops

Thirty six per-cent said in response to question 4 that their home was not close to shops.

Table 5.14 Proximity to shops

Close to shops	Numbers	Valid percent
Yes	433	64.0
No	244	36.0
Total responses	677	100.0
Missing	8	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 8.

Veterans/war-widow(er)s questionnaire: Question 4#3.

Responses indicated that while they are still able to drive, or can rely on others to drive them, close proximity is not such a great issue. Comments by respondents included:

“Shopping is a problem. It is difficult by public transport.” (A similar comment was made by several respondents. It may be one reason for the popularity of taxis as indicated other comments).

“Handy to shops and everything.”

“With the assistance of my daughter and son in law, for example in caring for lawns, gardens etc, my current house is very suitable for my needs. I’m very happy with its convenient location. It is in walking distance of shops and local transport.”

Proximity to transport

Thirty five per-cent said their home was not close to transport (Q4). This would have the potential to make around one third of the respondents feel isolated.

Table 5.15 Proximity to transport

Close to transport	Numbers	Valid percent
Yes	440	65.0
No	237	35.0
Total responses	677	100.0
Missing	8	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 8.

Veterans/war-widow(er)s questionnaire: Question 4#4.

The importance of the car as a means of transport for older people was apparent from the respondent’s comments. It was apparent that the loss of ability of drive could lead to a change of mind about moving.

Some of the comments were:

“I am disabled and need a car. If I have no car, I’m stuck.”

“I use taxis - there is no public transport.”

“I use taxis because of my instability.”

“My wife drives everywhere.”

“I’m finding it difficult to walk. I’d like to stay as long as I can but guess I’ll eventually move to a retirement village.”

“In our present circumstances a motor vehicle is essential. If I couldn’t drive I would need to move to a larger town.”

“I would like to move to be closer to the family in case of my demise as my wife has no means of transportation - she is not a driver.”

Proximity to health services

Approximately 35% said their home was not close to health services (Q4). Since the responses to question 3b showed that over 85% live within 5 kilometres of a General Practitioner, the responses to this question would suggest they meant proximity to the more sophisticated health care services available from specialists and hospitals.

Table 5.16 Proximity of health services

Close to health services	Numbers	Valid percent
Yes	440	65.3
No	233	35.6
Total responses	673	100.0
Missing	12	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 11.
Veterans/war-widow(er)s questionnaire: Question 4#5.

Amongst the many general comments on their state of health, a predominant theme was that poor health or a change in their state of health could lead to a change of mind about moving. In the many phone calls from respondents received by the author, health problems featured. A number of these calls were from relatives or spouses who rang to explain that the person to whom the questionnaire had been addressed was in very poor health and unable to complete the questionnaires. In some of these cases it was explained that the person had dementia. There were one or two comments on climate, which can have adverse health effects for some older people.

Some of the written comments were:

“I am at present at the cross roads due to problems with my eyesight. If present treatment is successful, there would be no thought of moving.”

“My wife has short term memory loss, so a move will depend upon the progress of this condition.”

“I care for a spouse who has health problems and thus we have varied needs that are only partly accommodated at present.”

“I am having further medical treatment. If things don't improve, I may have to seek some other form of housing.”

“Ill health of both of us will necessitate a move to a smaller home with extra care. We sincerely hope we can remain here for a long as possible.”

“Access to specialist and medical treatment for operation is difficult at times.” - country respondent.

“I am unsure about moving. I have a bad spine and my health is not good. When I get worse I may move.”

“Uncertain health wise of whether I will be capable in the near future of maintaining my current home.”

“My husband and I are not in the best of health and we would like to be living closer to our family for security and help and company.”

“I’d like to be near transport and a doctor who is prepared to home visit.”

“I am unsure about moving. I have very bad arthritis in my feet and wonder if I can manage without help.”

“Our main problem is having to have a decent car to make a 338 kilometre trip for medical and other reasons. We have a van and annexe on our block of land. The Royal Flying Doctor Service comes to our area once a week.” - respondent in remote location.

Proximity of family

Table 5.17 shows that approximately 52% said they were not near family. This is a large number and provides some support for the views of Bogdonoff regarding proximity of family today.

Table 5.17 Proximity of family

Close to family	Numbers	Valid percent
Yes	322	47.7
No	352	52.1
Total responses	673	100.0
Missing	11	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 11.

Veterans/war-widow(er)s questionnaire: Question 4#6.

Writing from the US perspective, Morton Bogdonoff discussed changes that have occurred in our (western) way of life that have impacted upon how we provide adequate care when frailty and illness do occur. In such situations families have often turned to nursing homes, hospitals and hospices for help or have arranged for help at home, rather than look after their parents themselves.

‘We have become increasingly mobile, so that we become separated from the communities where we grew up and from many of their traditions. Families are now so dispersed that they are no longer able to house and care for their older members.’ (Bogdonoff 1991: 3,4)

Kendig and Foster’s explanation for not living with family suggests that independence is more of a factor here.

‘Nursing homes and living with children - two of the more common ways of supporting highly dependent older people - are decidedly unpopular.’ (Kendig and Foster 1987: 290)

Kendig says in Ageing and Families (Kendig 1986: 171):

‘Academic and popular preoccupation with the care of older people contrasts sharply with the high levels of independence among older people...When we take a balanced look at instrumental exchanges, it is clear that many older people - and most married couples - are more likely to be providing than receiving support.....It is only among the severely disabled aged that we find high levels of instrumental dependencies, and these are met overwhelmingly by co-resident daughters and wives rather than the broader community or government services.’

While many of the comments made by respondents indicated the importance of family being close, there were several comments which suggested that if family was too close, some independence could be lost.

Examples of comments are:

“Sometimes I think I am too far away from family.”

“Moved to be near my only daughter.”

“Moved because we were too far from family and our daughter, at Lismore.”

“Moved to be near family in Brisbane but it was too hot so I moved back.”

“After my husband died 8 years ago I moved to be closer to my family. I’m in a strata title and would like to move to a small house so I could have a cat.”

“Can’t move to family - they can’t manage us or won’t consider.”

“Relatives always OFFER to help.....”

“It was a mistake to move in with my son and daughter-in-law - it lasted one year.”

“Decided to move (to a retirement village) while I have the ability, and not be dependent on the family.”

“I live in (a coast village), not near family. In the longer term I’d like to move to be closer to my daughter -in-law and married grand daughter who would pop in and see us.”

“My husband and I are not in the best of health and we would like to be living close to our family for security and help and company.”

“A feeling of independence means a lot to elderly people. If capable, best to care for one’s self.”

The researcher received one sad telephone call from a respondent which indicated there had been an awful falling out with the family. The family home had been passed over by a veteran and his wife to their children. After a business collapse they had no home to go to and are now renting.

Proximity of friends

Table 5.18 shows that 41% believe they do not live near friends. As answers to other questions reveal that most are happy in their homes, a lower figure than this might have been expected.

Table 5.18 Proximity of friends

Close to friends	Numbers	Valid percent
Yes	397	58.9
No	277	41.1
Total responses	674	100.0
Missing	11	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 11.

Veterans/war-widow(er)s questionnaire: Question 4#7.

Not a lot of comments were made specifically about friends, but some examples of those that were made are:

“We moved and my wife misses her friends.”

“We have been here for 48 years. All our friends are in this area which is a beautiful suburb.”

“If money were no object I would move to a secure top unit in this area, but this is a dream. At present I am near my ‘adopted’ family.”

“I’d like more room in my unit for sociability with family and friends - another bedroom.”

“I have moved often and cannot seem to satisfy everyone.”(renter)

Animals were important ‘companions’. One comment was “I would move if my dogs died.”

Proximity of entertainment

Over 61% said their current home was not near entertainment (see table 5.19).

Table 5.19 Proximity of entertainment

Near entertainment	Numbers	Valid percent
Yes	261	38.6
No	416	61.4
Total responses	677	100.0
Missing	8	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 8. ‘Blue’ form Q. 4#8

Although care needs to be taken not to read too much into it because “entertainment” is not defined, this was a most interesting result and one that stands out in the survey. It suggests that older people may be bored and want to have some fun! Perhaps we need to think of them less as ‘old’ people who need services and more as human beings who want to enjoy life! There were few comments made which might explain this high percentage, although one person commented that they did not like going to smokey clubs. Some other comments were:

“I would appreciate a retirement centre with more recreational activity” (comment by a respondent living in a retirement village).

“I never feel inclined to go to any community organisation.”

One respondent commented that “people with hobbies need space - a shed or a yard.”

Do they live in a ‘good’ neighbourhood (Table 5.20)

Around 18 percent overall said they do not live in a ‘good’ neighbourhood. An examination of individual comments showed that people living in flats had the most problems with the neighbourhood. This was confirmed by a cross tabulation of question 3c ‘type of home’ and the question 4#9 “do you live in a ‘good’ neighbourhood” (see Table A.8 in Appendix).

Twenty nine percent of those in flats said they did not live in a good neighbourhood compared with 15% of those in separate houses and 14.6% of those in semi-detached style housing of one or two storeys.

Table 5.20 Feelings about their neighbourhood

In a good neighbourhood	<i>Numbers</i>	<i>Valid percent</i>
Yes	555	82.3
No	119	17.7
Total responses	674	100.0
Missing	11	
Total	685	

Source; Author’s survey - ‘Main’ file. Total 685. Missing 11.

Veterans/war-widow(er)s questionnaire: Question 4#9.

Comments included several from people in separate houses along the lines that the neighbourhood was changing for the worse and renters were moving in.

Examples of other comments made by respondents are:

“If homes around are sold and rented out (to young people with children), yes, I would like to move.”

“Broken down conditions, unreasonable landlord.”

“I am in a Government rental property. Noisy neighbours.”

“There has been a change in the area. Many houses are now rented.”

“I would like to move if I could afford it. There is an industrial area opposite.”

Ease of maintenance

Over 35% said their home was not easy to maintain and care for, which would suggest that over one third are having some problems in looking after their homes.

Table 5.21 Whether the home is easy to maintain and care for

Easy to maintain and care for	Numbers	Valid percent
Yes	437	64.7
No	238	35.3
Total responses	675	100.0
Missing	10	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 10.

Veterans/war-widow(er)s questionnaire: Question 4#10.

Along with comments on health probably the most frequently made comments concerned current difficulties in the future in maintaining the house and gardens, and the costs involved or likely difficulties in the future. Examples for comments are:

“Maintenance of the house is becoming difficult as I grow older.”

“Possibly I will have to move at some stage due to the cost of maintaining home and garden. I have suffered a heart attack.”

“I am unsure about moving. I’d like something smaller down the track a bit. The work involved in cleaning and maintaining the house and garden etc is becoming onerous.”

“Our block is too large - a quarter of an acre.”

“I am happy to remain at home but am finding it more difficult to maintain the building.”

“After a hip operation, gardening and house maintenance are restricted.”

“Repairs to the house are the reason for wanting to move.”

Saleability of the home

Inability to move for financial reasons is an important issue. Almost 42% said their home would not be easily saleable should they wish to move (Table 5.22). This suggests that difficulty in selling a home and obtaining enough from the proceeds is a barrier to those who may have thoughts about moving. A further finding is that there are metropolitan/ country and regional differences. Table 5.23 shows that ability to sell is much less of an issue in metropolitan areas (37% said their home would not easily saleable), and that the problem is greatest in country villages/hamlets (59% said their home would not be easily saleable).

Table 5.22 Would the home be easy to sell?

Home would be easy to sell	<i>Numbers</i>	<i>Valid percent</i>
Yes	341	51.4
No	276	41.6
Don't know	47	7.1
Total responses	664	100.0
Missing	21	
Total	685	

Source: Author's survey - 'Main' file. Total 685. Missing 21.

Veterans/war-widow(er)s questionnaire: Question 4#11.

Table 5.23 Saleability - differences by location

Home would be easy to sell	<i>Yes %</i>	<i>Numbers</i>	<i>No %</i>	<i>Don't know %</i>	<i>Total numbers</i>
Metro area	57.5%	199	37%	5.5%	346
Regional city	50.9%	58	40.4%	8.8%	114
Country town	43.3%	55	47.2%	9.4%	127
Country village or hamlet	31.8%	7	59.1%	9.1%	22
Farm or rural property	44%	11	44%	12.0%	25
Other (added by respondents): Coastal town or village	75%	3	25%	0%	4
Total	685	333	259	46	638
Missing					47

Source: Author's survey - 'Main' file. Total 685. Missing 47.

Veterans/war-widow(er)s questionnaire: Cross tabulation Questions 4#11 and 3d.

There were quite a number of comments which involved house prices and the cost of moving.

“Moving would result in the loss of half the capital investment.”

“If house prices reached a reasonable level I would sell and move to a retirement home.”

“I would like to move but I am dependent upon the sale of my home. The market is depressed in the area.”

“It’s difficult to sell our home at the moment. We will move when it is sold.”

“I would not like to move into a small unit while I can cope at home, and I would not get enough from the sale of my house to buy a unit.”

“My house is 50 years old. There are cracks in the brickwork. The home is for sale but I am unable to sell. I’d like to live closer to my children.”

Time in current home - Question 5

Table 5.24 shows that over 42% of the respondents had been in their current homes for 20 years or more.

Table 5.24 Time in the current home

How long have you been in your home	Numbers	Valid percent
Less than 1 year	57	8.5
1-5 years	133	19.8
6-10 years	84	12.5
11-20 years	114	16.9
More than 20 years	285	42.3
Total respondents	673	
Missing	12	
Total	685	

Source: Author’s survey - ‘Main’ file. Total 685. Missing 12.
 Veterans/war-widow(er)s questionnaire: Question 5.

An examination of the comments revealed that a number had been in their homes for 40 to 50 years. The determination of some quite old people to stay on in their homes is illustrated by the following comments:

“I am 96 years of age. I have been in my home for 70 years. The house is very old and needs heavy maintenance. It has very old and basic amenities, but I want to stay here. I don’t want to move in with my daughter or to move to a home. I could not stay here without the help of my daughter and son in law.”

“I’ve been here 48 years and I intend to stay here until I cannot look after myself. My son and family live next to me.”

Time in the home and type of dwelling

Forty three per-cent of respondents had been in their homes for 20 years or longer, while 60% had been in their homes for greater than 11 years (Table 5.25). Almost 50% had lived in their separate house for 11 years or more, while 38% had been in their current separate house for 20 years or more.

Table 5.25 Time in current home and type of dwelling

Type of home in which you live * Time in your current home. Crosstabulation

		Time in your current home.					Total
		Less than 1 year	1-5 years	6-10 years	11-20 years	more than 20 years	
Type of home in which you live	Separate house	15	52	35	73	242	417
	One storey	10	24	13	9	15	71
	two or more storeys	4	4		4	5	17
	Flat attached to house(other flat/unit/apartment)		5	4	1	5	15
	In a one or two storey block	11	13	12	9	2	47
	In a three storey block	3	4	1	2	1	11
	In a four or more storey block	1	2	1	2	3	9
	Caravan/trailer park	2	2	2			6
	Home of my children/other family	1	2	1			4
	Retirement village	4	9	5	4		22
	Nursing home	1	5			2	8
	Hostel	3	4	2	1		10
	Total	55	126	76	105	275	637

Source: Author's survey - 'Main' file. Total 685. Missing 48.

Veterans/war-widow(er)s questionnaire: Questions 3c and 5.

Time in the home and condition of the dwelling

Of those who had been in their homes 20 years or more, 24% said their home was in fair, poor or very poor condition. Eight people (1.2%) who had been in their homes for 20 years or more commented that their home needed structural modifications or major repairs.

Table 5.26 Time in current home and condition of the home

Time in your current home. * Condition of your dwelling Crosstabulation

		Condition of your dwelling					Not applicable	Total
		Excellent	Good	Fair	Poor	Very poor		
Time in your current home.	Less than 1 year	28	25	2				55
	1-5 years	55	49	24	1		1	130
	6-10 years	28	46	8	1			83
	11-20 years	34	58	19	1		1	113
	more than 20 years	60	152	60	7	1		280
Total		205	330	113	10	1	2	661

Source: Author's survey- 'Main' file. Total 685. Missing 24.

Veterans/war-widow(er)s questionnaire: Questions 3e and 5.

Comparison with other housing survey data

Table 5.27 Australia, percentage of older people in housing by dwelling type and age of respondent (based on A.B.S. Australian Housing survey, 1994) compared with the thesis survey data.¹⁵

	Age 65-74 community %	Age 75 + (community) %	Total (yrs 15+) %	Veteran survey: % vets/war- widows in this housing (aged 60+ years)
Separate house	78.8	71.4	81.0	69.7
Semi-detached	9.7	13.3	7.9	9.6 (1 storey) 2.4 (2+ storeys)
Flat 1-2 storey	7.9	11.3	7.3	6.3+ 2.2 flat attached to house/other flat/unit/apt.
Flats > or = 3 storeys	3.4	3.8	3.5	2.6
Caravan/House boat	0.2	0.2	0.3	1.1
Other				6.2
Total	100	100	100	100

Source: 1) Australian Housing and Urban Research Institute, *Statistical Analysis of Older People and their Housing circumstances*. Commonwealth Department of Transport and Regional Development, AGPS., Canberra 1996, p.p. 41, and 2) Sheehan (1997: 10).

The above table indicates that the group surveyed is not sharply different from the older Australian population both in terms of profile and living arrangements. While the veteran figure for the separate house is lower, this can be explained by the time that has passed since the A.B.S. survey was conducted in 1994. A number would

¹⁵ Adapted from a table in a dissertation submitted by Sheehan, David: 'Small Scale Private Housing for the Aged and S.E.E.P. No 5 (p. 10)

have moved into other accommodation such as retirement villages and hostels on account of their increased age.

The next chapter will examine the data obtained from the survey of veterans and war-widow(er)s with the special 'movers' group removed (ie the 'Second' file) and will relate the results to the research hypotheses. Some special issues that arose will then be discussed. Then the 'movers' file will be examined, and finally the data obtained from the survey of spouses and partners (the 'Spouses and partners' file).

Chapter 6

An examination of the research hypotheses

6.1 Introduction

This chapter starts with a discussion of some of the main findings of the survey, and then examines the hypotheses listed in Chapter 1 in the light of the survey results. For each hypothesis, the type of information which would support the hypothesis is summarised under ‘indicator’ headings and relevant data tables are examined. In some instances, comments made by the respondents are quoted to support the statistics.

While the statistics for the initial ‘overview’ section were based on the ‘Main’ file of 685 respondents, here the ‘Second’ file will be used for most of the reporting of the results, unless otherwise specified. This is the file of 571 which was based on the replies of the larger of the two random samples of DVA clients, which comprised 800 clients. It filtered out respondents from the second random sample of 200 clients. The latter had been identified by DVA as people who had changed address (‘moved’) in the past two years. The chapter also contains the records of interviews with some veterans and their widows .

6.2 General findings

Do people want to move?

A clear finding of the survey is that only a small proportion of respondents would like to move (10.7 percent), with a further 15.1 percent being unsure (2.6 percent did not answer the question).

The survey findings are supported by two pieces of information, namely:

- an analysis of the time spent in their current dwelling and;
- an analysis of history of movers in the Department of Veterans Affairs;

Question 5 of the survey asked people how long they have lived in their current home. The answers to this questions indicate that the actual moving rates are not high. Only around 5% of respondents have been in their homes for a year or less and approximately 20% have been in their homes for 5 years or less. (See Table 6.1).

Table 6.1 Time in the current home

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 year	29	5.1	5.2	5.2
1-5 years	83	14.5	14.8	19.9
6-10 years	77	13.5	13.7	33.6
11-20 years	101	17.7	18.0	51.6
more than 20 years	272	47.6	48.4	100.0
Total	562	98.4	100.0	
Missing	9	1.6		
Total	571	100.0		

Source: Author's survey - 'Second' file. Total 571. Missing 9.

Veterans/war-widow(er)s questionnaire: Question 5.

Table 6.2 Would you like to move?

		Frequency	Percent	Valid Percent	
Valid	Yes, I would like to move	61	10.7	11.0	
	No, I would not like to move	409	71.6	73.6	
	I am unsure	86	15.1	15.5	
	Total	556	97.4	100.0	
Missing		15	2.6		
Total		571	100.0		

Source: Author's survey - 'Second' file. Total 571. Missing 15.

Veterans/war-widow(er)s questionnaire: Question 10.

The validity of these statistics is enhanced through separately obtained DVA statistics showing that between 3% and 4% of the treatment population over 60 years of age moves each year. (For the DVA analysis 'moving' was defined as changing postcodes. Intra-postcode movements would need to be added, but were not available to DVA). The statistics, which covered several years, were obtained by DVA at the request of the researcher from an interrogation of the total DVA client data base of over 800,000 veterans and wives and other dependents but excluding children, and of the DVA treatment population.

The DVA analysis showed that the 'moving' rate for those under 60 was two and a half times the rate for those 60 and over. That is, while only approximately 12% of the treatment population are under 60, this group constitutes around a quarter of all the movers.

Using a conservative figure of 3-4% (conservative because it ignores intra-postcode movements) it might be expected that up to 20% of the treatment population over 60

years might move over 5 years. This lines up with the survey statistic showing that 20% had been in their current home for 5 years or less.

Statistics obtained by the author from an analysis of 803,000 Department of Veterans' Affairs files in 1997 showed the moving rate for the elderly from 1993 to 1997 to be of reasonably low proportions over time (admittedly only a five year window). The analysis showed that less than 4% of older veterans and war-widows (those over 60) have moved between postcode areas in each of the past five years. The statistics were consistent both for the 803,000 DVA clients and for the sub-set of veterans and war-widow(er)s who are eligible for treatment benefits (the 'treatment population'). A three year summary (1994-1997) for the treatment population subset is provided below. Unfortunately the Department was unable to provide data based on actual street address, hence intra postcode movements could not be obtained. Obviously had this been possible, the figures would have been higher, but logically they would not exceed the survey figure of 5% who moved in the last 12 months.

It is interesting to note the patterns. After 80 years of age, the ageing process is taking its toll and is leading to a higher moving rate, probably to institutions.

The moving rate for War-widows (females) in these older age cohorts exceeds the veteran (almost all male) rate. This would support a hypothesis that gender is a determinant of the need to move (see Hypothesis 4 at 6.6).

In addition, the female moving rate for those 60 years and over, exceeded the male rate in a DVA analysis of treatment population postcode address changes for the year 1996/97. The moving rates, which were consistent over the 5 years, and for both the treatment population and the total DVA client population are shown in Table 6.3.

Table 6.3 Moving rates by post-code change -veteran and war-widow treatment population 1996/97

<p><u>New South Wales</u> - for females aged 60+ who moved within NSW the rate was 4.4%, while for males the rate was 3.6%. The rate for females under 60 was 7.4% and for males, 8.2%.</p> <p><u>Queensland</u> - the female 'within State' moving rate for those 60 years and over was 4.35%, while the male rate was 4.1%. For those under 60, the female rate was 10.3% and male rate, 9.7%.</p> <p><u>South Australia</u> - females 60+, 4.3%, males 60+, 3.5%; females under 60, 9.8%, males, 6.4%.</p> <p><u>Western Australia</u> - females 60+, 6.1%, males 60+, 5.7%; females under 60, 13.2%, males, 9.2%.</p> <p><u>Victoria</u> - females 60+, 4.1%, males, 3.2%; females under 60, 7%, males, 6.4%.</p> <p><u>Tasmania</u>- females, 60+, 3.5%, males, 3.0%; females under 60, 8.2%, males , 6.8%</p>

Higher moving rates would be expected in the early retirement years when it is easier to make decisions, afford and manage a move and this was reflected in the statistics. Higher moving rates for those under 60 would also be expected for employment and other reasons. The 10.6% of veterans under 60 generated around 29% of the group of veterans who had moved, while the 1.1% of war-widows under 60 generated 17.3% of the group of war-widows who had moved. Over the whole 803,000 clients, the (post-code change) moving rate for those under 60, over three years, was 23% and for those 60 years and over, 10.2%.

The moving rates for the 'treatment population' are shown at Table 6.4. Table 6.5 focusses on the states of N.S.W. and Queensland for the years 1995 to 1997.

Table 6.4

Change of address by postcode, by age for those DVA clients entitled to health care benefits (the treatment population) under 60 years and 60 years and over, all States, 6/94-6/97

AGE	% veteran movers of total treat't pop'n	% veteran movers of vet age group total	% war-widows movers of total treat't pop'n	% war-widow movers of ww age group totals	% vets + war-widows movers of total treat't pop'n	% vets and war-widows movers (combined age group totals)
60-64	0.31	14.7	0.20	13.0	0.51	13.23
65-69	1.16	10.8	0.59	10.9	1.75	10.46
70-74	2.53	9.0	0.8	10.8	3.33	9.22
75-79	1.36	9.6	0.61	12.4	1.97	9.99
80-84	0.61	12.4	0.43	17.4	1.04	13.3
85-89	0.17	15.8	0.21	24.5	0.38	17.72
90+	0.05	21.5	0.1	26.1	0.15	20.97
Age not known	0.01	17.6	0.03	15.6	0.04	16.06
Total	6.20		2.97		9.17	
Av/yr	2.06		0.69		3.05	
AGE	% veteran movers of total pop'n	% veteran movers of vet age group total	% war-widows movers of total pop'n	% war-widow movers of ww age group total	% vets + war-widows movers of total pop'n	Total % veteran and war-widow movers (combined age group totals)
1-59	2.55	24.0	0.18	17.3	2.73	23.42
Av/yr	0.85		0.06		0.91	

Source: DVA Client Data Base: Treatment population - 299,564 clients, including 83,420 war-widows.

Table 6.5

DVA Treatment Population: Client change of postcode address within Qld and NSW, by percentage of total for periods 6/95 to 6/96 and 6/95 to 6/97

State	Qld within State	Qld within State	Qld total within State	NSW within State	NSW within State	NSW total within State
60+	Fem	Male	Total	Fem	Male	Total
1 yr 6/96 to 6/97	1.1% of total State treat't pop'n 4.4% of fem 60+.	2.3% of total State treat't pop'n, 4.1% of M 60+	3.4% of total State treat't pop'n, 4.2% of treat't pop'n 60+	1.3% of total State treat't pop'n, 4.4% of fem 60+	2.2% of total State treat't pop'n, 3.7% of M 60+	3.5% of total State treat't pop'n, 3.9% of treat't pop'n 60+
Under 60			9.9% of age total			8.2% of age total
2 yrs 6/95 to 6/97			5.3% of total State treat't pop'n 6.6% of treat't pop'n 60+			4.7% of total treat't pop'n, 5.3% of treat't pop'n 60+
Under 60			17.3% of age total			13.6% of age total

Source: DVA Client Data 1997; 337,609 clients. Clients alive at both points in time.¹⁶

¹⁷

¹⁶ The DVA analysis of 803,000 clients showed that interstate movements of those are small. Queensland to NSW movement come to 1% for those under 60 and between NSW and Queensland, 2% for those under 60. For those over 60, movements are minimal. Figures for the other States are lower.

¹⁷ A separate DVA analysis undertaken for the author of 295,350 DVA clients over 60 living within a selected group of post code areas (which included a number of coastal retirement areas with large veteran populations) showed that 24,017 had changed postcodes in 12 months (8%).

Tenure and the desire to move

Table 6.6 shows that 13.8% of those in government rental accommodation, 13.6% of those in private rental accommodation and 11.3% of home owners said they would like to move. (Around 81% of home owners owned a separate house, ie 324 out of 402).

Table 6.6 Moving by tenure: Tenure and the desire to move

Your home is: (tenure) *Would you like to move: cross tabulation								
Tenure	Yes, I would like to move		No, I would not like to move		I am unsure		Total	
	Count	%	Count	%	Count	%	Count	Col %
Fully owned home	47	11.3	302	73.1	64	15.5	413	77.2
Purchasing home	6	12.7	32	68.0	9	19.1	47	8.8
Private rental	3	13.6	14	63.6	5	22.7	22	4.1
Government rental	4	13.8	21	72.4	4	13.8	29	5.4
Home owned by children/family	1	7.7	11	84.6	1	7.7	13	2.4
Not applicable			11	100			11	2.0
Total	61	11.4	391	73.1	83	15.5	535	100
Missing							36	6.3
Total							571	

Source: Author's survey - 'Second' file. Total 571. Missing 36.

Veterans/war-widow(er)s questionnaire: Questions 3d and 10.

Constraints on moving

It is important to qualify these statistics by examining whether this reluctance to move is based on constraints to moving identified in Chapter 2. Do they have a latent demand to move that is frustrated by particular circumstances? These constraints include such things as financial issues and lack of information. There are two areas of the survey that address this issue:

- a question that specifically examines possible reasons for not wanting to move (Q13a and Q13b); and
- a question that explores the respondent's perfect home.

The responses to Question 13 identify some constraints to moving. About 12% of the respondents who identified that they would not like to move, indicated that a reason for not wanting to move was that they would have a problem getting enough for their current home. About four fifths of the 12% indicated that they would move if they could get enough from the sale of their home to be able to afford to move. However, responses to Q13 indicate that whilst there are some people who would move if circumstances changed, the vast majority of respondents who have indicated that they do not want to move have said so because they are happy with their existing dwelling. In their responses to Q13, 77 % of the non-movers indicated that they were perfectly happy with their existing dwelling.

These trends are reinforced by the responses to Question 14 which asked:

If you could have the kind of home you wanted, what kind of home would it be?

The perfect home for you now is:

The reason for asking the respondent about their perfect home is straightforward. If the respondents said they did not want to move in Q10, this may have been because moving was just too difficult, rather than indicating they were happy with their homes. However the intention of asking the respondents to nominate their 'perfect' home was to free them from thoughts about difficulties and limitations. They had the option to

say anything, even that they wanted to live in a castle, or a mansion by the sea. Yet most still said their current home, or their current home with some alterations was their idea of a perfect home.

Table 6.7 summarises these responses.

The perfect home for now

Table 6.7 shows that 62.4% of respondents said their current dwelling was the perfect home for them. Another 16.4% said their current home, with some alterations, would be their perfect home, giving a total of 78.8%.

These statistics show that the majority do perceive their current home (which is, in most cases a separate house) to be their 'perfect home'. They believe they already are in suitable accommodation and so do not need to move.

Table 6.7 The perfect home for now

How would the perfect home for now be achieved	Numbers	Percent	Valid %
Current dwelling	304	5.2	62.4
Current dwelling with some alterations	80	14.0	16.4
Move - to a separate house	19	3.3	3.9
Move- to a semi-detached/row/terrace/town house	12	2.1	2.5
Move to a flat, apartment or home unit	25	4.4	5.1
Move to a caravan or trailer home	1	0.2	0.2
Move to share with family	2	0.4	0.4
Move to a group house	2	0.4	0.4
Move to a retirement village	34	6.0	7.0
Move to a hostel	4	0.7	0.8
Move to a nursing home	3	0.5	0.6
Other ('suitable in design')	1	0.2	0.2
Total	487	85.3	100.0
Missing	84	14.7	
Total	571	100.0	

Source: Author's survey - 'Second' file. Total 571. Missing 84.

Veterans/war-widow(er)s questionnaire: Question 14a.

Table 6.7 showed that 62.4% of the respondents said their current home was their perfect home. Table 6.8 shows that 89% of those who answered that their current home was their perfect home said they did not want to move and another 7.3% said they were unsure. That is, only 3.3% of this group said they wanted to move.

Table 6.8 Table indicating whether the person would need to move to achieve their perfect home

Cross tabulation of “what would be your perfect home” and “would you like to move”.				
Perfect home for you now	Yes I would like to move Nos. and row %	No I would not like to move Nos. and row %	I am unsure Nos. and row %	Total Nos . Row % = 100 %
Current dwelling	10 (3.3%)	267 (89.3%)	22 (7.4%)	299
Current dwelling with alterations	8 (10%)	59 (73.8%)	13 (16%)	80
Move - to a separate house	9 (53%)	1 (6%)	13 (16%)	17
Move - to a semi detached or row/terrace/town house	2 (17%)	6 (50%)	4 (33%)	12
Move to a flat, apartment or home unit	12 (48%)	3 (12%)	10 (40%)	25
Move to a caravan or trailer home	1 (100%)			1
Move to share with family	1 (50%)	1 (50%)		2
Move to a group house	1 (50%)		1 (50%)	2
Move to a retirement village	5 (15%)	16 (49%)	12 (36%)	33
Move to a hostel	1 (25%)	2 (50%)	1 (25%)	4
Move to a nursing home		2 (67%)	1 (33%)	3
Other:	1 (100%)			
Total	51	357	71	479
Missing				92

Source: Author’s survey - ‘Second’ file. Total 571. Missing 92.

Veterans/war-widow(er)s questionnaire: Questions 14a and 10.

Of those who said their current home or their current home with some modifications was their perfect home, 86% said they would not like to move and 4.7% said that they would like to move. Those who said their current home or their current home with some modifications was their perfect home, comprised 79% of the table total.

Will their homes continue to be suitable in the longer term (longer than two years)?

If the great majority of respondents believe their current home will continue to be suitable in the longer term, then this would also support the hypothesis that the great majority of elderly veterans and war-widows want to continue to live in the homes in which they have spent a great part of their lives.

It would also be an indication that the majority are not experiencing great housing stress. They consider their housing will continue to be suitable or even “perfect” for

them into the future and hence are displaying no significant demand for other housing alternatives. This would support Troy's view that there is no great pent up demand for more housing choice. (Troy 1996: 40)

The number of respondents who think their current home will continue to be the "perfect " home for them in the longer term (longer than two years) compared with moving rates.

Table 6.9 shows that 74% of respondents said their perfect home would be no different in the longer term (longer than 2 years). Twenty six percent said their home would be different in more than two years.

Table 6.9 Would the perfect home be any different in the longer term

Would your perfect home for the LONGER TERM be any different?

		Frequency	Percent	Valid Percent	
Valid	Yes	124	21.7	26.0	
	No	353	61.8	74.0	
	Total	477	83.5	100.0	
Missing					
		94	16.5		
Total		571	100.0		

Source: Author's survey - 'Second' file. Total 571. Missing 94.

Veterans/war-widow(er)s questionnaire: Question 14b.

That 76% of the sub group of 26% who thought their homes would be different in the longer term (longer than two years) said they would like a smaller home that was easier to maintain, indicates a demand for this kind of accommodation.

Table 6.10 How would their ‘perfect’ home be different in the longer term (longer than 2 years)

(14b) Please explain how it would be different

		Frequency	Percent	Valid Percent	t
Valid	A nursing home/hostel	6	1.1	11.1	
	Retirement village	7	1.2	13.0	
	Smaller and easier to maintain	41	7.2	75.9	
	Total	54	9.5	100.0	
Missing					
		517	90.5		
Total		571	100.0		

Source: Author’s survey - ‘Second’ file. Total 571. Missing 517.
 Veterans/war-widow(er)s questionnaire: Question 14b

While the existence of such demand accords with the maxim that housing choices for the elderly are inadequate, it may be that the market is not meeting the demand. What elderly veterans and war-widow(er)s seem to be saying is that they want a shrunken version of what they have now.

It is also interesting to note that of the people who are likely to move (111 respondents), 31 percent would change their mind if they could get some more home support. This figure would indicate that the constraints to staying are also considerable, and in some cases likely to balance the constraints to moving.

Why people move

There are three sources of data which explore the issue of why people move.

- People from the survey who indicated that they were likely to move;
- People from the main survey who had moved in the last 5 years;
- People from the movers survey.

The responses to this question are summarised below.

Table 6.11 Reasons for moving: [1] respondents who have moved (Q6b) and [2] respondents who want to move (Q12a)

Reasons for moving	No. of responses	% of responses	% of cases
1] House was too big	30	11.4	27
2] <i>House is too big</i>	28	9.6	32
1] Home was not suitable in design	36	13.6	32
2] <i>Home is not suitable in design</i>	22	7.5	25
1] Could not afford the home	8	3.0	7
2] <i>Cannot afford my home</i>	7	2.4	8
1] I was not in good health	27	10.2	24
2] <i>I am not in good health</i>	24	8.2	27
1] Maintenance was a problem	28	10.6	25
2] <i>Maintenance is a problem</i>	43	14.7	49 *
1] Garden was too big	36	13.6	32
2] <i>Garden is too big</i>	16	12.1	44 *
1] Transport was a problem for me	13	4.9	12
2] <i>Transport is a problem for me</i>	19	6.5	22
1] Neighbourhood had deteriorated	13	4.9	12
2] <i>Neighbourhood has deteriorated</i>	8	2.7	9
1] There were safety/security problems	28	5.3	12.5
2] <i>There are safety/security problems</i>	5	1.7	6
1] Spouse/partner was not in good health	12	4.5	11
2] <i>Spouse/partner is not in good health</i>	9	3.1	10
1] There was family pressure to move	15	5.7	13.5
2] <i>There is family pressure to move</i>	11	3.8	12.5
1] I needed more company	11	4.2	9.9
2] <i>I need more company</i>	10	3.4	11
1] Spouse/partner died	12	4.5	11
2] <i>Spouse/partner has died</i>	9	3.1	10
1] Moved closer to family/friends	5	1.9	4.5
2] <i>Want to move closer to family/friends</i>	1	0.3	1.1
1] Needed a more affordable home	8	3.0	7
2] <i>Need a more affordable home</i>	7	2.4	8

*= key concern Source: Author's survey - 'Second' file. Veterans/war-widow(er)s questionnaire: Questions 6b (112 valid cases) and 12a (88 valid cases).

Table 6.12 Reasons for moving: respondents who have moved (Q6b) - Movers file

Reasons for moving	Count	% of responses	% of cases
<i>House was too big</i>	28	13	60 *
<i>Home was not suitable in design</i>	31	14	41 *
<i>I was not in good health</i>	27	12	36 *
<i>Maintenance was a problem</i>	27	12	36 *
<i>Garden was too big</i>	30	14	40 *
<i>Could not afford my home</i>	3	1.3	4
<i>Transport was a problem for me</i>	11	5	15
<i>Neighbourhood has deteriorated</i>	8	3.6	11
<i>There are safety/security problems</i>	11	5	15
<i>Spouse/partner was not in good health</i>	8	3.7	11
<i>There was family pressure to move</i>	6	2.8	8
<i>I needed more company</i>	10	4.6	13
<i>Spouse/partner died</i>	10	4.6	13
<i>Moved closer to family/friends</i>	4	1.8	(5)
<i>Need a more affordable home</i>	3	1.4	4

*= key concern

Source: Authors survey Q6b, 'Movers' file {75 valid cases, 8 missing}

From these summary tables it can be seen that the main housing concerns which can lead people to move from their homes are:

- the garden is too big;
- maintenance is a problem;
- the home is not suitable in design,
- the house is too big; and
- poor health of the respondent.

Now that these general findings have been examined, the discussion will turn to an examination of the main hypotheses.

6.3 Hypothesis 1

- The great majority of elderly veterans and war-widows want to continue living in the homes in which they have spent a great part of their lives;
- they want to continue living in the homes in which they have spent a great part of their lives, even if their accommodation is no longer suitable for their needs.

Having painted a scenario of the situation that would exist if the hypothesis were to be valid, the author will then list indicators derived from the hypothesis and information needed to support the indicators. This pattern will be repeated in examining the other hypothesis.

Proposition

Most older people are still living in the same home in which they have lived for many years. Most commonly this is the same separate home in which they raised their families.

The homes may not be in good order. Furthermore, they may be too big, the yard may be too big, or the accommodation may not be suitable in design for older persons. Other problems may include a lack of transport, shops not close or health facilities not close, a lack of home assistance and friends not being close.

Despite any such problems, older people are generally quite happy with their homes and do not want to move. The advantages outweigh the disadvantages. They can afford them - in the great majority of cases they own their homes. Even if they are living on their own, most see no reason to move. For the most part they regard their current homes as their 'perfect' homes and see no need to change their accommodation even in the longer term. Hence they do not see a lack of housing choice as a real issue

Proposition: that most older veterans and war-widow(er)s want to remain living in their current homes.

This part of the hypothesis is well supported by the findings from the survey and a separate analysis of the DVA population discussed in the section on general findings.

Proposition: that they want to continue living in the homes in which they have spent a great part of their lives, even if their accommodation is no longer suitable for their needs.

The second part of the hypothesis is also supported by evidence which shows that the respondents want to stay in their homes, even if their accommodation is no longer suitable.

The reasoning behind this second part of the hypothesis is that the 'transaction costs' involved in making a change apparently exceed the benefits to be gained. As a starting point, there is the cost of finding out what options may be available. Then assuming there are real options available, other 'costs' can range from the emotional cost of having to leave behind the pet cat, to the stresses involved in dealing with financial matters. They have to seek information about options, put up with pressuring from well meaning relatives, make decisions, negotiate with real estate agents, obtain finance, become involved with solicitors, pack up, and leave friends and neighbours. They then face the daunting prospect of creating a new life in another setting - learning about a strange environment, trying to make a new circle of friends and not knowing if they will have the support they need. (See also Hypothesis 3).

They may rationalise about their position. They emphasise the positives and decide to make the best of things. They consider they have no other real options. That is, their decision not to move may simply be a pragmatic one, in the face of the problems involved in making a change.

In Chapter 5 the statistical tables included information on such issues as affordability, condition of the home, access to transport, desire to move etc. Table 6.13 shows the figures for the 'Second' file. They indicate that while the majority reported good housing circumstances, a significant proportion (averaging 37%) still have problems.

Table 6.13 Details about the housing circumstances: suitability indicators

Suitability indicators	Number of responses	% of responses	% of cases
Home is affordable	472	12.3	85.7
Home is suitable in design for older persons	357	9.3	64.8
Home is close to shops	359	9.4	65.2
Home is close to transport	365	9.5	66.2
Home is close to health services	360	9.4	65.3
Home is near family	267	7.0	48.5
Home is near friends	328	8.6	59.5
Home is near entertainment	208	5.4	37.7
Home is in a good neighbourhood	459	12.0	83.3
Home is easy to maintain and care for	360	9.4	65.3
Home is easily saleable should you need to move	290	7.6	52.6
<i>Total</i>	3,825	100	694.2
<i>Missing cases = 20 Valid cases = 551 Total 571</i>			

Source: Author's survey - 'Second' file. Total 571. Missing 20. Veterans/war-widow(er)s questionnaire: Question 4.

Table 6.14 shows the impact of these factors on the desire to move.

Table 6.14 Suitability of home indicators and the desire to move cross tabulation

Desire to move ‘yes’ or ‘no’, compared with the home suitability indicators.	Yes % (1)	No % (2)	% of No” group (col 2) who would like to move	% of “No” group (col 2) who are unsure about moving
Suitability of the home - indicators			Relationship between ‘no’ answer and the desire to move	
Home is affordable	84	16	21	13
Home is suitable in design for older persons	63.5	36.5	15	21
Home is close to shops	63.5	36.5	17	17
Home is close to transport	64.6	35.4	14	17
Home is close to health services	64.1	35.8	13	18
Home is near family	52.6	47.4	12	20
Home is near friends	58.4	41.6	13	22
Home is near entertainment	36.8	63.2	14	17
Home is in a good neighbourhood	81.5	18.5	11	18
Home is easy to maintain and care for	63.8	36.2	16	24
Home is easily saleable should you need to move	52.2	40.3		
<i>Average</i>	62.3	37		

Source: Author’s survey - ‘Second’ file. Total 571.

Veterans/war-widow(er)s questionnaire: Questions 4 and 10.

Table 6.15 shows that for the 88 who answered question 12a (15% of the file total of , 571), designed for those who wanted to move, there are major concerns in such areas as the garden being too big (61% of responses) and home maintenance (49%).

Table 6.15 The extent of the housing concerns felt by those who want to move

Unsuitability of the home indicators	Number of responses	% of responses	% of responses
<i>Garden too big</i>	54	18.2	61.4
<i>Maintenance is a problem</i>	43	14.5	48.9
<i>Could cope with the stress of a move</i>	31	10.5	35.2
<i>House is too big</i>	28	9.5	31.8
<i>Ill health of respondent</i>	24	8.1	27.3
<i>Want a dwelling home that is more suitable in design</i>	22	7.4	25.0
<i>Transport is a problem</i>	19	6.4	21.6
<i>Need more assistance to stay in the home</i>	12	4.1	13.6
<i>Need more company</i>	10	3.4	11.4
<i>Family pressure to move</i>	11	3.7	12.5
<i>Death of spouse/partner</i>	9	3.0	10.2
<i>Ill health of spouse/partner</i>	9	3.0	10.2
<i>Neighbourhood has changed for the worse</i>	8	2.7	9.1
<i>Cannot afford my present home</i>	7	2.4	8.0
<i>Want a safer, more secure environment</i>	5	1.7	5.7
<i>Want a better climate</i>	3	1.0	3.4
<i>Want to be closer to friends/family</i>			
<i>Total</i>	296	100.0	336.4
<i>Missing cases = 483 Valid cases = 88 Total 571</i>			

Source: Author's survey - 'Second' file. Total 571. Missing 483. Veterans/war-widow(er)s questionnaire: Question 12a.

Summary

The hypothesis maintains that older veterans and war-widows want to continue living in the homes in which they have spent a great part of their lives. Even if their accommodation is no longer suitable for their needs, they will not wish to move. The findings of the survey strongly support this hypothesis.

Around a third of those surveyed reported the kinds of problems that may eventually lead to them moving from their current homes into what we might consider to be 'more suitable' housing (see Table 6.14). As they get older these problems will increase. That even most of this group wanted to stay on in their current homes would, however, suggest that the transaction costs in moving outweigh the problems in staying in their homes. This calls for measures which will reduce their transaction costs and make it easier for the person to move, as well as measures which address the problems being faced in the home, in a practical way. These measures are discussed in Chapter 7.

Interview with WWII Ex-service woman

Note: This case study is of “Elisabeth”, a single female veteran living on her own in a government flat in an Australian city.

This is Part 1 of the interview. Some observations pertaining to the stresses involved in moving have been extracted and appear at the end of the section in which Hypothesis 3 is examined (see Interview with WWII Ex-service woman Part 2). Some general observations relating to older women and their housing circumstances have also been extracted and placed at the end of the section in which the Spouses/Partners file is examined (see Interview with WWII Ex-service woman Part 3).

In July 1996 the author interviewed “Elisabeth” in her government flat in one of the smaller Australian capital cities. This case study provides a view from the perspective of a single, older woman who lives in public housing. However the interview went beyond Elisabeth’s personal situation. The reader will quickly appreciate from the author’s report that Elisabeth is a very intelligent and capable person. She is involved in the community, particularly the veteran community, and because of her knowledge and experience she offered views on the housing circumstances of others, particularly of older women. The author considered that the inclusion of these views would be valuable. Parts of the interview have been placed under other headings in this thesis.

Elisabeth is an ex-service-woman aged 77 years who has never married. She is in receipt of the DVA Service Pension and has the DVA “Gold Card” which entitles her to treatment of all disabilities at Departmental expense.

Elisabeth was a senior member of staff at a major hospital from 1960 until 1976, when she retired at the age of 55 years. She served with the Australian Forces as a

nurse in Australia and New Guinea. In New Guinea she contracted Scrub Typhus for which she receives a small DVA Disability Pension. She said, however, that her health is generally quite good.

After the war she spent seven years in the UK where she undertook post graduate studies in nursing. Having been in the UK for that length of time, she was able to immigrate back to Australia under the "ten pound" scheme. She worked for a number of years in the Obstetrics Unit of a major General Hospital before taking up an executive position at another large hospital.

She then obtained a two bedroom Government flat and has occupied it ever since (ie for 30 years). In 1965 she brought her mother from a major Australian city to live with her. Her mother died in 1969. At that stage the government housing authorities expected her to move, but then accepted her appeal that she be allowed to stay on in her two bedroom flat. She was later told that if she wanted to go into an "aged persons" unit, she would only get a one bedroom unit, so she has chosen to stay where she is now.

"Having only one bedroom is not satisfactory. There is no place for visitors to stay or for friends or relatives to stay over when you are sick, and being in the place all day you need some extra space."

Elisabeth stores things in her spare bedroom - it gives her the space she needs for boxes, books etc. She noted that the Government housing authority does not build one bedroom units for old people any more - they build one and a half bedroom units.

Elisabeth spoke about the decision to bring her mother to her city. She says, in retrospect, it was a mistake. Her mother had a network of friends in a large metropolitan city and when she sold up to move to live with her daughter, she lost her contacts, and lost a lot of confidence as a result. She thinks its better for you to stay on in your own environment, even if you move to some other form of accommodation in the area.

Since she has lived in her flat, she has lost “one mother, two cats and one dog”. She now has another dog, a Cavalier King Charles Spaniel. At one stage she was told that that she couldn’t keep pets in her flat, and was told she would be evicted if she did. In fact an eviction notice arrived, but she wrote to the paper and protested to the State Minister, and the end result was that tenants are now allowed to keep pets. She thinks it is important that elderly people be allowed to keep their pets.

She finds her flat quite satisfactory. She selected it years ago because it had a lovely flowering peach tree in view out the window. She pays \$12 a fortnight extra for gas heating and hot water to be included in the rental. The electric light bill is actually less in winter than in summer because the unit gets very hot in summer and she needs to keep a fan on.

Talking about her neighbourhood, Elisabeth said the quality of tenants had deteriorated substantially over the years, and she had had some break-ins. Now her neighbours are mainly those in need of emergency housing. She commented that a “drug salesman” had lived downstairs until recently and how dreadful that had been with people coming and going, a baby already addicted and crying all the time, people breaking in etc. The Government housing authorities had solved her break-in problems by placing bars across her windows.

She had been keen to grow some plants, but the only place available had been on her landing. However whenever she had any plants making a nice display, they were stolen, so she stopped growing things on the balcony. “You can’t grow things in flats,” she said.

Her doctor had advised her to retire early at age 55 and go on the DVA Service Pension. She had no superannuation and no assets. As a result she was unable to buy a place for herself. This led Elisabeth to speak about how things were for women in her day. Most ex-service women had no superannuation, and if they went out to

work, it wasn't compulsory to have superannuation until 1960. So she had nothing to retire on and could only rent.

With the poor salaries for women up until the 1960's, no superannuation and no back up, unless a single woman had private income, there was no way she could ever get to afford her own house.

She noted that there are a lot of older women who are financially disadvantaged and trapped as a result. The banking arrangements for women have been inadequate and until 1972 Service Women were unable to take out a War Service Home Loan. They did not have the opportunity to accumulate enough capital to do anything, so they stuck where they are.

Elisabeth has a friend who has some property. She went back in to the Army after WWII and went to the Korean War. As a result she was able to put together a little 'nest egg' to buy a small house in the city and later a town house locally. If she wants to move to other accommodation, she has the capital to enable her to do so. Without capital you are in trouble, Elisabeth again stressed, "unless you win the lottery".

The author asked Elisabeth if she could imagine a "perfect" home, if she did happen to win the lottery (she takes out a ticket each week). She said she would like a town house that would allow her to live independently, with a bit of garden so she could grow things. However her present financial situation stopping her from thinking about moving to such a place. If she obtained a suitable loan, she would consider whether it would be appropriate to move.

When asked if she thought a retirement village would suit her, Elisabeth said she did not think that she could entertain a retirement village. There is considerable added expense in living in a village. However she would consider a nursing home or a hostel in due course.

With regard to retirement villages, Elisabeth said that it costs \$150,000 to move into one of the better villages.

“This is expensive, but the quality of the place is excellent. I had a look at another one recently and a new section is quite pleasant - the old section was pokey. The rooms in the new section are bigger and this gives you more independence. If you are limited to a tiny sitting room and you don't feel like mixing much, you can feel very confined.

“The majority of people, particularly those in their own homes would be better off going into retirement villages. Their future is not as dicey as those who are in my age group.”

She noted that some of the hostels cost almost as much. Elisabeth said she would be unable to get into a private hostel unless a Defence Service Homes Loan could be used in this way. She made a case that there would be good financial reasons for making funds available for this purpose.

“The money is there. It would be very helpful. The problem with such a loan, however, is that there is no way I could ever pay it back - I have no collateral. All the pension does is enable you to live. If you don't have some property, you are trapped.”

Elisabeth noted that it was unlikely she could get into a hostel anyway.

“You have to be incapacitated to move into these places. One has to be assessed for being suitable for hostel care, and my health is not poor enough - I'd have to be more disabled”.

Elisabeth noted that it is government's policy to retain some hostel and nursing home beds for limited income people. However the waiting lists are very long and a lot of the beds are taken up by young disabled people. They are inappropriately housed in geriatric accommodation.

She added

“People have been brought up to believe that nursing homes are awful. They could be improved.”

“We should also be making more use of Abbeyfield type housing. The problem with Abbeyfield is that they take seven eighths of your pension. The one eighth left does not give you much (about \$20 a fortnight) to buy anything - it is not enough to live on.”

This discussion led on to Elisabeth explaining why it was unlikely she would move.

“On the whole I’m pretty healthy. I’m able to do my own shopping. I don’t have a car now. My car died and I can’t afford a new one, though I still have my licence. I now rely on public transport. I have good friends who pick me up and I can get on and off the buses. There are bus routes outside the door. I’m close to the centre of town and the taxi fare to the shops is not great. For a fairly dependent woman, this location is very good.”

“While I can stay here and have my animal and my bits and pieces, I will do so.”
While I can still manage the stairs (she is on the first floor and has one flight of stairs) it would be foolish of me to move.

The author asked Elisabeth about her family situation. She said she is the only one left of her generation. She has nieces and nephews in the (State capital) city and goes to see them at Christmas and some other times. They are busy and she is also busy.

“Whatever you are doing, you need to maintain your network. I would be foolish to move to be near my relations in the city. Besides I couldn’t afford it. When a parent dies, the children often say “Come and live with us” but if you have a good network, and are involved in activities, it’s better for you to stay where you are.”

Elisabeth spoke about a lady friend who sold up her house and went to live near her children in a country town.

*“The next thing her children had moved to Queensland. Now she can’t sell the place. Since she can’t sell it, she can’t afford to move into any other type of accommodation..
“To move to be near the children is usually a disaster. It may be good for a while but after 6-12 months, the children get bored with having Granny there.”*

“I am an ‘adopted Grandmother’. I used to pick children up from school etc and so I now have a good network of young people.”

“It is important to maintain your interests and your network of friends and associates.”

On the question of safety and security, Elisabeth said:

“A lot of people say ‘Don’t go out at night’. It disturbs me to hear that. A lot of people are frightened to go out at night or haven’t got transport or have no husband to drive them.”

The discussion moved on to her use of Home and Community Care Services (HACC).

“I have home help for one and a half hours once a fortnight to clean the place up a bit. You don’t get much cleaning done in one and a half hours. Otherwise I’m looked after by DVA. When DVA granted full health care benefits in 1985 to all Ex-Service women of World War II, this was of tremendous benefit. If I wasn’t covered by DVA I would be in a dreadful mess. I am very dependent upon the Repatriation help.”

On the question of the availability of HACC services, Elisabeth said:

“If I wanted more, I could get more help and DVA would also help - they recently helped by providing me with some rails in the bathroom. If you know what you need and how to go about getting it, there is no reason why you shouldn’t ask for it. You can go to your doctor and ask him to make a recommendation. This will make your life easier . But there is not enough money for all those who need help. The taxi voucher scheme is being cut back - there is a limit on the number of vouchers now. The vouchers also cannot be used interstate.”

“If you have a big place on your own, its probably better to be assisted to move to a place in the vicinity of where you now live.”

“A lot of people may be living in only part of the house. A few friends of mine who have maintained their independence have made use of lawn mowing and garden services. They pay a small amount. Not everybody needs everything but for those alone this help allows them to stay at home.”

“There is a lady down the road who gets home help. She can't put the washing on the line. The home help lady puts it out for her and someone else bring it in for her. She can have those kinds of things done for her - otherwise she wouldn't be able to remain independent.”

“If it gets beyond the ability of organisations to provide the facilities to keep people in their own homes, then they will need to move.. It is impractical to provide an unlimited number of services if they need too much.”

The author completed the interview with some discussion on the need for, and adequacy of information on housing and housing choices. Elisabeth said there is plenty of information available in the form of pamphlets and if you want to you can obtain any other information you need from government bodies, aged care groups (eg the Council on the Ageing) etc. People may pick up pamphlets but not take the trouble to read them. However she could see some benefit in the Department of Veterans' Affairs having an area to advise veterans on their housing.

Before the author left the flat, he was given a brief tour of inspection, and noted Elisabeth's fine record, tape and book collection. She said she spends a lot of time in bookshops and music stores. The flat looked comfortable, was well furnished with older furniture and was well kept. The kitchen was quite large. Her dog slept for the whole interview on one of the chairs. The author noted on leaving that Elisabeth locked herself in and had two deadlocks on the main door and a lock on the screen door.

Author's conclusions

1) Single women of Elizabeth's vintage are unlikely to have accumulated enough capital to purchase a house, unless they have private means. The lack of capital prevents them from making accommodation changes that others may be able to make. Private hostels and retirement villages are out of their reach

2) People renting government flats can be in a relatively good situation, not needing to move particularly if the flat is well located, and there is good public transport.

3) It is unwise to move to where your children are living. You should stay where your own networks and interest groups are located.

4) There are many elderly people at the moment who are asset rich and cash poor. They are trapped in their present homes.

5) Animals can be very important to elderly people.

6) Accommodation for older people needs to be reasonably spacious and have room for visitors. Older people spend a lot of time in their homes.

8) Those older women who can afford it may be better off moving to a retirement village.

9) The ability to drive one's own car is a valued asset.

10) DVA benefits are much valued particularly by those without much capital.

6.4 Hypothesis 2

- Individual circumstances vary greatly but for the great majority of older people, the conventional ‘separate’ house can provide suitable accommodation for most or all of their lives.

Proposition: Most older veterans and war-widows live in separate houses. While it may be commonly perceived that they are having difficulties in coping in their conventional separate houses, the majority are happy with their homes and do not want to move. This is not simply because there are not enough housing alternatives. Their homes are in reasonable order, and affordable. They see no advantage in moving. Overall the separate house is the preferred housing choice of older veterans and war-widows.

As for hypothesis 1, before moving to an examination of the various indicators, the author will provide a summary table showing key data relevant to this hypothesis.

Table 6.16 Indicators of satisfaction with/suitability of the separate house

Suitability of the separate house for older people	Yes %	No %
Living in a separate house	70	30
Have been in their separate house for 20+ years	62.5	
Don't want to move - perfectly happy with their separate house	78	22
Their separate house is affordable	87	12.5
Their separate house is in excellent or good condition	80	20
Their separate house is their perfect home	61	
Their separate house with/without alterations is their perfect home * 20% <i>added to previous indicator - these want alterations</i>	81 *	
Their perfect home would be to move to a separate house	4.5	
Their current separate house is their perfect home. Yes = they do not believe this will change in the longer term (> 2 years).	81	19
Their current separate home with/without alterations is their perfect home. Yes = this will not change in the longer term.	76	24
Want to move from their separate house * <i>excludes those "unsure" (16.4%)</i>	12 *	71

Source: Author's survey - 'Second' file. Total 571. Veterans/war-widow(er)s
questionnaire: Questions 2a, 2d, 3c, 3e, 4#1, 4#10, 5, 10, 13a, 14a, 14b.

Proposition: Older veterans and war-widow(er)s are happy with their separate houses, to the extent that they say their separate house is their 'perfect' home.

There is a question about whether those in separate houses are happier with their homes than those in other forms of accommodation

Table 6.16 shows that 78% of those in separate houses were perfectly happy with their existing dwellings.

By comparison, 77% of those who lived in semi-detached/row/terrace/town house of one or two stories were 'perfectly happy with their existing dwellings'. Of those living in a one or two storey block of flats, 62.5% were perfectly happy. The differences are not great but a greater proportion of those in separate houses said they were happy with their homes than did those in flats.

Another question is whether the perfect home for now is, for most of the respondents, the separate house

Table 6.17 shows that 202 out of 333 people living in a separate house (61% of the 333) said this was their perfect type of accommodation and another 67 said their current separate house with some modifications was their perfect home (20% of the 333). That is, 81% of those living in a separate house said it was their idea of a perfect home. Another 15 of the 333 (4.5%) said their perfect housing solution would be to move to another separate house, bringing the total to 85%.

Table 6.17 Type of home and perfect home for you now cross tabulation

	Current dwelling	Current dwelling with some alterat'ns	Move to a separate house	Move to a semi-det'd row, terr'ce or town house	Move to a flat, apart't or home unit	Move to caravan or trailer home	Move - share with family	Move to a group house	Move to a retirem't village	Move to a hostel	Move to a nursing home	Oth er	Total % + row %
Type of home													
Separate house	202 (61%)	67 (20%)	15(4.5%)	8 (2.4%)	18 (5.4)%		1 (0.3)	2 (0.6%)	18 (5.4%)	1 (0.3%)	1 (0.3%)		333 (72%)
Semi-detached/row/terrace/town house of one storey	28 (64%)	7 (16%)	2 (4.5%)		1 (2.2%)	1 (2.3%)			5 (11.3%)				44 (9.5%)
Semi-detached, row, terrace/town house of two or more storeys	9 (90%)								1 (10%)				10 (2.2%)
Flat attached to house	6 (60%)			1 (10%)	1 (10%)				1 (10%)		1 (10%)		10 (2.2%)
Other flat or apartment: - 1 or 2 storey block	16 (67%)	1 (4.2%)	1 (4.2%)		3 (12.5%)				2 (8.3%)		1 (4.2%)	1 (11%)	24 (5.2%)
Other flat or apartment: - 3 storey	5 (56%)	1 (11%)		1 (11%)	1 (11%)				1 (11%)				9 (1.9%)
Other flat or apartment: - 4 or more storey block	3 (75%)			1 (25%)									4 (0.9%)
Caravan/trailer park	1 (25%)	1 (25%)							1 (25%)	1 (25%)			4 (0.9%)
Home of children or other family	3 (75%)												3 (0.6%)
Retirement village	9 (75%)			1 (8.3%)					1 (8.3)	1 (8.3%)			12 (2.6%)
Nursing home	2 (50%)								1 (25%)		1 (25%)		4 (0.9%)
Hostel	4 (66%)	1 (17%)								1 (17%)			6 (1.3%)
Total	288	78	18	12	24	1	1	2	31	4	3	1	463
Missing													108

Source: Author's survey - 'Second' file. Total 571. Missing 108. Veterans/war-widow(er)s questionnaire: Q3c and 14a.

Proposition: The perfect home for the longer term (longer than two years) is no different from the perfect home now.

Table 6.18

Would your perfect home for the LONGER TERM be any different?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	124	21.7	26.0	26.0
	No	353	61.8	74.0	100.0
	Total	477	83.5	100.0	
Missing					
Total		94	16.5		
Total		571	100.0		

Source: Author's survey - 'Second' file. Total 571. Missing 94. Veterans/war-widow(er)s questionnaire: Q14b.

Table 6.18 shows that 124 people or 26% of those who answered the question said their perfect home would be different in the longer term (longer than two years) from their perfect home for now.

Table 6.19 shows that the most popular choice other than the current dwelling or another separate house, was a retirement village or a flat, apartment or town house.

Table 6.19 Perfect home for the longer term- would it stay the same

The perfect home for you now is * Would your perfect home for the LONGER TERM be any different?

		Would your perfect home for the LONGER TERM be any different?		Total
		Yes	No	
The perfect home for you now is	Current dwelling	48	239	287
	Current dwelling, with some alternations	28	41	69
	Move- to a separate house	11	5	16
	Move- to a semi-detached/row/terraced house/town house	4	6	10
	Move to a flat, apartment or home unit	7	11	18
	Move to share with family		2	2
	Move to group house allowing independence	1	1	2
	Move to a retirement village	13	15	28
	Move to a hostel	2		2
	Move to a nursing home		1	1
	Housing suitable for use in design	1		1
	Total	115	321	436

Source: Author's survey - 'Second' file. Total 571. Missing 135. Veterans/war-widow(er)s questionnaire: Q14a and 14 b.

Again these statistics generally support hypothesis 2. The respondent's perfect home for the longer term did not differ much from their current perfect home (which Table 6.17 shows was preferred by 81%, plus another 4.5% for those wanting another separate house).

Proposition: a majority of those living in separate houses do not want to move.

Tables 6.16 to 6.19 show that a majority of veterans regard the separate house as their 'perfect' home. Statistics showing little interest in moving from their separate homes would not be unexpected if the hypothesis were to be valid. On the other hand, in

saying their separate home is their 'perfect' home, respondents might be reflecting their nostalgia for life as it was. If this were to be the case, high interest in moving could indicate that the separate home is, in reality, no longer their perfect home.

In fact Table 6.20 shows that around 12% of those living in separate houses would like to move. The figures for those in flats are not much different. Around 15% of those living in flats wanted to move, and 72% did not want to move, although 19% of those living in a 1 or 2 storey block of flats wanted to move and 13% were unsure.

The results suggest that those in separate houses are, if anything, less anxious to move than those in other forms of accommodation such as flats.

Less interest in moving might be expected from those in semi-detached style homes, as such homes would generally have smaller gardens and be easier to look after. Indeed of the 65 people who were living in a semi-detached style home of one or two stories, only around 8% said they wanted to move and 18% were unsure.

Table 6.20 Interest in moving by type of home in which the person is residing

Would you like to move							
Type of home in which you live	Yes I would like to move #	Yes I would like to move %	No I would not like to move #	No I would not like to move %	I am unsure #	I am unsure %	Total #
Separate house	46	12.4	265	71.2	61	16.4	372
Semi-detached row, terrace or town house of one storey	4	7.7	39	75	9	17.3	52
Semi-detached row, terrace or town house of two or more storeys	1	7.7	9	69.2	3	23.1	13
Flat attached to house or other apartment, unit or flat			9	81.8	2	18.2	11
Flat in a 1 or 2 storey block	6	19.3	21	76.7	4	12.9	31
Flat in a 3 storey block			8	88.9	1	11.1	9
Flat in a 4 or more storey block	1	20	4	80			5
Caravan or trailer park			6	100			6
Home of children of other family			3	100			3
Retirement village			12	75	4	25	16
Nursing home			4	100			4
Hostel	1	12.5	7	87.5			8
Total	59		387		84		530
Missing							41

Source: Author's survey - 'Second' file. Total 571. Missing 41.

Veterans/war-widow(er)s questionnaire: Questions 3c and 10.

Summary

The hypothesis was supported. Most older veterans and war-widow(er)s are living in a separate house and most want to continue doing so. They see that the separate house can meet their needs, even in the longer term, if necessary by making alterations to make it more suitable for them.

Interview with 96 year old WW I veteran

The veteran, whom the author will call “Jim”, was a remarkable character, stoic, unpretentious and yet full of fun. He could still recite long poems and sing songs, often WWI poems and songs, displaying the “make your own entertainment” skills.

Jim is now living back in a small inland NSW country town in which he had lived for many years and raised a family. After Jim’s first wife died, he remarried another 83 year old and moved to his new wife’s sheep and wheat property. Living in a homestead on the property, they led a good life while both were well. Jim was very proud of his large vegetable garden and took a close interest in the property, having once owned a property himself. He loved the country life, and became popular with his step children and with the local community, his prowess at bowls being a real asset socially.

With advancing age and deteriorating health, trips to the town for bowls and shopping became infrequent and the couple became dependent on family for groceries etc.

After his wife went to hospital, Jim felt he could no longer provide the help his wife needed, and get the help he needed himself to live in their remote location. Perhaps an awareness of the closing in of life’s end made him feel a need to return to his old home in another part of the State, which had remained unoccupied for the duration of his second marriage. Hence he had returned to his old home and made it apparent to his son (if not to his wife) his intention was to now stay until he died.

When his invalid wife left hospital, it transpired that she was able to arrange for a live in helper for herself, but Jim chose not to make the long journey back. While the author had thoughts of a marriage break-up, things were more obviously complex

than this. Each day they spoke by telephone and indeed the interview was interrupted when Jim's wife telephoned.

Jim was interviewed in the house he had owned for about 60 years, and which had remained unoccupied during his long absence. The house was a small four roomed, two bedroom timber bungalow, which had not changed in the 60 years, except that hot water has been put on recently.

It had a small louvred area out the back for a kitchen and a small bathroom, with no bath. The toilet was out the back, and there were no paved areas to make for easy access in wet weather. The house required some maintenance - in particular the galvanised iron roof needs repairing and painting, but it looked to be in sound condition overall. Just prior to the interview Jim had refused to have the job done, believing the quote to be too high. His son commented to the author that his father was out of touch with today's prices for things. He had the money to pay for the work but wouldn't spend it. He'd had a tough life involving much physical toil and hardship and was very careful with his money.

He was in receipt of the Service Pension, having refused to claim it for many years, as he thought there were "more deserving people". Needing the DVA health care benefits, he was finally persuaded to apply for the pension.

Jim told the author he did not want to move any where else. If he did, it could be to one of the self care units available in the town, but he said "I'd be batching up there as well, so what's the difference?"

Jim receives assistance from his son and daughter in law, who live next door. A DVA Community Nurse visits him on a regular basis and had arranged for him to purchase a motorised scooter. He had lost some confidence in using it after a couple of falls but was getting used to it. It can topple over on rough surfaces and there are few footpaths in this small town. It was enabling him to go out to see the town and get some company.

In addition to the DVA Community Nurse, he was having regular visits from a Physiotherapist. In telling about this Jim made it very clear he was not looking for any hand-outs and lectured the author that people should not expect the Department to provide everything for them.

When the author asked him about the suitability of his house for his needs, he thought it had everything he needed, but an inspection of the bathroom and kitchen facilities showed they were of a standard that most people would not put up with today. The house was also cold and Jim's son told the author he sat for long periods of the day (it was winter) in one room by an electric fan heater. In the coldest weather the heater would stop working.

Jim told the author DVA was investigating some improvements to his kitchen facilities. He only had an old wood stove, and had to chop his own wood. He was happy to keep doing using the wood stove, but "they were fixing it up anyway."

While Jim seemed quite happy, his son told the author his father had some worries about his health. He was having some circulation problems and was convinced his end was 'nigh', which upset his family, who thought he was talking himself into giving up. Jim's son was anxious for his father to move into hostel type accommodation on a site adjacent to the local hospital.

The author has found out that several days after the interview, Jim's condition worsened and he had entered hospital. After discharge he went to the nearby hostel for 'respite care' but when, after a few days, his health had picked up, he wanted to get back home to his own cooking and surroundings. He felt the people in the hostel were "too old" and no company, some of them being "non compos mentis (sic)". At last reports (some 12 months later), he was back in his home, managing quite well with the help of his son and daughter-in-law and some DVA arranged "home help". The author also learnt that Jim's wife died early in 1997, having been in very poor health since leaving hospital.

Author's comments

This veteran's life story would bear some resemblance to Facey's, as related in his book 'A Fortunate Life.' (Facey 1981) Having had to struggle all his life, he accepts his fate philosophically, and is not looking for, or expecting much. For example having known no other type of stove than a wood fuel stove, he sees no great hardship in having to go outside to chop and bring in his wood. Even so, for humanitarian reasons, the help should not be denied if he can be persuaded to accept it.

The interview supports Howe's view that there are generational differences affecting people's perception of their needs, hence the younger the veteran, the more likely it is that they would want the creature comforts accepted as the norm today, and for them to have higher expectations about assistance.

Kendig, citing Job, says that Australians born in the 19th Century have orientations toward gender relations, family life and work which are very different from those found over more recent decades. (Kendig 1986:14) After interviewing this old gentleman, the author can agree with this. Meeting him was like speaking to someone out of a time capsule. It is sad to realise that within a few short years there will be none of his kind still with us. Almost all his peers are either dead or institutionalised by now.

6.5 Hypothesis 3

- Moving can be a very negative experience for older people. The stress involved in moving is a major transaction cost which may prevent them from moving in the first place, or, if they do move, make it an experience they do not want to repeat.

Proposition: While the statistics may show that most older veterans and war-widows want to stay living in their own homes, focussing on some specific issues reveals evidence of rationalisation behind such thinking. There are transaction costs involved in trying to change their circumstances. They may be unable to sell for a reasonable price. They know who they are, they accept their position in life and their circumstances. Their local environment is part of their identity, and moving may involve loss of identity and feeling of belonging to a community. They are fearful of all that is involved in moving - negotiations with real estate agents, the legal issues, the financial decisions, the packing up and leaving the familiar. They know they are growing old and fear they are not as competent. In such circumstances the stress of making a change can far outweigh the benefits to be derived from moving. So they stay where they are.

Proposition: Many of those who have moved found the process a great strain. The outcome of it all may have been that they did not have raise enough from the sale of their home to get the new home they would have liked. They may be away from familiar territory and company and may be lonely. In some instances they recognise they made a wrong choice but because of the stress of the moving experience, they are most reluctant to move again.

The key response relating to this hypothesis is contained in the responses to Question 13a. A cross tabulation showed that of the 407 people who indicated that they would not like to move, 18 percent of them indicated that “Moving would be too stressful for me to cope with” and another 10 per cent were unsure. There was an association

significant at the 95% level between not wanting to move and moving being too stressful (0.017).

The hypothesis provides for respondents continuing to stay in their homes, even if their accommodation is no longer suitable for their needs, because the benefits of moving are not worth the stress involved.

It is considered that the issues involved in this hypothesis are complex and might best be explored through individual interviews. However qualitative information was obtained which supports the hypothesis.

A majority of respondents made a comment of some sort about their current housing and associated difficulties, how they feel about moving, what they think the future holds and the stresses of old age. There were a number which suggested they were not happy, but also indicated that a move might be just too hard to make. The focus groups also made remarks indicating that the stress involved in moving was an issue for them.

The following comments were made about the stress involved in moving by respondents:

“There is no way I could cope with moving. I want to stay in my home where I am content.”

“I don’t know of any way my life style could be improved by moving and the upheaval this would cause. Moving would be too stressful and unaffordable at present.”

“I enjoy the space, trees and garden. My dog has room to run. I wonder how long I’ll live? Is it worth the upheaval to move? Would it be too stressful?”

“The last move nearly killed me.”

These comments provide some insight into the dilemma facing many older people - their housing situation may leave much to be desired but they may be beyond doing anything about it unless forced. In the meantime, better the devil they know!

Proposition: The stress of moving increases with age

It is logical that stress about moving will increase as we grow older and less competent physically and mentally, although there will obviously be individual differences.

Tables examined will contain cross tabulations of relevant questions including (are you) “perfectly happy with existing home”, “moving would be too stressful for me to cope with”, “would you like to move” and “what is your age”. These should show that the stress of moving house increases with age. Respondents may in fact want to move but because of the stress involved in moving, they will not.

Table 6.21 shows that stress levels associated with moving increases markedly in the older age cohorts (85 plus). There does not seem much difference in stress levels in the younger age groups.

Table 6.21 Stress of moving and age

Age, and whether moving would be too stressful for them to cope with:					
Cross tabulation					
“Moving would be too stressful for me to cope with” #- numbers of respondents					
Age of the respondent	Yes #	Yes %	No #	No %	Total
Under 60			3	100	3
60-64	2	20	8	80	10
65-69	7	17	34	83	41
70-74	30	15.5	164	84.5	194
75-79	30	18.5	132	81.5	162
80-84	13	18.5	57	81.5	70
85-89	6	27	16	73	22
90-99+	3	60	2	40	5
Total	91	18	416	82	507
Missing					64

Source: Author’s survey - ‘Second’ file. Total 571. Missing 64.

Veterans/war-widow(er)s questionnaire: Questions 2a and 13a.

Table 6.22 Reasons for not wanting to move and the impact of stress: gender differences

**Gender * moving would be too stressful for me to cope with
Crosstabulation**

			moving would be too stressful for me to cope with		Total
			Yes	No	
Gender	male	Count	55	281	336
		% within Gender	16.4%	83.6%	100.0%
	female	Count	36	129	165
		% within Gender	21.8%	78.2%	100.0%
Total		Count	91	410	501
		% within Gender	18.2%	81.8%	100.0%

Source: Author’s survey - ‘Second’ file. Total 571. Missing 70.
Veterans/war-widow(er)s questionnaire: Questions 2b and 13a.

While the stress of moving seemed a little less for females (73% to 84%), the fact that the female respondents were mainly war-widows who could be used to living on their own may be a factor here (Table 6.22). Of those over 85, 11 of 12 men (92%) said that moving would be too stressful for them, and 5 of 10 females (50%) suggesting that stress may become more of an issue for males as their old age.

Summary

The hypothesis is supported both by responses to a particular question and also comments provided by respondents. There was also some evidence to support what would seem obvious, that the stress increases with age and there were some small gender differences.

The following case study illustrates the stresses generated, not only for an elderly widow, but for the family as well, when moving out of the home is at stake.

Interview with the married daughter of a deceased WWII veteran whose mother is now in a hostel.

The daughter ("Mary") is around 50 and not in good health - she has multiple sclerosis. After Mary's father died 3 1/2 years ago, her mother continued to live in a three bedroom home in the same regional city. This was not the "family home" as such in that her father planned for the future by moving from a larger home to this smaller home about 5 years before his death. It was in a suburb some distance from the daughter and her family, and they were finding it increasingly difficult to keep up regular visits and to provide the home assistance needed.

Mary's father left details of what he thought his wife should do, but she didn't act on them until 1994, when she led her daughter to believe that she wanted to move. At that time they began looking a retirement villages, and other complexes providing independent living facilities. Many of these were not particularly well designed, with steps and baths with shower above being rather dangerous for the infirm. Units on the ground floor were generally not available

When Mary and her mother first started looking, independent living seemed quite suitable, but then the mother began to show signs of dementia. She had been able to cover it up well when her veteran husband was still alive, partly because of a deafness problem. After a long process, the mother finally said she was happy to move into one particular village, but then, as in several previous cases where apparent interest quickly dissipated, found a problem when she couldn't take her dog because dogs were not allowed in the complex. In fact the dog was a new dog, obtained after the decision to move, and the daughter said she could have looked after it for her mother.

Another year went by. At his stage the daughter spoke to her mother's GP, who agreed there was a dementia problem and that her mother needed to be assessed for a hostel.

Her mother's name was placed on a waiting list for a hostel, and she was offered a place. However she couldn't make the decision to go, saying things like she "still felt her husband's presence in the house" and that she would hate to have to give up the "family home".

Mary and her husband were thoroughly frustrated and worn out by this time. They had shown the mother all kinds of places, and became excited on several occasions when it seemed that she would at last be happy to move in, then all would come to naught yet again. The decision was just too much for her to make.

What convinced the mother finally was that she had a car accident. She had retained her driver's licence and continued to drive, despite Mary's consternation. On the occasion of the accident, the mother admitted she had "got lost" and had driven into another car.

The GP then said "It's time to go into the hostel". So Mary and her husband put the house on the market and were able to sell it for a fair price after three months, in a low housing market. The mother was able to move into the hostel of her choice, though the cost was \$125,000. Mary and her husband had to take responsibility for clearing out all the furniture, cleaning the house, holding garage sales, looking after the dog and so on.

At the time of the interview (in the latter half of 1996) Mary reported that her mother was not happy in the hostel, saying the hostel is "full of old people", "they don't look happy" and there is "no one to talk to". Mary said that while on the surface the place has a cheerful look, she agrees it's apparent the residents would rather be in their own homes, and don't give the impression they are happy. At the same time she commented that her mother "is not a particularly happy sort of person, who tends to

be critical, and she complains. She appears angry that her husband died, and has found his death very hard to accept”.

Mary says her mother at age 78, is from a particular era when the father did most things. Her father did all the banking etc, and her mother had little to do. When she was widowed, she found it hard to function. She had very few ideas about finances, never having had to write a cheque in her life.

At home, after being widowed, if there was anything that needed doing, she would call in a male neighbour. She paid for help with the gardening, cleaning etc and had two sons who were tradesmen to help her.

While her husband was a veteran, he had never claimed any entitlements, so the result was she has no eligibility from DVA. While her husband left her quite a reasonable superannuation pension to live on, she now pays \$600 per week to the hostel, which is 3/4 of her income

Mary said that her mother had reached the stage that she couldn't stay at home any longer. The fact that she wanted to stay on caused them a lot of worry. For example she could have broken a leg and been unable to get to the phone.

The last thing they did was to sell her mother's car. Mary's mother had been reluctant to sell the car, but a series of "TIAs" made it inevitable. The GP had continued to allow her to drive to the local shops, but after the accident she gave up driving of her own volition.

Observations made by Mary based on her mother's case which she believed had general application to other older people were:

while there may be a preference to stay on at home, this is fine only while the couple are relatively healthy and can support each other.

just as she wouldn't want to live with her daughter, she wouldn't want to live with her mother, and vice versa. You need to keep your independence.

Elderly people may not be able to see the extent of their disablement and are unable to see the solutions.

It's great to stay at home, in your own area, with your neighbours, but if you are in a large home, you are going to need help.

It can be a waste of time for older people to move to a flat. The time to move to a flat is in your 50's and 60's.

The time to make a decision is while you are still a couple and have control of your mental faculties. At this time you can find a smaller place, find new friends and explore the area. That way the partner is left with the friendships and a smaller place to look after.

When you get older it gets too hard to make the decision to move.

Interview with WWII Ex-service woman

“Elisabeth” spoke about those people who say “they will never move, regardless of the circumstances.” She said, (her views reflecting a female perspective):

“The argument goes on and on. Probably a lady would be happier living in her own way with all the things of her own. Take her out of her familiar surroundings and you could confuse her and lead her into a situation where she is a complete alien, with no friends, and has lost confidence. Her memory may be going but moving can undermine her confidence. I have seen this happen to a lot of people, including my mother.”

“It depends very much on their state of health and whether they would be over-stressed by moving or not.”

“When you make a move it is like throwing a pebble in a pool. There are always ripples, always implications. Moving people from one place to another may be desirable but may be the beginning of the end for them. We don't know what their memories are like. They may cover up their problems very well. You don't realize how much repetition there is in what they are saying and doing. They may give the impression of coping but even the family may not know about their memory problems. Move them out and they become confused, and an unhappy person, lacking in confidence. The stress of moving can also bring on this problem.”

Author's conclusion

The stress involved in moving can be very upsetting to older people and may accelerate the onset of health problems. Loneliness and loss of confidence can be very debilitating. It is much easier for them to stay where they are.

6.6 Hypothesis 4

- That while older frail people may want to continue living at home, many will eventually move to more supportive accommodation.

Proposition: While older frail people may want to continue living at home, many will eventually move to more supportive housing. However this does not mean there is currently a large unfilled demand within the elderly population for more suitable accommodation. Rather the demand is an ongoing one of relatively constant proportions.

Proposition: The need to move can be looked at along a continuum, with the problems and need for assistance gradually increasing over time.

Proposition: There are a number of key determinants which push people towards the end of the continuum. These are:

age, gender, marital status, ill health, the unsuitability of the design of their accommodation, difficulties in looking after the home and grounds, the ability to afford a move, transport and the availability of home help.

Introduction

Kendig and Pynoos (Kendig and Pynoos 1996: 707) said ‘a long standing assumption is that as persons become more frail, they will have to move from one housing setting to another. While many frail people do move to more supportive environments, most will to continue at home for some time. Of the many needs of frail older people at home, the most common are assistance with gardening, home repairs, supportive features (eg grab bars, ramps,) and transportation.’

Kendig and Pynoos (Ibid: 707) also propose that competency to remain living at home should be seen along a continuum. The hypothesis picks up on this idea and then

proposes circumstances where older people are pushed towards the end of the continuum.

Examination of results pertinent to Hypothesis 1 (in Section 6.3) showed that most older veterans and war-widow(er)s seem reasonably content with their housing. While most show no great inclination to move, around 11% want to move, and 12.4% said they may move in the next two years.

Section 6.2 described the key determinants for moving as:

- the garden is too big to manage;
- home maintenance is too much of a problem;
- the home is unsuitable in design for older persons;
- the house is too big; and
- the person is in ill health.

One of the key determinants of the need to move listed in the hypothesis but not properly covered in these tables was the availability of home help. It could be assumed that older veterans and war-widows who were not receiving the home help services they need would be more likely to say they wanted to move than those who were receiving adequate home help. This issue will be taken up in 6.7, 'Issue 3'.

Marital status as a key determinant of the need to move was partly examined above in looking at moving rates, with older war-widows moving at a slightly higher rate than their veteran peers. The author also considered that because of loneliness, and problems such as a lack of immediate assistance, security concerns and lack of a partner to drive them, single/widowed older people living on their own may be more likely to want to move. However there was insufficient evidence to support this idea. This may be a reflection of the fact that the respondents included a significant proportion of war-widows, some of whom would have been widowed for a long time and grown used to managing on their own (a conclusion also drawn from the focus groups - see details in Appendix A.4).

Table 6.23 shows that around 45% of the veteran and war-widow(er) respondents lived on their own. Around 12% of those living on their own wanted to move, as against 11% of those who were not living on their own.

Table 6.23 **Moving and living arrangements**

“With whom do you live”: “Would you like to move” cross tabulation.							
With whom do you live	<i>Yes I would like to move #</i>	<i>Yes I would like to move %</i>	<i>No I would not like to move #</i>	<i>No I would not like to move %</i>	<i>I am unsure #</i>	<i>I am unsure %</i>	<i>Total</i>
With my spouse/partner	27	10.8	175	70.3	47	18.9	249
With my children/other family	2	6.7	25	83.3	3	10	30
On my own	28	12.1	173	74.6	31	13.4	232
Other			3	100			3
Total	57		376		81		514
Missing							57
<i>Total</i>							571

Source: Author’s survey - ‘Second’ file. Total 571. Missing 57.

Veterans/war-widow(er)s questionnaire: Questions 2b and 10.

Again with regard to gender, the author hypothesised that older women would be more likely to say they wanted to move or were interested in moving than men. This was based on a focus group finding, that wives seemed more open to the idea of moving than their husbands. Table 6.24 does not support a hypothesis that men are less interested in moving than women although statistics provided in Section 6.2 indicate otherwise. The figures overall were almost identical, that is, 10.7% of females wanted to move and 11% of males. However a cross tabulation with age, gender and desire to move showed, in the mean age cohort of 70-74, 15.5% of females (9 in 58 cases) would like to move and 9.5% of males (15 in 158).

Table 6.24 Desire to move, by gender

Would you like to move				
	Yes	No	Unsure	Total
Male	41 (11%)	270 (72.5%)	61 (16.4%)	372
Female	19 (10.7%)	134 (75.7%)	24 (13.6%)	177
Total	60	404	85	549
Missing				22

Source: Author's survey - 'Second' file. Total 571. Missing 22.

Veterans/war-widow(er)s questionnaire: Questions 2d and 10.

The author's intention was to address this issue through the questionnaire sent to spouses and partners. This subject will be raised again in examining the findings of the spouses/partners survey.

Summary of findings

The author has made use of an analysis of the DVA Client Data Base to show that moving rates for older veterans and war-widows are relatively low (less than 4% per year), although the "moving rate" obtained was based on post code moves, and not on actual street address changes. While this does not prove that there is not a large unfilled demand from older veterans and war-widows(er) for more 'suitable' accommodation (or 'more housing choice'), when looked at against the other survey statistics showing:

- general satisfaction with their accommodation;
- that they do not wish to move;
- that their current home is their perfect home; and
- that they would still expect their current home to be their perfect home in two years,

the low moving rates certainly do not support an opposite view.

While the aim of demonstrating that the demand from the elderly for more suitable accommodation is an ongoing one of relatively constant proportions, may have been

ambitious, the author was at least able to show, using DVA statistics, that veteran and war-widow moving rates have remained constant over the last 5 years.

The statistics also provided some evidence that the need to move can be seen as a continuum, with the moving rates for older age cohorts escalating. Other evidence came from the tables showing reasons for moving and wanting to move. It can be deduced that as the problems increased, they would be pushed towards the end of the continuum. For example as they find managing the garden more and more difficult, the time can come when they are simply unable to cope any longer and they need to move.

The author provided tables showing that the key determinants of moving and desire to move were ill health, the unsuitability of the design of the home, difficulties in looking after the home and grounds ('house too big, garden too big, maintenance is a problem'). The DVA statistics on moving showed gender differences, with higher moving rates for females/war-widows overall and higher moving rates in the older age cohorts. An attempt to find out if people living on their own were more likely to want to move proved inconclusive. Likewise an attempt to see if there were gender differences in interest in moving was not conclusive.

The issues were complex and hard to test, but some evidence in support of the hypothesis was obtained. With around 27% either saying they would like to move or saying they were unsure, it suggests that perhaps a quarter may be having thoughts of moving to more supportive accommodation.

Discussion of overall findings in regard to the hypothesis

There is some evidence that there is a great variety of needs. The needs change over time and this is recognised. The preference is to retain the current dwelling or one

with alterations for a variety of reasons that have been previously explored. Policies have been too dogmatic (e.g. in encouraging multi- unit dwellings for older people) and tended to look at the cohort as a homogenous group.

The policies promoting moving to 'more appropriate' housing have also tended to ignore a finding by Davison et al that the preference of the elderly to stay in their own homes is virtually inseparable from the wish to stay as independent as possible. (Davison, Kendig, Stephens and Merrill, 1993: 199).

Interview with World War II veteran and his wife

The veteran, whom the author will call Bill, had held quite a high level position before he suffered a heart attack and had to retire. He now lives with his wife in a “self care” unit in a retirement complex in a regional city. He is a veteran of World War II, and in his mid 70s. His wife (I will call her Mavis) is several years younger. Both seemed to be in quite good health, though Mavis nursed her arm during the interview. Both also seemed fairly active, though Mavis’ arm prevented her from driving. Bill said he was going on a 10 kilometre bushwalk on the weekend after the interview. Both responded openly and with intelligence to any question put to them.

They have been in their unit for about two years, having moved from a house on a large suburban block of around 1,300 square metres. They showed the author pictures of the garden they had had, and it had obviously been very beautiful indeed. Their interest in gardening was continuing and their small unit garden was a showpiece.

After Bill’s heart attack, Mavis had to look after Bill. He took a long time to recuperate and she found it rather difficult to maintain the house and extensive garden. Then they suffered a car accident and Mavis sustained an injury to her arm which still is painful and reduces her capacity to do things like playing her piano. This led them to start looking around, only semi-seriously, for retirement villages, writing to a couple on the NSW coast. They did this without the knowledge of their three adult boys, as they wanted to make their own decisions and not be a burden.

The fact that they had three boys and no girls has been a factor in them feeling that they should not impose more than they do on their children. Their boys and their

families are also scattered and they knew they would have to largely depend upon themselves. They proudly showed the author photographs of their boys.

They then began to look more seriously locally for a unit, and were eventually attracted to the complex in which they now live, which was still under construction at the time. Bill commented that they had been 'in for another village', but the local government withdrew the offer of the land for its own financial reasons. The unit they chose was more reasonable in price than the private enterprise one they had considered, because the organisation involved owned the land. This organisation also took out less than the others on departure from the unit (perhaps 5% Bill thought, as against up to 30% for some other complexes). The units are self managed by a management group of residents and costs are reasonable.

One advantage of their current situation is that if they need to go into a hostel, there is one on site. Mavis hoped they would never need to do so, noting that while they were in 'self care' units, they were allowed to call in 'meals on wheels' and other home support services. The units were also designed for wheel chair access and the site is level with no steps. The complex is well situated in a pleasant inner Canberra suburb, with good access to local (on foot) and district shopping centres (via a short bus trip or by car). There are a number of sporting facilities and churches in the vicinity.

Their unit was very comfortable and modern looking. They had furnished it nicely with some of the furniture from their former house. While the unit had been landscaped, they removed the black plastic and tan bark and planted their own plants. They have made an attractive garden area. The unit has a car-port and Bill drives their own car.

Bill and Mavis said that it was a big decision for them to move. They let their boys know what they were planning to do and received their support. It was difficult to have to sort out all the things they had collected over the years, and to discard memorabilia and some furniture, though they had fitted in most of their good items.

Overall they felt it had been good decision and they were happy with their situation. They are quite involved in the village's communal life.

Bill commented:

"The decision to move is a very hard one to take. Then there is an initial settling in period for everyone of about two years, after which you make a new circle of friends and develop your interests in the new setting. We have been lucky to have had a few outgoing people in our part of the complex, who got everyone involved."

Bill and Mavis said that one reason why people might have difficulty with the decision to move is that they have no support. Those without relatives or children in the area could be in this boat. They could have been in this position, but were fortunate that they were able to obtain advice and support from an ex-service organisation. They said that for some, the decision to move is just too much. For others, there are financial difficulties.

Mavis added a very pertinent comment. She said

"It would be helpful if there was an advice service to assist elderly people in their housing decisions, particularly those without family support."

With the interview over, Bill went to telephone one of his sons who lives in another city, which he does regularly each week.

6.7 Other issues

The survey revealed three issues not fully addressed in the above examination of the hypotheses against the survey results. The first was the importance of being able to drive, to the quality of life of the respondents. The second was the fact that 61% said they were not 'near entertainment' - this seems such a high statistic that it begs examination. The third was the level of assistance being received by respondents to enable them to remain in their own homes.

These issues will now be examined.

ISSUE 1 - The importance of being able to drive or to have some one drive you about

The literature stresses the importance of good transport to the well being of older people. Without transport, they may be unable to go to the shops, access health care and other services, go to entertainment venues, visit friends and relatives and have outings. They can become socially isolated, and suffer from the boredom and depression this may bring. The literature (for example Kendig and Gardner: 1997) stresses the need to provide good access to public transport and says that older people may have to move from their homes in suburbs with inadequate transport services, to housing in more centrally based areas.

The results of the survey questions on transport will be examined from this perspective.

The survey showed that around 63% of those who answered question 9 either drive everywhere or drive to most places (see Table 6.25). Another 17% drive occasionally and 23% said their spouse or partner drives. In short, the great majority use the private motor car to travel around and only 24% were dependent upon public transport. This would suggest that loss of driving ability or their spouse ceasing to drive could impact adversely on many older people. It might therefore have been

expected that those who do not have access to a car might be more interested in moving than the 'drivers'.

Table 6.25 indicates this is not the case, with interest in moving seeming to decline with increasing transport problems. In fact those who drive everywhere displayed the most interest in moving. One possible explanation could be that the ability to drive may broaden perspectives - a move may not seem so threatening if you are able to properly explore housing options in your own car. It may also reflect the fact that the person has not yet reached the stage where moving appears too stressful or that for health and other reasons, moving is beyond them.

The author wonders, therefore, to what extent the promise of good public transport and central location would entice an older person to move. It may be that one of the benefits of urban consolidation (as described in the draft NSW SEPP5 quoted in literature review at Chapter 2) - better access to transport - is not quite the obvious good to older people that might be assumed. There may be a combination of more important reasons for not moving which override any transport improvements.

In looking at the percentages in Table 6.25, it will help the reader to recall a previous table (Table 6.2) showing that that overall around 11% of respondents said they wanted to move. The author has again used the smaller 'Second' file here (571 respondents), but percentages were also obtained for the 'Main' file (685 respondents) and were found to be almost identical to the ones in Table 6.25.

Table 6.25

1) Transport arrangements - answers to Q9: percentages based on no. of cases

2) Relationship between access to transport and desire to move cross tabulation

How do you get about	1) % of cases (566) to nearest 0.5%	2) I would like to move	2) % of a)	2) I would not like to move	2) % of a)	2) I am unsure	2) % of a)	2) Total counta)
I drive everywhere	29%	22	13.8	118	74.2	19	11.9	159
I drive to most places	33.5%	17	9.1	141	75.8	28	15.0	186
I drive occasionally	17.5%	10	10.2	61	62.2	27	27.5	98
My spouse/partner drives	23.5%	13	10.3	89	70.6	24	19.0	126
Dependent upon friends/family for transport	20%	8	7.1	87	77.6	17	15.1	112
Dependent upon public transport	24%	12	8.9	102	76.1	20	14.9	134
Don't often leave home due to lack of transport	7.5%	4	9.1	28	63.6	12	27.3	44
Don't often leave home due to my health	13%	6	8.3	49	68.0	17	23.6	72
Have some difficulty in using transport	16%	7	7.8	59	66.2	23	25.8	89
Have some difficulty in moving about my home	8%	3	7.0	31	72.1	9	21.0	43
Need to use a wheelchair most of the time	2.5%	0	0	9	75	3	25	12

Source: Author's survey - 'Second' file. Total 571. Missing 5.

Veterans/war-widow(er)s questionnaire: Question 9.

Summary

These statistics show the importance of the private motor car to older veterans and war-widow(er)s. If those relying upon a motor car are located in an area poorly served by public transport or they cannot rely upon friends or relatives to drive them about, loss of the ability to drive could suddenly see their lives becoming very quiet. While they may say now they are perfectly happy to stay in their own homes, in the future, the reality may be that lack of transport may become a problem, and a reason for wanting to move.

The statistics also reveal that there are significant numbers who do not go out at all and even have difficulty moving about their own home. Yet paradoxically, their desire to move was even less than for others more mobile.

The latter statistics suggest to the author that while urban redevelopment and consolidation may improve transport for older people, it comes at a cost - the cost of having to move, which is not enticing even to those who would seem to benefit most.

ISSUE 2 - Proximity to entertainment

Question 4 was a multiple choice question which allowed respondents to say whether to a statement described their home and personal circumstances (for example 'is your home affordable yes/no'). They could select the ones they wanted to answer. The responses to this question are outlined in Chapter 5. The item that rated their current home in the most negative light was the location of entertainment. Only 38 percent of respondents indicated that their home was 'near entertainment'.

Care needs to be taken not to read too much into this result, especially as the word 'entertainment' is undefined, but the findings deserve some comments.

We often see and hear about the entertainment that older people receive, especially in halls, nursing homes and hostels, which we might stereotype as the local Gracie Fields

trying to create some fun by singing old songs to a group of old folk wheeled in for the occasion who are expected to join in with the singing. While the author does not wish to suggest that such entertainment is not welcome or very important, the fact that only around 37% of respondents said they were 'near entertainment' seems to be saying something. It could be that such entertainment is arranged and provided like a 'service' to old people, just as home care and other services are arranged by organisations and the well meaning.

We may also think that clubs, whether they be bowling clubs, RSL clubs and the like satisfy the needs of older people. That this is not necessarily the case was suggested by a few respondents, one of whom spoke about how unpleasant it was to have to go to a smoky, noisy club.

Again the author does not wish to say that such entertainment is not what a lot of old people want, but simply to wonder if the figure of 37% might be indicating that many older people want to have some good honest fun like the rest of the community, and not be 'serviced' with stereotyped, perhaps patronising, entertainment.

It is also possible that not believing you are near entertainment may be more a reflection of social isolation. You may be happy with the type of entertainment available, but may not have access to transport, you may be in poor health and so be unable to travel, too poor to afford to go out much, not be close to shopping centres, have few friends or relatives around who can encourage you to become involved in enjoyable activities, or you may live in a community which does not cater for older people or have many older people.

Not believing you are near entertainment could, then, be a symptom of wider problems, such as loss of extended family and friends, little community life, poor access to community facilities and loss of mobility.

Cross tabulations of 'near entertainment' with Question 9 (which covered transport) Question 4 (details of the home situation) and Question 10 ('do you want to move') showed:

- 57% of those who said they were near friends said they were near entertainment;
- 54% of those who said they were close to health services said they were near entertainment;
- 53% of those who said they were close to shops said they were near entertainment;
- 51% of those who said they were near transport said they near entertainment;
- 50% of those who said they were near family said they were near entertainment;
- 46% of those who said their spouse/partner drives said they were near entertainment;
- 45% of those who said they drive everywhere said they were near entertainment;
- 43% of those who said they lived in a good neighbourhood said they were near entertainment;
- 31% of those who were dependent upon public transport said they were near entertainment while 39% who were not dependent upon public transport said they were near entertainment.

- 26% of those who said they don't often leave home on account of their health said they were near entertainment, while 38% who were not in this position said they were near entertainment.
- 18% of those who said they would like to move said they were near entertainment; and
- 16% of those who said they don't often leave home due to lack of transport said they were near entertainment (versus 38% for those who were not in this position).

ISSUE 3 - Usage of home care services and the availability of help from others

Earlier on in the discussion of HACC services (Chapter 2) it was noted that home care services aim to satisfy the desire of older people to remain in their own homes for as long as possible and provide a humane care alternative to institutional care. However there is a parallel economic motive in establishing these services - it is claimed to be cheaper to provide services in the home than provide institutional care.

A view expressed in Chapter 1 was that as a consequence of home assistance services being provided, some people may be 'propped up' in their homes inappropriately. They may be better off moving. An alternative view is that while the services may help many older people to remain in their homes in more comfort, with the level of funding currently available they can, at best, only delay institutional care.

Because HACC funding is limited, some rationing of the services is necessary and veterans can miss out on services on account of being 'better off' on account of their DVA eligibility. While in 1991, 17% of HACC clients were reported to have used these services over the course of a month (DHHLGCS 1993), only 10.3% of the survey respondents said they were receiving home care/home maintenance from governments/councils etc.

DVA provides visiting health professionals (for example community nurses) on grounds of eligibility and need and services are not rationed in the same way as HACC or other government sponsored programs for the general community. Other assistance provided by DVA includes respite care and aids and appliances while DVA also provides some seeding funding for initiatives aimed at assisting older people to remain at home (eg through funding a mini-bus).

Allowing for assistance coming from different sources, the responses to a question about assistance being received (Question 8 of the veterans/war-widow(er)s survey) may give some indication of whether the services achieve their purpose of keeping older people in their homes, and out of institutions.

In the responding to Question 8b, 16.2% said they needed more assistance to be able to stay on at home (Table 6.26). More importantly, responses to this question affected the likelihood of respondents wanting to move. Table 6.27 shows that 18.3% of those who felt they needed more assistance to stay at home said they wanted to move, compared to 8.9% of those who said they did not need more assistance to stay at home.

Table 6.26 Relationship between needing more help and wanting to move

<i>'Do you need more assistance to stay at home' and 'would you like to move': Cross tabulation</i>							
Do you feel you need more assistance so you can stay on in your home?	<i>Yes I would like to move #</i>	<i>Yes I would like to move %</i>	<i>No I would not like to move #</i>	<i>No I would not like to move %</i>	<i>I am unsure #</i>	<i>I am unsure %</i>	<i>Total</i>
Yes	13	18%	43	61%	15	21%	71
No	31	9%	279	80%	38	11%	348
Don't know	4	9%	22	51%	17	39%	43
Total	48		344		70		462
Missing							109
<i>Total</i>							571

Source: Author's survey - 'Second' file. Total 571. Missing 109.

Veterans/war-widow(er)s questionnaire: Question 8b and 10.

Table 6.27 Do you need more assistance so you can stay at home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	76	13.3	16.2	16.2
No	351	61.5	74.7	90.9
Don't know	43	7.5	9.1	100.0
Total	470	82.3	100.0	
Missing				
	101	17.7		
Total	571	100.0		

Source: Author's survey - 'Second' file. Total 571. Missing 101.

Veterans/war-widow(er)s questionnaire: Question 8b.

The following statistics show the level of help being received by the respondents.

14.4% said they received help from friends and neighbours;

9.6% said they received help from Government/Council/community organisations;

- 4.2% said they get Meals on Wheels;
- 33.3% said they get help from their children/other relative;
- 1.9% said they received limited help from their children;
- 14.7% said they get help from a privately paid for helper;
- 5.1% said they get help from visiting health professionals (eg a nurse);
- 3.5% commented they were managing - no help was needed; and
- 0.2% commented that they could not get the help they need.

Table 6.28 shows that 6.5% of those who were receiving help from friends or neighbours wanted to move while 12% of those who said they were not receiving help from friends or neighbours said they wanted to move. This suggests that receiving help from friends and neighbours can help people to remain at home.

Table 6.28 Impact of receiving help from friends/neighbours on moving

Friends/neighbour * Would you like to move? Crosstabulation

		Would you like to move?			Total
		Yes, I would like to move	No, I would not like to move	I am unsure	
Friends/neighbour	Yes	5	60	11	76
	No	55	327	70	452
Total		60	387	81	528

Source: Author's survey - 'Second' file. Total 571. Missing 43.

Veterans/war-widow(er)s questionnaire: Questions 8a#2 and 10.

An interesting finding is that the receipt of assistance from Government/Council/ and community organisations does not seem to affect the desire to move. About 10.9% of those receiving this kind of help said they would like to move (though the numbers were small), while 11.3% of those not receiving this kind of help said they wanted to move.

As discussed in Section 6.2, the lack of home support acts as a barrier to staying.

Summary

The above tables show that despite the availability of home assistance services, veterans and war-widow(er)s, receive the majority of their help from children and other relatives. There was some strong evidence obtained to support a view that the availability of home assistance services makes it less likely that older veterans and war-widow(er)s will say they would like to move.

It was not possible to ascertain if some people receiving home assistance were being 'propped up' and may be better off moving. Indeed this seems like a cynical exercise. However the author offers the comment that housing policy makers should not look at what they are providing in isolation. The respondents' experience of home is very much an interaction of the physical characteristics of the dwelling with the bundle of services available from (and within) the dwelling.

Next the author will look at a file of veterans and war-widow(er)s who were included in the survey because they were known to have moved, to see what differences there may be from the other results.

6.8 Examination of the 'Movers' file

While some data from the 'Movers' file has been taken into account in examining the hypotheses, and described in Section 6.2, this section will examine the differences in responses between those who have moved, and those who may or may not have moved. Of particular interest will be the information on their previous home, tenure changes, the reasons for moving, how the move worked out, whether they would like to move again, and who has moved: for example, more women than men? As the 'Movers' file contained only 83 names, the author is aware that care needs to be taken in interpreting the results.

Previous home and new home

Some significant changes occurred. The percentage of people in separate homes went down from 69.7% ('Second' file) to 34.6%. A higher percentage were living in semi-detached style homes or in flats/units/apartments of one or two storeys and retirement villages, and there was a very slight increase in the percentage in retirement villages and hostels. This shows that in moving, people have sought a smaller home that they can more easily manage. No 'mover' now lives in a caravan or trailer home.

Table 6.29 'Movers'- Change made in house type: comparison with 'Second' file

Current type of home (Q3c)	No cases "Second" file	Valid % "Second" file	No cases "Movers" file	Valid % "Movers" file
Separate house	378	69.7	27	34.6
Semi-detached row, terrace or town house of one storey	52	9.6	19	24.4
Semi-detached row, terrace or town house of two storeys	13	2.4	3	3.8
Flat attached to house	12	2.2	2	2.6
Flat/unit/apartment 1 or 2 storey block	12	2.1	12	15.4
Flat/unit/apartment 3 storey block	34	6.3	2	2.6
Flat/unit/apartment 4 or more storey block	9	1.7	2	2.6
Caravan/trailer park	6	1.1	0	0
Home of children/other family	3	0.6	2	2.6
Retirement village	16	3.0	5	6.4
Nursing home	6	1.1	2	2.6
Hostel	8	1.5	2	2.6
Total	542	100%	78	100%

Source: Author's survey - 'Second' file. Total 571, missing 27; and 'Movers' file, total 83, missing 5. Veterans/War-widows questionnaire Q3c.

Tenure changes

There were some significant changes. The percentage of people in fully owned homes went down from 76.9% to 55.4% and the percentages of people in government and private rental also changed. Those in private rental went from 4.45% to 17.6% and in government rental from 5.3% to 16.2%. The percentages for those in the home of a

family member went up from 2.6% to 4.1%. One explanation for the reduction in the numbers in fully owned homes would be inability to obtain enough from the sale of the home to be able to fully own the next home. This would provide a good reason for not wanting to move in the first place.

Table 6.30 'Movers'- Change in tenure: comparison with 'Second' file

Tenure (Q3d)	No cases "Second" file	Valid % "Second" file	No cases "Movers" file	Valid % "Movers" file
Fully owned	422	76.9	41	55.4
Being purchased	47	8.6	2	2.7
Private rental	24	4.4	13	17.6
Government rental	29	5.3	12	16.2
Owned by children/family	14	2.6	3	4.1
Not applicable	13	2.4	3	4.1
Total	549/571	100	74/83	100

Source: Author's survey - 'Second' file. Total 571, missing 22; and 'Movers' file, total 83, missing 9. Veterans/War-widows questionnaire Q3d.

Condition of the home

The condition of the homes had improved. More people were now in homes in excellent condition (40% instead of 29.5%) and no respondents said they were in a home in poor condition. People had obviously sought to move into homes in better condition.

Table 6.31 ‘Movers’- Change in condition of dwelling: comparison with ‘Second’ file

Condition of dwelling (Q 3e)	No. cases “Second” file	Valid % “Second” file	No. cases “Movers” file	Valid % “Movers” file
Excellent	166	29.5	32	40.0
Good	283	50.4	34	42.5
Fair	100	17.8	14	17.5
Poor	10	1.8		
Very poor	1	0.2		
Not applicable	2	0.4		
Total	562/571	100	80	100

Source: Author’s survey - ‘Second’ file. Total 571, missing 9, and ‘Movers’ file, total 83, missing 3. Veterans/War-widows questionnaire Q3e.

Home situation

Table 6.32 provides a comparison between the results for Question 4 in the “Second file (571 respondents) and the ‘Movers’ file (83 respondents). Question 4 sought details about the home situation. Comments about the respective matters follow the table.

Table 6.32 'Movers' - Information about the current home: comparison with 'Second' file

The home is:	No. cases "Second" file	Valid % "Second" file	No. cases "Movers" file	Valid % "Movers" file
Affordable	472	84	62	76.5
Suitable in design for older persons	357	63.5	59	72.8
Close to shops	359	63.5	56	69.1
Close to transport	365	64.6	51	63.0
Close to health services	360	64.1	59	72.8
Near family	267	47.4	44	54.3
Near friends	328	58.4	49	60.5
Near entertainment	208	36.8	40	49.4
In a good neighbourhood	459	81.5	69	85.2
Easy to maintain and care for	360	63.8	56	69.1
Easily saleable	290	52.2	35	44.9

Source: Author's survey - 'Second' file. Total 571 compared with 'Movers' file, total 83. Question 4. Veterans' and War-widow(er)s questionnaire 'Movers' file.

In moving out of their homes, people may not have realized enough on the sale, hence they may have had to take out a mortgage or to rent. This would explain why slightly fewer people said they could afford their homes (it was 84% in the 'Second' file and 76.5% in the 'Movers' file).

In moving, they had also moved:

- to more suitable accommodation, with 72.8% now in homes that were suitable in design for older people, up from 63.5% in the 'Second' file.
- closer to the shops ('Movers' file 69.1% were close to shops, 'Second' file, 63.5%).

- closer to health services (64.1% in the 'Second' file said they were closer to health services, 72.8% in the 'Movers' file).
- closer to entertainment. The percentage 'close to entertainment' in the 'Second' file was 37%. For the 'Movers' file, the figure was 49.4%. A possible explanation could be that they moved closer to their families.
- closer to family (54.3% said they were near family compared and 47% in the 'Second' file).

Also their homes were somewhat easier to maintain and care for - 69% of the 'Movers' said their home was easy to maintain and care for, compared with 64% for the 'Second' file.

Surprisingly, although the differences were minor, (64.6% of those in the 'Second' file were close to transport, and 63% of the 'Movers') access to transport did not show improvement. One possible explanation would be that moving was associated with loss of driving ability.

The result for saleability of the homes also seems surprising. The percentage who said their home was easily saleable went down from 52.2% to 44.9%. One explanation for this small change could be that some were now in a retirement village or hostel and did not have a home to sell or now owed money on their new home. The sale may need to cover legal costs recently incurred legal and other charges.

How the move worked out

With regard to the success of the move (Question 7a), 82% of the 'Movers' file who answered said the move was a good decision bringing no problems (69 cases, 14 valid), 14% said satisfactory, though there were some problems (10 cases) and 4.2% said their decision to move was a poor one (3 cases). Using the larger 'Main' file from which the specially identified 'Movers' had been excluded (685 cases, 512 missing) to check the result, 79% of the 'Main' file respondents said their move was a good decision, 16% satisfactory and 4% said it was a poor decision.

Table 6.33 'Movers' - How the move worked out: with check against the larger 'Main' file (which included the specially identified "movers" group and others not identified before hand as movers but who had also moved) Q.7b

How the "movers" feel about the move they made (Q 7b)	No. "yes" answers "Main" file (646 missing cases, 39 valid)	% "Main" file cases (39 valid responses Count 57)	No. "yes" answers "Movers" file (69 missing cases, 14 valid)	% "Movers" cases (14 valid responses, count 22)
Rushed decision in a time of stress	16	41.0%	6	42.9%
Area lacked the help and health care services needed	6	15.4%	3	21.4%
Wrong type of accommodation	16	41.0%	6	42.9%
Moved away from where my roots are	12	30.8%	5	35.7%
<u>Other:</u>				
Too far from friends and family	4	15.4	2	14.3%
Lost my independence	1	2.6%		

Source: Author's survey - 'Main' file. Total 685 missing 646, and 'Movers' file, Total 83, missing 14. Veterans/War-widows questionnaire 7b).

Wanting to move again

While the numbers are very small (only 11 cases), Table 6.34 is still interesting, indicating that a number of the ‘movers’ have thoughts of moving again. Nine out of 77 (11.7%) said “Yes” to question 10 “Do you want to move”, which was no different to the figure for the ‘Second’ file (around 11%).

Table 6.34 Movers: Reasons for wanting to move again

<i>Reasons for wanting to move again</i>	No. of cases	% of responses	% of cases
Cannot afford my present home	6	21	54.5
Want a safer, more secure home	3	10	27
Want a more suitable dwelling	4	14	36
My ill health	5	17	45.5
Ill health of spouse/partner	3	10	27
Death of spouse/partner	1	3	9
House too big	1	3	9
Maintenance is a problem	1	3	9
Transport is a problem	1	3	9
The neighbourhood has changed for the worse	1	3	9
Need more company	2	7	18
I could cope with the stress of a move	1	3	9
Total	29	100	263

Source: Author’s survey - ‘Movers’ file. Total 83, missing 72, valid cases 11.

Veterans and War-widows questionnaire survey (Question 12a - multiple response)

Reasons for not wanting to move again

Approximately 75% (53 out of 71 cases) said they were perfectly happy with their existing dwelling (Question 13a), while 11% said they would have difficulty in getting enough from the sale of their home (8 out of 72 cases).

Hypothesis 3 proposed that the stress involved in moving was a significant factor in older people not wanting to move. In the ‘Movers’ file, 18 out of 72 respondents to

Question 13a (25%) said that moving would be too stressful for them to cope with, slightly higher than the result for the 'Second' file (18%). This would be a reason for not wanting to move again, even if the move had not been as successful as hoped.

Success measures

Overall the tables suggest that the respondents, many whom indicated they moved on account of illness, have benefitted from moving.

Perfect home for now

'Perfect home for now' - the results for the two files ('Movers' and 'Second' files) are very similar but there are some minor differences which deserve comment. There is slightly less interest in the 'current dwelling with alterations' which is to be expected, since in moving, more suitable accommodation for older people would have been sought. Interest in nursing home accommodation increased from 0.6% to 3% which would be explained by the fact that illness was one of the main reasons that they moved, and their health may have declined further. Interest in retirement village accommodation declined slightly from 7% to 4.5%. There was a less interest, by a very small amount, in the separate house, which would again be anticipated (3.9% to 3%) and more interest in flats/apartments (5.1% to 6%) which would likewise be anticipated.

Table 6.35 'Movers' - their perfect home

The perfect home for you now is

	Frequency	Percent	Valid Percent	Cumulative Percent
Current dwelling	42	50.6	62.7	62.7
Current dwelling, with some alterations	10	12.0	14.9	77.6
Move- to a separate house	2	2.4	3.0	80.6
Move- to a semi-detached/row/terraced house/town house	1	1.2	1.5	82.1
Move to a flat, Apartment, home unit	4	4.8	6.0	88.1
Move to a caravan or trailer home	1	1.2	1.5	89.6
Move to share with family	2	2.4	3.0	92.5
Move to a retirement village	3	3.6	4.5	97.0
Move to nursing home	2	2.4	3.0	100.0
Total	67	80.7	100.0	
Missing				
	16	19.3		
Total	83	100.0		

Source: Author's survey - 'Movers' file, 83 cases. Missing 16.

Veterans/War-widow(er)s questionnaire: Question 14a

The perfect home for the longer term

Table 6.36

Would your perfect home for the LONGER TERM be any different?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	16	19.3	24.2	24.2
No	50	60.2	75.8	100.0
Total	66	79.5	100.0	
Missing				
	17	20.5		
Total	83	100.0		

Source: Author's survey - 'Movers' file, 83 cases. Missing 17.

Veterans/war-widow(er)s questionnaire: Question 14b.

The respondents were asked:

‘If your home will be different in the longer term (longer than two years), how will it be different?’

While the number of cases is small, the responses are informative. Table 6.37 shows that there is more interest in nursing home/hostel accommodation but the main difference is that they see a need for a smaller home that is easier to maintain. This was a common theme in the survey, both in the answers to questions and the comments.

Table 6.37 (from ‘Second’ file) Perfect home in the longer term (movers)

(14b) Please explain how it would be different

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A nursing home/hostel	6	1.1	11.1	11.1
	Retirement village	7	1.2	13.0	24.1
	Smaller and easier to maintain	41	7.2	75.9	100.0
	Total	54	9.5	100.0	
Missing	.				
		29	34.9		
Total		83	100.0		

Source: Author’s survey - ‘Movers’ file, 83 cases. Missing 29.

Veterans/War-widow(er)s questionnaire: Question 14b explanation.

Summary

While the ‘movers’ had improved their situation with regard to access to family and services and maintenance was less of a problem, it is noteworthy that their financial situation had not improved (Table 6.34). The number in separate houses declined significantly. Fewer people owned their home and more were renting. While the numbers are small, they are interesting, suggesting that moving can have its financial drawbacks, hence the decision to move should be an informed one.

6.9 Examination of the ‘Spouses/partners’ questionnaires (‘Pink’ file)

One of the reasons the author decided upon a separate questionnaire for spouses/partners was that the focus groups conducted indicated that husbands and wives/spouses/partners had some different views about moving. Husbands seemed less interested in moving than their spouses/partners.

Since 92% of spouses/partners who responded were female, the survey was able to provide some indicative information on differences in attitudes between female spouses/partners and their veteran husbands/male partners. An assumption about ‘veteran husbands/male partners’ can be made since only 6% of the war-widows who responded to the veterans/war-widow(er)s survey were living with a partner.

The author will examine how the respondents answered the various questions, making comparisons with the data obtained from the veterans and war-widow(er)s questionnaire and relating this back to the hypotheses where possible.

As was done for the veterans/war-widow(er)s survey, the author will first provide tables which will give a ‘snap shot’ of the respondents, and then discuss some key indicators for any differences with the veterans/war-widows survey.

Overview of the respondents

DVA/ Veteran status

Approximately 19% had veteran status in their own right.

Table 6.38 **Veteran status**

		I am a Veteran/ex-service women			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	17.9	19.3	19.3
	No	117	75.0	80.7	100.0
	Total	145	92.9	100.0	
Missing					
		11	7.1		
Total		156	100.0		

Source: Author's survey - 'Spouses/partners' file, 156 cases. Missing 11.

Veterans/war-widow(er)s questionnaire: Question 1.

Age

At approximately 70 years, the respondents were slightly younger (by around 3 years) than the veterans/war-widows.

Table 6.39 Age of spouses/partners

		Age of the respondent			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 60	6	3.8	4.2	4.2
	60-64	12	7.7	8.3	12.5
	65-69	38	24.4	26.4	38.9
	70-74	48	30.8	33.3	72.2
	75-79	22	14.1	15.3	87.5
	80-84	13	8.3	9.0	96.5
	85-89	4	2.6	2.8	99.3
	90-99+	1	.6	.7	100.0
	Total	144	92.3	100.0	
Missing		12	7.7		
Total		156	100.0		

Source: Author's survey - 'Movers' file, 156 cases. Missing 12.

Veterans/war-widow(er)s questionnaire: Question 2.

Sex

Around 92% were female (the 8% balance would be husbands of women who were veterans). This gap makes it more difficult to draw conclusions of gender differences.

Table 6.40 Gender composition of group

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	10	6.4	7.6	7.6
	female	121	77.6	92.4	100.0
	Total	131	84.0	100.0	
Missing		25	16.0		
Total		156	100.0		

Source: Author's survey - 'Spouses/partners' file, 156 cases. Missing 25.

Veterans/War-widow(er)s questionnaire: Question 2b.

Comparisons with the veterans/war-widows survey results

The author will make broad comparisons in the context of the four hypotheses of this thesis. Because the spouses/partners questionnaire was an abbreviated version of the veterans/war-widow(er)s questionnaire and some of the questions were not framed identically, only a limited number of direct comparisons will be possible. The author will focus on some key indicators listed in the earlier examination of the hypotheses.

Would they like to move

The statistics for spouses/partners are very similar to those obtained from the veterans/war-widow(er)s survey. About 13% would like to move, which is only slightly higher than the figure for veterans /war-widows, 10.9% (with the figure for males being 11% and females, mainly war-widows, 10.7%). Some 14% of spouses/partners were unsure about moving compared with 15.5% of veterans/war-widow(er)s. This adds only very limited support to the idea that spouses may be more interested in moving than their partners, but the next discussion on reasons for wanting to move adds another perspective.

Table 6.41 **Desire to move**

		Would you like to move?			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, I would like to move	17	10.9	12.6	12.6
	No, I would not like to move	99	63.5	73.3	85.9
	I am unsure	19	12.2	14.1	100
	Total	135	86.5	100.0	
Missing	.	21	13.5		
Total		156	100.0		

Source: Author’s survey - ‘Spouses/partners’ file, 156 cases. Missing 21.
 Veterans/war-widow(er)s questionnaire: Question 3.

Reasons for wanting to move

While the numbers in Table 6.42 are not large, they provide some evidence that spouses/partners do see things somewhat differently. Comments also indicate that the spouses role is to keep the family situation going for as long as possible. Wives do not take a different view on moving while their husband is still alive, but in the event of their husband's serious illness or death, they see some difficulties in managing the home on their own.

An example of their dedication to the care of their husbands/partners is provided by the following comment.

“My husband needs support and security. Whilst I am well enough to provide that, we would not move.”

Some other relevant comments were:

“Because my husband doesn't want to move, here I stay.”

“I would consider relocation if ill health beset or if I were widowed. Given either of these events occurring, we would prefer to construct separate accommodation on our daughter's property in Sydney. I do not drive and would be incapable of maintaining the yards and certain aspects of maintenance in the home. Logically I would have no choice.”

“Spouse does well to maintain home despite his ailments.”

“My husband has some manageable health problems and I have a slight problem but while my husband is alive and my health is all right, my present accommodation is all right but on my own I would find it a bit difficult to cope with certain things.”

“I am unsure about moving because my husband is nearly 80 and I would not be able to keep our present home going by myself for too long.”

“I am unsure about moving because my husband would object. I don’t know where a suitable area could be found.”

“Due to my husband’s decline in age and health, if I had to take over all chores I would find it extremely difficult to live there alone with the crime, flats in the area and businesses.”

“Would only want to move if it became necessary due to ill-health or incapacity of self or husband.”

“Any marked deterioration in my husband’s or my health would necessitate a move from our small farm as we would be unable to maintain it.”

“If my husband died I would be stuck. I can’t drive and I can’t walk too far. We are away from the shops and a bus would be too hard for me to go anywhere. If he got sick I could not drive.”

Key reasons for wanting to move were maintenance problems, garden too big, and unsuitability of the design of the home for older people, and ill health of the husband (a greater concern than personal ill health, perhaps reflecting the age and illness of the husbands) and transport. (See the earlier discussion of Hypotheses 1 and 4 at Sections 6.3 and 6.6). Surprisingly the spouse/partners were not as concerned about the size of the home as the veterans/war-widow(er)s, and to a lesser degree, about the size of the garden, but in a number of other areas their concerns were greater than those of the veterans/war-widow(er)s (see Table 6.42).

In these areas one might make a judgement that the differences reflect society stereotypes. Just as men may undertake more of the home and garden maintenance than women (in which case the men might have greater concerns about these subjects

than their spouses/partners) women may be more security conscious and concerned about neighbours, the health of their husbands and lack of company. Likewise, with older women being less likely to drive than men (as was reflected in the survey statistics) transport problems may be expected to be more significant for women.

That the spouses/partners indicated slightly more interest in moving than the veterans/war-widow(er)s may provide a clue that the spouse/partner is more likely to be the instigator of a move than the husband and that if the husband dies, the wife may be more inclined to move than the husband would be if the situation were to be reversed and the wife had died. This would support the view gained by the author from the focus groups (described earlier) that spouses/partners may be more attuned to moving than their husbands, and provide some explanation for the statistics showing higher moving rates for females. This issue and its relationship to the stress factor (see the earlier discussion on hypothesis 3) may be worthy of further investigation.

Table 6.42. Reasons for wanting to move

Reasons for wanting to move	Count	% of responses	% of cases *	Comparison with vets/w-w survey: % of cases (88valid) **
Maintenance is a problem	18	13.6	50.0	48.9
Garden too big	16	12.1	44.4	54.5
Want a dwelling that is more suitable in design for older people	15	11.4	41.7	25.0
Ill health of spouse/partner	15	11.4	27.8	10.2
Transport is a problem for me	10	7.6	27.8	21.6
My ill health	10	7.6	27.8	27.3
Need more company	7	5.3	19.4	11.4
I could cope with the stress of a move	7	4.5	19.4	35.2
The neighbourhood has changed for the worse	7	5.3	19.4	9.1
Want a safer, more secure environment	6	4.5	16.7	5.7
Family pressure to move	4	3.0	11.1	12.5
Cannot afford my present home/need something cheaper	3	2.3	8.3	8.0
Need more assistance to stay in my home	3	2.3	8.3	13.6
House too big	2	1.5	5.6	31.8
Death of spouse/partner	2	1.5	5.6	10.2
<i>Other</i> - I can afford to move	6	1	16.7	

Source * Author's survey 'Spouses/partners' file, question 4a; 156 cases, 36 valid cases, 120 missing. ** Veterans/war-widow(er)s questionnaire question 12a; 571 cases, 483 missing, 88 valid cases.

Satisfaction with the home/reasons for not wanting to move

The reader will recall that the veterans/war-widow(er)s survey found through answers to various questions including questions 4, 14a and 14b, that the respondents were predominantly happy with their housing situation. Most (84% from Q4) could afford

their home, most were perfectly happy with their existing dwelling(78% of those who said they did not want to move, with only 11% wanting to move) and most said their perfect home was their current home (61%). On the negative side, question 12a of that survey (answered only by those who said they would like to move, hence it was only answered by 20% of the respondents), showed that about half of the veteran/war-widow(er) respondents felt the size of the garden and home maintenance were particular problems.

These results were largely mirrored by the spouses/partners survey. Though the number of respondents was smaller (around 25% of the veterans/ war-widows respondents), their independent answers helped verify the results of the veterans/war-widow(er)s survey and hence provide further evidence in support of the hypotheses. For example Question 5a of the spouses/partners survey showed that affordability was not a key problem. It also confirmed the negatives. The size of the garden and home maintenance were key concerns for around half of the 104 spouses or partners who responded to that question.

The perfect home

There was little difference between the views of spouses/partners and male veterans on what would be their perfect dwelling, with 60% of spouses/partners saying their current dwelling was their perfect home versus 62% for male veterans living with their spouses/partners. Similarly while 20% of spouses/partners said their current home with modifications would be their perfect home, a veterans/war-widow(er)s survey cross tabulation showed that around 20% of males living with their spouses/partners also said their perfect home was the current home with modifications (versus 16.6% for veterans/war-widow(er)s combined). Overall 63% of males said their current dwelling was their perfect home and 61% of males living on their own still said their current home was their perfect home.

Reasons for not wanting to move

Table 6.43 Some possible reasons for not wanting to move

Reasons	Numbers of responses	% of responses	% of cases
Can afford my home	58	9.2	55.8
No problems in getting enough from the sale	8	1.3	7.7
No safety problems	28	4.4	26.9
Home is suitable in design	63	10.0	60.6
I am in good health	54	8.5	51.9
My spouse/partner is in good health	41	6.5	39.4
No family pressure to move	65	10.3	62.5
House is not too big	69	10.9	66.3
Garden is not too big	54	8.5	51.9
Maintenance is not a problem	51	8.1	49.0
Don't have a need for more company	39	6.2	37.5
The neighbourhood has not changed	43	6.8	41.3
Transport is not a problem	39	6.2	37.5
Moving would be too stressful	20	3.2	19.2
	<i>632 responses</i>	100%	607.7
Total	104 valid cases		
Missing	52		

Source: Author's survey 'Spouses/partners' file, 156 cases, 104 valid cases, 52 missing. Spouses/partners questionnaire, question 5a.

Key reasons for not wanting to move were that the home was affordable (56%), was suitable in design (61%), was not too big (66%), they were in good health and the garden was not too big, and there was no family pressure to move. Transport was more of a problem than for the veterans/war-widow(er)s. A question on needing more assistance was not included but in examining spouses/partners file, despite much fewer overall numbers, an equal number of women and men (6 in each case) said they needed more assistance to stay in their homes, suggesting this is a greater problem for females.

Summary

While these are some differences between the views of the spouses/partners and veterans, these were not as marked as the focus groups had indicated. Even so, Table 6.40 suggests the spouses are more concerned about the design of the home, more concerned about the ill health of their spouse, more concerned about neighbourhood changes, more concerned about security, transport and the need for company, and less concerned about the size of the house and garden being too big (which perhaps reflects their gender roles).

Interview with WWII Ex-service woman

Note: The case study at the end of the examination of hypothesis 1 was of “Elisabeth”, a female, single veteran living in a government flat in a regional city. (Part I of the interview appears at the end of the discussion of hypothesis 1, and Part 2 at the end of the discussion of Hypothesis 3). The following comments by Elisabeth have been extracted from the write-up of the interview as they have a bearing on the above attempt to identify differences in attitudes between veterans and their spouses/husbands and their wives on housing matters.

The author asked Elisabeth about differences between the housing needs of older men and women. Being single, her comments are based mainly on her friendships with widows and other older people living on their own.

Elisabeth said:

“There are a lot of women who grew up in the 1920’s and 1930’s who have been unable to cope when their husbands have died. They have never driven a car, and may not have ever had to write a cheque. The husbands did everything. The wives have no idea of what to do, that’s why the family steps in. They can’t make a decision. They have never been allowed to. They have been kept ignorant.”

“If the person is a positive person, they wouldn’t allow themselves to be treated like that. A negative person is in trouble. It’s more likely she will be a widow unable to cope.”

“Some men left on their own are capable of looking after themselves, but a majority are not. In general, women on their own manage very well, once they get themselves organised.”

“Those women who had jobs before they married and didn’t go back to work after the children often have difficulty in coping with their husband’s death. They have been dependent upon their husbands for income, and probate can take a long time. Nobody wants to talk about probate difficulties but it can be a long time before things are settled.”

“The women today are more practical and are more likely to see the home they are left with as being too big for them. But from a practical point of view, while their husbands are alive, they will stay put.”

“A lot of women are still in big homes - and will stay put. This is because it is uneconomical for them to move. The move into another place will cost them a lot of money, including the cost of refurnishing. After that they may not have enough money to live on.”

“I have some lady friends in XXX (an expensive suburb) who would like to move to something smaller, but it would cost them more to move than what they would get, particularly if they wanted to remain in their own suburb. They are asset rich and cash poor. There are a lot of people in that category. This means that they can’t move into the better retirement villages because that costs a lot of money.”

Author’s conclusion

These comments suggest that older widows who have not taken steps to prepare themselves in some measure for independence have considerable difficulty in managing their affairs.

Chapter 7

Summary and Conclusion

7.1 Review of aims

This thesis set out to examine some of the assumptions being made about the housing of the elderly and their housing choices which not only impact upon the elderly themselves but can have broader implications for the whole of society.

The literature review showed there has been acceptance of a demographic argument that with the ageing of the Australian population, the range of housing stock available is inappropriate. A large proportion of private dwellings are under utilised because they are occupied by only one or two elderly people who do not need such accommodation. ('New Homes for Old' 1994a: 7) The 'changes in household size and social relations require a change in housing stock.' (Troy 1996: 35)

Governments need to intervene in order that the changing demands may be met. By encouraging urban consolidation, land can be released in older areas to meet the demands for a broader range of housing stock. This urban consolidation benefits the community by achieving more efficient use of land and the existing infrastructure, and allowing for more energy efficient approaches. (Department of Health, Housing Local Government and Community Services 1993: 64-69)

It has been commonly accepted that older people are prevented from moving to more appropriate accommodation through a lack of housing choice. This may be because of the limited range of housing available already mentioned, but also because of

financial and situational problems such as location in a country area (Calder and Wilson: 1987), lack of income, their gender, a lack of information and a lack of assistance in the moving process.

At the same time policies have been developed in health and welfare areas based upon an assumption that older people wish to remain in their own homes for as long as possible. This has been fundamental to the establishment of the Home and Community Care Program (HACC), though there have been accompanying, perhaps primary assumptions made that it is cheaper and more humane to provide older people with care services in their own homes rather than in institutions, whether they be nursing homes, hostels, or even mental institutions.

Such assumptions are being made in the context of perceptions that a growing army of elderly people is going to bring an economic crisis. The elderly are unproductive and the rest of society will be unable to look after them in the way they have been looked after in the past. (Borowski 1997: 8) This is bringing a de-liberalisation of social welfare policies affecting the elderly. (Schulz 1986: 27)

Marie Coleman has argued that housing policies based on this wisdom are being driven by what has called 'compassion fatigue'. This sees

'taxpayers and governments less willing to provide resources to support generalist aged persons' services (or indeed any services). That may mean a more socially polarised society, a society more physically dangerous for the old and the vulnerable than even our present inner-city suburbs, affected as they are by drug-related theft and petty crime. There may be a swing back to new century "poor house" solutions to a need to care more cheaply for frail aged who have few assets and little income and who lack the network of personal support to complement home care programs.' (Coleman 1991: xi)

These assumptions are encapsulated in the following quotation from the 'New Homes for Old' strategy paper, referred to earlier in the literature review. ('New Homes for Old' *ibid*: 7)

'Many older people want to move from large dwellings on large blocks isolated from the services they require, yet they often find it difficult to find suitable alternative housing which keeps them close to their familiar networks and familiar environments. The obstacles to change are identified in this report as being:

- a limited range of financing options;
- rigidities in planning regulations;
- poor provision of information; and
- lack of integration of housing with other aged services.'

'In the immediate future, older people seeking alternatives to their existing housing will be concentrated in the middle suburbs of our major cities. There should be no expectation that older people should change their housing before they wish to do so. But providing alternatives for older people who do wish to change their housing would create a major opportunity to settle younger families in middle-distance suburbs which already have good access to services for families. This would enable older people and their families to live closer together, and would be consistent with the policies of Commonwealth and State governments to slow the growth of the urban fringe.' (New Homes for Old 1994: 7,8)

As the policies based on the above mentioned assumptions can have an enormous impact upon our infrastructure and social fabric, it is imperative that we ensure that assumptions are soundly based.

Before returning later on in the chapter to discuss the contribution that this study has made to the broader policy debate, the writer will focus on the results of the research

against the hypotheses. This leads to the proposition of some specific policy initiatives and some subjects for further research.

7.2 Review of objective

The broad objective was to undertake research into the housing satisfaction of older veterans and war-widows and their desire to move. This would provide data which could be used to either support or to question current housing planning not only for veterans but for the rest of the aged community. The results might point to future policy changes.

While the amount of research in the area of aged housing is increasing, there have still been only a limited number of studies in Australia which have not focussed on relatively small numbers of people, and almost none specifically on veterans and war-widow(er)s. This group constitutes a significant proportion of the older population of this country, and one which is ageing at a rate just over two and a half times that of the general community. (Department of Veterans' Affairs 1995: 3)

There are differences between veterans and non veterans in that veterans and their dependants generally receive superior pension and health care benefits and many veterans have been able to take advantage of cheap home loans. However in focusing this study on veterans and war-widow(er)s, the writer set out with the view that their circumstances and their housing needs would not differ markedly from those of their peers in the older community so that any conclusions drawn would have a broader relevance.

A number of research hypotheses were arrived at following the literature review, focus group meetings and interviews. These were:

Hypothesis 1

- that the great majority of elderly veterans and war-widows want to continue living in the homes in which they have spent a great part of their lives;
- they want to continue living in the homes in which they have spent a great part of their lives, even if their accommodation is no longer suitable for their needs.

Hypothesis 2

- that individual circumstances vary greatly but for the great majority of older people, the conventional 'separate' house can provide suitable accommodation for most or all of their lives.

Hypothesis 3

- that moving can be a very negative experience for older people. The stress involved in moving is a major transactional cost which may prevent them from moving in the first place, or, if they do move, make it an experience they do not want to repeat.

Hypothesis 4

- that while older frail people may want to continue living at home, many will eventually move to more supportive housing.

7.3 Overview of the research methodology

The methodology aimed to provide a balance between qualitative and quantitative research methodologies involving a major survey as well as individual interviews and focus groups.

In the literature review it was noted that it is impossible to examine issues involving housing for the elderly independently of social, cultural and industrial settings. Each individual situation is likely to be somewhat different. The complexity of the issues

and the differences between individual situations meant that answers to questions would not be in black and white. However the hope was that despite the complexities, there would be sufficient similarity between answers to allow useful conclusions to be drawn.

Much of the research in this area is based on the similarities of experience revealed when people tell their individual stories. However quantitative research can provide evidence on which to assess the validity of the findings of the qualitative research.

The survey, preceded by a pilot study, involved the use of two questionnaires, both of which were posted out in the same envelope to 1,000 veterans or war-widow(er)s throughout Australia. The first questionnaire was for veterans and war-widow(er)s only to complete. The second was to be completed by their spouses or partners. There were 685 questionnaires returned by veterans/war-widow(er)s coded and 156 of the 'spouses/partners' questionnaires coded. In developing the questions for the survey, the researcher took account of the findings of the interviews and focus groups that formed part of this study and the results of the pilot study.

In the next section the author will summarise the survey findings under the headings of the four hypotheses, adding in supporting information from the interviews, focus groups and individual comments as appropriate.

7.4 Summary of findings against the research hypotheses

Hypothesis 1

- that the great majority of elderly veterans and war-widows want to continue living in the homes in which they have spent a great part of their lives;
- they want to continue living in the homes in which they have spent a great part of their lives, even if their accommodation is no longer suitable for their needs.

The survey found that the great majority (around 74%, with 15.5% undecided) of elderly veterans and war-widows do want to continue living in the homes in which

they have spent a great part of their lives even if their accommodation may no longer be suitable for their needs. However if there had been an expectation of high numbers believing their homes to be unsuitable to meet current and future needs, this was not met. While problems were revealed, these were being experienced by a minority, though in some cases, a significant minority.

The great majority reported that their houses were affordable, in good or excellent condition, manageable at this stage in their lives and their answers did not suggest they were suffering unduly from location and access problems.

Most older veterans and war-widow(er)s wish to remain in their own homes not only for now, but in the longer term. In addition, most believe that their current homes are providing the 'perfect' kind of accommodation for them and that their current homes will, in most cases, continue to be their 'perfect' homes in the longer term. Lack of housing choice did not seem to be a key concern.

The main accommodation problems identified were, however, of such a nature that they raised the question of the need for a sizeable number of the respondents to move. That the great majority of this group still did not want to move despite such problems indicates that the financial, mental and social costs of moving (called 'transaction costs') exceed the costs of staying.

The key problems were the size of the garden and the house, maintenance problems, and the unsuitability of the design, all combined with ill health.

Hypothesis 2

- that individual circumstances vary greatly but for the great majority of older people, the conventional "separate" house can provide suitable accommodation for most or all of their lives.

The survey supported the hypothesis. The statistics and comments strongly supported a conclusion that the separate house is flexible enough to provide suitable

accommodation for elderly people for most or all of their lives. A majority (70%) are in separate houses, which they own and most want to continue living in their separate house (another 12% were in semi-detached/row/terrace style of housing).

Approximately 43% had been in their separate home for 20 years or more and 56% had been in their separate home for 11 years or more.

Of those living in a separate house who did not want to move, 69% said they were perfectly happy with their existing dwelling. Sixty percent of those living in a separate house said that their current dwelling was their perfect home and another 20% said their current separate home with some modifications would be their perfect home. A further 4.5% said they would like to move into another separate home. Overall 80% said their perfect home was their current dwelling.

Fifty two percent of those living in a separate house said their separate house would be their perfect home in the longer term (longer than two years) and another 11% said their perfect home in the longer term would be their separate home with some modifications.

The main interest of the small percentage of those in separate houses who wanted to move was to move into a smaller home that was easier to look after and had a smaller garden (76% of this group). For a sizeable proportion of this group, this would mean moving into another a separate house rather than some other form of accommodation such as a flat.

Where respondents had moved, a majority had moved to another separate house. That is, of those who answered a question which asked them about their previous home, over 54% said they had owned a separate house. After moving, around half (approximately 52% of those who had been in their own separate houses) were again in a separate house which they owned.

However the study also showed that people in separate houses may be experiencing some significant problems. The survey showed that the size of the garden can be a real problem for the elderly with 61% of those who wanted to move giving 'garden too big' as a reason for wanting to move. Other noteworthy statistics were 'house too big', 31.4% of those who wanted to move, and 'maintenance is a problem', 50% of those who wanted to move.

Since despite such problems most prefer to stay in her own separate homes, some trade offs are obviously being made. The survey showed that the separate home is affordable and that those who moved out of a separate home into some other form of accommodation found it less affordable. Other advantages of the separate house discussed in the literature and generally supported by survey and focus group comments are that the separate house provides the personal space that those in retirement appreciate because they are in their homes such a great deal of the time. It provides the space for visitors to stay, for grandchildren to play in the backyard, and gives the security, privacy and enjoyment offered by a back and front yard. (Troy 1996: 42)

Such findings support Troy's arguments about what kinds of dwellings we need.

'We know that the overwhelming majority of households living in houses are happy with their choice of dwelling, we also know that a significant majority of those who live in flats would prefer to live in houses. We could conclude from this that the choice people have is limited - that we should build more rather than fewer houses and help the lower income people to afford them. But this is the opposite of the consolidation policy.' (ibid: 43-44)

Hypothesis 3

- that moving can be a very negative experience for older people. The stress involved in moving is a major transactional cost which may prevent them from moving in the first place, or, if they do move, make it an experience they do not wish to repeat.

Because the survey had a broad focus, the amount of information that could be obtained on this subject was less than what might be obtained from a study which focussed on the subject of stress alone. However the survey responses and comments made by respondents still provided support for the hypothesis.

The fact that the survey showed that a sizeable minority of people had some quite serious housing problems and yet did not want to move suggests that there are other 'transactional costs' involved. The survey strongly suggested that the stress of moving is an important part of the cost equation.

For the hypothesis to have validity, supporting data would have included a statistic suggesting that respondents did not want to move because this would be too stressful for them to cope with. There would also need to be data showing that those who moved found the experience very stressful and one that they did not wish to repeat.

The survey provided some limited support for this part of the hypothesis. Twenty nine per-cent of those who had moved and had some problems or said the decision to move was a poor one, said that their decision to move was a rushed one in a time of stress. Only 6% of the group who moved in a time of stress said they would like to move again. Comments from survey respondents also indicated that the stress of moving is a very important reason why older people do not move even when it may seem in their best interests to do so. One such comment was 'the last move nearly killed me.'

The writer concludes that care needs to be taken in making judgements as to what is in an older person's best interests. The move they are forced to make may indeed kill them.

Hypothesis 4

- that while older frail people may want to continue living at home, many will eventually move to more supportive housing.

The study provided no evidence that there is a significant unfilled level of demand for 'more suitable' accommodation, with most people being happy with their accommodation and not wanting to move (around 11% said they would like to move). The actual 'moving rate' for older people remains quite constant at around 5% a year (3-4% change postcodes). This is not to say that more supportive housing is not needed, but that we should not assume there is a great unfilled demand for purpose built accommodation for the aged.

With regard to the statement that 'many will move to more supportive accommodation', it seems likely that the future numbers who move will remain in proportion with current numbers. The survey question on the type of home being occupied showed that relatively small numbers are already in supportive accommodation such as nursing homes or hostels and retirement villages, while questions on what would be their perfect homes for now or for the future did not show that large numbers wanted more supportive accommodation (eg 0.8% said a move to a nursing home would be their perfect housing solution for now, and 7%, a move to a retirement village).

The survey did paint a general picture of people's problems, and thus the need for assistance increasing gradually over time, suggesting that the idea of a continuum of need was a useful one. However it was observed that the desire to move can follow a reverse pattern. Younger retired veterans and war-widow(er)s are more open to moving and may make a conscious effort to move while they believe they can still manage a move. Later, moving can become too hard and the elderly stay on at home despite increasing problems. The magnitude of the problems may eventually increase to the stage where the balance is tipped and a move is reluctantly accepted as necessary. By this stage the person may not even be in a position to make a choice, for example because of their dementia.

The survey provided evidence that key determinants of moving are age, the unsuitability of design of the accommodation, difficulties in maintaining the home and the grounds and ill health. Access to transport and the availability of help in the home were of lesser importance.

While affordability was only a problem for around 17% of the survey respondents, it was a significant problem for those in private rental accommodation, with 41% of those in private rental accommodation saying their home was not affordable. With regard to marital status/living arrangements, living on one's own had a greater financial impact for those in private rental accommodation, with 55% saying it was not affordable. This compares with 17% for those in government rental accommodation and 22% for those in a fully owned home.

An interesting finding was that who had moved indicated that the homes were not as affordable, suggesting that a lack of interest in moving can be based on sound economic logic.

In spite of the need to move, as indicated by these determinants, the transactional costs of moving, notably the stress created by the idea of a move, may prevent a needed move from being made.

Again with regard to determinants, while the differences were not great, the study showed that there are some gender differences.

One of the findings from the interviews was that older widows who have not taken steps to prepare themselves in some measure for independence can have considerable difficulty in managing their affairs.

Another was that spouses were more likely to say that their home was not suitable in design and were about twice as likely to say their perfect home was the current home with modifications than their husbands. They showed less interest in moving generally and the stress of moving was of greater concern for them than it was for their husbands. It was interesting that in providing reasons for wanting to move, they

rated illness of their spouses higher than their husbands did. Lack of company security and transport were greater problems for them than for their husbands/spouses/partners.

7.5 Summary of the findings

This study did not paint a despairing picture of older veterans and war-widow(er)s not coping, lacking support, concerned that their accommodation is unsuitable and wanting to move. The study found that the majority of them are quite well accommodated in their own homes, which provide them with security of tenure and acceptable living costs at a time of very reduced income. They may find that in moving to another home their housing becomes less affordable. They are generally happy with their homes, at least at this stage. They know the area in which they live and have friends and relatives to provide assistance. They can continue to make a contribution to family and community life.

This picture would seem to fit with that painted by Kendig in his 1986 study of ageing in Australia. His study

‘challenged misconceptions of older people as dependent and identified their emotional and practical contributions to the family and to the community, as well as their source of support.’ (Kendig 1986: xviii)

In such circumstances it is no wonder that a decision to move, which may lead to higher living costs, separation from family and much stress, can become so difficult. But time marches on. The house and grounds become too big to look after and many come to need increasing amounts of help to stay at home. Some will then need to move to more supportive accommodation without delay. Up to a third of the respondents are already experiencing the kinds of problems that may eventually lead to their needing to move.

Even if this is the case, most still do not want to move and only a small proportion will actually move each year. The survey showed that only around 5% have moved in

the past year and about 11% are thinking they might like to move. In a five year period around a quarter have made a move.

However the extent of the concerns about the size of the garden, the amount of maintenance required, the size of the house and their health combined with a need to ensure that the housing remains affordable indicates the need for a range of initiatives.

7.6 Policy issues

A conclusion to be drawn from this research is that greater efforts should be made to address the problems that lead to older veterans and war-widow(er)s needing to move. Most are happy with their homes, find them generally suitable and want to stay in them. They want to 'age in place'. However maintenance and other problems can eventually become too great for them to cope with.

In order to prolong the time older veterans and war-widow(er)s can remain in their homes, perhaps indefinitely, policy makers in the Department of Veterans' Affairs as well as other government departments could consider providing:

- direct financial assistance with home maintenance and garden maintenance;
- direct financial assistance with major repairs, renovations or extensions to make the homes more suitable for older people;
- direct financial assistance to enable older home owners to retain the benefits of living in their current neighbourhoods and avoid the stress and disruption caused by moving, by funding dual occupancy developments. This could involve subdividing and renovating the existing home to create two homes/cottages on the same block, one of which could be sold, or subdividing the block and building a new separate, smaller home/cottage. Such housing would be smaller and more suitable in design, have a

smaller yard, be generally easier to look after, while not being perceived as dramatically different to their current accommodation type.^{18 19}

The Department of Veterans Affairs should also explore with other government agencies:

- possible changes to the Income and Assets test and Capital Gains tax which would address the financial disadvantages that older people face when they 'sell down' to a smaller, cheaper home and which discourages moving;²⁰
- possible changes to the Assets and Income test which would address the financial disadvantages that older people face when they take out loans, including reverse equity mortgage loans, which again discourages moving;²¹
- how other financial disincentives to moving might be removed, which could include addressing the taxation penalties and stamp duty charges.

¹⁸ See: Queensland Department of Housing and Local Government Housing Policy and Planning Division Older Persons Housing Strategy (1991): 'Public Discussion Paper. Facts-Issues-Options'. Prepared by Bonnie Smith. Housing Policy and Planning Division, Queensland Department of Housing and Local Government. N. P.

Housing strategies discussed include: home renovation services, home equity conversion, dual occupancy, granny flats and retirement villages.

¹⁹ The author is aware of some practical problems with 'dual occupancy' schemes, including the changes in NSW Government policy and the refusal by some NSW local councils to approve dual occupancy developments, when such developments would enable many older residents to remain in their local areas.

²⁰ 'In late 1998 (around October) major changes to the Social Security pensions are planned. From the above date, investments with a life of more than fifteen years will not count toward the Assets Test and only a small part of the incomes test will be treated as deemed income. This could alleviate the financial situation if a person sells a home. They could then buy a lifetime annuity or other 15 years plus investment and their Assets test problem will be solved along with most of the deemed Income test'.

Personal Communication 22 March 1998: Robert Schaverien, Financial Planner and Chartered Accountant, Bleakleys Ltd, Sydney City Office Macquarie Street Sydney.

²¹ 'Currently a loan over \$40,000 is taken into account and can lead to loss of pension benefits and 'fringe' benefits (such as rate rebates, travel concessions and utility concessions).' Personal communication, Robert Schaverien, Financial Planner and Chartered Accountant, Bleakleys Ltd, Sydney City Office, Macquarie Street Sydney, 22 March 1998.

The Department of Veterans' Affairs could consider financial incentives to moving from the home, bearing in mind the substantial costs that the Department can be incurred in helping a veteran to remain in his or her own home, which can involve say, paying \$40,000 for bathroom modifications. For example instead of paying the \$40,000, only to find that the veteran has to move in a years time anyway, the Department could make a financial contribution towards new accommodation.

The Department could also:

- provide access to services to enable older home owners to improve or develop their properties as well as to help those endeavouring to decide whether to move or not. These would include architectural services, legal services and financial services and general advisory services which may assist with decision making about housing;
- provide counselling services particularly for those whose housing circumstances are causing them some stress. They may be think about moving, they may be in the process of moving or they may have moved and be finding life difficult;
- ensure that older veterans and war-widow(er)s are discharged from hospital with a 'housing action plan'. This plan will address their need for assistance to stay at home and the availability of services and family support, for home modifications, renovations and other means of making the home more suitable, as well as whether the person is beyond staying at home and in need of some form of special accommodation; and
- give special attention to the differing problems and needs of females, whether they be spouses/partners or widows. This could include looking at ways of reducing the stresses involved in moving and education/confidence building on how to cope when the husband is no longer capable of doing all he did before, or has died.

The initiatives involving housing could be mainly funded through reverse equity mortgage loans repayable from the person's estate upon death. While such drawing down of the legacy that could be left to the person's children may create difficulties for some, at least the asset would remain and may even be increased in value.

The Department's existing advisory and support services could be expanded.

The Department could also act as a facilitator for those who feel trapped in their homes because of difficulties in selling (more common in country areas) or because they need to move quickly for health and other reasons, such as loneliness. It could even purchase their homes. The veteran or war-widow(er)s would use the proceeds to purchase or rent more suitable accommodation elsewhere, which could be arranged for them. As facilitator the Department could act as 'go-between' with a real estate agent or a developer, for example in the exchange of one property for another. As a purchaser, the Department could purchase the property then hold a mortgage over the next property. However such an initiative would currently be outside the Department's legislative charter.

In addition, the Department could take measures that will assist those who are having difficulty in affording their current accommodation. They will mainly involve those in private rental accommodation. Such measures could include:

1. helping those who, because of age, gender or incapacity, need help obtain suitable accommodation, through providing an advisory service;
2. keeping rental assistance at realistic levels;
3. providing subsidies to institutions to ensure that older veterans/war-widow(er)s who need such accommodation are not deprived on account of their means;

4. allowing home loan funds (including reverse equity mortgage funds) to be used to create flats within existing homes and facilitating their rental by older veterans now in less affordable rental accommodation; and

5. facilitating the development and sale of low cost accommodation such as bed sitters, which those with limited funds could purchase without financial assistance or using a DVA mortgage loan (which may necessitate the approval of second loan for those who may have already had a loan);

These conclusions and proposed policy initiatives could equally be applied to non veterans by other government departments.

7.7 The contribution of this study to the debate on aged housing

The writer believes that the empirical findings of this research are remarkably similar to those reported by Howe in her 1992 background paper for the National Housing Strategy, which were based on research in Sydney, Melbourne and Adelaide. Howe found that the great majority of older Australians are satisfied with their housing but there is an unmet demand by a minority of older people for more appropriate housing. The writer also agrees with conclusions drawn by Howe (already reported in the literature review at Chapter 2). Howe concluded that:

‘...the kinds of housing occupied by these older people, the adjustments they do make and the reasons for their satisfaction can demonstrate the kinds of housing that others might want. Dissatisfaction may indicate that individuals are missing out on these choices as much as preferences for other kinds of housing; the main issue is the one of access to existing options rather than widening the range of choices;

[we need] a priority focus on the needs of the minority who do report problems with a diversity of approaches called for. Some needs may be addressed

through changes in the general housing market while other need more age-specific approaches.’ (Howe 1992: 83)

Since then however, housing policy has moved in a different direction, along the lines proposed in the document ‘New Homes for Old’. (New Homes for Old 1994) This has seen a shift away from the balance proposed by Howe towards policies encouraging medium and high density accommodation for older people and also urban consolidation. A key example is the NSW Government’s SEPP5 policy. (SEPP 5, 1995 and 1997) It is the writer’s contention that the policy is based on the false premise that this is what older people want and is therefore seriously flawed. It leads to the government not only doing something that is unpopular with older people, but is not financially advantageous to them.

Such an argument has been made by Sheehan in a recent Masters dissertation. (Sheehan 1997) Sheehan has argued that the market has demonstrated it is not ready for the type of housing being encouraged by SEPP5. Furthermore, older people are not being irrational in their desire to ‘age in place’ and will not rush into medium and high density housing, no matter how central or well serviced. In selling up their ‘overly large’ homes and moving such accommodation, they lose a particular advantage of the large house - they now have to pay for the on-site services provided. Previously they could rely upon HACC services and the informal support networks they had developed over many years for support at minimal cost. (Sheehan: 1997)

Sheehan also argues that if they are to trade down to a smaller home, they put themselves in a dilemma. Any cash left over will, by virtue of the assets and income test, lead to their Aged or Service pension being reduced. (ibid)

The extent to which the NSW Department of Urban Affairs and Planning has become locked into believing that the current housing agenda is self evidently correct is indicated by a recent research study commissioned by its Office of Housing Policy. This costly study undertaken by Reark Research, aimed to

‘investigate the appropriateness of existing multi-unit housing developments for older people, investigate opportunities and constraints in the multi-unit housing market and establish the factors which contribute to successful multi-unit developments for older people, including locational issues.’ (Reark Research 1996: 1)

A conclusion arrived at was that

‘overall respondents were very satisfied with living in multi-unit housing though those who moved to multi-unit housing because they were forced to often seemed to be less satisfied.’ (Reark Research 1996: 1, 3)

This finding can be compared with the results of a AHURI survey in November 1996 which showed that those already in medium density housing were the most well-disposed to it. The survey also showed that that the household type with the “greatest proportion well-disposed to medium density housing are singles over 60 (15.4% said very acceptable)’ although the likelihood of moving of medium density is lowest for singles over 60 years. At the same time while ‘25% of those now living in flats and units said it was very likely they would move to medium density in the next 5 years, only 6% of those in detached houses had a similar responses.’ (AHURI 1997: 4)

An observation could be made that the Reark study was an attempt to validate current policy, to justify moving older people into multi-unit housing on the grounds that they are very satisfied with it. The Reark finding hardly seem surprising, however, as having moved to such housing older people are more than likely trying to make the best of it.

It is the writer’s contention that instead of looking at satisfaction with multi-unit housing, the money would have been better spent in going back to the original statement in ‘New Homes for Old’ and testing its validity.

The questioning of the current housing agenda has come primarily from Troy. If we look at the housing policy debate along a spectrum, with Coleman's bleak image of ghettos for the aged at one end, then it is fair to say that he is at the other.²²

Troy has argued:

'Contemporary Commonwealth housing policy has been formulated with little acknowledgment that people find the traditional form of housing to be extremely flexible, allowing them a wide variety of choices in living arrangements and cultural and recreational activities for a very long period of their life.' (Troy *ibid*: 48)

In other words, there is no housing crisis for the elderly. There is nothing wrong with the quarter acre block and Government policy should be directed at preserving the traditional form of Australian cities. (*ibid*: 175) The conventional suburban home is flexible enough to meet the needs of elderly people for most of their lives. There are already sufficient options, and developers and others are able to satisfy the needs of those who do want to move to something different.

Acceptance of the Troy view could lead to us not doing enough for those older people who do need alternatives. While many of the elderly may sit on the front verandahs of their three bedroom nests, basking in the sunshine and chatting to the postman while waiting for the grand children to arrive to play in the backyard, others really do need some help.

A balanced approach would recognise that the great majority of older people want to, and should be able to 'age in place'. If the elderly can remain in their own neighbourhoods, if necessary with help to do so, they can benefit from the stability that this provides and can continue to make a contribution to the life of their local community. Indeed, if housing demand does decline in relative terms, redevelopment pressures may ease.

²² The NSW Government's SEPP 5 policy of 1982 received criticism for encouraging large retirement villages and aged persons complexes that separated older people from their communities.

The extent of the concerns about the size of the house, the amount of maintenance required and, particularly, the size of the garden, provides support for a range of initiatives to enable older people to 'age in place'. Measures could include financial assistance with maintenance or with renovations.

The final message of this thesis is that what is important to recognise is that there is a range of needs and different people have very different needs, which change over time. The preference of the great majority is to retain the current dwelling or one with alterations and retain their independence. A minority will need to move to more sheltered accommodation, and greater choices need to be available to them.

If, however, we become too dogmatic either way (for example through over-emphasising the need for multi-unit dwellings for older people) and look at elderly people as a homogenous group, we will get the wrong answer.

7.8 Limitations of the study

While the researcher had initially planned to conduct follow up interviews with a selected number of the respondents in their own homes, this did not prove possible because of the cost, the distances and the time involved. Had this been possible it would have provided a 'reality check' on the responses of the respondents (eg were their homes as good as they said they were? How well, really, were they coping?).

The researcher may have attempted to do too much in undertaking two surveys (one for veterans, the other for spouses) and sending out two questionnaires in the one envelope. This caused some confusion and led to some respondents completing the wrong form, and in some cases, both. The result was that some valuable data could not be used.

While the study provides valuable data on the housing of the veteran community, and the results are likely to be of interest in relation to the community at large, it will be necessary to undertake a similar broad scale survey of the entire population in order to confirm the results.

7.9 Further research

There would be merit in undertaking a similar study to cover non veterans, but following up with interviews with the survey respondents in their homes. This would enable a 'reality check' to be undertaken. A researcher would be able to see if their statements about the home (eg its condition) were realistic. It would also enable a comparison to be made with the data obtained for this study on veterans and war-widow(er)s.

There is room for further research in the area of housing and health, in particular the effects of stress on physical and mental health. This stress can be caused by loneliness and social isolation, unsatisfactory living conditions, the stress of illness, the loss of a loved one, and the stresses involved in moving. While there is some evidence that these stresses can have an adverse effect on the endocrine system and that this can lead to ill health and even death, more research is needed. Related to this is a need for further research into the psychological attachment to the home.

While McCallum has described how morbidity is being substituted for mortality (McCallum 1997 Ibid: 72), further research into morbidity and the ability to cope would also be valuable. While McCallum notes increasing disability rates with age (McCallum *ibid*:61), the possibility that relatively speaking older people may be healthier than their peers of the same age were in former years would be worthwhile examining further. Health and ability to cope might be accompanying improved mortality rates, with consequent impacts upon social welfare costs when the ageing of the population hits its peak in the next 40 or so years. Meanwhile the total dependency ratio in Australia will be approximately the same in 2041 as it was in 1901 and three quarters of older people require very little care until the very end of their lives. (Johnson cited in Borowski 1997: 11) If Johnson is correct, then further research into the implications for government policy would be essential.

Another suggested study could involve assessing the extent to which the provision of counselling services and other assistance can reduce the stress for those who cannot face the prospect of moving and yet may be better off doing so. The study could compare results with a group for whom such assistance was not provided.

The fact that 61% of respondents said they were 'not near entertainment' would seem to require investigation that was not possible in this study. What might this mean? Is it an indicator of social isolation? What might older people want by way of entertainment and what planning implications, if any, might this finding have?

With regard to gender differences, the current older people grew up in an era when the husband did most of the thinking about such major issues as whether they might move or not, and the wives went along with their husbands. In future years, greater equality in marriage and an increase in the number of people choosing to remain single may see some greater differences in attitudes to housing emerge. This would be worthy of investigation, as it may impact upon the mix of housing stock required.

Finally there is also room to look more closely at the impact on housing demand of the ageing of the population. It may well be that the sheer weight of numbers of the elderly from about the year 2011 to 2051 will mitigate against current urban consolidation policies. Large scale interference may prove both unaffordable and unachievable especially if most do not want to move and if the housing demands of younger people decline.

7.10 Contribution of the study

This was a major empirical study which provides valuable information on the housing circumstances of the older veteran community, a group which comprises around 23% of Australian males over 65 and 7% of Australian females over 65, and hence has implications for the population at large.

Current policies have tended to be based upon commonly accepted beliefs about what are older people's accommodation requirements. The policies need to be based on

historical and empirical evidence. Through addressing this need, the study had provided valuable data against which the current policies (notably SEPP5) may be evaluated.

Finally, the study provides some policy advice for the Department of Veterans' Affairs on how the needs of an ageing veteran population may be better met.

Appendix 1

Scoping the survey and setting the framework

Having undertaken the initial work described in Chapter 3.6, the writer recognised the need to step back and undertake a scoping exercise to help clarify the aims and objectives and the methodology required. That is, a more formal analysis was necessary of the reasons for undertaking the survey, what it would address, and how. This analysis, which took account of the readings and meetings with veterans or war widows undertaken to that time, was accordingly undertaken under the following headings:

1. Time frame of interest
2. Geographical location of interest
3. Whole group to be surveyed and subgroups
4. Broad subject area and more specific areas
5. How abstract is the interest
6. Specific interests (arising from the focus group issues)
7. What the researcher was trying to explain: searching for causes and consequences
8. Which causes will be explored, and what are the possible mechanisms
9. Scope of the research
10. Clarification of concepts
11. Indicators
12. Independent variables, dependent variables and intervening variables
13. Possible questions to test the hypotheses.

Outcome of the analysis

Time frame of interest - a) situation in 1996;

b) data to be useful for planning purpose for at least 5 years.

Geographical location of interest

Nationwide, with special selection of coastal retirement areas and country areas for comparative purposes. (Note - for the main survey this was modified. The size of the sample was considered to be sufficient to make it unnecessary to target particular post code areas).

Whole group

The group is to be comprised of veterans and War Widows who are over 60 years and entitled to DVA health care benefits.

Subgroups

The researcher is interested in the different responses between:

- men and women (including never married, those who are widowed, those still living with their spouse);
- those living alone ('single') as against those living with a spouse or other family;
- those living in the country areas versus those in metropolitan or large regional centres;
- those living in coastal retirement locations or who have moved from such locations in the past two years and others (Note: This was not focussed upon in the main survey. See Appendix 9 for a list of postcodes selected for the pilot study. A decision was taken that with a nationwide survey of 1,000, there was no need to target postcodes).

Specific interests

- those veterans/war widows already living in flats/units/town houses or retirement villages versus those still in their own houses;

- those renting a government house/flat or a private house or flat versus those who are living in their own houses;
- those who are in some other kind of self care accommodation (eg boarding house, caravan);
- those who can still drive or have someone to drive them versus those reliant on public transport;
- those who are still healthy versus those who are not;
- those who are younger, compared with those who are in older age brackets;
- those with good social networks and/or family help versus those who are more socially isolated;
- those who are able to access a good range of community support services;
- those who are already living in a hostel or a nursing home versus those who are still living independently.
- whether there is an age beyond which moving becomes impossible to contemplate and achieve.

Note 1: The DVA address data base does not necessarily give the street address. It can show box numbers or other places where mail is picked up.

Note 2: At this stage the Department does not have information on which veterans or war widows are in nursing homes. Also this cannot be determined from the addresses in the Department's Client Data Base.

Aspect of the topic that is of main interest

Broadly - why the vast majority of elderly veterans continue to remain in the homes in which they have lived most of their lives, or more specifically:

How elderly veterans are meeting their changing accommodation needs; ie

- the reasons for elderly people moving or not moving;
- their attitudes towards their current housing;
- impinging factors on moving, in their current housing environment.

How abstract is the interest?

The study is interested, for planning purposes, in what may be revealed about the congruence between the housing needs of elderly veterans and their current housing circumstances. Statistical data will be required to provide information on such matters as: distress factors, (eg lack of companionship/social isolation, lack of support services, and inability to maintain the house due to the cost of maintenance); whether they have moved recently and if so why; if they intend to move in the future and to what type of accommodation they would like to move.

Explanation: searching for causes or consequences:

Cause - Remaining in their own homes:	Consequence - No problems
Cause - Remaining in their own homes:	Consequence - Social isolation, economic hardship, adverse impacts on health and well being etc
Cause - Moving from their homes	Consequence - Good outcome.
Cause - Moving from their homes	Consequence - Unsatisfactory outcome (lack of services, away from family and friends, wrong type of accommodation etc).

Exploring more complex ideas

The researcher is trying to explain:

- whether the fact that the great majority of elderly people continue to remain in their own home is a real problem for them or not;
- whether or not they perceive their staying put as a concern or not; and
- whether there are barriers to moving.

What are the possible causes:

- lack of money to move (eg lack of equity in their homes), lack of available options, including insufficient housing choice, and lack of assistance in examining the options;
- lack of reason to move (ie no better off moving, support services available, good transport available etc).
- lack of strength to move (eg health, depression, too old).

Which causes will be explored:

All of the above, but in a relatively broad perspective.

What are possible mechanisms

- lack of recognition that ageing is occurring - which leads to a lack of planning;
- lack of planning leads to some housing issues, for example maintenance problems, financial difficulties;
- maintenance problems etc lead to stress, including financial stress, as well as to stress for families;
- stress leads to thoughts of moving and/or inability to cope;
- thoughts of moving leads to looking at alternatives;
- looking at alternatives leads to rationalisation that no change is the best option (eg due to lack of capital to make the move);
- no change leads to options being closed off;
- options being closed off leads to greater need for assistance;

- greater need for assistance leads to increased dependency;
- increased dependency leads to self care option begin closed of completely;
- self care option closing off leads to institutional option;
- unavailability of institutional options leads to further deals in quality of life and associated stresses;
- inability to move leads to decision to stay put until the bitter end.

Scope of the research

(Partial explanation of a class of cases - nomothetic explanation).

The survey will look at the assumption that 'the elderly prefer to remain living in their own homes' and locate some factors that are of general importance in this context.

The study is to be a cross sectional one of the veteran community which compares the extent to which veterans believe their current housing continues to meet their needs, and their concerns, if any, that it will continue to meet their needs into the future. It will look at any barriers to moving that are perceived to exist.

Clarifying concepts

The concept of the elderly continuing to remain in their own homes, perhaps inappropriately in some instances, has been clarified by the writer as follows:

Though the extent of the community/family assistance is a mitigating factor, especially in certain locations, some elderly people are no longer coping or will be unable to cope in their own homes in the near future. Their stress levels (financial, health, social well-being) may increase to the extent that moving becomes the best option for them. However there may be barriers to moving which prevent them from doing so. The survey will establish if there are such barriers, and whether they are

greater in certain areas or for certain groups. It will also aim to establish if the stress levels (eg due to lack of support services) which can lead to people wanting to/needing to move are greater in some areas than in others.

Indicators

Veterans and war widows report:

- a lack of community support services and/or a lack of family support;
- that they have recently moved because of a lack of support services or family support where they were living;
- stress caused by maintenance and other concerns;
- a lack of resources to keep the house and gardens going;
- their housing is too large or is unsatisfactory in some ways eg is unsafe for an elderly person or is difficult for a person with some mobility problems to access;
- he/she is lonely, frightened, feels insecure;
- they are no longer able to drive and public transport is not easily accessible;
- they are remote from services, shops etc; and
- they feel trapped in their own homes.

On the other hand, veterans and war widows report:

- satisfaction with their home - it is meeting their needs, hence they have no wish to move.

Measure of the dependent variables

Independent variables

- male/female veteran;
- age;
- income/financial status;
- health/mobility status;

- community or family support characteristics
- living on one's own, versus living with a spouse;
- location;
- personal factors eg good networking skills; shyness with groups;
- ability to drive;
- lack of public transport.

Dependent variables

- Dissatisfaction with housing;
- Satisfaction with housing;
- Staying put;
- Moving.

Intervening variables

- Housing market downturn;
- Cost of alternatives;
- Lack of alternatives;
- Medical or other crisis.

Possible questions

Possible questions were listed under the following headings:

- Current housing situation
- Satisfaction with current housing
- Was a recent move to this home made necessary for you?
- What were the main reason for your moving? Age or health? Other reasons?
- How do you feel about the move you made?
- Are you considering a move now? If so, why and when may you move?
- What might make you change your mind about moving?
- What would be your 'perfect' home? What would be 'perfect' in 5 years?
- Barriers to moving: what is stopping you from getting your 'perfect' home?
- Significance of being able to drive

- Independence from family.

Framing of questions

Having undertaken this scoping exercise, the writer was in a good position to conduct the focus groups. The issues arising from these groups would then be taken into account in finalising the objectives and drafting the survey questions.

Issues for survey design and interpretation

It seemed likely that some ‘cognitive dissonance’ would be at work when people answered particular questions that could strike at the heart of their existence. People may not answer as logically as they might, for emotional reasons (for example they may react emotionally if faced with a question they have been trying to avoid), or if they do not see the relevance of a particular question to them at that particular moment. For this reason special care would need to be taken in the drafting of the survey questions and in their interpretation.

Appendix 2

Topic list prepared as a preliminary step to the drafting of the survey questions
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Topic list	Why important?	How to analyse	Question
After retirement to the coast, another move can be required	Planning of coastal areas; planning decisions need to be realistic	Survey concerns of people at coastal areas; ask others if they have moved back from such areas. Veterans who have moved in the past 12 months are surveyed.	Boxes, say 5 choices: eg 'in my area there are plenty of doctors, other facilities, plenty of friends to help etc'
Trapped in own homes - cannot make enough on the sale	People not coping, lonely, 'genteel poverty', services not sufficient, unable to take advantage of housing options	All areas.	Could ask what they'd get for their houses, and the cost of what they might like to buy into
Renters, fewer choices due to lack of capital, but private renters worse off.	Equity, caring for all, unable to take advantage of housing options	All areas	What type of accommodation could you afford to move into, if you were not able to get in on the basis

			of income
Country people - fewer options	Equity, lack of options in the country	Focus on some country areas	What is available to you, where might you have to go, what will it cost you and what might you get for your house.

Topic list prepared as a preliminary step to the drafting of the survey questions

continued

Women - more likely to consider moving or moving in with others than are the men.	Women living longer. Assistance for 'like minded' to live together?	Explore gender differences in answers	Same questions, but they may reveal a gender difference.
'Too hard now'. The time to move is in your 50's and 60s - becomes too hard/stressful after that.	Need to plan ahead. Too hard for them, particularly if unwell. But since most leave it, how to assist now		Questions to ascertain if it's all a bit much now, eg covering stress, health, cost.
Ability to drive is related to having no desire to move out of your own home	What happens if you are no longer able to drive? If you stay, you may be cut off from your interests, your network and your community support services		Questions relating ability to drive to the decision to move or not

Topic list prepared as a preliminary step to the drafting of the survey questions
continued

Ability to cope after loss of a partner	Relates to the gender issue. May be the triggering factor for moving. Serious illness of a partner may also trigger off a decision to move.		Questions relating to family situation and health
Desire to stay in own area	Not a good idea to move to be near relatives, stay near your support networks		Questions on attitude to moving locally, if you have to move.

Appendix 3

Preliminary meetings/focus groups

Meeting 1

Meeting with six male veterans living in self-care accommodation in a retirement village (names not provided to preserve privacy)

On the one site is a retirement village with an older section containing units not up to the standard expected by new residents today, and a new section with quite attractive, modern units, each with a small private backyard garden area and its own car port. There is a hostel on the site as well.

The six veterans were all males, living independently in their own units with their spouses. The person who helped the writer organise the meeting made it clear that he had selected the 'most with it ones' who would be likely to contribute the most. The six veterans all live in the newer section. They commented that different kinds of responses might be obtained from the single/widowed men and from the single/widowed women, who make up some 50% of the population of the complex. The Executive Officer/Manager of the Home attended the meeting and offered to help arrange a meeting with female residents at a later time.

Conduct of the meeting

The group met in the 'library'. The task was outlined and the participants were provided some background information on the project. The group was quite happy to answer the draft questionnaire handed out and to provide their comments. While attempting to complete the questions, several veterans had difficulty and asked for clarification of the questions. After they had done their best to complete the

questionnaire, there was general discussion during which some significant problems with the questionnaire were identified.

Feedback

The questionnaire should ask a question about gender and marital situation (in their words 'couple, widow, divorcee'). This can make a big difference to their situation.

A question on whether they were in their "own separate house" caused problems from the start, as there was also a question "do you live in a retirement village or aged person unit?" The veterans said they 'owned' their units and so should tick the box to say they lived in their 'own separate house', but should also tick the retirement village box. (In fact they do not have title to their units).

Some ambiguity in the use of the word 'house' and its connection to the word "home" was also raised indirectly. Even though they may be happy in their units, one or two could not quite bring themselves to call their units 'home'. Assertions were made by others that they were indeed living in their own 'homes'. The Home Manager conveyed what was obviously the corporate line that they should want to call their units 'home'. He added that while it took some longer than others to accept the big change to retirement home living, those who made the break and became involved in the village community did come to think of their units as 'home'.

The draft questionnaire asked the veterans to tick whether they owned or were paying off and still living in their own private home. The same problem occurred again - several wanted to insert 'retirement village' for family home, and then had a problem with another part of the question "was this the family home?" This part of the question was not considered relevant. They thought their units might be called 'family homes', with one or two veterans noting that they had had lots of homes over the years. The use of the word 'private' was also a source of difficulty for people living in units within a group complex.

The question "do you receive help at home" was considered too broad. Some could be receiving help only once a year.

A question on the availability of help from 'friends and relatives' caused a problem, with one participant proposing that 'relatives' be crossed out. Relatives could be all over the country and it was friends who were most important to them in their daily living. This man not only had no relatives nearby, but had none in the State.

A question on whether their accommodation had all the features needed, was in good repair etc, was considered an appropriate question to ask, but the fact that they were in quite modern self care units made it rather pointless. However one participant stumbled over an item "has space for a dog". There are no animals allowed in the complex, which seemed to be a slightly sore point.

To a question on why people might not want to move, "the cost involved" was the seen to be the crux of the whole matter.

One question asked where they might go to get information on, and how to go about making a move. They considered lack of information would be a problem area for some older people.

The discussion turned to the problem of packing up and having to leave behind memories when moving from the family home. They agreed this was not an easy thing to do.

Specific remarks were:

"To move into a retirement village is a culture shock".

"You can reach an age where you are unable to move. You should make a decision while you can, and that is what we have done".

“I felt a bit concerned that I was too young to enter the village, but have settled in all right now and feel I made a decision while he was in a position to do so.”

“Some people who go from their own separate residence in the suburbs to a unit or a flat can find they have made a big mistake. After a year or two they have to make another move, because they find out things like the units/town house/flats are full of working people and there is no one for them to talk to. Another problem is that the accommodation may not be designed for the elderly.”

“I moved frequently over the years - we must have had about 15 houses. This would make changing less difficult for me than for someone who had lived in their own home for 30 years.”

“You are undertaking a worthwhile project that I support. Housing is a problem. However many of my friends will choose to remain in their own homes whatever situation they are in.”

“People in private rented accommodation or government flats/houses are much worse off than we are because they haven't the collateral to move into such a place as a retirement village.”

Following this exercise the writer decided that the survey should not (to the extent possible) focus on living in retirement, hostels and nursing homes. These people have already made their ‘move’.

Meeting 2

Meeting with four female residents of a retirement village

The writer met with four female residents of the same home, again in the library. Three of the ladies rent their units, while the other lady owns her unit (a total of 15 units in the complex are rented and 40 are 'owned'). The renters saw themselves as on a par with the owners, and there was some discussion about a question which asked if they were 'renters' or 'owners'.

The shortcomings of my draft questionnaire for people living in retirement villages again became quickly apparent. "This doesn't apply to me" was a frequently made comment. This led me to encourage a more free ranging discussion.

When asked about the help she receives, one lady said he received help from "Community Services - but that's all!"

A question asked if they lived independently or in a group. The ladies pointed out that they live independently but with a group.

"Someone would notice if we went away. I always open my curtains in the morning so people will know I'm here."

One lady spoke about the difficulties that she had faced in living in (a coastal retirement area) She had moved to a coastal 'retirement house' with her husband, some years before, then he died. Then she had moved from a house into a villa of three units. One of the units was rented and she didn't see the people. The other was not occupied for most of the time. She felt rather isolated. Her attempt to move into something more suitable locally was not a success. She had no means of transport, having lost her licence, and she needed surgery. Her ear specialist was in one town and she had to attend the hearing centre in another. After a stint in hospital she moved back to the city into her self care unit and feels she has made the right move.

As the men had also said, the ladies felt that a question asking if their “home was close to friends and relatives” should be split up. They may have friends in a retirement complex/self-care unit but their families are not necessarily close.

One lady suggested that a question be included on whether people were happy in their retirement village. Another lady commented:

“Even if I won *Lotto* I wouldn't move because I feel safe, comfortable and happy”.

Another lady said

“I feel very contented and safe living in this environment”.

Comments on the discussions

One issue that arose in these initial discussions involved the relationship between the elderly and their family members.

Based on the experience of those the writer spoke to in the retirement village, people who move to retirement villages should not anticipate that their relatives will be frequent visitors. In many cases the children/other relatives of those in the two “retirement village” groups lived interstate, or even overseas.

It was also suggested that the move to the retirement village led children to conclude their parents were well set up and did not need or want a lot of support. For this reason the residents stressed the need to make your own life in the village, and said that it was not a good idea to move to where your children are living. “For one thing, they may move and you may be left without company.”

The preference is to remain independent and not be too much bother to their children - they want their children to be able to go on with their lives. The idea of living with their children was certainly not put forward as a good option.

Those who had moved into the retirement village had mostly experienced some crisis, notably involving the illness or death of one or both spouses. This was also true for the single people/widow(er)s. One lady had moved to back from a coastal retirement unit where she had been unable to obtain the sophisticated medical care she needed

The impact of the housing market on the decision to move was stressed. With the ageing of the society, it was suggested that there will be lots of houses in the suburbs on the market in the next few years and this will bring the market down further than was at the time. This would make it even harder for older people to move.

Meeting 3

Meeting held with members of a city Branch of the Association of Totally and Permanently Incapacitated Veterans

A planned meeting with the T & PI Association was not a great success from the point of view of a survey of older veterans. Of the four men who attended, three were 'younger' (Vietnam) veterans suffering from very significant war caused disabilities. The extent of their disabilities made the writer appreciate the housing problems that younger, handicapped veterans can have.

One man told about one of his friends who lived in a two storey home but was 'trapped' because of his inability to manage the stairs. He also spoke generally about the housing problems being faced by both elderly and not so elderly veterans, specifically mentioning the problems being encountered in country areas through lack of choice.

Meeting 4

Meeting at a Day Club for older people conducted in Batemans Bay

The writer had intended to trial the 'pilot' survey at a Day Club meeting in a coastal retirement town at which veterans would be well represented. While the 'pilot' questionnaires were tested, because the meeting had been re-scheduled from an earlier date, it did not prove possible to take account of the results before finalising the survey proper.

It was apparent that the majority of the veterans and war widows/spouses present had retired to the coast some years ago, and now did not have much family support close by. A lack of public transport in the town was cited as a problem, and a number had concerns about the level of medical help available should they have a major health problem. Several were in two storey units/houses and indicated they may need to move to single story accommodation in the near future. A problem for them was the lack of sufficient capital due to a down turn in the housing market, and the cost of upgrading to more modern accommodation or moving to a hostel or retirement village.

Around 20 people completed questionnaires, but not all of these were eligible veterans or war widows. Several were British ex-service men or the widows of British ex-service men. Their motivation to complete the questionnaire was not as great as for those who had Australian entitlements.

After the meeting the writer discussed the outcome with the DVA Social Worker who ran the Day Care Club. She made the observation that lack of transport was a significant problem for older people in these coastal areas and was a major reason for them needing to move out of their own homes. Lack of adequate support services in such communities was a related problem, making it necessary to travel. For some, even a journey to the shops was difficult, and could involve a costly taxi trip. This officer also commented that she would not expect there to be any definitive

conclusions from my research on the question of barriers to moving, on account of the variability in personal circumstances. This does fit with what Kendig has said about older people. (Kendig 186: 5)

‘...it is worth emphasising that ageing is as much a social construction as a biological fact.....Over the passing of many decade, life ‘trajectories’ can diverge markedly and the aged may well be more diverse than other age groups.’

Appendix 4

Details of the focus groups conducted

Background details

Focus Group 1

This was held between 10.00 -12. 00 am on Monday 1 July 1996 at the South Australian (SA) RSL Headquarters, Angus House Adelaide

The writer attended an RSL function in Adelaide on Sunday 30 June, which was a final event of the RSL State Conference, held that weekend. The State RSL President had pointed out that many members from the country would be in town for the conference, and it would thus be a good time to hold a focus group. The purpose in attending the function was to speak informally to a number of veterans about their housing, and to encourage participation in the focus group to be conducted on the Monday morning. This proved worthwhile as next day a group comprising five ladies and six men including the State President gathered in the conference room, on time, and enthusiastic.

They proved to be a very articulate group, all mobile and seemingly in reasonable health, despite some having significant handicaps (one man was an amputee). The level of participation and the quality of their responses was very impressive. Several of those present seemed quite well off, others, notably one or two of the women, not so well off at all. They were mostly people who had held or still hold positions in the RSL SA State Branch or sub-Branches, and included the SA Branch President, and a former member of the SA Legislative Assembly who had also been a SA Government Minister.

The meeting began with each participant being asked to describe their present housing situation. Each person was then asked to 'fantasise about their 'perfect' house. Then there was a group discussion. The interest of the group kept up to the end and several stayed on to discuss matters further.

Focus group 2

This was held at a War Widows' Centre in Adelaide, South Australia, formally between 2.00 PM to 3.00 PM, 1 July 1996, but discussions continued informally over afternoon tea. To ensure a good attendance, this meeting of War Widows had been arranged to coincide with the day of the regular Branch meeting.

As mentioned, the writer again had assistance with the note taking and tape recording of this session and acted as facilitator. The same format used for the morning group was followed, but since a majority had already made their accommodation decisions and moved into different accommodation, less time was spent on discussing their 'fantasy houses.' However the writer made up for this by talking to each of the 'non movers' over afternoon tea.

This was a very cheerful group of older war widows who spoke clearly and perceptively about their situations. The writer was again delighted with the success of the meeting. There were nine present, including the current State President and the immediate past President. Three were in their own homes, two in units, and the remainder were residents of the War Widows units on the site where the meeting was held.

While maintenance was becoming a problem, most of those in conventional houses did not want to move but the wives who participated were not as definite on this point as their husbands.

Focus group 3

This focus group of war widows and widows of veterans was held in the ACT on Saturday 6 July 1996 between 2.00 and 3.00 PM. The meeting had been arranged to coincide with a regular monthly meeting of ACT Branch of the War Widows Guild. Twelve ladies took part, including the President. Unfortunately the meeting room was being used for an afternoon tea, so a nearby room was used, which was not entirely satisfactory because of noise.

They were a group of still active war widows or the widows of deceased veterans (war widow status is dependent upon the veteran's death being accepted as service related). A majority still live in their own large homes, with good neighbour support or help from family. Only one had moved into a retirement village.

The format used for the earlier focus groups was again used.

It was at this meeting that the writer heard very strong views about the housing difficulties encountered by women and about some older people, particularly women, being trapped in their homes in poor circumstances because of a lack of options. These were listed as issues for the survey.

Appendix 5

Reporting on the focus groups

In reporting on the focus groups, the writer will interweave the information in order to preserve the privacy of those who attended.

M - Female War Widow aged 75 years.

Has lived in the same timber framed Government residence since 1949. She now lives there alone after raising her family without the assistance of her husband who died in 1949.

Owns the house, which is in good repair. Unsure of what price she would obtain if she chose to move and is unsure of the costs associated with moving to more suitable accommodation, so feels she is better off staying where she is.

Fantasy home

Her “fantasy” home, as she described, it, “for now and the future”:

Maintenance free house, with fresh paint. Two bedrooms, with built in robes, large living area, convenient kitchen, shower (no bath), toilet inside and outside plus ensuite, return verandah, energy efficient, light and airy, small garden, built in furniture from floor to ceiling (to minimise the need of high dusting), carport under the one roof, with access to house, and electronically operated Roll-a-Door. Is within 16 kilometres of the centre of town, and the shops are 10 minutes away.

J - Male veteran of WWII.

Lives in a hamlet on a property of 4.5 acres with his spouse. House is freehold and is a substantial house. Both he and his wife are superannuants and he described himself as being of "comfortable means".

They also own a unit in the city which allows J to attend his RSL functions. He can have a few beers with his mates and then walk to the vacant but furnished unit afterwards.

He and his wife do not wish to move. The house and grounds are easily maintained though his access to suitable equipment. He describes himself as still physically capable of handling any problems which may arise, and considers he and his wife are financially secure.

"Fantasy home"

He considers he is currently living in his fantasy home and does not consider that moving would serve any worthwhile purpose. An extra bedroom and/or an attached Rumpus Room would be beneficial for when relatives come to stay overnight.

A spa would be a welcome addition to the existing residence.

A contract for home maintenance would allow them to remain in their house indefinitely.

N - Female, wife of a WWII veteran.

Still lives in the marital home with her husband who suffers bouts of repeated ill-health caused by accepted war-injuries.

The house is substantial in size (4 bedrooms) and is set in large grounds which require a great deal of upkeep. This is burdensome and causes them extra expense.

N and her husband have discussed moving to more suitable “retirement” accommodation but have decided that this will not occur until absolutely necessary. Health or mobility problems may well determine when this actually occurs.

N described two particular problems which led them inevitably to this conclusion:

- a) cost of replacing furniture which will not fit into the smaller retirement residence;
- b) actual costs associated with moving (Agent’s fees, Stamp Duty, Removalist’s costs etc).

‘Fantasy home’

Happy to stay put. Both N and her husband consider they already have their ‘fantasy home’.

When it becomes necessary for them to move, N would like to move to a setting where all levels of dependency are catered for, from fully independent through semi-dependent to fully dependent. Daily activities must be provided as must adequate security.

Would like to go to a place where it is transitional from independent living to semi independent living to dependent living.

Security is important to her - she currently has sensor lights around her house.

One must be involved in activities when one moves into a unit.

M - Wife of a Korean War veteran, aged 58 years.

Still resides in the marital DSH home with her spouse. The house is in need of repair. The bathroom and other wet areas require renovation, and the wiring is due for replacement.

Due to the continued ill health of M's husband, they have relied extensively on paid maintenance to assure the continued upkeep of the property.

M finds that the costs associated with moving are a barrier to them acquiring more suitable accommodation. She indicated a desire to move to a retirement village.

There is a substantial gap between the realisable proceeds of their house and the cost of entry into a retirement village.

'Fantasy home'

Described as single storey 3 bedroom unit with built in robes, and ensuite.
Small garden, close to shops and facilities, doctors etc, close to public transport.
Rooms large enough for comfort and small enough to be practical.

Taps etc to be 'arthritis friendly' - M suffers very badly from arthritis.
Laundry may be outside, but preferably enclosed under the one roof. Garage/carport under the one roof with an electronic 'Roll-a-door'.

Comments:

"I don't want a house, I want a home."

"Don't chase your family - stay where your friends are."

"Finances are stopping me from realising my dream home. Also my husband has now decided he does not wish to move. He has given up on the idea - finances are the cause."

A- Male WWII veteran.

Lives with his wife in a regional country town 300 miles from the capital. Has a large home. Said his property is in reasonable repair. Both he and his spouse enjoy reasonable health. Says he is active and in good health.

Comment

“There is no provision for ex-servicemen in country towns. Suitable accommodation is not there, which eventually forces us to move to the city.”

“Fantasy home”

His current home was indeed his dream home, but maintenance of it is his major concern as both he and their house continue to age. As they have 13 Grandchildren who come to visit them, a second toilet would be an advantage.

N - WWII veteran.

N lives with his wife in a solid brick 4 bedroom home with an attached rumpus room. They have lived in the house for 45 years. The block is 1,000 square metres. The house and grounds need constant attention which is increasingly difficult on account of age and illness.

The house will require extensive renovation over a period of 5 years or so. A lack of funds to renovate will cause a move. He sees no point in moving now into a temporary home in a unit only to then move again to a retirement village. He will just make one move into a retirement village eventually. His wife would move tomorrow if she were able to do so.

Comment

He spoke about a hospital with 20 units attached which are owned and maintained by the hospital - he said this is a good model.

‘Fantasy house’

His current home is his ‘dream home’. Happy to stay where he is, but appreciates that the grounds are too large. There is the nightmare of his inability both in financial and physical terms to undertake the regular maintenance needed on the house.

J - Female ex-servicewoman.

Single lady, 75 years of age, who lives alone. Cared for her invalid parents until their deaths.

Lives in a unit (proceeds from the sale of her parent's house).

Has considered moving, but there is a lack of appropriate housing in wanted locations.

Does not want to move into a foreign area where she would have to develop new relationships etc.

She is acutely conscious of the danger of "putting her problems onto her relatives" which she says is "not fair".

'Fantasy house'

Single storey unit with a large living area, a large bedroom, a small 'den' and a half size garden. The size of the rooms and doors is critical for expected wheelchair access.

The unit should be near public transport and all the needed facilities.
etc

She is concerned about cleaning/maintenance - the unit should be low maintenance.

J - WWII veteran

Moved with his wife from a larger house into a smaller 2/3 bedroom DSH funded house about 20 years ago. Still very active and drives everywhere.

The block is small and requires only low maintenance.

He also has a "hobby" farm and a beach house for the kids and for investment.

Comments

“Looking after three damn houses is driving me crazy.”

“Cost of selling is one factor which deters people from selling. Stamp duty is the killer for the buyer. Stamp Duty costs in USA are a fraction of their cost In Australia, and the Real Estate Agents fees are smaller. I just feel that for people who are retiring the fees are a disincentive to them and a reduction would help considerably. Farming land can be transferred at not cost from father to son. Something similar could be done in relation to aged persons. The gap is the problem.”

‘Fantasy home’

Nil maintenance, no rate and taxes. Green concrete instead of lawn. Would want a single story house/unit with only one bedroom “so he can’t have visitors that stop over”. He would want a room for an office. The unit would need to be near regular and adequate public transport. Provision of as regular contracted maintenance service would assist older veterans to remain in their homes.

S -Male WWII veteran

S and his wife bought a home with DSH assistance in a country town some 200 kilometres from the city. In 1986, due to the ill health of both S and his wife, they moved in to a unit in the metropolitan area. She underwent coronary by-pass surgery and his wife, who suffers from chronic osteoporosis, underwent surgery to repair a fracture to the neck of the femur as a result of a fall. They had no relatives close by and his wife was scared of falls, hence their decision to move.

The maintenance of their strata title unit is taken care of. They have no real problems at the moment - “problem free”. Both he and his wife are busy with outside interests and family.

‘Fantasy home’

Unlikely to move, but described the following:

single storey steel frame, brick veneer 3 bedroom unit which is near the shops and other amenities. They would want good neighbours. His house would have a large laundry with a toilet, and a workshop/shed.

D - WWII veteran

Married for 52 years. His wife has views on housing which differ markedly from his own. "The wife would move tomorrow."

They have no debts, and live in a 3 bedroom house on a large residential block. . His home is 25 kilometres from the city in a nice residential area. He cultivates fruit trees - needs to be careful of spraying for health reasons, but considers that the regular consumption of the fruit he grows assists in the maintenance of his good health.

Comments

"DSH are considering building/selling units near me for \$185,000. Not many will be able to afford it."

"As far as moving is concerned, they can take me out in a box!"

"All levels of Government should make rebates etc in proportion to the actual costs, so houses can be restored to their actual value. At the moment they are not keeping up with inflation. Outgoings could be reduced - pensioner standards of living could rise if outgoings were lower."

With regard to moving, both he and his wife are in good health. should that situation change, they may have to reassess their situation.

'Fantasy home'/the future

Contingency plans need to be made. He will sign an enduring Power of Attorney and make an arrangements which matches his expected needs into the future.

Other comments heard during the discussions:

“You used to have to put you name done to gain entry to supported accommodation. Now its the needier who get preference.”

“You’ve go to be “gone” to get in to a Nursing Home.”

“There needs to be a support system for those suffering from bereavement for say 6 months, so that rash decisions are not made on the run.”

While the comment was made that they are from a generation that is the first to be able to provide something for their descendants and most expressed a desire to be able to leave the children something, one man said:

“Everybody seems to like the idea of ‘leaving the house to the children.’ This prevents them from spending any money on the house.”

Some emerging points:

- Home maintenance;
- Access to amenities;
- Safety and security;
- Proximity to friends.

Comments - situation of a Korean War veteran’s wife who attended the meeting

The majority of the group were in their own houses and seemed to be coping reasonably well, except for the wife of a Korean War veteran. Sandra, as she will be called here, is 58, and has very painful arthritis - even her taps are a problem for her. Her husband is in poor health as a result of war conditions and the couple are not able to cope with their house and garden. However she doesn't think they will be able to move because they won't get enough for their house to enable them to buy into something they would like. It is a fairly standard Defence Service Home in a DSH estate, and cannot command the kind of money they need to buy into a unit or a retirement village.

Her husband doesn't want to move, because he says it's now too difficult to achieve and he doesn't want to think about it any more. But Sandra does. She seemed in need of some urgent assistance and the DVA Defence Service Homes representative who was present offered to provide her with some advice after the meeting.

K - Widow of ex-serviceman

Comments

“Families may be willing to help but are not always available”

“Units are easier to leave if you go on holidays, and maintenance is no longer a problem. The freedom to do what you want is enhanced. Less worry makes for a stress free life.”

Still lives in the family home, which is 3 bedroom suburban house. Also owns a beach house, 35-40 kilometres from the city. Likes to remain independent, and relies little on DVA assistance. Wouldn't want to live with her son or daughter.

Thinks she may eventually need Nursing Homes accommodation.

S - War widow

Still living in her own 3 bedroom home, for which DSH assistance was obtained, after 40 years. The house is in good condition and is near the shops. The house is on a big block and she requires help with the large garden. She still drives, and is active.

B - War widow

Still lives in her own suburban home, which has a large yard. Shops are nearby. The garden needs constant attention, with regular financial outlay. The lawns are cut by a professional. The big maintenance jobs cause her to worry and think of moving. She has a son but he has his own life to lead.

'Dream home'

B considers she owns her dream home. If it were not for the constant worry about maintaining the place, she says that she would not consider moving at all.

W - War widow

Originally purchased a large 4 bedroom home, with large rooms. Raised her family in this house. The block has a frontage of 164 feet.

She now resides in a 'homette' on her block and still has room for a caravan. Maintenance is paid for under the strata plan.

She would like to move into one of the War Widows Homes but it would entail moving out of her own environment, something she is not yet prepared to do.

R - War widow

Having lived for 40 years in the marital home, she has recently move into the War Widows residential complex and lives in a one bedroom flat. She couldn't live alone in a house now - she would be too nervous. She like the independent living and the security of neighbours that are of same ilk. She stated that is it were not for the support she gains from her fellow residents, in the complex, she doubts she would feel as confident.

She still owns a 3 bedroom house at the beach.

R - War widow

She has lived for 13 years in one of the War-widows' flats.

Prior to this she lived with the husband in the marital home, which she vacated approximately 3 years after his death. The house became too big and too lonely for her to live in, alone.

Three years have passed since her husband's death. This left her with a home that was too big and it was too lonely for her.

Comments

"Twenty four hours is a long time to live on your own."

"Nursing homes for War Widows should be provided by Veterans' Affairs."

'Fantasy home'

No flashy architecture. Hostel type accommodation which caters or the disabled.
Friendly atmosphere, with communal eating and entertainment areas.

Large sun rooms for all residents. Nursing home attached. Small bit of garden to look after.

C - War widow

Widowed 20 years. Brought up her two children in a 4 bedroom house. Moved to a unit when her children moved away but was nervous and lonely. Had a scheme to build a flat on the same block as her daughter. Stayed there approximately six years. Then moved into one of the War Widow's flats.

"Lack of company is a problem for me. You need someone to have a cup of tea with."

H - War widow

Has lived in a two storey house for 5 years. Is not lonely or nervous.

"Perhaps I'm a loner."

Husband killed 3 months after WWII ended. Her mother looked after the children.

"It is too late to move now. If I had to move I'd move into supported accommodation - ie hostel accommodation."

She goes up and down her stairs about 50 times a day. She wants to keep the house for her two sons.

Were she to consider any move at all she states that her ideal scenario would be a move from her present location into completely supported accommodation.

She wishes to retain her family home for the children.

M - War widow

Was originally in a small three bedroom home. Has been 22 years widowed. Still lives in a unit with her son and describes the situation as being less than optimal. She still drives and has no difficulty with the activities of daily living.

She wants to remain in her own house.

"I'm a loner, so I'm quite happy where I am."

Some general comments made

"I think keeping people in their own homes is an idea from the "people up there" who have no idea what it's like. They don't know how lonely and frightening it can be.

/m It's cruel to keep them in their own home if they want to move for company. Money used to keep them in their own homes could be spent on building suitable accommodation."

"I have a sister who is dependant on her husband, who is going blind. Why should my sister have to stay in that house without support and not go into a hostel?"

"I just hope I drop dead. I don't want to get older and weaker. Look what happens to you!"

“Big maintenance jobs are a problem, not only as far as the jobs are concerned but as far as the cost goes too.”

“There is no expectation that DVA should do it all.”

“We need to be able to get somewhere to be looked after when we need it - not to be placed in a queue.”

War widow P

“I live in a 3 bedroom home and intend to stay.”

War Widow Z

“I live in a 3 bedroom house. For two years I have wanted to sell the house and move into the (a retirement complex). However I don't know if I can do this, because I cannot sell the house.”

“You are better off without a house today, if you want to get into the Homes.”

Widow J

Widowed for 18 months. Lives in a large 4 bedroom house with two grown up daughters. Her income went down two thirds when her husband died.

She is not a gardener so she probably has the “worst house” in the street.

War Widow N

Lives in a three bedroom house with two bathrooms. the grounds are too large, and she is paying out too much to keep it going. Her family live in the area but don't help with the garden.

War Widow M

Lives with her son and daughter in a three bedroom house. She wonders if she should sell up.

War Widow H

Lives in a Government house. Is able to do the garden. Her family are too busy. There will come a time when the house will be too big. The grandchildren love to come to visit.

“One daughter is saying to move out, be ruthless!”

War Widow P

Lives in her own 2 bedroom unit. Had a stroke in November and then a car accident.

“Getting home help here is like asking for gold!”

She needs help with spring cleaning. ‘Handihelp’ is of little help. They did the garden once.

“When you’ve asked for help you then go to the bottom of the heap and stay there.”

“I don’t mind paying for the lawns to be done.”

War Widow P2

Widow for 10 years. Had her name down for the (retirement complex). Waited 7 years. Sold her home, and moved into a retirement home.

“It’s like a unit - independent living.”

She had a small garden but has given away gardening now.

“I’d rather like a pet. I’d keep it until it dies.”

While the value of houses is going down, the value of her unit is going up.

War Widow G

Lives in a 4 bedroom house with two bathrooms.

She wanted to move to a retirement village, but couldn’t sell her house. “People have a fetish about traffic noise.” So she can’t move. “It’s most unfair.”

Her house is a large three bedroom house and the garden is too big.

She has had some wonderful help from the Council for the Ageing.

War Widow B

Lives in a large house in a pleasant street. Gets help with the garden - eg pruning of the roses. Looks after the house herself. Has wonderful neighbours who help her. She loves her street.

She has been waiting too long to move. If she had moved when her husband died seven years ago, she would have been better off. She has had two serious illnesses and can’t cope with stress. The stress of moving would be too great for her, so she won’t move.

War Widow D1

Lives in a small three bedroom house with an unmarried daughter. Has a huge garden. Obtains help with it when she can afford it.

War Widow D2

Lives in a cottage. Doesn't want to move. Not good to move out of your area - neighbours are important.

War Widow K

“I don’t want to move. I’ve been in my home for 30 years. They maintain if you don’t move at 55-60 you won’t move”

“It’s finding something you will be happy in

“I need help in the house, and a handyman to stay!”

War Widow X

“I moved to (this city) seven years ago. Moved to my family. You can make too many demands on your family. You can’t expect them to carry you”

“Where I live they are all young people They are sick of an oldie alongside them.”

Various comments made by the group in general discussion

“There is a retirement village in (the city) in which people are very happy. My children say I should move - my block is too large.”

“I think cluster housing would be a good idea - with people of like minds getting together”

“I’m not so sure about retirement villages. I recall an incident in a retirement village. A lady pressed the panic button for help. After a very long time, someone eventually came.”

‘Fantasy house’

“I would like a very very large back verandah and off it a studio/craft room. And a gardener more often.”

“My house has to be warm in the winter. It should have central heating. I would have big windows, with the sun shining in, a kennel for the dog or the dog could be by a big chair. I don't have a dog at the moment.”

“I go to bed at 5.00 pm in the winter because of the cold.”

“I'd like good neighbours, a picture window - north facing and with a mountain view.”

“I'd like a series of flats, with not too many people in them, and people of like minds. They would be people who had sold up. They could provide good company, someone to go to shops with, and do some gardening. The problem is that people don't all sell up at the same time. There would be room for the families to come, and somewhere for the visitors to park their cars”

“I had my fantasy home at (north coastal town). We built it. It was warm. I came back to the cold in (the city) for the sake of my children and my children's children. I have two great grandchildren. I'm not allowed to get old.”

“After 21 years on my own, I came to (the city) from the country. I wouldn't have chosen to come to (the city) but for my illness (cancer). If I had my wish I would go back to the country to a nursing home, but there isn't one there.”

“If I had my wish it would be not to own a house. I've been on my own for 41 years. The children say “You can't chop down that tree, that's ours!” If I could choose, I'd want to be able to explore different interest. I'd like to be able to go somewhere if I wanted to. But I won't move now. Its nice to look out the window and see the mountains.”

“If I did move, I'd have to move to something that gave me enjoyment.”

“If I had the money, I’d like to add a nice free standing flat onto my house. The family could live in the house. We’d be separate but together.”

“I’d like that too - a free standing flat.”

Comment on this remark by another lady: “I’d never move in with my family!”

“I like where I am but less ground would be good. The kitchen could be done up and the verandah enclosed or an awning put up. I’m quite happy. Transport needs to be good.”

“I’d like to build on to my house. I’m 62 years of age, so can cope for quite a while yet. I’d like a square house, with views. I’d like a garage with an electronically controlled door and a door into the house from the garage. I have looked at dual occupancies. My dream house would be pretty, have a view, and have a gardener who was a Bridge player.”

Comment

“So many people have cars, but for how long can they continue to drive? There are too many idiots on the road.”

“I drive every day so I don’t lose confidence.”

“I won’t drive at night.”

One 80 year old lady said she was about to hand her licence back.

Is security a worry?

“I have a security alarm system.”

“It’s not necessary to have a security system in (name of city).”

Family

“To be quite honest, my family can come to see me. I’m sick of being an active mother. I’m human - what about me!”

War Widow A

“The facilities in (city) are wonderful for the elderly, eg, the (community service and day care, taxi vouchers etc). I’m pleased I left the coast. However my house is too cold. It’s an old Government house, with high ceilings. I moved to (the city) when I lost my husband. I wouldn’t have had the help need to keep going where I was.”

“My husband was a wonderful one for making things work. The house works well. it has views. My fantasy house would have an indoor heated swimming pool.”

Other ideas

“Post boxes - why are they always up a hill?”

“Too late for me to move now. I’d like to be concrete (sic).”

Barriers to moving

“What to keep and what to get rid of - losing your things.”

“Money; - impossible to sell a house at the moment.”

“Stress.”

“Lot of War Widows are living in genteel poverty. There are people out there who need help.”

Final comment

“No matter where you live, you’ll be on your own and its not going to be ideal.”

Appendix 6

Collation of information obtained at the focus group meetings

In collating the findings of the focus groups, the writer prepared tables based on actual comments made by individuals indicating that a particular circumstance or statement applied to them, and then made hypotheses. The tables were indicative only, since the discussions did not always lead to each participant making a comment on each matter and because the point may have been commented upon only indirectly. However the attempt to prepare tables did provide some support for the conclusions already drawn by the writer through subjective interpretations of what had been said at the focus groups.

Key issues raised by the focus group participants included the following:

Houses need to be warm in winter.

Money is a big barrier to moving. Prices of houses going down, but retirement village costs not going down.

Genteel poverty.

Trapped.

Will be by self - not ideal. Loneliness

Need for company.

Need to keep active.

Maintenance costs are a problem.

Do not want to leave own area.

Best to stay in same area and not to follow the children.

Family influence - cannot expect your family to carry you.

If move not made at 55-60, will not move.

Close to shops etc.

Stress of moving.

Need for security (eg electric 'Roll-a-Doors').

Health - have moved or will move for health reasons.

Do not want to make two moves - no point in going into a unit.

Homes/units: need to be able to have visitors over night.

Suitable accommodation needs include sun rooms/solariums, sheds etc.

Propositions by the writer and tables indicating number of participants who made these remarks (note - these are minimum numbers - comments were supported by others in the discussion but it was not feasible to record all those instances where support was indicated).

Proposition - Elderly veterans/War-widows/spouses 'do not want to live with their children'; or

'do not want to put their problems on to their relatives'; or

'families are not always available'

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A				y		y				
B		y				y				
C						y		y		y

Proposition - Preference to remain in own community/environment or 'Best to stay near friends than follow your families'

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A				y						
B						y				
C										y

Proposition - Problems in selling/getting the capital required to move (or other associated costs) are a major barrier to moving.

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A	y	y?	y				?	y	?	y
B										
C		y							y	

Proposition: Their ability to keep on driving is a significant factor in their attitude to moving. (Note - while the focus group participants were not asked specifically if they drove, it was possible to establish that a majority were still using a car to travel around. A number had driven considerable distances).

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A	y	y	y	y	y	y	y	y	y	y
B	y	y		y	y	y	y	y		y
C		y				y				y

Proposition: If you do not move in your 50's/60's it becomes too late for you to make the change - it becomes too difficult/stressful to move.

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A1			y							
A1										y
C										

Proposition: People who retire to the coast may need to move back to a major centre, where they are able to access the services they need in their later years.

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A									y	
B										y
C				y						

Proposition: Keeping up the maintenance, in particular the garden, is a major factor in the decision to move or not.

Group	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
A	y	y	y	y	y	y				
B		y	y						y	y
C			y	y	y					y

In the following instances it was not feasible to attempt to prepare a table, but comments supporting the hypotheses were made.

Proposition: When you lose your spouse, you should not make a rush decision to move.

Proposition: When you lose your spouse, you can feel very lonely, and become frightened in your home. This particularly applies to the women.

Proposition: The wives are more likely to want to move than the men. While the men are alive and coping, they are prepared to stay put.

Proposition: Security is a concern, though not as big a concern as the press may have us believe - electric 'Roll-a-Doors' to garages are one good measure (the war-widows in particular liked the idea of rolla-doors and were also keen on security systems). If you are concerned about security, perhaps that is a good reason to move to some kind of group living.

Proposition: Couples who have moved into a unit have mostly done so for health reasons. For those who are widowed, issues like being frightened and lonely are motivators.

Focus group findings - summary

Most wanted to stay in their own homes, but the need for maintenance services was a concern. Tradesman do not want to do small jobs.

A perceived barrier to moving was the sale price that they would achieve for their house, in the current stagnant housing market. To move into a retirement village would be very expensive for some so their next move would probably have to be to a nursing home.

Another was that they would have to give up their possessions and move into something small and without room for visitors.

Transport was described as a problem area, as several no longer drive their own cars and need to rely on public transport. One 80 year old lady is about to hand in her driver's licence.

Cooperative housing for "like-minded people" was proposed by one lady as an alternative to staying in her own home.

A number of ideas for achieving their 'perfect' home (eg good heating) were in fact not costly, though requiring some investment capital.

Security was not seen as a major issue.

They noted that (city) has "very good facilities" but some still did not have good access to the home services they needed, due to a need to ration out the available services.

The President of the Guild spoke about 'genteel poverty'. She is aware of a number of widows in this position, with big houses but not much money.

“Friends are more important than family in choosing where you live” was generally agreed.

Retirement villages aren't necessarily the answer. One lady spoke about a friend in a retirement village who has been a resident for about two years but still does not know anyone. She just has her family visit.

One lady had moved from (a country town to the city) to obtain better health care services, following a serious illness. She spoke nostalgically about the friendliness of country towns.

Two other ladies had moved to (the city) from the coastal retirement towns, on account of medical problems and a lack of facilities at the coast. One had moved in with her daughter. The other lady lives on her own, near her children and grandchildren. She couldn't keep up the house at the coast on her own.

Several comments about the availability of home services led me to conclude there was a lack of consistency in the quality and availability of services to help them to remain at home. A lack of reliable, economical gardening and home help maintenance services was seen as a problem.

Appendix 7

General conclusions from the focus groups

General issues

The following are some issues that arose in the above discussions, interviews and focus groups:

- 1) How badly off as regards their housing are the elderly living in rural and remote locations in Australia? A message obtained from the groups was that to access alternative accommodation types, the elderly in such areas must move to bigger centres or even to cities. Even so they may not be in a financial position to move, as the equity in their homes may be insufficient, unless of course, they are able to find subsidised accommodation.
- 2) To what extent are elderly people feeling trapped in their own homes, on account of the housing market and the lack of equity in their homes?
- 3) To what extent are women more interested in moving from the family home than men, and what difference does the loss of a spouse lead males and females respectively to want to move to some other form of accommodation?
- 4) Do those who retired to the coastal areas now find themselves in trouble, due to a lack of the services needed in their later years?
- 5) Are elderly women who are single or widowed more amenable to cooperative or more communal style housing than men (for reasons which could include a greater concern for safety and security and companionship of like minded people)?

6) While a need for services, in particular gardening services may enable people to remain in their own homes longer, do the elderly feel the money be better spent providing other forms of assistance? eg assistance with the deposit on a unit?

Some preliminary conclusions which may be tested in the survey

- Older veterans and war widows in country areas have fewer housing options than those in metropolitan areas and often have to move out of their own region, away from family and friends, to find suitable accommodation. This can be because their houses are unsaleable or their sale will not realise enough to move into accommodation which may meet their changed needs, eg retirement village , self care unit, hostel or nursing home. It can also be because the construction of such accommodation is only an economic proposition in larger towns and cities.
- Those who have retired to coastal retirement areas may have problems in later years due to a lack of home support services, family members living elsewhere, inadequate public transport and a lack of the health facilities (specialists, major hospitals etc) needed to meet their needs.
- While the great majority of older people may wish to stay on in their own homes, this may not always be in their best interests. Further, we need to look more deeply at what we mean by “want to stay on in their own homes”. For some, ‘staying on in their own home’ could still embrace, for example, moving to a self care unit built in the back yard or next door.

The big ‘bogey’ seems to be moving to a hostel or nursing home, as such a move is seen as the beginning of the end. More options are needed, but these should include the availability of more, better designed, hostel and nursing home accommodation. The poor image of nursing homes was certainly apparent in the discussions, but there was a realisation that one day you may be grateful to enter one.

- There will never be sufficient resources to allow people to stay on at home indefinitely and indeed most older people are not expecting this.
- Barriers to moving include the stress of moving, the inability to obtain enough from the sale of one's home, and a lack of acceptable alternatives in the area. Many people are trapped - for them it is too late to move. They make the best of things by looking at the positive aspects of their situation.
- Some older people are living in "genteel poverty".
- Those people who do not own their own homes have fewer options.
- Husbands are less likely to see a need to move than their spouses. While the men are alive, their wives are prepared to stay put.
- Loss of a spouse can lead to a move, but when such a crisis does occur which leads to a move, the person should not panic as a rushed decision can lead to mistakes and regrets.
- It can be unwise for older people to move near their families as this can leave them feeling lonely if their children later decide to move. It is best to stay near friends in your local area than to follow families.
- Maintenance problems (notably looking after large gardens and keeping the house in good repair) are of particular concern to older home owners, and can be a major reason for moving.

With regard to maintenance, a large survey (790,000 people) of housing of elderly people in Australia undertaken in 1976 quoted by Davis (Davis :13) revealed that

'11% of the elderly were living in accommodation that was considered to be 'unsatisfactory or beyond repair.'

- Loss of the ability to drive can impact greatly on an older person's quality of life.
- A perception that a move from home (eg to a unit) might only be for a relatively few years leads some people to conclude they should not move. They do not want to have to make a second move to a hostel or nursing home later on - one move is enough.
- Loneliness is a major reason for wanting to move. Home support services (eg meals on wheels, visiting nurse) cannot fill the gap. Those living on their own are more likely to be lonely.
- Retirement villages can provide a good solution for many older people.
- For most the problem is one they would much prefer to ignore, and most do. Unfortunately when a move could be made, it is not and then it becomes too late. If you don't move at 55-60 you probably won't want to move later.
- It is apparent that the need to ration access both to home support services and access to nursing homes and hostels leaves many needy people without the help they need.

Appendix 8

Interviews

Chapter 6 includes four case studies, based on interviews with:

- an ex-service woman of WWII (never married) who lives in a government flat;
 - a WWII veteran who lives with his wife in a retirement village;
 - the daughter of a deceased WWII veteran whose mother is now living in a hostel;
- and
- a very elderly War I veteran, still living independently in a country town.

These interviews proved very helpful in identifying issues for the survey.

The interview with the ex-service woman was most enlightening. It became very apparent that women who had remained single can be financially much worse off than those who married. Reasons can include the lower wages/salaries received compared with those for men, the non-availability of superannuation, and less family support. This reduces their housing choices. This lady said that for financial reasons she would never be able to move into a private unit or a retirement village unit, and could only enter a hostel if she obtained a subsidised placement.

The old gentleman interviewed made the writer appreciate how different each case can be. Though very old, the veteran was in better physical and mental health than many who were much younger and was still able to live at home, with some support. His attitude to life reflected the attitudes of a bygone era. He expected nothing and wanted very little.

The interview with the daughter of the WW II veteran revealed the difficulties for the family in trying to look after and make decisions for an elderly parent who was suffering from Alzheimers disease. The stress involved reminded the writer of his experiences in this regard (see Introduction).

Appendix 9

The pilot study and the finalising of questions for the main survey

Finalising the questions for the pilot survey

Having undertaken these discussions, focus groups and interviews the writer was now in a position to develop the questions for the pilot survey.

An explanation for the inclusion of questions follows in this description of the two questionnaires.

Questionnaire for eligible veterans and war-widows

Summary

The questionnaire first asked for personal details (age, sex, marital status and with whom they were living). Accommodation matters were then addressed. These included:

- the type of accommodation in which they were living, its condition and its qualities (eg close to shops) and how long they had lived there;
- whether they were in the city or the country;
- whether they owned the home or were renting etc;
- their proximity to medical services;
- details of their previous home if they had moved in the past 5 years, the reasons for moving and how they now feel about the move they made;
- their current links with the community and the help they are receiving;
- how they are able to travel around;

- whether they would like to move or not, why they want to move whether they will move in the next two years, and what might make them change their minds about moving;
- those who said they did not want to move were asked for some reasons; and finally,
- what their perfect home would be like, and whether it would be any different in the longer term (longer than two years).

Finally the writer gave respondents the option of providing their name and address and their telephone number, should they be interested in a follow up interview.

Reasons for the various questions

Q1. This question asked the respondent if he/she was a veteran, war widow(er) or both veteran and war widow(er).

Q2. Age and sex details were obviously important and differences between age groups and males and female answers could be expected. Marital status and whether people are living with their spouse, with their children or alone are important details when looking at their housing situation.

Q3a. This question asked for their location (eg city, country town, farm etc). The writer needed this information so he could look at differences between needs and choices in metropolitan and country areas.

Q3b. Here the writer wanted to find out how far they had to travel to their doctor, since the problem of getting to their doctor could be a factor in any decision to move.

Q3c. This question asked about housing type (eg separate house, flat). The wording was modelled on certain questions in the 1988 Australian Bureau of Statistics Australian housing survey. However the question extended the list to include boarding house/private hotel, retirement village, institution(hostel or nursing home) or living with children/family.

Q3d. Whether the respondent owns a home or is renting largely determines the level of the housing choice available to them. It seemed obvious that people living in institutions should be directed away from this question as ownership is not relevant. For those in boarding houses/private hotels or living with children/family it would again not be a big issue. For those in retirement villages (and to some extent hostels) it was not so clear cut, as most people pay an entry fee to a hostel or retirement village (and they may also pay a fee to enter a nursing home from now on). Others are subsidised by the Commonwealth Government or by the institution. To reduce complexity, all those in the above accommodation were directed away from the question on ownership, but they still had the opportunity to insert a comment, which some did.

Q3e. The condition of the dwelling was asked for because the cost of repairs etc can be a factor in a decision to move.

Q4. This question sought a lot of relevant information about their current home (eg affordable, designed for older persons, close to transport, easily saleable etc). Answers in the negative would provide reasons for people needing to move, even if did not later indicate they were thinking about moving.

Q5. In asking this question (how long have you lived in your current home) the writer was conscious the fact that many older people have lived in their current homes for very long periods of time. Stephen Reeth's survey of the St George area (Freeth 1996), for example, showed that most people had lived in the St George region for more than 25 years and over 50% had lived in the area for 30 years or more..

Q6, 7, 8. These questions asked those who had moved in the past five years to describe their last home and to provide some reasons for moving. The list of home types from which to choose was the same as shown for Question 3c. The list of reasons from which they could choose covered illness of self or spouse, the house or garden being too large, a lack of company or a lack of transport.

Q8. This question sought to find out if the decision to move had been a good one or not. If they answered that the decision was a poor one, or, that there had been some problems even though the move was satisfactory, they were asked to choose between some listed reasons for the problems.

The option 'rushed decision in time of stress' was inserted because the focus groups indicated that a crisis like an illness or death of the spouse could lead to an inappropriate decision being made - eg purchased another conventional home, or a unit away from all services and friends/family. The other choices available were very similar - eg 'wrong type of accommodation' or 'moved away from where my roots are'. In the latter instance, the writer was cognisant of the comments of the single returned service woman interviewed, who said she had arranged for her mother move to her flat in (regional city) from (a State capital). This move proved to be a mistake as her mother was away from all her friends in (the State capital) and was lonely in (her new abode in a regional city). The danger of this occurring was also highlighted in the focus groups.

Q9. This question endeavoured to find out the extent of the person's support networks (eg receiving assistance from children, other relative), and the amount of help they were receiving (eg home care provided by the local council or community organisations). They were also asked if they felt they need more help than they were getting, as this could perhaps be the basis for a decision to move.

Q10. The respondent was asked to provide information pertaining to transport. The focus groups had indicated that ability to drive or to be driven by a spouse was a key factor in the older person's attitude to their housing situation. Loss of licence could bring the realisation that they are in fact rather isolated, so that their lovely house in an outlying suburb may start to lose some of its attractiveness.

Findings of DVA surveys (Department of Veterans' Affairs 1994) indicated the importance of the ability to drive. While driving is less common among the older age-groups, 64% of men aged 85 or older and 18% of women still drive. Those who do not drive were less likely to participate in social activities than those who did.

The choices in the question were graduated to reflect reducing mobility, with the last option being 'I have some difficulty in moving about the house'. Those with reduced mobility would be more likely to have some problems with their housing which could lead them to think about moving.

Q11. Here participants were asked if they would like to move or not, if they were unsure, and to list any special reasons for saying they were unsure. This question was fundamental to the study.

The writer's premise (in line with the National Housing Strategy: Agenda for Action, which listed the need to increase housing choices) was that despite the oft quoted claim that most elderly people want to stay on in their own homes, it may not always be in an older person's best interests to make no change to their housing situation, and that a lack of suitable options and information could be preventing them from moving. (National Housing Strategy: 1992).

The writer considered that the research may show that statements about wanting to remain at home 'full stop' may, at least for some, be a normal and anticipated reflex action. Seeing these statements in the context of actual circumstances may justify some closer attention. The reality may be that someone who has said they want to remain in their own home may be quite happy to move next door into a spanking new, purpose built self care unit, which they can also call home.

Q12. This question asked if it were likely that the person would move in the next two years. This was meant to ascertain how seriously the person felt about moving, and perhaps how strong were the barriers to them doing anything about it.

Q13. This question listed some possible reasons for wanting to move. The list was largely the same as for question 7, with the addition of one more reason - that the move would be too stressful. This was something that arose in the focus groups - several people said they might be interested in moving but realised it would be too stressful for them to contemplate.

A second part of the question asked if they would change their mind about moving if they could get more home support. The assumption increasingly being made seems to be that through hostel and nursing home 'packages', hardly anyone may need to move. In fact some people may want to move regardless of the level of services available to them, perhaps for reasons of loneliness.

Q14. This question is the reverse of question 12, in that it provided possible reasons for not wanting to move.

The focus groups raised the problems of not getting enough from the sale of one's home to be able to move, and the stress involved in moving .

A further part to the question pressed the person further on how the housing market would impact upon the decision to move.

Q15. This question listed a number of alternative housing arrangements from which the person could choose the 'perfect' arrangement for them. The list ranged from 'current dwelling' right through to 'nursing home'. If the person was being consistent in his or her answers, having said they did not want to move, they would not have ticked a housing option that involved moving.

A second part of this question provided the same list, and asked people to say if their perfect home would, in the future, be any different to the one they would like now. This allowed for some thought about one's future needs, and whether this would necessitate a change in two years or more. For some, particularly the older ones, a lot could happen in two years and a different answer might be anticipated, but others may not want to make a change regardless of what happens to them.

Q16, 17 and 18. Here the respondents were to provide any general comments that they believed may be helpful, to provide their postcode (made optional) and to advise if they would be available for interview (both being optional).

Questionnaire for spouses or partners

This was an abbreviated version of the above questionnaire. It was kept shorter since the respondents would not be eligible and may not want to spend as much time completing it, and because the author considered that the purpose was to see what differences there were between male and female views. He believed the questions included would achieve this.

Reasons for the various questions - second questionnaire for spouses and partners

Q1. The spouse or partner was asked if they also had 'veteran' status. This was partly to reflect the fact that the emphasis in the survey was on eligible members of the veteran community and partly to ascertain if they had completed the right form or not.

Q2. As in the veterans and war widow(er)s form, their marital status was not requested, nor with whom they were living. This information could be deduced through them having completed this questionnaire.

Q3. As for question Q11 on the other ('Blue') form.

Q4. Identical to Q13 on the 'Blue' form.

Q5a. Q13 on the 'Blue' form, reasons for wanting to move, in reverse, ie not wanting to move.

Q5b. Identical to Q13b) on the 'Blue' form. (This question should have been numbered in the pilot as Q4a).

Q6a). Identical to Q15a) on the 'Blue' form.

Q6b) Identical to Q15b) on the 'Blue' form.

Q7, 8 & 9. These mirror questions 16, 17 and 18 on the 'Blue' form.

Postcodes selected for the pilot survey (see 3.12)

Randwick 2031

Hornsby, Hornsby Heights, Waitara 2077

North Balgowlah 2093

Ryde 2112

Canterbury 2193

Springfield, Erina, Point Clare, Gosford, Gosford East, West
Gosford, Wyoming, 2250

Kanwal, Wyong 2259

Shelley Beach Long Jetty, Berkeley Bay Bateau Bay

Tumbi Umbi 2261

Forster Keys, Forster, Pacific Palms, 2428

Port Macquarie, Flynn's Beach 2444

Boambee, Coffs Harbour, Glenreagh, Ulong, 2450

Wagga Wagga, Lake Albert 2650

Narrandera, 2700

Reservoir 3073

Wheelers Hill, Glen Waverley, 3150

Frankston, 3199

Highton 3216

Sandgate, Deagon, Brighton, Bracken Ridge, 4017

Caboolture, Toorbul, Bellmere, 4510

Dover Gardens, Brighton 5048

Seacliff Park, Seaview Downs, 5049

Hillbank, Elizabeth, Elizabeth East, Elizabeth Grove, Elizabeth
Vale 5112

Queens Park Cannington, Wilson, Kenwick 6107

Booragoon, Alfred Cove 6154

Fremantle 6160

Changes made to the 'pilot' questionnaires for the main survey

The changes made and the reasons for the making the changes are set out below.

'Blue' form (for veterans and war widows):

Cover page:

Some minor improvements were made to the background information and instructions. On this occasion a free (1800) contact number was provided, to further encourage people to ring if they had any questions or comments.

Due to space problems, it became necessary to put Question 1 on the first page. This led to a small number of veterans missing the question, which was to establish if they were a veteran or war-widow(er). All was not lost if they missed this question, because their veteran status could easily be deduced from their subsequent answers and comments, and if they provided a name (which the great majority did), this could be checked against the address list which also showed their veteran status.

A reply date of 20 November 1996 was shown. This gave respondents just on a month to reply, after which a follow up letter was to be sent.

Q1. The list of 5 year age groupings was amended slightly. Under 55 was changed to under 60. Since those surveyed were all over 60 years, the only reason for leaving in 'under 60' was to provide a check against a form being improperly completed.

Q3b) The pilot study revealed that the list of distances to be travelled to see a doctor could be reduced. In addition, most respondents had ticked that they had to travel fewer than five kilometres to see their doctor, which was the least distance they could tick. This was changed to 'less than 1 kilometre'.

Q4. A 'don't know' option was shown to be unnecessary for all but the option 'easily saleable should you need to move'.

The list of options was also rather long, and 'close to community services' was removed from the list. This option was also redundant as other options covered proximity shops, transport, entertainment and health services'.

Q6a) A rationalisation of the numbering system meant that the questions from here on were re-numbered. Q7a) became 6a).

A reference to Abbeyfield housing was removed from the options list, as the pilot study showed that no one seemed to have heard of this organisation. 'Share house' was added to this option, so that it now read 'group house/share house'. Other minor amendments included changing 'living with children/family' to 'home of my children/other family'. This was to remove confusion as to whose house the person was living in - their own, or the home of their children/other family.

The options in the list looked rather long so the items were grouped to improve readability. This was also done for other questions in the two questionnaires.

Q6b) This had been numbered as 7b). Apart from minor re-ordering to make the list of options read more logically, no changes were made.

Q7a) (Formerly 8a). No changes were made, apart from the better use of arrows to lead the person through the form.

Q7b) (Formerly 8b). No changes were made apart from some improvements to the layout.

Q8a) (Formerly 9a). In addition to 'yes' or 'no', respondents had been able to tick 'not applicable'. This option was removed as no one in the pilot survey had used it. The option list items were grouped.

Q8b) (Formerly 9b). No changes made.

Q9. (Formerly 10). A 'not applicable' option was removed, as the option was not ticked by anyone in the pilot study.

In responses to a comment from one wheel chair bound respondent that the questionnaire 'nowhere had questions which catered for people who were handicapped', I inserted an option: 'I need to use a wheelchair most of the time'.

Some reordering of the options was done to make the list flow more logically. It now reflected declining levels of mobility, from 'I drive everywhere' down to 'I have some difficulty in moving about my home' and 'I need a wheel chair most of the time'.

Q10. (Formerly Q11). No changes were made, other than layout changes.

Q11. (Formerly Q12). No change.

Q12a). (Formerly 13a). The options were reordered and grouped to improve readability. One option 'moving would not be too stressful for me to cope with' was put in the positive to avoid confusion. It then read 'I could cope with the stress of a move'.

Another minor wording change involved adding 'for older people' to 'want a dwelling that is more suitable in design'.

Q12b). (Formerly 13b). No changes made.

Q13a). (Formerly 14a). No changes made.

Q13b). (Formerly 14b). No changes made.

Q14a). (Formerly 15a). In the pilot, people were asked to tick three answers and rate them 1, 2 or 3. Most people ticked only one answer and only a few ticked three and

rated them. For this reason, in the survey proper they were only asked to tick one option.

Q14b). (Formerly 15b). In the pilot, the list of options for the above question had been restated in this question. This was an unnecessary duplication. The question was reworded so that people simply had to look back at the list and answer 'yes' or 'no' if their choice of perfect home was any different from the choice they made in the previous question.

Q 15, 16 & 17. (Formerly 16, 17 & 18). No changes made.

Pink form - for spouses and partners

Q1. No change.

Q2. Change as for the blue questionnaire.

Q3. No change

Q4a). Minor improvements were made to the wording - 'I could cope with a move - it would not be too stressful for me', was changed to 'I could cope with the stress of a move'. One option listed was 'I can afford to move - I would get enough from the sale of my home to move into the kind of place I would like'. The underlined words were redundant and were left out.

Q4b) (Formerly Q5b). Q 5 in the pilot had been put in the wrong place. This question now became question 4b) which necessitated changing the numbers of some questions.

Q5. (Formerly Q5). No change.

Q6a). No change

Q6b) The same changes were made here as were made to the 'Blue' (veterans/war-widows) questionnaire.

Q7, 8 & 9. No changes

Appendix 10

Comments by respondents and responses to open ended questions

A subjective examination of the comments made by the survey respondents indicates that as they grow older, many come to appreciate that one day they will have to move. They are starting to find things difficult, often on account of illness, but are hoping they can stay on at home. There was a mixture of apprehension and acceptance by quite a number that they would eventually need to move, and that this could mean moving into a hostel or nursing home.

The comments also indicate that it gets harder to move as you get older, while at the same time things get more difficult, with maintenance and size of the yard being particular concerns.

The comments overall were very illuminating and examples have been included in the 'results' Chapters (Chapters 5 and 6). A sample of comments follows, followed by an illustrative 10% sample of the answers to open ended questions.

Examples of comments (from the veterans and war-widow(er)s questionnaires)

“We are reasonably comfortable and coping so far.”

“I’d like to move to access some of the capital located in this home.”

“Financial help with future renovations would be appreciated.”

“Barely affordable.”

“The help I get costs me all my pension.”

“In the longer term, I’d like a much smaller house. I would not move while my wife is alive - I’d move if she died.”

“Smaller block, more modern home.”

“Something smaller in two years.”

“In the longer term, I’d like a more modern home that would cost less to maintain.”

“I am unsure about moving. Our home could become too large in the not too distant future. Our perfect home would be smaller and easier to maintain. We have a large frontage property and I do all the maintenance and garden myself. I am finding it difficult and a smaller property would be suitable.”

“I care for a spouse who has health problems and thus we have varied needs that are only partly accommodated at present.”

“Where I am is close to shops, public transport and the public hospital and I have been here for so long I would like to stay as long as it is possible.”

“I am unsure about moving. I’d prefer a warmer climate.”

“Too cold in Victoria.”

“I am unsure about the longer term - it depends upon my health.”

“I am satisfied at the moment. Health is the big question.”

“Health and maintenance are the chief concerns to continuing to live in my present home.”

“If my health falls away, I will look for something better.”

“I live with my family - I have a unit in the backyard.”

“Family and friends are close by.”

“Unsure about moving. I prefer living independently as long as I can manage, but my daughter is moving.”

“Moved to be near to married daughter.”

“I live with my family. That is where I want to be.”

“Moved to be closer to my son.”

“I am surrounded by A.A friends and A.A meeting places.”

“The garden area is proving difficult.”

“I am content living where I am. My son lives with me and attends to lawns and odd jobs and take me where I want to go other than when I use public transport. I have a

three bedroom house and it is not hard to look after. I have been here for 50 years and hope I never have to move. My health is fairly good for my age and I hope to stay in my home for as long as possible. I am one of the lucky ones.”

“When I get over 80 I may want a smaller garden. I have a large family and like to be able to have them overnight” - War widow.

“I would like less garden and lawn as I get older.”

“I have to pay for lawns to be cut, heavy gardening and maintenance but so far I can manage.”

“Proceeds from the sale would be enough to set me up at another place.”

(regarding moving) “Depends upon the market value.”

List of answers to the open ended questions based on a 10% sample of the questionnaires

- **Question 2d)**

- Aged care hostel.
- Wife has MS and lives in a nursing room.
- Living in a nursing room.
- I care for my 91 year old mother.
- war widows hostel.
- With my wife and children.

- **Question 3a)**

No answers.

- **Question 3b):**

- They visit me.
- Living in a nursing home.

- **Question 3c):**

No answers.

- **Question 3d):**

- Leased (Retirement village).
- Owned jointly with my wife.

- **Question 3e):**

- Needs ceiling alterations.
- Needs some modifications.

- **Question 4):**

- Two of family 20-25 min. by car, third 50 min. by car.

- Unable to do repairs, have to pay for maintenance.
- live in a fairly good neighbourhood.
- A two story home- my wife and I can maintain at present.
- 4 bedrooms, big block (much work).
- Family are scattered, closest is about 5 km..
- one family member is currently living with us.
- Council rates a worry.

Question 5):

- have occupied current home since 1949.
- lived in current home for 24 years.

(Comments adding more detail to the question on the time they had been in their current home).

Question 6a):

- Broken down conditions, unreasonable landlord.
- Self contained war widows unit.

Question 6b):

- Moved back to Sydney from Qld.
- Needed some ready cash.
- Barking dog next door, noisy kids bad for our nerves.
- Too far from family.

Question 7b):

- Children needed their independence.
- Loss of independence having move from self contained unit to controlled hostel environment.
- Moved to be close to my daughter and children after losing my husband.
- The only bad thing about here is we are away from and families.

Question 8a):

- Getting no outside help.

- My son's help with my lawn and garden.
- Lawns mowed approximately fortnightly for small charge supplied by church organisation.
- Was receiving meals on wheels and nurse before admission to nursing home.
- We are both still capable to look after our house.
- Living in Vasey housing war widow-hostel with meals, assistance and medical services provided.
- I am still able to cope at this stage well.
- In nursing home accommodation permanently.
- meals on wheel if required, medical services upon need.
- Privately paid lawn mowing, home handyman etc.
- My wife maintains the garden with a little help from me as necessary.
- In previous home my wife had some help from Home Care on a fortnightly basis.

Question 8b):

- N/A
- At present I am able to cope.
- Not at present.
- Cleaning leaves from gutters continual problem .
- Maintenance is becoming a problem .
- sometimes yes, other times no.
- Grounds too big and I am slightly disabled.
- Community services, home care were recently contacted but after being sent from one to the other.
- I am 94 years old, I may need more help in future.
- Health deteriorating slightly.

Question 9):

- Often walk to shopping center about 1 km.
- Indicating the distance from facilities.
- Sometimes I go by rail or bus.
- There is no transport near us, except taxi.
- I had some difficulties before.

Question 10):

- Bad health, cannot decide to move.
- Depends on my health.
- At present I am coping without house and garden so most of the questions are irrelevant, I don't know about the future.
- At some future time would like to return to the question of moving.
- Time and health may necessitate a move at some future date.
- Too large an area to be maintained.
- The idea of moving again terrifies me.
- Each year one's needs will alter.
- Trouble of moving: forty years here.
- My wife and I could differ on this.
- I would not like to move at present, may have to say I get older.
- I think it would be hard and not affordable to go to Adelaide where my three children are.
- If our health get worse, then we would like to move down near our children.
- Prefer warmer climate.
- Unsure about options.
- I don't know of any way my style could be improved by doing so.
- Sometimes I think I am too old.

Question 12a):

- Cold winter.
 - Noisy neighbours.
 - Would consider a move if my health changes and the house maintenance becomes too much for me.
 - I would stay if I am in good health as I am now
 - Nothing access to some of the major locations in this room.
- House valuation law at present would like a home as good as the current home but with a view of the sea.

Question 12a):

- We are both still capable.
- something I would have to think about when the time arrives.
- Probably not because we feel that life in the country might be better for us in these later years.
- If I could get more rent assistance I would like to stay here .
- I am finding it a struggle to exist on the pension since my husband passed away. He died leaving me without a cent to bury him and pay the bills.

Question 13a):

- Aged and mobility could change this decision.
- Close to everything here.

Question 13b):

- N/A (I don't own any property/I am a tenant).
- Not at present.
- My mother's health as well as my own at the moment would stop me from moving to a cooler area.
- Being close to families, is very helpful, especially to my wife who needs a wheelchair.
- If the house was in a nice area and my children could visit me and stay a day or two.
- Not really sure.
- Excellent neighbours, quiet locality, good views.

Question 14a):

- Dual occupancy on block near transport services and with space for gardening(small) is that many people as they get older.
- Steps back and front. Considering building a ramp to assist my wife who uses a wheelchair.
- Not sure as get older.
- I am still doing some work from home and I have a pool here for swimming!
- Very happy with retirement village style of living.

Question 14b):

- I would need help to care for rear garden caring for garden now I feel is a good therapy. How long may I be able to do this?
- I would like less garden and lawn as I get older.
- I have suffered a heart attack and while present accommodation is O.K., it could necessitate a move to suitable retirement village.
- Will need nursing home care.
- 2 bedrooms, separate living areas.
- My mother may not be alive, may be I would wait to finish my life in a cooler climate.
- Similar, but by the ocean and hence milder.
- A few more years and I won't be able to cope with garden etc.
- I wouldn't have stairs, very small garden, lawn and front area.
- Ramps built in and other modifications to the house.
- Less garden and lawns, closer to services and transport.
- A more modern and less maintenance housing.
- Toilet in bathroom (at present it is at the back of house).
- It would be smaller and probably near a country town or on a farm.
- Security area, a location populated by people of our own age.
- Near the beach-smaller house.
- Possible retirement village in about 5 years.

Question 15):

- Need help with maintenance, I would need help my present health deteriorate.
- The answer to most of questions will change if our health deteriorated, so there is no point in filling in a questionnaire like this.
- With a completely blocked right coronary artery I find that provided I do not exert myself, I can cope with most things that are necessary including walking to shops for the morning paper. Things will be different in the future.
- Veterans Affairs could be endeavouring to see that returned service men can stay comfortably in their own homes by supplying some maintenance services to aforesaid ex-service persons.
- The extreme winters are not made easier by the Federal Government. Withdrawal of the Diesel oil Rebate on which his house heating relies.

- I have had steel rods inserted in my hip for three years recently removed. They weren't successful and I can't walk for as much and can't bend to do anything.
- Veteran Affairs provided good services to veterans whilst living whilst wife at home but now living in nursing home and wife feels not the same.
- Whilst I can climb my stairs I want to stay in my home.
- Age and health dictate that any further more would have to be a nursing to be a nursing home which would not be a preferred option.
- The more to this retirement village 11 years ago, was due to health problems. More from here would only be due to further deterioration of health.
- Advertised and promoted seminars for the elderly should be held when needed- otherwise it is all a show! Train staff to be more sensitive to needs of the elderly rather than seeing job as a pay packet.
- My wife comes from Hobart and likes the sea. I prefer country but I still enjoy the variety of people in this city.
- Uncertain health-wise on being capable near future of maintaining current home.
- Whilst in good health present home is suitable, but in the future this may not be so.
- A more secure home, without steps and a small block in the same locality would be acceptable.
- I am an active person in here and retirement village living ideal.
- When too old maintain farm house and gardens, a move may be desirable.
- We have carefully planned our retirement.

Appendix 11

Additional tables

Table A.1 Age of survey respondents

Age of the respondent		Frequency	Percent	Valid Percent
Valid	Under 60 (1)	3	.4	.4
	60-64 (2)	17	2.5	2.5
	65-69 (3)	63	9.2	9.2
	70-74 (4)	267	39.0	39.0
	75-79 (5)	203	29.6	29.7
	80-84 (6)	96	14.0	14.0
	85-89 (7)	28	4.1	4.1
	90-99+ (8)	7	1.0	1.0
	Total	684	99.9	100.0
Missing		2	.2	
Total		685	100.0	

Source: Author's survey - 'Main' file. Total 685, missing 2.

'Blue' questionnaire: Question 2a.

Table A. 2

Age of the respondent * With whom do you live? * Gender Crosstabulation

With whom do you live?	With my spouse/partner	With my children/other family	On my own	Missing	Total
Gender					
Male					
Age of the respondent					
Under 60		1	1		2
50-64	5		2		7
65-69	13		11		24
70-74	129	5	31		165
75-79	93	5	36		134
80-84	35	3	18		56
85-89	9		5		14
90-99+					
Sub total	284	14	104		402
Female					
Age of respondent					
Under 60					
60-64	1		7		8
65-69	1	2	30		33
70-74	8	6	55		69
75-79	1	5	42		48
80-84	2	6	25		33
85-89		3	7		10
90-99+		1	2		3
Sub total	13	23	168		205
Missing				79	79
Total	297	37	272	78	685

Source: Author's survey - 'Main' file. Total 685. Missing 78.

'Blue' questionnaire: Questions 2a and 2d.

Table A.3 Type of home

Type of home in which you live

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Separate house	378	66.2	69.7	69.7
	One story	52	9.1	9.6	79.3
	two or more storeys	13	2.3	2.4	81.7
	Flat attached to house(other flat/unit/apartment)	12	2.1	2.2	83.9
	In a one or two storey block	34	6.0	6.3	90.2
	In a three storey block	9	1.6	1.7	91.9
	In a four or more storey block	5	.9	.9	92.8
	Caravan/trailer park	6	1.1	1.1	93.9
	Home of my children/other family	3	.5	.6	94.5
	Retirement village	16	2.8	3.0	97.4
	Nursing home	6	1.1	1.1	98.5
	Hostel	8	1.4	1.5	100.0
	Total	542	94.9	100.0	
	Missing				
		29	5.1		
Total	571	100.0			

Source: Author's survey - 'Second' file. Total 571. Missing 29.

'Blue' questionnaire: Questions 2a and 2d.

Table A.4 Type of home/tenure cross tabulation

Which of the following would describe the type of home in which you live * Your home is Crosstabulation

		Your home is						Total
		fully owned	Being purchased	Private rental	Government rental	owned by children/family	Not applicable	
Which of the following would describe the type of home in which you live	Separate house	360	38	8	4	7	1	418
	One story	41	6	9	9	2	4	71
	two or more storeys	10		1	1		1	13
	Flat attached to house(other flat/unit/apartment)	8	2	1	1	4		16
	In a one or two storey block	15	2	7	18	1		43
	In a three storey block	8		1	1			10
	In a four or more storey block	4		1	4			9
	Caravan/trailer park	4		2				6
	Home of my children/other family			1		1		2
	Retirement village	10		2	2		2	16
	Nursing home	3					2	5
	Hostel	1	1	1	1		5	9
	Total	464	49	34	41	15	15	618

Source: Author's survey - 'Main' file. Total 685 Missing cases 67

'Blue' questionnaire: Questions 3c and 3d.

Table A.5 Cross tabulation: Age, gender and type of home

Which of the following would describe the type of home in which you live * Age of the respondent * Gender

Gender	Which of the following would describe the type of home in which you live	Age of the								Total
		Under 60	60-64	65-69	70-74	75-79	80-84	85-89	90-99+	
male	Separate house	1	5	14	130	93	36	7		286
	One story			3	20	14	8	2		47
	two or more storeys			2	3	6				11
	Flat attached to house(other flat/unit/apartment)				3	4	2			9
	In a one or two storey block			2	13	5	4	1		25
	In a three storey block				2	2	1			5
	In a four or more storey block		1			3	2			6
	Caravan/trailer park		1	1		1	1			4
	Home of my children/other family					2				2
	Retirement village				2	7	2	1		12
	Nursing home				1		2	1		4
Hostel				2	1		1		4	
Total		1	7	22	176	138	58	13		415
female	Separate house		5	23	44	31	16	6	3	128
	One story			4	6	7	1	1		19
	two or more storeys			1	3		1			5
	Flat attached to house(other flat/unit/apartment)			1			4		1	6
	In a one or two storey block		1	2	7	6	2	1		19
	In a three storey block				1	2	1	1		5
	In a four or more storey block			1			1			2
	Caravan/trailer park			1	1					2
	Home of my children/other family				1		1			2
	Retirement village		1		5	2	2			10
	Nursing home				1	1	1	1		4
Hostel				2	1	1		2	5	
Total			7	33	69	51	31	10	6	207

Source: Author's survey - 'Main' file. Missing cases 63. Total 685

Veterans/war widow(er)s 'Blue' questionnaire: Questions 2a, 2b and 3c.

Table A.6 Tenure and affordability of the home: cross tabulation

Source: Author's survey - 'Blue' questionnaire. Questions 3d and 4#1, 'Main' file.

Total 685. Missing cases 42.

Your home is * Affordable for you Crosstabulation

			Affordable for you		Total	
			Yes	No		
Your home is	fully owned	Count	417	69	486	
		% within Your home is	85.8%	14.2%	100.0%	
		% within Affordable for you	77.5%	65.7%	75.6%	
			% of Total	64.9%	10.7%	75.6%
Being purchased		Count	45	3	48	
		% within Your home is	93.8%	6.3%	100.0%	
		% within Affordable for you	8.4%	2.9%	7.5%	
			% of Total	7.0%	.5%	7.5%
Private rental		Count	19	17	36	
		% within Your home is	52.8%	47.2%	100.0%	
		% within Affordable for you	3.5%	16.2%	5.6%	
			% of Total	3.0%	2.6%	5.6%
Government rental		Count	37	6	43	
		% within Your home is	86.0%	14.0%	100.0%	
		% within Affordable for you	6.9%	5.7%	6.7%	
			% of Total	5.8%	.9%	6.7%
owned by children/family		Count	10	6	16	
		% within Your home is	62.5%	37.5%	100.0%	
		% within Affordable for you	1.9%	5.7%	2.5%	
			% of Total	1.6%	.9%	2.5%
Not applicable		Count	10	4	14	
		% within Your home is	71.4%	28.6%	100.0%	
		% within Affordable for you	1.9%	3.8%	2.2%	
			% of Total	1.6%	.6%	2.2%
Total		Count	538	105	643	
		% within Your home is	83.7%	16.3%	100.0%	
		% within Affordable for you	100.0%	100.0%	100.0%	
			% of Total	83.7%	16.3%	100.0%

Table A.7 Tenure and affordability cross tabulation: Chi-square test

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	37.293 ^a	5	.000
Likelihood Ratio	30.385	5	.000
Linear-by-Linear Association	10.151	1	.001
N of Valid Cases	643		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 2.29.

Table A.8 Affordability of the home by house type and tenure

Which of the following would describe the type of home in which you live * Your home is * Affordable for you Crosstabulation

Affordable for you			Your home is						Total
			fully owned	Being purchased	Private rental	Government rental	owned by children/family	Not applicable	
Yes	Which of the following would describe the type of home in which you live	Separate house	314	34	5	4	5	1	363
		One story	32	5	5	7	1	4	54
		two or more storeys	9		1				10
		Fiat attached to house(other flat/unit/apartment)	7	2		1	3		13
		In a one or two storey block	11	2	2	16			31
		In a three storey block	7			1			8
		In a four or more storey block	4			4			8
		Caravan/trailer park	3		2				5
		Home of my children/other family			1		1		2
		Retirement village	6		1	2		2	11
		Nursing home	3						3
Hostel				1		3	4		
Total		396	43	17	36	10	10	512	
No	Which of the following would describe the type of home in which you live	Separate house	44	2	3		2		51
		One story	9	1	3	2	1		16
		two or more storeys	1			1		1	3
		Fiat attached to house(other flat/unit/apartment)	1		1		1		3
		In a one or two storey block	4		5	2	1		12
		In a three storey block	1		1				2
		In a four or more storey block			1				1
		Caravan/trailer park	1						1
		Retirement village	4		1				5
		Nursing home						1	1
		Hostel	1		1			1	3
Total		66	3	16	5	5	3	98	

Source: Author's survey - 'Blue' questionnaire. Questions 3c, 3d and 4#1, 'Main' file. Total 685. Missing 75.

Table A.9 Cross tabulation - Type of home and whether the home is in a good neighbourhood

		In a good neighbourhood		Total
		Yes	No	
Which of the following would describe the type of home in which you live	Separate house	358	63	421
	One story	60	12	72
	two or more storeys	16	1	17
	Flat attached to house(other flat/unit/apartment)	13	3	16
	In a one or two storey block	31	16	47
	In a three storey block	10	1	11
	In a four or more storey block	4	4	8
	Caravan/trailer park	7		7
	Home of my children/other family	3	1	4
	Retirement village	20	2	22
	Nursing home	3	4	7
	Hostel	5	3	8
Total	530	110	640	

Source: Author's survey - 'Blue' questionnaire. Questions 3c and 4#9, 'Main' file.
Total 685. Missing 45.

Table A.10 Cross tabulation: affordability by home type and tenure

Type of home	Fully owned: % affordable	Purchasing: % affordable	Private rental: % affordable	Gov't rental: % affordable
	Nos. = (..)	Nos. = (..)	Nos. = (..)	Nos. = (..)
Separate house	87.7% (314)	94.% (34)	62.5% (5)	100% (4)
Semi-detached/row or terrace/ town house - one storey	78% (32)	83.3% (5)	62.5% (5)	77.8% (7)
Semi-detached/row or terrace/ town house - two or more storeys	90% (9)	-	100% (1)	-
Flat attached to house	87.5% (7)	100% (2)	(1= no)	100% (1)
Other flat/unit/apartment 1 or 2 storey block	73.3% (11)	100% (2)	28.6% (2)	88.9% (16)
Other flat/unit/apartment 3 storey block	87.5% (7)	-	- (1= no)	100% (1)
Other flat/unit/apartment 4 or more storey block	100% (4)	-	- (1= no)	100% (4)
Caravan/trailer park	75% (3)	-	100% (2)	-
Home of children or other family		-	50% (1)	-
Retirement village	60% (6)	-	-	100% (2)
Nursing home	100% (3)	-	-	
Hostel	-	-		100% (1)
Total respondents: "yes, affordable"	396	43	17	36
Missing 77				
Total 512* +96 "no" = 608 * excl 28 including 15 with family & 13 'Not applicable'.				

Source: Author's survey - 'Main' file. Total 685. Missing 77.

Veterans/war-widow(er)s questionnaire: Cross tabulation Questions 3c, 3d and 4#1.

Table A.11 Type of home by tenure

Which of the following would describe the type of home in which you live ? * Your home is: (tenure) Crosstabulation

Count		Your home is: (tenure)						Total
		fully owned	Being purchased	Private rental	Government rental	owned by children/family	Not applicable	
Which of the following would describe the type of home in which you live ?	Separate house	324	34	4	4	7		373
	One story	30	6	7	5	1	2	51
	two or more storeys	7		1	1		1	10
	Flat attached to house(other flat/unit/apartment)	5	2		1	4		12
	In a one or two storey block	12	2	5	11			30
	In a three storey block	7			1			8
	In a four or more storey block	3			2			5
	Caravan/trailer park	3		2				5
	Home of my children/other family			1		1		2
	Retirement village	8		1	2		2	13
	Nursing home	3					2	5
	Hostel		1	1			5	7
	Total		402	45	22	27	13	12

Source: Author's survey - 'Main' file. Total 571. Missing 50.

Veterans/war-widow(er)s questionnaire: Cross tabulation Questions 3c, and 3d.

Table A.12 Age, gender, living arrangements: cross tabulation

Gender	Age	Live with spouse or partner	Live with children or other family	Live on my own	Total	%
Male	Under 60		1	1	2	0.5%
	60-64	5		2	7	1.7%
	65-69	13		11	24	6%
	70-74	129	5	31	165	41%
	75-79	93	5	36	134	33%
	80-84	35	3	16	56	13.9%
	85-89	9		5	14	3.5%
	Sub Total		284	14	104	402
Female	Under 60					
	60-64	1		7	8	3.9
	65-69	1	2	30	33	16.1
	70-74	8	6	55	70	34.1
	75-79	1	5	42	48	23.4
	80-84	2	6	25	33	16.1
	85-89		3	7	10	4.9
	90-99		1	2	3	1.5
	Sub Total		13	23	168	205
Missing					78	
Total					685	

Source: Author's survey - 'Main' file. Total 685. Missing 78.

'Blue' questionnaire: Questions 2a, 2b, and 2d.

Appendix 12

The DVA Legislation, administrative arrangements, and veteran benefits

What often causes confusion is that the role of the Department of Veterans' Affairs' (DVA) is to provide administrative support to the Repatriation Commission in discharging its responsibilities to veterans and other entitled persons under the Veterans' Entitlements Act 1986 (VEA) but it also administers other legislation including the Defence Service Homes Act 1918, under which subsidised loans for housing and housing related benefits are provided to eligible persons.

The Repatriation Commission has the responsibility for granting pensions, allowances and other benefits, providing treatment and other services, and subject to the control of the Minister for Veterans' Affairs, for administering the VEA. In practice, the roles of the two bodies are intertwined and are difficult to separate out, so that the terms 'the Department' and 'the Commission' are often used synonymously.

The Commission has continued to operate since towards the end of World War I, when the Repatriation Act was passed by the Parliament, being served over the years by various Commonwealth Departments under various names. Over the years succeeding governments have considerably extended the benefits available and now the 'Repatriation system' is one of the most generous of its type in the world, if not the most generous. It has become a fundamental part of Australia's welfare system, very well regarded and trusted by the vast majority of veterans. A veterans' entitlement has been keenly sought by a great many over the years. Entitlement arises from a claim for treatment and pension benefits.

Annual expenditure is around \$4 billion each year on pensions and around \$1.7 billion on health care benefits (at 1997 prices).

Pension details

There are two main types of veteran pension, the Disability Pension, granted as compensation for disabilities assessed as being service related, and the Service Pension, which mirrors the Age pension, provided as 'income support'. Then there is the War-widow(er)s pension granted if a veteran's death is deemed to be directly related to war service.

Grant of Disability pension carries with it eligibility for medical treatment of those disabilities at no cost to the veteran. There are a number of levels of Disability pension, but a 'full rate' pension (100% of the general rate) or the higher 'Special rate' pension for those judged to be 'Totally and Permanently Incapacitated' (T&PI) gives the veteran a very significant additional benefit - health care ('treatment') at Departmental expense for all conditions, whether war caused or not. This benefit has been extended in recent years, notably by allowing those receiving a 50% disability pension and a service pension to receive 'treatment' for all conditions.

Receipt of a War-widow(er)s and other dependants pension also gives entitlement to treatment for all conditions

The Service pension is equivalent to the Age pension, but is granted five years earlier than the Age pension. Members of Allied Forces in World Wars I and II are also able to receive a service pension, but this does not carry with it DVA treatment benefits. However those who served with Commonwealth Forces (British, Canadian, New Zealand or South African Forces) are able to receive health benefits under agency arrangements with the governments of these countries.

While the Service pension is income and assets tested, the Disability pension is not. This is a main reason why it is often claimed that veterans are much better off than other Australian pensioners. Another reason is that if treatment benefits are granted, (particularly eligibility for treatment of all conditions, as against just service related conditions), this bring the person under the DVA health care umbrella. Veterans'

Affairs care benefits are very generous in comparison with what is available to other pensioners, and, with the exception of pharmaceuticals, for which there is a small patient contribution, are currently at no cost to the beneficiary.

The separate health care system available to Australian veterans is unique, and highly valued by veterans. A full range of services are available at no cost including hospital treatment, any medical (GP/Specialist) or allied health service (Dentistry, Optometrical services and supplies, Physiotherapy, Chiropractic and Osteopathy, Community nursing care etc), and travel costs for treatment are reimbursed. Other services include counselling services (the Vietnam Veterans counselling service, which is available to all veterans and dependants) and a range of support services (eg respite care).

Health care arrangements

In addition to obtaining health care services through the Department of Veterans' Affairs, veterans and their dependants are also able to obtain health care services under Medicare, like any other Australian resident.

Until quite recently, DVA was a direct provider of health care, operating a chain of General (acute care) and Sub-acute care hospitals in each of the capital cities. With the ageing of the veteran population, it became apparent that it was no longer appropriate to maintain a separate hospital system. Elderly veterans were increasingly suffering from the diseases and chronic conditions that afflict older people and a chain of acute care hospitals could no longer be justified. Furthermore, older veterans could not be expected to travel long distances to hospital and were voting with their feet to obtain treatment in hospitals close to their own homes. With the closure or sale of the Repatriation hospitals, the Department became a purchaser of health care services.

Broader definition of 'health care services'

The term "health care services" has come into use in recent years following a change to the definition of "medical treatment" in the legislation. The current definition

permits the Commission to provide services which will assist veterans to maintain their health and social well being, which is quite a broad definition indeed. It is worth noting here, because it permits the Department to provide a range of services that may not conform strictly to a definition of 'medical' services, such as home help.

Special services developed to meet the needs of an ageing client population

In recent years the Department has moved to establish a variety of new services, primarily aimed at meeting the needs of elderly veterans. A key criterion for such services has been that they assist veterans to remain in their own homes for as long as possible, avoiding premature institutionalisation.

One of the services developed was called the Veterans Home Services Scheme, but after a year or so of operation it was absorbed into the HACC Scheme. The intention was that veterans would be able to receive all the benefits they received under VHS and more, through HACC. In fact, the change has been strongly criticised by veterans and their organisations. Veterans are very often perceived by providers as being better off than other pensioners, and because HACC funding is always limited, can miss out on services. The Department continues to be concerned about this, and has for some time lobbied for veterans to again have their own special arrangements.

Another assistance measure that the Department has developed is the Joint Ventures Scheme. This Scheme provides seeding funding for veteran's organisations which submit proposals aimed at helping veterans and their families to remain in the own homes as long a possible. Examples of proposals jointly funded in recent years include mini-buses for excursions and shopping trips, gardening assistance and community newsletters. Other schemes include the Respite Scheme, to allow carers some respite from their caring role and the Hostel Development Scheme. This Scheme has provided seeding money for organisations who wish to build hostels, on the condition that they make a proportion of the beds available to veterans.

Most have no need for private health insurance

As a majority of veterans are well covered by their DVA health care entitlements (and fully entitled to Medicare benefits and associated waiving of the Medicare levy for pensioners) some fully entitled veterans may still take out private health insurance to ensure adequate coverage for non entitled wives and other dependants. Some who are only entitled to treatment for service related disabilities may also decide to do take out insurance. However for the great majority there is no point, as full DVA health care entitlement provides all the benefits of private health insurance such as choice of doctor, and at no cost.

Other assistance available

The Department of Veterans' Affairs provides a number of services to veterans in their own homes, above and beyond what is available under HACC. These include community nursing, and the provision of aids and appliances, under which heading comes home modifications. The Department spends around \$3 million, a year, Australia wide, on home modifications. The modifications can range from making bathrooms safer and more accessible, to the installation of ramps and lifts. Such modifications can easily cost \$20,000 and occasionally, a great deal higher (quotes in excess of \$100,000 have been received) with the age, condition and design of many houses helping to keep costs high. A problem for the Department is that having gone to such expense, the veteran may only continue to live in the house for a relatively short time.

The Department is currently addressing this issue as a housing issue rather than a health care issue. However home modifications are still funded from health care allocations or aids and appliances.

Housing initiatives

This subject was addressed in Chapter 4. It was noted that until recently, the Department only provided housing loans. With most veterans who are entitled to obtain a housing loan already in a home, the Department has seen a need to look for ways of helping them into other accommodation or modifying their current home, and to integrate its health care and housing roles. Initiatives taken to date include joining with other organisations in hostel construction. An example is the financial contribution made towards the construction of a Wintringham hostel in Melbourne for the elderly poor and homeless.

Veterans living in rural and remote areas

Currently 31% of eligible veterans and war widows live in rural and remote locations. A new 'rural and remote' policy has been implemented under which the Department is endeavouring to address concerns that people living in rural and remote areas do not have the same access to services or information about services as those in more populated areas. Measures being taken include enhancing the provision of information to people in rural and remote areas on the range of health and community services that are available. In addition ways are being found to better support local health and community care providers in the provision of services, one way being to develop linkages with other federal, State and local government programs.

Information about specific groups in the veteran community

World War I Veterans (excluding nurses - see below)

There are only a handful of WW I veterans still alive, and they are all well into their late 90's.

The typical World War I veteran grew up before the motor car era. He probably grew up in the country, 'he', because females did not serve in the Forces at this time. Independence, self sufficiency and resourcefulness were necessary just to get by, and hardship was common to a great many. After bitter war experiences many faced

further hardship in the Great Depression. There are only a handful of World War I veterans still alive. All are now in their late nineties and nearly all would require high levels of care. They do not expect things to fall at their feet and are grateful for the help they receive. Most received only a poor education by today's standards, and their reading and writing skills may have remained undeveloped to this day.

All WWI servicemen receive health care at DVA expense for any condition, including non service related conditions.

World War I Nurses

WWI nurses also have 'veteran' status. Again only a very small number survive. They share many of the characteristics of the servicemen, though their level of education would probably have been higher overall. Like WW2 servicewomen, some would have remained single on account of their long war service. All WWI nurses receive health care at DVA expense for any condition.

World War II servicemen

While a majority of WWI servicemen receive health care at DVA expense for all conditions, a significant number are still only eligible for treatment of service related conditions.

Those who had service in theatres of war outside Australia were often very badly affected, especially those who were Prisoners of War of the Japanese. Mental effects of warfare were not well understood at the time and many veterans have suffered the same post-traumatic stress (PTSD) problems suffered by many Vietnam Veterans, and in many instances their problems were not addressed. Alcoholism and associated problems like homelessness has blighted many lives and even today it is believed that some commit suicide on account of war memories recurring.

Some 171,000 DVA eligible WW2 servicemen and women survive today (March 1998 figures).

World War II Service-women

Service-women, if eligible on income grounds, can receive the Service pension (equivalent to the Age pension) five years earlier than men, ie when they turn 55 years.

WW II Service-women were granted eligibility for treatment of all conditions in the mid 1980's on account of the special effects of war on their lives, notably the fact that they were less likely than their peers in the community to have married, or more likely to have lost a husband and so spent the major part of their lives unmarried. In such circumstances they would have had to obtain jobs, but their employment prospects, wages and superannuation benefits were less than for men.

Veterans of more recent conflict

While World War II veterans predominate in the veteran population, much smaller numbers of those who fought in subsequent conflicts including the Korean, Malaysian and Vietnam conflicts are now approaching or have reached retirement age.

War-widows and War-widow(er)s

'War-widows are women whose spouse's death has been accepted as related to their war service, or their spouses were receiving a special rate pension - ie a Totally and Permanently Incapacitated (T&PIs) pension prior to death, were in receipt of the Extreme Disablement Adjustment or were Prisoners of War in receipt of a DVA Disability pension. There is also a very small number of War-widow(er)s (only 129 out of a total of the 99,731 in March 1998). Other widows/widow(er)s and spouses (ie non War -widow(er)s do not have veteran status and only receive Age pension/Service pension benefits subject to the Assets and Income test.

The death of a veteran often leads to a claim for a War widows pension. This, together with the fact that women are living longer than men, has meant that there are now more female beneficiaries than males.

Other dependants

While these are generally children of veterans who died of their service related disabilities, the mother of a deceased veteran who was single could also be classed as a dependant. Entitlement ceases when they join the workforce or cease studies (ie they are no longer dependent).

Commonwealth and Allied veterans

The above mentioned veterans are very much 'mainstream, English speaking Australians'. While members of Allied Forces, (eg Greek, and certain Yugoslavian forces) may be entitled to the Service pension (equivalent to the Age pension) they are not entitled to health care benefits. Similarly, while DVA provides health care services on a cost recovery basis for the governments of South Africa, Great Britain, Canada and New Zealand, veterans of these countries are not 'DVA' beneficiaries (though many have been obtaining services under the DVA umbrella for so long they do not appreciate the difference). These veterans would no doubt see themselves as 'mainstream' as any Australian veterans, but for definitional purposes they will nevertheless be excluded from any survey undertaken as part of this study, unless they present at the focus groups.

Aborigines

Only a relatively small number of Aborigines have served in Australian Forces, and, with the exception of those identified as Aborigines at the time, who worked, for example as spotters and trackers in the Northern Territory, those who joined the Forces may not have been identified as Aborigines. Hence Aboriginality and aboriginal housing issues were not considered to be issues for this research.

Carers

Many veterans and their spouses are "carers". In many instances this caring role is very arduous indeed. Assistance provided by DVA includes respite in a hostel, nursing home or hospital for up to 28 days a year, or respite at home, which entails bringing in assistance. However the DVA survey cited above revealed that only 2% of carers had used respite care during the last 6 months and 36% of carers were not aware of respite care. About one in eight of the carers surveyed reported that they feel totally restricted while about half said they never have break of 4 hours or more away

from the person for whom they care. (Department of Veterans' Affairs. Australian Veterans and War-widows. Their Lives, their needs: 11).

It is thus not unusual for spouse-carers to wear themselves out looking after their spouse, an even to predecease them. Institutionalisation of the remaining person may then become inevitable.

The effect of war service on veterans and the level of their compensation

History tell us what bitter times many had in the war and the mental and physical effects of this. After such a long period, the veterans worst affected by the two World Wars are not likely to have survived till now, but there are still some very badly affected veterans who have managed to survive and at this stage in their lives, their war related problems may be coming to the fore. This can be particularly so for veterans who suffered from mental traumas. In their old age these mental traumas may come back with a vengeance, and can be linked with alcohol abuse.

Many people exaggerate or unclear about the level of benefits that veterans receive and hence may over-emphasise the differences between veterans and their peers in a study of this nature. In order to provide a basis for determining just how much better off they may be, the writer will detail what benefits veterans and War Widow(er)s can receive.

Levels of compensation

The great majority of 'disability' pensioners are in receipt of a disability pension at the General rate, from 0% to 100%. The pension at 100% of the General rate is \$241.60 per fortnight (to give an indication of the lesser rates, a 50% disability pension would pay half of the 100% rate). (Around 111,000 are in receipt of a disability pension at the 10-95% rate and 21,000 at the 100% General rate).

Some measure of the very incapacitated or sick, is the number of veterans in receipt of: the following pensions.

- The Special Rate of Disability Pension, which is \$636.80 per fortnight in 1998. This is payable to veterans who are blinded in both eyes due to war service, veterans who are Totally and Permanently Incapacitated (T&PI's), and veterans with Tuberculosis or veterans who are Totally and Temporarily Incapacitated. (Around 21,000 eligible in March 1997).

T&PIs must be assessed at a minimum of 70% of the General Rate and as a result of war-caused conditions, be unable to work. The rule is the same for Totally and Temporarily Incapacitated (T&TI's), except that they receive the pension at this rate only while temporarily unemployable.

- the Intermediate Rate pension, between the General Rate and the Special Rate pension) paid \$439.60 per fortnight in 1998. This pension was introduced to bridge the gap between those unable to resume or continue remunerative work for more than 50% of normal time. (Around 1,000).

and:

- the Extreme Disablement Adjustment (EDA). The latter is paid to those veterans who have retired and so cannot satisfy the work-related criteria of the Special Rate or Intermediate Rate pension. It is paid at 150% of the General Rate Disability pension. In 1998 the rate was \$362.40 per fortnight. (Around 6,000).

In addition there are a number of allowances payable. These are:

- Specific Disability Allowance, payable on top of the General Rate for specific injuries such as amputations. The top group are double amputees and the total payment equals the T&PI payment. There are a number of items with different rates ranging from Rates are from \$20.00 to \$395.30 per fortnight (at 1998 rates).
- Attendant Allowance is payable where accepted disabilities prevent a veteran from undertaking basic functions such as feeding and washing. There are two rates -

\$98.80 per fortnight and \$197.60 per fortnight, depending upon the degree of disablement (March 1998 rates).

- Clothing Allowance is payable where clothing is affected and special arrangements are needed to transport a veteran for recreational purposes. Rates are vary form \$3.90 per fortnight to \$8.20, depending upon the degree of mobility.
- Pharmaceutical allowance is payable to all veterans entitled to medical treatment by DVA or through the Pensioner Health Scheme. The amount offsets the maximum payable for prescriptions in a year. 1998 rates are \$2.70 (each) for married veterans and \$5.40 for single veterans, per fortnight
- Other allowances include a telephone allowance, the recreation transport allowance and the vehicle allowance.

War Widows and War Widow(er)s are better off financially that their peers who are in receipt of the Age or Service Pensions, as they are entitled to treatment for all conditions. In March 1998 they received a pension of \$347.80 a fortnight plus a non indexed component of \$24, giving a total of \$371.80. In addition, subject to an income and assets test, they may qualify for an Income Support Supplement up to an amount of \$120.10. By comparison, in March 1998 the Age and Service Pensions paid \$295.80 a fortnight (single rate) and \$347.80 (married rate).

Overlaps in entitlement

To illustrate the number receiving both service and disability pensions, 134,400 World War II veterans were in receipt of the service pension in March 1998, and 11,907 in receipt of the Disability pension. Of these 74,900 were in receipt of both pensions (ie they had overlapping entitlements).

Defence Service Homes Scheme Benefits

These were summarised in Chapter 4. They mainly involve the provision of subsidised home loans which have enabled a significant proportion of veterans to own their own homes, and in previous years, to purchase of a Defence Service Homes Scheme house.

A substantial number of WWII veterans purchased a "Defence Service Home" and continue to live in it. Others obtained a Defence Service Homes (DSH) loan and built or purchased privately. The low interest rates on these houses was a significant benefit to veterans and enabled a high proportion to own their own homes. DSH built a large number of homes in DSH land developments in the major capitals. It is interesting that today many veterans still live in these estates. That is there are pockets of high veteran population, predominantly now elderly, by virtue of this housing. Being in what are now older areas, the capital gain on these houses in today's markets can be high. This may not always be the case, however, as location and uniformity of estates can keep prices pegged below any current median price.

Appendix 13

Copies of the pilot survey questionnaires and the correspondence to survey participants (*see pocket inside back cover*)

Questionnaires used for the pilot study

- Veterans'/War-widow(er)s questionnaire ('Blue' form)
- Spouses/partners questionnaire ('Pink' form)

Letters accompanying the pilot survey:

1. Covering letter from the National President of the Returned and Services League of Australia.
2. Covering letter from the Department of Veterans' Affairs.
3. Follow up letter from the researcher.

Appendix 14

Copies of the questionnaires for the main survey and the correspondence to survey participants (*see pocket inside back cover*)

Questionnaires used for the main survey

1. Veterans'/War-widow(er)s questionnaire ('Blue' form)
2. Spouses/partners questionnaire ('Pink' form)

Letters accompanying the main survey

1. Covering letter from the National President of the Returned and Services League of Australia.
2. Covering letter from the Department of Veterans' Affairs.
3. Follow up letter from the researcher.
4. Letter to thank respondents for their participation.

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Veterans' Housing Survey.

This questionnaire is for SPOUSES OR PARTNERS OF veterans and war widow(er)s to complete if you would also like to take part in this study. It may be that your views are somewhat different from those of your spouse/partner, to whom the main questionnaire was addressed.

1: A separate, longer questionnaire has been provided for veterans and war widow(er)s. However it may be that you are also a veteran/ex-servicewoman. If so, please tick the box below.

I am a veteran/ex-service woman 1

2: Age and sex.

2a) Age Group (tick box)

Under 55 1
55-59 2
60-64 3
65-69 4
70-74 5
75-79 6
80-84 7
85-89 8
90-99+ 9

2b) Sex

Male 1
Female 2

3: In this question I would like to find out if you would like to move.(tick box)

I would like to move 1 (Go to Q 4)
I would not like to move 2 (Go to Q 5)
I am unsure 3

Are you able to tell me why you are unsure?

.....
.....(Go to question 4)

4: If you answered "yes, you would like to move", are any of these your reasons for wanting to move? (tick those that apply)

- Can't afford my present home/need something cheaper
- Want a safer, more secure environment
- Want a dwelling that is more suitable in design
- My ill health
- Ill health of spouse/partner
- Death of spouse/partner
- Family pressure to move
- House too big
- Garden too big
- Maintenance is a problem
- Need more company
- Need more assistance to stay in my home
- The neighbourhood has changed for the worse
- Transport is a problem
- I could cope with a move - it would not be too stressful for me.
- I can afford to move - I would get enough from the sale of my home to move into the kind of place I would like.
- Any other reasons: please specify

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

.....

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.....

.....

5: If you answered "no, you would not like to move", are any of these your reasons for not wanting to move? (tick those below that apply)

5a) Possible reasons for NOT wanting to move:

- Can afford my present home
- Would have problems in getting enough from the sale of my home
- No safety or security problems
- Home is suitable in design for me
- I am in good health
- My spouse/partner is in good health
- No family pressure to move
- House is not too big
- Garden is not too big
- Maintenance is not a problem
- Don't have a need for more company
- The neighbourhood has not changed for the worse
- Transport is a not a problem
- Moving would be too stressful for me to cope with
- Any other reasons: please specify

- 1
- 2
- 3
- 4
- 5
- 6
- 7
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- 11
- 12
- 13
- 14
- 15

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5b) More home support

I would change my mind about moving if I could get more home support (eg more help with maintenance, and more support services).

Yes 1 No 2 Don't know 3

Comment.....
.....
.....
.....

6: Your perfect home

6a) If you could have the kind of home you need now, what kind of home would it be?

(tick three of the following, and rate them 1, 2 and 3).

- a) Current dwelling
- b) Current dwelling, with some alterations
- c) Move - to a separate house
- d) Move - to a semi-detached/row/terrace house/town house
- e) Move to a flat, apartment or home unit
- f) Move to a caravan or trailer home
- g) Move to share with a group
- h) Move to share with family
- i) Move to group house allowing independence but giving mutual support (eg Abbeyfield home)
- j) Move to a Retirement Village
- k) Move to a Hostel
- l) Move to a nursing home
- m) Other (please state)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

.....
.....
.....

6b) Would your perfect home for the longer term be any different from the home you rated number 1 in question 6a?

Perfect home for you in the LONGER TERM (ie longer than two years from now)

- a) Current dwelling
- b) Current dwelling, with some alterations
- c) Move - to a separate house
- d) Move - to a semi-detached/row/terrace house/town house
- e) Move to a flat, apartment or home unit
- f) Move to a caravan or trailer home
- g) Move to share with a group
- h) Move to share with family
- i) Move to group house allowing independence but giving mutual support (eg Abbeyfield home)
- j) Move to a Retirement Village
- k) Move to a Hostel
- l) Move to a nursing home
- Other (please state)

- 1
- 2
- 3
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- 7
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- 10
- 11
- 12
- 13

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.....
.....

7. This section allows you to make any general comments that you think may be helpful in this research.

Please write your comments in the space below, or attach separate sheets.

.....
.....
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.....
.....

8. It would be helpful if you would provide your postcode here, as the researcher is looking at differences in responses between areas.

Your postcode:.....

9: The researcher is also anxious to interview a small number of people to obtain more details. If you would be available for an interview, would you please write your name and telephone number below.

Name.....

Telephone Number.....

Thank you for your participation.



Commonwealth Department of
Veterans' Affairs

NATIONAL OFFICE

13 Keltie Street
Woden ACT 2606
Postal Address:
PO Box 21, Woden ACT 2606

Telephone: (06) 289 1111

Contact
Reference 21 November 1996

Telephone
Facsimile

Dear

Earlier this month you were invited to take part in a survey of the housing needs of veterans, war widow(er)s and their spouses sponsored by the Department of Veterans' Affairs.

My main purpose in writing now is to thank those who participated in the survey. A majority of those surveyed have already completed and returned their questionnaires, and the information is proving most useful. Thank you to those who also wrote letters.

Because there was no requirement for veterans and war widow(er)s to provide their names and addresses, I am not able to determine who replied and who did not. This makes it necessary for me to write out to all those surveyed.

It may be that you or a relative have already advised me that you are not able to complete the questionnaire. If this is so, I apologise for bothering you and would ask you please to disregard this letter.

This is an important survey that has the potential to benefit many veterans and war widow(ers). If you have not had time to complete the questionnaire(s) by the return date, 20 November, I would be most grateful if you could do so now. I need to have them back by the **5th December** at the very latest.

Yours sincerely

Richard Winnett
Researcher (Veterans' Housing Study)
tel 1800 026 185 ext 6154

HOUSING SURVEY FOR VETERANS AND WAR WIDOW(ER)S

In confidence

Background to the survey

You have been selected to take part in a Sydney University study of the housing needs of veterans, war widow(er)s and their spouses/partners. This study, which is being undertaken by Mr Richard Winnett, has been sponsored by the Department of Veterans' Affairs.

What is the purpose of the survey?

The purpose of the survey is to provide information on the decisions that veterans /war widow(er)s have made or intend to make about their housing. While the results of this research will be used for academic purposes, they will be of considerable value to the Department of Veterans' Affairs in planning to meet the needs of eligible veterans and war widow(er)s.

How confidential is the information I give?

General confidentiality will be ensured and only statistical data will be disclosed. The researcher, Mr Winnett, would like to investigate further any special issues that arise, and would be grateful if you could give serious consideration to making yourself available for any follow up questions. However no individual respondent will be identified.

Where can I find out more about the survey or get help with the questions?

If you want to find out more about the survey, or have any difficulties in completing the form, please ring Mr Winnett direct at the Department of Veterans' Affairs in Canberra on (06) 2896154 or fax him on (06) 2894727. Alternatively, you may telephone the Health Provider Quality Care Officer in your Department of Veterans' Affairs State Office (in office hours) and leave a message for Mr Winnett to call you.

How do I complete this form?

Most of the questions ask you to put a tick alongside the appropriate answer for you, or to tick the answer that applies. There are spaces provided for you to write comments if you wish. These could help clarify matters for the researcher. Arrows like this (▶) lead you to the next question that applies to you.

Why are there two questionnaires enclosed?

The most important questionnaire is the larger one for veterans and war widow(er)s to complete. However the researcher is interested to see if spouses/partners have some different views, so a separate questionnaire has been included for them, should they wish to participate.

Where do I send the form(s)?

Completed forms are to be returned by **10** October 1996. Please place them in the enclosed Reply Paid envelope and post back to:

Mr Richard Winnett

Housing Survey

Department of Veterans' Affairs

PO Box 21 Woden ACT 2606

Thank you for your help with this survey.

1: This question is to establish if you are a veteran or war widow(er)

(please tick one) a) Veteran 1 b) War Widow(er) 2 c) Both Veteran & War Widow(er) 3

2: This question seeks information on your age, sex, marital status, and whether you are living on your own or not. (tick one box only in each of 2a, b, c, d)

2a) Age Group:

- Under 55 1
- 55-59 2
- 60-64 3
- 65-69 4
- 70-74 5
- 75-79 6
- 80-84 7
- 85-89 8
- 90-99+ 9

2c) Marital status:

- Married 1
- Defacto 2
- Separated/Divorced 3
- Widowed 4
- Never married 5

2b) Sex Male 1 Female 2

2d) With whom do you live?

- I live: With my spouse/partner. 1
- With my children/other family 2
- On my own. 3
- Other 4

3: This question seeks information about your housing situation

3a) I live in: (tick one)

- i) a metropolitan area 1
- ii) a regional city 2
- iii) country town 3
- iv) a country village/hamlet 4
- v) on a farm/rural property 5
- vi) other (please describe) 6

3b) About how far would you have to travel to see your GP/Local Medical Officer? (tick one)

- Up to 5 kms 1
- 6-20 kms 2
- 21-50 kms 3
- 51-100 kms 4
- 100 + kms 5
- Other (please state) 6

3c) Which of the following would describe the type of home in which you live: (tick one)

- Separate house 1
- Semi-detached/row or terrace/town house 2
- one storey 3
- two or more storeys 4
- Flat attached to house 5
- Other flat/unit/apartment 6
- in a one or two storey block 7
- in a three storey block 8
- in a four or more storey block 9
- Caravan/trailer park 10

3d) Your home is: (tick one)

- Fully owned 1
- Being purchased 2
- Private rental 3
- Government rental 4
- Other (please provide details) 5

If you ticked one of the above, go to question 3d).

If not, continue.

- Boarding house/private hotel 1
- Retirement village 2
- Hostel 3
- Nursing home 4
- Living with children/family 5
- Other 6

3 e) Condition of your dwelling

- Which of these categories best describes the condition of your home? (tick one)
- Excellent 1
 - Good 2
 - Fair 3
 - Poor 4
 - Very Poor 5
 - Not applicable 6
 - Comment.....

4: I would like to find out some more about your current home.

Is your current home:	Yes	No	Don't Know
Affordable	<input type="checkbox"/> 1	<input type="checkbox"/> 13	<input type="checkbox"/> 25
Designed for older persons	<input type="checkbox"/> 2	<input type="checkbox"/> 14	<input type="checkbox"/> 26
Close to shops	<input type="checkbox"/> 3	<input type="checkbox"/> 15	<input type="checkbox"/> 27
Close to transport	<input type="checkbox"/> 4	<input type="checkbox"/> 16	<input type="checkbox"/> 28
Close to health services	<input type="checkbox"/> 5	<input type="checkbox"/> 17	<input type="checkbox"/> 29
Close to community services	<input type="checkbox"/> 6	<input type="checkbox"/> 18	<input type="checkbox"/> 30
Near family	<input type="checkbox"/> 7	<input type="checkbox"/> 19	<input type="checkbox"/> 31
Near friends	<input type="checkbox"/> 8	<input type="checkbox"/> 20	<input type="checkbox"/> 32
Near entertainment	<input type="checkbox"/> 9	<input type="checkbox"/> 21	<input type="checkbox"/> 33
In a good neighbourhood	<input type="checkbox"/> 10	<input type="checkbox"/> 22	<input type="checkbox"/> 34
Easy to maintain and care for	<input type="checkbox"/> 11	<input type="checkbox"/> 23	<input type="checkbox"/> 35
Easily saleable should you need to move.	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 36
Comment			

5: How long have you lived in your current home? (Tick one box)

Less than 1 year	<input type="checkbox"/> 1	Comment
1-5 years	<input type="checkbox"/> 2
6-10 years	<input type="checkbox"/> 3
11-20 years	<input type="checkbox"/> 4
20 +	<input type="checkbox"/> 5

6, 7, 8: If you have moved in the last 5 years, I would like to know something about your LAST home.

6: Have you moved in the past 5 years? Yes 1 If (yes, go to question 7) No 2 If (no, go to question 9)

7a): Please describe your last home.

(tick one of these)

- Own separate house 1
- Own flat/unit/apartment 2
- Own semi-detached, terrace/town house 3
- Own caravan/trailer home 4
- Private rental house 5
- Private rental flat, unit 6
- Government rental house 7
- Government rental flat, unit 8
- Boarding house/private hotel 9
- Group house (eg Abbeyfield house) 10
- Retirement village 11
- Nursing home 12
- Hostel 13
- Living with children/family 14
- Other (please state) 15

.....

7b). The reasons for moving were:

(tick all those that apply)

- Needed something cheaper 1
- Wanted a safer environment 2
- Wanted a more suitable dwelling 3
- Illness of self 4
- Illness of spouse/partner 5
- Death of spouse/partner 6
- Family pressure to move 7
- House too big 8
- Garden too big 9
- Maintenance a problem 10
- Needed more company 11
- The neighbourhood changed for the worse 12
- Transport was a problem 13
- Any other reasons: please specify 14

.....

.....

8: In this question I would like to find out how you feel about the move you made

8a). Tick one of the answers

- Good decision - no problems 1 Go to question 9a)
- Satisfactory - though some problems 2 Go to question 8b)
- Poor decision 3 Go to question 8b)

8b) Do you think any of the following statements apply to your move?

Please tick one:

- Rushed decision in a time of stress
- Area lacked the help and health care services needed
- Wrong type of accommodation for what I really needed.
- Moved away from where my roots are.
- Other (please specify)

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 6	

.....
Now go to question 9

9: Now I would like to know something about your links with your community, & the help you may be getting.

9a) I am receiving assistance from:

(Tick those if applicable)

- My children/other relative
- Friend/neighbour
- Home care/home maintenance provided by:
Government/Council/ community organisation
- Meals on Wheels
- Visiting health professionals eg nurse
- Privately paid for helpers
- Other (please specify)

Yes	No	N/A
<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 15
<input type="checkbox"/> 2	<input type="checkbox"/> 9	<input type="checkbox"/> 16
<input type="checkbox"/> 3	<input type="checkbox"/> 10	<input type="checkbox"/> 17
<input type="checkbox"/> 4	<input type="checkbox"/> 11	<input type="checkbox"/> 18
<input type="checkbox"/> 5	<input type="checkbox"/> 12	<input type="checkbox"/> 19
<input type="checkbox"/> 6	<input type="checkbox"/> 13	<input type="checkbox"/> 20
<input type="checkbox"/> 7	<input type="checkbox"/> 14	<input type="checkbox"/> 21

.....
Comment.....

9b) Do you feel you need more assistance so you can stay in your home?

Yes 1 No 2 Don't know 3

.....
Comment.....

10: In this question I would like to find out how you get about.

Tick yes or no to each of the following:

- I drive everywhere
- I drive to most places
- I drive occasionally
- My spouse/partner drives
- I am dependent upon friends/family for transport
- I am dependent upon public transport
- I don't often leave my home due to lack of transport
- I don't often leave my home due to my health
- I have some difficulty in using transport
- I have some difficulty in moving about my home

Yes/true	No/false	N/A
<input type="checkbox"/> 1	<input type="checkbox"/> 11	<input type="checkbox"/> 21
<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 22
<input type="checkbox"/> 3	<input type="checkbox"/> 13	<input type="checkbox"/> 23
<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 24
<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 26
<input type="checkbox"/> 7	<input type="checkbox"/> 17	<input type="checkbox"/> 27
<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 28
<input type="checkbox"/> 9	<input type="checkbox"/> 19	<input type="checkbox"/> 29
<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30

.....
Comment.....

11, 12 & 13: In these questions I would like to find out how you feel about moving.

11. Would you like to move? (Tick one box).

- Yes, I would like to move
- No I would not like to move ~~I am unsure~~
- I am unsure
- Any special reasons for saying you are unsure? (use the space below)

<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4

.....
.....

12: Is it likely that you will move in the next two years?

Yes 1 (Go to question 13)

No 2 (Go to question 14)

13: Here I want to find out why you feel you would like to move.

13a) Some possible reasons for wanting to move: (tick those that apply to you)

Can't afford my present home/need something cheaper

Want a safer, more secure environment

Want a dwelling that is more suitable in design

My ill health

Ill health of my spouse/partner

Death of my spouse/partner

Family pressure to move

House too big

Garden too big

Maintenance is a problem

Need more company

Need more assistance to stay in my home

The neighbourhood has changed for the worse

Transport is a problem for me

Moving would not be too stressful for me to cope with now

Any other reasons: please specify

- 1
- 2
- 3
- 4
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- 14
- 15
- 16

.....
.....

13b) Would you change your mind about wanting to move if you could get more home support (eg more help with maintenance, & more support services)?

Yes 1

No 2

Don't know 3

Comment.....

.....

14: Answer this question if you said in your answer to question 11 that you would not like to move.

14a) Possible reasons for NOT wanting to move: (tick those that apply)

Perfectly happy with existing dwelling

Would have problems in getting enough from the sale of my home

Moving would be too stressful for me to cope with

Please specify any other reasons:

- 1
- 2
- 3
- 4

.....
.....

14b) Financial considerations

Would you change your mind about not moving if you could get enough from the sale of your home to be able to afford to move?

Yes 1

No 2

Don't know 3

Comment.....

.....

15: If you could have the kind of home you wanted, what kind of home would it be?

15a). The perfect home for you NOW is (tick three of the following, and rate them 1, 2 & 3)

- a) Current dwelling
- b) Current dwelling, with some alterations
- c) Move - to a separate house
- d) Move - to a semi-detached/row/terrace house/town house
- e) Move to a flat, apartment or home unit
- f) Move to a caravan or trailer home
- g) Move to share with a group
- h) Move to share with family
- i) Move to group house allowing independence but giving mutual support (eg Abbeyfield home)
- j) Move to a Retirement Village
- k) Move to a Hostel
- l) Move to a nursing home
- m) Other (please state)

1
 2
 3
 4
 5
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 7
 8
 9
 10
 11
 12
 12

15b) This question asks if your perfect home for the longer term (longer than 2 years from now) would be any different from the home you rated number 1 in question 15a).

- a) Current dwelling
- b) Current dwelling, with some alterations
- c) Move - to a separate house
- d) Move - to a semi-detached/row/terrace house/town house
- e) Move to a flat, apartment or home unit
- f) Move to a caravan or trailer home
- g) Move to share with a group
- h) Move to share with family
- i) Move to group house allowing independence but giving mutual support (eg Abbeyfield home)
- i) Move to a Retirement Village
- j) Move to a Hostel
- k) Move to a nursing home
- l) Other (please state)

1
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16. This section allows you to make any general comments that you think may be helpful in this research.

If you have any further comments, please write them in the space below, or attach separate sheets.

.....
.....
.....

17. It would be helpful if you would provide your postcode here, as the researcher is looking at differences in responses between areas.

Postcode:.....

18. I am also anxious to interview a small number of people to obtain more details. If you would be available for an interview, would you please write your name and telephone number below.

Name:.....

Telephone Number:.....

Thank you for your participation.



Commonwealth Department of
Veterans' Affairs

NATIONAL OFFICE

13 Keltie Street
Woden ACT 2606
Postal Address:
PO Box 21, Woden ACT 2606

Telephone: (06) 289 1111

Contact
Reference

Telephone
Facsimile

25 October 1996

Dear

The Department of Veterans' Affairs is sponsoring a survey being undertaken by Mr Richard Winnett on the housing needs of older veterans and war widow(er)s.

Your participation in this survey would be gratefully appreciated. Your participation is important because your experience will be very useful to the Department in determining how it may better meet the changing needs of veterans and war widow(er)s.

The information provided will be used for statistical purposes only.

I can assure you that the information you provide will not in any way affect your entitlements.

If you require any additional information on the survey, please telephone Mr Winnett. His telephone number at the Department is shown on the main (blue) questionnaire. Note that a separate (pink) questionnaire for spouses/partners of veterans or war widow(er)s is also attached, should it be appropriate for your circumstances. If not, please disregard it.

The questionnaires are to be returned by 20 November, 1996.

Mr Winnett has asked you to indicate on the questionnaires if you would be available for an interview, as there may be a need to follow up on some issues. Please do not become concerned if you do not receive a call from Mr Winnett, as it may not prove necessary for him to do so.

Yours sincerely

[Redaction]

Dr Graeme Killer
Principal Medical Adviser

HOUSING SURVEY FOR VETERANS AND WAR WIDOW(ER)S



In confidence

Background to the survey

You have been selected to take part in a Sydney University study of the housing needs of veterans, war widow(er)s and their spouses/partners. This study, which is being undertaken by Mr Richard Winnett, has been sponsored by the Department of Veterans' Affairs.

What is the purpose of the survey?

The purpose of the survey is to provide information on the decisions that veterans /war widow(er)s have made or intend to make about their housing. While the results of this research will be used for academic purposes, they will be of considerable value to the Department of Veterans' Affairs in planning to meet the needs of eligible veterans and war widow(er)s.

How confidential is the information I give?

General confidentiality will be ensured and only statistical data will be disclosed. The researcher, Mr Winnett, would like to investigate further any special issues that arise, and would be grateful if you could give serious consideration to making yourself available for any follow up questions. However no individual respondent will be identified.

Where can I find out more about the survey or get help with the questions?

If you want to find out more about the survey, or have any difficulties in completing the form, please ring Mr Winnett direct at the Department of Veterans' Affairs in Canberra on 1800 026 185 ext 6154 or fax him on (06) 2894727.

How do I complete this form?

Most of the questions ask you to put a tick alongside the appropriate answer for you, or to tick the answer that applies. There are spaces provided for you to write comments if you wish. These could help clarify matters for the researcher. Arrows like this (▶) lead you to the next question that applies to you.

Why are there two questionnaires enclosed?

The most important questionnaire is the larger blue one for veterans and war widow(er)s to complete. However the researcher is interested to see if spouses/partners have some different views, so a separate pink questionnaire has been included for them, should they wish to participate. Please disregard the pink form if it is not relevant to you.

Where do I send the form(s)?

Completed forms are to be returned by 20 November 1996. Please post them in the enclosed pre-addressed Reply Paid envelope.

1: This question is to establish if you are a veteran or war widow(er)

(please tick one) Veteran 1 War Widow(er) 2 Both Veteran & War Widow(er) 3

Please Turn Over

2: This question seeks information on your age, sex, marital status, and whether you are living on your own or not (tick one box only in each of 2a, b, c, d)

2a) Age Group:

- Under 60 1
- 60-64 2
- 65-69 3
- 70-74 4
- 75-79 5
- 80-84 6
- 85-89 7
- 90-99+ 8

2c) Marital status:

- Married 1
- Defacto 2
- Separated/Divorced 3
- Widowed 4
- Never married 5

2b) Sex

- Male 1
- Female 2

2d) With whom do you live?

- I live: With my spouse/partner. 1
 - With my children/other family 2
 - On my own. 3
 - Other (please specify) 4
- 4

3: This question seeks information about your housing situation

3a) I live in: (tick one)

- A metropolitan area 1
 - A regional city 2
 - Country town 3
 - A country village/hamlet 4
 - On a farm/rural property 5
 - Other (please describe) 6
-

3b) About how far would you have to travel to see your GP/Local Medical Officer? (tick one)

- Up to 1 kms 1
- 1-5 km 2
- 6-20 kms 3
- 21-100 kms 4
- 100 + kms 5
- Other 6

3c) Which of the following would describe the type of home in which you live: (tick one)

- Separate house 1
- Semi-detached/row or terrace/town house 2
 - one storey 2
 - two or more storeys 3
- Flat attached to house 4
- Other flat/unit/apartment 5
 - in a one or two storey block 5
 - in a three storey block 6
 - in a four or more storey block 7
- Caravan/trailer park 8

3d) Your home is: (tick one)

- Fully owned 1
 - Being purchased 2
 - Private rental 3
 - Government rental 4
 - Owned by children/family 5
 - Not applicable 6
 - Comment..... 7
- 7

If you ticked one of the above, go to question 3d) If not, continue.

- Home of my children/other family 9
 - Boarding house/private hotel 10
 - Retirement village 11
 - Nursing home 12
 - Hostel 13
 - Other (please state) 14
-

3 e) Condition of your dwelling

- Which of these categories best describes the condition of your home? (tick one)
 - Excellent 1
 - Good 2
 - Fair 3
 - Poor 4
 - Very Poor 5
 - Not applicable 6
 - Comment..... 7
- 7

4: I would like to find out some more about your current home.

Is your current home:

- Affordable for you
- Suitable in design for older persons
- Close to shops
- Close to transport
- Close to health services
- Near family
- Near friends
- Near entertainment
- In a good neighbourhood
- Easy to maintain and care for
- Easily saleable should you need to move.

Yes	No	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Comment 1

5: How long have you lived in your current home? (Tick one box)

- Less than 1 year 1
- 1-5 years 2
- 6-10 years 3
- 11-20 years 4
- 20 + 5

Comment

 1

6: If you have moved in the last 5 years, I would like to know something about your LAST home.

If you have moved in the past 5 years answer questions 6 & 7. If you have not moved, go to question 8

6a) Please describe your last home: (tick one)

- Own separate house 1
- Own flat/unit/apartment 2
- Own semi-detached, terrace/town house 3
- Own caravan/trailer home 4
- Private rental house 5
- Private rental flat, unit 6
- Government rental house 7
- Government rental flat, unit 8
- Boarding house/private hotel 9
- Home of my children/other family 10
- Group house /Share house 11
- Retirement village 12
- Nursing home 13
- Hostel 14
- Other (please state) 15

6b). The reasons for moving were:

(tick all those that apply)

- Needed something cheaper 1
- Wanted a safer environment 2
- Wanted a more suitable dwelling 3
- Illness of self 4
- Illness of spouse/partner 5
- Death of spouse/partner 6
- Family pressure to move 7
- House too big 8
- Garden too big 9
- Maintenance a problem 10
- Transport was a problem 11
- The neighbourhood changed for the worse 12
- Needed more company 13
- Any other reasons: please specify 14

.....
 1

.....
 1

7: In this question I would like to find out how you feel about the move you made

7a) Tick one of the answers

- Good decision - no problems
- Satisfactory - though some problems
- Poor decision

- 1 Go to question 8a)
- 2 Go to question 7b)
- 3 Go to question 7b)

7b) Do you think any of the following statements apply to your move?

Please tick yes or no to each of the following:

	Yes	No
Rushed decision in a time of stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Area lacked the help and health care services needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Wrong type of accommodation for what I really needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Moved away from where my roots are.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Other (please specify)..... 1

8: Now I would like to know something about your links with your community, & the help you may be getting.

8a) I am receiving assistance from:

(Tick those applicable)

	Yes	No
My children/other relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Friend/neighbour	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Home care/home maintenance provided by:		
Government/Council/ community organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Meals on Wheels	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Visiting health professionals eg nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Privately paid for helpers	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Other (please specify)..... 1

8b) Do you feel you need more assistance so you can stay in your home?

- Yes 1 No 2 Don't know 3

Comment..... 4

9: In this question I would like to find out how you get about.

Tick yes or no to each of the following:

	Yes/true	No/false
I drive everywhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I drive to most places	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I drive occasionally	<input type="checkbox"/> 1	<input type="checkbox"/> 2
My spouse/partner drives	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I am dependent upon friends/family for transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I am dependent upon public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I don't often leave my home due to lack of transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I don't often leave my home due to my health	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I have some difficulty in using transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I have some difficulty in moving about my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I need to use a wheelchair most of the time	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Comment..... 1

10, 11 & 12: In these questions I would like to find out how you feel about moving.

10: Would you like to move? (Tick one box).

Yes, I would like to move

 1

No I would not like to move

 2

I am unsure

 3

Any special reasons for saying you are unsure? (use the space below)

.....
..... 4

11: Is it likely that you will move in the next two years?

Yes 1 (Go to question 12)

No 2 (Go to question 13)

12: Here I want to find out why you feel you would like to move.

12a) Some possible reasons for wanting to move: (tick those that apply to you)

Can't afford my present home/need something cheaper

 1

Want a safer, more secure environment

 2

Want a dwelling that is more suitable in design for older people

 3

My ill health

 4

Ill health of my spouse/partner

 5

Death of my spouse/partner

 6

Family pressure to move

 7

House too big

 8

Garden too big

 9

Maintenance is a problem

 10

Transport is a problem for me

 11

Need more assistance to stay in my home

 12

The neighbourhood has changed for the worse

 13

Need more company

 14

I could cope with the stress of a move

 15

Any other reasons: please specify.....
..... 16

12b) Would you change your mind about wanting to move if you could get more home support (eg more help with maintenance, & more support services)?

Yes 1

No 2

Don't know 3

Comment.....
..... 4

13: Answer this question if you said in your answer to question 10 that you would not like to move.

13a) Possible reasons for NOT wanting to move: (tick those that apply)

Perfectly happy with existing dwelling

 1

Would have problems in getting enough from the sale of my home

 2

Moving would be too stressful for me to cope with

 3

Please specify any other reasons:.....
..... 4

13b) Financial considerations

Would you change your mind about not moving if you could get enough from the sale of your home to be able to afford to move?

Yes 1 No 2 Don't know 3

Comment.....
.....

14: If you could have the kind of home you wanted, what kind of home would it be?

14a). The perfect home for you NOW is: (tick one)

- Current dwelling 1
- Current dwelling, with some alterations 2
- Move - to a separate house 3
- Move - to a semi-detached/row/terrace house/town house 4
- Move to a flat, apartment or home unit 5
- Move to a caravan or trailer home 6
- Move to share with a group 7
- Move to share with family 8
- Move to group house allowing independence but giving mutual support 9
- Move to a retirement village 10
- Move to a hostel 11
- Move to a nursing home 12

Other (please specify).....
.....

14b) This question asks if your perfect home for the LONGER TERM (longer than 2 years from now) would be any different.

Yes 1 No 2

Please explain how it would be different.....
.....

15: This section allows you to make any general comments that you think may be helpful in this research.

If you have any further comments, please write them in the space below, or attach separate sheets.

.....
.....
.....

16: It would be helpful if you would provide your postcode here, as the researcher is looking at differences in responses between areas.

Postcode:

17: I am also anxious to interview a small number of people to obtain more details. If you would be available for an interview, would you please write your name and telephone number below.

Name: Telephone Number:

Thank you for your participation.

VETERANS' HOUSING SURVEY



This questionnaire is for SPOUSES OR PARTNERS OF veterans and war widow(er)s to complete if you would also like to take part in this study. It may be that your views are somewhat different from those of your spouse/partner, to whom the main questionnaire was addressed.

Please disregard this form if it is not relevant to you

1: A separate, longer questionnaire has been provided for veterans and war widow(er)s. However it may be that you are also a veteran/ex-servicewoman. If so, please tick the box below.

I am a veteran/ex-service woman 1

2: Age and sex.

2a) Age Group (tick box)

- Under 60 1
- 60-64 2
- 65-69 3
- 70-74 4
- 75-79 5
- 80-84 6
- 85-89 7
- 90-99+ 8

2b) Sex

- Male 1
- Female 2

3: In this question I would like to find out if you would like to move (tick box)

- I would like to move 1 (Go to Q 4)
- I would not like to move 2 (Go to Q 5)
- I am unsure 3 (Go to Q 4)

Are you able to tell me why you are unsure

.....

.....

..... (Now go to question 4)

5: If you answered "no, you would not like to move", are any of these your reasons for not wanting to move? (tick those below that apply)

5a) Possible reasons for NOT wanting to move:

- Can afford my present home 1
- Would have problems in getting enough from the sale of my home 2
- No safety or security problems 3
- Home is suitable in design for me 4
- I am in good health 5
- My spouse/partner is in good health 6
- No family pressure to move 7
- House is not too big 8
- Garden is not too big 9
- Maintenance is not a problem 10
- Don't have a need for more company 11
- The neighbourhood has not changed for the worse 12
- Transport is a not a problem 13
- Moving would be too stressful for me to cope with 14
- Any other reasons: please specify 15

.....
.....

6: Your perfect home

6a) If you could have the kind of home you need now, what kind of home would it be?

(tick one)

- Current dwelling 1
- Current dwelling, with some alterations 2
- Move - to a separate house 3
- Move - to a semi-detached/row/terrace house/town house 4
- Move to a flat, apartment or home unit 5
- Move to a caravan or trailer home 6
- Move to share with a group 7
- Move to share with family 8
- Move to group house allowing independence but giving mutual support (eg Abbeyfield home) 9
- Move to a Retirement Village 10
- Move to a Hostel 11
- Move to a nursing home 12
- Other (please state) 13

.....
.....

6b) Would your perfect home for the longer term (longer than 2 years) be any different from your perfect home for now?

Yes ₁ No ₂

Please outline how it would be different

.....
.....
.....

7: This section allows you to make any general comments that you think may be helpful in this research.

Please write your comments in the space below, or attach separate sheets.

.....
.....
.....
.....
.....
.....
.....
.....
.....

8: It would be helpful if you would provide your postcode here, as the researcher is looking at differences in responses between areas.

Your postcode:

9: The researcher is also anxious to interview a small number of people to obtain more details. If you would be available for an interview, would you please write your name and telephone number below.

Name

Telephone Number

When you have completed this form please post it in the pre addressed reply paid envelope with the blue form, by 20 November 1996.

Thank you for your participation.



FOUNDED
IN 1916

THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LIMITED

NATIONAL HEADQUARTERS

A.C.N. 008 488 097

October 1996

Dear

I write to you seeking your assistance with a survey aimed at increasing the knowledge on the housing needs of veterans and war widow(er)s. This survey is being undertaken by Mr Richard Winnett as part of a Sydney University research project. Mr Winnett's research is being sponsored by the Department of Veterans' Affairs (DVA). Mr Winnett has worked for DVA for about sixteen years, and has a keen interest in his research being of benefit to the veteran community. I support this initiative by Mr Winnett.

As we grow older our housing needs change, and with the average veteran and war widow now being in their mid seventies, many of us are facing some decisions about our housing. Research by the RSL and the Department of Veterans' Affairs has over the years highlighted the importance veterans and war widows place on living independently in their own homes. However with advancing age, maintaining independence can become more difficult, even with the home support programs now available. In these circumstances, other options need to be available.

In many instances, there are not enough options available, and I suspect many people are not fully aware of the housing options that do exist. There is also insufficient knowledge on the housing needs of older people.

You have been selected to take part in this research, and your input will help ensure that the study will prove to be a success.

LEST WE FORGET

G.P.O. BOX 303
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PH: (06) 248 7199
FAX: (06) 247 7637



THE PRICE OF LIBERTY IS ETERNAL VIGILANCE

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I believe we would all like to live in an environment that permits us to lead useful, active, stimulating and fulfilling lives in dignity, and with the maximum level of independence compatible with our health and resources. The Returned and Services League believes that any research which might help us to move towards this goal is worth supporting.

Yours sincerely



WB (Digger) JAMES
NATIONAL PRESIDENT