Ageism: designed and planned for older Australians?

Maree Petersen
Doctoral Candidate
School of Social Work & Human Services
& Australasian Centre on Ageing
University of Queensland

Abstract

This study draws our attention to ageist stereotypes and assumptions of older people held by professionals involved in the policy, design and planning of the built environment, in particular residential complexes. Data was collected as part of a larger study concerned with the growth in specialised spaces for older people segregated from the community. The first stage of the study explored the views and experiences of professionals through interviews and working documents. Analysis revealed policy and practice was underpinned by ageist assumptions. These findings provide evidence of the pervasive nature of ageism in our society and how it is inextricably linked to purpose built housing for older people. Indeed the built environment can be seen to be both as a cause and effect of ageism.

Introduction

'you don't want to look at them…don't want to see it everyday'

This comment is the view of a property developer made in relation to the practice of separating by landscaping the low and high care facilities from retirement villas within a residential complex. Not only does this comment resonate as a reflection of how we think of frail older people and ageing, it provides an example of the link between the views of development professionals, the segregation of older people as part of our urban design, and in turn how this changes our social fabric. The aim of this article is to argue that the policy and practice of building large residential complexes for older people continues to be underpinned by attitudes and assumptions that can be attributed to ageism.

Residential complexes are now a familiar part of our urban fabric. The recent growth in this industry (Munn 2005), has manifested itself with increasing numbers of residential complexes specifically built for older people, commonly on very large sites on the fringes of our large cities and along the coastal belt. The business of retirement villages (one part of a residential complex) has effectively doubled since 1990, with growth now accelerating and expected to double well within the next seventeen years in Australia (Robinson 2008 p61). In South East Queensland where this research was conducted, one area in outer Brisbane has nine residential complexes within a four kilometre radius providing accommodation for over two thousand older people. Despite the overwhelmingly evidence that people prefer to age at home, increasingly large complexes are being built by developers (Robinson 2008 p61). These incorporate low and high care facilities, as well as retirement villages, built to cater to

the change in Australia's age demographic. And they soon sell, with retirement villas often purchased off the plan. There are currently 300 new complexes under development in Australia, an increase in average development size to more than 100 units (Robinson 2008 p62). Indeed it could be said residential complexes are our housing policy for older people.

Hal Kendig (1990) wrote nearly twenty years ago that a coherent housing policy for older people does not exist, and this remains so today. The policy is not coherent, but maybe it doesn't need to be for the practices surrounding the development of residential complexes are sophisticated and constitute big business. Is there a problem? The Commonwealth has developers taking up and trading 'bed licences' for nursing homes as part of their proposed developments. The Commonwealth as the funding body has standards of care and resident's rights legislated and regulated. Developers are providing housing stock, often called villas for older people to 'down grade' from their suburban home, with maintenance and grounds managed for them. The states have consumer legislation in place to protect the rights of residents and accredit villages. Some developers, particularly from the charitable sector provide rented and affordable modest accommodation as a form of social housing. There are waiting lists for people to take up places in nursing homes; older people are buying villas off the plan telling us they are in demand. Complexes provide social activities and community amenities for its residents. However, if we have a different lens and consider societal priorities and policy platforms, notably social inclusion, communities for all ages, and addressing ageism, there is not an easy fit with large separate complexes. Firstly, this article will discuss how our housing system for older people has evolved by default. This has feed into practices and policies that reinforce

the construction of separate spaces for older people, and has been integral to its

growth. The contribution of gerontology in understanding the living environments

will then be considered, in particular work on space and older people. The middle

section of the article considers data from a study which sought to understand the

views of development professionals responsible for conceiving the spaces of older

people. It is put forward that by seeking to explore how residential complexes are

conceived we can gain a clearer understanding of the complexities outlined above in

housing for older people, and importantly the place of older people in our society.

The discussion then turns to practical and policy challenges that arise from these

findings.

Housing by default

Residential complexes as mentioned previously make up both independent living

known as retirement villages and care facilities, high care and to a lesser extent low

care. A retirement village however is seen to be a very different place to low and high

care facilities (still commonly referred to as nursing homes and hostels). This is due

in a large part to their different respective histories. Both are however part of a

welfare and health model in which the Commonwealth Government funded the

voluntary sector, in the main church and charity groups to manage accommodation for

older people.

A path for assisting the frail and destitute commenced in colonial times with the

government funding charities (by establishing almshouses), and in the early decades

of the 20th century with charitable organisations establishing cottage type housing

facilities (Kendig 1990). This grew exponentially after World War II with the

provision of Commonwealth Government funding to the voluntary sector, namely church organisations to manage nursing homes and hostels. In response to lobbying by the private health insurance funds to preserve the private health system the Commonwealth funded a nursing home benefit and capital subsidies (via the *Aged Persons Homes Act)* (Howe 1990). It is important to note funding was made to voluntary providers, not older people themselves culminating in a nursing home industry of private providers (Kendig and Duckett 2001 p6-7). Sustained growth until policy changes in the 1970s ensured the prominent place of the voluntary sector in the provision of living environments for older people as well as the acceptance of these specialised sites within wider society (Borowski, Encel et al. 1997; Kendig and Duckett 2001). In the mid 1980s with recognition of mistreatment scandals, inappropriate entry to nursing homes and a huge budget for residential care costs and public enquires, reform followed. This resulted in the development of funding extensive community care programmes effectively establishing it as the mainstay of aged care, largely operated by the same providers.

Parallel to the aged care industry was Commonwealth funded seniors housing, more accurately small flats managed by State pubic housing authorities. The Commonwealth also provided funding to voluntary organisations to provide independent units (Stimson 2002 p18) for older people who were financially disadvantaged. These were phased out in the mid 1970s, and saw the emergence of retirement villages operated by the voluntary and business sectors. They are termed resident funded retirement villages, as villas were purchased, leased or rented by older people. They were in effect a form of medium density housing development. The voluntary sector was the main retirement village operator. This has changed in the

past thirty years, as business and voluntary sectors, both considered developers are now roughly equal players in an industry with the business sector now representing a greater number of residents (Robinson 2008 p61). The profit sector noting the financial success of retirement villages, and the demographic induced opportunities rapidly invested and developed to become the major player (Sax 1993; Stimson 2002). This largely unproblematic expansion of retirement villages has seen it effectively double since 1990 (Howe 1999; Robinson 2008) and is now considered a potentially lucrative business opportunity (Stimson 2002 p6). Indeed private equity funds, building societies, and insurance companies are now major players (dela Rama 2007), all part of a changing landscape of large residential complexes set aside for older people.

This historical legacy has resulted in retirement villages being seen as a housing choice for independent people either by owning or renting, marketed with a leisure and social activity focus. It is now commonplace to see advertisements for retirement villages on roadside billboards, television and in the print media. Whereas nursing homes continue to be seen as 'the last resort'. Traditionally considered institutions care facilities they are generally not marketed, access is usually organised through health and welfare professionals or sought out by older people or their families. The separate discourse does however mask that they occupy the same space albeit often with separate entrances and marketed with different names. Despite the selective marketing of retirement villas, providers do perceive there is a market and development approval advantages to having both on the one site, their version of 'ageing in place'. We continue however to talk about villages and care facilities as if

they were in different places; I argue they are the one space. Research too tends to align itself with this dichotomy.

The importance of 'spaces of ageing'

Gerontology, with the range of disciplines that contribute to it, has made a significant contribution to understanding the living environments of older people. It has on the whole tended to tie the research to the specific space; the home, a retirement village, a nursing home. Rich and detailed work encompassing quality of life, identity, what makes home, attachment and meaning in relation to place, physical environments and objects has contributed to an appreciation of the diversity of environmental contexts older people live, at different ages, and in different cultures (see the work of (Rowles 1978; Rubenstein 1990; Kellaher, Peace et al. 2004)). There is also a huge body of work, drawing from a range of disciplines that seeks to improve health outcomes and quality of life for older people within care facilities and at home. Retirement villages are evaluated too for quality of life issues. The work of gerontology on the whole parallels the general discourse of society in thinking about the aforementioned spaces as separate. An alternative lens that contributes to gerontology has come from geography, providing an understanding on how space and place not only define our urban fabric but our social relations.

Close to fifteen years ago, Glenda Laws bought to the attention of both geography and gerontology in a number of articles the reciprocity between age segregated housing and ageism (Laws 1993; 1994; 1995). Kevin McHugh (2003) and Stephen Katz (2005) have added to this body of work, focusing on retirement resorts in the US, asserting they promote exclusivity driven by a business model and a myth of

agelessness. Laws' utilisation of a spatial perspective alongside the social construction of ageing is integral to her interest in the causes and nature of age segregation. The work of Richard Hugman (2001) too draws on a spatial perspective linking notions of ageing to residential facilities, retirement villages and home care, to what he names as spatial ageism.

The work of Laws and Hugman informs this research project, alongside Henri Lefebvre's theory of social space (Lefebvre 1991). The utilization of a geographical theory provides valuable insight into how society and space are structured. Integral to this is how space, in this case spaces of ageing as separate parts of our urban fabric are conceived. It is put forward seeking to explore how spaces for older people are conceived by policy makers, developers, architects and planners (hereafter referred to as development professionals) we can come some of the ways to understanding its inherent policy contradictions.

Research design

This study explored the views and experiences of professionals involved in the conceptualisation, development and design of complexes specially built for older people through interviews and accessing their working and promotional documents. The major players interviewed for the study included policy actors at Local, State and Commonwealth Government levels; developers with both the not for profit and profit sectors; architects; and town planners both in public sector and consultative capacities. The working documents included a development application, Parliamentary and Council minutes, Local Government commissioned strategies on seniors housing; and peak body submission.

These documents were explored using discourse analysis. The reasoning behind the selection of actors and documents is linked to their role in providing 'spaces' for older people, alongside their status and authority. The aim is to go beyond content, not that content is not of interest, to see how it is used to achieve particular functions and effects, that is to see what people are doing with words. It is increasing being used in housing research, particularly for understanding policy processes (for a discussion see Jacobs 2006), and extensively in research seeking to investigate assumptions and ideology which may be subtle and full of nuance as in European work on racism and sexism (see van Dijk, Ting-Toomey et al. 1997; Blommaert and Verschueren 1998; Wodak and Matouschek 2002). The analysis looks at how development professionals use specific terminology either in a written or spoken form, integrating wider social and political contextual material. This analysis was undertaken with rigor, and only a small portion of material detailing the analysis is presented in this article. Behind excerpts the interview or document file number and description is in parenthesis.

Findings

The study found development professionals held views about older people and their living environments which:

1. draw on assumptions and stereotypes, in particular presenting older people as dependent or in some cases omitting them altogether, all within a system in crisis.

2. frame specialised separate spaces as mandatory

and 3. assume older people live in large complexes segregated within and from the community.

This is not a black arm view however as considerable compassion and humanism was evident among this group of professionals. The following section sets out findings drawn from a larger body of results. Space limits detailing the considerable data pertaining to the business acumen of development professionals and how this too is served by perpetuating myths and stereotypes of older people. The presentation of findings from discourse analysis requires detailed demonstration of the analysis; however within the limits of this article one detailed piece of analysis is outlined for each point.

1. Older people are…

1a. dependent...need care

Development professionals were found to hold presuppositions linked to common stereotypes of increasing dependency with older people as they age. The statement, 'the old sites will be rebuilt to meet the ever increasing needs of our elderly' (D16; Development Application) rests on the assumption that the reader will 'know' as people age they become needier. In other words it is conditional on a widespread tacit acceptance of this 'common knowledge'. The ambiguity of the word 'neediness' could be linked to a number of spheres, the demographic changes with increasing numbers of older people and or the assumed increasing need for older people to require support and care. Within this document, a development application for a residential complex, this assumption was expressed clearly, 'as Australians get older, their dependence on outside care increases and people's ability to remain in their own home decreases'. Indeed this is the case for some people, however when statements are framed as truth, all older people are equated as dependent. This is also seen with the statement 'it is a well known fact that as people age their health weakens and the

need for care is increased' (D16; Development Application). This statement would be read as credible given it is made by well known provider with expert knowledge. Presuppositions are also seen in the statement '(developer's name) is desperately trying to stretch out to care for the growing aged population in Queensland expected to rise by more than 270% to 1 million people within the next 4 decades'. A number of images are evoked with this statement. The phrase 'desperately trying" evokes the existence of crisis with the ageing population as well as a humanitarian role of the developer. Inherent too is the presupposition that all this population will require care. Eugene J. McCann (2002) makes the point that strategies to link development which has an economic outcome to a set of humanitarian values, in this case 'caring for the elderly' are generally seen to be above reproach.

It is important to look at the wider context in relation to the attachment of the discourse of dependency and care with residential complexes. Policy at a Commonwealth, State and Local government level contributes to this given the funding arrangements, certification standards and planning laws. This is not to suggest regulation is misguided but how in effect it may support the framing of older people as dependent.

The peak body representing providers of residential complexes put forward 'The aged care industry within Queensland strongly objects to the bias against aged care that is evident in the policy'. This document, a submission to Local Government authorities on behalf of their members is lobbying for a simplification in assessing development, and for Councils to leave regulation with the Commonwealth Government. Given their large footprint, potential impacts on the environment, traffic and their

considerable infrastructure many Councils enforce the development impact assessable, putting in place considerable processes, costs, and time delays for the developer. The picture however is more complex that that. Firstly, economies of scale requirements underpin developers saying they need at least 120-140 units to be viable (D12; Council Strategy); this necessitates very large sites. In turn the siting of retirement villas with care facilities is a planned initiative by developers. The profit sector offer high care partly out of social responsibility and partly as a means of offering a more rounded product (iv 7; Developer). They are aware community and Council support will be more likely if the development is framed as care, as one developer stated "option of having low care high care definitely would be appealing to the Council...helps to sell it no question about it" (iv 7; Architect). The voluntary sector, the traditional providers of care facilities are able to generate surpluses from developing retirement villas, a vital source of monies given the Commonwealth funds care not capital costs. It is within this context we can see how the utilization of lexical choices such as 'aged care' in relation to the development of residential complexes is in part a justification to Council and to the community to gain support. A developer's press release on winning a planning appeal made the statement 'the decision meant older people in (suburb) will get the aged care services they needed' (D11; Press release).

1b. absent

Older people were absent in a considerable number of documents. The places older people live are synonymous with the term 'aged care beds' or 'bed'; this was prevalent in interviews with most professionals and in development applications. Demographics in reports and documents across policy, professional and commercial

spheres cite 'inventory of beds'. Success in receiving funding allocations by developers is termed 'taking bed licenses'. These word choices are longstanding and commonplace in the health and welfare sector as well. Paradigm analysis provides us with an awareness that the choice of the word 'beds' is the sum of words not chosen; such as older person, place, home. The continued use of these lexical choices detach our cognition from older people, replacing it with an object. They also redefine home space as one single indicator, a bed, perhaps a (shared) room, or as in a brochure marketing a retirement village as the number of 'outcomes'. It is suggested a disassociation from humanism results.

It is within advertising and promotional material produced by architectural firms, financial institutions and service business that the absence of older people is most apparent. Architectural firms promote their buildings and design features, whilst 'redefining lifestyle through architecture'. For whom this lifestyle is for is absent; the only clue in the four page brochure is the use of the word 'retirement' (D1; Architecture firm). The discourse analysis tool of absence illustrates the brochure is not concerned with highlighting or selling what the building will offer older people, the eventual resident. There is no text or visual representation of an older person. Whilst it is acknowledged that the purpose of the brochure is to promote architecture and design to developers, the absence of a linkage to who will live there, how they will live, how the design will add to their life provides a window to the working knowledge of some professionals and their separation from older people.

2.…and they live in separate spaces

2a. which are scarce

Firstly, residential complexes are framed as scarce by development professionals.
Discussion by a Minister in Queensland Parliament in relation to development
applications for residential facilities called in under the Integrated Planning Act
'there is a clear and pressing need for aged care facilities in the community' (D18;
Hansard). An earlier speech (by previous Minister) in parliament in relation to this
development 'it will be used for a (provider's name) for sorely needed aged-care
beds' (D17; Hansard). Both statements are truth claims made by a public servant with
the status and power of Minister. The lexical choice of 'aged care beds', a common
expression for high care facilities, rests on the perception they are a scarce resource.
This is muddied on a number of accounts. In the above documents the lexical choice
of 'aged care facilities' is used repeatedly to encompass care facilities and retirement
villas in this development, a point previously noted. One Councillor was able to point
this out 'not so much an aged care facility but a retirement village' (D19; Council
minutes). The common perception (and experience) is of 'waiting lists' for nursing
home places; older people in the community and in hospital seeking care and support.
It is put forward the 'need' is more accurately associated with nursing home places
rather than all forms of accommodation for older people. Villas are seen by many as
a choice not a need (iv 5; Policy). There is research evidence (Howe 1999), as well as
practice evidence amongst health and welfare professionals that demand for nursing
home places outstrips supply. Again this is not a straightforward assertion given the
multi listing by many older people and their families with a number of facilities,
which may or may not be taken up some time in the future (iv 5; Policy). The
dominant understanding however is aged care facilities are under-funded and in short

supply. In summary the 'clear and pressing need' in the discourse is not so clear, and can be seen to piggy back development of all forms (retirement villas, independent living units) on the common perception there is a short supply of nursing home places. This discourse again reinforces McCann's (2002) point that strategies to link development which has an economic outcome to a set of humanitarian values, in this case 'need for beds' is hard to argue against.

2b of one type

Secondly, alternatives to separate spaces of ageing are rarely discussed by development professionals. On the whole recognition of other housing options were absent in the documents analysed. In considering documents discourse analysis seeks to find what is absent in the text, in particular what subjects or positions are absent. A report commissioned by a Council to consider the provision of residential aged care and retirement housing limited its focus largely to residential complexes (D13; Council study). Consultation conducted for the report was limited to providers within the area and providers' peak body who all advocated for the need for more separate spaces set aside for residential complexes. Indeed they advocated for positive discrimination in the assessment of development applications. By considering absence, we can note integrated models of supported housing, cohousing, retro fitting houses for universal design were not considered. No other avenues or ways of thinking were possible given the limits of the consultation. It is important to note one exception, the report did mention alternatives such as 'granny flats' and 'group homes' but this was not explored further given the constraints of time and budget. Another Council report (D12; Council strategy) in addition to including universal design for domestic housing, smart housing discussed a community housing model,

the Abbeyfield Model. This report on the whole did not accept the dominant

discourse of specialised places seen in the documents of other development

professionals. Both Council reports wrote of the need for residential complexes to be

integrated with the rest of the community.

The tool of absence also enables us also to see the lack of consideration in economic

and social reports commissioned as part of the development assessment process. The

proposal for a large residential complex is considered the only option, no other

models of housing, support or care were investigated or evaluated (D16; Development

Application).

Strong and effective advocacy by a peak body representing providers also has the

consequence of restricting consideration of alternatives. Through evoking bias or lack

of support for aged care, the text positions the reader to agree with the report's

recommendations. The peak body's submission contains strong assertions of

'unwarranted intrusion into assessment procedures' and 'bias against proposals

involving an aged care component' linking it to the 'detriment of the end user, the

older person who typically is financially vulnerable' (D14; Submission). It also

asserts in relation to the community consultation process, 'this type of requirement

appears to assume that aged residents represent an alien life form living in our midst'.

The lexical choices effectively mobilize support for their submission. The reader is

challenged not to act with bias to the detriment of older people, that is not support

aged care. This lobbying by the peak body appears to have been very successful with

development professionals in consultancies, public planning and policy (with all

levels of government) all supporting the changes the peak body advocates. The

submission is advocating that residential complexes not be impact assessable, instead to be subject to a tailored code as for medium density housing.

3. Spaces need to be ...

3a. efficient

A body of assumptions about older people's preferences in terms of living environment is a manifestation of actor's planning and logic. Truth claims present these assumptions as a professional skill, 'now if I understand how the residents what to live in there which is the first priority and I think I do have a feeling for that because everyone knows how they would like to live in that facility' (iv 4; Architect). The professional skills or working knowledges of development professionals also consists of justifications about the design of aged care facilities;

'from a resident's point of view an aged care facility wants to be much like home as you can possibly make it ..it is never going to home some people pretend it will be it's never going to be home because at home most of us don't live with people not related to a dozen people um and most of us um not have a lot of aids around to enable mobility' (iv8; Architect).

Implicit within these statements is a recognition of the need for facilities to be home like, and justification is put forward to account for the professional's working knowledge; 'You know it was more like designing a hospital or a surveillance place or not someone's home um and I am now looking at it as a marriage of the two and that is purely what it is' (iv 4; Architect). Justification is needed to move from the humanist knowledge of older people's preferences to professional knowledge. The professional knowledge is concerned with 'the most efficient layout in respect of

design' (D16; Development Application), 'starting with um what's viable you know how many beds do you put together in a cluster' (iv4; Architect). This is observed by Regnier (cited in Hanson 2001 p44) as the single largest challenge architects face in designing these facilities is creating an attractive residential setting that is large enough to meet economy-of-scale requirements for efficient, functional service production.

The place of humanism is evident with recognition of the very real needs of the frail, ill and disadvantaged. Policy actors saw their role as 'supporting vulnerable seniors' (iv2&3; Policy). One actor talked of 'being personally touched' by seeing first hand life in a nursing home, speaking with partners of people in care culminating in the resolve, 'convince you need to do your best' (iv8; Architect). The interplay of humanism and economics was seen clearly with this actor. The following text, unrelated to a question shows the actors pragmatism '...care at home in suburban home..its probably not responsible to have the rest of the community looking at one house one block of land for one person probably not socially responsible' (iv8; Architect).

3b. large and on the fringe of cities

The size of the complexes is treated as a 'matter of fact' by the industry, a truth claim, 'we have massive buildings that is what they are and that is what they need to be' (iv4; Architect). And they are big, the complex under construction outlined in this development application is '256 beds, 72 serviced apartments, 180 Independent Living Units with 402 parking spaces' and 'gated' (D16; Development Application). Developers prefer sites to be ten hectares (D13; Council Plan). and design the

complexes as stand alone communities. Concerns are evident of this 'land consumptive model' by Councils in particular. Policy actors are aware residential complexes 'are getting bigger' (iv 5; Policy). One had the view the market will change this, predicting high density complexes will be more commonplace in the future. The discourse tool of absence highlights there is little engagement with some issues, 'pretty big blocks raises issues but be that as it may' (iv 6; Town Planner). This lack of engagement was evident too with Councils and policy actors who had concerns about the size and location, in particular being distant from transport and services, it is 'a grey area in terms of planning because they are private businesses you know' (iv 2; Policy).

Voluntary sector providers claim they are unable to compete with residential and commercial developers for land. Indeed one professional stated 'there is a mindset there that not for profit can't afford it that however we are not given the opportunity' (iv 4; Architect). They state they are largely restricted to land on the urban fringe. The stand alone nature of outer urban complexes has been addressed with some Council's planning regulations requiring access to transport and services (D12; Council Strategy). The peak body representing providers advocates strongly against this stating 'large retirement communities can underwrite provision of community and commercial services' by incorporating them into the complex's infrastructure' (D14; Submission). The peak body submission as well as numerous actors (iv1; Town Planner, iv4; Architect, iv5; Policy, iv8; Architect) consider the impact assessment process with Council onerous, costly, as well as leading marginalization to outer fringes. They have advocated strongly and successfully with some Councils (D20; Council Strategy, D13; Council Plan) to have this modified to code assessable. The

size of the complex will therefore not be a consideration as community consultation is not needed and the recommended code does not regulate the spatial dimensions of the residential facility.

3c. segregated within

Spatial modifications are seen to be necessary by developers if a complex incorporates both a nursing home and retirement villas. A number of sources highlighted the need to divide (hide) the nursing home from the retirement village as you 'don't what to know what lies ahead' (iv 1; Town Planner), 'you don't want to look at them…don't want to see it everyday' (iv 7; Developer). Further segregation within a segregated space is the result, a manifestation of spatial ageism. The perception is 'very strong' among developers (iv 6, iv 7) of the importance of separating active from frail older people, 'they don't want to be reminded and therefore often in our brief, and the architect's brief is a requirement to have separate entries, separate addresses, you know different streets …certainly in terms of entry and exits they would be very divorced' (iv6; Town Planner). This practice is one of segregation within a segregated space.

Discussion

The development professions consulted in this study can be seen to be a microcosm of society, making generalisations and assumptions about older people. A discussion examining the above data in light of scholarship on ageism is heeded.

Ageism, a term in use for less than forty years originated with Robert Butler (1969), who was offended by the systematic stereotyping and discrimination of older people.

This definition was expanded by Palmore (1999), who emphasised that ageism occurs when there is any prejudice or discrimination against or in favour of an age group. Ageism can therefore have a positive or a negative form. Australian scholarship on ageism is thought provoking, with Victor Minichiello & colleague's (Minichiello, Somerville et al. 2005) work on the clues in our language that indicate ambivalence towards ageing. They put forward three ways that society indicates its ambivalence to ageing. These concepts, *essentialising* that is over generalising about a group and thereby ignoring diversity, *othering* as the way in which older people are always portrayed as other to ourselves, and *superannuating* where we assume older people belong in another time and are not part of the contemporary world. This is complemented by Jocelyn Angus & Patricia Reeves (2006) use of 'commonsense reality' by which stereotypic assumptions are perpetuated. Angus & Reeves drew on Simon Biggs' (1993) work on unquestioned beliefs that people have that legitimates behaviours and limits the possibility of imaging and operating on alternative realities. This means we are often not aware of the basis of our own assumptions.

Consideration of the views and working documents of development professionals involved in housing for older people in light of the above definitions of ageism enables the assertion to be made that their practice is both a cause and effect of ageism. Taken for granted assumptions is embedded in the expert knowledge of the professionals essentialising older people as dependent and in need of care, as well as limiting housing to the 'commonsense understanding' of the appropriateness of residential complexes. Othering, portraying older people as belonging to another place is a consequence. There are exceptions however with genuine care and concern

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for older people. Whilst these findings from a qualitative study do not permit generalisation, the research did find consistent themes.

Policy Implications

This research brings to the fore a number of interconnected concerns. As noted in all literature on ageism, identifying and addressing it is a difficult task. Ageism is entrenched in Australia having been a persistent feature since colonial times. It is however receiving increasing acknowledgement across Australian society, as a priority within National and State Government policy, peak bodies, and in education programmes for health and welfare professions. Older people's groups too seek to address ageism, a good example being Older People Speak Outs' promotion of positive images of older people in the of media. The involvement of older people in steps to address ageism is vital; only they know what it is like.

Addressing ageism requires initiatives on a number of levels. Experience in addressing racism and sexism assists with this recommendation, mindful though that unlike racim and sexism, ageism will touch us all. Firstly, addressing ageism requires gaining insights, knowledge and skills on a personal level, in particular seeking to understand one's attitudes to ageing and how this is linked to one's behaviour. The participation of older people in such initiatives would bring expert knowledge. The work of Biggs (1993) and Angus & Reeves (2006) informs us that it is imperative that an understanding is sought of the interests that are served by the holding of 'commonsense' stereotypes. Secondly, change is needed in the systems that perpetuate ageism. In the context of older people's housing the interconnection between funding and policy practices across multiple tiers of government, powerful

providers and business acumen all requires critical analysis. Initiatives in regard to these two points are outlined below.

1. The *Community for All Ages-Building the Future* provides an interesting model for discussing and debating the nuance of ageism. This series was a dialogue between professionals in the design of Australia's built environment in regard to designing for people to accommodate changes as they age. This speaker's series was an initiative of the Commonwealth Government, responsible for the ageing portfolio, recognising the common reason for admission to care is inappropriate housing. It sought professionals participation in a 'dialogue' in regard to housing, a portfolio that is the responsibility of the States. It remains to see the effects of this programme, or the interest in it by developers, but it appears to be a worthwhile model for bringing professionals involved in the built environment together.

A dialogue is recommended as an alternative to the common means to address design issues (in this case ageist practice) which is to set standards and codes. A side effect of the setting of standards is that design is seen to be something that is applied or *done* rather than something which is thought about (Franklin 2001). Bridget Franklin cites Ali Madanipour's (1996) salient assertion that the possession of skills to design and transform space is seen to more important than skills for reflection and theorisation about space. For this reason it often has greater creditability with policy makers. Issues of a complex nature such as ageism are not amenable to standards; reflection is required. Professional bodies too are in a good position to encourage reflection and discussion about ageism and how it is manifest as well as the consequences not only for older people but for society as a whole.

2. The housing and accommodation system for older people, underpinned as it is by ageism has been shaped and continues to be shaped by the interplay between business interests and government funding for aged care; differing and sometimes conflicting jurisdiction across three levels of government for aged care, retirement villages and housing; as well as markedly different ideologies; all coming together. Not only are these systems complex for consumers and providers alike, they do not form a coherent housing policy. The sytem we have now is one of default. The Commonwealth Government has recently announced a complete review of Australia's tax system, and it is timely for a similar approach in regard to services and supports, including housing for older people. An open discussion across all society, inclusive of older people is needed to consider the design of social policy fitting a rich liberal humane society.

3. Australian developers on the whole to look towards the United States for development models for residential complexes. There are some exceptions with providers developing alternatives such as homes for life and cohousing. These are Northern European models of housing where there is a greater interest in self directed communities and collective participation (Bernard, Bartlam et al. 2004). These models pose difficulties fitting with the requirements of economies of scale and business acumen that characterises Australia's housing for older people. All these points indicate to the need for careful discussion and analysis. The literature and outcomes associated with other models of housing are well researched and recognised within gerontology. There is room for increased engagement between gerontology, ageing research centres, and older people with policy actors and development

professionals in regard to housing and older people, to facilitate the consideration of other models of housing for Australia.

Conclusion

The substantive points from this article highlight the link between ageist practice of development professionals and the standing and growth of large residential complexes in Australian society. Despite many professionals showing respect and care for older people, assumptions, generalisations and commonsense euphemisms make up their working knowledge. This is often linked to business acumen. There is room for a greater engagement between gerontology, older people and the professions involved in the development of residential complexes. This needs to be part of a critical reflective process in practice and policy across society to challenge entrenched working knowledge and ageist attitudes about the lives and living environments of older people.

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