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Older women who live alone:
an interpretive approach to bridging the gap
between lived experiences and policy
discourses

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Submitted in fulfilment of the requirements for the Degree of

Doctor of Philosophy

University of Tasmania

June 2011

Declaration

This thesis does not contain any material which has been accepted for a degree or diploma by the University or any other institution, except by way of background information and duly acknowledged in the thesis. To the best of my knowledge and belief, this thesis does not contain any material previously published or written by another person except where due acknowledgement is made in the text.

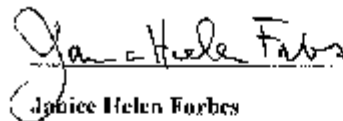

Janice Helen Forbes

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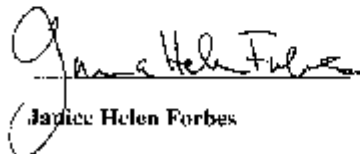

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Date

Statement of Ethical Conduct

The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, the guidelines by the Australian Government's Office of the Gene Technology Regulator and the rulings on the Safety, Ethics and Institutional Biosafety Committees of the University.


Janice Helen Forbes

8 June 2011

Date

For Valentina, Greta, Louise, Anne, Rhona and Hazel,
members of the Independent Housing Group,
with love and respect.

Abstract

I have applied an interpretive approach to an investigation of the gap between the lived experiences of older women who live alone and policy discourses on population ageing and housing.

The research and policy literature on ageing and housing finds that older women who live alone are at increased risk of financial hardship and social marginalisation, issues that could be improved by housing policy responses; however, evidence on the perspectives of residents is limited. My major finding is that the social construction of 'ageing as a problem' in policy discourses differed in some important respects from the presentation and perspectives of the residents, and the issues that they identified.

The study group members were 35 women, ranging in age from 53 to 87 years of age. I also interviewed eight workers from housing and aged care. The women were all interviewed in their homes, in urban and regional locations in Southern Tasmania. All but one of the workers¹, were interviewed in workplaces. The discourses of women and workers were analysed for themes and then compared. The main themes I identified from interviews with the women were caring for and considering others, making light of problems and inconveniences, and staying independent and not being a burden. The main themes I identified from interviews with workers were 'they' are vulnerable and lonely, 'they' need specialised housing, and 'they' won't move. However, both the women and workers agreed on one key point: that older women, who live alone, lack access to affordable and appropriate housing options.

In the Findings section, at Table 3, I have presented these competing interpretations of housing issues for older women as a hypothetical conversation between the women and the workers. The voices of the study group women have provided a counter-narrative

¹ One was interviewed in his home.

to ageism in policy discourses that has recast these older women who live alone in a positive light, as resourceful and resilient not vulnerable and lonely.

I have then drawn parallels between policy discourses on ageing and three typologies for the analysis of social exclusion discourses identified by Levitas (1998) which have served to perpetuate the stigmatisation and social marginalisation of disadvantaged people like these women.

I have concluded by making suggestions, through a Utopian lens (Levitas, 2003; 2001), for policies that respond to input from the women I interviewed. I have suggested a new era of respecting older people, a coherent national policy response to housing an ageing population, rejection of institutional accommodation options, creation of age-friendly housing and communities, and a system of services and subsidies to help older residents maintain their independence for as long as possible, including mentoring services to help them with complex decision-making about moving or staying.

Acknowledgements

Firstly, thank you to Professor Natalie Jackson, for encouraging me to undertake this study; for our inspirational conversations in the early stages; for being a friend; and for reassuring me in the final stages that my findings were proper material for a PhD

Thank you to Associate Professor Keith Jacobs, who became my supervisor after Natalie left off, once she realised I was going down the qualitative path. Thanks to Keith for helping identify an appropriate theory and method for my topic; and for providing guidance at key points. This included asking if I'd heard about symbolic interactionism; and suggesting I read Denzin and Levitas. Thanks also for tirelessly endeavouring to keep me to timeframes.

Also to Dr Kristin Natalier, for discussing the method in the early stages; for reinforcing Keith's message about Denzin and for her concern that I had not at that point stated an explicit research question, which led to my implicit question being articulated.

Thank you to Dr Michelle Gabrielle for her advice on presentation in the final weeks before I submitted. This resulted in some restructuring, reframing and re-presentation.

Thank you to Dr Rowland Atkinson who acted as my Associate Supervisor while he was Housing Research Fellow at the University of Tasmania; in particular for referring me to the work of David Silverman, the rock and roll star of qualitative research; and for challenging me to prove that I hadn't made it all up.

Thank you to Dr Daniel Lunney, for introducing me to existential phenomenology, through the writings of R. D. Laing so many years ago; for his encouragement and in the final stages, for editorial advice through the eyes of that rare species, an existential phenomenological research scientist.

Thank you to Dr Brent Dean Robbins, Assistant Professor of Psychology at Point Park University, Pittsburgh, Pennsylvania, for discussing the methods of phenomenology with me.

I am grateful to my extended family, just for being there and for their forbearance, although they were spared much of the pain of this exercise by virtue of living elsewhere most of the time. I thank most particularly my children Andrew Sinclair and Beth Alkhair and their respective spouses (my daughter-in-law Jennifer Sinclair and my son-in-law Nawar Alkhair), for my five grandchildren: Alexander, Oliver, Oscar, Aneira and Elijah who were all born while I was undertaking this study. Their births have filled my life with joy and generally kept my spirits up.

Particular thanks to my husband, Glenn Forbes, for helping with literature searches and computer support; and to my son, Preston Forbes, for questioning the absence of the human and experiential in Western philosophy and scholarship.

Thank you to Ralph Middenway, editor and composer of Hobart, Tasmania, for helping me to make what I wanted to say so much clearer.

I am indebted to the eight workers, some of them my colleagues, who gave of their time and expertise to talk about housing issues for older women who live alone.

Finally, I extend my deep and lasting gratitude to a group of older women living alone in Southern Tasmania who invited me into their homes, and generously shared their stories. What I have learned from them has enriched my life beyond anything that I could have imagined.

Prologue: Reflections of the author

When I first started writing this thesis I felt as if it was a tapestry or a weaving of threads. When writing up the findings it felt more like a work of art, where, by selecting some components and discarding others, I created a portrait of what the people I interviewed had said. When I completed the first full draft I felt as if it was a bronze sculpture that I had finally beaten into shape, having laboured so long and hard over it. I hoped that this meant it was a solid piece of work. Having responded to the comments of my colleagues, and undertaken further polishing and editing, I hope that I have transformed what was a heavy object into a piece of work whose reflected light might reach an audience of academics.

While the idea for this study may have been a somewhat original take on a perennial topic, during the ten years that it has taken me to complete, other Australian researchers have published findings consistent with mine, and that support the work I have done. I note in particular: research led by Bruce Judd on dwelling land and neighbourhood use by older homeowners (Judd, Olsberg, Quinn, Groenhart *et al*², 2010); research led by Andrew Jones on service integrated housing (Jones, Howe, Tilse, Bartlett and Stimson, 2010) and home maintenance and modifications (Jones, De Jonge and Phillips, 2009, 2008); the report by National Seniors, Moving or Staying Put (National Seniors, 2009); a review of international literature by Liu and others on what makes communities age-friendly (Liu, Everingham, Warburton, Cuthill *et al*, 2009); work by Kathy Arthurson and Keith Jacobs on social policy discourses in Australia (Arthurson and Jacobs, 2009); research led by Catherine Bridge on housing as a home base for older people (Bridge, Phibbs, Kendig, Mathews *et al*, 2008; Bridge, Phibbs, Kendig, Mathews *et al*, 2007); work on the discursive turn led by Bronwyn Davies (Davies and Davies, 2007); and research by Cherry Russell (2007) on lived experiences of ageing.

² Citations containing the names of more than four authors have been truncated.

Finishing now is opportune. The last ten years have been a period of rapid change in Australia, and after the Global Financial Crisis, some things have fallen into place. While some predictions were pointing that way, the dreadful (or at least part of it) has happened. While Australia may be less affected economically than other countries, we are feeling the effects of a downturn that could be with us for a long time. These changes have increased the challenges facing governments that seek to develop policies for housing an ageing population.

Although challenging times may lie ahead, I am confident that the creativity and resourcefulness of my own Baby Boomer generation will help to position their ageing selves for living well in later life. Despite some harsh criticisms of this generation (Begala, 2000), there are signs that many are rejecting the individualism and consumerism so often used to describe them, and are returning to simpler, socially connected lifestyles through involvement in community groups. At least, this is happening in my own community in the Waterworks Valley, where people are developing sustainable practices and attitudes, like cycling and organic gardening and the holding of an annual harvest festival showcasing local produce.

When I started this study in late 2000 I did not consider ageing or living alone to be highly relevant to me. I did not consider myself to be old. I had come to feel compassion for a group of older women and I was doing this study for 'them'. I was interested in identifying housing options for 'them'. Ten years down the track, I have grown somewhat closer to medically-defined older age myself and my own life has evolved from living in a family situation to living alone. These personal experiences have enabled me to gain a fuller appreciation of the perspectives of study participants. What I have learned from undertaking this study has also helped me to adjust more readily to growing older while living alone.

I came to this study with an expectation that older women who live alone would be leading miserable lives, without joy or hope, simply because they were old, and

presumably nearing the end of their lives. I imagined old age to be an unattractive and fearful subject; a subject that I had avoided until embarking upon this study. It was a challenge reading the literature on ageing initially. Despite my misgivings, consistent with the method I had chosen, I made a silent commitment to myself and to the women, that I would undertake this study for them with love and respect, and would present the findings in a way that would be meaningful to them.

Having studied the issues, I have come to realise that the women in the Independent Housing Group had not come forward lightly. Nor was their coming forward an indication that they were a dependent or a burdensome group. They were responsible and contributing citizens, speaking out about issues that didn't make sense to them. This study has revealed that these women are the kind of people who are accustomed to considering the needs of others before their own, and who only ask for help when they really need it. They were asking for help because they had encountered issues that they could not address by themselves. I wanted their voices to be heard and in undertaking this study I have documented their issues and left a tangible record.

As a result of undertaking this study I have gained benefits beyond the findings reported, personal benefits from listening to older people speaking. I have learned about some of the positive and rewarding aspects of living a long life; and about what it takes to age well; initially hoping to stave off ageing; then finding inspiration from study participants to be thankful and accept what life brings. I have learned to question my assumptions about my own ageing and that of others. I have gained a sense of the history of the areas where study participants have lived. I have heard stories of life in Nazi-occupied Europe; of the refugee camp in Brighton, Tasmania; and of farming families in Southern Tasmania. I have heard moving stories of trauma, loss, suffering and endurance, which are not included in the transcripts. I have been touched and transformed by the dignity and indomitable spirit of the women I have interviewed, although I cannot describe exactly how this feels in a few words.

I dare say that it was my own realisation about the detrimental nature of ageism that influenced me to adopt such a critical stance towards the stereotypes and simplistic solutions often portrayed in policy discourses. Without the benefit of the insights provided by this study, which involved listening to older women speaking and questioning my own assumptions, I might not so readily have challenged the views of my colleagues. It was not my intention to catch my colleagues out, and any harsh words that I may have used when discussing these issues also need to be read as a castigation of myself for my initial position. The findings are a lesson to all researchers and policy professionals, of the importance of listening to and valuing the perspectives of people whose voices have been marginalised.

During the time it has taken me to complete, I feel as if I have evolved into a sociologist, from unlikely beginnings in psychology and history. When I re-read *Sociology Reinterpreted* by Bergman and Kellner (1981) recently, I no longer saw this book as a set of abstract words and concepts of little personal relevance to me. This time I felt that my eyes were wide open and I was saying to myself with interest and excitement: 'Yes, I understand that! Yes, I've done that!'

I trust that in sharing what I have learned from undertaking this study that other people's lives will be similarly enriched.

Contents	ii
Declarations	ii
Dedication	iii
Abstract	iv
Acknowledgements	vi
Prologue: Reflections of the author	viii
Table of Contents	xii
Abbreviations	xviii
Part A: Research and Policy Context, Theories and Methods	1
Overview	1
Chapter 1: Research and policy context	1
Introduction	1
Background	2
Aims	5
Purpose	6
Research and policy context	6
1. Ageing	12
2. Structural ageing	14
3. Feminisation of ageing	16
4. Ageism	20
5. Housing	27
6. Health and wellbeing	43
7. Social isolation and loneliness	53
8. Neighbourhood context	56
9. International context	60
Summary and conclusions	63
	xii

Chapter 2: Theories and methods	67
Introduction	67
Part 1: Theories	68
An interpretive approach	68
Reframing the later life course	71
Existential phenomenology	74
Social constructionism	77
Critical theory	82
Feminist theories	83
Environment and ageing theory	86
Part 2: Methods	88
Interpretive biography	88
Participatory, grounded and quasi-ethnographic	89
Selection of participants	93
Interview questions	94
Interview process	96
Approach to analysis	97
Reporting on the findings	99
Evaluating interpretive research	100
Conclusion	105
 Part B: Findings	 106
 Chapter 3: Summary of findings and a profile of the group of women	 107
Introduction	107
Summary of findings	107
A counter-narrative	120
Profile of the women	124

Chapter 4: Caring for and considering others	128
Introduction	128
Reciprocal caring relationships	130
Caring for husbands	135
Getting along with neighbours	138
Neighbours in rural areas	141
Troublesome neighbours	143
Chapter 5: Making light of problems and inconveniences	148
Introduction	148
Emphasising positives	148
Making light of problems	153
Living alone	159
Managing loneliness	164
Managing ageing identities	169
Chapter 6: Staying independent and not being a burden	171
The meaning of home	172
Getting help	177
Transport issues	182
Moving or staying	186
Affordability issues and a lack of options	199
Taking life as it comes	202
Chapter 7: Interviews with the workers	204
Introduction	204
They're vulnerable and lonely	205
They need specialised housing	208
They won't move	216
Affordability issues and a lack of options	220
Summary and conclusions	226

Chapter 8:	Competing interpretations	228
	The presentation and perspectives of residents	228
	The perspectives of the workers	238
	The crux of the dilemma	244
 Part C: Overview and Implications		
Chapter 9:	No-one is listening	246
	Ageism in policy discourses	248
	Three parallel policy discourses	251
	– Burden of ageing	251
	– Successful ageing	254
	– Age integration	256
	Conclusion	258
Chapter 10: Listening and responding		260
	Overview of chapter	260
	Introduction	260
	Respecting older people	261
	A coherent policy response	264
	A rejection of institutional accommodation	266
	Age friendly housing and communities	268
	A broad spectrum of services and subsidies	272
	Help with making complex decisions	273
	Summing up	275

Epilogue	280
Emerging questions	284
References	286
Glossary	363

Appendices

- 1 Interview forms and questions
- 2 Transcripts of interview with the women³
- 3 Transcripts of interview with the workers⁴
- 4 Profile of the women
- 5 Profile of workers

Tables

- | | | |
|---|---|-----|
| 1 | Definitions of key concepts | 9 |
| 2 | Evaluation criteria | 103 |
| 3 | Hypothetical conversation between the women and the workers | 122 |

³ Transcripts of interview are on CD, in an envelope inside the back cover.

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Abbreviations

ABS - Australian Bureau of Statistics

ACOSS - Australian Council on Social Service

AHURI - Australian Housing and Urban Research Institute

AIHW - Australian Institute of Health and Welfare

CACP - Community Aged Care Package

DHHS - Department of Health and Human Services (Tasmania)

EACH - Extended Aged Care at Home

FaCSHIA - Family and Community Services, Housing and Indigenous Affairs

GFC - Global Financial Crisis

HACC - Home and Community Care

IGR - Inter-Generational Report

NAHA - National Affordable Housing Agreement

NSW - New South Wales

OECD - Organisation for Economic Co-operation and Development

UNDP - United Nations Development Program

UNRISD - United Nations Research Institute for Social Development

UNSW - University of New South Wales

UWS - University of Western Sydney

WHO - World Health Organisation

Section A: Research and Policy Context, Theories and Methods

Overview

This introductory section contains two chapters.

In the first chapter I describe the background, aims, purpose and scope of this study and the research and policy context for the housing of older women who live alone, in Australia and elsewhere. I have defined and discussed some key concepts derived from the literature, including: ageing, structural ageing, feminisation of ageing, ageism, health and wellbeing, housing and related issues, social isolation and loneliness, neighbourhood context and the influence of international trends.

In Chapter 2 I have described the theoretical framework, comprising an interpretive approach that has been informed by the philosophy of existential phenomenology and the epistemologies of social constructionism, critical theory, feminist theories and environment and ageing theory. I have then described the interpretive biographical methods that I have used in this study and I have concluded the section by proposing a set of criteria for evaluating interpretive research, by which this study might be evaluated.

Chapter 1: Research and policy context

Introduction

In this thesis I have sought to address a knowledge gap in policy discourses about how older women who live alone experience their housing. I have done this by interviewing older women who lived alone, interviewing currently-accepted professionals working in the area, and exploring issues for this group of residents. I have explored the linked issues of housing, gender, health and wellbeing; the strategies that older women use for

maintaining independence and adapting to the challenges of growing older while living alone; and their future housing intentions.

I have cast older female residents as the experts on their own housing situations and I have encouraged them to discuss the issues that were important to them. I have compared and contrasted the discourses of residents with the discourses of professionals working in the area; and I have foregrounded the voices and perspectives of residents.

I have set my interpretation of the findings within a context of rapid and unprecedented social and economic change in Australia and globally. I have questioned entrenched positions of power and ownership of knowledge and I have produced alternative and self-empowering discourses (Conway and Hockey, 1998) that have privileged older women's ways of knowing (Oakley, 1999; Belenky, Clinchy, Goldberger and Tarule, 1986), including the presentation of a counter-narrative from residents, one that resists ageism in policy discourses.

Consistent with an interpretive approach, I have made no definitive claims. I have acknowledged and respected a broad spectrum of perspectives; and I have raised questions and investigated further, leading to further questioning. In concluding I have considered the policy implications and I have made suggestions for the future in response to the voices of residents, while acknowledging that many questions remain unanswered. I have also outlined some questions for future research.

Background

This study grew out of my observations while I was involved in a work-based project, that eventuated after a group of older women had come forward saying that they had issues with their housing and that no-one was listening. This led to my conducting a one-year action research project with a group of older women who lived alone. Prior to the project's commencing, the women had applied to the state government for funding

to 'establish a women's housing association'; however as homeowners, they were not eligible for assistance. Instead, my manager asked me to work with the group to explore their issues and to identify options that might be offered to them (Forbes, 2000).

A survey of the group revealed that the majority of residents, comprising about one dozen women, were home-owners who said they wanted help to stay in independent housing. I worked with this group. For the purpose of the consultations, these women chose to call themselves the Independent Housing Group. At the beginning, the women identified that although they were all women, they were not interested in helping only women. They were interested in identifying housing options that would also be applicable to older men.

The one-year project with the Independent Housing Group revealed that their main issues were: access to information, assistance with home maintenance, a dilemma about moving or staying, affordability issues, and a lack of options (Forbes, 2000), issues relevant to a large and growing proportion of the population.

Working with the Independent Housing Group revealed that the then currently available housing options for older people were not well suited to supporting them to stay in independent housing in the community as they grew older. Currently available options designed specifically for older people were focused primarily on bricks-and-mortar responses like accessible housing, and proximity to support and medical care. These purpose-built retirement units provided by aged care institutions were segregated from the wider community; a legacy of housing practices that have been described as a form of 'warehousing of the old' (McIver, 1978).

Community-based aged care is delivered within similar institutional frameworks. Both retirement units and community-based aged care services are constrained by funding guidelines and rationing of services that have limited their availability and flexibility. This system has produced few, if any, housing options that would support the

Independent Housing Group's choice to grow older while living in independent housing in the community.

In working with the Independent Housing Group to identify options for them, I found that innovative models existed elsewhere. Cohousing or *bofællesskaber* (McCamant and Durrett, 1998) is widespread in Denmark and North America. The model was developed in Denmark and is popular with single older women in that country; who are the most numerous group living in Danish cohousing (Hansen, Dahl, Gottschalk and Jensen, 2000).

Cohousing appeared to offer the potential to provide accessible independent housing in age-integrated living environments, where older residents would have opportunities for the community involvement, social support and informal help they needed.

Cohousing appeared to be a good place to grow older. Opportunities for resident input into design opened the way for age friendly design in many cohousing communities in Denmark and the United States. The design also provided control over privacy and personal space.

Cohousing communities exist in Australia, including in Hobart, although mostly younger people live there. At my behest the Independent Housing Group toured the two cohousing communities in Hobart and expressed interest in this model, which inspired my Churchill Fellowship study trip on 'the application of age-integrated cohousing for older people' (Forbes, 2002). The main findings included that opportunities for contact with children were regarded by residents as one of its most positive features (Forbes, 2002). A drawback was that cohousing did not appeal to everyone. For an older person the amount of time and energy required, either participating in a formative group, or participating in ongoing management could be daunting. To be successful the cohousing model requires that a high proportion of residents be involved in the community, and have skills and interest in building and maintaining community ties. Cohousing is also more costly than mainstream housing

and unlikely to be affordable for people with low incomes and limited assets, and would be unlikely to attract government funding in Australia, given the need to provide government services cost-effectively (Forbes, 2002).

At the end of the project the Independent Housing group was instrumental in holding a well attended⁵ public forum in Hobart, called 'Taking Action: housing options for older people' (Forbes and Holford, 2000). A key recommendation of the Taking Action forum was that older people wanted to have a service that would provide them with:

Access to information through a one-stop-shop that would provide face-to-face information and advice about housing issues (not just booklets and online information) ... where people could discuss their specific circumstances with someone who could guide them towards the type of information or service that would help.

Following the conclusion of the one-year project with the Independent Housing Group, having come to know the women and finding that their issues remained largely unresolved, I concluded that they and other women like them, would have important stories to share with a wider audience, about their housing experiences and intentions, stories that were not reflected in the policy debate on population ageing and housing. The purpose of this study has been to give older women who live alone a voice, to highlight the issues that they identify as important, and to consider the implications and suggest options.

Aims

Many housing issues that are discussed in this thesis also apply to older men, and late life vulnerability and social marginalisation are not unique to older women (Quine, Kendig, Russell and Touchard, 2004). However, this study was undertaken in response to a dilemma expressed by a group of older female residents who were living alone in

⁵ Over 170 people attended the forum, comprising a mix of older residents of both genders and workers in relevant areas.

Southern Tasmania. They were experiencing a dilemma because they could find no simple and straightforward answers to questions like how can I manage to stay in my own home, or how can I manage to stay in independent housing as I grow older.

Purpose

The purpose of this study is to highlight the voices of these women, drawing on their housing experiences and intentions through a series of interviews. My specific aims were to use the findings to:

Question assumptions underlying policy discourses on population ageing and housing;

Critically evaluate housing policy and provision for older people in Australia; and

Make suggestions that respond to input from residents.

This is an empirical study of lived experiences in real-life situations and the main research questions were:

What issues are important to older women who live alone?

What are the links between housing and other aspects of residents' lives?

What could the study group women do to improve their own housing situations?

What do policy professionals working in the area have to say about housing issues for older women who live alone?

How might housing policy and provision be improved in ways that responded to input from residents?

Research and policy context

The topic sits across the disciplines of feminist sociology (Sargent, Nilan and Winter, 1998) and feminist gerontology (Ray, 2003, 1999); and spans an extensive cross-

disciplinary literature. Feminist sociology is a tradition that recognises the different social positioning and experiences of men and women at the local level of society and culture, and at the global level of international relations and politics; and that seeks to analyse traditional sociology in order to contribute to a reconstruction of all areas of sociological theory through the lens of age and gender (Sargent *et al*, 1998). Feminist gerontology examines the complexity of gender and gender relations, how gender influences experiences of ageing; and the politics of research and theorising about the lives of older people (Ray, 2003; 1999).

In this study I have drawn on and synthesised concepts and approaches from a range of other disciplines, including housing studies, psychology, biology and medical sciences; feminist studies, urban studies, economics and geography; and historical, biographical and narrative research.

A search of the research and policy literature using the search terms: housing, women, home, health, wellbeing, ageing, gender, experience, social isolation and loneliness, mortality and morbidity, alone or in combination, yielded limited results for Australian studies initially. However the resulting literature enabled the identification of a set of concepts that described linkages between housing and living environments and the health and wellbeing of older women. These concepts informed further literature searches that have been regularly refined and updated. Concepts considered important include: ageing, structural ageing, feminisation of ageing, ageism, successful ageing and related terms, housing, health and wellbeing, psychosocial factors, social inequality, social support, social integration and neighbourhood. (See Table 1 below for definitions of key concepts.)

In the remainder of this chapter I have discussed concepts and findings from the literature. The discussion supports a case for a separate consideration of housing issues for older women who live alone, the importance of housing and living environments to

their health and wellbeing in older age, and the relevance of phenomenological approaches to feminist research on ageing, housing and gender.

Where possible, I have cited Australian studies, and studies involving older people and older women. Given the breadth of research that is covered, I have not attempted an in-depth analysis of the finer details of what terms like 'wellbeing' and 'ageing well' mean; or how to achieve and measure them: the purpose has been rather to describe a set of concepts against which further knowledge claims might be assessed (Sandberg, 2005). Consistent with an interpretive approach, the concepts, while evidence-based, are drawn from the literature, in particular from literature reflecting the perspectives of older people and which provide counter arguments to ageist assumptions. The literature review is holistic and is neither exhaustive nor definitive, nor are the concepts intended to represent a hypothetical model to be tested; rather, this chapter presents my preliminary attempt to synthesise a large amount of information into a meaningful narrative in order to make sense of a complex evidence base.

Table 1: Definitions of key concepts

1. **Ageing** is a lifelong process that occurs at different rates for different people. Every society uses age categories to describe different life stages; categories that are socially constructed rather than inevitable. Biological age differs from chronological age. As people age their functional ability and health decline and their frailty increases. However, ageing is a dynamic process and older people are a diverse group. There is little evidence to support a linear process of decline in older age. (Markson, 2003a) Other key concepts associated with ageing include:
2. **Structural ageing** is a relative increase in the proportion of older people. A sharp increase in the number and proportion of older people is predicted to lead to reduced productivity, a shrinking taxation base and increased expenditure on income support, health and aged care that will threaten economic prosperity (Australian Government, 2005).
3. **Feminisation of ageing** refers to the growing proportion of women living alone in older age, mostly on low incomes; with limited assets and limited housing choices; a situation which is detrimental to their health and wellbeing and to the wellbeing of society.
4. **Ageism** occurs when a person receives less favourable treatment or maltreatment, as a result of negative discrimination or stereotyping, on the basis of age; which may include being refused credit, finance or insurance; receiving a lower quality service (Age Concern, 2009); or discursive ageism whereby a person is spoken or written about in ways that devalue their social status, including by ignoring them (Lie, Baines and Wheelock, 2009).

5. **Housing** is the physical base or shelter from which residents live social lives; providing safety, security and privacy that supports daily activities of living. It affects health and wellbeing throughout life, including through availability of services that support independence and choice in older age. Inadequate housing can be detrimental to health and wellbeing. The relationship is complex for a range of contextual and personal reasons.
6. **Health and wellbeing** refers to a subjective sense of health and wellbeing that is influenced by structural, social, personal and contextual factors, including: socio-economic status, education, psychological strength, social support, and other psychosocial factors which interact with housing and living environments. Ageism is detrimental to health and wellbeing; influencing a low sense of personal control and negative self-perceptions.
7. **Social isolation and loneliness** is defined here as the subjective expression of dissatisfaction with a low number of social contacts, as distinct from aloneness or solitude, which can be a personal choice (Hall and Havens, 1999).
8. **Social integration** provides a buffer against loneliness and social isolation and can be a source of instrumental and practical support that can ameliorate the effects of housing stressors and disablement. It contributes to maintaining positive social relationships with relatives, friends and neighbours and supports participation in the wider community. It is associated with health and wellbeing.
9. **Neighbourhood:** Neighbourhood contexts (or living environments) that are congruent with a person's needs can enhance their health and wellbeing and housing satisfaction; including as a result of attachment to place, positive relationships with neighbours and enhanced social and physical living environments.

10. **Economic globalisation** refers to an agglomeration of macro-economic policies that support the operation of free markets, which since the 1970s have contributed to a set of profound economically driven social changes that have arguably increased risks for vulnerable groups within society.

1. Ageing

In this section I discuss the concept of ageing and associated issues. Ageing has been described by Markson (2003a) as:

A lifelong process, a biological sequence of events that begins at birth and ends with death. Every society uses age categories to divide the ageing process into stages or segments of life. These life stages are socially constructed rather than inevitable.

Biological ageing occurs at different rates for different people and a person's chronological age can differ from their functional age, contributing to heterogeneity in older age groups (Rockwood, Fox, Stolee, Robertson *et al*, 1994). I have used the term 'older' here to refer to people who are over 50, or from late middle age through to late old age; in preference to terms like 'aged' or 'elderly', in order to emphasise that ageing is a relative and subjective concept.

The concept of chronological ageing has been defined variously in population surveys, referring to those who are 50-plus or 60-plus or 65-plus. In developed countries, people are traditionally considered to have reached old age at the age of 65, with those under 75 years of age referred to as the 'young-old' and those over 75 years described as the 'old-old' or 'frail aged'. The latter term reflects negative age stereotyping or ageism⁶ that assumes frailty is a uni-dimensional and age-related concept common to all people over a certain age (Markle-Reid and Brown, 2003). Inadequate support has been found for the dichotomisation of older age into young and old phases with specific housing and location preferences (Warnes, 1994). Nonetheless, it is primarily amongst the oldest age groups, who have high rates of disability, where need and demand for specialised aged care services and housing is believed to increase (Hugo, 2003).

Frailty refers to a body wide set of linked deterioration associated with ageing. Although there is a lack of consensus on the meaning and use of the term (Rockwood, 2005), evidence suggests that the medical concept is multi-

⁶ See section on "Ageism" for further discussion.

dimensional; that it is influenced by physical, psychological, social and environmental factors; and that it is reversible and amenable to intervention (Woo, Goggins, Sham and Ho, 2005; Markle-Reid and Brown, 2003). For example, findings from research on how well people do in nursing homes has 'challenged assumptions about the linearity of the continuum of long-term care services' in people over 85 (Finlayson, 2002).

As people age their functional ability and health decline and their frailty increases, and yet ageing is a dynamic and individual process, with around 20 to 30 percent of people over 75 years of age continuing to maintain good health and functional ability well into late old age (King, Mainous and Geesey, 2007; Seeman, Rodin and Albert, 1993), including findings that some people whose functioning has deteriorated show improvements (Sulander, Rahkonen and Uutela, 2003; Hébert, Brayne and Spiegelhalter, 1997).

Current older generations in Australia are a diverse group with almost one quarter having been born overseas, making them one of the most diverse migrant populations in the world (Rao, Warburton and Bartlett, 2006; ABS, 2004a; Weston, Qu and Soriano, 2001). They are also diverse in terms of health (Mathers, Vos, Stevenson and Begg, 2001), socio-economic circumstances (Harding, King and Kelly, 2002) and use of services (Byles, Powers, Chojenta and Warner-Smith, 2006). However, they share some important characteristics. Around 80 percent of Australians over 65 years of age are home-owners (Yates, 2000). Other commonalities include that the majority have reported that they are satisfied with life, with only six percent expressing dissatisfaction (ABS, 2004b). Over one third have rated their health as 'good' and almost another third have rated their health as 'very good' to 'excellent'; although self-rated health was lower in oldest age groups (ABS, 2004b). The vast majority of older Australians have not identified social isolation as an issue, with 94 percent of people over 65 reporting weekly contact with family and friends, and only one percent reporting no such contact (ABS, 2004b).

Below I have defined and discussed concepts and issues relevant to experiences of ageing, housing and gender, under the headings structural ageing, feminisation of ageing, ageism, history of ageism, ageism in health and community services discourses and ageism in research literature.

2. Structural ageing

A key policy issue for Australia, along with other OECD countries (OECD, 2005), is rapid structural ageing of the population and anticipated population decline. Fewer children are being born, people are living longer and the structure of the population distribution is becoming older (OECD, 2008b). The decline in fertility rates from the late 1960s and early 1970s has created an unprecedented demographic transition, towards zero or negative population growth (Henry, 2004). A relative increase in the proportion of older people, and a sharp increase in the number of older people are predicted to lead to reduced productivity, a shrinking taxation base and increased expenditure on income support, health and aged care that is expected to threaten economic prosperity (Australian Government, 2005). While discourses about the implications of declining health and increasing physical disability as the population ages have been contested in Australia and elsewhere (Clapham, 2002), based on current predictions, social expenditure in Australia is expected to double by the middle of this century (Hogan, 2004), with an expected reduction in living standards possibly ameliorated by people working longer, increased birth rate and increased or continued migration (Bloom, Canning and Fink, 2008).

These trends are predicted to affect the wellbeing of populations and the opportunities available to them, as well as governments' capacity to respond with programs and services to ameliorate these effects (Butler, 2004). Economic policies have emphasised fiscal restraint, privatisation of services and user-pays models (Kalisch, 2000). However, in comparison to our main trading partners, Australia is relatively well placed to deal with the fiscal pressures of population ageing, with a

comparatively strong starting point, modest growth in public pension liabilities and a comparatively favourable economic picture (Johnson, 1999).

Earlier analyses of the economic implications of population ageing focused on the dependency ratio, at a time when costs were expected to be manageable. However more recent analyses have emphasised the 'fiscal gap'. This is the amount by which social spending is projected to exceed revenue at various points in the future, as a consequence of population ageing and other factors. (Commonwealth of Australia, 2010)

Tasmania's population has the oldest age structure of all states and territories and is ageing at a faster rate, with approximately 15 percent of the population over the age of 65 as at 2006, and the proportion of older people predicted to increase to around one quarter of the population by 2021 (ABS, 2008b). In coming decades, Tasmania's population is expected to increase slowly before levelling out by around 2040. It is then expected to decrease marginally from 2051 onwards (to about 571,000 people in 2056) (ABS, 2008b).

The net effects of interstate migration into and out of Tasmania have contributed to more rapid structural ageing here than in other states, in particular the net loss of people in younger age groups from Southern Tasmania which has positioned the Tasmanian population as the oldest in Australia (ABS, 2008a). Tasmania is also one of the most regionally dispersed areas of all the states and territories, with over half the population living outside the capital city (ABS, 2008b). It is the most car-dependent state, having the highest rate of car ownership, in conjunction with dispersed settlement and growth patterns along urban fringes (Department of Energy, Infrastructure and Resources, 2007), and a high-coverage, low-frequency bus service is the main form of public transport in Southern Tasmania (Southern Tasmanian Councils Authority, 2010) that has implications for the State's capacity to meet the future transport needs of older residents.

Structural ageing is expected to have a significant impact on Australia's housing over the next ten to twenty years. However, contrary to widely held assumptions

that there will be a reduction in housing demand, recent evidence suggests growing demand for additional and more diverse types of single-person dwellings (Myer Foundation, 2004, 2002; Howe, 2003; McDonald, 2003).

3. Feminisation of ageing

The largest proportion of the older population of the future will be women (ABS, 2003a). There is a view, based on an alternative method of forecasting mortality⁷, that current projections may underestimate the size of the older population, in particular the size of the female and oldest old population. According to this view, Australians are likely to live longer than currently envisaged (Booth and Tickle, 2004; Booth and Tickle, 2003) if deaths from cardiovascular disease (AIHW, 2010a) and hip fractures (AIHW, 2010b) continue to decrease. The majority of older women of the future will be living alone, especially amongst oldest age groups. The proportion of males and females in the widowed category increases with age, with a higher number and proportion of widows in each age group (ABS, 2007a). This gender difference reflects differences in causes of mortality and marital status between males and females (ABS, 2007a)⁸.

Higher divorce rates, changing patterns of partnering and a reduction in remarriage (De Vaus, Qu and Weston, 2003) mean that in future more older women will be living alone. Although the gender gap in longevity is narrowing (ABS, 2004a), the 2001 Census shows that 72 percent of lone older person households comprised women (ABS, 2005a). This demographic transition, referred to as the feminisation of ageing, is bringing major changes to the structure of family relationships and the social roles of women (ABS, 2005a). An increase in living alone amongst over 80 year olds has been largely attributed to relative affluence, better health and improved community care (De Vaus and Richardson, 2009).

⁷ Based on future mortality rates of cohorts still living, rather than cross-sectional data based on mortality rates at year of birth (Booth and Tickle, 2004)

⁸ A greater proportion of males die at younger ages, either in the peri-natal period or as a result of accidents (ABS, 2007)

While being widowed or divorced is not associated with increased risk to health and wellbeing⁹, being single is (Cheung, 2000). Single older people who live alone have been found to be at increased risk of social isolation and loneliness, which affects older women disproportionately and is detrimental to their health and wellbeing (Beal, 2005; Wolf, 1990). Single people who live alone have lower levels of social and economic integration (Weston and Smyth, 2000), and poorer health and higher levels of mental illness, morbidity and mortality compared to the general population (ABS, 1992). Older women as a group are the most likely to live alone in all OECD countries (OECD, 2008b) and in Australia over three quarters of lone older person households are women (ABS, 1999). Projections reveal that by 2026 females over the age of 65 will far outnumber lone male households (ABS, 2008a).

Across all OECD countries older women, as a group, depend on the age pension as their main source of income far more than older men do (OECD, 2009a; AIHW, 2007), and older women who live alone in Australia are more likely to be poor (Gibson, 1996). The bulk of older women have either no superannuation, or some coverage through their husband's scheme. Despite an increasing trend for labour force participation of women, since the late 1960s, older women who have been in the workforce have generally not had an opportunity to adequately provide for their retirement through the compulsory superannuation contributions which came into effect in 1992.

Older women's reliance on the age pension is largely as a result of broken work patterns, arising from responsibilities for the care of children and other family members, disadvantage in the labour market, and lower incomes and lower levels of superannuation compared with males (Kelly, Percival and Harding, 2001). Although recent changes in the Family Law Act 1975 have made it easier for women to claim a share of their former partner's superannuation, the high divorce rate will continue to disadvantage older women for the foreseeable future, and the

⁹See section on "Health and wellbeing" in this chapter for further discussion.

proportion of older women relying on the age pension is predicted to increase (Preston and Austen, 2001; Rosenman and Warburton, 1998).

Women are the majority of pensioners in Australia, comprising 57.4 per cent of all age pensioners and 71.8 per cent of all single age pensioners (Plibersek, 2009). A higher proportion of women (58 percent) receive a full age pension compared to men (54 percent) (FaCSHIA, 2008). Older women of the future will continue to rely heavily on public provision, as a result of continued patterns of low earnings and broken employment (Jefferson, 2005).

Disability and decline in functional ability in older age are common amongst people on low incomes (Melzer, McWilliams, Brayne, Johnson *et al*, 2000). Almost all people (99 percent) over 65 years of age report at least one chronic health condition (ABS, 1999), and an inverse relationship between socioeconomic status and health (Glover, Hetzel and Tennant, 2004; Mishra, Ball, Dobson, Byles *et al*, 2001) suggests that older women of the future will continue to bear a disproportionate share of poor health and disability (Fried, Bandeen-Roche, Kasper and Guralnik, 1999). Women over 65 have reported a greater incidence of diseases of the musculoskeletal system (64.9 percent) including osteoarthritis (33.2 percent), and a higher rate of hypertensive disease (41.6 percent) than males (ABS, 2004b). Older women are also at greater risk of osteoporosis and fall-related injuries, in particular hip fractures (Bradley and Harrison, 2007).

Rates of frailty are relatively high among older women, and are associated with mortality to a greater extent than for men (Puts, Lips and Deeg, 2005). Increasing frailty has been associated with non-white collar occupations, inadequate income, no or little exercise, abstinence from alcohol, few relatives or neighbours, no or infrequent participation in helping others, little contact with relatives, and little or no participation in community or religious activities (Woo *et al*, 2005).

Older women make significant economic and social contributions to their families and communities through voluntary work, including as unpaid carers for grandchildren (ABS, 2005b), partners and frail parents (AIHW, 2004). Although

care-giving is not invariably detrimental (Wells and Kendig, 1997), it can be onerous, and the strain can take a heavy toll on the carers' health; with women at greater risk than men (AIHW, 2004; ABS, 2003c; Lee and Porteous, 2002; Schulz, 1999). There is a growing expectation on older women in developed countries to care for their increasingly long-lived mothers, including for those who are working (Outshoorn, 2002). A recent meta-analysis has found that female caregivers provided more caregiving hours, reported higher levels of burden and depression and lower levels of subjective wellbeing, provided help with more caregiving tasks, and provided more assistance with personal care than men (Pinquart and Sorensen, 2006).

Older women face many risks to their health, wellbeing and independence. As women live longer and become more numerous, their health and wellbeing will become an increasingly important issue for individuals, for society and for governments. Most will not have a spouse to help when they need support in older age, and those on low incomes will be much more likely to enter institutional care (Martikainen, Moustgaard, Murphy, Einio *et al*, 2009; ABS, 2003b). Admission to residential aged care is associated with being older, female, living in a rural environment, living in poorer economic circumstances and living alone (Gill, Geraghty and Fitzgerald, 2008), suggesting that there is scope for reducing admissions through provision of appropriate housing and support services in the community (Huisman, Kunst, Andersen, Bopp *et al*, 2004).

If older women do not fare well, there will be increasing demands on the health and welfare services, and increasing costs to successive governments (ABS, 2004b; Sauvaget, Tsuji, Aonuma and Hisamichi, 1999). Given the size and relative disadvantage of this group, if their needs are not met adequately there may be human suffering on a scale not experienced before in Australia.

4. Ageism

Ageism is reflected in and serves to perpetuate the social marginalisation of older women. This concept is discussed at length here, including a discussion of the

origins and sources of ageism within Western culture. Cultural definitions of ageing in developed countries generally reflect negative age stereotyping that assumes all people over a certain age are frail and dependent, and are less capable and less intelligent than younger people (Bouchard Ryan, Bieman-Copland, Kwong See, Ellis *et al*, 2002; Johnson, 1995). In this study such practices are referred to as 'ageism'¹⁰. Ageism has also been variously described as age stereotyping, or age discrimination. Ageism refers to a process by which individuals either create for themselves, or have imposed upon them by others, negative interpretations of ageing (Reeve, 1999).

Ageism can result in an older person receiving unfavourable treatment, which may include: refusing to give a person credit, finance or insurance; providing someone with a lower quality service; ending their employment (Age Concern, 2009); or subtler processes of discursive ageism (Coupland, 2000), whereby a person is spoken or written about by others, in ways that repress their freedom of expression, and devalue their dignity and social status, including by ignoring them (Lie Baines and Wheelock, 2009).

Concepts like ageing well, successful ageing, active ageing and healthy ageing reflect implicit ageism when they position older people and older women as 'the unimaginable other' (Carroll, 2007) or 'ultimate other' (Hazan, 2002); as separate from the rest of society not an integral part of it; as objects to be studied, healed or reformed; as 'one of them' not 'one of us'; as homogeneous passive and socially produced subjects, not as autonomous human agents. Such perspectives are contradicted by the identities, behaviour and discourses of older people, including those living in aged care institutions, who show variability and adaptation in actively resisting the stigma associated with ageist stereotyping (Gamliel and Hazan, 2006).

¹⁰ See Glossary for further discussion.

History of ageism

Ageism has arisen, in part, from the effects of industrialization prior to the twentieth century. Older people, who were not in paid employment, were vulnerable to poverty following the disappearance of traditional cottage industries that accompanied the population movements of the Industrial Revolution. These changes contributed to the *en masse* institutionalization in 'Poor Houses' or 'Work Houses' of older people without means of support due to disability, ill health and breakdown of family ties (Bevan and Jeeawody, 1998). Poor Houses made the miseries of poverty-stricken older people visible on a scale not seen before, influencing public consciousness, public discourses and public policy (Bevan and Jeeawody, 1998).

At the beginning of 20th century, when life spans were shorter than they are now and the older population was proportionately much smaller, the introduction by English-speaking governments of a legal retirement age of 65 and the payment of aged pensions eased the financial strain on disadvantaged older people and helped to keep them out of the Poor House (Bevan and Jeeawody, 1998). However, while government intervention enhanced the welfare of older people, it was a two-edged sword because these interventions were constructed and delivered in ways that reinforced perceptions of dependency, powerlessness and stigma. Public pensions have rendered older people economically dependent, and along with age-barrier retirement, have contributed to the devaluation of older people in labour markets (Walker, 2000), and to their removal from valued social roles and status formerly conferred by employment (Irwin, 1999).

Within the rise of consumerism, age-based retirement has come to be widely regarded as a lifetime goal, a form of 'colonization of the old' or as 'adulthood's great project of deferred gratification'. These historical developments have produced some ironic outcomes, including raising expectations that can't be fulfilled (Ekerdt, 2004). They have helped to shape discourses that portray older people as an alien and problematic social group, on an inevitable path of biological decline towards misery and death in institutional care.

The development of large-scale production and a culture of consumerism in the 20th century have contributed to the cultural phenomenon of ageism, particularly from the 1930s onwards (Johnson, 1995). The emphasis on youthfulness and sophistication in marketing campaigns created images of the human body as analogous to consumer goods, or as commodities within a context of planned obsolescence. These discourses contributed to the categorisation of people in retirement as having outlived their usefulness (Blaikie 1999). Commodity and scrap heap analogies are common in discourses on older workers who have traditionally been the first targets for retrenchment (Ranzijn, Carson and Winefield, 2002); apparently on the basis that they are close to retirement anyway, and would be outperformed by 'newer', younger workers.

Market-driven values are reflected in retirement industry and retirement investment discourses that emphasise agency, choice and financial planning over social structure (Gilleard, 1996). These discourses rely upon portrayals of older people in direct opposition to burden-of-ageing policy discourses that focus on health and social security (Laws, 1996). These discourses have been described as 'mould and mirror of deeply embedded ageist attitudes and cultural values' (McHugh, 2000); and as 'cultural ageism' (Butler, 2005).

Discourses in the retiree economic-development literature target the high achievers and the affluent amongst older age groups, where the primary purpose is to sell financial services and retirement housing options, by promoting idealised lifestyles. Retirees and prospective retirees are encouraged to make housing decisions based on popular images and lifestyle. The values portrayed in organisational communications and promotional material, have created unrealistically positive expectations of the lifestyles and outcomes that these products and services can deliver (Simpson, Wood and Daws, 2003; Laws, 1996). Within these discourses, moving to age-appropriate housing has come to be widely accepted as fulfilling age-based expectations, by focussing on the ageing individual's desire to protect the 'ageless self' (Tulle and Mooney, 2002; McHugh, 2000).

Feminist discourses in the latter half of the 20th century have also been ageist. The voices of older women were largely ignored in the feminist discourses of the 1960s (Krekula, 2003; Arber and Ginn, 1991; Lewis and Butler, 1972). The proponents of this movement spoke on behalf of vulnerable women of low socio-economic status who were susceptible to abuses of power and to having their voices ignored or marginalized. However, the politics of youthful resistance and celebration of youth culture accepted the prevailing aversion to the infirmities of old age. Second-wave feminists took up causes on behalf of younger women, dealing with power issues influencing women's fertility, child-bearing, child-rearing and employment. They paid little attention to abuses or injustices perpetrated on older women.

Ageism in health and community services discourses¹¹

Ageism has evolved within a context of health and community service provision, where it has endured and become entrenched (Minichiello, Browne and Kendig, 2000). At the turn of the twentieth century, the rise in popularity of scientific paradigms removed the human and subjective from the conversation on ageing. Constructions of ageing as a problem are in part a legacy of a century's proliferation of quantitative studies involving large samples and statistical analytical methods (Inhorn and Whittle, 2001), that describe broad characteristics of populations, and do not capture individuality and subjectivity (Soldo and Longino, 1988). Quantitative studies are designed to investigate problems and their causes, effectively reifying the 'subjects' of study (considering them as objects) and marginalising their voices. The metaphors of health and medical discourses have perpetuated normative and 'homogeneous' views of ageing as a disease process' and have attributed a constellation of negative characteristics, problems and causes to people over a certain age (Kingston, 2000).

The training of health professionals has conferred a false legitimacy upon the 'restrictive epistemological paradigm' of health and medical discourses (Kingston,

¹¹ Discourses are defined here broadly as any form of spoken or written communication or debate engaged in by people working in this area.

2000), that refers to all older people as though sickness is the norm (Brooks, 1996; Stahl and Feller, 1990); and as though they are inarticulate, hard of hearing, losing their faculties and incapable of making rational choices (Eastwood, Amaducci, Brayne, Broe *et al*, 1996).

Contrary to ageist stereotyping in medical discourses, which portray older age as a time of pessimism and misery, the oldest old have a surprisingly optimistic view of ageing (Seccombe and Ishii-Kuntz, 1991). Older people have been found to view other older people and their own ageing more positively than people in younger age groups (Laditka, Fischer, Laditka and Segal, 2004), and positive intergenerational contact has reliably been found to reduce older people's vulnerability to stereotype threat (Abrams, Eller and Bryant, 2006; Kite, Stockdale, Whitley and Johnson, 2005), supporting a case for age-integrated housing responses.

Medical studies of falls in later life that predict mortality, portray falling as a metaphor of decline, or 'decrementalism' that both reflects and influences ageist perceptions of the later life course (Kingston, 2000). Within this paradigm ageing is framed as a problem, without allowing the subjects of inquiry a voice. During the 1960s Szasz (2007), Laing (1967; 1960) and Foucault (2006) criticised the medicalisation of modern society, which supported a model of social analysis that assumed that social and individual pathologies were expressed symptomatically and could be diagnosed and cured according to an organic conception of health and disease (Nye, 2003). These authors opposed the medicalisation of the life-course as a form of institutionalised professional or social control.

Ageism in research literature

Ageism is apparent in research literature that focuses on issues of misery, disease, disability and mortality, where findings contrary to ageist expectations are often attributed to flaws in the method (Tornstam, 1990). The elusiveness of loneliness has been explained away on the basis that people are ashamed to talk about it (Karki, 2009). However, contrary to popular perceptions that loneliness is widespread amongst older people and is on the increase, recent findings indicate

that loneliness is more of an issue for people aged 25 to 45 and for older men (Franklin and Tranter, 2008). Only a minority of older people report feeling lonely, and there is little evidence to support the belief that older people are more lonely than in the past (Victor, Bowling, Bond and Scambler, 2003). Persistence of the belief that loneliness is endemic amongst older people, in the face of evidence to the contrary, underscores the importance of considering the researcher's frame of reference and normative orientation when analysing this kind of information (Dykstra, 2009).

Ageist assumptions are evident within the conceptual frameworks of gerontology, which reflect westernised, middle class and consumerist values (Wray, 2003). These assumptions portray older individuals as characterised almost entirely by disease and disability, loneliness and social isolation, and as needing specialised housing and support services. Ageism in the research literature is demonstrated by the fact that when no strong support was found for the proposition that elderly households in the US were more deprived than younger households, based on physical deficiencies of their housing and housing costs (Reschovsky and Newman, 1991), these unexpected findings were explained as due to methodological problems (Golant and La Greca, 1998). Omissions in the research literature are also informative. Psychotherapy research has shown little interest in older people, perhaps due to perceptions that self-realisation is not an appropriate aspiration for people who are considered to be in a state of decline and imminent death (Ardern, Garnier and Porter, 2001). Likewise resilience has been relatively under-researched in older age (Ong, Bergeman and Boker, 2009).

Ageism has adversely affected older women more so than older men; with older women more often portrayed as secondary and incapable of taking charge of their own lives, and the identities of married women merged with those of husbands and aggregated with males in statistical reporting (McMullin, 1995). Older women who live alone have lacked a clearly recognised social role or status and adequate assistance, their lives disadvantaged and largely invisible (McMullin, 1995).

Ageist stereotyping has persisted in the face of evidence to the contrary. Long past the publication of evidence in 1960s and 1970s that neural plasticity continues in adulthood, the view persists that the nerve pathways of adults are fixed and immutable and cannot be regenerated, lending support to assumptions of declining mental function in older age (Riddle and Lichtenwalner, 2007). This is despite the fact that the evidence is now indisputable that the brain and mind continue to develop in healthy older people (Burke and Barnes, 2006).

Widespread cultural ageism has perpetuated negative self-fulfilling prophecies that adversely affect the health and wellbeing of older men and women (Job, 1984). They have a powerful negative effect on functioning, including on memory (O'Brien and Hummert, 2006; Hess, Auman, Colcombe and Rahhal, 2003), sensory perception (Levy, Slade and Gill, 2006) and gait (Hausdorff, Levy and Wei, 1999). In one such study a majority (54 percent) of seniors' attributed difficulties with daily tasks to primarily personal factors (Chipperfield and Segall, 1996). Perceived discrimination negatively predicts wellbeing (Lachman and Andreoletti, 2007; Ryff, Dienberg Love, Urry, Muller *et al*, 2006), particularly for older women (Ryff, Keyes and Hughes, 2003).

The social marginalisation of older women reflects age and gender-biased stereotyping. Being portrayed as old and female has been described as more negative in combination than either characteristic alone, a situation that has been referred to as double jeopardy (Chappell and Havens, 1984). However, Krekula (2007) argues that a weakness of the 'double jeopardy' approach is that it 'foregrounds' misery, and supports a form of age and gender stereotyping that limits the development of positive social understandings of older women, effectively silencing their voices and drawing attention away from their experiences. This study seeks to address this weakness by seeking positive social understandings through interpretive methods that give older women a voice.

Regardless of the causes, the literature search has suggested that ageist stereotyping is widespread and persistent, and is detrimental to the health and wellbeing of all older people, and to older women in particular. Ageism has been

described by Giles and Reid (2005) as an under-researched two-way street that is not only practised by younger people against older people, but also practiced in the self-categorisation which reflects the social judgements we all make.

However ageism is not homogeneous and is prone to double standards, whereby provision of detailed information about the person being rated reduces negativity (Kite *et al*, 2005). The evidence base indicates that negative attributions and expectations about older people's ascribed social roles and prospects for health and longevity are not universal¹² and are amenable to intervention (Kwan, Love and Ryff, 2003; Rennemark and Hagberg; 1999; Casler, 1985); suggesting that there is scope to improve health and wellbeing by questioning ageist assumptions and reconstructing ageing identities. This evidence base supports interpretive approaches that question ageist assumptions about the identities of older people and their experiences of growing older and that more accurately reflect the perspectives, experiences and identities of those whom these ageist discourses purport to describe.

5. Housing

The housing in which the residents who participated in this study live can be defined by physical and social characteristics that may confer a particular social status, and also in terms of the personal, experiential or phenomenological meanings that their housing may hold for them. Housing provides the physical base or shelter from which people such as these residents live social lives, providing them with the safety, security and privacy that support their daily activities of living. Physical descriptions can refer to concepts like layout, design, amenity, condition, location, tenure type, market value, running costs and location. Physical characteristics (location, size, quality of construction and state of repair) also denote the socio-economic status of residents, and the socio-economic characteristics of other households in the area.

¹² There are examples of women who have continued as high achievers into advanced old age, such as Italian-American Nobel Laureate, Rita Levi-Montalcini; and Australian philanthropist, Elizabeth Murdoch.

Phenomenological definitions of someone's housing go beyond the observable physical and social characteristics, to subjective meanings that may be generalised or shared, or that can be highly personal. The housing of long term residents has a history, which can carry personal and social meanings. Housing can reflect residents' current experiences and future intentions, giving rise to feelings of satisfaction or pride, and emotional attachment or a desire to move. King refers to this latter concept as 'dwelling' to distinguish it from the physical sense of a house or home (King, 2005).

Eliciting residents' perspectives on their housing experiences contributes to knowledge of personal and emotional meanings. The key area of interest here is how housing contributes to ageing well by supporting these older residents' sense of wellbeing, satisfaction with life and social integration, including how residents' may project, and have projected upon them, certain personal and social characteristics. In this sense residents' housing experiences may contribute to a sense of who they are and of their place in society, shaping personal and social identities which are reflected in the stories people tell about their housing (Cooper Marcus, 1995).

From a human-rights perspective, housing may be interpreted as a social right where the meanings applied can be universal or selective within different policy regimes (Bengtsson, 2001). In selective housing policy regimes such as those that exist in Australia, the right to housing confers minimal rights for households with limited means (Bengtsson, 2001), such as these women.

A range of other inter-related housing issues can influence the housing experiences of older women who live alone. These issues are discussed below under the following headings: housing conditions, housing affordability, home ownership, care and support for home owners, residential relocation and purpose-built retirement housing.

Housing conditions

Links have been found between poor housing conditions and poor health and disablement in older age. The relationship is complex, however. Simple causal relationships are difficult to identify using controlled studies (Thompson, Petticrew and Morrison, 2001; Waters, 2001) because the relationship involves more than the housing fabric. Studies using a person-environment fit framework support the role of housing in health (Wahl, Fange, Oswald, Gitlin *et al*, 2009).

The structure of housing and the indoor environment influence health directly because physical attributes such as coldness, dampness and environmental hazards contribute directly to a specific range of health problems. Poor housing conditions have been associated with respiratory conditions, coronary events, accidental hypothermia (Thompson, Petticrew and Morrison, 2002; Howden-Chapman, 1999), meningococcal infection and recurrent falls (Luukinen, Koshi, Kivala and Luppala, 1996).

The standard of a person's housing has also been associated with health and wellbeing. Both living in higher quality homes (Stewart, Prince, Harwood, Whitley *et al*, 2002) and having an attachment to one's home are associated with positive feelings, including for retirees (Stewart *et al*, 2002; Evans, Kantrowitz and Eshelman, 2002). The space in an older person's home contributes to feelings of wellbeing and a sense of control (Percival, 2002). Improving the home environment reduces disability related outcomes (Martikainen *et al*, 2009), with the risk of falls having been reduced by more than half, following simple home modifications (Thompson, 1996). Home modifications packages have contributed to significant economies in reducing the need for formal care services (Lansley, McCreadie and Tinker, 2004).

Accessible housing can make an important contribution to independence in older age. But a recent (non-peer-reviewed) report on the application of the adaptable housing standards by the Australian housing construction industry found that, when implemented, these standards tend to reinforce the stigmatising concept of 'normal' housing for 'us' and 'special' housing for 'them', rather than that of a

range of housing to cover the needs of a range of people and over the entire lifespan, (Bringolf, 2009).

Housing affordability

Housing tenure and costs are associated with social disadvantage and health inequalities; and have been independently associated with self-assessed health status, number of serious health conditions reported, health service use and smoking (Waters, 2001). Housing affordability, along with a range of other indicators of socio-economic status, predicts the mortality of older women, whereas income alone is not a reliable indicator (Martikainen, 2007). Renting is significantly associated with poor health and depression (Pollack, Knesbeck and Siegrist, 2004; Stewart *et al*, 2002; Osborn *et al*, 1999).

Housing tenure has been linked directly to all causes of mortality (Woodward, Shewry, Smith and Tunstall-Pedoe, 1992; Macintyre, Ellaway, Der, Ford *et al*, 1998). People in owner-occupied housing have better health and longer life expectancy than renters, with worrying about being able to pay rent having been found to have a more damaging impact on wellbeing than worrying about costs associated with home ownership (Australian Unity, 2008).

While housing conditions and housing tenure are linked to the health and wellbeing in older age, the relationship is complex. Gaps remain in Australian research on experiences of home ownership and no simple way has been found to measure the potential costs and benefits. Subjective and contextual factors, however, are known to be important, and require further exploration (Hulse and Burke, 2009).

Home ownership

In all OECD countries home ownership provides an important safety net for older people on low incomes, due to the contribution that secure and affordable housing can make to wellbeing and financial independence (OECD, 2001). Home ownership has been associated with better health and wellbeing and increased feelings of personal control (Oswald, Wahl, Schilling and Iwarsson, 2007; Oswald,

Wahl, Martin and Mollenkopf, 2003; Oswald, Wahl, Mollenkopf and Schilling, 2003). As one of the major cost items in most household budgets, home ownership is believed to make a major contribution to health and wellbeing in older age, through the effect that housing costs have on a person's socio-economic circumstances.

Home ownership is believed to reflect the effects of material infrastructure and collective social functioning that provide access to opportunities for social integration or community involvement (Macintyre, Ellaway and Cummins, 2002). Overall, place attachment is higher for home owners (Brown, Perkins and Brown, 2003). Security of tenure and length of residence no doubt contribute. However a secondary analysis of survey data in England found that while people over 50 were less likely to move, there was no connection between attachment to place and wellbeing (Gilleard, Hyde and Higgs, 2007).

Owning a home is usually the biggest single investment Australian householders make in their lifetime. It is considered to be the main determinant of the stability and security necessary for raising a family; and for wellbeing in retirement. For the majority of older Australians owning a home represents the achievement of a highly valued, lifelong aspiration. Their home is the main asset of older people in Australia (Commonwealth of Australia, 2008). While the value of older people's homes is lower than average, their equity is higher, which means that their housing costs are lower (Whiteford and Bond, 2000). However, the high level of home ownership amongst age pensioners is a legacy of earlier housing policies, socioeconomic conditions and household formation that may apply less to future generations.

Home ownership is a key reason why consumption needs decline with age (Saunders, 2003). Older homeowners in general fare better than public housing tenants or those who rent privately (Morris, 2009; Morris, 2006; Faulkner, Bennet, Andrews *et al*, 2002). For many years, home ownership has contributed to reduced living costs for age pensioners in Australia, compared to renting, providing a hedge against poverty (Yates and Bradbury, 2009). Housing has been a key

component of Australian social assistance packages in retirement; however the role of housing has been eroded in recent decades, such that it has been described recently as the 'crumbling' fourth pillar of the Australian welfare state (Yates and Bradbury, 2009).

In Australia, home ownership is still widely believed to be a self-evident good that contributes to positive factors like financial security, social integration, sense of community, social status, identity and sense of control and independence, security and health and wellbeing (Yates, 2000). It remains a goal for most Australian households; suggesting positive images of independence, security and solidity. As the main form of housing tenure, home ownership has played a central role in Australian society for over 50 years (Badcock and Beer, 2000), representing around 70 percent of all housing stock (ABS, 2007b). Government policy has favoured home ownership, resulting in a high rate of ownership of detached houses in urban areas. About half of all owner-occupiers fully own their property, and dwellings account for two-thirds of net private sector wealth (Goldblum and Craston, 2008). Housing is also a major source of household debt, making up 87 percent of all household debt as at December 2008 (ABS, 2009).

Home ownership carries risks (Hulse and Burke, 2009). Not all owner occupiers experience a sense of security and control. UK research has concluded that home ownership was the prime means for managing financial risk and meeting welfare needs (Smith, Searle and Cook, 2009), and that there are far more poor-quality properties in the private sector (Burrows and Wilcox, 2004). Research in eight European countries found that home owners considered maintenance costs to be a serious source of housing insecurity, particularly for home-owners who could not afford to save for repairs or maintenance (Jones, Bell, Tilse and Earl, 2007). In Australia, older female home-owners on a single pension face a disproportionately high chance of living in poverty without access to an equitable level of government assistance (Bradbury and Yates, 2009), however their financial

situation has improved somewhat, following an increase in the single age pension in the 2009–10 Budget¹³ (Commonwealth of Australia, 2009c).

The picture of Australia's housing wealth is changing (Bradbury and Yates, 2009). Australia has lost pre-eminence as a nation of home-owners, having been surpassed by Ireland, New Zealand, United States and England (Yates, 2000). Accompanying this trend is growing social polarisation between households that have attained or will attain home ownership, and those who will not (Yates and Wulff, 1999; Wood and Stone, 1998).

While the policy focus^{14 & 15} in Australia has been on increasing access to home ownership for new entrants to the housing market, recent trends have increased housing costs for other vulnerable groups within the population. At the other end of the life cycle there has been a reduction in affordable housing options for older people who are disadvantaged by low incomes and limited assets alone, and who are having difficulty accessing housing that might support health, wellbeing and independence in older age. These trends are evident in rising rates of homelessness (ABS, 2006; AIHW, 2006). Sharam (2010) recently predicted a 'tsunami of homelessness' amongst single, older women, due primarily to the number of women in the Baby Boomer cohort, their poorer economic status and the social changes that occurred in the 1960s, 1970s and 1980s, whereby to be older, single and female is to be at increased risk of homelessness.

For the majority of older people in Australia, home ownership is a significant factor in their retirement planning, used to counter risks associated with investment, longevity and inflation. Home ownership provides protection against rent increases, and insurance against the risk of exhausting other assets while alive. Home ownership attracts taxation concessions, which encourage greater home ownership than if the tax treatment of housing and alternative savings mechanisms were similar, through capital gains tax exemptions on owner-

¹³ See: http://www.centrelink.gov.au/internet/internet.nsf/individuals/budget_secure_pensions.htm

¹⁴ See: http://www.pm.gov.au/Policy_Priorities/Fair/Priorities

¹⁵ See Saulwick, 2009; Zappone, 2010, 2009

occupied properties and negative gearing on investment properties. Owner-occupied housing which is a person's primary place of residence is exempt from the assets test for the age pension. However, sale of a person's home may reduce their income because the additional income from the sale does not make up for the reduction in their age pension, leading to a suggestion that the policy of implicitly valuing a person's home at a maximum of \$124,500 may discourage age pensioners from selling and moving (Commonwealth of Australia, 2009b). These issues were considered in the Henry taxation review (Commonwealth of Australia, 2009b)¹⁶, amongst a range of issues affecting the property market and broader economy (AIHW, 2009).

In retirement, a home owner can draw on the equity in their home by downsizing or taking out a reverse mortgage, either as a lump sum or a stream of payments. Payments from a reverse mortgage on a primary residence are treated as a loan for the purposes of the tax system, not as income for tax purposes. If a reverse equity mortgage is taken as a lump sum, the first \$40,000 is exempt from the age pension assets test for up to 90 days. Amounts over \$40,000 are assessed under the assets test, if held as an assessable asset. The whole amount is immediately assessed under deeming rules if held in a financial investment. If taken as a stream of payments or allocated pension, the amount drawn down is not counted in the income test. Despite these benefits, the reverse mortgage industry remains small in Australia, with only around 1.4 per cent of people over 60 years of age holding a reverse mortgage. (Trowbridge Deloitte 2008)

Care and support for home owners

The availability of social support can be an important factor in maintaining independence for home owners, and is defined here as a dynamic process that interacts with type of support and personal and contextual factors and that is not invariably beneficial. Too much or the wrong kind of social support may increase stress (Silverstein, Chen and Heller, 1996), depression (Brown, 2007), anger (Schieman and Meersman, 2004) and reduce perceived control for women

¹⁶ At the time of writing the final report of the Henry tax review had not been released.

(Bourque, Pushkar, Bonneville and Beland, 2005). It has been suggested that this relationship evolves along a path of reciprocal causation (Mendes de Leon, Gold, Glass, Kaplan *et al*, 2001; Havens, Hall, Sylvestre and Tyler, 2004), whereby poor quality or the wrong kind of support fosters dependency, increases stress, and reduces activity levels and sense of personal control, in ways that are detrimental. Characteristics of social support that are considered to be important for health and wellbeing are closeness to one's social support network and the quality of relationships, which helps to counteract negative life events (Yang, 2006; Litwin and Shiovitz-Ezra, 2006; Wiggins, Erzberger, Hyde, Higgs *et al*, 2004; Pinquart and Sorensen, 2000; Veenstra, 2000).

The availability of social support has been found to protect older people against functional decline (Avlund, Lund, Holstein, Due *et al* 2004) and disability (Mendes de Leon, Glass and Berkman, 2003). Social support is closely related to the facilitation of independent living in older age (Wilkinson and Marmot, 2003; Finfgeld-Connett, 2005), ameliorating the effects of moderate though not high level housing stressors (Smith, Smith, Kearns and Abbott, 1993), and disablement (Yang, 2006; Femia, Zarit and Johansson, 2001), with networks of relatives more consistently providing protection (Giles, Metcalf, Glonek, Luszcz *et al*, 2004).

Significant and independent relationships have been found between social support networks and health status, risk of institutionalisation and mortality (Avlund *et al*, 2004; Berkman, Glass, Brissette and Seeman 2000; Bosworth, Siegler, Olsen, Brummet *et al*, 2000; Hinkikka, Koskely, Kontula, Koskela *et al*, 2000; Avlund, Holstein, Mortensen and Schroll, 1998; Bowling, 1991; Berkman and Syme, 1979), such that gerontologists consider maintaining positive social relationships to be essential to optimal functioning (Ryan and Deci, 2001; Ryff, 1989a).

Provision of formal care and support, for frail aged and disabled people who live in private housing in the community is part of the wider aged and disability care sector. The largest source of community-based care is the Australian Government

and State- or Territory-funded Home and Community Care (HACC) program administered under the Home and Community Care Act 1985. The aim of HACC is to spread funding responsibilities, constrain growth of institutional care and increase community-based services to support people in their own homes; thereby reducing the cost of health and social care for very dependent and very old people (Healy, 2002).

The central element of aged-care policy is community-based care for frail older people and disabled younger people, and their carers. Services are provided on the basis of frailty or functional disability, not specific age criteria. Consistent with a user-pays approach, users of services who are assessed as having the capacity to pay are charged fees, with a scale of fees based on level of income, amount of services used, and individual circumstances. The level of care subsidy is not subject to an assets test; hence home owners are treated no differently from renters. (Department of Health and Ageing, 2008)

The majority of aged care is delivered by the 'not-for-profit' sector, comprising religious, charitable and community-based providers, and the private for-profit sector. In 2007-08 the not-for-profit sector were responsible for around 80 per cent of community-based care places (Department of Health and Ageing, 2008). The federal nature of the system involves ongoing policy and fiscal negotiations between the Australian Government, which controls revenue, and the States and Territories which control programs (Healy, 2002). The purchasing of services has been tightened through service contracts and, like other OECD countries the focus of service delivery has shifted from residential aged care to an expansion of community-based aged care. (Australian Government, 2001)

The majority of recipients of community-based aged care receive low intensity support under HACC which is designed to support ageing-in-place in the community, on the assumption that the majority of pensioners who need care are owner-occupiers who choose to stay in their own homes. In addition to assistance with health and mobility, HACC funds transport services and social activities that

play a vital role in health promotion and keeping isolated older people socially engaged. (Australian Government, 2009)

While the scope of HACC is wider than for aged-care services, services are primarily delivered to older people. In 2007-08 an estimated 831,500 people received assistance under HACC, an increase from 707,207 in 2002-03 (AIHW, 2009). A recent inquiry into residential aged care (Commonwealth of Australia, 2009d) found that Commonwealth funding for residential and community based aged care has risen steadily in response to the growth in the aged population. Commonwealth expenditure was about \$9.3 billion in 2008-09; compared to \$6.7 billion in 2004-05 and \$3 billion in 1995-96. As the population ages, and needs for care increase, the demand for HACC services is expected to grow substantially (Australian Government, 2009). In addition to Aged Care and HACC, the Veterans' Home Care program, funded through the Department of Veterans' Affairs, provides a wide range of publicly funded services for eligible veterans and war widows or widowers who have low-level care needs. (Australian Government, 2009)

While publicly funded services play an important role in maintaining independence and quality of life in older age, they represent a small proportion of the total assistance provided to older people. Extended family and partners are the largest source of emotional, practical and financial support. Around 90 per cent of older people living in the community who required help with self-care, mobility or communications received informal care from a network of family, friends and neighbours (ABS 1999a).

An area of growing concern is the 'care gap'; an increase in the number of people in need of care compared to the number of people available to provide care (Percival and Kelly, 2004). The diminishing capacity of civil society, especially women and daughters, to carry the gendered load of informal care has been attributed to the increasing participation of women of child-bearing age in the work force and to changed employment patterns, including increased job mobility and career aspirations for women, the high cost and low availability of childcare'

deinstitutionalization, and user-pays policies, which mean that the demands on women to fill the care gap are increasing relative to the size of the population (Drago, Pirretti and Scutella, 2007; Percival and Kelly, 2004; Hancock, 2002).

A recent Australian study found that who provides instrumental support to older people differs according to residential address. Families provide help to community-dwelling older people, while retirement village residents rely on paid assistance for everyday household chores and reported less face-to face contact with family members. These findings imply that informal care-giving ensures regular family contact for community-dwelling older people, which may have implications for health and wellbeing. (Buys, Miller and Barnett, 2006)

The Australian aged-care system is complicated by the federal structure of government, reflected in division of responsibility between income support and housing, and between residential aged care services and community-based aged-care services. The end result is that there is no coordinated policy response to the provision of housing and support for an ageing population. The shift from residential care to home and community care (Howe, 1999) has implications for housing policy and provision in terms of improving the way that accommodation and services fit together, to provide support for frail older people, and their carers. The dilemma of how to effectively link housing with care remains a difficult proposition in Australia and many other parts of the world (Kendig and Duckett, 2001). A need has been identified for improvement through evidence-based national aged care policies that better meet the needs of older individuals and an ageing society. Kendig and Duckett (2001) have observed that:

In considering new directions for aged care policy, it is essential to recognise the long-term trend from provider-led to consumer-led care policies and the rising expectations and more diverse means of the Baby Boom cohort when they reach old age. Overall, Australian society must undergo major attitudinal change with policies comprehensively embracing a positive approach to older people and ageing.

Residential relocation

Residential relocation has become an increasingly common life transition for older people. It is believed to help people to accommodate age-related changes that might otherwise undermine effective functioning (Chen and Wilmoth, 2004). Relocation can lead to improved satisfaction with life, friendships and social life (Gardner, Browning and Kendig, 2006). Older people who have moved to communal or congregate living environments have reported that initial apprehension was followed by a decrease in social isolation and a feeling that moving was the best thing they ever did (Rossen and Knafl, 2007; Forbes, 2002; Manicaros and Stimson, 1999). However, for a range of contextual and personal reasons moving can also be detrimental to health and wellbeing and can predict mortality (Gilroy, 2005; Luukinen *et al*, 1996; Ekstrom, 1994).

The contribution of housing to health and wellbeing involves more than improving the standard and amenity of a person's physical housing by relocating them to affordable and appropriate housing close to services and social supports (Thomson, Petticrew and Morrison, 2002). Housing that fosters privacy, companionship and security has been found to have a positive influence on the health and wellbeing of older people, including when provided in retirement housing (Graham and Tuffin, 2004; Baars and Thomese, 1994).

While the majority of older people prefer to stay in their own homes and have services brought in (National Seniors Australia, 2009; ABS, 2003b; Bridge, Kendig, Quine and Parsons, 2002), a recent investigation by National Seniors Australia (2009) has challenged notions underlying the ageing-in-place policy which assumes that the majority of older people will spend most of their later life in one home. This study found that two in three people move between the ages of 55 and 75. Many people in late old age will also face relocation, when they can no longer manage in their existing home.

For older people seeking to move, housing options that might support them to stay living independently in the community are costly, and their availability is either limited or non-existent (Reynolds, 2009; National Seniors Australia, 2009;

Myer Foundation, 2004; 2002). Despite consistent lobbying by seniors' groups and others, policy responses to housing Australia's ageing population have been limited over the last ten years (Reynolds, 2009). These responses have been restricted to limited provision of social housing and progress by some local governments towards creation of age-friendly communities, where policy statements emphasise the challenges of the fiscal impact (ALGA, 2006).

Despite population ageing being foregrounded as a burden in the policy debate, so far there has been no systematic policy response to the integration of housing with care and support services, other than by default (Jones, Howe, Tilse, Bartlett *et al*, 2010), nor to the provision of aids and home maintenance and modifications (Jones, De Jonge and Phillips, 2008), nor to the development of independent housing options that reflect older residents' intentions to remain in independent housing in the community (Reynolds, 2009).

Purpose-built retirement housing

In Australia the main form of housing designed specifically for older people is purpose-built accessible units in retirement villages. Retirement housing is an umbrella term used to describe a diverse range of congregate housing developments, generally in supportive living environments integrated with services. This sector has recently been described as 'service-integrated housing' (Jones *et al*, 2010). The retirement village sector was developed from the 1950s to the 1980s, as 'independent living units', constructed by local councils, churches and not-for-profit organisations and partly funded by the Department of Social Security (Jones *et al*, 2010).

Funding guidelines required that funding for independent living units be matched by funding from community groups, including through resident contributions and material support from local government. Independent living units were intended for financially disadvantaged older people and entry was means-tested. Funding was rationed, and eligible residents were generally age pensioners with limited assets. Independent living units were built to strict size specifications monitored by State housing authorities. Due to their small size and segregation from

mainstream housing, most independent living units built during this period are below community standards, although comparable in size to the public housing 'elderly persons units' built during the same period.

Independent living units are often referred to by the generic term of 'owner-donor units', reflecting a tenure arrangement where residents have no rights of ownership. In exchange for an up-front cash contribution, initially a minimum of one-third of the construction cost, and a recurrent fee meant to cover maintenance and related issues, the resident buys not the dwelling but the right to lifetime tenure.

The Australian Government has discontinued its funding support for independent living units. However, many retirement villages are linked to organisations that also provide aged-care services or nursing homes funded by the Australian Government, which carry up-front and recurrent charges and depending on the size of entry charges and other payments, the owner-donor model has provided a ready source of cash for aged care providers to fund programs of capital expansion which has fostered informal growth of the retirement village sector. This form of housing has received far less policy attention in Australia in recent years than either community based and residential aged care. With an estimated 130,000 residents, the retirement village sector is comparable in size to the residential aged-care sector', estimated at 165,000 residents (permanent and respite). It has been argued that there are strong grounds for regarding the retirement village sector as a third component of aged care in Australia, intermediate between community based care and residential care and that the sector needs greater recognition in policy and research (Jones *et al*, 2010).

Prior to the study on service integrated housing led by Andrew Jones (Jones *et al*, 2010) there had been no major study of the retirement village industry in Australia since 2002. However, an earlier Australian study on residential relocation suggested that staying at home may be of lesser importance to health and wellbeing than maintaining privacy, independence, and connectedness to the wider society (Manicaros and Stimson, 1999). It was argued that moving to

retirement housing or a flat can bring older people closer to family, social networks and services. While releasing them from the burden of looking after the family home can free up time, resulting in an increase rather than a decrease in social contacts (Manicaros and Stimson, 1999). Stimson's (2002) analysis predicted significant expansion of the industry in response to increasing demand stemming from population ageing. He argued that the industry would increase its market penetration as suppliers responded to different market segments and developed new village forms, including high-rise and compact medium-density designs. Stimson also predicted a blurring of the differences between profit and not-for-profit providers, as each became corporatised and ownership and management were concentrated in order to achieve economies of scale (Jones *et al*, 2010).

In addition to the not-for-profit retirement village sector there is a diversity of private sector retirement housing, operated by large national retirement village companies (Jones *et al*, 2010). This form of housing is mainly targeted at middle-income retirees who sell their home to meet the entry fee. Some villages rely on external care services; other providers have internal arrangements to respond to the care needs of residents. Private-sector retirement villages offer support and lifestyle services, through serviced apartments and assisted living units that are increasingly offering one-to-one care, as well as services such as cleaning and meals on a fee-for-service basis. Eligible residents may be eligible for government-funded aged-care services, with some assistance by way of referral from village management, who may facilitate transfer from independent living to flexi-care within the village.

Retirement villages are Australia's largest sector of housing designed for people in later life, and unlike residential aged care homes, in recent years the sector has developed largely without direct state support (Jones *et al*, 2010). There have been no explicit policies to either promote or contain their growth or to shape their character or geographic distribution (Jones *et al*, 2010). Howe (2003) refers to retirement villages as 'an outstanding example of policy by default', where public policies have largely influenced the growth of retirement villages indirectly.

The growth of the retirement-village sector has triggered policy development in two areas. Firstly, they have tested some aspects of state planning regulations and have led to amendments in some cases, such as a planning framework established specifically for retirement villages in NSW (Jones *et al*, 2010). The second area of legislative development has been the implementation of retirement village Acts by States and Territories; primarily concerned with protecting residents of retirement villages from financial exploitation under a range of tenure arrangements, some of which are far from standard, and where contracts vary and many are not fully understood by residents at the time of entry (Stimson, 2002).

In recent decades the policy focus on retirement housing has shifted from subsidies for purpose built retirement housing in institutional settings to encouraging older people to remain living in the community under the 'ageing in place' policy (ABS, 2005a; AIHW, 2003). However, ageing-in-place policies reflect limited understanding of best practice in combining housing with support services; and there is a need for improved understanding of how to integrate independent housing with care and support services and home modification services (Jones *et al*, 2008; Bridge, Kendig, Quine *et al*, 2002).

6. Health and wellbeing

'Health and wellbeing' are used together to signify that these are separate although linked processes. The concept has theoretical and practical implications for housing provision, based on evidence for relationships with housing related social and environmental factors (Windle and Woods, 2004; Bourque *et al*, 2005; Gilroy, 2005; Altman Klein, 1993). Health and wellbeing is a well researched and complex area. Its relative importance is reflected in the amount of space given to it in this chapter. The last 50 years have seen the production of a large body of literature on factors that contribute health and wellbeing in older age. The literature comprises disparate, contradictory and controversial concepts, with little consensus on what terms mean (Chapman, 2005).

The World Health Organisation (WHO) has a long-standing definition of health as 'a state of complete physical, mental, and social wellbeing, and not merely the absence of disease' (WHO, 1947). However from an older person's perspective, medical definitions based on the absence of disease implicitly support negative attitudes and beliefs about ageing that do not reflect older people's experiences.

Phenomenological approaches to studying the lived experiences of ageing have found that older people's experiences of health and wellbeing do not necessarily coincide with absence of disease and disability. Medical definitions have failed to capture the experiences of many older people who have chronic health conditions and functional limitations and yet continue to experience good health and quality of life (Bowling, 2007; Bowling, Seetai, Morris and Ebrahim, 2007; Strawbridge, Wallhagen and Cohen, 2002). A definition of health and wellbeing that is consistent with the experiences of older people describes health as a dynamic process of interaction between individuals, communities and the environment; based on self-rated health, where health signifies feelings of physical and mental wellness, as appropriate for a person's age and circumstances (Grant, 2004).

The concept of wellbeing has been slow to gain acceptance, although recognition of its importance is growing (Umstattd, McCauley, Motl and Rosengren, 2007). The term is used to describe both subjective feelings, and the relative wellbeing of populations, and is generally predicted by socio-economic status (Wilkinson, 1999). Wellbeing for individuals here refers to feelings of satisfaction in relation to adaptation to life, attainment of goals and satisfaction with life, as appropriate for a person's age and circumstances (Wilkinson, 1999).

Wellbeing of populations is generally concerned with quality of life, which is monitored for public policy purposes. One such measure is the United Nations Development Program's (UNDP) Human Development Index (HDI), which measures life expectancy, literacy rates and quality of life as measured by per capita gross domestic product. With a score of 0.97, Australia rates very highly on the HDI, second only to Norway (UNDP, 2009).

Below different areas of research on health and wellbeing in older age are discussed under the headings: human development studies; happiness studies; and sense of control.

Human development studies

In this study 'ageing well' is a preferred term for signifying health and wellbeing in older age, because it highlights that ageing is a dynamic and relative process, while avoiding implications of failure were health and functional ability to decline. The concept was developed by Vaillant (2002), in his report on the landmark Harvard longitudinal study on human development. Vaillant (2002) refers to ageing well as ageing with the 'wow' factor, in the sense of subjective wellbeing, as opposed to attaining high standards of functioning; and where there is no right or wrong way to grow older, and no right and wrong age to die.

Vaillant holds that ageing is not about living long, because not everyone has that opportunity: rather, it is about living well, where the defining factor is in the heart not the head, and the concept is defined by subjective experiences (Vaillant, 2002).

Markson (2003) has suggested that the concept of 'ageing well' is discriminatory when used to imply that ageing is peculiar to people over a certain age, because ageing affects all people. Chapman (2005) has also criticised this and related terms as being problematic, because they imply that some individuals age poorly.

However, the concept remains useful because it moves the focus away from assumptions of dependency, frailty and misery often associated with ageing and suggests positive and resourceful images (Chapman, 2005).

Problems have been identified with the concept of 'successful ageing' based on medical definitions, because subjective definitions more accurately predict outcomes (Bowling, 2007). Erikson's concept of generativity¹⁷ has been a popular measure of successful ageing (McAdams, St Aubin and Logan, 1993), however older people who consider that they have aged successfully do not necessarily

¹⁷ That is, an individual's concern with others beyond their immediate selves, including their non-immediate family, future generations of their family, and the society and world in which their family will live (Erikson, 1963). See Glossary for further description.

meet classifications of success across all of the domains by which the construct has been measured, such as cognitive, social and emotional development.

Phenomenological approaches allow for other perspectives on what it means to age well, while not denying that in older age many people do perform to high standards across numerous domains, including generativity (Vaillant, 2002).

While the application of the sociological imagination (Mills, 1959) to the subject of ageing has led me to conclude that older people are integral members of society and that what benefits older individuals benefits the whole society and vice versa, this view does not appear to be universally held. Burden-of-ageing policy discourses have placed older people at odds with or outside the rest of society. Studies guided by existential phenomenology which emphasise the importance to the perspective and agency of individuals (Sandberg, 2005) have revealed the contradictory nature of socially shared definitions of ageing well that may not adequately reflect how older people experience their own ageing. Given that many socially shared definitions contain widely held negative connotations of ageing as an undesirable state of decline and dependency associated with people over a certain age, 'living well' has been suggested as a more appropriate and emancipatory term to describe experiences of wellbeing throughout the life course (Deci and Ryan, 2008) because it encompasses all ages.

Subjective measures of health and wellbeing are preferred, based on evidence that they are better able to distinguish amongst older people than other measures; and are valid and reliable indicators of quality of life (Bowling and Ilife, 2006), functional health status and mortality in older age (Benyamini and Idler, 1999; Idler and Benyamini, 1997). Indicators of health and wellbeing in older age have been associated with subjective factors like future focus (Aspinwall, 2005), pro-activity (Kahana, Kahana and Zang, 2005), hope (Ong, Edwards and Bergeman, 2006), mastery (Badger and Collins-Joyce, 2000), optimism (Umstattd *et al*, 2007; Smith, Young and Lee, 2004), purpose in life (Pinquart, 2002), satisfaction with life (Lyyra *et al*, 2006; Klein, 1993), self-efficacy (Umstattd *et al*, 2007), self-esteem (Lee and Shehan, 1989), positive self-perceptions (Levy, Slade, Kunkel and Kasl, 2002;

Levy, Slade and Kasl, 2002) and a sense of personal control (Windle and Woods, 2004).

Indicators of health and wellbeing that are predicted by positive psychosocial factors include increased longevity (Lyyra, Tormakangas, Read, Rantanen *et al*, 2006; Levy *et al*, 2002); a reduction in fall-related injuries (Peel, McClure and Hendrikz, 2007; Ruthig, Chipperfield, Newell, Perry *et al*, 2007); functional health (Levy, Slade and Kasl, 2002); functional ability (Badger and Collins-Joyce, 2000); and performance on memory tasks (West and Yassuda, 2004).

Older people themselves emphasise subjective factors as key contributors to health and wellbeing, and place less emphasis on biological and physiological factors (Reichstadt, Depp, Palinkas, Folsom *et al*, 2007). A phenomenological study of women with rheumatoid arthritis found that they perceived their own health more in terms of doing and coping, than in terms of the absence of illness and general wellbeing; and perceived good health as a state of equilibrium that they sought to maintain through their own active choices (Lyyra and Heikinnen, 2006).

Maintaining a youthful identity (a subjective age much younger than actual age) has been associated with higher levels of subjective wellbeing, when controlling for chronological age, gender, socioeconomic status, marital and employment status, and objective and subjective health (Westerhofl and Barrett, 2005). Positive affect and its relationship with ageing identities, appears to mediate the effect of chronological age; consistent with the notion that feeling younger than one's chronological age functions as a positive illusion that promotes subjective wellbeing (Westerhofl and Barrett, 2005).

Research on personal characteristics or resources that share the element of psychological resilience¹⁸ in older age have been found to contribute to health and wellbeing, by assisting adaptation to changing life events and circumstances (Wagnild and Collins, 2009; Windle, Markland and Woods, 2008; Windle and Woods, 2004; Smith *et al*, 2004; Staudinger, Fleeson and Baltes, 1999). While

¹⁸ The ability to recover from or adjust to misfortune or change. See Glossary for further description.

statistically significant relationships have been found between a wide range of psychosocial factors and the health and wellbeing of older people, the relationships are complex because psychosocial characteristics are often mediating factors for other influences, including environmental and socio-economic factors (Bowling *et al*, 2007).

Purpose in life is associated with better health, higher socio-economic status, being in employment, being married and social integration (Pinquart, 2002), while optimism is associated with higher socioeconomic status, social support, physical illness and access to services (Smith *et al*, 2004). Variations in health and wellbeing are associated with housing difficulties, socio-economic status, social isolation, loneliness, physical functioning, pain, support networks and marital status, and are mediated by feelings of environmental mastery and loneliness. Social and physical environments are believed to contribute to psychological strength and adaptation in older age by fostering sense of control, positive self-perceptions and social integration. These findings demonstrate the large contribution that subjective and environmental factors make to adaptation to changing situations and adversity in older age (Windle and Woods, 2004).

Happiness studies

Psychological research on subjective wellbeing (also referred to as happiness studies¹⁹ or positive psychology or human development research (Ryff, 1989a), offers an alternative to medical models that focus on negative factors like morbidity and mortality. This approach focuses on subjective feelings of wellness and positive functioning (Ryff and Singer, 1998). The body of research has produced counter-intuitive results on what contributes to wellbeing in older age (Ryff, 1989a), informing alternative growth-oriented theories that question assumptions of older age as a problematic time of life characterised almost entirely by negativity, decline and loss (Ryff, 1989b).

¹⁹ This area of research is referred to as 'happiness studies' to distinguish this field from 'population health studies' conducted by the UNDP.

In seeking to redress an absence of theory-guided research on ageing (Ryff, 1989b), happiness studies offers alternatives to the aura of negativism that values a prolongation of youthfulness and constrains conceptions of possibilities for human growth and wisdom as a person ages. Ryff has theorised wellbeing in older age in terms of the fully functioning and realised self, by identifying and evaluating research on qualities that represent the gains of a long life. Happiness studies draw on Erikson's developmental stages (Vaillant, 2002; Norman, McLuskey-Fawcett and Ashcraft, 2002; Rennemark and Hagberg, 1999).

Happiness studies have found that the pursuit of money is not a reliable route to happiness or wellbeing; while recognising that access to adequate material resources is important for happiness and self-realisation (Ryan and Deci, 2001). While Ryff's concept of hedonic wellbeing has been found to have limitations and to be a less reliable predictor of outcomes (Deci and Ryan, 2008), the concept of eudaimonic²⁰ wellbeing has been found to influence specific physiological systems related to immunological functioning (Ryff and Singer, 1998). Within this paradigm Ryff (1989a) has identified six theoretical dimensions of positive functioning across the lifespan: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. Ryff's six-factor model when tested was found to be a superior fit over single-factor and other artifactual models (Ryff and Keyes, 1995).

The structural validity of Ryff's scales of wellbeing continues to be tested and debated. The validity of the six constructs that make up Ryff's Scales of Psychological Wellbeing has been questioned, and a three-factor solution proposed, comprising: firstly, environmental mastery, personal growth, purpose in life and self-acceptance; secondly, happiness and subjective wellbeing; and thirdly, autonomy and positive relations with others (Kafak and Kozma, 2002). A recent statistical analysis discriminated between the factors of autonomy and relatedness; and a super-ordinate factor comprising other psychological wellbeing factors; the authors concluding that further development is needed in order to

²⁰ See Glossary.

reflect the hierarchical and multi-dimensional nature of the construct of wellbeing (Burns and Machin, 2009).

Self-determination theory (Ryan and Deci, 2001) employs the concept of eudaimonic wellbeing, and posits three basic human needs of autonomy, competence and relatedness, like the three-factor solution proposed by Kafak and Kozma (2002). Self-determination theory recognises contextual influences by seeking to describe conditions that specify wellbeing within various developmental periods and social contexts, where thwarting of needs results in negative psychological consequences in all social and cultural contexts (Ryan and Deci, 2001). Self-determination theory hypothesises that autonomy, competence and relatedness foster wellbeing, with scales of subjective wellbeing as one of several indicators of personality traits that are self-enhancing (Diener *et al*, 1999). These researchers consider conscientiousness, agreeableness and open-ness to be less strongly linked with feelings of subjective wellbeing, which are believed to have their sources in social and physical living environments that foster self-actualisation and productive engagement (Hinterlong, 2008), providing strong support for the positive influence of living environments.

Sense of control

The concept of 'sense of control' is important in research on ageing, and refers to maintaining a sense of autonomy or to a belief that a person can master, control and shape their own life (Mirowsky and Ross, 1998). A strength of this term is that it acknowledges subjectivity. Gerontological researchers have long considered sense of control (Windle and Woods, 2004; Mirowsky, 1996; Rodin, 1986) to be an important source of wellbeing; along with related concepts like desire for control, autonomy, independence, mastery (Windle and Woods, 2004), pro-activity, self-determination, self-efficacy, and locus of control (Rotter, 1966). Sense of control in older age is known to be influenced by environmental factors, including the environment of a person's home, the amenity and accessibility of the home itself, the walk-ability and accessibility of the surrounding neighbourhood, and of the wider community and services (Koncelik, 2003).

Sense of control and its correlates are complex concepts and have been associated with health in a range of areas (Marmot, Bosma, Hemingway Brunner *et al*, 1997; Mirowsky, 1995; Syme, 1989; Wallston and Wallston, 1982) including morbidity, hospitalization and mortality (Chipperfield, Campbell and Perry, 2004; Menec and Chipperfield, 1997); which have been linked with having choices (Carbonell and Polivka, 2003; Signatur and Hollis-Sawyer, 2002; Lee and Shehan, 1989), and which buffer the effects of functional impairment for those over eighty (Menec and Chipperfield, 1997), while having a *low* sense of control has been linked with depressive symptoms (Brown, 2007). Research on this concept has long established that changes in options for control powerfully affect emotional and physical health as a person ages (Rodin, 1986) supporting the idea that moving to institutional housing may be detrimental.

A sense of control in part results from processes of obtaining and maintaining a position of power within society, including through education (Mirowsky and Ross, 2005; Mirowsky, 1995) which has been found to contribute to resilience²¹ in the face of ageist stereotyping (Andreoletti and Lachman, 2004). Older age results in constrained choices and a decreasing sense of control, due to a mix of personal and contextual factors, including chronic conditions which may result in poorer health (Schieman, 2001), physical impairment (Schieman and Turner, 1998; Mirowsky, 1995), loss of mobility (Yang, 2006), loss of social status following retirement (Schieman, 2001; Ross and Drentrea, 1998), stopping driving (Windsor, Anstey, Butterworth, Luszcz *et al*, 2007), emotional distress following death of a spouse (Schieman, 2001), and abuse (Fisher and Regan, 2006). Gender differences exist, whereby females have a lower sense of control than males, with the gender gap widening with age, findings that have been explained by employment history, household income and physical functioning (Ross and Mirowsky, 2002), suggesting that lower socio-economic status contributes to a decreased sense of control in older women.

²¹ The ability to adjust to misfortune or change and considered to be the opposite of vulnerability. See Glossary for further details.

Control beliefs (a belief that a person can master, control and shape their own life, Mirowsky and Ross, 1998) contain factors that are both weakly trait-specific and weakly domain-specific, including in the domains of health and housing (Oswald, *et al*, 2007). However there has been limited research on housing-related control beliefs (Oswald, Wahl, Mollenkopf and Schilling, 2003; Oswald, Wahl, Martin and Mollenkopf, 2003; LeBrasseur and Blackford, 1988) and ambiguities have been identified in relation to the causal roles of self-efficacy and controllability (Ajzen, 2002). There is evidence that independence, choice and a sense of control are important contributors to the health and wellbeing of frail, older female patients (Evans, Mazzei and Teaford, 2001), of people in aged care institutions (Kane, Kaplan, Urv-Wong *et al*, 1997), of older residents in assisted living communities (Ball, Perkins, Whittington, Hollingsworth *et al*, 2004) and of older people living in independent housing in the community (Richard, Laforest, Dufresne and Sapinski, 2004).

In older age, complex relationships appear to exist among accessibility problems in a person's home, the individual's health and mobility, subjective beliefs about how much control a person has over their living environment, and outcomes for depression and independence, with low levels of perceived control exacerbating the effects of major accessibility problems (Wahl, Schilling, Oswald *et al*, 2009).

'Independence'²² is linked with a sense of control and refers not only to the capacity to do things alone: rather, the definition used here recognises that all human beings to a degree rely upon others to have their needs met.

'Independence' within this context refers to being able to act autonomously, including through having access to a range of resources, supports and social rewards that a person needs in order to meet their social, emotional and physical needs (Plath, 2008). The concept of independence can be distinguished from that of self-sufficiency, with a US study of the independence of older widows having found that neither high levels of overall self sufficiency nor male task sufficiency were related to psychological wellbeing or life satisfaction (O'Bryant, 1991): rather,

²² See Glossary for further discussion.

inter-dependence has been found to be an important characteristic of individual health and wellbeing, healthy social functioning and of a healthy society that gives older people a valid place (Nusberg, 2000).

Current evidence indicates that institutional aged-care services, wherever they are provided, generally lack the flexibility and client focus (Thomas, Jeon, Woodhouse *et al*, 2007; Evans, Mazzei and Teaford, 2001; Russell and Schonfield, 1999) that are needed in order to contribute to the sense of control, choice and independence that gerontologists consider necessary for health and wellbeing in older age (Gilroy, 2005).

Older people's health often deteriorates when they enter aged-care institutions (Illinois Council on Long Term Care, 2008; Osnes, Lofthus, Meyer, Falch *et al*, 2004). Rather than moving to institutions, the evidence base cited here supports provision of housing and living environments that provide older residents with independence, choice, and a sense of personal control, contributing to positive self-perceptions and opportunities for social engagement. The evidence base indicates that to be relevant to policy development, research on health and wellbeing in older age would benefit from further exploration of tensions between normative constructions of ageing populations and the local realities of subjective and context specific analyses (McGregor, 2004), such as housing and living environments, consistent with the purpose of this study.

7. Social isolation and loneliness

Social isolation and loneliness are complex and inter-related concepts that have been variously defined and measured (Findlay and Cartwright, 2002; Bennett, 2002). Social isolation is an objective measure that has a wide range of published correlates in the literature on ageing (Wenger, Davies, Shahtahmasebi and Scott, 1996). Loneliness is defined here as the subjective expression of dissatisfaction with a low number of social contacts, as distinct from alone-ness or solitude, which can be a personal choice that is not always negative (Hall and Havens, 1999). The concept of social isolation differs from the concepts of social loneliness,

emotional isolation and geographic isolation because not all older people with a small number of social contacts want more company, or feel sad and lonely (Bowker, Bukowski, Zargarpour and Hoza, 1998; Dugan and Kivett 1994).

Social integration plays a role in facilitating positive social relationships and challenging discrimination, contributing to improved health and wellbeing. The size of an older person's social network decreases with age and the risk of social isolation increases. A low level of social engagement, as measured by the size of a person's social network, is a precursor of mortality (Avlund *et al*, 2004; Bennett, 2002). However, this finding may be a direct effect of ill-health, or hidden health problems that are markers for later ill-health (Bennett, 2002).

Older women are more socially isolated than other age groups and this appears to be detrimental to their health, wellbeing and longevity (Swenson, Baxter, Shetterly, Scarbro *et al*, 2002; Baxter, Shetterly, Eby, Mason *et al* 1998; Rubinstein, Lubben and Mintzer, 1994). Many older women who live alone are vulnerable to social isolation and loneliness simply because they live longer and experience the deaths of their spouses (Beal, 2006). Predictors of loneliness are being widowed, perceiving one's own health to be poor or very poor and having psychological distress and cognitive impairment (Paul and Ribeiro, 2009). Marriage provides a buffer against loneliness, and subjective experiences of loneliness increase with age, particularly for the bereaved (Dykstra, Van Tilburg and Gierveld, 2005).

Having a small number of social contacts has been associated with depression (Smit, Ederveen, Cuijpers, Deeg *et al*, 2006; Osborn, Fletcher, Smeeth, Sterling *et al*, 2003; Scheff, 2000), dementia (Fratiglioni, Wang, Ericsson, Maytan *et al*, 2000) and mortality, relationships that are independent of the effects of self-reported physical health, socio-economic status and health practices (Berkman and Syme, 1979). However, evidence for positive improvements suggests that there is scope for postponing the onset of disability and poor health (Smit *et al*, 2006; Woo, *et al*, 2005; Sulander *et al*, 2003).

Social isolation has been associated with poor health behaviours, including low levels of physical activity (Lauder, Mummery, Jones and Caperchione, 2006), nutritional risk (Locher, Ritchie, Roth, Sawyer Baker *et al*, 2004; Walker and Beauchene, 1991), and obesity (Lauder *et al*, 2006); and socially isolated people are less likely to see health improvement goals, such as weight loss by walking, as desirable (Lauder *et al*, 2006).

Personal and social factors that predict social isolation and loneliness are complex because, while the concepts are related, the factors that predict them are different. Predictors of social isolation include living alone, having multiple chronic illnesses (Havens *et al*, 2004), poor functional status associated with limited mobility (Pinquart, 2003), poor geographic mobility, idiosyncratic personal and social norms, language and cultural barriers, stigma associated with visible manifestations of illness (Beal, 2006; Wolf, 1990), lack of participation in social roles outside of paid employment, breakdown of relationships with extended families, and living long distances from relatives (Havens *et al*, 2004).

For older women who live alone, personal, social and contextual factors may contribute to social isolation and may be confounded by structural influences like high housing costs, low income, social exclusion, ageist stereotyping and gender bias (Milne and Williams, 2000; Townsend, 1981). Contextual factors that are potential contributors include poor quality housing, high rise housing, multiple occupancy housing with limited privacy, living in deprived neighbourhoods, spatial segregation, and lack of access to services, including transport (Page, 2002).

While interventions have been designed to reduce social isolation and loneliness amongst older people, there is limited evidence that they work. It has been suggested that one reason for limited evidence of the effectiveness of interventions for reducing social isolation and loneliness in older age is that the emotional loneliness that older women experience may not be amenable to intervention when a particular aspect of a missing relationship is central to older people's feelings of emotional loneliness, because these feelings are not significantly decreased by social substitution (Beal, 2006).

Suggestions for improving outcomes include improved training and support for facilitators and the involvement of older people in planning, implementation and evaluation of interventions (Findlay, 2003); where ageist stereotyping and social marginalisation may be impediments to success. The quality rather than quantity of social contacts appears to be important to experiences of loneliness and a subjective sense of wellbeing (Pinquart and Sorensen, 2000), in particular for single older people (Lyyra *et al*, 2006; Barrett, 2006).

Social integration is defined here as the converse of social isolation. It is a broad concept that subsumes concepts like: relatedness, connectedness, social engagement, sense of community, social cohesion, social networks, friendship networks, social inclusion, and social isolation and loneliness. Social integration is preferred when discussing the social lives of older women because the concept is inclusive and provides a positive counterbalance to the social marginalisation that older women often experience (Irwin, 1999). Use of the term social inclusion has been avoided except where specifically discussed, because it is politicised and fluid, and carries implications that some social groups are problematic, perpetuating stigmatisation of certain groups, such as those not in the workforce.

Consistent with a moral economy approach to the later life course which values equitable distribution of social and economic resources (Irwin, 1999) the term 'social marginalisation' is used in preference to social exclusion, because it is broad and recognises that while some older women may not have access to the same opportunities for self-enhancement and productive engagement as other members of society, they are integral members of society, although some may exist on the margins where they experience the effects of relative disadvantage.

8. Neighbourhood context

The literature on housing overlaps with literature on the neighbourhood contexts in which housing exists. A separate consideration of neighbourhood contexts allows for an exploration of literature on the specific contribution that neighbourhoods make to the health and wellbeing of older people.

Neighbourhood context constitutes the immediate socio-economic, physical and social environment of a person's home. A neighbourhood refers to the geographic area surrounding a person's home that has been defined variously in the literature. Many studies identify neighbourhoods by geographic boundaries such as suburbs or local government areas. However, from an individual's perspective, neighbourhood may refer to a number of surrounding streets or blocks.

There is a growing interest in contextual or 'place-effects' on health (Macintyre *et al*, 2002). Consistent associations have been found between neighbourhoods and health (Pickett and Pearl, 2001). Neighbourhood characteristics have been linked to housing satisfaction and are significant and independent predictors of dissatisfaction with neighbourhoods (Parkes, Kearns and Atkinson, 2002) and functional ability (Berkman and Gurland, 1998).

Neighbourhoods influence the health and wellbeing of older residents through fostering social integration (Lindstrom, Merlo and Ostergren, 2002). A better sense of neighbourhood amongst older women has been associated with better physical and mental health, lower stress, better social support and being physically active; with women who had lived longer at their address having a better sense of neighbourhood (Young, Russell and Powers, 2004).

Although caution is needed in making causal inferences (Oakes, 2004), residents' perceptions of neighbourhoods are positively and significantly associated with health (Brown, Ang and Pebley, 2007; Franzini, Caughey, Spears and Fernandes-Esquer, 2005; Hou and Myles, 2005; Wilson, Elliot, Law, Eyles *et al*, 2004; Robert and Li, 2001), wellbeing (Scharf, Phillipson, Smith and Kingston, 2002), emotional distress (Wilson *et al*, 2004), depression (Bierman, 2008), sense of mastery (Bierman, 2008), and physical activity (Abildso, Zizzi, Abildso, Steele *et al*, 2007; Kavanagh, Goller, King, Jolley *et al*, 2005; Young *et al*, 2004).

Older people's perceptions of their neighbourhood are believed to help to shape their identities and contribute to positive self-perceptions and quality of life (Gabriel and Bowling, 2004; Wiggins, Higgs, Hyde and Blane, 2004; Scharf *et al*,

2002). Neighbourhoods affect the psychosocial adjustment of widows (Ha and Carr, 2005) and other single older people in complex ways, including effects that are mediated by differences in cultural background and length of residence (Young *et al*, 2004).

Neighbourhood effects are mediated by the social and physical characteristics (Franzini *et al*, 2005), with neighbourhood characteristics correlated with social support (Young *et al*, 2004), number and quality of social contacts, lower levels of stress (Young *et al*, 2004), physical and mental health (Young *et al*, 2004), quality of life (Gabriel and Bowling, 2004), being physically active (Young *et al*, 2004), and mortality, which is associated with population density (Turrell, Kavanagh, Draper and Subramanian, 2007; Chaix, Rosvall, Lynch and Merlo, 2006). While supportive residential environments where services are available help to alleviate disadvantage and maintain quality of life (Berg-Warman and Brodsky, 2006; Pynoos, Liebig, Alley and Nishita, 2004), density of services does not have an independent effect on the self-rated health of older people (Subramanian, Kubzansky, Berkman, Fay *et al*, 2006), suggesting that other factors are more important.

Neighbourhood structural contexts, reflected through measures of poverty, residential stability and age-based demographic concentration, predict health (Stafford, Martikainen, Lahelma and Marmot, 2004) and mortality (Chaix *et al*, 2007; Subramanian *et al*, 2006; Sundquist, Malstrom and Johansson, 2004; Young *et al*, 2004). High levels of neighbourhood deprivation have predicted coronary heart disease, with the risk being 87 percent higher for women and 42 percent higher for men (Sundquist *et al*, 2004). While the association between living in deprived neighbourhoods and negative impacts on health and wellbeing is well documented (Brown *et al*, 2007), even in deprived neighbourhoods, residents' perceptions are associated with individual (Krause, Ingersoll-Dayton, Ellison and Wulff, 1999) and subjective factors (Veenstra, 2005; Smith *et al* 2004; Hughes, Waite, Hawkley and Cacioppo, 2004).

Contact with neighbours has a powerful influence on the lives of older people who spend much of their time at home (Lindstrom, *et al* 2002). Neighbours are a potential social or community resource (Schwirian and Schwirian 1993), including in poor urban neighbourhoods where poverty does not always undermine social support (Barnes, 2003), and has been found to strengthen family and kinship ties in a poor urban African American community studied by Carol Stack (Stack, 1974). Neighbours are significant providers of informal care, where the two-way nature of social interactions and minor practical help distinguishes these relationships from formal care (Nocon and Pearson, 2000). Anticipated support from neighbours is stronger amongst older people and may facilitate the maintenance of functional ability (Shaw, 2005). For older women who live alone, contact with neighbours is believed to provide a buffer against loneliness (Perren, Arber and Davidson, 2004; Pinguart, 2003), and social isolation (Havens *et al*, 2004; Robert and Li, 2001).

Environmental variables, associated with health and wellbeing in older age, have received increasing attention (Macintyre *et al*, 2002; Bauman, 2005). Green common spaces have been associated with increased neighbourhood social ties and sense of community, a finding that has implications for the design of housing and living environments that foster the social integration of older people (Kweon, Sullivan and Riley, 1998; Kweon, Sullivan, Koley and Brunson, 1998).

Lack of availability of services and perceived vulnerability are barriers to social participation, and physical activity (Addy, Wilson, Kirtland, Ainsworth *et al*, 2004). While the oldest old in Australia are represented at all physical activity intensity levels (Sims, Hill, Davidson, Gunn *et al*, 2007), recent trends are for decreased physical activity (Bauman, Ford and Armstrong, 2001), with older women having the lowest rates of aerobic exercise of any group (Lee and Mouden, 2004). Decreased physical activity is associated with obesity (Giles-Corti, 2006), an emerging health issue for older Australians and a leading cause of death after tobacco (Giles-Corti, 2006).

Obesity currently affects around half of older women and slightly more than half of older men (ABS, 2004a). As well as increasing the risk of a range of health problems, overweight and obesity also contribute to functional and mobility limitations in later life, which can be addressed by the maintenance of weight (Bannerman, Miller, Daniels, Cobiac *et al*, 2002), in particular by activities such as walking. Moderate walking contributes to reductions in the overall disease burden (Mathers *et al*, 2001), improves balance and reduces the risk of falls (Chang, Morton, Rubenstein, Mojica *et al*, 2004, Bauman and Smith, 2000), and is inversely associated with depression (Sims *et al*, 2007; Cassidy, Kotynia-English, Acres, Flicker *et al*, 2004).

Within a context of concerns about the burden of population ageing and awareness of the importance of physical activity to health (Heikkinen, 1998), interest is growing in the relationship between walkable neighbourhoods and physical activity. Relationships exist between levels of physical activity and green open spaces for recreation (Kweon, Sullivan and Riley, 1998; Kweon, Sullivan, Koley *et al*, 1998), number of street intersections (Li, Fisher, Brownson and Bosworth, 2004; Trost, Owen, Bauman, Sallis *et al*, 2002), poor lighting, lack of walkable footpaths, poor access to shops and facilities (Trost *et al*, 2002; Giles-Corti and Donovan 2002), streetscape designs (Giles-Corti and Donovan 2002), poor physical design, and amounts of required police attention (Lenthe, Brug and Mackenbach, 2005).

While research on neighbourhood contexts has explored objectively measurable physical characteristics, such as amenities, deprivation and normative resident characteristics associated with health and wellbeing; individual, psychosocial and contextual factors also contribute (Subramanian *et al*, 2006), so that for each person in a particular residential neighbourhood different meanings potentially exist.

9. International context

In a globalised world, it is not possible to consider the issues or experiences of any localised group, such as older women living alone in Southern Tasmania, without also considering the impact of wider trends, rather:

The world integration of economies, technologies, communications, political and military systems is now so far advanced that it is no longer useful to analyse any local 'society' in isolation from the whole. (Connell and Wood, 2002)

Context is important to interpretation of interview material, including the global context of an ageing population, in a period of rapid economic and social change. The first ten years of the new millennium were marked by unprecedented demographic changes due to structural ageing of populations within developed countries, trends that will begin to accelerate as the leading edge of the Baby Boom generation starts turning 65 next year, in 2011 (Jackson, 2001). During this period Australia, along with other developed countries, entered a period of deep economic recession, referred to as the 'Global Financial Crisis' (GFC) (Rudd, 2009). The GFC has contributed to a questioning of doctrines of macro-economic policy informed by principles of economic liberalism and economic globalisation (Quiggin, 2009; Andrews, 2008). Similar to other Organisation for Economic Co-operation and Development (OECD) countries, economic liberal policies have been supported by both major political parties in Australia since the 1980s (Quiggin, 1998; Kasper, Bland, Freebairn, Hocking *et al*, 1980)

Support for economic globalisation and the operation of free markets has contributed to a set of profound economically driven social changes (Babones and Vonada, 2009). These changes have increased risks for vulnerable groups within Australian society (Henry and O'Brien, 2003). Since the early 1990s, there has been unprecedented growth in household income (ABS, 2007a) and wealth (ABS, 2009), accompanied by rising living costs (ABS, 2010), rising consumption (Yates and Whelan, 2009), and unprecedented levels of household debt, which in real terms has increased six-fold since 1990 (ABS, 2009).

Australian households have been highly mobile geographically (Hassan, Zang and McDonnell-Baum, 1996). There has been an increase in unemployed households (Commonwealth of Australia, 2009a), an increase in the proportion of families where both parents have to work (De Vaus, 2004), increased housing stress amongst renters and purchasers (Chapman, 2006), and a growing gap between rich and poor (OECD, 2008a; Henry, 2002), resulting in an increasing concentration of disadvantaged households in the least desirable residential areas (Randolph and Holloway, 2007; Winter and Stone, 1998). These trends have caused some sections of the population to become disadvantaged in the labour market (Yates, 2004). Many people have deferred marriage and child-bearing, further exacerbating structural ageing (ABS, 2008a). In addition, the proportion of lone person households has been increasing, in part due to population ageing (Bennett and Dixon, 2006; ABS, 2005a; ABS, 2004c).

During this period there have been profound changes in the Australian housing market. Following a period of relative stability, in the first decade of the 21st century a volatile housing market has emerged, characterised by increased housing costs and demand so rapid that they have been referred to as 'the housing affordability crisis' (Rudd, 2007), a '21st century problem' (Yates and Milligan, 2007), and more recently, as having 'hit the wall'²³. A key symptom of the housing affordability crisis has been a growing shortage of affordable housing options for lower income groups (Yates and Milligan, 2007).

Housing affordability issues have attracted widespread attention of researchers (Chow, 2007; Dale, 2007), politicians (Bartlett, 2006), the Australian media,²⁴ the community sector (National Affordable Housing Summit, 2007) and all levels of government, culminating in the announcement of a National Affordable Housing Agreement that aims to ensure 'all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation' (Australian Government, 2008). Of key interest to policy professionals and

²³ Zappone, 2010.

²⁴ Saulwick, 2009; Zappone, 2010, 2009

researchers is the finding that, in the last 30 years, the traditional Australian aspiration to home ownership has moved further and further beyond the reach of younger households seeking to enter home ownership for the first time (Yates, 2007; Australian Government, 2004). Some believe that economic liberal policies have contributed to housing affordability issues, and have exacerbated trends towards social inequality (OECD, 2008a; Henry, 2002).

While the policy focus in Australia has been on increasing access to home ownership for new entrants to the housing market, these trends have also increased pressures on housing affordability for other vulnerable groups within the population, evidenced by rising rates of homelessness amongst older people (ABS, 2006; AIHW, 2006). At the other end of the life cycle there is a reduction in affordable housing options for people who are disadvantaged by low incomes and limited assets; and who are having difficulty accessing housing that might support their health, wellbeing and independence in older age. This study seeks to understand the experiences of a sub-group within this population, older female home owners who live alone.

Summary and conclusions

A set of concepts derived from the research and policy literature on ageing, housing and gender and the health and wellbeing of older women has been described and discussed. I consider these concepts to be important to understanding housing issues for older women who live alone. My approach is multi-layered, in that I have drawn on findings from macro-level research on social determinants of health and wider socio-structural influences, meso-level research on the reflexivity of households as a unit, and micro-level research on individuals' psycho-social characteristics and subjective experiences. I have used this evidence base to inform my analysis of interviews and my suggestions that respond to residents' subjective experiences (Reid, Hunter and Sutton, 2009).

At the macro-level, evidence from the literature on population ageing, population health and the demographic characteristics of older women who live alone

suggests that this group carries a heavy burden of disease and disability and a higher risk of institutionalisation, linked to their lower socio-economic status. At the meso-level, housing and neighbourhood environments have been found to play a key role in ameliorating socio-economic inequalities and improving health and wellbeing for disadvantaged groups, including older female residents. At the micro-level, complex associations have been found between residents' subjective experiences of their housing and living environments and personal and subjective factors like positive self-perceptions, positive relationships with others, feelings of independence and sense of control, all of which make important contributions to maintaining health and wellbeing in later life.

While population ageing and economic globalisation have made the policy challenges facing governments increasingly acute, current projections only illustrate what might happen, if certain specified assumptions derived from the current situation are realised (Saunders, 1996). While serious budgetary consequences have been forecast as a result of population ageing, it is impossible to predict how these effects will play out and alternative scenarios have been proposed (Guest, 2008). Nonetheless, the policy debate continues to focus on the economic burden of population ageing and on responses that seek to distribute costs equitably between generations (Commonwealth of Australia, 2010), despite how misleading socio-demographic predictions have been in the past. A focus of policy concern is economic impacts when the largest ever cohort, the Baby Boomer generation, starts turning 65 in 2011.

The welfare state in western societies continues to be taken for granted, however the introduction of economic rationalist policies means that it no longer exists in the form originally envisaged and represented: depictions of the state as a munificent provider of social services do not reflect major structural changes that have taken place (Arthurson and Jacobs, 2009; Beer, Faulkner and Gabriel, 2006). These policy changes are reflected in ideologies underpinning contemporary Australian social policy: namely, a strengthening of structural arrangements

contributing to social inequality, exemplified by policies in the areas of housing and aged care (Arthurson and Jacobs, 2009).

The move to a reliance on market mechanisms as policy tools in OECD countries has increased the complexity of policy making and service delivery. Economic reforms have shifted responsibility from the State to the individual and family, and from the public sector to the private sector, and from higher to lower levels of government (Fopp, 2008; Kalisch, 2000; OECD, 1994). This is evidenced in a dramatic increase in the proportion of for-profit aged care providers, and a shift of emphasis from purpose-built retirement housing within institutional settings, to independent housing and living environments (Kendig and Duckett, 2001).

More third parties are involved in service delivery than previously, from within and outside the public sector. Expenditure on costly technological, pharmaceutical and institutional responses has been emphasised, at the expense of less costly preventative interventions informed by social determinants of health (WHO, 2008; Wilkinson and Marmot, 2003).

The increasing scale and complexity of the Australian system of social care reflects major shifts in the relationship between government and society, under economic liberalism (Gleeson, Legge and O'Neill, 2009). The current context favours profit-making by large multi-national corporations, mostly based in the United States (Ollilia, 2005; Hutton and Giddens, 2000; Giddens, 1998). The overall effect has been to increase health costs and health inequalities, despite evidence that the disease burden could be reduced significantly by improvements in housing quality (Bambra, Gibson, Sowden, Whitehead *et al*, 2010).

Evidence is accumulating that living environments hold a powerful potential to positively influence health and wellbeing, including in older age, and for older women who live alone (Faulkner, Bennett, Andrews, Luszcz *et al*, 2002), thereby improving quality of life and reducing health and welfare costs to governments. However, to be effective, policies also need to reflect older female residents' experiences and expectations as to the resources many will need in order to meet

acceptable functioning levels during their long lives (Sachs-Ericsson, Schatschneider and Blazer, 2006).

There is a view that the current shift to encouraging older people to remain in the community under the 'ageing in place' policy does not reflect best practice in combining housing and support services (Angus and Ney, 2003; Pastalan, 1997). While it is widely believed that older people prefer to stay in their own homes with services brought in, under the current system a substantial proportion of older people who experience health and mobility issues do face relocation, from necessity or choice, and this is a particular issue for women (Gill *et al*, 2008). Currently, the housing and support options available to them are either costly or limited, and many have little option other than moving to a nursing home or hostel when their housing becomes unsuitable for provision of care. This context calls for policy responses informed not only by the perspectives of governments and service providers, but also by the experiences and perspectives of residents.

A narrative has emerged from a consideration of the research and policy context, that older women who live alone experience a particular set of disadvantages and risks arising from their accustomed roles and social status, which have largely been determined by the linked issues of gender, age and low socio-economic status; factors that might be ameliorated by housing policy responses. A key policy lesson that has emerged is that, regardless of the causes of current socio-economic problems, structural intervention does make a difference (Babones and Vanada, 2009; OECD, 2008a; Hemerijk, 2006; Quiggin, 2001).

A consideration of the research and policy context in this chapter has supported my argument that the voices of older women who live alone have been marginalised in the policy debate on population ageing and housing. It has also supported my argument that interpretive approaches are needed if the perspectives of such women are to be adequately represented in policy responses. In the next chapter I discuss the theories and methods I have employed in this study.

Chapter 2: Theories and methods

Introduction

In this chapter I describe the theoretical framework that provides a sense of purpose or 'contingent, relational and context dependent' map (Kitchin and Dodge, 2007) for the study, that will assist in making sense of the findings. This framework establishes a set of criteria by which to evaluate the execution of the study and the credibility of the findings, and the contribution this study makes to knowledge grounded in the social world of older women who live alone, and evolving academic traditions.

Firstly I describe the interpretive approach that I have used, and put a case for the important contribution that interpretive methods have made to reframing of the later life course. I then describe the philosophy of existential phenomenology, a philosophy of how people come to know about the social world. Within the framework of existential phenomenology I describe the epistemology of social constructionism, which provides an established set of principles for how social phenomena are perceived and constructed within different social and cultural contexts. I describe the differences and similarities between social constructionist and realist approaches. I also describe and discuss the linked epistemologies of critical theory; feminist theories; and environment and ageing theory.

Theories and methods are closely linked (Bengtsson, Burgess and Parrott, 1997) and the theory of social constructionism is inextricably linked with qualitative research methods, including the methods of interpretive biography (Allen, 1998). Consistent with an interpretive approach (Sandberg, 2005; Denzin, 1989), the interpretive biographical methods of data collection are inductive, starting with observation and moving towards general conclusions. The participatory, grounded and quasi-ethnographic qualities of the approach are described, followed by a description of selection of study participants, framing of interview questions, the interview process, approach to analysis and interpretation of

information, reporting on the findings, and approach to evaluating interpretive research, concluding with a set of evaluation criteria appropriate for this study.

Part 1: Theories

An interpretive approach

An interpretive approach to knowledge production acknowledges the potential for human beings to perceive social phenomena differently over time, and the potential for individual researchers to come up with new interpretations that lead to new questions and new suggestions. Consistent with this approach, rather than privileging one theoretical approach, method or author over others, I have sought cross-fertilisation from several related paradigms that appeared relevant and useful for theorising the marginalised perspectives of older women. The resulting framework reflects a dynamic relationship between structural factors, environmental influences and the life-course, whereby individuals have been constituted as active agents in their own lives (Hendricks, 1996). The framework provides a foundation for understanding and interpreting the housing experiences of older women who live alone, as issues of governmentality and gender which have come into existence within the context of broader socio-structural influences.

I chose an interpretive approach as the approach best suited to giving older women a voice; and enable me to bridge the gap between lived experiences and policy discourses²⁵. Although others have studied the housing experiences of older women before, and many more will do so in the future, I begin my consideration of the theoretical framework by acknowledging that all researchers endeavouring to make sense of the social world do so from a specific location within time and space. They do so from within a particular theoretical tradition and from a perspective informed by personal experiences. These combined perspectives contribute to the creation of a unique lens that shapes how the

²⁵ Policy discourses are used here refer to spoken or written communication or debate about issues engaged in by people who work in a given area (such as housing and aged care), and where the focus is on actual or desired policy responses that are designed to address such issues.

phenomena of interest will be perceived and the sense that I will make of the findings in the analysis and write up.

An interpretive approach accepts that others who read this thesis may view these phenomena through a somewhat different lens and bring different perceptions, interpretations and conclusions that may be equally valid, or, as Davies and Davies (2007) have said:

Life continues to unfold in the accounting of it, and the account-making is, in that sense, always a new event, or a new experience ... This openness to and awareness of movement, rather than fixity, potentially brings with it an openness to difference, to movement, to new ways of thinking.

Within a world of varied and changing perspectives there are some certainties. No researcher seeking to produce knowledge about the social world can legitimately claim to be doing work that is theory-free, whether or not the theoretical underpinnings are made clear (Rice and Ezzy, 1999). Social research is a cultural and time-bound practice that draws upon and is embedded in shared academic and cultural traditions. It involves the development of shared understandings about what constitutes knowledge and how people come to know about the social world. I found identifying a theoretical framework for this study challenging because no suitable framework existed ready to be adopted and applied to the topic as a whole. It involved work, risk and sacrifice to discover and choose from amongst an array of possibilities.

Communication is an interactive process. What I write cannot be interpreted adequately without the reader understanding the perspective from which I am communicating and the meanings I am giving to the words I use. Without the constraints introduced by a clarification of my theoretical position and concepts, the study would be open to criticism on the grounds that it lacked rigour.

In undertaking this study, I have drawn on my knowledge and experience from twenty years' working within the Tasmanian public sector, primarily in social housing. These influences include my work on housing options for older people

with the Independent Housing Group (Forbes, 2000; Forbes and Holford, 2000), and my Churchill Fellowship study trip on the application of age-integrated cohousing for older people (Forbes, 2002).

I began this study with two assumptions, that housing and living environments make an important contribution to the health and wellbeing in older age, and that the voices of older women have been marginalised in the policy debate on population ageing and housing. I have come to the study with the assumption that limited attention has been paid to issues that older female residents have identified as important, or to their perspectives on possible solutions.

In articulating the theoretical framework I have paid attention to the meanings of words and concepts, and how language is used. Attempting to communicate through ordinary written language involves risk because commonly used words are subject to varying definitions and interpretations over time. Some words are similar in meaning or appear similar, while the same words can be given different meanings, depending on the context or school of thought. It is tempting and feels natural to use words with similar meanings interchangeably; however, inconsistencies in definition are a recurring issue for social researchers, including in the areas of ageing, housing and gender. For the sake of clarity, I have avoided assumptions that the reader will share my understanding of the words and concepts I have used. Instead, I have explained concepts in the introduction and have defined them in a glossary and I have tried to use words and concepts consistently.

In considering the implications of language, I have tried to avoid using stigmatising words and jargon. Words and how they are used have implications for the findings and their interpretation, not only because language has subtly shifting meanings, but also because language can have political overtones and can privilege some voices while marginalising others. So, I have considered the political implications of language when choosing what words and concepts to use. I have avoided words and concepts that carry negative associations with ageing and gender or I have placed them in context and have used them with caution.

The slipperiness of language in part relates to the abstract nature of many terms. When writing or talking in academic terms people tend to describe abstractions as if they possess tangible form, as if they inhabit spaces and bear a spatial and temporal relationship to each other. Boundaries are imagined as if they delineate spaces inhabited by 'schools of thought'. When I describe my position, I imagine myself inhabiting a place or a space, as though I was about to embark on a journey of discovery through time and space. I imagine myself standing on the firm ground of academic tradition, looking upwards and outwards through an interpretive lens that appears to provide the best available approach to investigating the phenomenon of interest, and expanding the boundaries of knowledge on how to improve the housing, health and wellbeing of older women.

The act of writing in abstract terms about imagined realities is a form of mimetic exchange with the world; a form of imitation or mimicry by which an anthropologist might seek to understand and describe the ways of other cultures. Paradoxically, by engaging in abstractions I have risked making an 'other' out of, or distancing myself from those being studied (Taussig, 1993). When writing 'about' a particular topic of interest it is not my intention to represent these people, things, ideas or experiences as themselves directly. My aim is to portray or reflect these phenomena in ways that others who come from similar theoretical frameworks can relate to and understand, so that my observations, interpretations and reflections are meaningful. The elusive and risky task of writing about my perceptions of older women's reminiscences and reflections upon their housing experiences will have meaning primarily for an audience that shares my understandings of the abstractions I have used to represent these issues.

Reframing the later life-course

Unlike surveys, interpretive approaches enable an examination of conversational material from different levels and perspectives. Studies that contribute to reframing the later life-course and the experiences of older women have become increasingly prominent in social research, as interpretive biographical research has

gained legitimacy (Angen, 2000). Interpretive research has contributed to the reframing of concepts of ageing as culturally relative and as depending on the researcher's location and perspective, experiences, values, feelings and beliefs. An interpretive approach acknowledges that discourses are shaped by economic, social, historical and political developments and contexts, and that those with power often get to decide what the dominant discourses are. The purpose of this study is to give women whose voices have been marginalised a space to speak in their own voices, with a view to questioning ageist and gender-based concepts and enabling the emergence of new theoretical concepts and perspectives.

Interpretive methods have been applied to research on strategies for maintaining a sense of self in older age (Surr, 2005) and in the face of mortal illness (Sandstrom, 1998), on the effects of the age composition of neighbourhoods (Uhlenberg, 2000), and in explorations of residents' experiences of life in nursing homes. The findings have led to a questioning of traditional understandings of ageing (Tuckett, 2007; Jarvis, 2001).

Theorising about ageing is commonly practiced by people of all ages and backgrounds (Gubrium and Wallace, 1990), including lay people. Interviewing ordinary older women about something as ordinary and everyday as their housing (King, 2005) is a form of knowledge production that reflects participants' everyday experiences which can inform theory development. The findings from interpretive research may have a wider appeal than scholarly texts that report on normative data and bear little direct relevance to the daily lives, experiences and perspectives of older women who live alone. Study participants' experiences can contribute to knowledge about how people adapt to diverse and changing circumstances in older age. Positioning of older female residents as repositories of knowledge and fore-grounding their perspectives can contribute to redressing ageism by focusing on their strengths and positive characteristics.

Interpretive research holds that knowledge can be gained from listening to what older people say; from reframing them as active agents; as social actors who reside in and can have a positive influence on social settings; contributing to the

reframing the later life-course as a time of wisdom and rich experience (Edmondson, 2005). Evidence is emerging that positive aspects of human development continue in older age, like creativity, adaptability and skills for engaging in meaningful social relationships (Vaillant, 2002; Engelman, 2001; Fisher and Specht, 1999). Attempts to reframe ageing identities positively seek to emphasise adaptive qualities or strengths, like Hillman's concepts of 'staying', 'lasting' and 'letting time pass' (Hillman, 1999). Some researchers have sought to elicit the wisdom that comes with age, such as Knudtson and Suzuki (1997), who drew on the experiences of native elders in order to provide insights into the workings of nature and the proper human relationship to nature.

Research with older women Krekula (2007) has shed light on ageing as a process of development, and has argued for a more complex understanding of the intersection of age and gender. Researchers on the history and social meanings of ageing in western cultures have cautioned against assuming that ageing merely represents narratives of declining experience over time (Thane, 2003). They have challenged current historical accounts, arguing that active, meaningful lives and positive views were representative of the roles of older women in nineteenth century North America (Montigny, 1997).

The recent turn towards biographical methods (Wengraf, Chamberlayne and Bornat, 2002) has been accompanied by interest in women's subjectivity (Engleman, 2000); narratives (Ramsey and Blieszner, 1999) and social constructions (Whitbourne and Powers, 1994). Biographical methods have revealed that women's experiences have been marginalised or absent from dominant discourses and that women have suffered as a result (Jordan, 1997). Studies on the subjectivities of older women have revealed that social integration is influenced by identity and negative health events, and that social environments can support positive self images of women ageing with a disability (Harrison and Kahn, 2004). Feminine strengths identified by interpretive methods include flexibility, resilience, connectedness and engagement (Dorfman, Mendez and Osterhaus, 2009; Crose, 1997), empathy and mutual empowerment (Browne, 1995).

These characteristics that are thought to underlie the many social and material contributions that older women make to their families and communities.

Interpretive studies have contributed to reframing the later life-course and to theorising of older age as a time of change and growth. They have portrayed older women as learners and educators, and their homes as something women 'carry with them' involving a lifelong process of remaking and rebuilding, whether one moves or stays (Kamler, 2001). These alternative discourses are increasing awareness that there is more to the housing of older people than portrayed in dominant discourses; supporting a questioning of commonly held views and the importance of examining the experiences and perspectives of social groups that hitherto have been marginalised.

Existential phenomenology

Existential phenomenology is a diffuse and diverse school of thought concerned with understanding processes whereby meanings and knowledge are produced, rather than with unravelling ultimate truths. It was first developed by French philosopher Jean Paul Sartre (1966). Sartre studied the writings of Danish philosopher, Kierkegaard, the founder of existentialism (Adorno, 1989), and German philosophers Husserl (1999)²⁶ and Heidegger (1996).

Proponents of existential phenomenology reject the subject-object distinction of Descartes, which had long influenced Western scholars, and which is reflected in the terminology of scientific method (Husserl, 1999). Scientific terminology and methods have not served older women well, given the contribution of normative methods to cultural ageism and medicalisation of the life course discussed in Chapter 9.

Basic tenets of existential phenomenology are that human beings have no predefined meaning or purpose and define themselves, or come into being, in response to challenges imposed by their existence in the world, including through their relationship to the reflective consciousness of an 'other'. Existential

²⁶ First published in 1950.

phenomenological researchers regard consciousness as intentional and ideas as the product of experiences of real-life situations, hence a phenomenological study of older women's discourses about living alone is considered to produce new knowledge and new ideas grounded in the experiences of participants. A phenomenological approach creates space for questioning and relinquishing widely held assumptions and prejudices about what growing older means, and what being an older woman who lives alone means by eliciting the views of those who are experiencing these phenomena.

Husserl (Ricouer, 1967), regarded as the founder of phenomenology, questioned traditional Western philosophy and, in the interests of introducing scientific rigour into philosophy argued that all philosophy could or should be is a description of experience. However Heidegger (1996) took a radically different approach, taking existential phenomenology further by questioning traditional understandings of human existence as rational. Heidegger believed that ontology (the study of the origins and meaning of being or existence) preceded epistemology (the study of the origins and meaning of knowledge). Hence, in order to contribute to knowledge about the housing of older women, one must first seek to understand their experiences and meanings.

A sense of time, or the temporal nature of experience, is central to existential phenomenology, along with a preoccupation with questions of language and meaning. Heideggerian hermeneutics, also referred to as interpretation theory, arose from the application of his theory and practice of interpretation to the study of biblical texts, whereby the emphasis moved from interpretation to existential understanding (Gaddamer, 1994). That is to say, any text or utterance that is the focus of existential phenomenological research is believed to be constrained by its location in a particular time and space and to be in part shaped by the language that is used to describe the phenomena of interest. Hence my emphasis on how language is used and my qualification that the findings refer to a particular time and place and to a particular philosophical position and theoretical framework that I have used to observe, analyse and interpret these phenomena.

For Heidegger (1996), the essence of being human was to maintain the quality of open-ness to experience; whereby phenomenology, or the study of phenomena, involve observation and analysis that come from '*dasein*' or 'being there'.

Heidegger's concept of 'being there' has been further extended by Merleau-Ponty (1994), who criticised Heidegger for not adequately addressing the human body. This further development is referred to as embodied subjectivism (Low, 2009). For Merleau-Ponty (1964) existentialism's key question was 'man's relationship to his natural or social surroundings'; where existence is expressed as 'a phenomenal milieu rather than an objective realm of things or a subjective domain of consciousness'; and where to exist means to live as embodied, inter-subjective, expressive beings who find significance in all their acts (Low, 1994). Hence, in an existential phenomenological study of older women's housing experiences I need to enter and interact with study participants in their own social milieu; as a participant in their social world; meeting them face to face as individuals and experiencing their firsthand accounts of the places and communities where they live.

Merleau-Ponty's approach has been criticised for being relativistic. However, in response he has argued that an active perception is in contact with and can understand nature's objects and species, including the human species (Low, 1994). However, he qualifies this by grounding knowledge in a 'perceptual field' and attaching this grounding to 'an open-ended perceptual and linguistic corroboration' (Low, 1994). Hence, in seeking to contribute to knowledge about older women's housing experiences, rather than assuming that the findings are absolute or final, the approach to inquiry is dialectical.

Other key proponents of existential phenomenology are Ricoeur (1967), Gadamer (1994) and British psychiatrist R. D. Laing (1967, 1960) whose work on the experience of schizophrenias has influenced my personal approach. Laing made a significant although often overlooked contribution to sociological theory through his detailed analyses of how identity is achieved and performed in relationship to

others (Scott and Thorpe, 2003). This has provided me with a conceptual map for understanding and interpreting human behaviour and perceptions.

Interpretation theory, also referred to as contemporary hermeneutics (or sociological hermeneutics, when practised by sociologists), draws on Heidegger's legacy in applying theories of interpretation to all texts and systems of meaning held by people who exist within particular socio-cultural contexts, including the transcripts I have prepared of conversations with older women living alone in Southern Tasmania in the first decade of the new millennium. This contemporary approach to interpretation emphasises historical situated-ness and involves an ongoing interrogation of one's own biases (Grondin, 1994), and accepts that a person can never fully step outside of their own tradition (Gaddamer, 1994).

Social constructionism

Berger and Luckman's (1966) theory of social constructionism is a theory of interpretation that has its roots in existential phenomenology. Key premises are; that all knowledge is socially produced; and that subjectivity plays a central role in explaining human behaviour, perceptions and actions. Social constructionist theory regards subjective experiences as potential sources of new and relevant information that can be used to inform theory development and social policy, as people continually adjust their behaviour and intentions in response to changing circumstances.

This approach regards experiences as important to knowledge development because, whether held collectively or individually, subjective experiences contribute to shaping people's sense of who they are, who they might become and how they respond to the circumstances in which they find themselves at any given moment. This consideration of the situated and time bound nature of knowledge production allows room for the co-existence of competing interpretations of the same phenomena.

Social constructionism has contributed to a questioning of assumptions that are often taken for granted, and to a deconstruction of the meanings and practices

whereby people's knowledge about the social world is constituted. This theory, also referred to as interactionism, is located under the umbrella of symbolic interactionism, a term coined by American sociologist Herbert Blumer (1969). Research in the symbolic interactionist tradition investigates the enactment of power relations through their representation in language, and questions how knowledge claims are derived (Angen, 2000; Denzin, 1989). As a framework for investigating the housing experiences of older women who live alone, this approach creates room for innovation; for fresh new perspectives and unanticipated insights (Jacobs, Kemeny and Manzi, 2003).

Unlike research from within realist frameworks, social constructionist researchers do not seek mastery over their subject nor do they aim to understand the phenomena of interest in an absolute and final sense: rather, the approach begins with an acknowledgement that all knowledge is relative and ever changing. Consistent with existential phenomenology, interpretive approaches are empirical, in that they conceive of knowledge as limited to that which can be observed. Interpretive researchers do not privilege academically derived knowledge over other forms of knowledge: rather, all perspectives that give rise to empirically based observations are considered valid sources of knowledge that are capable of being interpreted and understood, while acknowledging that all perspectives are partial and relative. Within this framework the perspectives and experiences of ordinary older people are a valid source of knowledge.

Criticisms have been levelled at social constructionism by realist researchers, on the basis that it involves a form of relativism that holds that there is no reality other than the researcher's own interpretations of it (Kitchin and Dodge, 2007). However, an intractable difference between realist and social constructionist perspectives is that researchers who come from a realist perspective are interested in studying objects and subjects, rather than the processes and perspectives which interest interpretive researchers. Interpretive approaches seek to move beyond realist and elitist assumptions that regard knowledge as static and only available to elite academics and other powerful interest groups. Instead, social

constructionists conceptualise knowledge as arising from socially derived and held beliefs that are the fruit of human interaction and that result in the creation of culturally shared meanings. All systems of meaning are considered to constitute valid forms of knowledge, whether they are formal and written or informal and conversational. Hence social constructionism regards all human attempts at constructing meaning, all statements whether written or spoken or otherwise expressed as valid material for research.

Philosophical differences persist between realist and interpretive perspectives, whatever the theoretical framework: the planning of and reporting of deeds and actions (such as occurs when a person undertakes social research) inevitably involves acts of interpretation and imagination. This is true whether researchers are studying subjects and objects, or processes and perspectives.

However, when planned actions are described in abstract terms, as if they existed in dimensions of time and space, they are expressed in terms of rhetorical devices used for the purposes of illustration and communication whether the framework is realist or interpretive.

Other parallels between realist and interpretive traditions include the fact that regardless of the approach, imagined actions and events are assembled in linear narratives as if they have a beginning, middle and end, and spatial and temporal boundaries. Spaces are referred to as if they were inhabited by imagined actors following linear trajectories, marked along the way by imagined events. The difference is that, within realist frameworks, narratives are judged on the basis of the degree to which they are believed to faithfully represent an external reality, whereas interpretive researchers are concerned with how faithfully these narratives reflect the processes and perspectives that are being described.

Interpretive approaches have been used widely in ethnographic and ethnomethodological studies for some decades. However, only in recent years has interpretive research gained recognition as a legitimate enterprise within social

research. This is an emerging area and the validity of findings continues to be questioned by researchers from realist stances (King, 2005).

The aim of interpretive research is to suggest or introduce possibilities of fact, without making a claim that the things so portrayed in themselves constitute facts independent of the researcher's perspective or reflections. According to interpretive approaches all knowledge claims are simply claims that cannot be proven inalterably or beyond doubt, rather that they gain credibility through their acceptance by potential and intended audiences.

A social constructionist perspective regards writing about something that is observed or experienced as if it is 'real' to be as much an art form as a science. The approach seeks to reflect or imitate life, and acknowledges that as a human creation, these representations will always remain open to scrutiny and alternative interpretations.

Social constructionism has gained in popularity in recent years, and has been applied to research in widely different fields such as human geography (Mazanti, 2007), international relations (Checkel, 2004), career counselling (Young and Collin, 2004), community development (Glover, 2004), information technology (Hawkey, 2003), and feminism (Locher and Prugl, 2000). It has also been gaining support within social gerontology where there is a growing awareness that ageing is socially constituted (that is, its meaning can change depending upon the identity of the person speaking and their social context; Baars, Dannefer, Phillipson and Walker, 2006).

This shift towards research on subjectivity and personal meanings, referred to as the biographical (or narrative or discursive) turn in the social sciences, began during the 1960s and 1970s (Czarniawska, 2004). It has been described as a move towards 'valuing and finding ways of eliciting and analysing the spoken and written words of people who, earlier, had been seen as marginal' (Chamberlayne, Bornat and Wengraf, 2000). Through the biographical turn, interpretive researchers have sought recognition that narratives provide 'the richest and

thickest source of explicating their subjects' understanding of their own lives' (Polkinghorne, 1996).

Social constructionism is not new to research on ageing. Interest by gerontologists in subjective experiences and personal meanings has arisen from a questioning of the concepts and frameworks of normative research, and from recognition of the temporally and culturally bound nature of human experience. Almost thirty years ago Gubrium (1976) observed that research questions were often framed in ways that constructed older age as problematic, and that when older people were interviewed, the questions tended to be based on assumptions that isolation and loneliness, dependence and death were problems common to all older persons (Gubrium, 1976).

Gubrium observed that when research questions were answered directly, and their relevance and 'normality' implicitly acknowledged, it could be assumed that the researcher was dealing with an *a priori* 'known' or shared reality. Yet when questions do not appear to have meaning for the interviewee, this is a clue that the person does not share similar constructions on the topic of interest. Gubrium (1976) says the latter interview is likely to be a rich source of varying interpretations that could be used to critically evaluate dominant discourses. One such example is the concept of loneliness which appeared to lack meaning for long-term single people, suggesting a clue to a type of person or way of being in the world, whose perspective was qualitatively different from the rest of the study participants (Gubrium, 1976).

Information relevant to understanding older residents' perceptions, behaviours, and relational networks, is not available through normative sources (Chaskin, Goerge, Skyles and Guiltinan, 2006). What distinguishes interpretive from normative approaches is that interpretive approaches emphasise understanding rather than explaining, link individuals to social-structural contexts, and examine personal and social meanings as they arise in discourse (Bengtsson *et al*, 1997). To date, interpretive approaches have had limited impact on the policy debate on population ageing and housing. Their application in this field offers a rich source

of new material and opportunities for the development of a critically informed housing research agenda (Jacobs *et al*, 2003), and new ways of conceptualising the challenges and experiences of housing, ageing and gender (Gergen and Gergen, 2003; Berger and Luckman, 1966), thereby contributing to theory development.

Critical theory

The theoretical approach is critical as well as interpretive. Critical theory, first developed by theorists of the Frankfurt school, has influenced the work of post-structural theorists like Michael Foucault (2006), Judith Butler (1990), Pierre Bourdieu (1984) and Jacques Derrida (1976). Critical theory is concerned with the empirical study of how powerful interest groups come to marginalise others (Ezzy, 2002) including through the use of language. Biographical research through a critical theoretical lens is attuned to processes of power, social action and social meanings. Empirical studies from within this framework seek to unmask power relationships that have been taken for granted and blur the boundaries between theory and philosophy, including by introducing new concepts and perspectives that question dominant discourses (Ezzy, 2002; Bytheway, 1993).

Judith Butler (1990) is a post-structural philosopher, critical theorist and feminist activist who has conceptualised gender as a fluid and socially performed achievement rather than an inalterable definition of a person's identity. As such, Butler does not regard women as a unified homogeneous group: rather, consistent with interpretive biography, her theoretical approach conceptualises every person as unique and individual. This inclusive approach to gender, which is popularly referred to as 'queer theory', contrasts with second wave feminism because it does not identify males as 'the enemy' or male and female as dichotomous.

Consistent with a critical theoretical approach, the strength of Butler's theory lies in its potential for an expansion of possibilities for individuals. Her theory of gender opens the way for people to push the boundaries beyond traditional gender roles and identities. It is an approach that might be usefully applied to the

challenges of managing the spoiled identities of older women who are experiencing the effects of gender bias and ageism.

Butler's approach has been criticised for epistemological, methodological, and political shortcomings, including that it seeks to deconstruct gender identity when the majority of males and females do adopt predominantly masculine and feminine gender roles and identities, on the basis that female subordination is evident worldwide, and because Butler provides no concrete examples of how to subvert traditional gender roles. It has been suggested that there is no resolution to these issues and that the study of subjectivities and selves is not the proper job of queer theory, but the territory of sociology (Green, 2007). Butler's approach, when it is applied from within feminist sociology or feminist gerontology introduces possibilities for deconstructing and reconstructing the identities of older women that may have been spoiled or marginalised by ageist discourses.

Feminist theories

'Feminist theories' also have commonalities with social constructionism and critical theory, in that all three approaches share the belief that those social groupings that hold the balance of power decide what the dominant discourses are. Feminist theories are concerned with the study of women's experiences of social marginalisation. Similar to existential phenomenology, social constructionism and critical theory, feminist theorists reject 'the modernist assumption that there is a single ideal knower who is typically a male and who can know and or describe one true and final correct representation of reality' (Ezzy, 2002).

What sets feminist theories apart from other paradigms is that they use gender as an organising principle for social life across the life-course and criticise processes of power through the lens of age and gender, while politically, feminist theorists work towards equality for women.

Feminist research has contributed to the theorising of gender relations and the experiences of women, and to the theorising of the performance of gender in

human society as a socially constructed phenomenon. Feminist researchers regard dominant constructions of women and their social roles as disempowering and disadvantageous for women. Most feminist researchers recognise more than one theoretical stance, hence the plural is used to signify a constellation of theories that fall under the feminist umbrella. Some feminist theorists have investigated the environmental and social spaces of women and have adopted the principle that experiences of spaces are gendered (Chasteen, 1994); and that women's experiences of the same spaces differ from the experiences of men, including their experiences of homes and neighbourhoods.

A group of feminist researchers in Boston (Fletcher, Blake-Beard and Bailyn, 2005) has used action research within a 'feminist post-structural lens'; to investigate organisational change. This approach acknowledges the relationship between discourse, knowledge and power, and starts with the premise that some voices in the discourse are heard and counted as knowledge, while others are silenced, marginalised or excluded. Feminist research seeks to give voice to the marginalised perspectives of women, disrupt the status quo and call attention to systems of power that account for a particular social group's marginal status.

Within this paradigm, difference feminism supports a separate consideration of housing issues for older women, who have encountered difficulties having their voices heard. Carol Gilligan (1982), a former student of Erik Erikson and Lawrence Kohlberg, helped form a new psychology of 'difference feminism'. Gilligan's book, *In a Different Voice: Psychological Theory and Women's Development* (1982), responded to feminists like Germaine Greer (1970), who emphasised similarities between males and females. Gilligan's interview methods involved listening to women and rethinking the meanings of commonly accepted concepts, such as self and selfishness. In analysing her interviews with women Gilligan examined who was speaking, whose story they were telling and in what cultural context. Based on her research, Gilligan asserted that women have different moral and psychological tendencies from men. She conceptualised men as thinking in terms of rules and justice and women as thinking in terms of caring and relationships.

Both of these ways-of-being and knowing were considered by Gilligan to be of equal value to society.

Gilligan's work on difference feminism is closely paralleled by the work of feminist sociologist and psychoanalyst, Nancy Chodorow (1999) who theorised the existence of sex differences in the early experiences of individuation and relationship to mean that:

Girls emerge from this period with a basis for 'empathy' built into their primary definition of self in a way that boys do not. (And that) girls emerge with a stronger basis for experiencing another's needs or feelings as one's own (or of thinking that one is so experiencing another's needs and feelings).

Another influential theorist of difference feminism is linguist Deborah Tannen, who holds that who gets heard depends on how a person communicates, that language is a learned behaviour, a set of symbols that is deeply influenced by cultural experience, and that women have often learned different styles from men, which can make them seem less competent and assured, particularly when being assessed by men. Tannen (1995) has referred to gender differences in communication styles that are characterised by features like speed, degree of loudness, directness and indirectness, pacing and pausing, word choice, figures of speech, the use of humour, gender differences that influence differences in interpretation that lead to misunderstandings.

Gender differences observed by Tannen included that girls tend to play with just one other girl, spend a lot of time talking and use language to negotiate. Girls tend to downplay ways that one is better than another; tend to avoid sounding too sure of themselves and, overall, tend to balance their own needs with those of another. On the other hand boys tend to play in large groups and not everyone is treated as if equal, dominant boys are expected to emphasise rather than downplay their status, and generally one or several are seen as the leader or leaders. Boys use language to display their social status by displaying knowledge and abilities and by challenging others and being challenged. Other gender differences identified by Tannen are that girls tend to downplay their certainty while men tend to

minimise their doubts. In her research Tannen found that the end result of these differences in the workplace was that men were listened to, given credit and promoted more often than women. (Tannen, 1995)

Other proponents of difference feminism who have contributed to the understanding and interpretation of women's meaning systems and ways of being in the world are British feminist social scientist, Ann Oakley (1999, 1981, 1972), and US feminist therapists Judith V. Jordan and Jean Baker Miller (Jordan, Kaplan, Baker Miller, Stiver *et al*, 1991).

Critical and feminist theories have contributed to feminist gerontology, which seeks to challenge the large body of biomedical research on ageing, and its assumptions about the meanings of concepts to do with ageing and gender (Ray, 2003, 1999). A feminist lens within social gerontology has enabled the theorising of subjectivity and the creation of positive role models for older women, that emphasise strengths and diversity for marginalised and disempowered groups (Bengtsson *et al*, 1997; Wray, 2004, 2003; Tulle and Mooney, 2002), and that have informed a questioning and problematising of biomedical concepts like frailty (Barrett, 2006).

Environment and ageing theory

Environmental perspectives are becoming increasingly important in gerontology (Phillipson, 2007). The field of environmental gerontology provides a strong empirical and conceptual base for advancing healthy ageing and age friendly societies (Kendig, 2003). From within this tradition the environment and ageing theory of Rudolph Moos (1976) has been described as:

The multidisciplinary study of the impacts of physical and social environments on human beings. Its primary concern is with the enhancement of human environments to improve quality of life.

Environment and ageing theory is a holistic perspective from within social gerontology that fits within the broader social ecology framework. While ecology historically refers to the study of the harm caused by human beings to natural

environments, social ecology has paradoxically almost reversed this meaning, to the study of the impacts of human activities on human beings (White, 2003). This approach involves theorising about the interactions between older people and their living environments.

Environment and ageing theory investigates interactions between human beings and their living environments and the combined effects of physical and social environments in creating an adaptive milieu in older age. It is primarily involved with research on how the living environments of older people in institutional settings can be improved, including for older people whose physical limitations or illness necessitate specialised housing that might limit their functioning and personal growth. This research aims to maximise human functioning by increasing the control that older people have over their living environment (Scheidt, 1998).

Within the environment and ageing theory frame, Moos and colleagues have theorised four domains that affect the adaptation of older people living in specialised housing: physical and environmental features, policy and program factors, supra-personal factors and social-environmental factors. These authors have hypothesised that increasing environmental choice and control, and enriching social-recreational activities can help to increase social cohesion and independence. The approach has also been usefully applied in settings outside institutional care (Nocon and Pearson, 2000).

Another perspective from environmental gerontology that has proved informative is person-environment fit theory. This psychological theory, developed by Lawton and Nahemow (1973), has used largely normative approaches, and has conceptualised behaviour as a joint function of the person and the environment. Lawton and Nahemow theorised that positive adaptation is experienced when an older person's level of competence is matched within reasonable limits to the demands of the environment. Person-environment fit theory accounts for diversity in older age by acknowledging reciprocal interactions between individual characteristics and a person's current circumstances. Research within this frame has found that aged care facilities that promote personal control and

independence show better resident adaptation for moderately or highly functioning residents but not for those with poorer functional health; findings that have been interpreted in terms of person-environment congruence (Scheidt, 1998).

The person-environment-fit approach has contributed to understanding how the living environments of older people can be improved, including through improvements to the home environment (Wahl, Schilling, Oswald *et al*, 2009). This approach can be usefully applied to theorising about the contribution of housing to the health and wellbeing of older women living in the community, by considering the differential effects of individual characteristics and subjective experiences on person-environment congruence.

Part 2: Methods

Interpretive biography

Consistent with the theoretical framework and approach to collecting information, I did not start with an explicit hypothesis, about the nature of housing experiences for older women who live alone. I made no formal attempt to impose a predetermined hypothesis when framing the interview questions or planning the interview process. To have done so would have risked influencing the outcome towards dominant discourses, and issues that were important to the women might have been lost.

The interview process was narrative and exploratory, enabling me to take a step back and observe initially. In the interests of open-ness to other perspectives, I sought to reserve judgment initially, on what the experiences of older female residents might be, until after the interviewees had spoken. My interpretation was informed by a process of comparison and observation that proceeded during the interview process, and as the conversations were transcribed and analysed for themes, and then the two sets of interviews compared.

The adjective 'interpretive' denotes that this approach is informed by social constructionist theory. Proponents Berger and Luckman (1966), like Heidegger

and Husserl, rejected the philosophical quest for certainty or truth and held that what counts as knowledge is relative and changes over time. The approach regards all knowledge claims as acts of interpretation that can only be understood when examined within specific social and cultural contexts, or as Taussig (1993) has said, interpretive researchers know that

The way we picture the world and talk is bound to a dense set of representational gimmicks which, to coin a phrase, have but an arbitrary relation to a slippery referent easing its way out of graspable sight.

Participatory, quasi-ethnographic and grounded

In quality the approach to collection and analysis of information is participatory, quasi-ethnographic and grounded (that is, theory development emerges from and is 'grounded' in qualitative data). These qualities are useful for researching in-depth lived experiences (Elliott and Jankel-Elliott, 2002). The participatory quality is empowering, and respects and encourages input and ideas from research participants. Glass (2003) has suggested that:

If we are serious about promoting successful ageing, then we need to know more about what older people value and how they define successful ageing.

Were the suggestion by Glass adopted, researchers would become knowledgeable about the perspectives and aspirations of older people, in contrast with normative research, where others who write about and on behalf of older people can overlook crucial sources of knowledge that are gained from working with older people, talking with them, listening to them and seeking to understand and share their perspectives (Shotter, 2004).

Consistent with a participatory approach I sought to interact with study participants sensitively, and sought to respect and value their perspectives, including by casting them as experts, by attending, listening and recording they had to say. My intention was to privilege their knowledge, while seeking to question externally imposed and objectifying concepts that have historically been used to describe their housing experiences.

Ethnographic methods are a form of field research that seeks to analyse cultural practices and which have been used, for example, in the identification of institutional and personal barriers to improving health outcomes for socio-economically disadvantaged older people (in this case, homeless men) (Quine *et al*, 2004). Barriers have been identified as: rigidity of the health care system, unavailable services, lack of funds to pay for services, and inadequate or no transport, denial of health problems, fear of loss of control, fear of providers' actions, concern about financial resources and personal feelings. The authors (Quine *et al*, 2004) concluded that while participants were motivated to improve their health and independence, lack of the basic requirements for healthy ageing, notably adequate incomes and housing were an impediment.

By enabling people to speak about their experiences, ethnographic methods fill the gap between policy discourses informed by population level surveys and knowledge of the specific circumstances and the needs of vulnerable populations (Quine *et al*, 2004). Ethnographic methods have been used to study ageism in aged care institutions where strategies for reducing stigmatising behaviours were identified as family member advocacy, resident autonomy and awareness by administrators (Dobbs, Ekert, Rubinstein, Clark *et al*, 2008).

This 'quasi-ethnographic' quality of the approach acknowledges that information collection was embedded in ordinary everyday situations and interactions. I collected conversational material by means of informal in-depth interviewing, which involved me entering and participating in study participants' lives (Rice and Ezzy, 1999). However, the approach needs to be qualified because the level of involvement and observation was time limited and did not extend to a closed in-depth study of a specific cultural group over time, within a specific geographic location.

The quasi-ethnographic quality is reflected in the fact that all interviews took place in Southern Tasmania, and that I met with the women in their own homes, where I observed their manner of living and learned about their accustomed daily activities, relationships and problems, generally including a tour of the property,

the sharing a cup of tea or coffee and listening to their conversations about family, friends and neighbours. Some interviews provided the opportunity to meet people from the women's social networks. In the case of the workers, one took place in a workers' own home, all the others in workplaces.

My information collection was designed to ensure that the women's stories and perspectives were adequately represented. I delivered open-ended questions in a relaxed conversational style, in order to elicit responses from people who might have been frail and vulnerable (Russell, 1999), and unaccustomed to speaking up about issues that were important to them.

The grounded quality refers to the fact that I did not formulate hypotheses in advance: rather, my hypothesis testing and theory development was 'grounded' in the process of information collection, whereby concepts and theory development emerged through a constant process of comparison and observation (Dick, 2000) leading to further questioning and exploration. The grounded quality allowed room for flexibility and responsiveness to what I uncovered.

Having identified contrasting views on ageing between policy-makers and residents, I sought to use a 'grounding' approach to aid my interpretation of the findings within a wider social policy context. This led to the identification of theorising by Levitas (2003; 2001; 1998), who has argued for a genuinely critical social policy with a Utopian²⁷ dimension. According to Levitas, Utopian theories when applied to sociological methods can achieve insights that are:

born of the marriage of empathy and reason– of the ability to see human behaviour as both individual and aggregate, to detect the pattern and logic in the web of human relationships, and even (if one is visionary and determined) to pinpoint threads that must be unpicked and rewoven to pattern society in a different way (Pedersen, 2004, quoted in Levitas, 2009).

Using critical discourse analysis, Levitas (1998) identified three typologies for social inclusion policy discourses in the United Kingdom; that she argued have

²⁷ See Glossary.

served to reinforce policies that have reproduced the stigma and inequality that these policies have purported to redress. Levitas noted that these discourses employed flexible concepts, whose meaning depended upon their context and the assumptions of user and audience, which were frequently unclear and contested; and where narratives appeared to slide between discourses (Levitas, 2004).

Levitas referred to these three typologies as redistributionist, moral underclass and social integrationist. Watt and Jacobs (2000) have successfully applied Levitas' three typologies to an analysis of housing policy discourses. However, while these authors (Watt and Jacobs, 2000) referred to a gender dimension that affects single mothers who are not in the workforce, they have not applied these typologies to the housing of older women.

Taking the lead from Levitas (2009; 2004; 2003), in the concluding chapter I have drawn on the findings and wider evidence base, in order to propose a vision for a new era and a new society. The vision is not Utopian in the sense of an idle dream or dangerous delusion (Levitas, 2003) that would be impossible to realise. The vision speaks of a desire to transform and transcend not just imagined places or spaces. It is an expression of an intrinsically human impulse to aspire to a better way of living; for the kind of society that researchers like me, older residents and policy professionals might like to see; consistent with the goals of sociology and the aspirations of sociological research.

What I have proposed is not intended to be a complete policy vision, nor is it intended to be a policy development exercise based on balanced arguments and a comprehensive consideration of available evidence, resources and stakeholder perspectives. Rather, the vision is my response to a sense that something important has been missing from the policy debate on population ageing and housing. Consistent with the purpose of the study and an existential phenomenological framework, the vision introduces a largely overlooked human and experiential element to policy discourses on housing for older women, by proposing solutions to a fundamental social problem.

Selection of participants

I sought a balanced mix of perspectives. Members of the study group were recruited from a range of age groups, backgrounds and living environments, including a mix of suburban and rural communities. All were living alone in their own homes or in rented or leased accommodation in urban and regional locations in Southern Tasmania, in a variety of housing types and locations. Each was interviewed once, between 2003 and 2005. Each interview was voluntary, unpaid and confidential. The women's only 'reward' was the social contact with the researcher, the opportunity to share their opinions and the knowledge that they might be doing a social good by sharing their experiences for their own benefit and the benefit of others.

The one thing the group of women had in common was that they lived alone. In terms of age, the group consisted of balanced cohorts in their fifties, sixties, seventies, eighties and nineties. They lived in urban, suburban, semi-rural and rural areas, and in a range of housing types, including free-standing and medium-density housing designs. They were recruited through my networks and by a 'snowballing' process.

At the end of each interview I asked if the interviewee could suggest someone who might be able to provide relevant information: this led to further interviews. I interviewed several women from the Independent Housing Group first: some of them referred me to other home-owners in suburban areas. I contacted residents in rural areas directly and indirectly through committee members of community-based organisations. I also used my networks to interview a small number of residents in retirement housing and social housing.

While 36 interviews were tape-recorded, only 35 were transcribed and analysed. (The other one had a mild speech impediment and requested that her tape not be used.) Although they were intended as a pilot, I included the first six interviews because the method had not changed substantially and their responses were informative. Given the breadth and complexity of issues for home owners, I did

not target as broad a range of housing types as was conceived originally. The main target group became older women living alone in their own homes in urban and rural locations in Southern Tasmania. Four residents in social housing and three residents in retirement units were also interviewed, in order to provide a contrast to the experiences of home owners.

In analysing the interview transcripts I used a sequential numbering system to identify interviewees, reflecting the order in which they were interviewed. While study participants had initially been asked to provide a pseudonym, which I had intended to use for reporting on the interviews, a high proportion of women had chosen their own first names or nicknames. Upon reflection, I did not use the pseudonyms because, given the relatively small size of some communities, their use could have identified some participants.

Eight workers were selected for interview on the basis that they were knowledgeable about housing issues for older women who lived alone. Workers were sought from a balance of backgrounds, including the public and community sectors, from administrators and service providers, and from males and females, to ensure that a variety of perspectives was obtained. The workers included people that I knew through work, who recommended other workers for interview. One volunteer board member was interviewed in his home. The others were held either in their own workplace or in mine. I anticipated that the workers' perspectives would contain differences and similarities that would provide starting points for discussion and raise new questions.

Interview questions²⁸

Interview questions were not framed with a specific problem or hypothesis in mind. They were designed to be open-ended. I considered this approach to have advantages over surveys and other highly structured methods of collecting information; reducing the influence of my preconceived ideas or research agenda

²⁸ See Appendix 4 for the forms and guides used in the interview process.

and reducing the power differential created by academic and political perspectives (Thompson, Ellis and Wildavsky, 1990). The approach avoided assumptions that I was in control of what was essentially a relational and interactive process (Oakley, 1981). The questions were designed to validate the women's subjective experiences, increase trust and encourage open and productive discourse (Allen, 1998) including by eliciting spontaneous narratives that revealed the wholeness of residents' lives, and allow space for alternative understandings of ageing, housing and gender.

At the end of the interview, with my help, the women completed a multiple-choice survey. The questions were consistent with ABS categories, the Tasmanian Healthy Communities Survey (DHHS, 1998) and the Harvard Study of Adult Development (Vaillant, 2002). The purpose was to obtain a systematic description of group members, so I could inform others about the profile of the group I had interviewed, and use this profile as a reference point when analysing and reporting on the interview transcripts.

The interview questions for the workers followed a similar informal, semi-structured style. The workers were asked a comparable set of open-ended questions on housing issues for older women who lived alone, complementing the questions I asked the women.

The interview questions addressed three main issues: housing issues for older women who live alone, how well current housing provision addressed their needs, and how housing provision for this group might be improved in the future.

While a small number of the women were receiving aged-care services, women and workers were not known to each other: rather, the workers' discourses were generalized accounts from their own experience and knowledge of older women who lived alone as clients, and did not refer to the particular women who were interviewed.

Interview process

I asked my questions in a conversational style. Locating the interviews in the women's homes enabled me to relate what the women said to their physical surroundings. A tour of the house and yard enabled me to view any issues or improvements that had been discussed. The style of interviewing was designed to establish rapport and give entrée into insider information that would not have been achieved readily by formal survey questions. Study participants were allowed to choose and discuss issues of importance to them, and to make sense of their own situations (Allen, 1998).

My role was to seek clarification, pursue topics of interest and encourage the interviewee to continue talking. I had used this open-ended and dialogical interviewing technique previously and was successful at eliciting informative narratives from residents in cohousing (Forbes, 2002).

The conversations with the women were mostly two-way, plus a few monologues from people who were naturally talkative or who had strong positions on issues, such as troublesome neighbours. The two-way conversations indicated that the method and dialogic mode of delivery had been successful at establishing rapport. For most of the women 'turn-taking' appeared to represent an important aspect of their social interactions, suggesting a display of linguistic politeness and co-operation that may be reflective of a gender difference (Tannen, 1995; 1993).

Some themes and topics arose spontaneously in the conversation, while others were in direct response to the questions, or followed prompting. Interviewees were encouraged to keep talking with an often repeated 'Mmm' from me.

Relevance was assessed on the basis that if an interviewee raised an issue, they considered it to be worthy of discussion (Wilson, 1998). Given the topic of interest was housing and the questions related to the women's housing, unless there was reason to believe otherwise, I assumed that the issues raised were relevant to residents' housing experiences and intentions.

The interviews lasted 45 minutes or a little more, and were recorded on cassette. When strictly personal information was discussed, in order to protect the interviewee's privacy, either I turned the tape off in advance, or left the material out of the transcript. I transcribed the interviews verbatim, and then examined them to identify themes. I analysed all transcripts manually. I then reanalysed them with Nvivo, using an open coding method in order to identify concepts and themes, followed by axial coding to structure the information. However I found that this did not improve on the themes I had already identified and added no new information. I identified the themes on the basis of their apparent 'strength' and 'coherence'. I was also guided by the emphasis given to particular topics, including emotional emphasis, the content, repetition of words and concepts, and linked topics mentioned often by either all or a high proportion of the interviewees.

Approach to analysis

My approach to analysis was multi-layered, because experiences of housing, ageing and gender are contextual and subject to multi-level influences, including socio-economic factors; development across the life span; personal, social and geographical factors and neighbourhood contexts; and micro-level perspectives, reflecting individual feelings and perceptions (Brooks, 1996; Wenger, 1999). In interviewing the women and workers and analysing their responses separately, the intention was to identify the main themes that emerged from each set of interviews and then explore them for competing interpretations of the same issues. In analysing the themes in the women's interviews, I considered the influences of diverse housing histories, experiences and milieus on their' housing experiences and intentions.

Basic tenets of interpretive research are that spoken utterances are performative (Denzin, 1989), and that experiences cannot be captured and known in an absolute and final sense. Rather performative accounts are socially constructed. This meant that while the interview transcripts may bear a relationship to the lives of study

participants, they cannot be taken as a transparent account or a direct reflection of 'an individual's being or consciousness' (Scott, 1992); nor can they be used to forecast the women's housing pathways with any accuracy.

Experience cannot be 'had' in a straightforward way, and cannot be accounted for transparently. Hence, although I have interpreted study participants' accounts, I have not sought to unduly fix or limit the meanings implied in what they have said about these issues. Rather the interviews are to be read as accounts of interactional experiences that are time bound and can always be read from multiple possible trajectories, because interpretations:

Shift with the time and the purpose in the telling and with the discursive possibilities available (or brought to conscious awareness) at each time of the telling. (Davies, 1989)

Analysis of transcripts of conversations about people's experiences is an interactive and iterative process that involves reflecting upon the reflections and performances of others. The act of speaking by study participants is transformed at the moment of the encounter with my interpretations and reinterpretations, whereby conversations about experiences and intentions are characterised by an ongoing unfolding of meanings that emerge in relation to each other, or as Davies and Davies (2007) noted:

Reading of experience talk as if it was about realist tales (assembling information about and evidence of specific real worlds or selves who inhabit real categories) blinds researchers to the importance of the constitutive work that is being done through the talk itself.

I also reflected upon the implications of undertaking an interpretive study of the housing experiences of older women who live alone, both for the practice of social science and for the credibility of the findings, by asking:

What are we doing when we generate accounts of experience and what is it that we can responsibly do with these accounts. (Davies and Davies, 2007)

With a view to acting responsibly with interviewees' accounts, I approached analysis of the transcripts in a spirit of respect and positive regard for the individuality and humanity of those who had participated. I was not concerned with establishing the truth, falsity or reliability of particular accounts. Rather, I accepted on face value what was presented at interview and have sought to respect and honour these presentations and accounts.

The scope of the study design did not encompass participants being consulted about whether or not their views were adequately represented, hence I have exercised caution by avoiding over-interpreting the transcripts for hidden texts or meanings. The focus has been on what information the interview transcripts can provide about constructions of housing, ageing and gender, and about the 'production of lives' and the complex social process of producing oneself and being produced as 'having an identity' and 'belonging to a particular category' (Davies and Davies, 2007), and what these findings might imply for social policy.

Reporting on the findings

In reporting on the findings, I have minimised counting and used it only for the sake of providing a description of the group I interviewed or to support key points.

Consistent with my intention to foreground the women's perspectives, I have made generous use of the residents' own words, as a vehicle for enabling them to speak in their own voices to a wider audience. To have spoken on their behalf unnecessarily might have risked changing, limiting or objectifying their meanings. What interviewees have said is offered as their position on an issue at the time their opinion was offered, while leaving room for changing perspectives and emphases as circumstances change over time, for reinterpretations as new information emerges, and for reconsideration of issues that may have been overlooked.

In reporting on the findings I have presented groups of selected quotations on specific issues in order to recreate a portrait (or *bricolage* (Denzin, 1989) of personal

perceptions and perspectives), a holistic and meaningful portrait of the diversity and complexity of resident perspectives, while bearing in mind that the process of selection can shape perceptions. Hence, the full interview transcripts have also been provided in the appendices, and on CD in an envelope at the end of the report. Conversational material from interviewees is presented in italics and my words are presented in regular case. Deletions and comments are indicated in regular case, within square brackets.

As to the structure of the report in the findings in Section 2: given the large amount of material covered by two separate sets of interviews, for the sake of clarity about the over-arching findings, at the beginning of Chapter 3 I have provided a summary outlining the main findings that emerged as a result of this process. As far as possible I have avoided repetition: selected quotations used in Chapter 3 are not repeated later.

Evaluating interpretive research

In considering the implications of undertaking interpretive research, I identified two risks or dilemmas which I needed to resolve. Firstly, the risk of being paralysed by a superfluity of knowledge claims and by uncertainty about which perspective to choose, and secondly a temptation to evaluate the findings using criteria borrowed from normative research (Sandberg, 2005). The first issue I resolved by foregrounding the perspectives of the women. The second issue I resolved by developing a set of criteria for evaluating interpretive research (Davies and Davies, 2007; Sandberg, 2005) that I consider to be consistent with and applicable to the aims and methods used in this study.

Realist frameworks and methods are not applicable to interpretive research, and it would do my findings an injustice were they to be evaluated by the same criteria that are usually applied to normative studies. Interpretive research is an emerging field that is gaining acceptance: however, it is still in the process of being defined (Lincoln, 2001). Evaluation criteria are not widely recognised or accepted (Sandberg, 2005). Hence I have developed my own set of evaluation criteria, based

on my reading of the literature on interpretive methods, in order to reduce the risk that inappropriate evaluation criteria might be applied, erroneously.

I have synthesised the evaluation criteria (See Table 2, below) from literature on evaluating qualitative research (Angen, 2000; Lincoln, 2001; Sandberg, 2005), research based on grounded theory (Chiovitti and Piran, 2002; Bong, 2002; Dick, 2000; Corbin and Straus, 1990), and research from within the paradigm of feminist gerontology (Ray, 1999). The evaluation criteria also draw on my personal experience of undertaking qualitative research. They are provided as a checklist to facilitate evaluation. The evaluation criteria are consistent with the theoretical framework. While they are largely self-explanatory, they are grounded in my understanding of my own research practices which I have explained below.

Eliciting the women's views is relevant to critically analysing and reframing policy discourses on the provision of housing and support for older women who live alone (Criterion 1).

The needs, interests and sensitivities of the women were considered when information collection was designed, conducted, analysed and reported (Criterion 2).

The quasi-ethnographic, participatory and grounded qualities are reflected in the fact that I interviewed the women in their own homes and came to know them personally, drawing on their knowledge, and taking a grounded approach to theorising the findings (Criteria 3 & 21).

Information collection, analysis and reporting followed a systematic process that is evidence-based, transparent and replicable, consistent with a scholarly piece of work (Criteria 4 & 8).

The methods of interpretive biography have been applied appropriately (Criteria 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 & 23).

The study is consistent with the paradigms of feminist sociology and feminist gerontology, and contributes to a reconstruction of the experiences and identities of older women who live alone, through the lens of age and

gender (Criteria 22 & 23); and I have made suggestions for the future that are intended to change the status quo (Criterion 24).

Table 2: Evaluation Criteria

1. The method is appropriate for the research question.
2. Ethical issues have been addressed adequately.
3. Data collection and analysis are inter-related and iterative processes.
4. Data collection and analysis are systematic and sequential.
5. The data collected are adequate for the research question.
6. The phenomena under study are conceptualised as continually changing in response to constantly evolving conditions.
7. The individuals under study are conceptualised as in control of their destinies and as making choices according to their perceptions.
8. The interviews follow a common broad structure.
9. Concepts identified are provisional unless they are grounded in data.
10. Specific events or incidents are counted where this helps with the overall analysis.
11. The primary aim is not to generalise observations to a broader population.
12. Concepts not persons are the units of analysis and may be grouped into categories.
13. Representativeness is in relation to the representativeness of concepts.
14. Sampling is in terms of concepts, their properties, dimensions and variations.
15. The author draws on her knowledge and experience when deducing hypothetical relationships.
16. Linkages with broader conditions affecting the phenomena are examined.

17. Categories are defined and given explanatory power through interrogation of the available evidence.
18. The account of the findings adequately represents those features of the phenomena that are being described.
19. The research findings are generated from the perspectives of women's experiences, as represented in ordinary women's daily lives.
20. The author acknowledges her position, including her theoretical perspective, social conditioning, personal conflicts and emotional reactions.
21. The research is based on a dialectical relationship between theory and practical actions taken in the world.
22. The research challenges the assumptions, findings and conclusions of existing studies or perspectives.
23. The author seeks to challenge the status quo in an effort to create gender equity.
24. The author raises new questions and proposes alternative forms of research.

Conclusion

The theories and methods I have applied in this study have been informed by an interpretive approach, by my own experiences and perspective, by the philosophy of existential phenomenology and the epistemologies of social constructionism, interpretive biography and related paradigms, including critical theory, feminist theories and environment and ageing theory.

Within this theoretical framework I have adopted concepts from feminist sociology and feminist gerontology and I have extended them to encompass theorising about the experiences of women growing older in naturally evolving housing and living environments and social contexts, such as urban and rural neighbourhoods, housing tracts and small communities (Scheidt, 1998).

This approach when used in the past has revealed perspectives and experiences of a group whose voices have been marginalised in research on ageing (Evans, Mazzei and Teaford, 2001; Ray 1996). I have sought to extend and enrich environment and ageing theory by drawing on paradigms from social constructionism, critical theory, feminist theories (Chasteen, 1994), feminist gerontology (Ray, 1999; Sargent *et al*, 1998) and social gerontology (Barrett, 2006; Baars *et al*, 2006).

In employing interpretive biographical methods, I have followed a grounded, participatory and quasi-ethnographic approach to data collection, analysis, interpretation and reporting; and consistent with an interpretive approach I have proposed a set of criteria appropriate for evaluating this study.

The following section, which comprises six chapters, reports on the findings.

Part B: Findings

In Chapter 3, which follows, I have provided an introduction and a summary of the main findings²⁹ that emerged from a comparison of the two sets of interviews, illustrated with selected quotations. In this section I have then recreated these narratives as a hypothetical conversation in Table 3, representing what the women and the workers might have said to each other, had they been able to speak directly and with one voice. Drawing on the voices of the women I have provided a positive counter-narrative to ageist and gender-biased stereotyping in the informal policy discourses of the workers. The chapter concludes with a profile of the women, derived from a survey I administered at the end of each interview.

The next three chapters, chapters 4, 5 and 6, provide a more detailed report on the findings from the interviews with the women, illustrated with further quotations.

The main themes identified and discussed in order are:

Caring for and considering others

Making light of problems and inconveniences

Staying independent and not being a burden

Chapter 7 reports more fully on the findings from the interviews with the workers, illustrated with further quotations. The main themes identified and discussed are:

They are vulnerable and lonely

They need specialised housing

They won't move.

Chapter 7 concludes with a discussion of the workers' perspectives on current and emerging trends.

Chapter 8 sums up the findings from both sets of interviews, links the findings to a wider body of evidence and draws some comparisons.

²⁹ Given the breadth of issues and perspectives that I have covered, I have provided the summary in order to make the main findings accessible to the reader.

Chapter 3: Summary of findings and a profile of the group of women

In this chapter I provide a holistic summary of the main findings³⁰, followed by a description of the demographic profile of the women.

Introduction

Interviewees did not talk about all the same issues or in the same amount of detail, making it difficult to generalize across the groups, draw comparisons or quantify responses in a meaningful way. There were variations in the content of themes, the level of detail, the time spent on each topic or issue, and the words used.

However, several themes and sub-themes were identified that were found to be overlapping and inter-related, so that the responses from each set of interviewees (women and workers) appeared to form cohesive narratives.

The typical free-standing homes of the women were modestly furnished three-bedroom weatherboard houses, neatly painted with tidy gardens. Some expressed shame that their garden was going to ruin, indicating beds once full of flowering annuals that were lying empty except for a few weeds visible here and there.

The women provided considerable detail about their lives, which was useful in establishing rapport and coming to know them as individuals. A few told moving personal stories off-tape. The desire to provide personal information and to give their own first names suggested that rapport had been established and that for the women, letting the interviewer know who they were as individuals was an important aspect of establishing and negotiating relationships.

Summary of findings

The women spoke of having successfully dealt with many difficult and challenging situations, like: migrating to a new country, for a few, as a non-English speaker; surviving in economically difficult times; living in makeshift

³⁰ See Appendix 3 on CD inside back cover of the thesis for transcripts of interview with residents.

accommodation; helping to build their own home; moving for their husband's health; managing without a car; working on farms, orchards or in low-paid domestic work; and marital difficulties. Some spoke of trauma, abuse, abandonment, ill-health and disablement; nursing disabled, sick and dying husbands; deaths of friends and family members; and for a few, that most difficult issue of all, the death of their child.

The women's conversations contained some common threads, reflecting an important quality of these women's lives and identities as giving primacy to caring for and considering the needs and interests of others, and to the building and maintaining of harmonious social relationships, consistent with the theorising of difference feminism (Gilligan, 1982), and with findings on the invisible civic engagement of women (Herd and Harrington-Meyer, 2002).

All the women spoke of having filled significant caring roles during their lives, including caring for their own children, for some as lone parents; and caring for other family members such as sick or dying husbands and other relatives, and in caring professions, for those who had no children of their own. These caring roles involved reciprocal caring relationships that had not ceased for women who were parents, once their children had become independent adults:

Interviewee 5

It's to do with the maternal instinct, I suppose. You have them and you know that they are dependent on you and it's hard to ... You can't divorce yourself from them when you get older ...

The women who had not had children spoke of caring for other relatives, friends and neighbours, or of working in caring professions before retirement.

Interviewee 9, who had never married and had no children, had lived with and cared for her disabled brother until he died, although her caring role is referred to only obliquely, possibly because she was still grieving his death:

Interviewee 9

We had this house built – how long would it be? About 30 years, I suppose ...
We lived on a farm ... about 12 miles out and when my parents died we

moved in here ... rented ... and then when the boys went away to the war – three of them went away to the war – my sister-in-law had this place built ... We had an invalid brother ... he was invalid all his life really. He had polio when he was small ... I cared for another brother [as well] ... he had emphysema. Oh I seem to have cared for everyone. I cared for another lady who had a stroke ... that's when I hurt my back, lifting her – thinking I was a nurse at the time – and hurt my back.

When talking about their neighbours, most of the women exhibited skills, knowledge and commitment to maintaining harmonious and co-operative relationships, based on an often repeated principle of not wanting to live in each other's pockets.

Interviewee 10

I've got nice neighbours and it's a nice area really, you know, I just sort of know everybody all round ... Now they're not in your door all the time. That's one thing about living in an area that you haven't got people on your doorstep all the time. I don't mind people coming. I like people coming but you don't want them, you know, in and out all day and every day.

All the women referred to positive and negative housing experiences, with differences in emphasis depending on their circumstances, in particular on whether they had moved or stayed. However, as a group, they emphasised positive experiences and tended to downplay their own needs and any problems or inconveniences arising from their current housing situations:

Interviewee 8

There are not many steps. It doesn't bother me, as long as I don't have a second storey where I have to [climb the stairs] to the bedroom up the top. And it's level at the back isn't it. Well it's not quite steep. It's steep to come up the hill but that is gradually straightening out more or less.

In some situations it appeared to me that assistance in overcoming minor accessibility problems might have helped these women to manage more safely where they were, such as Interviewee 14 who was 84 at the time:

Interviewee 14

No, no ... no steps, only two in the front and none at the back. No, no, no. I've quite happy with what I've got ... The shower's over the bath; a shower recess would be nice because you know, but a lot of people have it over the bath and you step over ... That would be about the only thing that would, but still I haven't got room for that in my bathroom. It's not big enough ...

While those who had moved to accessible low maintenance units with ageing in mind referred to mainly positive experiences, one drawback was a lack of space and limited storage:

Interviewee 13

Well I'd have to say on growing older here that I'm comfortable because I've got all the things I need in this unit ... Like I have a walk-in shower and I have a rail in the shower I suppose the only thing I have against units really is places to put things.

Interviewee 28 who had moved to a retirement unit reported providing significant help to her neighbours, and described having mutually supportive neighbours as a positive:

Interviewee 28

A real community, and most of them are still here and it is a real community: when anybody's sick here people rally and help. I had pneumonia a while ago, two years ago, and all my neighbours brought me soup and food and one thing and another and get milk for me and get ... collect my mail, deliver my mail and all that sort of thing. So it really is a good community spirit here ...

Drawbacks of age-segregated communities included a need to manage intrusive neighbours and keep them at a polite distance, and the depressing nature of being constantly aware of people suffering from ill-health and disablement:

Interviewee 31

We're reinforcing the fact, the fact that we're old and we're beginning to fail. I mean most of us have got some sort of physical condition, otherwise we wouldn't be here. We'd still be [pause] flogging along on our own. So it, it

does reinforce the fact that you're, you're old and failing ... You're constantly aware of ill health and age because you're living in that kind of community. One tries to ignore it but it is a very negative influence and you have to be a bit careful that it doesn't get to you and you start thinking, oh I can't do that.

Another factor influencing some of the women, who were considering moving, even though their housing was meeting their needs, was troublesome neighbours:

Interviewee 2

Well sometimes I'd like to be far away from here because of all this ... It's not very nice with that atmosphere next door. I mean I'd rather everything was you know just say hullo, goodbye, that sort of thing ... I've had no problems with anyone else and I don't think I've been a problem to anyone either ...

Other women who were considering moving to a more manageable house or unit closer to services were motivated by practical issues such as anticipated difficulty accessing public transport when they could no longer drive and worries about not being able to manage large gardens. These issues were complicated by limited finances and a lack of options on the private market that were both appropriate and affordable for them. For most of these women, moving somewhere more convenient that they could afford would come at the price of reduced amenity:

Interviewee 6

... so I do things like considering whether I'd sell and oh I'd hate to finish up in a little concrete unit and, you know, nowhere to go and all those sort of things ...

Women with disabilities (such as Interviewee 18 who had impaired vision) placed a high value on staying in their own home as a strategy for maintaining independence and privacy:

Interviewee 18

I'd sooner this [*to a hostel*] because when I can't sleep I toddle out here at quarter past two or three o'clock in the morning and make my milk hot and sit here.

Consistent with the qualities of caring for and considering the needs and interests of others, women with children placed a high value on respecting their children's privacy and right to live their own lives, and emphasised not wanting to be a burden on their children when they could no longer manage on their own:

Interview 4

I wouldn't like to live with either of my kids when I'm older. Yeah, I think they need to live their lives the way they ought to lead them ... I also don't like being a burden and that shows through my life, not being a burden to anyone ...

Women who had stayed in their own homes mostly equated moving to a retirement unit with moving to an 'old people's home', a view reflected in Interviewee 28's reference to comments by her friends:

Interviewee 28

When I said I was coming here, people said to me, you're not going to an old people's home ... I said I'm not going to an old people's home ... And only the other day a woman said to me, she had friends here who started off in a unit and then they went to the apartment block, but they were both elderly and failing and then you know, in a nursing home. And she said I don't know why they left [*name of retirement village deleted*] and I said, because they need nursing care. And she said, well can't they get it there? Oh no, we can't get it there.

All of the women (even Interviewee 4, the only one who had nothing negative to say about nursing homes) indicated they would be prepared to move to a nursing home only as a last resort, in preference to being a burden:

Interviewee 4

I can see myself in a nursing home, though, when I'm incapable of looking after myself. I'd much rather that than having my children look after me. I couldn't stand that. I'd much rather professional people look after me than my children. I'd do exactly what Mum did.

It is refreshing to record that this group of women neither fitted nor performed to ageist stereotypes. Most had given little or no consideration to managing ageing identities, and the topic was discussed only briefly by some. When asked if people treated them any differently now that they were older, a few indicated with surprise, as if they'd not thought about it before, that people were probably more attentive and considerate nowadays. For most, managing ageing identities did not appear to be an important aspect of their frame of reference.

When asked, one resident laughingly said that she enjoyed playing along with being treated like a little old lady, while another referred in a kindly way to the impatience of some younger people towards her slowness when shopping or driving, situations where she would move over and invite them to pass.

Rather than conforming to ageist stereotypes, the women presented as the individuals reflected in their life stories: this is consistent with findings that older people do not relate to ageing or chronological age as a category of experience or meaning (McHugh, 2000) and that they seldom identify themselves as frail (Grenier and Hanley, 2007).

As to thoughts of what might become of them, while all were doing their best to deal with or be prepared for issues associated with ageing, some indicated they could not predict the future and expressed a preparedness to accept and take life as it comes. A few referred laughingly to that inevitable time when they would either wear out or 'fall off the perch':

Interviewee 6

You can't predict. I mean things can happen. I mean you can be in a car accident or you can have a fall or get bowled over and you could have problems like that, but I guess, take it as it comes ... but I'm trying to do everything to avoid those things.

Interviewee 18

So I said, well all I hope is I don't go blind before I fall off the perch. And he [*a medical practitioner*] said, oh, you, no, I don't think you will, now you're 82. I think he said, you'll still have a little bit of sight when that time comes. He

said and there's no one can tell us that. And [*lowers voice*] I said, oh no I know that but ... Oh well we've just got to take things as they come, Jan, haven't we.

Negative characteristics that are often associated with ageing were not raised as important issues by any of the women. This finding applied even to those who were receiving formal aged care services. Although some women had health and mobility problems that were challenging their ability to manage independently (some required help to get around) and others were anticipating facing similar issues in the future, none presented frailty, vulnerability and loneliness as an important aspect of their housing experiences, or their identities.

There was no indication that less mobile women felt more vulnerable and lonely than others: rather, all the women presented as connected to families, friends, neighbours and the wider community, consistent with findings that the vast majority of older Australians do not identify social isolation as an issue (ABS, 2004b). When loneliness was raised as an issue by two women it was not in the context of social isolation but in the context of missing loved ones who had died and could not be replaced.

However, a comparison of the two sets of interviews revealed that these women appeared to be facing some issues that were difficult to unmask. While the women presented as an optimistic, resourceful and resilient group, interviews with the workers and an examination of the research and policy context indicated that who they are and their housing experiences and intentions appeared to have been rendered invisible in policy discourses on population ageing and housing.

How the women presented at interview and what they said about their housing experiences and intentions differed in some important respects from the workers' descriptions of older women who live alone and what they imagined their housing needs and issues to be. While each worker also provided expert views with an idiosyncratic slant reflecting their differing work backgrounds, their discourses contained some inherently ageist assumptions about the identities, needs and abilities of older women who live alone.

It was as if, in the discourses of workers, this group was being spoken about by experts as if they were a homogeneous and problematic group of uniformly vulnerable and lonely people who were in a state of decline:

Worker 7

... it gets to certain stages where, if they don't have services coming in they become frailer and frailer and they can't access services [*in the community*] because there are not enough available

The workers identified social isolation and loneliness as important issues for older women who live alone, in particular for those who had chosen to stay in their own homes:

Worker 8

They say people should stay in their own home. They say they want to stay in their own home and it's not true. Well if you ask a person, yes, I want to stay here, but we know people who have done that and boy, oh boy, oh boy ... they are so lonely!

The worker's assumptions about the vulnerability and loneliness of older women appeared to represent ageist and gender-biased stereotypes of what it means to be an older woman living alone that I found to be at variance with the identities, experiences and intentions of the women I interviewed.

Within the narratives of workers, older women who lived alone were cast as better off moving to specialised housing such as a retirement village, Abbeyfield House³¹, hostel or nursing home. Older women's refusal to accept the idea of moving as a realistic solution to their presumed vulnerability and loneliness was presented by the workers as a major problem that was emphasised by repetition and raised voices:

³¹ A form of government subsidised housing run by not-for-profit groups, that comprises 10 private bed-sitting rooms, each with its own en-suite shower and tea making facilities; and living and dining areas, laundry and bath shared with other residents. See Glossary for further details.

Worker 2

They won't move, they won't go into a nursing home or a hostel for instance, and they want to hold onto these things [*the house, possessions, memories*] and they don't want to go

Those who were considering moving were unlike the workers' descriptions of them. They did not appear to be trapped by sentiment, by attachment to a home full of memories and possessions, or because they wanted to leave their house to their children, as a primary aim.

Contrary to the perceptions of the workers, a high proportion of the women had either moved or said they wanted to move in the future, provided they could find housing that suited them, a finding consistent with recent research by National Seniors Australia (2009).

For those who had not moved and were considering moving, practical considerations that were influencing them to stay were affordability issues and a lack of options, which meant that for most of them, staying was a preferable option to moving.

Overall, the workers' narratives demonstrated a well-intended and sympathetic concern for an imagined group of vulnerable and isolated older women, beset by issues associated with ageing, who were finding it difficult to get around and manage on their own in independent housing, and who were becoming increasingly lonely as a result.

The workers perceived older women's refusal to move as reflecting on their characters, as if they were in some way morally culpable. This presented as paradoxical position given that the workers also acknowledged that housing and support options for older women who live alone are highly constrained.

Not only did the women not identify as vulnerable and lonely, or as driven by sentiment to stay, they did not appear to me to fit this description. The most vulnerable amongst them were probably two migrant women with low levels of education and limited English, both of whom had health and mobility problems

and were aged care clients. However, the identities of these two women were as reflected in their life stories, characterised by endurance against difficult odds: hard work on behalf of their children, and an immense pride in their adopted home and the lives and homes they had built here:

Interviewee 12

Ah, I love very much especially Australia and Tasmania, that's my best home what I can get. Adopted me very good, not just me, with a husband and all together. I come here single with husband so there no children, children come later, all born in Australia ...

Those considering moving provided a clear message that they wanted to stay in independent housing for as long as possible and did not want to move to specialised retirement housing or a nursing home other than as a last resort. The women exhibited an acute awareness that the housing decisions they faced were costly, complex and risky. Their limited income and assets meant that if they made a wrong decision they would end up worse off, eroding their chances for the independence that they valued so highly and wanted to hold onto.

A comparison of findings from both sets of interviews, an examination of the literature and a scan of available options provided clarification for the women's dilemma about moving or staying, reflecting one area of agreement between the women and the workers, that the infrastructure needed to support independence and quality of life for women in older age is not there:

Worker 3

In the long term I think the community has to acknowledge that our world by 2050 is going to [*have*] a large percentage of very frail older women: and so we actually have to start putting the infrastructure and everything there now so we can care, so our environment is suitable to care for them.

As well as experiencing a dilemma about moving or staying, the women appeared to be experiencing an existential dilemma that some referred to, perhaps symbolically, as a (precarious) perch, a perch that they wanted to hold onto for as long as possible, until they fell off. This existential dilemma was reflected in the

workers' constructions of older women as needing safety and security, indicating a subliminal awareness that as well as being in a precarious housing situation, their social identities (or existential positions) may also be somewhat precarious.

I found that the women were financially constrained, widely regarded as vulnerable and lonely, and as increasingly burdensome on their families and society, while their voices were marginalised in the policy debate on population ageing and housing. However, at the same time, these women were living the positive identities reflected in their roles as actively engaged and contributing citizens, caring for and considering their families and others, and as volunteers and participants in local communities, valued roles that were well supported by staying in independent housing.

The workers' perspectives that more affordable accommodation for the aged was what was needed differed from the perspectives of the women. While their lives and futures might hold many risks and vulnerabilities due to ageing and relative poverty, all of them had led long, eventful and challenging lives, and had much experience to draw on in planning for the future. If they were able choose their own housing futures, they would all reject institutional accommodation options other than as a last resort. However, both women and workers agreed that their intentions were hampered by a lack of affordable options.

Interviewee 8

I can't afford to make any changes *[laughing]*. The only changes will be ... to have it painted inside and repaired because the house is old ... it needs constant bits and pieces to do ... I wouldn't buy a villa unit for more than I have got the money ... I can't jump over it because I am a pensioner.

Worker 4

There's often a lump sum up front, not that it actually seems to provide any greater level of service or increased level of service, but there's usually upfront fees to get into some of the accommodation run by charity or institutional organisations. So, it's access to affordable accommodation that is a major issue.

Family life may have been an important part of the life histories of these older women, but social categorisations of them as wives and mothers no longer applied in their daily lives and did not apply to their housing experiences, other than by the absence of a male in their homes. For all or most of them, living alone had turned out to be much better than they had expected, and had brought a new sense of freedom and independence. There was no indication that any of the women felt vulnerable and lonely, or were experiencing other than financial hardship, as a result of living alone:

Interviewee 5

I don't really feel there's anything hard about it [*living alone*] Being independent [*is what I like*]; independence has always been my aim.

Interviewee 22

Yes, I have no worry. No, no worry at all ... I don't get frightened. I thought I would if I was left on my own but I'm — no, I've never been frightened.

The emergence of older women who live alone as a significant proportion of the population has created a need for new social categories, and new cultural understandings of housing, ageing and gender. The findings have highlighted a need to transform ageist and gender-biased perceptions of who these older women are, and contribute to the creation of positive and informed constructions that are more reflective of their current roles and identities. As Interviewee 30 said: 'put a face to me, put a name to me, and know who I am'.

In this study, it was by coming to know these women as individuals that I came to recognise the dichotomy between their self-perceptions and positive social identities, and the workers' negative perceptions of them and their life chances. The women's stories reflect the lives of people who have given much to others, and who regardless of their age have much yet to contribute. Rather than conforming to ageist and gender-biased stereotypes, these women's identities were defined by their individual life stories. They knew what it meant to overcome adversity and loss. Throughout their adult lives they had given primacy

to caring for and considering others and to building and maintaining harmonious social relationships.

Over all, the group presented as deeply connected to their families, friends and communities, and as involved in socially productive roles. They did not come across as the vulnerable and lonely social category portrayed in the discourses of the workers, which spoke only of worst case scenarios of ageing. On the contrary, this group of older women appeared to be providing the kind of glue considered necessary for human society to function in a healthy way, and that is widely believed to be in decline (Herd and Harrington Meyer, 2002; Putnam, 1995).

A counter-narrative

Communities are generally formed by people who have things in common, and they tend to defy attempts to engineer them (Townsend, 2009). Just so, this group of women from a range of age groups and housing situations living alone in Southern Tasmania shared a community of interests. They shared their knowledge about how their housing was working for them and in doing so challenged the policy discourses of workers that constructed them as a problematic social group (Luken and Vaughan, 2003). Their stories provide an alternative frame from which to consider housing provision for this group, and for other older citizens who share similar concerns.

Sometimes what is not said can be as important as what is said. When people hear themselves described in terms of negative stereotypes they tend to position themselves in ways that optimise their self-esteem and social position (Biernat, Vescio and Green, 1996). The women's repeated references to not wanting to be a burden may also reflect an implicit resistance to ageism (Grenier and Hanley, 2007) in policy discourses that have constructed them as a burden. To reflect this resistance, a counter-narrative has been constructed that represents the dominant narratives from both sets of interviews.

The counter-narrative from the women does not deny that older age has its own set of problems and challenges; nor does it deny that older age is characterised by

particular diseases, vulnerabilities and issues of adjustment; nor that everyone fortunate enough to escape fatal accidents or disease will eventually die from old age; nor that many older women who live alone may have to give up living independently, and move to institutional accommodation or to live with family.

The counter-narrative does not speak for all older women (McDonald and McIntyre, 2002) or even for all women in similar circumstances: rather, it represents this study group's knowledge derived from their individual housing experiences and intentions, from the perspective of older age as the most diverse stage of life, and of the women themselves as a group of socially engaged and contributing citizens who do not want to be cast as a burden, and who want homes that provide them with independence and privacy, in their familiar communities amongst people they know. The hypothetical conversation presented in Table 3 below seeks to recreate what each group of interviewees might have said to each other, had they been able to speak directly and with one voice. While infinite wordings are possible, the aim is to illustrate disjunctions and commonalities between the discourses of the workers and the study group.

Table 3: Hypothetical conversation between the women and the workers

Workers	Women
<i>Who they are:</i>	<i>Who we are:</i>
They're frail and vulnerable.	We're resilient and resourceful, even those of us who have health and mobility problems.
They're isolated and lonely.	Most of us have social networks, although some of us miss people who can't be replaced.
They want security.	Our homes and familiar neighbourhoods already give us a sense of security.
They can't manage on their own and they need help (i.e. they're a burden).	We have found ways of managing, we value our independence and we don't want to be a burden.
They won't move.	Most of us are better off staying where we are, unless we can afford something better.
<i>The housing they need:</i>	<i>The housing we want:</i>
They need housing that's accessible.	Our houses are mostly accessible, although some may need minor repairs and modifications.
They need something smaller.	We don't want to live in a concrete box with nothing to do; we need space for visitors and storage.
Something easier to manage.	Our houses and yards are mostly manageable, although some of us would like more manageable yards.

They need housing that keeps them involved in the community.

They need a villa unit closer to services.

They need communal housing like cohousing or Abbeyfield, where they could get support.

They need to move before it's too late.

They'd be better off moving to a retirement unit (or nursing home).

They need choices.

There are not enough affordable and appropriate housing options for them.

Most of us are already involved in the community and we want it to stay that way.

Most of us can't afford a villa unit close to services, nor do we want just that.

We don't want to live in each other's pockets, and mostly have support where we are.

We want to hold onto our perch for as long as possible, until we fall off.

We don't want to live in an institution waiting to die, except as a last resort.

We want to stay in independent housing in the community for as long as possible.

There are not enough affordable and appropriate *independent* housing options for us.

Profile of the women

After each interview, a survey was administered (see Appendix 4 for a summary of findings). This survey provided a useful reference point when interpreting what the women had said at interview. Survey items 10 (income), 20 (make and model of car) and 22 (frequency of telephone contact) have been left out because the answers were inconsistent and some information was missing. The information obtained from the survey is outlined below.

The 35 study group members were diverse in terms of age, country of origin, educational background, work background and family life. Their ages ranged from 53 to 87. The majority (19) were in their seventies, 8 were in their eighties, 5 were in their fifties and 4 were in their sixties.

Nearly half (15) were migrants, nine born in England, one in Scotland, one in New Zealand, two in Yugoslavia, one in the Ukraine, and one in Austria. The last four spoke no English when they arrived in Australia and two still had strong accents, evident in the interview transcripts.

All the migrant women had migrated to Australia in the two decades following the Second World War; all but one had raised families here. For 19 of the 35 women their main source of income was the age pension. Five more received Veteran's Affairs pensions, two received combined superannuation and age pension, three were on superannuation, one had both UK and Australian pensions, one has a disability pension, two were on unemployment benefits; and for two of them, paid work was their main source of income.

As to level of education, two had post-graduate qualifications, three had university degrees, three had diplomas, six had certificate-level qualifications, and 11 had completed high school, including two at matriculation level. Seven had completed some high school, four had completed primary school and one had not completed primary school.

Five said they were *never* lonely, ten said they were *hardly ever* lonely, 18 said they were lonely *sometimes*, one said she was lonely *often* and one that she was lonely

most of the time. On the scale used, the item feeling lonely *sometimes* was taken to indicate that loneliness was not a problem (nor did they mention it as a problem); rather, *occasional* feelings of loneliness are part of the normal range of experience and provide the motivation to seek out company.

Five rated their health as *excellent*, nine as *very good*; seven as *good*; ten as *fair* and five as *poor*. One of the last group was over the age of 75. The rest were 65 and under. This finding was contrary to my expectation that older age would be dominated by issues arising from disability and poor health that would increase with age.

Of the nine who needed help to get around, only one described her health as *poor* two described it as *fair*, one as *good*, four as *very good*, and one as *excellent*, .

A high proportion (14) said they were *very happy* with where they were living, 11 said they were *happy*, eight *satisfied*; and three *unhappy*.

A high proportion (19) said they had *rich social networks*; 14 said they had *some social networks*. Interviewees 29 and 33 had recently moved and said they had *no social network*: they did not appear socially isolated and did not report loneliness as a problem, suggesting rather that their moves may have disrupted former social networks.

Interviewee 29 (who said she had no social network) was a public housing tenant who had recently transferred to a more accessible property after breaking an ankle. She perceived her neighbours as troublesome. She was in regular contact with her children and grandchildren, although her daughters had stopped bringing her grandchildren to the house following an incident with a neighbour. Her son stayed with her several nights a week. She was a regular volunteer at an over-fifties centre.

Interviewee 33 (who said she had no social network) had migrated to Australia from England with her Australian husband. They had two children. They had divorced many years ago and sold their joint home. She had shared rental accommodation with another woman for some years; however, problems arose,

prompting her move to Tasmania where one of her sons and his family lived. She had recently fallen, and then moved to an Abbeyfield House. She referred to several people in the house who she regarded as her friends; one she regarded as a confidante. She said she was very happy living there although she said she sometimes felt lonely. She was not mobile and had not maintained the social network she left when she moved.

A high proportion (19) said they belonged to *three or more* community-based organisations; five belonged to *two* organisations; six belonged to *one*; and five to *none*.

As to the main form of transport: 19 women owned a *car*. Six mostly travelled by *bus*, six were mostly *driven by others*, three mainly used a *taxi* and one mainly *walked*. Several women had never learned to drive and were accustomed to using public transport. Others had cars and licenses but were not driving for health reasons. Two had voluntarily surrendered their licences, and one interviewee, who was under 65, had given up driving for financial reasons.

The majority (28) were *homeowners*, two of whom still had mortgages. This reflects home ownership as the tenure arrangement most common amongst older women who live alone. Of the remaining seven, three had *lifetime leases* on retirement units, two lived in *public housing units*, one in a government subsidised *cohousing community* and one in a government-subsidised *Abbeyfield house*³². One of the three living in social housing had never owned a home.

The women lived in a range of housing types. The majority (25) were living in *freestanding houses on separate blocks that they fully owned*, mostly former family homes. Two of these lived on *farms* and one on a *small acreage*. Two women lived in *former public-housing properties they and their husbands had bought*: one house was *conjoined*, the other *free-standing*; they were on *separate blocks*. Of the remaining ten, nine lived in *villa-type* units, including three *stratum title units*, three in *retirement*

³² See Glossary.

villages and three in *social housing*. One woman lived in a bed-sitting room in an *Abbeyfield house*.

All the study group members lived in suburban Hobart or rural areas in Southern Tasmania. Seven lived in small towns within an hour's drive of Hobart and five in more remote locations. Contrary to my expectations, none of those in rural areas reported being dissatisfied with where they were living. Seven reported feeling *very happy*, four *happy*, and one *satisfied*.

Of the previously married women, 17 were widows and 11 divorced. One had lived for ten years in a de facto relationship. Two women had never divorced and described themselves as separated. One was still married; her husband lived in a nearby nursing home.

Consistent with the findings from population surveys that older people are less likely to move compared to younger households (ABS, 1999), the women as a group were not highly mobile. Seven had moved within the last five years, the shortest period of residence being one year. Most recent moves had been within the same area. Where women had moved from interstate, no moves were recent. One had lived in the one place for 62 years. The average length of stay was 23 years, the median 17 years.

For most of the group, caring for children (and husbands) had been their primary role during their adult lives. About half had at some point also worked in low-paid unskilled work; six had mainly done clerical work. Eight had done professional work, including two childless women in caring professions, one a child health nurse, the other an occupational therapist.

In the following four chapters I report in detail on the findings from the interviews: with the study group (Chapters 4, 5 and 6) and with the workers (Chapter 7) and with. This is followed by a discussion in Chapter 8, where I compare and discuss the findings from both sets of interviews and link my findings to a wider evidence base.

Chapter 4: Caring for and considering others

Introduction

The strongest theme to emerge from interviews with the women was a consistent orientation towards caring for and considering the needs and interests of others. Unexpectedly, this theme emerged in response to an open-ended question, which asked how long they had lived there, eliciting talk of their housing histories. This consistency across the group appeared to define these women. Contrary to my initial expectations that the women would talk about a host of problems arising from being older and living alone and about their own needs, it seemed they saw and presented themselves predominantly in terms of caring and giving roles.

Their opening responses to this question implicitly linked the people in their lives with the places where they lived, where caring relationships emerged as a key aspect of their housing experiences. In referring to their housing histories many who were mothers referred primarily to caring for children, grandchildren and husbands, while others spoke of caring for siblings, stepchildren and step-grandchildren, nephews and nieces, friends and neighbours.

This opening question elicited stories of lives structured by family events, which typically began as follows:

Interviewee 2

They were both born here. We arrived here a week before Christmas and
[name deleted] was born in May, so I was already expecting him.

Interviewee 7

In '59: *[name deleted]* was 4 and she was 44 last week. That's how I know.

Interviewee 8

Here? You mean in the house? For 50 years ... we actually come here 1950 ...
I'm thinking of my daughter. She will be 50. She was born here. She was born
in '52.

Interviewee 14

Fifty-four years. See, we came here after the war in 1946 ... And then after the war we came over here and I had three boys ...

Interviewee 17

What, in this house? Oh crikey, ah, 42, 42 years. But 'e was a couple of weeks of age and 'e's 42 in May, so 42 years. We came for 18 months, 52 years ago, 51 years ago.

Interviewee 18

Oh dear, about 62 years ... Oh well I was 23 when I was married and I'm 82 now. But, well [*referring to her deceased husband*] we've had a wonderful happy life and our two lovely boys.

Having been raised, the theme provided the context for the rest of the interview, now that they knew the interviewer was 'in the know' about this particular woman's family. Most of the women with children identified who they were and where they lived in terms of how many children they had, when they were born, their names and gender and how old they were now, what they were doing now, where they were living now, how often they visited and how many grandchildren they had, suggesting that family relationships were key to their identities.

Three sub-themes reflecting different aspects of resident's caring roles and orientation are discussed. Firstly, they reflected caring relationships that involved reciprocity. Secondly, caring for husbands which, for many played a key role in determining their current housing situation; where experiences were both positive and negative. Thirdly, getting along with neighbours emerged as an important aspect of their housing histories, primarily also involving reciprocal caring relationships, where many expressed strong opinions on what it meant to be a good neighbour. While references to experiences of neighbours were largely positive, some also spoke about troublesome neighbours. What it takes to be a good neighbour was also emphasised by those who spoke of troublesome neighbours. These sub-themes are discussed below under the following headings:

Reciprocal caring relationships

Caring for husbands

Getting along with neighbours

Reciprocal caring relationships

The strength of this theme was in some ways unremarkable or even to be expected, given that many of the women were living in the home that had been established for the primary purpose of raising their family, such as the women who fixed the time they had moved in to the house with reference to the names and ages of their children. Other events, such as getting married, or deaths of husbands and other family members were often mentioned. It was as if family events had provided a framework for narratives about their housing. Women with children spoke as if they experienced their homes and lives as connected with their families. When speaking about family relationships, they appeared to be referring to sustained two-way connections, hence the title of this sub-theme, illustrated by the following quotations:

Interviewee 16

And he [*her son*] pops in. He was here yesterday and rings. And he said, how are you? And he knows straight away if I wasn't any good. Yes. He's got my phone number and I've got his, literally.

Interviewee 22

My daughter, the day I had the operation I woke up and there's my daughter with the two little ones standing beside me bed. She just threw everything in the case and caught the plane and come straight up ...

Interviewee 24

Yes, yes, no and they [*her children*], they check on me every day. I couldn't get away with anything

It was as if, in reminiscing about how they had come to live in their present home, the women were sharing their experiences about the central purpose, activity and achievement of their lives: raising their families, giving them cause to feel proud.

Women with children talked particularly from the perspective of roles as mothers and grandmothers. All the women, even those without children, spoke of providing care. Talk of caring relationships included themes of: considering the interests of children and other family members; respecting children's privacy and independence; not wanting to be a burden; and caring for sick, disabled and dying husbands. Mothers remained concerned for their adult children's welfare, and engaged in skilful juggling acts to maintain their own independence and privacy, while respecting their children's separateness and right to live their own lives

The quotations below illustrate a commitment to considering and supporting their adult children, coupled with respect for their children's independence and an acknowledgement that their children have their own issues to deal with and need to lead separate lives. Interviewee 5 (quoted in Chapter 3, page 108) had a son with mental health and substance abuse problems who was dealing with the death of his partner, and was living rent-free in the mother's former home in a rural area. She was hoping that by providing him with a place to stay, he would soon recover his independence:

Interview 10's only daughter, who lived in Victoria, would ring her every night, and yet this resident said that while she valued her relationship with her daughter, she felt comfortable in her own home and community, liked her neighbours³³ and had no desire to move nearer her daughter, and expressed reluctance to place demands on (or be a burden to) her.

Interviewee 10

I've got a daughter that lives in Victoria and badly wants to build a granny flat and take me over there but no way, I mean I couldn't, that's just not my cup of tea to just pull up stakes and go. I wouldn't know anybody ...

Even women with health and mobility problems were caring for their grandchildren, like Interviewee 13, a retired teacher, who needed a walking stick

³³ See quotation in Chapter 3, page 109.

to get around and who referred to her need to use her voice to control her grandchildren, given her restricted mobility.

Interviewee 13

I go down once a week. She [*her daughter*] works two days in the week and once a week I go down and mind that one, [*and*] the other little one who's there and is now four. I've minded her since she was a bairn. They're good. I mean, again they know Gran's voice I think.

Upon retirement Interviewee 15 had moved with her husband to a small town about an hour's drive from Hobart (where their only son and his family lived). Her husband had since died. She presented as having a happy nature and positive outlook. While she spoke of missing her husband, she also referred to strong positive relationships with her neighbours and an active social life, despite mobility problems that required daily home help.

Interviewee 15

And he'd [*her son*] often say, come and live with us Mum, and I'd said, you've not got room and anyway you're both out at work all day. I'd have no company; well I wouldn't know anybody that lived there. I don't know any of their neighbours ... you know I'm happy to stay here.

The dominance of this theme revealed caring for and considering others as integral to the women's roles and identities. Talk about lives spent caring for their children and grandchildren, and considering adult children's interests recurred throughout all the interviews with the women who were parents. From the way the women spoke about their extended families and from the photos of children and grandchildren on display, the lives of these women were not isolated and lonely: rather, their emotional lives were peopled by their families. The impressions gained at interview of residents' social networks were confirmed by the survey at the end, when the women were asked about sources of social and instrumental support: it added little new information.

Caring relationships extended beyond biological connections. Interviewee 22 referred to her 21 great grand children, 7 of whom were step-great-grandchildren,

whom she said she treated no differently from her other grandchildren; and again the relationship seemed to be two-way.

Interviewee 22

Oh they [*her step-grandchildren*] look on me as Nanny. They treat me well too

Interviewee 28, who had worked all her adult life as a child health nurse, had never married or had children. Now in her 80s, she lived in a retirement village where she spoke about reciprocal helping relationships with neighbours:

Interviewee 28

She [*a neighbour in her '90s with impaired vision*] will ring me and say, have you got a minute, and I'll say, yes, and she'll say, will you come down and read this letter for me ...

She [*another neighbour*] drives, and she drives everybody all over the place, and she takes me to the airport when I want to go out and catch a plane [*laughs*] and all that sort of thing.

While caring for and considering children and grandchildren dominated, there were variations on this theme for the four women who were childless. Even these women, who had never married or who had no children of their own (See quotations from Interviewees 19, 25 and 28 below), spoke of caring for other family members and considering their interests, following a similar pattern to the narratives of those with children.

When asked how long she had lived there Interviewee 9³⁴, who had seven siblings, fixed the time when she had moved to town from the farm by the death of her parents, and talked of a life spent caring for others, including an invalid brother, who had died there. Her caring role may have explained why she remained single.

Interviewee 19 fixed the date when she had moved to her current home as immediately following a period when she had cared for her mother, although she refers to her caring role obliquely, perhaps because she was still grieving, or out of a tendency to make light of a personal sacrifice.

³⁴ Quoted in Chapter 3.

Interviewee 19

Since 1984 ... I [pause] returned to England [pause] from Queensland and lived there for four years while my mother was frail, until she went into a nursing home.

Interviewee 25 had for nearly 20 years cared for and financially supported her mother who was disabled by arthritis, which may explain why she had also remained single. She too refers obliquely to significant sacrifices she made during her life, in caring for her mother.

Interviewee 25

I moved in here on the 21st of November 1971. So I've been here what, 30 years? I've been here as long as I was out home [the farm]. I ran it. My father died when I was 22 and, it was about 1955, and mother and I carried on until she died. That was the 3rd of July 1971 ...

After her mother died, Interviewee 25 had moved to town, when she was nearly 40, and had then formed a *de facto* relationship that lasted 10 years until her partner, whom she cared for while he was ill, died of cancer. At the time of interview she expressed concern for and was actively involved with her deceased partner's three children and numerous grandchildren. A step-grandson and his partner lived a few doors away and her step-great-grandchild appeared central in her life. She had photos of him on display on her mantelpiece and talked of the toddler as proudly as any great-grandmother.

Interviewee 28 remained connected to her extended family in the north of the State, whom she had visited regularly, although less often in recent years. Her cousins, nieces and grand-nieces and -nephews had regularly stayed with her and this had influenced her choice of a 2-bedroom unit. Even though she was single, her life had been spent considering others, and maintaining family relationships had influenced her choice of housing in retirement.

Interviewee 28

They [*her relatives*] came here too, which is why I wanted two bedrooms. I wanted two definite bedrooms. Now some of these other places have one very nice bedroom and then in the front here they have what you call a study.

Variations on this theme included Interviewees 11 and 26 who appeared to have questioned the notion of caring for children and grand-children as central roles in their lives. These two women had had unhappy marriages and felt their lives improved markedly after their husbands left. Both were now actively pursuing interests, and revelling in the sense of freedom, time and space they had gained after having devoted so much of their lives to their families, as if they had earned the right to do something for themselves; and were making up for earlier unhappiness.

Caring for husbands

Husbands came up regularly when the women talked about how they had come to live in their current location, including poignant and romanticised stories of first meetings. Some women engaged in what appeared to be a form of sanctification of husbands, by contrast with the accounts of women who had had a difficult time in their marriage (Lopata, 1981).

When talking about their husbands it was usual for widows to emphasise that they were widowed not divorced, revealing a lingering social stigma of divorce and a desire to reflect a positive social status. The women who had been married said that their husbands had played a key role in determining where they were living now, including the acquisition of their current home.

Interviewee 6

That was really difficult trying to find rental accommodation and then I started to look at the option of purchasing ... It was a good choice, and the thing is I might have made sillier choices if I hadn't been with the person at the time.

Interviewee 12

We bought a block of land and put the caravan on the land and we go and live in it, in caravan. Within time we build a chalet, two bedrooms and a kitchen ... we come to the chalet, built the chalet and live in the chalet in time we had the baby and what else; and through 5 years we build the house.

Interviewees 5, 15, 17 and 22 below, had moved house for their husband's health.

Interviewee 5

My husband and I were on a farm and he was unable to work due to illness, so we shifted and I went back to my profession ...

Interviewee 15

He got bored, so he saw this house in the paper, you know, our house, the one we're in now ... Anyway, he said I'd love to live there. He said it sounds lovely. He said, in the countryside. He said and it's got a lot of fruit trees in the garden, be great for me, you know

She [*a neighbour*] said, 'I bet you miss your [*husband*]'. I said I do, I said. Terrible, I said but I try to keep busy.

Interviewee 17

No 'e'd [*her husband*] 'ad a nasty experience at work and 'e, 'e wanted to get away from it ... He was bedridden for 13 months. So yes, so it took me a long time [*to get over his death*]. I'm just starting to, to realise now that 'e won't come.

Interviewee 22

Twenty-nine years ago my husband was told not to work anymore, so we had to sell the farms and so we came down here into [*name of town deleted*] ... I had to nurse him at least two years. I showered him [*pause*] and dressed him [*pause*] you know. Yes [*pause*] that's what we do. We care for one another ... Ah, my husband died in '84 ... He used to say to me, I'm not much good to you dear. Yes I said you are. You're company ... If you let it, it can still affect you now, whether it's been a few weeks or 45 years married.

Others had moved after their husband had died. Interviewee 21 faced some difficulties initially because the family home had been left to her for her lifetime

only, and was then to go to the children. She did not want to continue living there and following legal advice she and her children were able to sell the house and use the proceeds to build a smaller accessible house.

Interviewee 21

it wasn't suitable for me although he left it to the children and I could stay there as long as I wanted. It wasn't a good policy The children were able to, through solicitors, were able to change the will and let them sell the house, and every cent of the money had to be put into this one.

Several women had helped their husbands to build their house, reflecting an important part of Australian history, after the Second World War, when around 40 percent of all homes in Tasmania were owner-built due to a national housing shortage (Dingle, 1999). The women who helped to build their homes told stories of friends and neighbours providing labour for free, in order to build the houses. Interviewees 7, 8 and 16 were still living in the same houses.

Interviewee 7

So my other brother ... he said, 'Oh in Tasmania there are so many shacks because the Polish people they built those shacks here and then they built a house next to it'. And that's the shack here and that's where we lived.

Interviewee 8

It was an empty block of land and my husband bought it and we built the house. We had a little cottage on the back where we lived and from then on we build the house with help of our friends and neighbours.

Interviewee 16

We built it. It's a big place, high ceiling; cold in the winter ... I was renting a house in *[name of street deleted]*. Yes, my husband and I. And then, uh, we looked all over *[name of suburb deleted]* and out this way for a block that was elevated so he could put a jolly workshop underneath and a garage, and he got it ...

Despite current housing shortages the option of owner-built houses is less available now due to more stringent building standards and licensing of builders,

which has raised the standard of housing and regulated the competency of builders, increasing the cost of construction.

Interviewee 7, who had considered moving, is quoted in Chapter 9 as saying that nobody wanted to buy her owner-built house from the 1950s because it had a few problems (lack of a bath and a double bedroom), the original plans having not been fully realised after her husband, who was a carpenter, left for the mainland for work, leaving her to raise their seven children on her own.

Several, such as Interviewee 20, talked of caring for their husbands when they were dying, and of missing them after they had died.

Interviewee 20

One year after my husband die I never laugh. I never have television on ... I didn't expect him to die so quick ...

Getting along with neighbours

References to neighbours arose either in response to the question, 'Tell me about your neighbours', when talking about their housing histories, or when talking about what they did or did not like about where they were living. The importance of getting along with neighbours and what being a good neighbour meant were emphasised.

The women's constructions of how to maintain cordial and respectful relationships with their neighbours referred to a core principle of not 'living in each other's pockets', a phrase that was repeated often. These conversations suggested that reciprocal helping relationships with neighbours contributed to positive perceptions of where they lived, illustrated by quotations from Interviewees 12, 21, 23, 24, 27 and 33:

Interviewee 12

Oh, I live very good with the neighbours. No trouble. Love me, I love them ... I never live in them pocket. They never live in my pocket ... We always say, hello, hello, good morning and, and if I need something, well they bring me, milk, bring me anything, bring me my groceries if I need.

Interviewee 21

... We're not in each other's houses or anything ... But I know that they would help and I would help them if they were in, I mean in need of something or other.

Interviewee 23

I'm very friendly with the lady, next door. A couple of times a week, you know, we'll visit each other for a drink or something ... But I, I sort of make sure that it's not, not more frequent.

Interviewee 24

No, no, we don't live in each other's pockets but we're there for each other.

Interviewee 27

Ah, I've learnt enough in life that if you're going to live very close to a person, you're better not to get too familiar.

Interviewee 33

I'm not one of these people who are prepared to live in other people's pockets all the time ... I like my privacy.

Interviewees 3 and 5, who were living in suburban stratum title units, emphasised that they did not like having to deal with neighbours through the body corporate, and that living too close to neighbours could increase conflicts; however there were benefits from living closer to good neighbours.

Interviewee 3

It's stratum title, body corporate. I haven't lived in that kind of situation before. Where you have neighbours living nearby who have to consult you before things are done, living in very close proximity, at times it can be very difficult.

Interviewee 5

I don't like it being a stratum title where you've got the body corporate to answer to and you can't do exactly what you like. And I don't like being so close to neighbours.

Neighbours were a source of informal support. Getting along with neighbours, maintaining a social role as 'good neighbour' appeared to involve reciprocal helping relationships where neighbours were not friends, were not unduly intrusive and respected each other's privacy and personal space and yet were willing to help when needed. Interviewees reported giving informal help to neighbours, who were unwell or disabled, while noting that the relationship was reciprocal, such as Interviewees 15, 16 and 34:

Interviewee 15

And I used to say, do you want your washing hanging out or bringing in or anything? Do you want anything from the shops? You know?

Interviewee 16

Very good neighbours, very helpful to one another. We look after one another's houses if they go away for holidays and things like that.

Interviewee 34

... There's a neighbour on one side who at the moment's got flu, so I was going to the shops just now and I checked in to see if she needed anything; took her some oranges. She would do the same for me.

Interviewee 8, a suburban resident, reminisced about what her neighbourhood used to be like. She also talked about a long-time neighbour and the support she had received after her husband had died. These neighbours had helped her and her husband to build their house in the 1950s. Like Interviewees 12 and 16, she engaged in expressions of solidarity or 'we' talk (Lawrence and Schiller Shigolone, 2002).

Interviewee 8

Oh, it was all friendly and you leave the money there and nobody, I mean I don't know it was somehow the trust before, everyone trust everybody. And the neighbours were already here, on that side, and they've been very helpful and they took us under their wing and we become friends ...

The women who emphasised positive relationships with their neighbours were long time residents in free-standing houses in small towns and nearby farms. They

consistently reported receiving informal help, and giving informal help.

Interviewee 9 had arthritis in her shoulders and couldn't fully raise her arms. She refers to a next-door neighbour who had offered to hang her washing out, while Interviewee 24 describes her neighbours as a reason why she loved where she lives.

Neighbours in rural areas

Interviewee 9

Oh I've got some good neighbours. The chap next door said to me yesterday, oh, I'll come hang your washing out for you. He lives on his own He said, I'll come and hang your washing out any time you want.

Interviewee 24

I love, love living here. I've got wonderful neighbours, caring neighbours and ... each side of me ... I don't feel a bit nervous or frightened on my own.

Ten women who described relationships with their neighbours as distant were referring to geographic distance. Interviewee 14 was living on a farm and her neighbours were physically distant. Interviewee 22 was living on the fringes of a town where they were not close to many neighbours. Residents of one town a half-hour drive from Hobart referred to an influx of new households, who were commuting to Hobart.

Interviewee 14

I don't see a lot of them because ... I'm the older generation now and it's the next generation that are taking on the farms and doing all the work and you see there's ... older ones ... you know, very few of us now.

Interviewee 22

I know them just to speak to them ... Well they're nice neighbours but they're very busy. Well this couple here, they're working and you don't see working people very often.

The women's experiences of their neighbours reflected changes in household formation and workplace participation, and the nature and composition of

neighbourhood networks. Several referred to distant relationships with neighbours in the suburbs of Hobart such as Interviewees 11, 16, 19 and 20.

Interviewee 11

Being so close to the corner I suppose; I've only barely spoken to the others over opposite on the other corner. But they work you know. They're not there that often.

Interviewee 16

Well to tell you the truth, this street has been turned inside out twice ... I'm the only one and that one over there that's been here all these years ...

Interviewee 19

I mean it's changed. When we bought the house here in '84 there were only about 15 people in [*name of suburb deleted*] and you could be welcomed to the community at morning tea ...

Interviewee 20

Not many there. Good neighbour, some is gone, and some Australian doesn't like it us, no. Three of them is Australian ... Even you know them is not very friendly one to other.

Perceptions of what being distant from neighbours meant, differed. Interviewee 7 had migrated from Austria [*i.e. she was not Polish*] and lived in an area mostly settled by Polish immigrants, and owner-builders, many of whom had since moved. She referred to long-term relationships with her neighbours all of whom she knew by name and was aware of their current circumstances; however, despite knowing their business she did not perceive her relationship with them to be close, possibly due to the fact that they did not share her cultural and language background and she had not often visited them in their homes.

Interviewee 7

I never was in close contact with too much because I never had much time when the children were little. You can't go visiting with seven children, you know ... I mean not many Polish people left here anyway.

Others recalled a greater sense of trust in the past, when neighbours would help each other and they could leave out milk money without worrying that it would be stolen.

Interviewee 36 had developed minor neurological problems and said some of her friends had distanced themselves, which may have been a factor in her perception of distant relationships with her suburban neighbours. Although she felt distant from her neighbours, she had an active social life and regular contact and support from her children and remaining friends.

Interviewee 36

I don't think the neighbours on this side like me very much ... I have a passing hullo with the neighbours on the other side.

Having more neighbours who worked had increased the sense of isolation and may have contributed to feelings of loneliness for some, consistent with findings for lower levels of social cohesion in suburban areas (Hulse and Stone, 2007).

However, the women who referred to distant relationships with neighbours also spoke of what it meant to be a good neighbour and expressed awareness of and were accepting of social change. Some commented that they understood that in order to afford a home and family these days, both members of a couple needed to work: Interviewee 24, consistent with the women's caring orientation, expressed concern for young people struggling to buy a home.

Interviewee 24

My heart aches for, for young ones now, especially lately, you know how prices have gone up and everything.

Troublesome neighbours

Social contact is not always beneficial and can also be a source of conflict and stress, particularly for older people (Veenstra, 2005; Wiggins *et al*, 2004). Several women told negative stories about their neighbours, which influenced negative feelings about their housing.

Interviewees 2 (quoted in Chapter 3, page 111) and 26 had bought former public-housing properties in predominantly public housing areas. Interviewee 2 complained about being victimised by her neighbour, followed by a tour to show the external damage which confirmed that she was not making it up. Interviewee 26 complained about noise nuisance from hooning, and nervousness from late night trespassing.

Interviewee 26

These lunatics next door; I've rung the police up to them so many times ... they just do burnie-burnies, you know, wheelie-wheelies and sit in the drive way and go ooh-ooh-ooh. It doesn't make any sense. I mean I had two teenage sons and another lady around here had teenage sons, you wouldn't even know they had a car ...

Their experiences with neighbours are consistent with findings that tenants in private or public rental properties show less commitment and attachment to their neighbourhood (Hulse and Stone, 2007). What these interviewees said reinforced other interviewees' understanding of what it means to be a good neighbour. Other aspects of these interviews were similar to what other women said about getting along with neighbours. They spoke in a similar vein, about what being a good neighbour meant to them, although with more vehemence.

Interviewee 20's complaint about a mentally ill neighbour may reflect deinstitutionalization and a lack of responsive and supportive options in the community.

Interviewee 20

I ignore. I report to police before and police you can see, he can't do anything. They come in the step and say a lot of things, bad things in the door, break the door, and ... to the step through the night, nearly every night and policeman when I say to him catch him and put him in the [gaol] ... He say we not allowed, we can catch him but we not allowed to put him in the gaol. We can put him in that special hospital for people like that and hospital, he [the hospital] want to get rid of him. He give it to him injection to be right for two or three days then let him in the street.

Interviewee 21, who was having problems with noise nuisance from late night parties from a neighbour in a private rental property, emphasised that only one neighbour was problematic. These latter two residents were both home owners in what appeared to be areas of private housing.

Interviewee 21

Yes. I, I've got a troublesome neighbour, but, apart from that, only just one neighbour on the other side. All the other neighbours are very quiet, very nice, yes, and all that sort of thing ... he has girls there and late nights and cars banging and squealing; and *[sighs]* uh ... There's been one police raid there already. And the police have been there twice last week and ... I've got to be careful. I wouldn't like to go out there or I'm too frightened to dob him in. I couldn't report him because I'm a bit nervous of the repercussions from the other people, not the owner.

The two women who were public-housing tenants talked of issues with their public-housing neighbours. Their stories were primarily monologues, suggesting distress. Interviewee 29 was distressed by what she referred to as criminal activity, child abuse and domestic violence in a household next door; and an unpredictable mentally ill neighbour across the street who sometimes verbally abused her, and which she said was affecting her health. She emphasised that she had lived in another public-housing area and had not had problems with her neighbours there.

Interviewee 29

And I don't like the people up here because they, er, fight. They sell drugs ...

For Interviewee 30, who lived in a complex of six public-housing units, her concerns with neighbours were more about personal conflict. She was distressed because a next-door neighbour had been ostracising her and complaining about her renovations and her dog to the state housing authority. This woman spoke positively and in a similar vein to others about positive and reciprocal relationships with her other neighbours and wider community (see below).

Interviewee 30

Then one person within the complex took it upon themselves to write and said, and I had the copy of the letter, which said, 'and as for all her renovations, with or without your permission' and then the dog got a serve

The reports from the four women living in purpose-built retirement unit complexes were very positive when it came to talk of reciprocity between neighbours, and having a feeling of community.

Interviewee 23

We get on well together ... I mean I get on well with everybody ...

Interviewee 30

Living here, I like the community spirit, because I'm living in a disabled unit in a block of six units and we've managed to achieve a community feeling within the units. And I like the feeling of safeness. I like the friendship ...

Interviewee 31

I know I can call on my neighbours. If I go sick then, whatever, I can say, look, can you pick me up some bread and milk from the shop, or something like that and they will happily do it.

Interviewee 28 (quoted above), who had moved to her retirement unit when it was first built, was well settled. Most neighbours in her six-unit cluster were over 80 like her and some were disabled. They had all moved in at about the same time, knew each other well and helped each other when needed. This over-50s community had a wide range of ages, including relatively active people, which the resident said made it less depressing. This woman joked that most of her friends believed she had moved to a nursing home.

Interviewee 33, who lived in an Abbeyfield House³⁵, referred to positive relationships with her neighbours:

³⁵ See Glossary

Interviewee 33

So and we get on very well ... I mean everyone ... I'm quite reasonably friendly with, with everyone.

Interviewee 33 was tentative in her talk of her relationships with her neighbours, and of needing to be assertive to avoid intrusion from unwanted visits, suggested that close proximity was creating tensions, strengthening her desire to retreat to the privacy of her own room and not spend time in the common areas, other than for meals. Consistent with other residents' wisdom on getting along with neighbours, she said she valued reciprocal helping relationships and clear boundaries, referred to occasions of reciprocity between her and other residents, and said she worked at maintaining cordial relationships with all of the Abbeyfield residents, even though there were some she didn't particularly like.

Interviewee 23, who lived a conventional government-subsidised unit in a retirement and aged-care complex, also talked about needing to manage relationships with neighbours who could be unduly intrusive. Consistent with a caring orientation, while considering other persons' feelings, both Interviewee 23 and Interviewee 33 had found ways to politely cut their neighbours' visits short. However, in both of situations, the proximity of neighbours appeared to be a source of stress and to require constant vigilance and assertiveness.

Two interviewees did not talk about their neighbours at all and appeared to have little or no contact with them. Outside of the taped interview, Interviewee 4, who had bought a house in a relatively deprived area 17 years before, said that she regarded her neighbours as socially undesirable, made a point of avoiding them and had little to say about them. Interviewee 6, who had lived in her house for seven years, had worked previously and was looking for work, did not talk about neighbours other than to say it was a quiet neighbourhood. Both these women had connections with the workforce and interests that took them outside their home often. These differences reflect differences in lifestyle, length of stay and different expectations between older and younger age cohorts, consistent with recent findings (Olsberg and Winters, 2005).

Chapter 5: Making light of problems and inconveniences

Introduction

The one characteristic that distinguished all interviewees from their married, cohabiting counterparts was that they were living alone. What living alone meant, as they grew older, formed a significant part of their conversations not only in relation to housing issues, but also in relation to challenges they faced and strategies they used for managing. Their experiences were mostly positive and were far removed from the negative experiences I had expected. This theme is discussed under the following headings:

Emphasising positives

Making light of problems

Living alone

Managing loneliness

Managing ageing identities

Emphasising positives

For most of the women in the study group, growing older while living alone on low incomes in suburban Hobart and nearby rural areas had been much easier than they had expected. Most appeared settled and comfortable with the places where they were living. This appeared to contribute to an overriding tendency to emphasise the positives of their current housing situations and downplay problems and inconveniences.

Most of the quotations below were in response to two questions, one framed positively and one framed negatively: 'What do you like about living here?' and 'What don't you like about living here?' These questions were variously interpreted as *the country*, *the state*, *the immediate geographic location* or, less often,

the house itself. Those living in rural regional areas had nothing negative to say in response to either framing of the question. In only a few cases did responses indicate mostly negative perceptions of where they lived.

What residents liked included the amenity of the area, such as living by the water, in a rural area or having a view. Views were mentioned the most often. Hobart is a hilly place, and a lot of the houses had views, some just of surrounding suburbs although these too were appreciated.

Quietness and safeness were also emphasised. While there may be disadvantages to having fewer neighbours at home during the day, there were also advantages in terms of quietness and less traffic, which were linked with feelings of being safe. Interviewee 6 liked the social desirability of her area, the security of appreciating property values, and equity that could be used if needed.

Interviewee 6

No, I think everything; everything is more or less what I expected, particularly in relation to the property values and things like that ... That certainly is happening, that bottom end of the market is becoming you know ...

At the moment it's a fairly quiet neighbourhood. I like the cul-de-sac so there's no traffic going through.

Hobart being a hilly place views were often mentioned as a positive:

Interviewee 16

I've got a lovely view and I wouldn't part with that for quids.

Quietness and safeness were also described as positive features of living in Tasmania, illustrated by Interviewees 14 and 17.

Interviewee 14

Tasmania's nice and quiet. It's friendly you know. Nice climate. You haven't got crowds around you ... No I don't like, you know, traffic and crowds and things.

Interviewee 17

Oh I don't know I just feel safe: the quietness, the safeness.

Interviewee 19 was eloquent when describing her prepared statement on what she liked, as a combination of the setting and the housing fabric.

Interviewee 19

Because it's got the light, the mountains, the river and the bush, which are really elements that I like; so I like the fact that the house sort of sits clearly related to the outside ...

For some women, the sale of their homes had enabled them to purchase a smaller, more accessible and more manageable house, or a lifetime lease on a unit in a retirement village that had brought them closer to social support and services.

Interviewee 28 was living in an over-50s retirement village and had large windows in her living area facing superb water views, which she identified as important to her quality of life. She liked spending time on her balcony which had an open area and a closed area where she could shelter from the wind behind a glass screen.

Interviewee 28

I love the quietness, because, you'll notice, it's very quiet being on a peninsula. We have no through traffic. It's only our own traffic we have here ... Well I love the view of course ... It's always changing ... always something to look at.

Convenience and the availability of services were consistently mentioned as positives by many of the residents, including comments by people who were not within easy walking distance of services. The availability of transport, and whether or not residents could still drive, contributed to their sense that services were convenient.

Interviewee 5

I've stayed here because it's convenient to go to see the medical men and so on ...

Interviewee 6

Well it's close to everything: close to the CBD, close to the shops, close to public transport.

Interviewee 16

Here? Oh I like it because it's close to everything, to the business area

Interviewee 26

Well, it's handy to the shopping centres. It's handy to everything. We have a doorstopper bus. You know, like you pick the bus up in Glenorchy and he drops you at your door with your groceries ... Well it's handy to everything ...

Interviewee 27

Well, I can walk to the post office. I can walk to the library ... If you live too far out, you—you go and get a ride ... I wouldn't like now to go and live where I had to catch a bus or get a taxi or something. This is so close to everything.

Interviewee 33

It's very close to the city and I use the Library a lot, and so that's—it was important to me and the cinema, you know.

Interviewee 35

It's so close to town and the facilities that I might want means that bus fares aren't [*expensive*] ...

Interviewee 30

I'm extremely close to the city, to the township. I'm close to ambulance, doctors and so forth.

Contrary to perceptions that access to services in rural areas was a problem, the women in rural and regional areas referred to where they lived as convenient to services, which largely related to the presence of a multi-purpose service in the nearest town.

Interviewees 10, 21, 22, 25 and 30 were living in rural or regional areas, and were not very close to services. Their responses suggest that their perceptions of closeness were relative and coloured by other positive aspects of their situations. It appeared that positive relationships with neighbours and longer term residence in

a place where they were well known contributed to these residents' positive experiences of the places where they lived.

Interviewee 10

You get your doctors and you get your hospital and the complex down there, well, where would you be without it, I just don't really know ... I don't know if people realise just how fortunate we are ...

Interviewee 21

It's not too far away from the, from the shops and things ... I'm quite mobile; I've got a car at the moment and it's not too far to walk if you ... We've got the footpath now so that makes it nice and easy ...

Interviewee 22

Very convenient to the shops and the ... my own doctor and er ... of course I don't own a car now ... gave my car away.

Interviewee 25

Yeah, we're not far from the hospital either ... I go to the doctor. I have been ... I have ... I have been in this hospital, and I've been in the old hospital before that.

The experiences of women living in rural or regional areas were more positive than those of women living in the suburbs, for a mix of contextual reasons that could not be replicated with suburban interviewees. None of the residents in rural areas said they were unhappy with where they were living. All said that the location was convenient and that help was at hand when they needed it, and none expressed a desire to move. With one exception these women had lived in the same area their entire adult lives, some for their whole lives. They talked as if they were surrounded by networks of relatives, lifelong friends and neighbours; which appeared to contribute to positive feelings and a sense of belonging.

Most residents appeared to feel safe and secure in their homes. The sense that their homes were conveniently located appeared to be contributing to feelings of autonomy and relatedness, consistent with findings from happiness research that autonomy and relatedness underlie subjective wellbeing (Burns and Machin,

2009). These positive feelings appeared to be influencing them to want to stay where they were.

Making light of problems

Unexpectedly, the women expressed satisfaction with their physical surroundings and made light of problems like maintenance issues or accessibility, illustrated in the positive comments below.

Interviewee 4

I'm happy with the way that it's turned out aesthetically [*laughs*], you know with the garden and with the inside of the house, because it was not so great when I moved in.

Interviewee 6

I'm really pleased that I've got [*a*] flat entrance the car comes in, 'cos I was looking at those things. I guess a lot of people don't. If you've been in a house from when you're young you can get trapped.

Interviewee 9

I've had all the conveniences put in the bathroom and the shower, you know, the bars, in the toilet, which is quite handy ... It makes a difference when you give some thought to that kind of thing when you build a house.

Interviewee 11

Oh yes, yes. It's pretty easy. There's not a lot of work in it. It's a sort of easy-maintenance place. The first time I've had anything done to it was the painting last week, around the window ledges. But it's been really good.

Interviewee 24

Yes, yes, it's an ideal place actually for a wheel chair. It's all level and ... Yes, we've had no problems ...

Interviewee 30

I'm extremely lucky in that it's very flat ... It has wheelchair access. So I consider myself extremely lucky, yeah.

Interviewee 36

I think it's a very nice spot here. Ah, you get the sun as soon as it comes up, but it's still a rather drafty house ...

The main problems raised as important to maintaining independence as they grew older were getting help with the garden, and having access to transport that would enable them to maintain their social networks and access to services, particularly when they could no longer drive.

A number of women had larger yards that either were or might become difficult to manage in the future. Some had large trees that needed lopping, which was expensive and a source of worry. Those who were concerned about gardens talked of making their gardens easier to manage, through removing trees, planting shrubs, turning garden beds into lawn or mulching.

Hills and access to services were not raised as important issues by those who could still drive. Some houses were on a slope or had a few steps at the front: however, in all cases this was compensated by a driveway with relatively level access to the house at either the front or rear. (Getting help with gardens and transport issues are discussed in more detail in Chapter 6.)

When the conversation turned to their housing fabric, no major issues were identified. Most homes were small and easy to look after. A few, such as Interviewee 22, expressed concerns about maintenance issues or a need for modifications, particularly in the longer term: however, at the time of interview, with one exception, maintenance and modifications were not raised and did not appear to be major issues.

Interviewee 22

I think the outside could be painted because it deteriorates and I know there's a little bit of ... some of the timber could be renewed. Yes I think the outside really, underneath the fascia boards because it's quite a while since they was done. I don't know how long.

Inconveniences, such as having a shower over the bath or an outside toilet were down-played as relatively minor.

Interviewee 7

The toilet is outside and the bathroom and laundry are together and we haven't got a main bedroom not big enough, where you get into bed from both sides. And now the house is big enough for myself, so I don't need a unit really *[laughs]* ... It's a bit up the hill. That's one disadvantage for older people

Interviewee 14

No, no, no steps, only two in the front and none at the back. No, no, no. I've quite happy with what I've got ... The shower's over the bath; a shower recess would be nice because, you know ... but a lot of people have it over the bath and you step over ... That would be about the only thing that would ... but still I haven't got room for that in my bathroom. It's not big enough ...

On the whole these residents appeared to be managing and did not appear to regard these inconveniences as a major problem.

Housing *fabric*, rather than *condition*, is used to describe issues in relation to the physical condition of their housing, because their talk went beyond its mere condition. Of the 35 interviewees, 21 had homes that were comfortable though modest, and a few were slightly larger.

Four homes were duplexes. For three widows, the duplexes had been acquired before their husbands had died. Two of them, Interviewees 12 and 20 were migrants whose first language was not English. The women could live on one level and could rent out the other: however, both these 'spare' flats were vacant at the time of interview.

A drawback for one of the migrant women, in her 80s, had been bad experiences with young tenants, so that felt she could not longer manage dealing with noise upstairs, and had stopped letting the unit out. The other said she was unwilling to rent the other unit out due to concerns that her pension might be cut if she earned an income.

The other two duplexes were rented out to single women, one in her 80s, and these arrangements appeared to be working well. Interviewee 34 had never married and was supplementing her age pension by low paid casual work as a writer. She had previously purchased part ownership of a house with another woman and the small amount of equity she had gained had enabled her to obtain finance to buy the duplex, after shopping around and encountering numerous refusals. Her difficulty borrowing in older age may have reflected ageism. Arguably, getting a loan ought to be no different for an older person, because, if the borrower dies, at whatever age, the lender can foreclose or the beneficiaries can discharge the mortgage.

Interviewee 27 was living in the top half of a duplex that had been built by her and her husband, in order to house their daughter, who had a mental illness and who had four children that sometimes needed care: however, the daughter had left the state and the mother was renting the flat to a woman in her eighties, an arrangement that was working well for both of them.

Nine women were living in villa-type units comprising three stratum title units, three retirement units, two public-housing units and one villa unit, in a cohousing community. These units were of modest size and manageable. One interviewee was living in a bed-sitter in an Abbeyfield house³⁶.

On superficial inspection, all houses appeared to be well maintained, relatively accessible and easy to manage, apart from one or two where the garden was somewhat overgrown, or weatherboard houses where the 'weather wall' was a little overdue for painting. There was no indication that any of the women were facing major problems with their housing fabric, other than Interviewee 3, who mentioned serious structural problems she could not afford to have repaired. The comments below reflect the convenience of their modest homes and these women's general satisfaction with their housing fabric.

³⁶ See Glossary.

The women seemed optimistic and inclined to make the best of their situations. There was a tendency to make light of any perceived problems rather than complaining, whatever their situation.

The longer-term residents referred to what they appeared to regard as minor problems or inconveniences, including location, accessibility problems of steps and hills, designs below community standards and maintenance problems, factors that prospective older purchasers might consider a problem.

All of the women, even those who talked about problems with their neighbours, said they were happy with the convenience and manageability of their housing fabric, and expressed attachment to their homes. The quotations below illustrate that many women described their housing fabric as comfortable and suited to their needs even where there were drawbacks, as if resigned to making light of problems. A small number of women voiced dislikes in an offhand and low key manner, illustrated below.

Interviewee 4

I'm not particularly mad on the location. I'd like to be near the water.

Interviewee 5

I don't like suburbia ... you feel like you're living in a gold-fish bowl with all the windows around you. Open the window to get fresh air and all you get is somebody's car boom booming up the street and parties over the road

Interviewee 13

I looked around. I wanted a view ... I used to enjoy it very much ... but I've, I've rung the Council a couple of times, because I would like the tops of the trees lopped because all of my view is getting cut out

Interviewee 21 refers to her struggle to realise her vision of an accessible house, due to lack of co-operation from the builder, who appeared to have limited awareness of designing age-appropriate housing. Although the end result fell short of her vision she said she was happy enough with the result.

Interviewee 21

He [*the builder*] would insist on putting steps and an awkward piece of wood that I have to step over for the back door ... Yes I've got a walk-in shower. I said I don't want those stupid little tiny things with the glass and the doors all round and having to step in and all that sort of thing, so ...

I've got just a walk-in. It's the full width of the bathroom and it's just perfectly flat ... I decided. I said I want that and again we had a battle with the builder to do it. [*Laughs*] ...

Although many widows might believe they have no option but to stay in an unsuitable house after their husband dies, this woman was able to sell and replace the house, provided all proceeds went into the replacement property. Although her funds were limited, with the help and support of her children, she was able to design and build a modest house she could afford, albeit a little further out in the same town. She had designed it with ageing in mind which meant it was level and manageable and easy to look after, to suit her busy lifestyle. While distance from services was not a problem at the time of interview, because she was still driving, it might have become a problem in the future.

Particularly poignant are the comments of Interviewee 23 who lived in a small retirement unit, with a slightly larger living area than the others in the complex, a factor which persuaded her to purchase a lifetime lease. Even so, she described how she was managing with an extremely small living area, where she could only invite two or three friends for a meal at any one time. The dining area and table were so small that her visitors had to sit on the lounge and eat on their knees.

Interviewee 23

See hardly any of these residents have been able to bring ... a silly cabinet, whatever you call it ... and a lounge and two lounge chairs ... If you look, yes, if you look at the others you'll see that the kitchen [*here*] is extended a bit. I don't know if you can see it on the jambs ... I have one person for a sit-down meal ... or I lay things out there [*indicating the table*] ... Or there [*the coffee table*], and we eat on our knees, yeah.

Living alone

For most of the women, adjusting to living alone had been much easier than they had expected, as illustrated below. Interviewee 5 said there wasn't anything hard about it and Interviewee 22 said she had no worry at all and didn't get frightened³⁷. Interviewee 6 seemed to find solace in her garden.

Interviewee 6

I don't mind being here on my own. I quite like it. In some ways ... probably more enjoyable than I thought because ... not being a big gardener in the past ... I like the garden and I like the fact that I can go out and hear all the birds and all that sort of stuff. And it makes me feel good.

Rather than feeling they were disadvantaged as a result of living alone, they tended to celebrate and revel in the unexpected sense of freedom it had brought them. This finding was contrary to my expectation; and to stereotypical perceptions of older women who live alone as lonely and isolated, and as wanting and needing more social contact.

Strategies for managing a sense of alone-ness presented as a separate issue from experiencing feelings of loneliness, as if an awareness of the possibility of social isolation and loneliness had motivated these residents to employ strategies for maintaining social contact, which they all seemed to be doing successfully. The quotations below illustrate the ease with which residents had adjusted, although their specific circumstances differed widely.

Interviewee 11

I keep busy and enjoy what I do ... Well you don't need a partner with that [*Morris dancing*] and the Scottish country [*dancing*] you don't need partners and that's really good ...

Interviewee 17

But I'm right now. I don't mind getting up and popping out to the toilet at all ...

³⁷ See quotations in Chapter 3, page 119.

Interviewee 27

But thank goodness for television ... Thank goodness for living close ... Thank goodness for the old motorcar. They all help to make life easy.

Interviewee 4 was still working and found herself at a transition point. What she said encapsulated her caring role in relationship to her home. Her youngest child had just left. While caring for children had been integral to her life in the past, she was aware of a need to adjust, and was reflecting upon how the meaning of home had changed.

Interviewee 4

I've had so long being a mother and doing things for children ... it's taking a bit of adjustment and I haven't quite got in to doing things for myself yet ... I'm finding it's harder and harder to do as I get older ... Now that you've had a home for children, and that was the most important thing for security, and now they've gone you wonder what you've actually got this house [for], what this home ownership is all about ...

Despite some women not being highly mobile, all but one of those with children reported being in regular contact with at least one of them: responses to the survey revealed that 22 mothers reported regular contact with at least one of their children. This issue was complex and it was difficult to draw comparisons, given variations in the relationships between mothers and children, types of contact and with whom, and variations in mothers' perceptions of what constituted 'regular' contact.

Some reporting *other than* regular contact may have wanted contact to be more frequent. Some residents who said they did not have regular contact with their children also referred to seeing at least one of their children quite frequently, where the contact might have been described as spontaneous rather than 'regular'. Others referred to less regular physical contact with children living outside the state, with whom they reported being in regular telephone contact.

On living alone for the first time, Interviewee 6 reflects upon her new-found solace in her garden. Interviewee 7's son, who was in his thirties, had recently moved out

and she anticipated that adjusting to living alone after raising a large family as a single mother would be easy because her house was small.

Interviewee 7

I can adjust easily ... as long as I have one bed; I don't need six beds. Some people get a big house when they are old. There is so much to support a house and you don't need it any more.

Interviewee 11 had raised a large family and was relishing her freedom and ability to pursue her own interests now that she was living alone. She was actively involved in a range of outside interests, and regularly attended church. She reported regular contact with only one of her seven children. Her comments implied that maintaining regular contact with all seven of her children, plus her fifteen grandchildren, would have been challenging.

Interviewee 14 who lived on a farm was also relishing her freedom after having raised a large family and described missing company (or loneliness) as an attitude rather than a social need.

Interviewee 14

No, I don't miss company at all. I read a lot and I ... you know I've got plenty to do, the garden and the chooks and the turkeys and I've got plenty to keep me busy and go out and with my cards and socialise. I've got plenty to do. I don't miss company. No, no. I mean that's an attitude isn't it ... A lot of people who live by themselves say, poor old me, but, no, I enjoy it.

Within the context of talk about living alone, some women talked about their experiences living without a man:

Interviewee 15

I said, well I can't do the garden. Oh no, she says you won't be able to. I said oh, when [*her husband*] was here I said, he used to say the house is your responsibility, and the garden's mine, and it worked well ... like that.

Interviewee 17

I was too frightened to get up and go out the back, when [*her husband*], after [*her husband*] died because I'd never been on me own, ever ...

Strategies for managing without having a husband or a man in their homes were discussed, along with a sense that most had no need for a male partner.

Interviewee 5

Not at my age. Been there, done that. I haven't come across any males I feel I could give up what I've got ... I've never been dependent on men.

Interviewee 30

I'm glad I've no longer got kids to look after or grandkids to look after ... so there's a lot of good sides to it ... And having the freedom to come and go as you wish, if you're a single person. Lots of people still crave to have a partner around. It's not one of my cravings.

Interviewee 28, who lived in a retirement village, found it handy having men around to help with practical problems:

Interviewee 28

We get sad if we don't have a few men around the place, because they're very handy. They've got their own workshop and I find it hard to get up and change my light bulbs now, being short and not being happy about climbing up things and I just ask and somebody comes and does them.

Interviewee 4, having lost a home previously, regarded her home as an achievement which gave her a sense of control, after having lived for a while in rental accommodation where she felt answerable to others.

Interviewee 4

I was on my own this time, as before, when I owned a home, it was with a partner, my husband, and I seem to be able to ... I had him to do things ... I never want to be dependent on a man again I didn't have a life when I was married. It was just like being in prison ... No freedom ...

There are certain things now that I have to pay people to do, but it gives me a much more secure feeling living in a place of my own and not being beholden to people. I have a very independent streak in me where I don't like asking people to do things for me. And I'm quite happy to pay people rather than ask anyone to do things ...

The context of Interviewee 11's comment was an unhappy marriage and her remarks referred to more than finances. She had raised seven children and was pleased to have bought a smaller two-bedroom house, joking that this would discourage her seven children from coming to stay.

Interviewee 11

Oh well you know we did own a place in *[name of suburb deleted]*. It was pretty much a rundown shack. And then he left and then when Mum died I got it *[her house]* ... Yes, and I'm much better off ... It's only got two bedrooms but that's really good. Well, they can't land on me and think they're going to stop here *[laughing]*.

For Interviewee 13, not having a husband had influenced her decision to move from her large family home.

Interviewee 13

My husband had died in 1984 ... the family home was big with four bedrooms and a big amount of land and I couldn't manage it anymore and it was just deteriorating ... Once the house started, and the garden started to deteriorate I thought ... I'd look at a unit.

While some women missed their husbands and were still grieving for them, others felt better off without husbands. Interviewee 26 was living in the former matrimonial home. Her husband had left for another woman, leading to a complex dispute over property involving an inheritance, and that ceased to be a problem after her former husband took his own life. In both these instances the having troublesome husbands leave was perceived positively.

Interviewee 26

Well I put up with him for 18 years and I couldn't put up with him one more day. I just decided this was it. I said I'm not putting up with that creep one more day.

Some women commented that living without a husband also meant managing on a single pension, which could be difficult, as Interviewee 31 comments.

Interviewee 31

You can manage on it [*the single Age pension*], if you have ... If you own your own house you can manage on the pension ... How people manage and have to pay rent, I do not know.

Managing loneliness

Loneliness was identified as a problem only for those women who were missing their husbands or other loved ones who had died, and for those who were less mobile, where experiences of loss and restricted mobility for the most part coincided. However, most were managing to stay socially engaged with support from friends, neighbours and family, supplemented by aged-care services and regular attendance at seniors' outings.

Strategies for managing loneliness were more important for those over 75 (ages are shown in brackets below), some of whom had health problems, were less mobile and had fewer social contacts as a result, and who had referred to deaths of friends and family, some of which were fairly recent.

One of the few who spoke of loneliness as a problem was Interviewee 8, who was in her late 70s. She was a migrant from Yugoslavia whose first language was not English. She was educated to matriculation level and spoke several languages. She was still regularly walking into town from her home to work as a volunteer. She was a long-time widow. While only her child was not speaking to her at the time of interview, she referred to strong networks of friends and neighbours; to being actively involved in her local community and migrant community, and regularly engaged in voluntary work. She had been regularly visiting friends in nursing homes, although some had since died. She spoke forthrightly about the harsh realities of loneliness and how going out and meeting people was keeping her going. Her sense of loneliness appeared to be associated with sadness resulting from the deaths of her husband, friends and neighbours, and the strained relationship with her only child, all relationships that could not be replaced.

Interviewee 8 (77 years of age)

It gets lonely and it's depressing, regardless that I belong to several associations. That keeps me going. I go out and meet people and talk to people or just listen to, or whatever. But to stay at home weeks and month just like that, it's no good.

Interviewee 9's warm and positive attitude was particularly inspiring, given the mobility problems she was experiencing with arthritis which meant she needed to use a walking stick. She said she did not feel lonely at all, other than in the context of sadness arising from the death of her brother who had lived with her. Her understanding of loneliness may also have reflected the different perspective of someone who has never married and is accustomed to being single. While some might interpret what she says as putting on a brave face, she also spoke of being an independent person and of being well-known in this small rural centre where she had lived most of her adult life. She was in regular contact with relatives and friends who lived nearby, including a niece who took her shopping. She had weekly involvement as a volunteer for the hospital auxiliary and regular attendance at a church, a short walk up the street from her home. I saw no reason to disbelieve her statement that she did not feel lonely.

Interviewee 9 (86 years of age)

Oh reading. I love reading. I used to do a lot of knitting but I've got sick of that now and I don't do that so much now. I used to do that in winter ...

Well I ring up people ... My brother at *[name of town deleted]*, he used to be very sick and he was in hospital and I went up to him one day. He comes down to me.

And so how often do you feel lonely?

Oh no not at all. Like on Saturday when the power went out I felt down. Well, I love doing crossword puzzles. I've got my books there ... See, night time's the worst really isn't it, than the day. There's nothing on TV; not that will interest me anyway ...

Interviewee 12, a migrant from the Ukraine whose first language was not English, referred during the interview to feeling 'a bit lonely' and in the survey to being lonely 'most of the time', although she also said she was happy with where she was living. For her, loneliness appeared to relate to being alone in the house, given her reference to her children sometimes coming to stay, as if this assuaged her loneliness. They all also visited for a meal once a fortnight. She also referred to missing her husband who had died five years before. She belonged to three community-based organisations (including a church) and appeared to be well supported by her two children, who lived locally and were in regular contact. She also referred to supportive neighbours, some of whom she had known for a long time.

Interviewee 12 (79 years of age)

I guess, especially now, I'm a bit lonely maybe ... Yes, sometimes children come and they stay here, sleep here and go.

Interviewee 14, who lived on a farm in a regional area and was well into her eighties, as noted before said she never felt lonely and that loneliness was an attitude. She belonged to a weekly bridge group that included women older than her, although their numbers were dwindling, necessitating the recruitment of younger members.

Interviewee 15, who spoke of strong positive relationships with her neighbours in a rural area, also spoke of missing her husband who had died and this appeared to underlie her feelings of loneliness which were exacerbated by mobility problems. She appeared to accept loneliness as unavoidable and she was maintaining a social life by attending seniors' lunches twice a week, playing bingo and regularly going on seniors' bus trips. Her presentation was not that of an isolated and lonely person but of a resourceful and outgoing person who enjoyed company.

Interviewee 15 (82 years of age)

Yeah, oh well you still feel lonely wherever you live I think, because well ... I don't see much of the kids because they haven't got the time. I mean because they all work and they've only got the weekends for their gardens and things.

I can go to the lunches twice a week, which I enjoy. I enjoy the company and, if there's any trips, I've said I'll go as long as it's where it's not too hot. I can't stand travelling much in hot weather but, I enjoy the trips out and I enjoy just playing bingo

When Interviewee 17 was asked about loneliness this stimulated talk about the death of her daughter, and she too referred to missing her husband who had died eight years before. She had not lived alone before his death. For this woman, feelings of loneliness also appeared to come from a sense of missing relationships that could not be replaced. Her house was on the fringes of a town, and she lived across the road from her sister and brother-in-law, who were retired and often away travelling. She appeared to know most of her other neighbours well.

Interviewee 17 (76 years of age)

I'm good now most times [*since her husband died*]. Get a bit depressed, but you see I go for a walk twice a day. Go in the morning from here out to the main road and back. It takes me half an hour from the main. Quarter of an hour there and quarter of an hour back. So I do that twice a day ... Yes and I think that saves my sanity ...

She was managing her feelings of loneliness with regular walks twice a day, where she was pretty sure she would either wave to or talk with someone she knew. The homes she passed along the way included that of the couple who took her shopping and she sometimes called in for a cuppa and a chat; although (consistent with maintaining cordial and respectful relationships with neighbours) she was afraid she might be wearing out her welcome. She had three living children in Hobart, who were in regular contact and supportive; however, she appeared accepting of the fact that they often had jobs and children, and often had other things to do on weekends.

Interviewee 20 was a migrant whose first language was not English and who appeared to be still grieving her husband. She also regularly attended seniors' outings with mainly English-speaking people, and said that she would 'get mad' were she to spend too much time at home by herself. She had only one child, who

was living in another state; however, she belonged to six community-based organisations and attended seniors' outings regularly, suggesting that these services were playing a valuable role in helping her and some others to maintain social contacts.

Interviewee 20 (78 years of age)

You know it's good to go a little bit out and mix with the people ... That's, er, 'cos, *[going out]* make me feel better. One year I didn't go nowhere ... One year after my husband die, I never laugh, never have television on ...

Interviewee 22 said that she felt lonely most of the time (although she also said she was very happy with where she was living). Although her husband had died in 1984, missing her husband appeared to be the major contributing factor. She also referred to distant relationships with neighbours and to having had very good neighbours in the past. They had lived on a farm and had moved to a nearby town for her husband's health which had evolved into a commuter town. She had family members living in the town and in nearby Hobart who regularly visited.

Interviewee 22 (82 years of age)

If you let it, it can still affect you now *[loss of her husband]*; whether it's been a few weeks or 45 years married.

Interviewee 24 identifies having a telephone as important to maintaining social contact, despite this being costly for someone on the age pension.

Interviewee 24 (77 years of age)

But your phone is half your, you know friendship. What ... if you want to meet somebody or they want to meet you.

The interviews revealed that neither of the two who identified loneliness as a problem was referring to being unhappy about living alone, or to having a low number of social contacts. In both cases the context and source of their feelings of loneliness appeared to be feelings of grief for loss of husbands and children who had died. I gained the impression that the only type of loneliness that was identified as a problem at interview was emotional loneliness arising from feelings of personal loss that outside interests and social contacts could not easily remedy.

For some widows who spoke of experiencing of loneliness sometimes, this may have been a factor of timing. Some talked of having grieved for their husbands initially, including by isolating themselves, and of then having made an effort to join social groups and go on outings, even though they found it difficult at first. One recently bereaved widow had since become involved in several community-based organisations and now had a circle of women friends who regularly dined in each others' homes, and was going out with a romantically inclined male friend. Another was regularly going on outings arranged through local seniors' organisations. Others were still grieving, so that even though their husbands had died a long time ago, missing them was contributing to feelings of loneliness.

Managing ageing identities

When asked 'how do you feel about growing older', ageing was not raised as an important issue and most had given it little or no thought. Interviewee 4 from the youngest age cohort said:

Interviewee 4

I don't feel anything about it. I'm not worried about growing older. I just hope that I can do some things that are in my master plan before I get too old to enjoy them. I want to learn to play the piano and I want to go to U3A and hope I'm well enough to do them as I get older and I've got the time. No I'm not worried about getting older at all.

There was little indication that, regardless of chronological age, any of the women felt old or thought of themselves primarily in terms of being old, in the sense negative age stereotypes. When asked more specifically, 'do you feel that people treat you differently now that you're older', ageism was not raised as important issue in relation to how they felt people treated them.

Interviewees 7, 9 and 35, who did respond to this question, said they did not feel that they were treated any differently now that they were older. Interviewee 9 said that if anything, she was receiving more attention now that she was older. In the quotations below, Interviewee 7 makes allowances for the impatience of youth,

while Interviewee 35 says that if she is treated any differently, it is with increased respect and consideration, with people being more courteous.

Interview 7

With driving I think sometimes the person behind is getting impatient with that but I've only ever been tooted about twice. The roundabout down at the end of [deleted] Street is really a difficult roundabout because there's usually traffic along [deleted] Street and to come down, to get right around that roundabout it's a sharp ... I don't know ... it takes you a time to get around it and I've been tooted once by some. Oh they were only young kids behind me ...

Interviewee 35

People, young people, stand back and let me hop on the bus first, I've noticed more recently. I don't go into insisting they go first, just hop on the bus ... at this point I don't find it ... I mostly find it's just ... just sort of more or less a respectful thing, and I don't find any difficulty coping with it. [Laughs.]

This finding that negative experiences of ageism did not appear to be part of their frame of reference is consistent with earlier observations by Gubrium (1976) that for many older people negative stereotypes associated with ageing are not meaningful.

Chapter 6: Staying independent and not being a burden

In this chapter several inter-related topics linked to the main theme are discussed under the following headings:

The meaning of home

Staying independent

Transport

Moving or staying

Affordability and a lack of options

Taking life as it comes

The title of this theme reflects that what the residents seemed to appreciate most about their current homes was that it supported their independence. All spoke of valuing their independence and of wanting to do everything possible to stay independent, and not be a burden on their children. Having homes that supported their independence appeared to be contributing to positive feelings.

A key factor in supporting their independence was access to transport, with some considering moving due to transport issues. Talk of moving or staying presented as a dilemma due to the many positives of staying and the difficulties and disincentives involved in moving. A particular difficulty identified when considering moving arose from a sense that they either needed to move or might need to move in the future, coupled with a perceived lack of affordable housing options. The prospect of giving up on or compromising their independence also presented as a strong disincentive to moving.

This theme was consistent with orientations expressed in the earlier themes, of caring for and considering others and making light of problems and inconveniences, in that it reflected a strong reluctance to become a burden on others. When considering the constrained housing options available to them most

appeared to be resigned to making the most of their current situation and taking life as it comes, including accepting institutional housing such as a retirement unit or nursing home as a last resort, rather than becoming a burden.

The meaning of *home*

References to the meaning of *home* were mainly in response to the question 'What does *home* mean to you', although some comments came up spontaneously. When asked, residents referred to recent experiences in their current home, and references to families were less common. Most had been living alone for some time, which may explain why this question did not elicit talk about family. While the meaning of *home* represented diverse perspectives and experiences, an overriding meaning that emerged was that *home* meant living in a familiar place amongst people they knew, where their homes gave them a strong sense of privacy, control and independence along with a sense of connectedness. A strong emotional and spiritual component appeared integral to the meaning of *home* for many residents, as illustrated with the quotations.

Interviewee 30

I love it. I love it, when I walk down my town, into my township, that without exception every second person is saying good day, how are you ...

What Interviewees 9 and 24 have said, so succinctly appeared to represent how many of the women felt, that their *homes* meant *everything* to them.

Interviewee 9

It means everything. *[Laughs.]* Can't do without a home. I've been away to quite a few places visiting overseas, not overseas but over in Australia and I'm always glad to get home.

Interviewee 24

Everything. My heart's here, my heart and soul.

Residents' emotional attachment to their homes appeared to be mediated by attachment to the people and the places where they lived. Contrary to my expectations, residents valued the feeling of autonomy and of relatedness to their

own accustomed social networks that their homes gave them more highly than the prospect of living with or near their children.

The women's houses tended to be neat and modest weatherboard homes that were sparsely furnished. I gained no strong impression that any of them were burdened with a superfluity of possessions or that pride in their possessions reflected an important aspect of their identities. Minor exceptions included a resident with a modest collection of books; another with a treasured collection of Royal Doulton china, which had mostly been gifts; and another, who proudly displayed a large spoon collection, mostly gifts from friends and family who had travelled. In the vast majority of homes, the most prized possessions, proudly displayed, were photos of children and grandchildren, an indication of their sense of pride and the high value that these women placed on their families.

Some of the alternative meanings of *home* reflected different backgrounds and experiences. For two migrant women, Interviewees 8 and 12³⁸, *home* appeared to mean a combination of a sense of belonging and a sense of identity. They responded to the question of the meaning of *home* more broadly, in terms of Australia and Tasmania, locating their identity as that of Australian citizen and Australia as their home.

Interviewee 8

Well it's my home. I consider myself more Australian than anything else.

Though I speak four languages, but it's my home ... It's my life. It's my life my dear. It's my home. It's my life.

Interviewee 12

Ah, I love it. I love it. I love it only I'm getting older ... I feel so comfortable.

I'm used to it here.

Interviewee 19, who had been cohabiting with a woman friend who had recently died, provided a short piece she had written for another exercise.

³⁸ Also quoted in Chapter 3, page 117.

Interviewee 19

After many moves in three countries, a home once shared in friendship is now a secure shelter created from memories, solitude without loneliness, with my dog.

Amenity, comfort, familiarity, feeling safe and secure, having financial security, a sense of belonging, having choices and a positive identity were all important to the meaning of *home*. The overriding meanings of *home* as supporting their sense of privacy, control and independence, is illustrated with quotations below.

Interviewee 4 regarded her home which she had renovated herself as an achievement which increased her sense of control, after having lived for a while in rental accommodation.

Interviewee 4

I think it's just the control of knowing I've achieved this again after not having had a house between '89 and '97 and always renting. I guess it gives me a feeling that I've achieved something and under the circumstances I think it's quite a good achievement really ... I think it's a very comfortable home.

Interviewee 5 was revelling in the independence of not having to worry about looking after other people, and having the control and privacy to be able to relax in her own space and do whatever she wanted whenever she wanted to do it.

Interviewee 5

Well I can relax. I can play my own music. I can go to sleep when I want to, in the middle of the afternoon if I want to, stay up all night if I want to. I don't have to worry about children or anybody else in the house. I can eat what I want, when I want ... Well, it's comfortable.

Interviewees 10 expressed similar sentiments more succinctly:

Interviewee 10

... It just means that you've got all your own things around you. You can do as you please ...

Privacy was emphasised as important to the meaning of home by Interviewee 29:

Interviewee 29

Well, home is to me ... is where you should be able to come in, sit down ...

Well home is to me ... is where I should have my privacy.

The widespread satisfaction amongst home-owners appeared to be in no small part attributable to the fact that the majority fully owned their homes and were long time residents.

The independence and security conferred by home ownership appeared to be contributing to their positive identities and sense of wellbeing, such as expressed by Interviewee 22 and 34, while also supporting their involvement with their families, social networks and voluntary work.

Interviewee 22

... If you can manage to live in your own home it's better for you. You've got your own independence and you can please yourself and you don't have to ...

Well you can please yourself when you do the work and if you don't feel like doing it today, well there's always tomorrow.

Interviewee 34

And now it's worth more than double. Well, who cares? It's my home ... But on the other hand it's the security, if I do have to leave and I do want to buy into something [*like an owner-donor unit*].

The meaning of *home* to the women illustrated that they experienced their housing differently following their children leaving home, and the deaths of husbands or the dissolution of their marriage, which for some had provided the motivation to move. For those who had raised large families, such as Interviewee 27, having her own space, and freedom from caring responsibilities provided an unexpected sense of freedom to engage in the activities she enjoyed.

Interviewee 27

It means a quiet, lonely place where I can sit and please myself what I do. I can watch whatever I want on TV. I can entertain somebody if I want to, but I prefer walking out the door going to something a bit exciting ... and then I'm happy to come back because I've had my fun for the day. [*Laughs.*]

Interviewee 28 understood *home* to imply a sense of ownership, which she would not have felt had she been leasing a retirement unit. She also said the innovative retirement village where she lived had proved very difficult to establish profitably, and had since been sold to a for-profit provider. However her housing was working well for her.

Interviewee 28

You know, I like to think that I've got my own little patch. Well, it's a haven I suppose.

Interviewee 31, who had recently painted the kitchen of her owner-donor retirement unit, was not quite sure that the terms of her lease allowed this, undermining her sense of ownership and control. This unit was in a complex built by a church-based not-for-profit organisation in a small town. She had moved from a small acreage following a hip fracture, and said she preferred living in this retirement village in a small town to suburban living.

Interviewee 31

It's not quite the same as your own home, but it's pretty close. It's a bit like having a lease really, and you know you've got to hand it back, and also, there are some rules and regulations

Interviewee 33, who was a resident in an Abbeyfield House, was also experiencing a reduced sense of ownership and control. She did not seem entirely sure that her room had quite the same feeling as being at home, describing it as her home almost as an afterthought. A bed-sitter in a communal house is perhaps not consistent with prevailing ideas of *home* in our society. She emphasised the importance of having her own private room and her own possessions around her.

Interviewee 33 (Abbeyfield resident)

I don't think anyone would come in here unless they knew that I've invited them to come in ... Mmm, and so that's good. So you know that this is your space. This is mine. This is my home, yes.

Getting help

A problem area mentioned often as important to staying independent was managing the garden and getting help with the garden. For those living in free-standing homes on larger blocks, managing the garden was a recurring theme, particularly mowing lawns and maintaining trees, but also deteriorating gardens and the cost and effort of keeping them under control. Interviewees 8, 11, 14, 19 and 25 appeared to be finding managing their gardens a struggle. While they liked their gardens they were also a source of distress because they could no longer maintain them as they once had done.

Interviewee 8

The house doesn't bother me much but the outside, the property that I have behind, is getting beyond a joke.

Interviewee 11

... Because it's quite a big yard. I'd like to get rid of some of that lawn out the back, but other than that, no. Well I haven't really got the money to do much.

Interviewee 14

It's the garden I struggle with. I try to keep that looking [pause] ... but it's trouble with possums and rabbits and all those sort of things, and frosts in the winter, mmm.

Interviewee 25

I used to do a lot of gardening, but yesterday ... I'm very pleased with myself. I got out and did quite a bit of weeding, which I hadn't been able to do for a while. And yes ... I was very pleased with that.

Interviewee 30

Well those trees are a bit of a problem. And I had ... I had a white-heart cherry tree and I had a raspberry patch, and all of that is overgrown.

For those who could afford it, such as Interviewee 19 (whose garden was causing her to think of moving), paying someone to do the work provided an answer to being able to stay, at least for the time being:

Interviewee 19

I really don't like the fact that I can't get the garden under control. It's an anchor and, try as I will to have it reverting to bush, the weeds grow and I can't quite ignore it *[pause]* ...

I have got this very nice dyslexic chap that comes and helps *[with the garden]*, so it probably is the best idea *[pause]* ... To hire people in *[pause]* ...

There were wide variations in attitude towards gardens. Interviewee 17, who lived on the outskirts of a country town and had no intention of moving, felt no compunction about asking for help from anyone who was handy.

Interviewee 17 (76 years of age)

No, you see, I'm a gardener. That's it, where it ends: the name [i.e., the word, 'gardener'] ... Oh, I keep it neat as I can ... Can't start the mower but ... I've 'ad a shoulder replacement ... Oh I drag 'em out of the orchard. I get a fella, anywhere there's a fella around. I said ... would you mind *[starting the mower]*?

Whereas Interviewee 26, who lived in the suburbs, and who was only 59, and whose yard was on a slight slope, said she would no longer be able to manage on her own in her house if her son didn't mow the lawn.

Interviewee 26

Because *[son's name deleted]* comes and mows the lawns; if he just stops mowing the lawn, then I'll just sell it and wander around Tasmania or the mainland *[in a campervan]* ... I told him if he stops mowing the lawn, that's it.

Interviewee 7, a tall strong woman who was 70, and who could see no realistic prospect of moving, had a small yard that was level, and said mowing was easy, all you had to do was start the mower and push it around.

Interviewee 7

It's a level block. The block *[pause]* ... maybe it will be too much for me in a few years, but I try to make it easier. I cut a lot down and make it more easy. That's the easiest—mowing the lawn. The motor starts and you just walk around.

The importance of having a garden was emphasised by Interviewees 5, 6 and 28. Interviewee 5 was a widow who had been married to a farmer, and was now living in a villa unit that had belonged to her mother. In referring to the small garden outside her front door, she emphasised that having her own garden was important to the meaning of *home*³⁹.

Interviewee 5

The garden is important as far as home goes. I really need somewhere where I can grow a few veggies that I want, organically of course. ..

Interviewee 6

... when I have apples and things I give them to people ... the next thing is somebody says, do you want some lettuce, do you want some tomatoes. And all that goes on, so there's a whole lot of things that if you don't have a garden that you can't do ... Yeah, but I get a lot of enjoyment out of the garden too, so I think it's good value

Interviewee 28

There are gardens you can use here. Where I was on such a steep hill all we could do was grow a few shrubs and the lawn and ... we had to get people to do it because it really wasn't safe ... So this was a better lifestyle really.

For the women who were over 75, or who had a disability or health problem, subsidised support services were available, and these interviewees expressed their appreciation. While Interviewee 20 was satisfied with the help she was receiving, the deterioration of the garden that she and her husband had once been proud of, and her inability to maintain it as they had done in the past, due to mobility problems, was motivating her to consider moving.

Interviewee 20

After my husband die, no more garden; I have lawn in that's all. *[Laughs.]*

While Interviewee 22, a long time widow, was still quite active in a beautiful garden that she was proud of, and who was out working in the garden when I arrived, expressed satisfaction with the help that she was receiving.

39

Interviewee 22

Oh the lawns. That's the only thing. And the rubbish is always taken away for me. He generally mows the lawns and takes the rubbish away. I pay him.

Which is fair enough, and he's quite willing to do anything I want here.

As to accessing support to stay independent, Interviewee 18, who lived in a small country town, had spent two years caring for her husband prior to his death. She had since lost her sight, and was retaining her independence with help from relatives, friends and neighbours, supplemented by formal care and support. Despite her disability she was making an active choice to stay in her own home. She reported excellent health and said she was very happy with her housing situation, although she sometimes felt lonely, within the context of grieving for her husband, and a son, who had died. Her family had set up her telephone so that she could call them with the press of a button. She had regular visitors and telephone calls, including a group of relatives living nearby, who arrived during the interview.

Interviewee 18 (82 years of age)

Oh marvellous. Honestly we are so lucky. Our poor old parents didn't get anything, any help ... Where I have ... a girl come on Monday and she puts the cleaner all through the house and wipes round all the cupboards ... And, if I want her to nick up the shop for me, I ... clean the toilet and the bath, which ... doesn't need cleaning because it's never used. I only wipe it around and give it a couple of squirts. And then I clean the shower when it's nice and warm before I get out of it. I sit the little squirter in the corner and I clean the shower before I get out of it and then I can say ... I've done all the little jobs out there can you nick up to the shop for me. *[Laughs.]* And that gives us time to go up to the shop and put the cleaner through for me; and then she comes back on Friday morning and gets the order, my grocery order, takes that down to *[name of town deleted]* and brings all my groceries home.

... I don't get out of the house at all unless somebody takes me and I can put my arm through somebody's arm, *[demonstrating]* like that.

Several other residents over 75 years of age who were receiving regular help from a mix of informal, private and community based services also expressed appreciation. Interviewee 31 spoke of receiving informal help from the nearby aged care facility.

Interviewee 9 (86 years of age)

I have someone to come and do my garden and everything's all right so I'm very lucky, aren't I ...

And how often does she [the home-help lady] spend here?

Two hours. She hangs the washing out. I put my washing on in the morning and change my bed and everything and she puts the washing out and sometimes she'll come back and get it in.

Interviewee 10 (75 years of age)

I've got somebody who comes in and cuts my lawns for me and is responsible for the garden, and then the lass that comes in and does the housework she pulls a few weeds occasionally. Yes and I've just had to turn my back on weeds and edges that I used to keep cut ...

Yes, they have meals on wheels and, the nurses come twice a week and that's ... well, I can have home help but I pay for my own help because I like the lady I've got and I've had her for so long, and she knows me and I know her and she's very trusting and so, yes I could have home help, through the DVA.

Interviewee 12 (79 years of age)

I have plenty help from [name deleted] Council. They come and a man now cut the grass for me beautiful, and anything I need, well, I ring them up, and they come and do it for me. The lady come, two hours a week from [name deleted] Council and she helps me do the shopping, do the housework little bit. That's what I have, help, and God thanks for the Council. I'm very proud for them ... Sometimes I'm not healthy, sometimes anything, something happen ... well the girl go herself, or the neighbour brings it up. Oh yes.

Interviewee 31 (75 years of age)

Well I've gone sick a couple of times since I've been here and the mere fact that there are people close by helps, and in one emergency I did get the nurse over from the hostel to give me a bit of advice as to how to handle something ... And the doctor's close by.

Some, such as Interviewees 17 and 20, expressed dissatisfaction with how restricted the community-based services were:

Interviewee 17

Oh getting it painted. And I need work doing inside, but I'll just see how I go ... How it goes with the ... And the Veterans' Affairs will come, but only twice a year to do jobs. So the chappie came and cleaned me windows in December, did the edge of the lawns because that's terribly hard to do with a bung arm.

Interviewee 20 (79 years of age)

Aged Care, he come for to give more hours, special about the garden because I need it more because it is big garden, and I got two hours gardening in the fortnight ... Like you take that much salt in the sea, you know ... You can't see he's done in two hours in the fortnight. I need it more help about the garden. About the house ... I can manage now so far but about the garden, kill me.

Dissatisfaction with services included disappointment that the home-help lady did not have time to stop for a cuppa and a chat. The impression was that these women would have preferred a helper who was personable and sociable and had time to stop and talk, in preference to one who displayed high levels of efficiency.

Transport issues

Transport was identified as crucial to staying independent. Hobart is hilly and in many areas bus services are either not conveniently located or are infrequent, so for many driving was important to maintaining independence. Distance from services and steepness of the block and surrounding neighbourhood were ameliorated by car ownership. For 19 residents their main form of transport was their own car. They mostly drove older models and could not afford the cost of commercial servicing, so cars were kept going with the help of sons, neighbours,

friends or acquaintances who serviced the car. Some, like Interviewee 21, worried about how long their car would last and how they would afford a new one.

Interviewee 21

I can't afford to take it to the garage. I've got a young mechanic who's keen on fixing cars and he, he does little jobs for me as I can afford it, to keep it going.

Interviewee 3, who was on unemployment benefits, was still paying for her car.

Interviewee 3

So if I could finish paying my car, which is not going to last forever ... It's a 1995; the bodywork wasn't bad, so I'm just hoping it will last.

Interviewee 35 had given up car ownership for financial reasons. While it was less convenient to travel by bus she measured her behaviour accordingly, saying that she could fall back on taxis or informal support networks if need be.

Interviewee 35

I've been using the bus for about 6 years now and I find it no problem ... Well you can't go out at night. That is a difficulty ... I don't go out a lot at night ...

Nine residents identified transport as an issue; however those who had never had a car perceived it as less of a problem. Even though it is cheaper not to have a car, Interviewee 12, who was on a very low income, said the cost of public transport and a desire not to bother her children or neighbours was restricting how often she could go out.

Interviewee 12

I never got a car. I didn't want to bother any of the kids or neighbours or something or taxis they cost me money and see when you have only one pension you can't throw it away so much.

Others anticipated that transport would become a problem when they could no longer drive, which might mean they could not manage in their present house.

Interviewee 11 was a long way from shops and from all of her friends, who she saw regularly because she could drive.

Interviewee 11

Well I've got a car now but the time will come when I won't ... And it might be a bit of a chore.

Of the 16 residents who didn't have a car, six travelled by bus, six were driven by others, three used taxis and one mainly walked. The main problems with travelling by bus were the length of time it took to get anywhere; infrequent services; lack of services on weekends and in the evening, which restricted when people could go out; the length of time it could take to get places, including long waits between services when they needed to change buses; and not feeling safe in certain areas.

Interviewee 26

We used to have good public transport till four years ago, but Jim [*State Premier*] decided he'd cancel all these bus services ... Don't go out at night. I just stay home.

Interviewee 28

I had two cataract operations and wasn't able to drive for a while. And then I had to get the bus ... It takes nearly an hour to get from [*street name deleted*] into the city because it goes all around [*place names deleted*].

Interviewee 22 did not regard transport as a major problem, despite her relative isolation, indicating she could fall back on informal support networks, such as neighbours or family, if need be.

Interviewee 22

My daughter comes and takes me to Hobart if I need to go, which I don't need to go very often. We can get most things down here.

Interviewees 5, 7 and 17, refer to periods when they couldn't drive and had used public transport.

Interviewee 5

There's community transport. I haven't investigated it because the neighbour up the road is very good, last time I had to go into hospital for day surgery ...

Interviewee 7

It's a bit up the hill. That's one disadvantage for older people because my friends, none of them really drives ... If the bus service is not that good then older people can't go on the bus that easy and especially at night now with the scares [*bag snatching*] and all that ... That is the biggest problem ...

Interviewee 17

Oh friends round the road they take me [*shopping*]. I've still got the car but ... it's just me shoulder hurts me too much.

Interviewee 36 mostly walked after her children had sold her car because of a medical problem which meant driving was unsafe for her. She was sometimes driven by her children, and sometimes caught the bus. She lived close to the CBD and close to reliable and relatively frequent bus services, but liked that she could walk everywhere from where she lived.

Interviewee 36

Ah, mind you, it's mainly uphill, up here, so walking down is not so bad. Walking back up is a bit of a headache.

Hills were often identified as a problem, although having a car was helping many residents to maintain independence in areas with steep hills:

Interviewee 13

... the position of hills didn't worry me so much because I had the car and I could go when and if I wanted to, but there's also the bus, enough to here, as well, if I really had to I suppose ...

Transport was not a problem for Interviewee 20 because she had vouchers for subsidised taxi fares.

Interviewee 20

I got a discount you know. I got it book from Transport Department ... And I got from aged care you know to go into the doctor and the Red Cross, bit of everything, help.

Interviewee 16, who was 87, had handed her licence in when she turned 80. Her house was conveniently located near a main road with a reliable bus service and

one of her children was living nearby and called in regularly. She did not raise transport as an issue.

Interviewee 16

Yes. I took my licence in to give it in, at 80. Though, I got a lovely letter back from Transport, for being a successful driver for all those years, without an accident.

Moving or staying

‘Moving or staying?’ was raised as a dilemma by over half the women. This theme overlapped with affordability and a lack of options, as discussed further below. It was difficult to completely separate the issues and this is apparent in the examples. This theme arose primarily in response to an open-ended question designed to tap into future housing intentions: ‘In what ways might your housing situation be improved’. Improving or modifying their current housing, buying somewhere else, or moving to a retirement village, were used as prompts. Given the differences in the women’s housing situations their responses were diverse and each raised topics relevant to their circumstances.

The women’s overriding intention appeared to be to do whatever it takes to stay in independent housing for as long as possible, consistent with expectations that people are more likely to be living independently at increasingly older ages (Reynolds, 2009; Ozanne, 2009; Quine and Carter, 2006).

Ensuring their own independence and quality of life appeared more important to these women than making unreasonable sacrifices to provide for their children. This did not present as selfishness (some workers having implied that older people needed to be more selfish), given that most of the women had given significant help to their children and other family members already. This included having made sacrifices to raise them; helping them buy a home, a farm or establish a business; helping with child minding; and caring for sick and disabled relatives. Rather than hanging onto their homes for sentimental reasons or to help their

children, these women seemed to regard the equity in their house as a means to remain independent and avoid becoming a burden.

Moving or staying was expressed as a dilemma by women who had not moved and were considering moving. A lack of affordable options was an overriding obstacle. Some had decided to stay, because their homes were conveniently located or in a familiar area where they had friends and good relationships with their neighbours. While there were some drawbacks to staying, for most of them staying appeared to be preferable to moving.

The women who were considering moving perceived that their intentions were hampered by a low single income and limited equity in their home to meet the cost of an alternative, coupled with an inability either to get a loan or to conceive of this as a possibility. While the need to move did not appear pressing for any of them, a high proportion of them were anticipating the possibility of having to move in the future, preferably closer to their social networks and services.

Talk about moving elicited talk about a need to be prepared for the future. Some indicated that moving might be a sensible thing to do and may become necessary.

Some residents who had moved had made a conscious and planned choice to move, while for others moving had been in response to a traumatic event such as a fall or injury. Interviewee 31⁴⁰ had moved to a retirement unit in a state-of-the-art complex, after breaking her hip. Although she was enjoying the amenity of her spacious north-facing unit with buffering between neighbours and having informal support at hand, she described the downside of life in age-segregated housing where everyone used walking aids as a form of negative self-fulfilling prophecy that undermined her confidence in her ability to act independently.

Interviewee 33, who was in her eighties, had moved into an Abbeyfield House following a fall. She had been renting following the break-up of her marriage. A retirement unit was out of the question as was living alone, due to ill health. While the amenity in her Abbeyfield bed-sitter may be below community standards it

⁴⁰ Quoted in Chapter 3, page 110.

appeared to offer advantages for a non-home-owner on a pension. Abbeyfield was enabling her to remain living independently in the community, in a supportive environment, removing the worry of having a fall when there was no one around to help, which was the risk were she to have stayed where she had been.

Interviewee 33

And he [*the social worker*] would sort of take me around one or two places and he brought me and my son out here to introduce me to the place and sort of more or less say, that is the sort of place I think you'd like when you can no longer live on your own in a unit, you know. And my son and I agreed with him. We were very much taken by the place.

The women who had seriously considered moving and had stayed were not happy with the options that they were aware of. They expressed an aversion to moving to a retirement village and tended to assume that retirement villages had the same low standard of amenity as the aged-care establishments they had visited⁴¹. Most perceived retirement units to be poorly designed, poorly located, too small, too expensive and boring places to live, where they would have little interesting to do. They perceived that they lacked privacy, and presumably, that they would be 'living in each other's pockets'.

Interviewee 26

I like to have space. I'd hate to be in those ... I delivered Meals-on-Wheels and I'd hate these little units where you can't move. I like to have a bit of ... You know, if I get sick of sitting in here I sit in the kitchen and if I get sick of sitting in the kitchen I go and, you know, in my bedroom ...

Interviewee 36

I have checked up ... about going into ... [*name of retirement village deleted*] ... but I couldn't come at that ... because ... I think it's too institutionalised.

The women's perceptions of the lack of amenity and institutional nature of retirement units could be a legacy of the strict funding guidelines that limited the size and cost of owner-donor units during the period when they were being

⁴¹ See also the quotation by Interviewee 6, page 111.

subsidised by the government, and by the fact that many such units were built on-site with nursing homes. While many retirement units in Australia are small, badly designed and poorly located, these negative perceptions do not necessarily apply to the full range of options available. A particular concern was being able to remain active and access services, while not being a burden on family, however willing they might be to help, a sentiment expressed by Interviewee 24 who lived on a small acreage:

Interviewee 24

And even if we sold the estate and I moved down the town, that'd be ideal for me because I've got lots of friends and relations and that, if I could just walk to the shops and the library and the church, I'd be home and hosed. Not that I'd have to go to my family or see them, but I don't want to be a burden to them.

Interviewees 11 and 8 felt that buying into a retirement unit was not an equitable financial arrangement because they would have no rights of ownership and would be required to pay hefty up-front and recurrent fees. Reasons for rejecting moving to a retirement village included the high cost, the ongoing charges, lack of space in the units, and the institutional nature.

Interviewee 11

Well, from what I've seen, it's quite expensive isn't it [*moving to a retirement village*] and then you sort of, I thought, I always assumed that you had people there that would see to you, but it's not always the case is it. I know with [*name of retirement village deleted*] you're sort of more or less in your own unit and you look after yourself.

... I don't want to have to go into a home or anything. I'd be all right, I mean, but I thought, well, I'm only going out of the frying pan into the fire if I move into another house. If I move, I'd rather go where I didn't have to move any more.

Interviewee 8

I think it's not fair. It's not fair. The people who move in the houses and things like that, they are poor people. Maybe say not poor but they can't afford half a

million or more to buy a new house. They move *[into]* something which is more cheaper for them, and then I read in the papers a thing that says sometimes it costs a lot to live in a house like that because they charge you for maintenance or for taking the rubbish *[stressed]* out or whatever ...

Interviewees 17 and 10 said that while they were aware that the option of a retirement unit or hostel room was available to them, they were better off staying where they were.

Interviewee 17

Someone said there's a unit probably available with the RSL and I thought I don't know whether I'd want to be in that main ... well it's the main street isn't it, near the police station ... and the ambulance ... Oh it'd be good there next to the ambulance but I said no, I know it here ... The only noise I get here is possums.

Interviewee 10

I've given it a lot of thought, of course, and there's a room there *[at a nearby aged care facility]* begging for me to go to, but no it's not my cup of tea I'm afraid. Not while I can cope at home.

Housing options are available to those with the money to compete in the housing market. Interviewee 18, who had never married and had had a professional career until she was 63 was relatively affluent compared to others: however, she too had ruled out a unit in a retirement village as costly and inequitable and indicated that were she to move, she would be looking for more than a conveniently located house.

Interviewee 18

The idea of going into any sort of retirement village, which is supervised by a church group, just fills me with horror ... there's a change in terms of, of, of ownership and control of your own space ...

Interviewee 20 was canny and expressive, despite her limited facility with English. She was concerned about independence and financial security. She had health problems, which were making it difficult for her to manage living by herself in a

small downstairs flat (in a larger family home that had been converted into two flats). She had been investigating other housing options. Her only daughter lived on the mainland and she did not want to move there, or to an independent living unit. She expressed strong negative views about moving to a retirement unit at a nearby aged-care facility. She rejected it as too expensive and as not a good investment because she would have to sell her house, and then pay an entry fee and a costly monthly fee, and at the end of the day would have very little left, if any, of the equity in her house.

Interviewee 20

You pay for the gardening ... You pay that; you pay that ... Nothing left for you ... *[Pause.]* Very expensive, very, and it's not yours. He give it to you how much he put the price and that is him building ... Which is not fair!

Not much to what you buy, how much I can sell. One were from *[name of suburb deleted]* I think were in *[name of real estate agent deleted]*, something like that. He gave it to me very little price and he show me to buy something rubbish ... Which one, kitchen three metres long by two and a half, while little fridge, floors horrible, bathroom old one. You have to put in another \$50,000 just to repair bathroom and kitchen.

She was looking for a villa unit on the private market in the same suburb so that she could retain equity in property and gain from capital appreciation, which meant safeguarding her own financial security while retaining a significant asset to leave her daughter. While she appeared to have the resources to make the move, in terms of equity she held in her home, she was hampered by a low income and dissatisfied with the options she could afford, and this was influencing her to stay. Even for her, the equity in a reasonably well-located home (that had been converted into two flats) was not enough to enable her to buy a suitable villa unit. She expressed dissatisfaction with villa units that she had inspected recently, due to the cost, the poor quality of the construction, their smallness and small outdoor area. Most of the women did not consider retirement units to be an independent housing option and consistently equated them with aged-care institutions referred

to as 'old people's homes'. When asked whether they planned to move, nursing homes came up spontaneously as a future accommodation option, and they expressed a strong aversion to moving to either retirement housing or a nursing home, other than as a last resort, and in preference to being a burden.

In some instances the topic of retirement units precipitated emotive talk about worst case scenarios in nursing homes. Some women's understandings of nursing homes were informed by their personal experiences of ones they had visited.

All but one who had visited people in nursing homes expressed highly negative views.

Interviewee 2

I went round and visited all these ladies in that home and they are not allowed to have a pot plant ... and they couldn't wear their jewellery. I suppose they're frightened that it'd be stolen, so it had to be in a safe.

Interviewee 7

It's so depressing in old people's homes ... One of the ladies went to the *[name of nursing home deleted]*. She goes there once a week and she sees the people there and it's so depressing.

Interviewee 32

And I've had, I've had a little bit of experience with the people who, who live in those homes. I have a friend who died last August in a home, in a nursing home, and I've got ... I don't believe they know what they're doing ... Mmm, I mean some of them might, just the one I was in there was no staff ...

Perceptions were that nursing homes are understaffed and have poor standards of care. Interviewee 8 who regularly visited a friend in a nursing home said her friend's health had deteriorated rapidly.

Interviewee 8

No thank you. Not yet. I've still got my wits ... Oh well they are sick people. They are sick people and I've got a friend that I visit ... She is sick and you just sit there. She was a very active, very clever woman and she bred and born Tasmania, Hobartian, I should say, and she sit in that little room and watch

TV and lunch and dinner and everything is done for her. And if I would sit there, day and night in my chair, I would lose my wits. Wouldn't you?

The one exception was Interviewee 4⁴², who referred to positive perceptions of the nursing home her parents had been in. The rest expressed negative views and said they would go to a retirement unit or nursing home only as a last resort, in preference to being a burden.

When future housing options and intentions were discussed the women repeatedly emphasised not wanting to be a burden on their children when they could no longer manage independently. Valuing and respecting their children's separateness and independence, and their right to their own lives, and not being a burden appeared to reflect one aspect of their sustained two-way relationships with their children and of their orientation towards caring for and considering others. Interviewee 14 lived on a farm that was a family business now managed by her son.

Interviewee 14

Well I'm still in partnership with my son as far as the property goes but, uh, you know I would never want him to go and buy a house for me.

Below Interviewee 6 has been preparing her three children and herself for that time in the future when she may lose her faculties and not be aware of it.

Interview 6

I've said to them if it gets to the point where you think I can't really manage it, say so. But while I'm fit I'm trying to get it done now than be a problem later on.

There was a widespread rejection of living with their children as a housing option, illustrated by Interviewee 7 who had discussed this issue with her friends.

Interviewee 7

So far as I talk to *[them]*, none of them *[her friends]* want to move in with the children, in their house

⁴² Quoted in Chapter 3, page 112.

Interviewees 12, 13 and 16 referred to moving to a nursing home as a last resort if they could no longer manage independently.

Interviewee 12

Oh, children have their own work, own lives and I couldn't bother so much kids. Daughter [*who lives in Melbourne*] help me little bit but she herself not healthy you see ...

In case I go to nursing home? Yeah, if I couldn't manage myself then must, must do something ...

Interviewee 13

I wouldn't like to go and live in a home with any of them [*her children*]. If I got to that stage I think I would prefer to go into a [*nursing*] home.

Interviewee 16

You can't put all the responsibility onto one child; you see half of mine are up at the Gold Coast, but they're very good ... No, I'll stop here as long as I possibly can because when the time comes and it's your duty to go ... go [*to a nursing home*].

Interviewee 18 was dealing with health and mobility problems for the first time in her life and was receiving home help and nursing care. She appeared to be coming to terms with this by reminiscing about her life of independence and hard work.

Interviewee 18

No, I help myself. I never got anybody but done myself. I work hard and done myself somehow. I never got any kind of sickness or something, say up to now I couldn't tell, I never got any sickness.

Interviewee 22 explains not wanting to visit her children on the mainland as often now that she was older, on the basis that having her stay can be a difficult experience for both her and her children; while Interviewee 23 states that she feels more comfortable living where her friends are.

Interviewee 22

I prefer to stay at home because this travelling can knock you out. And going from one house to the other to visit them *[laughs]*, it's a bit much *[laughs]*. Oh well it's not very convenient for them either to have you always staying there.

Interviewee 23

My three children are all married and live on the mainland ... So for me it's much easier. I've kept my friends here, which are very important to me because when my husband was alive we were mostly on postings overseas ... I felt it was easier to come here where I have friends.

Most of the women appeared settled where they were, felt their homes were meeting their needs, and were not intending to move. Some had either made or were anticipating making preparations for growing older. Some had moved. Some had either improved their current housing or were considering making changes or improvements. A small number were seriously considering moving.

Women who had moved with ageing in mind appeared on the whole to be more satisfied with how their housing would support their independence as they grew older. Their homes included purpose-built retirement units that differed in design and level of amenity, comprising smaller accessible stratum title units close to services, smaller accessible houses, duplexes and modest houses in regional areas with access to a multi-purpose service.

Interviewee 34, in her seventies, had moved with ageing in mind, and was articulate about the advantages of the two duplex-style villa units she'd bought.

Interviewee 34

I mean I'm here because I'm thinking, how will I manage in my old age, you know? You know, what, what do I need to be independent and, and not to need people caring for me? I want to be independent and look after myself as long as possible.

Some of the women, like Interviewees 7, 9, 10 and 12, were clear that they intended to stay where they were.

Interviewee 7

I'm staying still in the same house. Nobody wants to buy it because there are a few handicaps It depends how much I get for that house you see because if you go in a retiring village where you have to pay your unit, that's quite expensive

Interviewee 9

No, no, to go to the cemetery will be the next thing to do, I think. *[Laughing.]*
... It's three bedrooms, but still I, you know if I have someone staying occasionally, it's handy.

Interviewee 10

Not while I can cope where I am ...

Interviewee 12

Mmm, if I must *[go to a nursing home]* I go. If I couldn't manage somehow *[at]* home *[otherwise]* I stay home ... I feel comfortable here. I'm used to it here.

Only a small number appeared to be seriously considering moving. These were: Interviewee 8⁴³ whose house had accessibility problems, and who said her dream was to live in a villa unit in the same suburb, that she could not afford; Interviewee 12, the migrant woman who had some serious health problems had been looking at villa units and retirement villages and said they were not good value for money; and Interviewee 26 who was having trouble with her neighbours and was depending on her son to mow her lawn, who said (apparently due to a lack of other options) that she would become an itinerant if her son stopped mowing the lawn. For Interviewee 6, moving was largely hypothetical: she was in her sixties and managing where she was. She was a sociology graduate, aware of demographic trends, and had given more thought to moving than most.

Interviewees 28 and 31, who had both moved to innovative well-designed larger retirement units, appeared to be particularly satisfied with their housing situations. Interviewee 31 was extremely happy with her well designed north-facing unit, and with good reason: However, she was less happy about living in a

⁴³ Quoted in Chapter 3, page 109.

community where everyone used walking aids. Interviewee 28 had moved to a unit in an innovative, over-fifties community and was extremely happy with her housing which she described as a 'real community'⁴⁴. This woman was single and one of the few on superannuation, and was more affluent than women who had married and raised children. The units in this complex would have been beyond the means of age pensioners whose only asset was a modest house in a less affluent area. Her unit was spacious, with large balconies and a water view. A lease arrangement such as this would be of less interest to people who were concerned about leaving an asset for their children, as it involved a deferred management fee at the time of sale.

The community where she lived had changed radically recently after she moved in, having been sold to a large for-profit retirement housing provider. At the time of the interview she said the new provider was compromising the amenity of the 68-unit site and the original plan. She took me on a guided tour to view progress on the building of 44 additional units on sites along the waterfront, wherever they could conceivably fit them. However, she said she had missed being around younger people as the community aged, and that one advantage of the change in ownership had been that a lot of younger residents had moved in and there was a lot more happening there than previously.

There was no indication that any of the women were interested in alternative 'communal' type models like cohousing or retirement housing, apparently due to concerns about a lack of privacy and personal space. The cohousing model was explained briefly, and the women's perspectives on the model were tentatively explored. Their responses are illustrated below with quotations from Interviewees 4, 5, and 11. They appeared to immediately regard cohousing as like a retirement village or nursing home (i.e. institutional) and responses were strongly negative; hence the topic was not explored for long.

⁴⁴ Quoted in Chapter 3, page 110.

Interviewee 4

I couldn't bear this sort of communal get-together thing. I wouldn't like that; no, because I like to be quiet a lot of the time, just with my own thoughts ... I like my own company and I wouldn't always want to be seeing people ...

Interviewee 5

Couldn't stand it! From what I've seen of retirement units I don't think I could live in that community.

Interviewee 11

Probably what you like [*i.e. her personal preferences*] wouldn't be what other people like. I can't understand how it works really. I thought it had to be vegetarian. I think cohousing co-op have a lot of vegetarian meals.

A few spoke of other options for maintaining independence rather than moving to communal housing or an institution; including the possibility of a granny flat.

Interviewee 13

I mean if anything happened and I got to the stage where it ... got to be difficult for me that might change my mind, if I couldn't drive or anything like that I might consider it then, moving to a flatter area ... I would rather look at a separate flat that's part of someone's home but completely separate from the home itself, you know, so but I haven't talked to anyone [*of her children*] about that. My youngest daughter I think would look at that ... That's the one whose children I mind

Consistent with a lifelong habit of considering and caring for others, Interviewee 6 said she would consider a granny flat as a last resort, although she would feel obliged to provide services for her children's family in exchange, so this arrangement would depend on her physical capacity to do so.

Interviewee 6

I'd be prepared to go into a neat little granny flat and be of help to them with their own families, if I was older, so long as I was fit enough to do it.

Interviewees 7, 16 and 34 had considered sharing with others who could provide care for them, feeling that this would be an equitable arrangement because of

housing shortages and a sense that the space in their homes was being wasted and could be shared.

Interviewee 7

But otherwise, the best would be if you get a carer. That's what a lot of people do, this old lady do; get a carer in the house ... They can have free accommodation and they get the carers' pension ...

Interviewee 16

It's wicked you know because I mean I often think of people who haven't got a home and there's all these bedrooms but you couldn't take anybody in ... Not at my age. I've tried it ... I brought her in to give her a – to start her off in life ... And she used to bring her boyfriends in so that finished that. I won't have that.

Interviewee 34

Because I'm on one level and I've got room for someone to stay if needs be. I've got a little flat downstairs. If I need someone to look after me, you know. I just think I'd better stay strong, but eventually you've got to face that fact that you may not be so strong.

Affordability issues and a lack of options

A recurring theme about what was stopping the women from improving their current housing situation in ways that would help them maintain independence where they were, or by moving to somewhere more appropriate, was a strong perception that they couldn't afford it.

Interviewee 20

... I was thinking you know to sell but price very little and I see the places, rubbish ... I say better I stay here because I got it level and doesn't cost me very much for going to the doctor or supermarket.

Interviewee 3 was facing maintenance issues as well as major structural problems, however her dilemma was that she unsure how she could afford to buy elsewhere and retain the amenity of her existing location. I learned later that she had moved, buying further out.

Interviewee 3

I would probably be very happy to stay here, if it were possible for me to afford the upkeep. The outside of the unit needs painting and the inside of the house hasn't been painted since I moved in. It's a climate with the prices of houses going up and it's going to be just as expensive to buy somewhere ...

Interviewee 5 was considering sharing a house with a daughter in Victoria: however, they were finding that even in rural areas the housing they had considered was either too expensive or unsuitable.

Interviewee 5

She's looked at other places out in the country and there's been something wrong with every place she's had a look at. Either there wasn't sufficient water or I felt it was bit far from public transport if I couldn't drive a car, or the real estate was just too expensive.

While most could not identify realistic alternatives due to affordability issues, Interviewee 6, who had bought the house with her de facto partner (who had a drinking problem and had since left), had drawn down on her mortgage to get work done on her house.

Interviewee 6

I was able to, after a number of tries, to refinance and put it all in my name ... Because I've actually topped up on the mortgage to get other things done and it's still manageable. It's still a better deal than trying to be renting anywhere ... so even if I was just on the pension I can still pay them off.

Interviewee 8⁴⁵, whose dream was to buy a small, two-bedroom unit in the area where she lived, had been looking and so far had not found anything that suited her and that she could afford.

Interviewee 12 was not expecting to be able to maintain the standard of her house.

⁴⁵ See quotation in Chapter 3, page 118.

Interviewee 12

And for me I haven't got the money to do now everything. Should be done lot of things but. Should be done painting, should be done carpeting, should be done everything. Everything getting older, but, but it can do

Interviewee 14 was living on the family farm, which she had in partnership with her son, a common arrangement in rural areas, where her home was part of the family business, providing an at times unpredictable income.

Interviewee 14

Oh well it's part of the property. I wouldn't want to *[sell]*. Oh no. Oh no. No, no. No, no. If I had to buy something, no *[I could not sell and afford to buy without disadvantaging my son]*.

Interviewee 34, in her seventies, lacked the equity to cover the full cost of purchase of two duplex units and found that by not taking *no* for an answer and shopping around, she was able to get a small bank loan and end up with manageable repayments. Her experiences suggest that there may be options available to those who want to move and whose finances were tight. Her experiences raise questions about how the negative attitudes of financiers might be influenced by age discrimination.

Interviewee 34

I could have had trouble *[getting finance to buy the unit]* but I, I think that ... you need to shop with banks like you do with anything else ...

As suggested above, ageing ought not, in principle, to be a factor in loan approvals for people without the equity to fully purchase a replacement property, given that, were the owner to die at any age the equity ought to cover repayment of the mortgage. Refinancing might be an option worth considering: however, the issues are complex and most could not see a clear path forward. Given the complexities of income and asset eligibility for the age pension (Borowski, 200) and related services and subsidies, and the costs and risks of selling and buying a replacement property, this is difficult and risky terrain to negotiate without expert advice and assistance.

Taking life as it comes

In considering an uncertain future, throughout the interviews there was a strong tendency towards self-reliance and optimism, towards being grateful for and making the best of what they had, considering others and downplaying their own needs and making light of perceived problem or inconveniences which translated into a tendency to take life as it comes. Interviewee 6⁴⁶ referred to not being able to predict what was going to happen in the future, such as being disabled by an accident and was preparing for whatever might eventuate by making her house more accessible.

Some constructed ageing as an active process of wearing out, rather than as a passive process of increasing frailty and decline. Interviewee 16 implied that her heart problem had been the result of overuse which began in childhood.

This was in the context of a determination to stay active and independent for as long as possible; which for Interviewee 24 appeared to mean limping around quickly, in order not to be hampered by a painful back.

Interviewee 24

You know, as long as I can get around and be independent [*inaudible*] I'll wear out, not rust out.

Interviewee 18⁴⁷ referred to the happy concept of 'falling off the perch', as if death or demise would overtake her suddenly and unexpectedly while she was still enjoying life.

Interviewee 27, whose husband had died unexpectedly, anticipated the house might become hard to manage: however, she had decided to enjoy the space in her home and the convenience to services, which were within walking distance, and not to worry about what happens in the future.

⁴⁶ Quoted in Chapter 3, page 113.

⁴⁷ Quoted in Chapter 3, page 111.

Interviewee 27

So yes, I don't think I could cope with living in a little place but I'm going to get older and I'm going to have to do something ... But I'm not worrying about it. I might be dead tomorrow and I've done all the worrying for nothing, so what's the good of it.

Chapter 7: Interviews with the workers

Introduction

I have described the discourses of workers as ‘informal policy discourses’ because I have assumed that the workers were using the accustomed discourses of their workplaces, which reflected shared concepts employed in the policy frameworks in which they worked. The discourses of workers contained a mix of personal perspectives, expert knowledge and shared constructions of issues for older women who live alone, and they touch on some dilemmas and paradoxes.

The transcripts of interviews with the workers were examined for themes separately. The themes were in part identified by searching systematically for sets of related words and concepts that were used frequently by some or all of the workers. The titles of the themes reflect that the workers were talking ‘about’ older women who live alone as a generalised class or client group, and ‘about’ their housing issues as general matters of policy.

Some inconsistencies and idiosyncratic features, in what each worker said, appeared to be influenced by differences in their academic backgrounds, policy frameworks, work roles and the language of their workplaces, as well as by their personal backgrounds and experiences, to which some referred. This meant some workers emphasised particular perspectives, themes and concerns over others.

The complexity is reflected in the examples and discussion that follow.

Commonalities between the workers’ discourses have been emphasised, resulting in three broad themes being identified.

These three themes formed a cohesive narrative about who older women are, what they need or want, and where the solutions might lie. The themes are discussed separately under the headings:

They’re vulnerable and lonely

They need specialised housing

They won’t move.

The discussion of themes is followed by a discussion of the workers' perspectives on current and emerging trends in housing and care, and on future housing options for this general class of women, entitled 'Affordability issues and a lack of options'.

They're vulnerable and lonely

This theme contained consistent references to a set of vulnerabilities associated with ageing and being female, that the workers attributed to this class of residents. This theme includes references to: their vulnerability and frailty, fearfulness and insecurity, and declining health and mobility, which were conceptualised as contributing to their increasing social isolation and loneliness.

The workers' portrayals of this class as vulnerable and lonely was reflected in references to their having poor and failing health, being physically or mentally disabled, being fearful and insecure, living in poverty, having inappropriate or unsafe housing, and needing access to services. In addition to their vulnerability, Worker 4 also referred to his clients' desire not to be any trouble.

Worker 4

They're vulnerable and that's why it's really important that they can actually ring up, and that's what we tell our tenants. You can ring up any time and talk to us and one of us will answer because we divert the phone ...

They don't want to put you to any trouble.

The heater isn't working but they don't wake you up and tell you.

Your heater isn't working, so why didn't you tell me?

I didn't want to bother you. I didn't want to be any trouble.

You know you're freezing to death; you've not got a problem at all, this is part of the service.

Worker 5

Yes, they say to me 'Don't get older, dear', and I think, how sad, but it seems to come down to poor physical health because if they've got poor health and if they've got memory loss they're often not completely aware of the issues. It's

the isolation and loneliness that's most difficult and that's often combined with poor health so they can't do what they'd like to do. They can't get out. They can't travel to visit family ...

Worker 6

They feel vulnerable, so safety and security's a big issue, because society's changed so much; also the breakdown of the extended family, so that the nuclear family has sort of segregated older people in a way

Worker 7⁴⁸

It's very much a vulnerable sector in society ...

... the dilemma today is that because now the government's encouraging people to stay in their home longer it will get to a stage where they've either had a fall, they've broken a hip or they have, or their state of mind has deteriorated to such an extent that when they come to this sort of set up it's almost high nursing type of care.

Worker 8

... Particularly when they are getting old on their own; they become vulnerable, lonely and they need that contact

Elaborations on this theme appeared to reflect a shared narrative that old women who live alone are becoming increasingly isolated as they grow older and their neighbours move out and younger families move in, as they lose the ability to drive, and as they cannot access the services they need. In this theme, ageing is constructed as a process of decline, and such women are constructed as being on an inevitable downward path towards a nursing home or death. While death was mentioned explicitly by three workers, it appeared to have been a taboo subject for others.

In the quotations below, while not explicitly referring to decline or death, Worker 1 referred cryptically to the concept of 'transitioning', and used a woman with dementia as an example, emphasising the need for older people to 'transition' to

⁴⁸ See also quotation in Chapter 3, page 115.

more and more supported living arrangements, which was clarified as meaning hostels and nursing homes.

Worker 1

That's a really big shift in people [*in the sort of tenants staff have to deal with*], about how they can deal with that [*older people who won't move*] and who they can bring into the picture to help them sort it all out ... transitioning from public housing to somewhere else, where ever that somewhere else may be ...

Worker 2, from a health promotion background and now working in housing policy mentioned health 19 times. She referred to recent improvements in health and longevity, and to euthanasia.

Worker 2

Tasmania has an issue with older people. It also has an issue with poorer older people, and given Tasmania's health and wellbeing status (which is, in part, about lower socioeconomic status), poorer older people who are probably sicker as well: so poorer, sicker, more likely to need all sorts of social and health services.

The 70 year olds ... seemed to be having more difficulty because they were experiencing more of a decline and the ... irritation of illness or ailments.

Worker 3, a policy officer in aged care, also identified a need to improve palliative care, indicating an implicit focus on death. Worker 5, in community-based aged care identified mental health as an issue for widows living alone who tended to become anxious, depressed and fearful.

Worker 3

I think the incapacity of a lot of houses to suit client's needs as they become frailer [*is a problem*].

Overall issues of vulnerability and decline, the unsuitability of their houses and improvements in health and longevity as strategies for managing or stemming the decline were emphasised, such as a need for adequate nutrition and exercise and staying socially engaged, which may have contained implications that frail and vulnerable older people have a moral obligation to look after their health.

They need specialised housing

Housing that would meet the needs of this general class of vulnerable and lonely older women, was described as providing them with a mix of security, accessibility and community. All workers emphasised the word 'security', indicating a consensus that security was an important issue for older women who live alone. This concept tended to construct such women as not only frail, vulnerable and lonely, but fearful for their safety, leading to a need or desire to feel secure.

References to security formed part of a logical and shared narrative that described such women as needing or having a desire for security that provided them with a combination of: safety, security and stability.

Worker 1

It's safety, and security and stability, and I think a lot of older people would just like to stay where they are

Worker 8

We know that the number one priority is security.

Security, accessibility and community appeared to represent the workers' proposed resolutions for such women's vulnerability and loneliness, informed by knowledge and opinions about factors that might contribute to their health and wellbeing.

Worker 3

A number of years ago I read a research *[report]* on older people and their housing needs ... people even when they're 55 to 65 had a lot of fears about the environment they lived in: whether they'd be able to cope with maintaining the house they lived in and whether they'll need to move closer to health services or closer to family as they get older, so they were fearful of that future period when they wouldn't be so independent ...

I would guess that they'd want more security ... They don't want to be seen to be living in residential aged care facility, but they still want to have that security that they've got priority from the aged-care provider.

Worker 6 used the word security ten times.

Worker 6

I think a sense of security, a sense of continuity, being able to afford it and having not just the security of maintenance and the backup service, an alarm bell or something like that, but the security of being able to stay.

The concept of security was complex, indicating that such women wanted or needed security in more than one sense. Workers said older women who live alone wanted to feel physically safe in their homes, safe from intruders and from theft, consistent with perceptions that they are more likely than others in the community to become victims of crime.

Worker 2

It's a bit overwhelming [*living in the former family home*] and no form of security, issues like all these goodies and people constantly trying to steal them and if they go away on holidays they have all their stuff put in storage, which costs a bomb As for safety and other types of considerations I think the [*adaptable*] units are probably reasonable

Worker 4

Then I suppose it's making sure that the accommodation is well maintained and secure because there is a lot of concern from the people who come into the program from the private sector about tenure mix and how they [*other tenants*] impact on their privacy and security

I'm on about security. We've been putting mesh, wire meshes over glass panels beside front doors because they are a bit of a design problem. I mean they let light in but they also let other things in apart from the light. And putting dead bolts on doors and making sure everybody's got window locks that work, window locks that are appropriate, outside security lighting.

Worker 5

Often people like to have a yard included with their housing because pets are such a big issue for them and often they feel more secure if they've got a dog and that's sort of like a deterrent ... I think security is a real concern. I mean for a start when they come to the door they don't necessarily have clear vision to see who's at the door. They often don't have the peepholes ...

The workers were also of the view that older women who live alone wanted or needed housing where they would feel physically safe from falls, so a living environment that would give them the security of knowing they would not fall, or that help was at hand.

Worker 7

Feeling safe and secure is an issue ...

I just think that the experience is that they need to be in an environment where they ... feel safe, whether that's by the type of accommodation, the layout, the little things like grab rails in the bathrooms and all that sort of stuff, and emergency support; that if they're in a home or a unit just in the general community, unless they've got really good neighbours and support they're exposed to the risks of society and falling and all those sorts of issues.

They also wanted the security of housing stability or security of tenure; of knowing that they could stay where they were.

Worker 5

There are those who are very happy [*in retirement villages*] and I guess it comes down to the fact that they feel really secure and they feel that if they need to step out to go to care they're in the system and they've got likeminded people around them and they're of a similar age and they don't have to contend with a more hybrid community, and that suits a lot of people.

They were also conceived as wanting the security that comes from knowing that they could access care and support when they needed it, and emotional security as a result of living in a familiar environment where they know their way around; and where they know people and are known.

All except Worker 8 emphasised the importance of the concept of accessibility. Worker 8 was aware of the importance of physical accessibility, and had spend much of his life supporting this goal, as a builder and as a long-serving board member of a residential aged-care provider that focused on designing accessible housing and living environments. However, at interview, Worker 8 referred to minimal hands-on contact with the residents in recent years, and focussed on policy issues for providers of aged accommodation, rather than design issues for residents. Design issues were certainly not an issue for residents of the housing his organisation was managing, which had recently built a cluster of retirement units whose accessible design is exemplary. His statement below obliquely refers to providing access to communities and services.

Worker 8

Try and build near a school where they can hear the kids screaming and yelling and laughing. Try and be close to a shopping centre where they can walk to the shops, or a library, close to public transport ...

Similar to security, the meaning of the term 'access' or 'accessibility' was more complex than the simple identification of a need for dwellings with level access. Broadly the theme was that older people needed not only level and accessible housing but also housing that gives them access to services and communities.

Worker 2

People's quality of life improved ... if they were satisfied with their housing, and the sort of measures of the satisfaction were not only the amenity of the house, but how they could use it as a base, access to transport and those sorts of things ...

Looking at the quality of life of older people: being near family or friends, being near services where it's not so difficult to access simple services like paying your bills, as well as more important ones like health services

Worker 3

We tend to do things for older people that actually restrict their access to other services or mixing with younger people [*like moving them to retirement villages*]

or nursing homes] and if you don't have access to decent transport your locality may be very nice for you but your ability to move around is very difficult

Worker 5

Location, in terms of close to transport and shops, medical care, appropriateness of footpaths ... As people get older, if they don't have the sealed surfaces outside to walk on safely, or to use their scooter or their electric wheelchair, that's a real issue.

Worker 7

Making available support services As much as possible having level access. Having accommodation where they can have that ease of access ... They really need a real focus on access to services, particularly transport. Transport's a big issue ... Access to services is important

Accessibility was constructed as a two-way process, where such women needed not only to be able to enter and leave their own homes, but they also needed to be able to live in environments where they could access services and participate in a community.

Worker 4

Well, if they've got the cash they can probably go and buy a nice retirement unit but depending on the resources that are available, I mean that's really a determining factor in what property you can access

In relation not just to accommodation, but also in relation to offices for services *[they visit]*, people need level access

Services are very important. I mean you need to be able to get into the house but to be able to get out of the house as well. And getting out of there isn't just about the construction and design of the property; it's also about the location of the property and the culture of the particular built environment, the closeness to services.

Worker 6

Access not just on an availability level but even down to concrete, and access on a literal level of getting around ... even stupid things like putting the garbage out ... it makes a world of difference to people's outlook and anxiety

and how they present to themselves, present themselves in the community ...
a couple of steps and they just can't pull the big, big wheelie bins up.

References to accessibility were linked to the sorts of communities people lived in and affordability issues; that is, how much money a person had would determine the type of housing, communities and services that older people could access.

Worker 1

It's access to affordable, appropriate housing and that, what's available in the market isn't necessarily what that group needs, and it's affordability in the private market. And if you don't have access to decent transport, your locality may be very nice for you but your ability to move around is very difficult, so I think for accommodation needs, being able to access services, health services, ordinary types of services, education

Several workers also suggested that older people needed and wanted access to services that, among other things, would provide them with access to help with gardens and home maintenance. Worker 5 noted that older people do not always know what services are available, and that another need was access to information, and a need for the available services to be promoted, while noting that there may never be enough services.

Being part of a *community* was identified as important, presumably for addressing loneliness. Seven of the eight workers used the word *community*, and all three aged-care workers emphasised the importance of having housing that supported community involvement (47 mentions among the three of them). Another worker used the term *community* four times and another used it once. References to *community involvement* or *remaining socially engaged* went beyond specific uses of the term *community*. There seemed to be consensus that a sense of *community* was in large part determined by factors like housing design and where a person lives.

A need for privacy and issues with the design of units that were densely built was identified by Worker 1 as a source of tension that undermined a sense of community. Workers 3, 4 and 5 spoke of a need for a balance between community and privacy.

Worker 1

And I think some of the unit complex type things we've built in the past, just because of the level of density, just creates problems with people getting along with one another. I mean not everyone wants to live in someone else's back pocket. [They need] housing that's located in communities that they're familiar with and have enjoyed living their lives in, so it's transitional

Worker 4 also spoke of a need to maintain a harmonious tenant mix in the relatively densely built social housing unit complex he managed.

Worker 4

We have to be concerned about the greater good and maintaining the harmony in the complex, so allocation is the most important thing in that environment, sensitive allocation so that the person that goes in isn't set up to fail and the people who are there aren't going to have a negative impact on the new tenancy. So we try to sort of maintain and create harmonious conditions ...

You can have thirty good tenancies and if you've got ten indifferent ones and five bad ones that means the whole place goes to the dogs. Everyone'll be staying inside

Worker 2 did not mention the word *community* at all, but made numerous references to *connections with friends and family, staying socially engaged and having outside interests*, all of which carried implications of housing that supports involvement in a *community*.

Worker 2

Somewhere where that they feel comfortable bringing their friends, so they can socialize or reciprocate. You know, they won't go to people's places if they feel they can't invite people back, those sorts of things.

The main context in which such women's need for community was discussed was in relation to a need for them to stay in their familiar communities as a hedge against loneliness. A need for transport was mentioned as important; and walkable neighbourhoods to support their participation in the community; a need

for accessible housing and living environments that enabled participation in the community (linked to the accessibility theme); and for homes and housing designs that helped to create a sense of community, where older people could live together and socialize, and help and support each other.

In talking about older people's need for community Workers 3, 6, 7 and 8 below, emphasised the need for older residents to help each other more. Worker 3, below, in looking for options for peer support spoke of the 'snowbirds', older people who 'fly north' in winter and stay in caravan parks, as more prepared to help each other than people living in the suburbs. He said the 'snowbirds' develop a stronger sense of community. His somewhat fanciful suggestion was to capitalise on the snowbirds' sense of community by providing more caravan parks like the ones they have in the United States.

Worker 3

Whatever housing, it's got to develop a community, and there's various sorts of models there ... We've seen with Abbeyfield, it's a too intense community and that being by themselves is an isolation so there's a desire to actually have some sort of community ... a lot of the models ... seem to be too controlling, too intrusive and having something where people can live independently, but actually have that sense of community seems to be what's needed

Worker 6 said older people in cluster unit complexes or Abbeyfield Houses could help each other, and that older widows enjoyed the company.

Worker 6

There's a great concept called Abbeyfield, and it does seem to attract an inordinate amount of older women ... I don't know if it's because of the support and the community thing, or the fact that women outlive their husbands usually, or both

People who've gone into aged-care facilities that were struggling at home blossomed in that supportive environment, so they really enjoyed the company

Worker 7

So community is very important, where [*services are not necessarily*] taken to the people there, because that wasn't the concept of government then. But it was more to do with providing accommodation where they could be all together and support one another.

Worker 8

The second one [*priority*] is companionship. And then you get all the other things. But they are the things that stick out ...

... They had that little community there for, of course, a dozen or so people. Ah, they would all collect their carton of milk at a certain time in the morning and have a chat, to collect the mail. If all of a sudden they find, hey unit 5, the carton of milk's still there. Knock on the door, hey are you right. Can I get you a plate of soup or something?

A variation on this theme was presented by Worker 5 who described housing decisions as 'horses for courses' where a balance was needed between privacy and community. For Worker 5, staying put or moving to a nursing home formed part of a range of options; she said moving to a nursing home was not as bad as many people feared; and some older people actually blossomed there, because they were part of a community.

Worker 5

People like to have that connection, but they also like their privacy, so I think that's something that can be difficult to work out and get the right balance. I haven't been exposed to Abbeyfield more recently but then again, I think it's horses for courses. It seems to work well for some and really badly for others.

They won't move

Older women's refusal to move was discussed by all but Worker 4, whose clients were living in purpose-built retirement units already, which probably explains why he did not identify moving as an issue. Worker 2⁴⁹ emphasised 'they won't

⁴⁹ Quoted in Chapter 3, page 114.

move' with vehemence and repetition. Worker 3 implied below that fearfulness and social isolation were contributing to keeping older people where they were.

Worker 3

I know what they don't want ... it's more the fear factor ... fearful of not being able to maintain [*their home*]; fearful of actually spending their money now to enjoy because it might be a waste because they may not be here much longer; fearful of being taken advantage of by builders or trades people; or some of them get very fearful of a change of neighbours, of things that they're not used to ... so they're gradually getting more and more isolated in their own home as the world changes around them ...

Worker 1's comments (illustrated below) included the notion that, even though their housing was becoming unsuitable for them, a particular characteristic of older women who live alone was their refusal to move.

Worker 1

We look at people who clearly can't stay where they are, because the houses just don't suit them, and we might offer them somewhere ... but they don't want to move. They've lived in the house for 40, 50 years and raised their family there and they just don't want to move ... So, stability, being able to stay in the communities where they've lived, where their support structures are ...

I think some people have just got to ... be more selfish. If selling your house allows you to purchase into a retirement village that suits you better ... but some people just aren't prepared to take that step because they want to ... live in misery for 25 years in a house that doesn't suit them, because they want to leave something to the kids.

The seven workers who raised such women's refusal to move as an issue appeared to regard it as frustrating, evident in the use of repetition and raised voices. Some saying that older women prefer to put up with hardship in order to stay where they are.

Worker 5

From your perspective, you know, you might think that they may be better served to be elsewhere, but more often than not they won't. Oh, I think social stimulation would be wonderful if it came to them, but often they, they just don't seem to want to move from their home

Worker 6

It's such a hassle to move, and people, especially older people, and again with ... you're focussing on the single, older woman, it is expensive. There's the networks you've established. There's the security of, of the time that you've spent there and even emotional issues like memories and things. To uproot yourself because you've got bad neighbours, I mean it happens if you own a house, but at least you've got a bit more control.

Most people that you see, older people, and again, women are in their family homes, so they're very reluctant to move on ... And you wait for a crisis because nothing's going to shift them, heaven or earth

Worker 8⁵⁰ emphasised with repetition how lonely older people become when encouraged by the government to stay in their own home.

Worker 5's role was assessing the suitability of older people's homes and recommending modifications. Worker 5 seemed to feel that many of her clients would have been better off living elsewhere. Worker 6 was a member of the Aged Care Assessment Team and her client group would have included many people who were not managing in independent housing for a range of reasons, including unsuitable housing. Worker 8 was on the board of a residential aged-care facility and held a strong view that congregate housing addressed loneliness.

This theme might have been entitled 'they're intransigent' or 'they're irrational' or 'they're driven by sentiment' due to strong implications of what their refusal to move meant. Views were expressed that it was better to plan ahead and move earlier rather than later, that such women resisted help as an intrusion and a threat to their independence; and that moving gets harder the older a person gets.

⁵⁰ Quoted in Chapter 3, page 115.

Worker 4

A number of years ago I read a research [*paper*], which probably is 96 or 97, research on older people and their housing needs, and I was interested to note that people, even when they're 55 to 65, had a lot of fears about the environment they lived in; whether they'd be able to cope with maintaining the house they lived in; and whether they'll need to move closer to health services or closer to family as they get older; so they were fearful of that future period when they wouldn't be so independent, but when you, when the same survey of those who were 85 plus ... didn't care about all those things, which then would make it hard, if they were then satisfied with where they were staying, even if it wasn't suitable. It's then hard to move them out.

Worker 7

Older people want to continue that independence and stay in their home as long as they can, and the government is encouraging people in that, but there's a dilemma because ... the longer they leave it to come in, the more difficult it is for them to settle, and sometimes they come in when they're hospitalised, or they've got some disability

It was as if these older female residents' imagined refusal to move (to specialised housing, such as retirement units or hostels, more appropriate for their age) was constructed as contributing to or exacerbating their perceived vulnerability and loneliness, and that their failure to take action and move in some sense rendered their behaviour as problematic or morally culpable.

An exception was Worker 5, who, while also speaking emphatically of the refusal to move referred to recently bereaved widows she had encountered who, after their husbands had died, were afraid to live alone and rather than refusing to move, wanted to go into a nursing home.

Seven of eight workers conveyed a consistent message that moving to specialised housing would be a sensible thing to do, and that women in this general class were refusing to move for primarily emotional and presumably irrational reasons, because they: were attached to the former family home which retains important memories; were attached to the possessions they've accumulated; wanted to leave

the house to their children; didn't want to erode the value of the asset; and didn't want to move from a familiar neighbourhood where they knew people.

These attributions raised questions for me about possible gender bias in the discourses of the workers, and as to whether similar views would have been expressed had the workers been talking about older *men* who lived alone.

This finding supported a questioning of constructions of ageing as a problem in policy discourses, including for such older female residents; questions that might form the subject of future research.

Affordability issues and a lack of options

When asked about current and emerging trends in housing provision for older women who live alone, the workers said affordable housing options for this general class were limited, primarily due to their low incomes, limited assets and affordability issues. There was strong agreement that there is a lack of appropriate and affordable housing options and services to help such women either improve their current homes or move somewhere chosen with ageing in mind, unless they can afford to pay for it. The differing backgrounds of the workers was most evident in their discussions about current and emerging trends, bearing in mind the qualification some made, that many of the issues they identified applied to older people in general.

Worker 4⁵¹, referring to up-front fees in retirement villages, identified access to affordable housing as a major issue for such women.

Worker 5

Affordability is a major factor because as you age a lot of people are on a very limited income and often they just don't have a choice. They're stuck where they are and then of course that follows through to upkeep of the home and that flows through to adequate heating; it's more sort of availability, lack of availability and lack of choice.

⁵¹ Quoted in Chapter 3, page 118.

Worker 6

Well they end up not having choices. And that's the really hard thing to try and get across to them – empowering them that they actually are able to make decisions to improve their lifestyle, or however they see it, whatever's good for them and they're reluctant to, to move with that.

Worker 2 identified a need for housing options that cater for a diverse range of housing needs and preferences, given the diversity of this population. For example, some older people are sociable, while others prefer to spend time on their own, and some like to travel.

Worker 2

you need to cater for the choices of lifestyle that people like to lead, highly social and very unsocial, but really not so far that people are a little bit unsafe; variety. I mean just because someone's an older person doesn't mean that they're going to, you know, stick to their knitting or smoking their pipe or that sort of stuff.

Worker 3 identified as a key issue that such older people need to move early. While the current policy direction is to allow residents the choice of where they receive care, he felt this raised major issues for them because not all homes are suitable for the delivery of care; hence choosing to stay at home may constrain residents' choices in other areas, such as access to care and support services and the quality of care.

Worker 3

It would be good if there was a need to move people earlier or to encourage or offer options at a lot earlier stage so that they are in appropriate housing when they get to that age where they don't care anymore, and what they've got will do them.

Worker 5 also expressed the view (referred to previously) that nursing homes have a place in a range of accommodation options, in particular now that there has been a move towards private self-contained rooms and opportunities for people to have their personal belongings with them.

The workers on the whole, identified a need for housing that caters for a diverse range of needs and preferences, given the diversity of the population. Some spoke of a need for a balance between independence and privacy: because some people are sociable, while others prefer to spend time on their own and some like to travel. Three workers referred to the Abbeyfield⁵² model as an option that worked well for some older people, with the qualification that this type of housing appealed more to people who liked company. They also identified a need for housing where residents can access services and community involvement.

When talking about housing choices for this group, references to major affordability issues for older women who live alone were made consistently by all the workers. This and related terms were mentioned a total of 145 times, and between 11 and 35 references to affordability issues per worker, indicating that affordability was considered to be a key impediment to housing this group well, whatever their personal choice might be. This theme, further illustrated with quotations below, conveys a consistent message that there are not enough affordable housing options and related services for older people in general, and that this is a particular issue for older women who live alone.

Workers 1 and 3 (representing both housing and aged-care perspectives respectively) made dire forecasts as a result of increasing numbers of frail aged women.

Worker 7 noted that although there is a growing need for appropriately designed subsidised housing for older people, the user-pays model meant residents would have to pay for their own accommodation, and that subsidies to build independent living units for financially disadvantaged people were either very limited or no longer available. This would make it increasingly difficult for organisations like his to provide subsidised units of high quality that would meet their vision.

⁵² See Glossary for more information.

Worker 7

It's not because they [*the government*] are thinking older people don't want to move into care and all those reasons. It's purely because of the impact of the cost on them, the affordability, you know, people that haven't provided for their retirement for whatever reasons or don't have resources, access [*to residential aged care*] for them's going to be limited

Worker 8

We [*Tasmanians*] are definitely [*in*] an area of under-privileged people, below average incomes. Older people, economically, are pushed ... I'm talking about \$250,000 a unit; free-standing units are becoming too expensive for lots of reasons

In talking about the housing of the future, the workers identified inadequate supply of appropriate and affordable housing as a major problem for such women, that was unlikely to change in the foreseeable future, given current policy directions. This was in the context of broad agreement that in order for the older population to stay well or age well, government policies were needed that would support the development of age-appropriate housing and support services that fostered social engagement and community involvement.

Worker 1

I think increasingly there is a real need for kind of, the role that the housing support co-coordinators are going to play ... about supporting [*name of organisation deleted*] staff in their role and where they come across complex situations, how to deal with them. Yeah. But that's a whole lot of different types of complexity ...

Oh you know, linking an older person with HACC for example or, you know, a situation I had described to me the other day was an older person who's got dementia, who, you know, had two children pulling in opposite directions about what should happen to their mother, and who the legal tenant is, and who they should be dealing with, and who can actually give permission for what to happen, and dealing with a situation like that for someone who took on a job 25 years ago thinking they'd be collecting the rent is really difficult.

So—and that’s a really big shift in people about how they can deal with that, and who they can bring into the picture to help them sort it all out.

The workers also forecast that in the absence of a housing policy response to population ageing, a growing population of vulnerable, lonely and poor older women who lived alone, in housing not well suited to ageing-in-place, would continue to be disadvantaged due to limited assets and low income, and policies that put moving to a retirement village beyond the reach of most of them.

Worker 2

For women in particular I think there was a policy a while back of having one-bedroom places, which would be ok if people were sleeping and eating in their home and not having people over. And I don’t think that’ll cater too well for men but it certainly wouldn’t for women.

Worker 3, said there was a need to start putting in the infrastructure so the environment is suitable for care⁵³, and that a move towards a user-pays approach and separation of funding for accommodation from funding for aged care would reduce future housing options for such women. He explained that in the future, accommodation would be a private issue to be funded by the resident and only care would be subsidised.

Worker 3

The current Australian government is moving towards more of a user-pays system and wants to split the accommodation component of aged care away from the care component, so that they say that accommodation is a private matter and they will fund the care only.

As to future generations of older people, the workers predicted that the Baby Boomer generation would change housing provision for older people. They talked at length about the Baby Boomers being more numerous and wealthier, and as having a bigger vote and higher expectations, and as having a stronger voice and being more assertive about the kind of housing and services that they wanted.

⁵³ See quotation in Chapter 3, page 117.

They anticipated that Baby Boomers would demand more space for extra possessions, including space for visitors to stay and a computer room.

The contrast between the forecasts for Baby Boomers and the forecasts for current generations of older women implied, perhaps by default, that current generations of older women lack the assertiveness, political power and resources to lobby for the kind of housing they need or want. The paradoxical painting of a bright future for Baby Boomers, suggested that they envisaged this group as relatively younger couples (as they would be) who had increased choices arising from dual incomes; possible reflecting forecasts in government policy documents.

Worker 4

There is a demand, a growing demand, I think, for accommodation generally, but also for two bedroom accommodation, because what we have are one-bedroom units ... there's been a change of people's expectations with regard to ... and maybe a change in their needs as well, that in the past where people were happy to have a bed-sit or a one-bedroom ... they want, they feel they require a two bedroom, because they have the grand-children coming to stay, and family members coming, to stay and a bit more I guess of mixing and matching of family units.

The selected quotations below illustrate the workers' sense that the Baby Boomers would change things:

Worker 5

I just think, you know, there will be greater choice and there'll be more versatility, because there'll be greater awareness of more issues than there has been in the past.

And I think older people are starting to have a stronger voice as time goes on, especially the Baby Boomers coming through, who will have a much more powerful vote

Worker 6

Baby Boomers, as the next age group comes up, they'll have higher expectations and they're more savvy to things like political pressure, but

there'll be a lot more proactive stuff happening with people rather than them just being complacent and sitting back; they'll be actually agitating for what they believe is adequate housing, adequate circumstances. I think that'll be hard for the government.

Worker 7

With Baby Boomers ... coming through ... there's going to be a need for that extra space because we'll want our computer and that sort of thing.

Worker 8

I have been told now by ... the real estate people, but also latest developments, where they say people ... want three bedrooms. They say it's three bedrooms; what on earth do you want three bedrooms for? ... They want another room where they can put their computer and a few other things.

Summary and conclusions

The three main themes I identified in the interviews with the workers formed a coherent narrative. The themes were: they're vulnerable and lonely; they need specialised housing that provides them with security, accessibility and community; and they won't move. The narrative that emerges is that these women are in a state of frailty and vulnerability and decline. They are having difficulty managing on their own where they are and their housing is becoming increasingly unsuitable as they age. They are becoming increasingly isolated and lonely as a result. They need specialised housing that will address their vulnerability and loneliness and their need to access services and community: however, they are a difficult group to help because they won't move.

The workers' discourses also contained some dilemmas or paradoxes posed by these residents' vulnerability and refusal to move, and their relative poverty. Firstly, moving to retirement housing could take these residents away from the very involvement in their familiar communities which some workers identified them as needing, given the location and age-segregated nature of much of the available retirement housing options; and secondly, older people in general and

older women in particular face affordability issues and a lack of options that might prevent many of them from moving to purpose built retirement housing.

While the workers forecast improvements in housing provision for older people as the Baby Boomer generation reaches old age, they identified no immediately probable or achievable resolutions for current generations of older women who live alone. All of their suggestions were hypothetical, as if representing a vision of what future housing provision for older people might look like in the best of all possible worlds.

Some workers said the infrastructure was not there and forecast that affordability issues and a lack of options would increase for this group, due to user-pays and ageing-in-place policies; that would further disadvantage older residents who could no longer afford to house themselves adequately in older age.

In casting around for solutions to the housing problems of older women who live alone, feelings of frustration with such women were evident, based on the impasse created by their refusal to move. This construction suggested implicitly that these women were a problematic and possibly culpable group, because their intransigence was making it harder for them to manage on their own in their older age and making it harder for people like the workers to help them.

Interestingly, none of the workers spoke in terms of the economic burden of an ageing population, which is a dominant narrative in formal government policy documents like the Intergenerational Report (Commonwealth of Australia, 2010), and the Productivity Commission Report on the Economic Implications of An Ageing Population (Australian Government, 2005), which are discussed further in Chapter 9.

Chapter 8: Competing interpretations

In this chapter I sum up, draw comparisons, discuss competing interpretations of housing issues for older women who live alone that emerged from both sets of interviews, and link my findings to a wider body of evidence. I begin with the presentation, perspectives and intentions of residents, followed by a discussion of how the workers perceived these women as a hypothetical group. I have structured the discussion around the themes described in the Findings chapters.

One of the main aims of this study is to compare the informal policy discourses of workers in the areas of housing and aged care with the perspectives of the group women I interviewed, and to highlight issues the women identified as important. A comparison of the two sets of interviews showed that the workers' perceptions differed in some important respects from how the women presented at interview; and the same can be said about issues perceived as important, such as future housing intentions. What emerges clearly is the workers' portrayal of this general class of women as conforming to ageist stereotypes, while on the whole the study group women did not. The workers' perceptions of this class as vulnerable and lonely and of their housing as problematic and inappropriate to their needs were also at variance with my findings and with the evidence base presented in Chapter 1. I conclude the chapter by identifying one point of agreement that emerged, a point which appears to be the crux of the dilemma for the women in the study group, and by extension, for women in comparable circumstances elsewhere.

Part 1: The presentation and perspectives of residents

Caring for and considering others

Throughout their interviews, the women referred to linkages between the people in their lives and the places where they lived, starting with their responses to the opening question about how long they had lived there. As noted before, this question elicited talk about caring for others who had lived there, primarily family members, and maintaining reciprocal helping relationships with their neighbours.

The theme of caring for and considering others presented as one aspect of a complex picture, which as well as describing important emotional and social relationships in these women's lives, suggested an ideology of home and family that represented the private and domestic sphere as women's domain and women's traditional work as unpaid care for family members (Richards, 1997). The women appeared to place a high value on giving to and caring for their families, and their life stories revealed the important contributions that most had made to family and community life throughout their lives, a contribution that has rarely been acknowledged (Boneham and Sixsmith, 2006).

Consistent with the theorising of 'difference feminists', how the women presented at interview defined their primary roles and identities as caring for others and maintaining harmonious social relationships (Gilligan, 1982) and supporting social integration and community involvement, where empathy was presented as part of their primary definition of self (Chodorow, 1999).

Their roles as parents and grandparents; as step-parents and step-grandparents; and as children, siblings, aunts and neighbours; appeared to have given these women's lives a strong sense of purpose and meaning, a characteristic that has been found to be an important contributor to ageing well (Reker, 2001-02; Vaillant, 2000). It may be that the emphasis on family and relationships also reflected that the interviewer was an older woman with comparable orientation and experiences (Russell, 2007).

Long-term residents from older age groups spoke with regret and acceptance of social change in their neighbourhoods. Women in suburban areas referred to feeling isolated from their neighbours now, unlike women in regional areas, consistent with recent research from Australia (Hulse and Stone, 2007) and elsewhere, that living in urbanized areas or in an area where few older people live can increase feelings of isolation and loneliness (Broese van Groenou and Van Tilburg, 2003; Broese van Groenou, Van Tilburg and Jong Gierveld, 1999). Some spoke with empathy and understanding of social change resulting from an increase in the number of couple households where both adults had to work, in

order to meet mortgage payments or rent. This meant that for some women in suburbs and satellite towns, their streets were quiet and lonely places during the day, compared to how they recalled them when they first moved in, when their homes were surrounded by young families in similar circumstances and when relationships between neighbours were remembered as more open and trusting.

Women whose homes were in public housing areas spoke of troublesome neighbours: however, they individualised the problems and did not portray their experiences as peculiar to or reflective of public housing tenants as a group. Nonetheless, the consistency of the attitudes of these four women, which contrasted with those of other women, raised questions for me about the degree to which the concentration of disadvantage in public housing may have contributed to these women's perceptions of social problems; and the degree to which the stigmatising and disempowering nature of Australia's public housing system and failure of the wider housing system, may have exacerbated public housing tenants' sense of isolation and disconnection (Jacobs, 2002). A sense of disconnection that may be undermining their sense of belonging and positive social identity to such a degree, that some public housing tenants referred to here were unable to respect their neighbours' right to the quiet enjoyment of their homes.

The women living in retirement units spoke positively of reciprocal helping relationships with their neighbours. Two interviewees were living in innovative retirement units, much larger than the small government-subsidised retirement units, and with more space between them. One had found that having younger residents move into her community had made it less depressing; while the other, with wry good humour, commented that it wasn't much fun living in a community of nothing but frail and disabled neighbours with walking aids.

In adopting an interpretive approach, I have avoided creating an impression that relationships with families and neighbours were similar across the study group, an impression that can be created when quantitative measures are aggregated in normative studies. Rather, my approach has allowed room for the women's

individual views and for highlighting the possible influence of gender, individual and contextual factors. My findings are consistent with those of a large European study which found residents' perceptions of their housing were strongly influenced by the social contexts of individuals (Musterd, 2008), in this case with positive or negative experiences of neighbours influencing residents' feelings, in some cases influencing a desire to move.

These women appeared to be sharing with me their knowledge about and experiences of what constitutes a good place to live and a good way of life. In contrast to the workers' representations of them as a problematic group, subjective experiences and meanings were salient, and provided a rich seam of information that might have remained invisible had I not specifically sought residents' perspectives (Boneham and Sixsmith, 2006; Luken and Vaughan, 2003).

Making Light of Problems and Inconveniences

The majority of the study group women were happy with their homes and with the places where they lived, an impression confirmed by the survey: where they all gave consistent answers to questions about it. For these women, living alone had turned out to be not as bad as some has expected. They had adjusted, found ways of managing. Feelings of vulnerability and loneliness were not presented as an important aspect of their housing experiences.

What the women liked about where they were living was having a view or pleasant outlook, quietness, feeling safe, having good neighbours and being in a convenient location, which did not necessarily mean that services were extremely close. When the conversation turned to their housing fabric, most made light of perceived problems or inconveniences. Positive attachment to people and places where they lived appeared to colour positive meanings of home, particularly for longer-term residents and residents in rural areas.

While women in rural areas were not as close to services in a physical sense as those in suburban areas, they perceived local services to be accessible. These women appeared to have different expectations regarding proximity of services,

minimising problems within a context of strong positive feelings about where they lived and the ready availability of informal help. The rural women's desire to stay where they were was linked to: satisfaction with services, particularly the multi-purpose service in their nearest town; reciprocal helping relationships with friends, family and neighbours; and attachment to a community where many had lived all, or most of their lives, and were well known.

The women's perspectives were consistent with evidence in Chapter 1 that living environments contribute to health and wellbeing in older age, when they foster feelings of independence, choice, and a sense of control, positive self-perceptions and opportunities for social contact. For longer-term and rural residents, satisfaction with their housing and personal meanings of home appeared to be strongly linked to their attachment to the people and places where they lived, and in particular to neighbours and familiar social networks; consistent with earlier findings on the meaning of home for older women in Australia (Gattuso, 1996).

The strong positive comments from rural women were consistent with reports that older people in rural areas have more social support and tend to fare better in older age, compared to their suburban counterparts (Havens *et al* 2004). They are also consistent with the findings of the Tasmanian Healthy Communities Survey (1998) that older people living in rural areas of Tasmania were happier with where they are living than those in urban areas.

All the women said their homes were of central importance in their lives, some saying that their home meant everything to them. Most had grown up in a generation that had experienced the Great Depression, sometimes referred to as the Austerity Generation (Beer *et al*, 2006); which meant that pride in their homes was a priority, and they had invested most of their available resources in home maintenance and improvements. While some expressed concern or embarrassment about minor maintenance issues, such as a weather wall slightly overdue for painting or gardens that were not as well maintained as they had once been, most homes were either well maintained or in a reasonable state of repair. No major problems were evident, and their housing appeared overall to be

well presented and a source of positive social identity. Contrary to the perceptions of workers that many old women's homes were unsuitable, that moving would be preferable, and that the space was underused, positives of living in former family homes included manageability and accessibility; having plenty of space, including for relatives to stay and space between them and their neighbours.

Accessibility issues that were downplayed included steep hills or driveways, inconvenient steps, or a shower over the bath. These findings are consistent with a US study that found older people were unwilling to admit that stairs were a problem despite difficulty or inability climbing them (Smith, Brett, Straker, Snell *et al*, 1994). The women's tendency to make light of problems and inconveniences were consistent with findings that people who have lived in the same area for a longer period have a stronger attachment to where they are living and are less likely to perceive negatives (Shenk, Kuwahara and Zablotsky, 2004; Brown, Perkins and Brown, 2003; Schwirian and Schwirian, 1993). This also supports the finding that places where people live are not merely geographic settings, but play a significant role in self-identity and providing a vital source of emotional and experiential meaning (Burholt and Naylor, 2005), where the stability provided by home ownership appears to make an important contribution (Yates, 2000).

While older married women have been found to express a stronger attachment to their home compared to their husbands (Russell, 2007), for the formerly married women in this study the meaning of home appeared to have changed once they found themselves living alone. What they seemed to value about their home was not that it was a locus of domestic activities, but rather that it gave them a strong sense of privacy, control and independence. This finding has raised questions for me about the contextual and contingent nature of the meaning of *home*, which appeared to change once these women found themselves living alone, consistent with the conceptualisation of housing pathways proposed by David Clapham (2002); of housing and the meaning of *home* as resulting from an interaction between the meaning-making of residents and structural factors, which can change over time, even when a resident does not move.

Pervasive feelings of social loneliness did not present as an important aspect of these women's experiences of living alone, and for which specialised housing responses that gave them access to a ready-made community (such as moving to a retirement village) might hold a resolution. Contrary to the workers' perceptions of these women as isolated and lonely and in need of community, even those whose families lived at a distance geographically spoke of preferring to stay living near their friends and familiar communities. There was little indication that any of the mothers felt dependent upon their children; or wanted to depend on them; or wanted to move to live with or near them as a primary goal. On the contrary, respecting their children's independence and not wanting to be a burden on them was emphasised repeatedly.

Most spoke with enthusiasm about the advantages of living alone, because it gave them the freedom to do whatever they wanted whenever they wanted to do it, often after an adult life spent providing domestic services for others.

Most or all were aware of the importance of maintaining outside interests and social contacts, and their interests and voluntary activities were wide-ranging. Although this information was not collected systematically, social activities mentioned included walking groups, gym membership, tai chi, dancing, singing, taiko drumming, music appreciation, University of the Third Age and handcrafts like knitting, weaving and sewing. Voluntary work included delivering Meals on Wheels, volunteering in shops run by local charities, regular involvement in fund-raising for church groups, volunteering at over-fifties centres and minding grandchildren. Even women in their eighties spoke of regular activities and social contacts; including the oldest person interviewed, an 87-year-old in a regional area, who every Thursday cooked cakes for the hospital auxiliary stall. They were engaging in these activities either independently (for those who drove a car); or with help from others or using public transport (for those who did not); or through taxis and community-based services (for those who qualified for such assistance).

There was no indication that any of the women would have preferred to cohabit in order to have company. The only mention of remarriage was by a younger divorcee who light-heartedly referred to the economic advantages of marriage, within the context of talk about managing in the longer term on a single low income. Others, particularly those who had raised large families, talked about how much they enjoyed having time and space to themselves for the first time since they were married, one having referred with good humour to her discouraging her seven children from coming to stay.

Only two referred to loneliness as a major issue, which appeared to be a sense of emotional loneliness as a result of having lost a loved one who could not be replaced, a feeling which may persist indefinitely (Klass, 1996). Another two women who had moved recently said they did not have a social network: however, there was no indication that they were isolated or lonely.

The over-riding finding that these residents as a group were not socially isolated and lonely is consistent with research on the perspectives of older women in the UK (Boneham and Sixsmith, 2006) and with recent Australian findings, that loneliness was expressed as more of an issue by people aged 25 to 45 and by older men (Franklin and Tranter, 2008); and with demographic research that has found the vast majority of older Australians do not regard social isolation as an issue (ABS, 2004b). The findings are also consistent with interview-based research that for widows, loneliness becomes less important as they adjust to life alone; and that while there are changes in their social life as a result of becoming single, most widows adapt and find that living alone is better than they had anticipated (Van Den Hoonaard, 2001; 1997).

While the wider population of older Australian women who live alone no doubt includes a small proportion of people who experience loneliness and social isolation, with associated risks and vulnerabilities, these issues did not seem to apply to those of the study group who were or had been homeowners.

Staying Independent and Not Being a Burden

Although the housing situations of many of the women could have been improved, the vast majority did not identify moving as an urgent issue. Some minor drawbacks were identified with their housing fabric and/or location in some instances: such as lack of level access, minor maintenance issues and distance from services. However these were downplayed, and rather than being seen as problematic, their housing appeared to be making an important contribution to ageing well (Vaillant, 2002), by supporting the continuance of their accustomed social roles, statuses and positive social identities. Some living in independent housing anticipated problems with needing to move in the future when they could no longer drive, however most of the women indicated they were either happy or satisfied with their current housing situation and appeared willing to stay and make the most of what they had for the time being.

This finding is consistent with evidence on the benefits or otherwise of moving early or moving at all, which are contradictory. Mediating factors like perceived choice, positive perceptions of self and others, preservation of relationships, and maintaining independence, which are all important to adjustment and health and wellbeing in older age, appeared to be influential for the older women who had decided to move (Rossen and Knafl, 2003), underlining the importance of listening to older women's perspectives and supporting their choices.

All of the women, particularly those over 75, were retaining their independence with a combination of their own resourcefulness; support from family members; informal help from friends and neighbours; paid help; and for a small number, subsidised formal care and support. This is consistent with other findings cited in Chapter 1 that families, friends and neighbours play a key role in assisting older people to maintain their independence (Giles *et al*, 2004).

The main areas where the women identified issues that might influence them to move in the future were large yards that were difficult to manage and where help might be costly, and limited access to reliable public transport. Those who were

distant from services were concerned about having access to reliable public transport. Concerns about public transport related particularly to staying socially connected and being able to access services, including health and medical care. This finding highlighted the increasing importance of alternative transportation systems to help older women stay where they are, in particular for people whose mobility is limited (Nasvardi and Wister, 2006).

Rather than staying where they were for emotional reasons as suggested by the workers, the responses of women who were considering moving indicated that they were willing to use the equity in their homes to rehouse themselves, and expressed more interest in retaining equity in property than in retaining their particular house. However they were daunted by limited finances, because smaller and more manageable homes, closer to services that would support their continued independence and provide easy access to social networks and services, cost more than their present homes. The few who had looked could not identify options that suited them and that they could afford.

When asked about moving, it was common for the women to confuse moving to a retirement unit with moving to a nursing home and all but Interviewee 4 expressed a strong aversion. This could be because most retirement units are segregated from the wider community, located on site or alongside residential aged-care facilities, as part of a planned 'continuum of care' designed to respond to increasing levels of frailty. It is a model that responds to and reinforces narratives of decline. While the women's perceptions may not be the reality of all retirement villages, for them retirement housing represented the loss of privacy, control and independence, which is what they valued most about their housing, and which was contributing to how well their housing was working for them.

All those living in free-standing houses expressed a strong aversion to communal living (retirement housing or cohousing) which like nursing homes seemingly represented to them a loss of privacy, control and independence, a loss of space between them and neighbours, and loss of familiar places and people. Any form of communal or congregate living appeared to be alien to the often repeated and

highly valued principle of 'not living in each other's pockets', implying an imperative to keep neighbours at a polite social distance.

The women presented as knowledgeable about the kind of lifestyles, housing and neighbourhoods that worked well for them and that supported ageing well, consistent with findings that lay definitions are better indicators of quality of life (Bowling and Zahava, 2007). Although for many, their husbands had influenced where they were living initially, all the women had played active and informed roles in shaping their own lives and making the best of their current housing situations. For most this meant maintaining their independence within the constraints of limited finances, and uncertain futures while caring for and considering others and downplaying their own needs and interests. Some of the women had moved to age-appropriate housing already and their housing was working well for them although there were drawbacks in terms of age segregation and loss of privacy and control. Those who wanted to move and had not were constrained by limited finances and could see no clear path forward.

Part 2: The perspectives of the workers

They're vulnerable and lonely

To do the workers justice, in many respects their perspectives demonstrated an informed understanding of a range of housing and health and wellbeing issues for those in the particular category of frail, vulnerable, older women who live alone and who might be eligible for government services. It was as if for the workers, there was a central problem for all of this general class of women, *that they were ageing and living alone*, a problem needing resolution at a policy level; whereas for the study group ageing wasn't a problem *per se*, although it appeared as a potential problem for a particular small category within this general class.

The workers tended to assume that all such women were becoming increasingly isolated and lonely as their capabilities and faculties declined. Their discussions of impending death and of strategies for maintaining health and wellbeing are consistent with findings that younger people tend to consider negative aspects of

ageing when asked to talk about older people (Nelson, 2005). In contrast the women spoke not of their own impending deaths but of their experiences of the deaths of friends, husbands and other family members, in a low-key way, sometimes with sadness and sometimes with humour, as if death was an inevitable part of life and not something to be feared and avoided. Rather than living in fear or anticipation of death, some of the women expressed with equanimity the view that death would most likely overtake them unexpectedly.

Gender bias and ageism were evident in constructions of older women as frail and vulnerable. To describe older women thus can be a two-edged sword. While notions of frailty and vulnerability may provide justification for protective behaviours that could be helpful, they also created possibilities for over-protection and denial of autonomy and choice.

They need specialised housing

The workers' shared constructions formed part of a logical narrative that identified their housing policy concerns as arising in large part from the natures of these women. The worst case scenarios of ageing presented by the workers assumed that this class of women needed specialised housing that would provide them with security, accessibility and community to address their presumed vulnerability, frailty and loneliness. It was as if, by moving such women to specialised housing, such as a retirement unit, an Abbeyfield house, or a nursing home, they would become less vulnerable, socially better connected and less lonely, a topic that was discussed extensively: however, real solutions remained elusive.

One worker from an aged-care organisation spoke of his organisation's vision of creating a sense of community for vulnerable and lonely older women, through meticulous attention to design that fostered community life. This was achieved primarily by scattering small clusters of about six government-subsidised retirement units in separate locations within mainstream neighbourhoods. However, the realisation of this vision had initially been constrained by strict

funding guidelines during the period when the Australian government had subsidised retirement units, and specified sizes well below community standards, particularly for single older people. This organisation had found that these small units were difficult to tenant initially although demand had increased significantly in recent years as the population aged and housing affordability had worsened.

The organisation had since pursued their vision by investing the organisation's funds (which included owner-donor contributions) in the purchase of a small acreage in a satellite town and in the construction of a larger complex of spacious well-designed units that were working extremely well as owner-donor housing. However, this arrangement was also somewhat compromised, because the housing was segregated from the community alongside an aged-care complex, an arrangement shaped by a desire to attract government aged-care funding, strengthen the viability of the organisation and extend the range of services they could provide, including to residents of the independent living units. The financial contribution required, while less than for many privately owned retirement villages involved a substantial sum upfront (a proportion of which would be forfeited) and a monthly management fee.

When talking about the sort of housing such women needed, the workers' generalised constructions did not accurately portray the complexity, diversity and individuality of the housing experiences and intentions of the women in the study group. As framed, the options identified were largely hypothetical, given that within the current housing system the vast bulk of accessible housing designed with ageing in mind remains segregated from the wider community in specialised retirement villages, many of which are not well located (Jones *et al*, 2010), paradoxically limiting options for housing that would support the very community involvement which the workers identified that this class of residents needed.

They won't move

Ageist and gender-biased assumptions of the workers appeared to form part of a larger narrative that ascribed moral blame to older women who lived alone for their refusal to move, for what was imagined to be primarily emotional or sentimental reasons. There was a sense of frustration in the way workers emphasised, 'they won't move', with raised voices and repetition. These references characterised such women as not only morally culpable, but as burdensome and incapable of taking sensible and autonomous action to resolve their own problems.

The workers' discourses appeared to represent a form of victim-blaming and pigeon-holing of the old, linked to feelings of discomfort arising from the confronting nature of what they perceived as older women's frailty and vulnerability, loneliness and social isolation, and marginal social status. Within this narrative, notionally moving a group of vulnerable, lonely and intransigent older women from mainstream housing into the safety and security of specialised housing for the aged seemed to represent a strategy that might have served to decrease workers' discomfort and help restore social order. This proposed resolution might also relieve the workers of the psychological burden they seemed to feel when trying to help this problematic group.

There has been limited phenomenological analysis of what the burden of ageing means to those directly affected, in particular, limited analysis of what it means to those who know they have been identified as a burden. While the author had not set out to investigate this concept, not being a burden was also identified as an important issue for women in the study group and was a negative image they actively resisted.

A recent study of female caregivers to older relatives in Mexico City (Mendez-Luck, Kennedy and Wallace, 2008) found that personal constructions of 'burden' are complex and multi-dimensional, comprising not only a negative 'dependency burden', but also 'burden of care' as 'a positive sacrifice that involved love,

initiative, and good will'. References to caring for their children, grandchildren and other relatives, also appeared to construct these women's own burden of care as a positive sacrifice, consistent with the life stage of generativity⁵⁴ (Erikson, 1963), whereby the women's orientation was giving to others not taking from them. This orientation provides a marked contrast to official burden-of-ageing discourses, which carry few if any positive connotations that older people are worthy of care or have something to give back, or that the burden of an ageing population on government and the community represents a positive sacrifice.

The women's often-repeated accounts of maintaining co-operative and harmonious relationships with neighbours were consistent with self-construal of the horizontal and interdependent self, as representing co-operativeness and harmony with others (Guo, Schwarz and McCabe's, 2008)⁵⁵. The women's accounts were also consistent with findings from research on retirement communities that older residents avoid conflict, unless their economic interests or lifestyle are severely threatened (Streib and Mesch, 2002), accounts that may have underplayed the social skills involved.

It has been suggested that it is a skilful accomplishment to establish and maintain a workable balance between keeping a distance and being there when needed (Crow, Graham and Summers, 2002), which may be an area where the study group women demonstrated particular skills, reflecting unique talents in the realms of community development and citizenship (Ranzijn, 2002). My identification of older women as bearers of social knowledge has parallels in the natural sciences where matriarch elephants who are repositories of social knowledge, have been found to improve survival chances of the young in a herd (McComb, Moss, Durant, Baker *et al*, 2001).

The workers' characterisations of this general class of women presented as an unresolved dilemma or paradox, in conflict with the dominant narrative that emerged from interviews with the study group women. Contrary to workers'

⁵⁴ See Glossary.

⁵⁵ This psychological approach to self-construal has its roots in Erikson's (1963) identity theory.

perspectives, there was no indication that any of the women were staying (i.e. refusing to move) for largely emotional reasons or that sentimentality or intransigence or irrationality were rendering them incapable of taking action. Memories associated with their housing appeared far less important to their current meanings of their homes than positive feelings arising their sense of privacy, autonomy and relatedness.

Consistent with the women's interviews, affordability issues and a lack of options were mentioned often, and by all the workers, as a key reason why such women were not able to access the kind of housing that the workers thought they needed. The workers' perceptions of a lack of affordable options reflected another perspective on the same dilemma that the women were experiencing.

While the workers expressed optimism about the changes the Baby Boomers would bring, they painted no such optimistic future for older women who live alone, who, they predicted, would continue to be disadvantaged. They predicted that affordability and a lack of options would continue to keep these residents where they were and that aged-care and housing policies would continue to work against them.

Comparisons between the two sets of interviews have revealed the inaccuracy of conceptualising older women in terms of the normative and stereotypical categories often associated with ageing. The women did not identify with nor did they fit stereotypes as the weaker gender, or as the lonely, frail and burdensome aged. This difference was not hard to decipher: lack of conformity to ageist and gender-biased stereotypes was this group of women's most evident characteristic.

The competing interpretations by the two groups of interviewees were on some levels understandable. The women were a diverse group speaking from firsthand experience, whereas the workers had been asked to speak in general terms 'about' an imagined or remembered group of older women, and about housing issues as policy problems. They spoke of normative characteristics and of a specific set of problems for which policy responses might hold an answer. They drew on their

professional backgrounds and policy frameworks; and on their relationships with older women in need as clients. However, the findings of this study suggest that the hypothetical group they spoke of, at its best, was representative of only a very small proportion of the broader population of such women.

The workers' characterisations can in part be explained by the fact that these women did not fit social categories generally applied to women, in a society where males have traditionally held a privileged social status. Their social positioning, without a man, had defied their social categorisation into accustomed roles as wives and mothers, and positioned them as belonging to a little understood and negatively valued social category, in a society that has traditionally conferred privileged positions arising from the economic relationship of marriage (Summers, 1975).

Contrary to the workers' perceptions, the study group women revealed the intricacies of the housing experiences of a diverse group whose lives were just as rich and complex, if not more so, than when they were younger. Their stories spoke of challenges and survival, the gains of a long life, the wisdom that comes with age, and the joys and challenges of living alone in older age. In considering future housing options for such women, the concepts that emerged as of key importance to residents was housing that would enable them to stay in their familiar communities, maintain harmonious and co-operative relationships with their neighbours; stay independent for as long as possible; and not be a burden on their families.

The crux of the dilemma

A phenomenological approach has revealed that informal policy discourses, as expressed by the workers, did not accurately reflect the identities and aspirations of the study group women nor the issues they identified as important; nor did they reflect the evidence base discussed in Chapter 1.

The workers assumed a host of deficits and problems associated with ageing, housing and gender, providing an example of how policies and practices help to

shape experiences (Estes, 2002); and how social and cultural constructions can be recreated, reinforced and sustained through organisational practices (Grenier and Hanley, 2007).

While the workers identified these women's refusal to move as rendering them problematic, and probably also culpable; my finding from interviewing such women was that their intransigence appeared to be more a reflection of the lack of options available to them currently, due to their limited means and a lack of appropriate independent housing that they could afford. It was as if those experiencing social disadvantage as a result of structural changes were being held responsible because they could not find resolutions themselves.

It was as if neither group of interviewees could envisage affordable and appropriate housing options that would support the continued independence of those women who had identified a need to move, other than by moving to specialised housing in a retirement village complex, and which the women I interviewed said they did not want, other than as a last resort.

Although an analysis of the two sets of interviews has provided competing interpretations of the same issues, the crux of the dilemma appears to lie in the fact that both groups have agreed on one key point: that for those older women living alone who want or need to move, affordability issues and a lack of options are major impediments that are keeping them where they are⁵⁶.

⁵⁶ See Table 3, page 100 for hypothetical conversation representing residents' and workers' competing interpretations and one point of agreement.

Part C: Overview and implications

This concluding section has two chapters. Chapter 9 contains an analysis of the construction of ageing as a problem in policy discourses. In Chapter 10, I consider the policy implications, and make suggestions for the future that respond to input from the group of women I interviewed.

Chapter 9: No one is listening

A major finding that emerged from a consideration of the research and policy context, from interviews with the women and the workers, and from my analysis of themes is the widespread construction of ageing as a problem both in the informal policy discourses of the workers and in formal government policy documents. The women appeared to be experiencing the effects of ageism on more than one level. There was implied blame in public policy discourses that constructed the ageing population as a social and economic burden, while negative age stereotyping in the informal discourses of the workers portrayed all women in this general class as worst-case scenarios of aging, and as socially isolated and lonely older people whose irrationality and sentimentality was the reason behind their refusal to move. The same ageism has also informed institutionalised housing and service responses that not only limit positive self perceptions, autonomy and relatedness so important to wellbeing. It has also shaped perceptions about the kinds of services and infrastructure older residents need, and it has effectively limited the options that are available to them.

This study has revealed that older women who live alone are the unwitting targets of ageist stereotyping which are explored further in this chapter. The workers' perspectives reflected shared assumptions that ageing is characterised almost entirely by declining health and mobility for which specialised housing responses are appropriate. The workers also implied the women are largely to blame for refusing to move, despite acknowledging that affordability issues and a lack of options are a major impediment. It is this sort of 'well-meant' ageism that is

insidious because it is neither overt nor brutal: rather, it is a subtle and obscure process that can be hard to decipher (Minichiello *et al*, 2000) and is difficult to address because no one appears to be listening to those who are affected.

Ageism and the social marginalisation of this class of women is pervasive and is evident in an absence of a coherent policy response to housing an ageing population, and in an absence of policy responses that might address the needs and concerns identified as important by the group of women who participated in this study. An examination of the policy context in Australia and consideration of the findings suggests that within the current housing system there is a lack of appropriate and affordable independent housing options to support the continued independence of such women, notably those with low incomes and limited assets, who need and want housing that would enable them to remain living in independent housing in the community, as they age. While moving to a retirement unit might address some aspects of the perceived problems, this is not a readily affordable option for most of them, it is not well placed to support ageing well and it is not what they want.

The findings have confirmed what the women in the Independent Housing Group said ten years ago, that no one is listening. At a policy level, ageism has produced a lack of affordable and appropriate independent housing options. In the interviews with the workers such women have been subjected to negative and pessimistic constructions of their identities, their health and mobility, and of their judgement and their capacity to live independently in the community. Coming to know who these women are, and listening to what the workers have said about them, has contributed to an unmasking of ageism in broader policy discourse.

An examination of the literature revealed that ageism has a long history and has been widely discussed (Kingston, 2000; Hurd, 1999; Seccombe and Ishii-Kuntz, 1991; Gubrium, 1976). Ageism remains an inherent part of our cultural understandings of older age, notably an association between diseases and problems of ageing and the natures and identities of older people, as if indicative

of their dependency and their proximity to death (Irwin, 1999). The widespread construction of ageing as a problem in policy discourses is discussed below.

Ageism in policy discourses

Issues tend to be constructed as problems when they enter a policy discourse, because policy discourses are 'an irreducibly linguistic and political process' (Marston and Watts, 2003). Policy professionals address problems and their solutions, and there is a tendency to assume that effective policy action involves imposing something from the outside, and that the capacity of individuals to employ strategies to solve their own problems is limited (Jacobs, 2002). Authors of policy discourses come with an agenda and an audience they need to persuade, such as a desire to reduce public expenditure while justifying proposed measures in moral terms (Marston and Watts, 2003). Public policy discourses deal with issues of power (Ceci, Houger Limacher and McLeod, 2002). They represent a power contest over meanings that involve:

Debates over the identity of people and their activities and relationships and about how their relationships are named and thereby constituted as problems (Marston and Watts, 2003).

Defining an issue as 'a problem' helps policy professionals to make sense of (a particular social) reality (Jacobs *et al* 2003), and what comes to be constructed as a problem often depends on whether practical courses of action can be taken (Wildavsky, 1979). As a result, governments have historically been interested in medicalised and institutional interventions to address population ageing, such as pensions, nursing homes, hospitals and community care. These discourses are framed as if these interventions will solve the real and imagined problems of the frail and vulnerable aged.

Policy discourses involve the use rhetorical devices, such as categorisation, which helps make sense of a large amount of information, and in so doing shapes stereotypical thinking about people who share certain characteristics. Categories are expressed in terms of dichotomies like: old/young, good/bad, sick/well and

rich/poor. These age-based categories influence cultural beliefs about what activities are appropriate for individuals of a certain age (Kingston, 2000). Gender is conceptualised in terms of the dichotomies of male/ female; conceptualisations that perpetuate stereotypical views, and fail to acknowledge subjectivity and cultural contexts, or that age and gender are fluid and socially performed 'achievements', not an unalterable definition of a person's identity (Butler, 1990).

The use of dichotomies has perpetuated pessimistic views about the functioning of people of advanced age. People over 75, who are referred to as in the 'fourth age', are portrayed almost entirely in terms of deficit and decline. Policy discourses focus on aged care, support services and quality of life. Agency and dignity are undermined, and people's identities are reified by medical terms like 'functional capacity' and 'activities of daily living', by which a person's capacity to function is assessed. These discourses have portrayed older women who live alone as a problematic social group, shaping cultural beliefs about their experiences and identities, to the detriment of older women, and to the detriment of the broader society of which they are inextricably a part (Howden-Chapman, 1999; Stewart *et al* 2002).

Use of the dichotomy of us/them', and references to locations either inside or outside the included space, have constructed older people as 'the other' (Irwin, 1999). These discourses have divided and located people in opposition to each other on the basis of age, and have denied that ageing also applies to the speaker, or that the whole of the life-course affects how well people do in older age (Vaillant, 2002; O'Rand, 1996). The denial of ageing as relevant to the speaker enables ageing individuals to be kept at a distance, their voices marginalised or ignored. Those whose identities are not consistent with widely accepted cultural beliefs about ageing identities come to be positioned in a physical and existential space that Biggs (1999) has described as a 'no identity' zone; leading to such people being ignored and rendered invisible.

Historically, widely accepted metaphors of ageing in public policy discourses, which may be compassionate in intent, have contributed to the construction of

older age as a time of poverty, dependency, pessimism, and decline, as an unattractive and undesirable state that is to be avoided or shunned. These distorted images deny the separate identities and life histories of older individuals and they find little support in the evidence base (Binstock, 2005; Blaikie, 1999; Seccombe and Ishii-Kuntz, 1991). Such metaphors are particularly detrimental to older women whose social worth is linked to their physical appearance (Hatch, 2005); and to their relationship, or absence of relationship, to men.

Structural factors and faith in the efficacy of reductionist paradigms have helped perpetuate a plethora of misinformation and misconceptions, which the popular media have raised to the level of myth (Barthes, 1993). These negative images persist in the public consciousness and in the popular media, where portrayals of older women are more negative than portrayals of older men (Lauzen and Dozier, 2005; Hatch, 2005; Markson and Taylor, 2000; Hanlon, Farnsworth and Murray, 1997; Gerbner, Gross, Morgan and Signorielli, 1980).

Motivated by a desire to help or improve the lot of an imagined population of frail, vulnerable and dependent older women, such policy discourses have supported uncritical acceptance of paternalistic assumptions about what is in the best interests of 'the aged'. Third parties have become self-styled champions and protectors of 'the aged', in the face of an astonishing level of ignorance about the perspectives of older people themselves. Ageism is one of the most socially condoned and institutionalised forms of prejudice, so much taken for granted that mainstream researchers have overlooked it as a subject worthy of study (Nelson, 2005). Ageism has spawned a proliferation of living arrangements that have effectively removed older people from society, to institutions for the aged, reinforcing popular narratives that older people are on an inevitable downward path and will end their days in a vegetative state (Gubrium and Holstein, 1999; 1994).

Three parallel policy discourses

In considering how ageism in policy discourses has contributed to the marginalisation of all older people, older women in particular, below I have applied three typologies for analysis of social exclusion policy discourses (Levitas 2001; 1998), referred to as redistributionist, moral under-class and social-integrationist, to an analysis of three parallel policy discourses on ageing. I have termed these parallel discourses as burden-of-ageing, successful-ageing and age-integrationist discourses. What is noteworthy about formal discourses on ageing is that these discussions are at such a level of generality that these women as a group have no identity; rather, their issues are ignored or rendered invisible in these debates, except perhaps in terms of vulnerabilities linked to their alone-ness.

Burden of ageing

‘Burden of ageing’ is a form of redistributionist discourse (Levitas, 2001; 1998) that has dominated policy debates in Australia, as presented in the triennial Intergenerational Report:

Population ageing will create substantial fiscal pressures. Slower economic growth associated with ageing, increased demand for age-related payments and services, expected technological advancements in health and demand for higher quality health services will add to these pressures. (Commonwealth of Australia, 2010)

Such discourses are also evident in the 2005 Productivity Commission Report, including in the title, *The Economic Implications of an Ageing Australia*, where projections are cited that emphasise the economic burden of ageing, as follows:

Across all levels of Government, spending is projected to rise by around 6.5 percentage points of GDP over the same period, of which most is health and aged care. The Age Pension also rises significantly by 1.7 percentage points of GDP ... (Australian Government, 2005)

These discourses construct ageing as an economic, social and political burden due to the imagined rising cost of health and social services and declining labour force

participation rates. They involve predictions that an increasing proportion of frail and dependent older people will place increasingly heavy demands on the economy, the community and the public purse (Polivka and Estes, 2009; Barrett, 2006; Binstock, 2005; Burtless, 2002).

In these discourses, older people have been repeatedly identified as a major contributor to Australia's rising health care costs, and have been characterised as a homogeneous category of 'bed blockers' (Neales, 2010), who are unnecessarily occupying acute care beds while they await a vacancy in a residential facility. These discourses persist despite evidence that costly new technology makes the major contribution to rising health-care costs Gray, 2005). Ageing is also a diminishing reason for people in OECD countries to claim means-tested government benefits both in absolute and relative terms, due to more generous retirement provision (Eardley, Bradshaw, Ditch *et al*, 1996); and Australia is in a relatively favourable position, following introduction of compulsory superannuation (Johnson, 1999).

These discourses on the anticipated costs and pressures of meeting the health and welfare needs of an ageing population have been presented as if the social and economic burden was carried by, and was detrimental to other age groups. From a public policy perspective:

It is widely believed that ageing will alter established economic and social relationships by affecting both the rate of growth of the economy and the distribution of resources within the economy. (Johnson, 1999)

Burden-of-ageing discourses have reinforced debate on inter-generational conflict and competition for resources; and have shaped research on intergenerational relationships and exchanges that has examined issues like caregiving and informal support systems within families, personal relationships, reciprocity and mutuality, grand parenting, conflicts of interest and inter-generational transfers of economic resources, in terms of capital assets and in-kind services (Millward, 1998). The burden-of-ageing construct has stimulated debate on the equitable distribution of resources between generations, a debate supported through publication by the

Australian Government of triennial Intergenerational Reports; released in 2004, 2007 and 2010, wherein the older generation are cast as a burden upon whom expenditure needs to be checked or controlled.

The 2010 IGR (Commonwealth of Australia, 2010) identifies population ageing as the major factor driving the slowing in economic growth and forecasts that increased demand for age-related payments and services will add to these pressures. Evidence from studies on the intergenerational divide is used to support a call to redistribute wealth, a call that has been unfairly skewed towards people over 65 with calls to encourage the release of housing wealth, including through removal of preferential treatment for homes from the pension asset means test (Kelly and Harding, 2004; Kelly, 2003).

This construction of the ageing population as an economic burden has fuelled debate in the popular media, prompting the economics editor of the *Age*⁵⁷ to respond that the real problems are not the selfishness of the Baby Boomers but the housing bubble and generous taxation concessions on superannuation. While Ozanne (2009) has found that NATSEM, in basing arguments on normative data has overlooked the diversity of the Baby Boomers, and the unequal distribution of wealth within this group, whereby several sub-populations are at risk of hardship, in particular women like the study group, with low incomes and limited assets.

Beliefs about the burden of the ageing population are widely held and discussed, despite no consistent relationship having been found between demography and economic growth (Johnson, 1999). An evaluation of the impact of ageing on growth and distribution of resources shows that massive economic and social changes in the past 40 years have been accommodated by largely unplanned adjustments to existing patterns of behaviour (Johnson, 1999).

Political economy approaches are also redistributionist in emphasis, in that they consider the effects of structural factors and the equitable redistribution of resources. Political economy approaches, also referred to as 'structured

⁵⁷ Colebatch, T., In defence of Baby Boomers, *The Age* 23 November, 2003, downloaded 5 April, 2010: <http://www.theage.com.au/articles/2003/11/24/1069522534823.html>

dependency' theory (Powell and Longino, 2002) consider the effect of structural factors on older people. Political economy discourses emerged from Marxist theorising and, when applied to ageing, describe the treatment and status of older people within a context of structural factors that determine how social resources are allocated; and how opportunities, choices and experiences of later life are constrained, including through their intersection with age and gender (Bengtsson *et al*, 1997). Political economy discourses construct the older person as victim, and the social and economic system as the perpetrator due to the structural inequalities it has created.

However, addressing structural disadvantage alone is not necessarily a guarantee of equitable treatment for socio-economically disadvantaged older people (Wray, 2003). A consideration of the detrimental effects of ageism and of the largely invisible identities and perspectives of older people is also important. Political economy approaches have been successfully combined with micro-level approaches, including critical gerontology and feminism (Overbo and Minkler, 1993), and inter-generational perspectives (Walker, 1993), in ways that have lent credence to the perspectives and experiences of the affected individuals.

Successful ageing

References to the concept of successful ageing represent a form of moral under-class (MUD) policy discourse (Levitas, 2001; 1998), along with related concepts like positive ageing, active ageing, and healthy ageing. Within an ageist context, these concepts have been used to imply that older people are responsible for the inevitably impossible task of counteracting the detrimental effects of ageing by maintaining health and functional ability. In defining issues associated with ageing as policy problems, such discourses use images or metaphors that talk of actions and consequences, good and bad behaviours, attributions of cause, blame and responsibility that reflect moral discourses (Taylor, 1961). These discourses appeal to emotions and values and have been more or less effective at marketing causes in certain periods and contexts (Loseke, 1997). Moral discourses on ageing

seek answers to the presumed 'problems' of ageing by putting the onus on the ageing individual to maintain health and wellbeing through strategies like health promotion, empowerment and adaptation, adjustment and coping (Brooks, 1996).

Successful-ageing discourses lack balance because they throw responsibility for all or part of the presumed problems of ageing back onto older people, locating the solution within the body of the ageing individual and providing justification for interventions that target individuals, holding them responsible for issues that are either out of their control or have structural causes, or as Nye (2003) has said:

Today, by virtue of medical knowledge and human longevity, we view old age itself as a site of preventable health risk. Bombarded with statistics about the high costs of broken bones caused by osteoporosis, public-health experts recommend aggressive hormone replacement therapy; aging individuals are encouraged to watch their diets, exercise, and stay socially engaged so they can avoid becoming a burden to the health care system.

Successful-ageing discourses date back to 1944 when the American Social Science Research Council established the Committee on Social Adjustment in Old Life (Torres, 1999). These discourses are linked to ideas about a person's ability to adapt to changes in body, mind and environment. The individual's ability to cope and have a positive attitude (Wray, 2003), maintain health, quality of life, and delay the onset of disability and mortality are emphasised (Daniel, 1995). Such discourses are attractive to governments because they can be used to justify *per capita* cuts in expenditure on services and accommodation in moral terms, in the name of improving health, based on the morally defensible ideals of empowerment, choice and diversity.

Successful-ageing discourses are used by the retirement-housing and financial-service industries, where they help to sell the ideal of the ageless self as a consumer good. Authors of successful-ageing discourses purport to redress the ills of older age, through interventions that acknowledge older people's diversity and agency. However, while conceptually appealing, these discourses inevitably construct the ageing of individuals as a problem in need of a solution. This

identification of older people as problematic and as responsible for their own problems reflects the values of individualism and self-reliance supported by free-market fundamentalism, a value system that extols the dual virtues of democracy and a free-market economy (Attali, 1997). These value judgments tend to imply that inadequate housing is the responsibility of individuals, due to a lack of foresight, poor financial planning, inadequate saving, or in the case of older women who live alone, their 'refusal to move'. Discourses such as this deflect attention away from the structural constraints of low income and a lack of affordable housing options.

Age integration

Age-integration discourses represent a form of social-integrationist discourse (Levitas, 2001; 1998). Social integration refers to the idealistic goal of equal opportunities and rights for all human beings (Hewitt de Alcántara, 1994). Social-integration discourses, along with age-integration discourses, form part of the wider social exclusion (or social inclusion) ideology that has dominated public policy discourses in the United Kingdom since the 1990's (Silver, 1994) and have more recently been adopted in Australia. These discourses portray society as a bounded space and, as such, they have oriented and encouraged policy discourses that have paradoxically supported the reproduction rather than the transformation of social inequality.

Social exclusion and associated concepts like age segregation refer to a spatial metaphor that orients thought in terms of who is inside or outside the included space, where the inside represents the majority or the norm (valued positively) and those outside are regarded as problematic (and valued negatively) (Koller and Davidson, 2008). The policy goal becomes to move outsiders across the boundary to become insiders. A problem with this paradigm for older people is that it glosses over or removes the possibility for considering the diversity, complexity and conflict within the included space (Koller and Davidson, 2008). Proponents portray themselves as problem-solvers who are tackling tangible problems while

furthering the morally defensible goal of 'social inclusion'. Yet, in so doing, they have created new categories of problematic people and divisive social relations between insider and outsider groups (Koller and Davidson, 2008).

Social-integrationist discourses, by holding that employment is the best path to social inclusion, position older people outside the included whole, as one of the socially excluded and problematic social groups. This is particularly evident in the recent policy emphasis on social exclusion, which has shifted the focus away from talk about poverty, arising from low income, to talk about 'factors that contribute to the precariousness that often accompanies unemployment or disengagement from the labour market' (ACOSS, 2009; Saunders, Naidoo and Griffiths, 2008). The emphasis on labour-force participation as a prerequisite for social inclusion has further contributed to the social marginalisation of people who are not in the workforce, while a government view of volunteering as a route to paid work is at variance with older people's perceptions of their volunteer roles (Lie, Baines and Wheelock, 2009).

Using a spatial metaphor, age-integration discourses ask: to what degree do formal and informal barriers restrict opportunities for individuals of different ages to live, work, learn, recreate, worship and socialize together? Age-integration discourses slide into moral underclass discourses by suggesting that age integration can be achieved by targeting older people for 'inclusion' within mainstream activities such as employment and political engagement (Kohli, 2000).

While popular discourses on ageing traditionally hold that age segregation is either a natural or benign process or that it reflects individual preferences, age-integrationist discourses question this. Proponents have suggested that age integration is not an in-group/ out-group dichotomy, but a continuum, where some societies are regarded as more age-integrated than others (Kohli, 2000). However, this conceptualisation refers to a qualitative definition of the relative success of societies at achieving the desired goal of age integration, rather than to the spatial location of individuals on the inside or outside of an imagined included space within each society.

The qualitative description of societies as characterised by degrees of age integration represents an evaluation of social structures that do not use chronological age as a criterion for entrance, exit or participation. As such, age-integrationist discourses overlap with redistributive discourses, because they question the equitable distribution of social interactions across age strata, and seek to mediate positive relationships and open the way for equitable or inclusive inter-generational relationships (Kohli, 2000; Uhlenberg, 2000).

Age-integration discourses argue that ageism has contributed to age segregation and inter-generational conflict. Such forms of ageism are at odds with my findings that the older women I interviewed are a social and demographic resource, consistent with the work of Ranzijn and others (Ranzijn, 2002; Ranzijn *et al*, 2002; Ranzijn, Hartford and Andrews, 2002).

However, in a society where power and resources are distributed unequally within the included whole, and where mainstream and popular discourses construct employment as the path to inclusion, ageing individuals who are on low incomes and not in the workforce tend to support views of living in retirement villages or nursing homes as the norm for people over a certain age. In a society whose discourses pay lip service to the integration of older people while erroneously portraying them in terms of ageist stereotypes, where their voices either misrepresented or not heard at all, neither age segregation nor age integration can be considered to be natural or benign processes.

Within the context of a deeply ageist society, that does not include older people, older women in particular, as legitimate members, and where they are held responsible for the perceived problems associated with ageing, the removal of structural and spatial barriers is unlikely to be enough to ensure that they will have equitable access to the social and economic resources many of them will need in order to support their health, wellbeing and independence as they age. In a truly age-friendly society, governments also need to invite older people themselves to contribute to the debate on issues and possible resolutions.

Conclusion

Ageist and gender-biased assumptions have for too long been constituted as fact and passed off as evidence, to the detriment of older women and to the detriment of the wider society of which these women are inextricably a part. An analysis of policy discourses has found a knowledge gap about the identities, experiences and intentions of one sub-group within this population, older women who live alone. The findings support a new approach to housing women, such as the group of study participants I interviewed.

Discourses at the level of political and academic generalities have created the risk of overlooking individual differences in experiences, how affected parties see themselves and how they experience their social world; in this case the voices of older women who live alone have been marginalised, and yet they belong to a real and growing subset of society, both in Tasmania and beyond. This study has confirmed that any theories, remedies and slogans that may have been used to describe this group in the past need to be tested against the experiences and perspectives of the individuals that these discourses aim to encompass.

It is my view that the various problems and solutions identified in both informal and formal policy discourses have not adequately reflected nor addressed the housing experiences and intentions of this group of women. The approach I have taken has confirmed the importance and relevance of speaking with this group of women, listening to them, providing a holistic interpretation of what they have said, and then seeking to reflect their voices and perspectives in suggested responses, which I do in the concluding chapter that follows. It is by listening and responding to the voices of people such as these women that possibilities can be created for reformulating housing policy and provision in ways that will be responsive to the needs of a real group of people heading into the 21st century.

Chapter 10: Listening and responding

Overview of chapter

In this chapter I make suggestions in response to what the women have said, taking into account the diversity within the group and the characteristics of housing and living environments they have identified as contributing to positive housing experiences. These suggestions also take into account the expert opinions of the workers, the policy context, and the findings from the evidence base on links between housing, health, wellbeing and independence in older age.

Introduction

Given the size of the knowledge gap and the breadth of the changes that seem to be required for those older women who want to move, there are no immediately available or simple solutions to housing this group well. Future responses may well be constrained by economic recession and a need for fiscal restraint and equitable rationing of resources. Hence, rather than basing suggestions for the future on what seems immediately probable, taking inspiration from Levitas (2001) and Gleeson (2008), I have sought to construct a Utopian vision for an age-friendly society. The vision is for a society that respects and values older people, and that constructs older age as an achievement to be celebrated, not a burden to be borne with reluctance and resentment, nor as a threat to future prosperity. It is a vision for a society that honours and supports the wisdom and skills and the social and economic contributions that older women such as these have made throughout their lives and continue to make for as long as they are able. It is a vision for a society that constructs older citizens as a rich resource and rewards them accordingly, by giving them an honourable place in society in the form of affordable and appropriate housing. While the exercise is hypothetical and the vision unlikely to be realised in the foreseeable future, the ideas are supported by a wide body of evidence.

Respecting older people

Consistent with Mills' application of the sociological imagination to 20th century society, (Mills, 1959), it is argued here that how younger generations treat older people is crucial not only for the wellbeing of individuals but also for the wellbeing of society as a whole. Burden-of-ageing, successful ageing and age integration discourses reflect and have contributed to a perpetuation of counterproductive social divisions that do not reflect the perspectives of the women in the study group, nor perhaps of this wider class of women. These sorts of ageist and gender-biased constructions have diverted attention from the positive qualities, contributions and intentions of many older people, in ways that have stymied effective action.

Arguments for 'growth' measures to counteract the imagined burden of an ageing population are presented as if the older generation were responsible for current economic woes. These discourses have entered popular culture and are widely accepted. In the popular media the Baby Boomer generation is often portrayed as a homogeneous class that has been advantaged by inflated property values, and some are calling for them to pay for their 'self-indulgence' and 'excess'. However, resistance to ageism over the last half century or so, while growing, is still relatively new (Gullette, 1997), and the ageing of the Baby Boomers is likely to bring a new era of resistance towards policies that discriminate against older males and females (Keane, 2009).

The Baby Boomers are better educated, healthier, wealthier, more active and more productive than preceding generations (Butler, 2005). Advances in medical science are significantly reducing the burden of disease and extending active years of life. Further gains in productive years of life are possible through reductions in risk factors for non-communicable disease (Healy, 2004). Contrary to burden-of-ageing forecasts, these developments will ease pressures on health and welfare systems and aged care institutions (Martikainen, Moustgaard, Murphy *et al*, 2009). Many

more people will be living in the community at increasingly older ages and the increased political power for Baby Boomers may lead to profound social change.

Housing and communities that support the health and wellbeing and social participation of older people would make a further positive contribution to increasing participation and active years of life, and reducing disease and disability for those who are now entering older age. A society that puts an end to ageism would find new ways of respecting, valuing and honouring the social and economic contributions that older people make. Even Liverpool-based social reformer Margaret Simey, who was widely recognised during her long and productive life, was moved to say, shortly before she died in 2004, aged 98:

I tire of the struggle to keep up an interest in all that goes on about me when I am offered no place in the society in which to live my life, no part to play, no justification for my continued existence and, in the cold economic climate in which we live, no value. (Owen, 2005)

Although a person of social position and financial resources, Margaret Simey, appeared to be speaking from her experiences of a society as characterised by an alarming lack of respect for older people. In so doing Simey has revealed a perspective that many younger people may not yet be able to see, because they have not had the benefit of a longer view which would enable them to question what is important in life and what contributes most to happiness. This is the kind of wisdom that comes with age and was evident in the group of women I interviewed. Lack of respect for what older people have to say on these issues appears to be a form of blindness, described by Professor Susan Smalley⁵⁸ as:

A blindness perhaps best described by 'blindness', blindness that narrow our view of ourselves and the world around us; blindness that generally disappear with age. We have forgotten to seek the wisdom from those who are the most aged in our society, those who are least likely to have blindness on. It is in that

⁵⁸ Susan Smalley is Professor of Psychiatry and founding Director of the Mindful Awareness Research Center at the University of California, Los Angeles: <http://marc.ucla.edu/>

group of living elders (as well as the sages throughout the ages) that the greatest answers are known and need only to be shared. (Smalley, 2006)

A society that negatively values older people, that constructs them as a burden and excludes their voices from the policy debate on housing and services has also deprived many, like these older women, of the capacity to take action, depriving them of a fair share of available resources and depriving the wider society of the resources that these older women have yet to contribute (Help Age International, 2001). In order for older women to take their rightful place in society they first need to be given a voice. They also need policies that support their choices to maintain independence and dignity; access to appropriate care and support when needed; and options for self-fulfilment and participation (Help Age International, 2001). An important first step in creating an age-friendly society would be to start by showing respect to people like the study group women, to be demonstrated by listening to them and valuing what they have to say and acting on their views.

Gerontologists have been paying increasing attention to the importance of respect to the wellbeing of older people, based on evidence that respect enhances life satisfaction and quality of life, and makes an important contribution to health, wellbeing and community involvement (Sung, Kim and Torres-Gil, 2009; WHO, 2007). Recent research has indicated that within the cultural imagination of Western societies there is an understanding of what it means to respect older people. A recent study of students' understanding of the meaning of 'respect for elders' (Sung *et al*, 2009) identified key features as showing positive regard and respectful treatment, in particular, paying careful attention to what older people say, and giving sympathetic consideration to their needs and wants, followed by action (Sung *et al*, 2009).

These authors (Sung *et al*, 2009) also identified showing older people 'spatial respect', as meaning 'furnishing elders with honourable seats'. Within the context of housing provision for an ageing society, showing spatial respect to elders would be framed as providing older women with a secure and honoured place, to be achieved through the creation of age-friendly housing within age-friendly

communities. In the best of all possible worlds, a society characterised by spatial respect for elders would 'listen to what older people say and would respond to their individual requirements, budgets, lifestyles and local conditions' (WHO, 2007).

A coherent policy response

An examination of the issues highlighted as important by the women in the study group, and which find support in a wider evidence base, reveals that there is a major and long-standing policy failure in Australia. There are no simple answers to these women's dilemma about moving or staying, because within the current policy context there are limited if any affordable, age-friendly, independent housing options that would support the choice of older women with limited means to stay in independent housing, other than staying where they are. The explanation is simple: within the current housing system is no coherent policy response to housing an ageing population well. There is no coherent policy response designed to assist older people with limited assets and low incomes, and who need to move, to continue living with dignity and independence in independent housing in the community as they age (Jones *et al*, 2010).

Governments have also paid limited attention to the 'social determinants of health' paradigm (Bagley and Lin, 2008), despite evidence for improved health outcomes, including in older age (Bowling *et al*, 2007; Wilkinson and Marmot, 2003; Carbonell and Polivka, 2003; Signatur and Hollis-Sawyer, 2002; Wilkinson, 1999; Kane, Kaplan, Urv-Wong, Freeman *et al*, 1997; Mirowsky, 1997; Marmot *et al*, 1997; Lee and Shehan, 1989; Wilkinson, 1992). The findings confirm an observation by Tornstam (1992) that the broader neglect of theory development on ageing has contributed to elusive definitions that have provided few if any conceptual rationales for supporting housing policy responses.

Housing is a social determinant of health that is critical to determining the cost of home-based care. Age-friendly housing and living environments not only improve quality of life and health and wellbeing, enabling older people to remain as

actively contributing citizens; they also reduce the cost of care, and could bring significant savings to individuals, the community and governments (Lui, Everingham, Warburton, Cuthill and Bartlett, 2009; Bridge, Phibbs, Kendig, Matthews *et al*, 2008; Bridge, Phibbs, Kendig, Matthews *et al*, 2007; WHO, 2007; ALGA, 2006; Bryant, Chisholm and Crowe, 2002).

Support for age-friendly housing and communities by all levels of government would be a social investment in the health and wellbeing of the whole society, given the importance of stable housing to supporting both health and the contributions that these older women make to their families and communities. A coherent policy response would support adequate minimum incomes for older women who live alone, that reflect real needs and living costs.

Recent policy directions towards increasing support services in the community under the ageing-in-place framework provide an unprecedented opportunity for integrating health and social services with a system of independent and affordable housing provision. A further opportunity exists for achieving policy coherence, under the National Affordable Housing Agreement, which seeks to develop a whole-of-government integrated response to increasing the supply of affordable housing. In the best of all possible worlds, independent housing provision for older people would be included within this national housing policy framework.

When the study group women were interviewed, some who had moved (for a variety of reasons) had chosen from among the available options and established themselves in housing they saw as meeting their needs adequately, despite a few drawbacks. Most of the remainder, who had not moved, seemed to feel they were (and seemed to me to be) better off staying where they were: because their current housing appeared to be the most appropriate and affordable option currently available for supporting their autonomy, connectedness and quality of life. The continued independence of a small proportion of those who had stayed and who wanted to move might be better supported by additional assistance, including: minor help with home maintenance and large gardens; and modifications to improve accessibility where this was an issue or assist them to move. In order to

move however, they would need access to independent and affordable age-friendly housing options that are currently unavailable. It is primarily for the latter group that my suggestions for the future refer.

A rejection of institutional accommodation

A high proportion of the study group women were experiencing a dilemma about moving or staying because they had rejected moving to a retirement village or nursing home as an option, except as a last resort. They perceived this option to be an institutional response that severely restricted their autonomy, privacy and choice and would remove them from where they wanted to stay, in their familiar neighbourhoods where they had established social networks.

Their rejection of this option makes sense, given the excess mortality risk of residents of aged-care institutions (Breeze, Sloggett and Fletcher, 1999). Retirement village complexes were conceived and developed in the absence of a clear policy direction by the Australian Government (Howe, 2003), during a period when the voices of older people were routinely marginalised by health professionals and others. The retirement-village and aged-care-complex model was conceived within a restrictive epistemological paradigm of the medicalised and institutionalised life-course that constructed all people over a certain age as too frail and vulnerable to participate in a social life, and as in a process of decline and social withdrawal, and in need of medical care. This model reflects the long discredited disengagement theory of ageing (Cumming and Henry, 1961), which was widely supported, during the mid-twentieth century, when the Australian retirement village industry had its beginnings (Jones *et al*, 2010).

The study group women on low incomes who decided to stay in their own homes, for want of better housing options, rejected retirement villages as unaffordable, and the financial arrangements as inequitable. This is not surprising either, and also makes sense, because retirement villages are run by large organisations committed to maximising profits and strengthening their own viability as business concerns, consistent with economic liberalism. The primary purpose and function

of these housing models, where provider organisations charge large up-front cash payments of which a proportion is retained by the organisation on a sliding scale depending on length of residence, appears designed to take the precious housing wealth that such women have spent most of their lives accumulating, and use it for their own wealth creation. What the residents seemed to feel such arrangements would buy them was a sense of security that these institutions would look after, as a last resort rather than becoming a burden on their families. This perception is not necessarily the case, in a funding environment where funding for care has been separated from funding for housing; the latter now the responsibility of the individual, to the detriment of residents with limited assets. Even the somewhat erroneously named 'not-for-profit' retirement-village sector appears to welcome older people's housing equity as a ready source of cash, to fund their programs of expansion. And the retirement-village industry as a whole benefits financially by perpetuating ageist, self-fulfilling prophecies in marketing strategies that seem likely to harm the identity, independence, social involvement, health, wellbeing and longevity of the target population.

The women's negative perceptions of nursing homes and retirement units and other communal living arrangements have implications for the future design and operation of retirement villages, described recently as among a range of options for older people (Jones *et al*, 2010). While it has been forecast that a proportion of older people will continue to move to a unit in a retirement village and that this proportion is likely to increase slightly, the findings of this study highlight a need also to consider how the design of retirement units helps or impedes positive relationships with neighbours; where too much or too close contact may increase tensions, increasing perceptions of retirement housing as institutional. The findings also support a case for providing ethical and realistic information about retirement housing options that would enable older people considering moving to make informed decisions.

The findings of this study underline the important role that housing and communities can play in healthy ageing; the need to address relocation issues; and

the important role that adequate and appropriate housing assistance can play within an integrated service system (Jones *et al*, 2010; Faulkner *et al*, 2002). The wider evidence base also supports a rejection of aged-care institutions as a universally appropriate policy response; and recognition that age-segregated housing does not show adequate respect towards older women. Rather, it segregates them from the family and community life that enhance their wellbeing. A rejection of aged care institutions, other than as a last resort, is also consistent with the Australian Government's stated ageing-in-place policy, and there is room for further development.

Achieving age-friendly housing and communities would require a whole-of-government response at a national level. Recent advances in such policies have increased the imperative to plan for and develop age-friendly communities, in which appropriate and affordable housing options and services might be provided at reasonable cost (Liu *et al*, 2009; Australian Government, 2001).

The ageing-in-place policy is intended to provide care to people in their own homes, where older residents are encouraged to stay long as possible, thus avoiding or delaying the need for admission to institutions for the aged. But this is in a context of widespread and deep-seated cultural ageism, and the lack of a coherent national policy response to housing an ageing population. And this policy, as currently applied, has constrained rather than supported older residents' continued independence and wellbeing (Angus and Ney, 2003; Pastalan, 1997), while its very existence continues to be used as a rationale for ignoring residents' perspectives on the kind of housing and living environments that the women in the study group of have said they need and want.

Age-friendly housing and communities

In the best of all possible worlds (Arouet de Voltaire, 1977)⁵⁹, an age-friendly Utopian society would support the productive engagement of older people (Gonzales and Morrow-Howell, 2009), through provision of affordable age-

⁵⁹ First published 1759

friendly housing and services integrated into age-friendly communities. The study group women's approach to maintaining and negotiating harmonious and co-operative relationships with their neighbours would be reflected in the design of housing and living environments. Housing would be designed to support their much valued privacy and independence, the continuance of their accustomed roles and identities, their commitment to caring for and considering the needs and interests of others, and their desire to maintain familiar social networks within their accustomed neighbourhoods.

OECD governments and the WHO have formally agreed that supporting older people to continue living independently in the community for as long as possible makes social and economic sense (Liu *et al*, 2009): however, achieving this task in practice requires comprehensive planning for a range of support services integrated in the community, and for the removal of barriers that segregate older people and limit their activities (Pynoos and Nishita, 2007, quoted in Liu *et al*, 2009). Barriers include age-segregated housing, a lack of affordable and appropriate independent housing options, and lack of access to affordable and appropriate services, including a lack of access to reliable transport. Less widely recognised are invisible social barriers created by cultural ageism, reflected in burden-of-ageing discourses that implicitly support age-segregated housing as an appropriate policy response.

In an age-friendly society, older people who wanted to stay would be helped through subsidies for modifications, maintenance and repairs; or for retrofitting or redevelopment of the site. Those who needed to move would be assisted to use their equity to re-house themselves affordably, financed through loans, subsidies or shared equity arrangements for those who need assistance (Pinnegar, Easthope, Randolph, Williams *et al*, 2009).

Other measures would include waiving or reducing stamp duty and other transaction costs to support people to downsize, because in most cases the sale of modest homes in less affluent areas does not deliver sufficient equity to buy

smaller properties close to services: rather, within this free-market society, supply and demand factors guarantee that well-located properties are more expensive.

Local government planning regulations would give priority to housing and urban design for an ageing population, given that many developers and builders have not addressed this emerging housing market, and that there has been limited policy commitment to ensuring age-friendly design (Bringolf, 2010; Bridge, Phibbs, Kendig, Mathews and Cooper, 2008). Because a high proportion of this class of women spend a lot of their time at home, age-friendly housing designs should allow adequate private personal space (including for storage and parking), identified as important by the study group and also supported in the wider evidence base (Percival, 2002). These houses would also have adequate defensible space between neighbouring properties: the study group identified this as important in maintaining harmonious relationships with neighbours; and this aspect of housing design is known to contribute to positive experiences and social interactions (Gehl, 1987).

Housing designs would cater for individual tastes, needs and budgets, and would include a mix of low density free-standing houses, and well designed medium-density housing. Free-standing or conjoined lower-density houses on small blocks would provide access to low-maintenance gardens for those who want this option: many of the women identified gardens as important to positive experiences. This design would allow private ownership models where women could hold equity without having to be part of a body corporate, providing increased choices for those who find that stratum title arrangements are burdensome because they contribute to conflicts and compromise their independence.

Affordable, accessible, high- and medium-density units would form part of a range of options catering for people who want independent housing located centrally, consistent with policy objectives to reduce urban sprawl. These houses would be available in a range of sizes, including small units for women wanting a smaller home with lower overheads. Regulations would ensure pleasant views or

outlooks because the study group indicated that pleasant views or outlooks contribute to positive housing experiences.

Amenity would also be increased through access to outdoor private spaces, transitional spaces and green public spaces, linked by accessible footpaths that would support activities like walking and social interaction. While the majority of older people want access to gardens (National Seniors Australia, 2009); not all are willing or able to maintain them. Common green spaces in urban areas are known to support the community life of older people (Kweong, Sullivan and Riley, 1998; Kweon, Sullivan, Koley *et al*, 1998), provide play-spaces for children and, indeed, benefit the whole community. They would be maintained by local government, with support and involvement from local community groups, where costs are shared between interested individuals, and local government, through rates and levies.

Given the limited budgets of age pensioners and a need to respond to climate change by reducing energy use, age-friendly housing designs would have a small ecological footprint. Houses would be energy-efficient, inexpensive to heat, and require low maintenance. Age-friendly housing would meet minimum adaptable housing standards, without standing out as specialised housing for the aged: which does not appear to be the current view within the housing construction industry (Bringolf, 2010). Based on locally assessed need, regulations would ensure that urban centres contained an agreed minimum proportion of fully integrated, affordable, independent housing.

Age-friendly housing would be located close to services, or would provide access to affordable, reliable and flexible public transport that supports access to services.

A new era of respecting older people would not only end age discrimination in the provision of housing: rather, it would form part of a planned increase in the supply of affordable housing suitable for citizens across the life course, catering for a range of household types and lifestyles, while meeting demand for affordable housing from a growing proportion of single people. The planning and regulation

of age-friendly housing and communities under a national housing policy framework would be guided by the WHO Global Age Friendly Cities Guide, whose guidelines support 'social participation, respect and social inclusion' (WHO, 2007).

A broad spectrum of services and subsidies

A coherent policy response to housing an ageing population would require more than innovation in the planning and design of housing and living environments. Housing is just 'one thread in a complex web of interlinked factors which contribute to advantage and disadvantage' (Mullins and Western, 2002). In a truly age-friendly society, strategic planning at a regional level would involve all levels of government in the development of an integrated system of infrastructure, equitable and ethical health and social services, adequate and appropriate subsidies, and equitable and empowering financial and ownership models.

The study group women found community-based support services disempowering, and felt they had been given little say about the kind of services that are provided. This hidden ageism would be redressed by giving individuals a say in how their needs and wants are to be satisfied. New services would be developed that support older people's intentions to stay in independent housing in the community. All levels of government would work with them to address issues that compromise their independence and quality of life, such as transport and managing large gardens. The proposed resolutions would address individual circumstances and would include options for redevelopment or moving. These new services would be complemented by partial or full subsidies for those who are financially disadvantaged. which would be of benefit to the whole community.

The policy discourses of workers have implied that this class of women may be at fault for not moving, within a society where moving to institutionalised housing is regarded as the norm for those over a certain age. These discourses reflect assumptions of older age as a time of loneliness, disease and ill health, where service provision is limited to home help and medical care. Within this context, the

World Health Organisation has identified inadequate public transport as a gap needing to be filled in order for cities to become age-friendly (WHO, 2007).

The study group identified a need for services that help them to 'get out of the house'. Public transport would be provided to people where they live, so that those no longer able to drive would not feel pressed to move house. Public transport would be affordable, flexible and appropriate to local needs, enabling older people to stay socially connected and maintain access to services and health care.

Help with making complex decisions

Also important for such women would be provision of information, advice and advocacy to help with practical issues like home modifications, redevelopment or the logistics and costs of moving. The findings from the interviews have reinforced a key recommendation of the forum held by the Independent Housing Group: that older people want to receive advice and guidance face-to-face. Housing decisions are crucial, a finding supported by research (National Seniors Australia, 2009): older women considering moving have complex decisions to make.

This finding is supported by research into the behavioural economics of complex decision-making, revealing some commonalities with the dilemma expressed by such women. The more complex the decision, the less well-equipped people are to deal with it; particularly those less well off (Reeson and Dunstall, 2009). Some older people may also be dealing with health and mobility problems requiring specific responses. Behavioural economics research has found that when faced with making complex decisions, people tend to be concerned more about possible losses than possible gains; are inclined to stick with the status quo; tend to dislike uncertainty; value fairness; and sharply discount the future compared to the present. More options do not always mean better options (Reeson and Dunstall, 2009). Complexity can hinder people's ability to adapt to new information (Deshmukh, Fatemi and Fuladi, 2008). If a decision is too complex people may

avoid it altogether, or make decisions that may not be in their best interests, or procrastinate and stick with the default option (Reeson and Dunstall, 2009), like staying, when moving might be more sensible or preferred.

Factors that need to be considered when people are deciding whether to move or stay include individual needs, circumstances and housing preferences; availability of and eligibility for government services; and the interaction of these factors with Australia's complex tax transfer system (Borowski, 2008); the property market; housing options; housing finance; plus a range of subjective and contextual factors. The complexity of the task facing many older people, whose housing may be unsuitable and who are considering moving, is exacerbated not only by difficulty accessing the information they need, but by limited material resources and difficulty getting subsidies or loans. This complexity and variation in individual circumstances means that, as recommended at the Taking Action forum, older women considering moving need individualised responses.

There may be options for older female home-owners living alone on low incomes face financial impediments to moving. The reverse mortgage has been developed specifically for a growing market of older home-owners with low incomes and limited assets, and has grown in popularity. However, variations in terms and conditions, and a lack of clear information, mean that these 'products' are difficult to understand, and potentially risky for people who may risk losing their pension and entitlements to services, or even their housing. At present there is no direct connection between older people's decisions regarding a reverse mortgage and housing and aged-care policies, thus limiting choices for people who may wish to take out a reverse mortgage in order to remain in independent housing. (Bridge, Adams, Phibbs, Mathews and Kendig, 2010)

Those considering moving need access impartial and ethical information and advice on a wide range of issues relevant to their particular circumstances.

Information can be complex and difficult to access. Information needs can vary, and some people may have difficulty clearly articulating their issues and intentions, or may be limited by mobility issues or impaired vision or hearing.

They may not know what they can afford, what services are available or where to look for information. A 'one-stop' mentoring service would help them to clarify their housing issues and intentions and guide them, step by step, towards the information they need to inform housing and lifestyle choices. They could meet a coach or mentor one-on-one, and work towards individualised resolutions (Reeson and Dunstall, 2009), similar to the service recommended at the forum initiated by the Independent Housing Group (Forbes and Holford, 2000).

Summing up

This study has addressed a knowledge gap in the Australian policy debate on population ageing and housing, about how older women who live alone experience their housing and about the policy responses they need. It confirms the view that their voices have been marginalised in the policy debate on population ageing and housing.

The findings have given a human face to normative constructions of older women living independently in the community. Drawing on the voices of such women, I have created a counter-narrative informed by what study participants have said, about who they are, and the kind of housing and services that 'they' say they need and want. This counter-narrative resists ageist stereotyping of older women as a vulnerable and lonely group in need of specialised accommodation, and who, some policy professionals may see as morally culpable for choosing to stay. The counter-narrative reframes these women as responsible and contributing citizens who form part of the glue that holds this society together (Putnam, 1995). As a group these women have presented as net givers of resources, and in this increasingly cold climate of economic liberalism, they have demonstrated that they have not forgotten what it means to be human (Dorling, 2010).

The findings have confirmed that the workers were not alone in constructing ageing as a problem. Australian policy documents also portray the ageing population as a social and economic burden. These forms of ageist stereotyping appear to be pervasive and yet as practiced, can be hard to identify using

normative methods (Minichiello, *et al*, 2002). The insights gained from my open-ended interviews with those affected have informed a critical analysis of ageism in policy discourses drawing on typologies proposed by Levitas (2002). This analysis has demonstrated how policy discourses can serve to marginalise and exclude those amongst us who have been identified as problematic citizens, such as these older women.

In my view these workers' constructions of such women as characterised almost entirely by negative characteristics, including intransigence and irrationality for staying where they are, represents a deep-seated cultural ageism, that has been used to support an argument for a policy response where the only realistic option at present is age-segregated purpose-built housing, within artificially created communities 'for the aged', such as provided in retirement villages.

On the other hand a Utopian vision for housing an ageing population would balance the needs and interests of study participants with those of others by taking account of the threefold influence of socio-economic factors, development across the life course, and the qualities, experiences and subjectivities of affected individuals. The vision if implemented, would redress a century's legacy of ageism, and produce a new era that would include housing for an ageing population as part of a coherent national housing policy framework.

Such a society would see an end polarities based on age, and move beyond the consumerist values that inform materialistic and objectifying perceptions of human beings based on their assumed economic value, as if older people were commodities or machines that are worn out and useless, and ready for the scrap heap. It would reject institutional accommodation that segregates older people and cheats them of their housing wealth and cheats the rest of the community of the rich social resources that people such these women have to offer. An age-friendly society would respect and value the significant contributions these women have made and can continue to make, by giving them a voice and their rightful place.

The study group women have provided a clear message. They care about and consider the needs and interests of their families and others. They understand what it means to be a good neighbour. They value their independence, privacy and space. They do not want to be a burden. They want to do whatever they can stay in independent housing in their communities for as long as possible.

However, their intentions are hampered by affordability issues and a lack of options, while the capacity for governments to respond appropriately has been blinded by ageist assumptions about who these women are and what kind of housing and services they need and want.

On an individual level, an age-friendly society would provide older residents with a comprehensive range of services and subsidies and adequate material and practical resources to support their continued independence, including access to reliable, affordable and appropriate public transport and home maintenance services; and access to information via a mentoring service to help them make complex decisions about moving or staying. Such responses would be low-cost compared to the health, morbidity and mortality costs of inadequate housing, preventable hospital admissions, premature entry to institutional care, and the loss to society from denying such women their rightful place.

Without such a response the future health and wellbeing of such women will to a large degree be determined by how well their modest homes in less affluent areas and their low incomes will allow them to maintain independent and socially productive lives, with a sometimes tenuous reliance upon informal help from families, friends, and neighbours, supplemented by paid help, within a context of a general lack of affordable housing options, tightly rationed health and aged-care services and, a potentially adverse economic environment.

If policy professionals do not listen to the issues that this group of women have identified as important, and follow up with action, many of these women will have little option other than to stay in housing that could be described, at best, as a precarious perch, in both an existential and a physical sense. Within the current policy context they will have little option but to struggle to maintain dignity and

independence, by clinging to a form of tenure that has recently been described as having evolved into a wobbly pillar of Australia's former welfare state (Malpass, 2008).

It can be difficult to distribute available resources equitably across all sectors of society, particularly in economically hard times, and I have taken a one-sided view by foregrounding the voices of just one group that appears to be missing out. My key finding is that in our society and culture, the identities and places of older women who live alone have been seriously undervalued. Rather than being a vulnerable, lonely and helpless group, I share a much more positive perception of these women, as uncommonly wise; an impression shared by Irish journalist and human rights lawyer, Rory Fitzgerald, who has said:

Old women are the wisest people on earth ... they will have led lives for others, and are full to the brim with unfeigned kindness. They have lived so much for their children, and put up for so long with their cantankerous husbands, that they know no other way of being: only patience, love and kindness; never anger or pride (Fitzgerald, 2010).

Fitzgerald is speaking from his own experience of older women that he knows, and who he considers to be wise, for reasons that are elaborated in his blog posting. While this description refers to a stereotype that does not fit any one individual, and while his assertion that 'older women are the wisest people on earth' may be more a poetic than a literal truth, I find it at least arguable that this class might have amongst them some of the wisest people on earth, despite how marginalised and under-rated they appear to be in today's society.

While limited correlations have been found between wisdom and ageing, due to the effects of averaging data (Sternberg, 2005), interpretive approaches have suggested that older age is beneficial to the development of psychological wisdom, due to the capacity for regulation of emotions, increased propensity for life review in the face of the end of life, and the wisdom learned as a result of the necessity of coping with losses in various domains (Gluck and Baltes, 2006).

It has been suggested that wisdom comes from taking take a long view of things (Sargent, 2007) as demonstrated by study participants who put their own lives and the lives of those close to them into historical perspective, by perceiving ageing and death as an inevitable part of life. If wisdom also means making the best use of available knowledge and resources in order to age well, then the wisdom demonstrated by this group is consistent with findings from the landmark Harvard longitudinal study on adult ageing: that those who age well are oriented towards giving to younger generations (Vaillant, 2000).

Were the wisdom that this group of women has shared with me to be heard and respected by a wider audience; current negative portrayals of them would be reframed positively and respectfully. James Hillman (1999), in considering 'strengths of the aged', identified the positive qualities of staying, lasting and letting time pass. These qualities appear consistent with the intentions of these women who want to stay in independent housing. Their intentions may be more reflective of strength and wisdom, than the weakness and irrationality attributed to their class in the discourses of the workers. Were policy professionals to take account of the individual identities, perspectives and priorities of such women, and listen to what they have to say about their housing experiences and intentions they might then come to understand why such women are so keen to stay in independent housing, for as long as possible.

Epilogue

Over a decade ago it was forecast that population ageing was a global issue that would be of increasing importance, and that major economic reform was needed (Australian Government, 2005; Turner, Giorno, De Serres, Vourc'h *et al*, 1998). Since then the policies of OECD countries have emphasised the economic burden of population ageing (OECD, 2009b), which remains the policy focus in Australia. The economic burden is said, on current estimates, to be unsustainable, in particular due to rising costs of health care and pensions (Commonwealth of Australia, 2010). These projections have provided an impetus for tightening eligibility, privatising services and increasing the cost effectiveness of services (Commonwealth of Australia, 2010).

The findings of this study suggest questioning these constructions of the older population as a social and economic burden, on the basis that the practice is ageist, false and potentially misleading (Johnstone and Kanitsake, 2009). Rather, the findings call for a new policy debate on approaches and options that support health, wellbeing and independence in later life, in ways that do not discriminate against people on the basis of age or gender.

A strong policy focus on the anticipated economic burden of population ageing has contributed to the neglect of the health policy implications, which up until recently had been relatively under-researched (Lloyd-Sherlock, 2000). However, the situation is changing. In the last ten years (2001–2010) there has been a burgeoning of debate on and research into health and welfare implications, including in Australia. Much of the built environment is considered unsuitable for an ageing population, and there is a need for housing that is flexible and suitable for a full life cycle, without expensive retro-fitting (Foran, Lenzen and Dey, 2005). However, despite evidence for the contribution of housing to promoting population health (Dunn, 2002; Rose, 1992), so far in Australia limited attention has been paid to housing policy responses (Jones *et al*, 2010) that would support housing an ageing population well, other than by default (Howe, 2003).

Policies intended to ameliorate the economic burden of ageing in Australia aim to increase productivity and economic growth, increase workforce participation, and increase population (Commonwealth of Australia, 2010; Australian Government, 2005). These policy discourses have overlooked the significant contribution that older people in general, and these older women in particular, make to society throughout their whole lives. These contributions are reflected in interviews with the study group women, who spoke of lives spent caring for others, maintaining harmonious and co-operative relationships with neighbours and voluntary work for families and communities, contributions that do not stop just because a person is older.

While from a humanist perspective it may be morally indefensible to calculate the value of a person's life in purely economic terms (Uhlenberg, 1996), in terms of financial transfers and social support older people have been found to be net givers of social and economic resources to younger generations, rather than net receivers (Albertini, Kohli and Vogel, 2007). The anticipated costs of care and support need to be weighed against the value of the older generation's direct financial loans to children, unpaid care and voluntary work, including provision of child care, contributions which in Australia have been estimated to amount to around seven percent of GDP, leading the authors (Ranzijn *et al*, 2002) to conclude that, contrary to their portrayal as a burden:

Older people are not a drain on society. The evidence shows that older people of all ages are capable of making substantial contributions, and there is no reason to suppose that the generations of presently middle-aged will not likewise contribute.

It has been suggested that the portrayal of an ageing population as an economic burden in policy discourses, contrary to the evidence of experts, has been created in order to justify the pursuit of economic growth (Coory, 2003); or as Burtless (2002) has said:

The apparent crisis connected with population aging is partly an illusion stemming from a narrow focus on the spending needs of a handful of public

programs. If the full span of private as well as public burdens is taken into account, the increase in the dependency burden appears much more modest.

The focus on the economic burden of ageing has denied, or perhaps deliberately overlooked, that the economic consequences of structural ageing make up just one of a set of issues that needs to be addressed in preparing for an ageing population.

Improving housing provision for older people and for older women who live alone in particular, is an important policy issue: however, it appears to be one of those wicked problems that remain highly resistant to a resolution, a problem for which there are no easy answers, and which has been characterised by chronic policy failure (Australian Government, 2007). There is a need to consider the bigger picture in Australia, notably profound demographic change, characterised by a growing proportion of single-person and older households, many of them women on low incomes with limited assets, living in separate houses and widely constructed as a problem and a burden in policy discourses. The bigger picture is one of house-price inflation, and pressing housing needs characterised by vulnerability and stress, and a housing stock that is relatively immobile and hard to change without considerable cost, a picture that speaks of a pressing need to adequately plan for the future (Beer, 2008).

The kind of holistic response needed to improve housing policy responses for such women is consistent with the approach adopted for this study; demonstrating that solutions to the study group women's dilemma about moving or staying also need to be informed by their perspectives.

In order to respond to the issues considered important by these women, a number of things appear necessary. In the future there is a need for:

Local government planning provisions that support the creation of age-friendly communities, and increase the availability of affordable independent housing (rented *and* owned) suitable for older people, in prime locations close to transport and services.

Material and practical assistance to older people who may be seeking to relocate to age-friendly independent housing.

Assistance to enable older people to improve the amenity and convenience of their homes rather than simply trading down, including such measures as waiving Stamp Duty, and government assistance with decision-making, finances and moving.

Within a policy debate that has focused on the economic burden of ageing and where the solution is seen as productivity and growth (Australian Government, 2010), so far there have been few more undervalued and underrated players than older women living alone on low incomes; most of whom have spent their lives modestly, and apparently 'unproductively', caring for and giving to the up-and-coming generations. If governments are looking to prepare for an ageing population that will contain a high proportion of such households, they need to acknowledge the injustice of constructing this group as a social and economic burden and start working with them to address the issues they have identified as important.

These women should be regarded as a valuable resource (Ranzijn, 2002); an indicator of social and economic progress, of social maturity (Healy, 2004), and as a hallmark of success. There is a need for a new social vision that values and supports the social and economic contributions that our older citizens make throughout their lives, including in older age, a new social vision where governments would consult them and involve them in the development of the sorts of housing and communities that such women want, housing and communities that are designed to support their continued independence and social involvement (Riseborough and Sribjlanin, 2000).

Emerging questions

The findings of this study support further research into:

The experiences of this class of women, including research that focuses on the risks and benefits of home ownership, and other tenure arrangements in older age, and the role that housing plays in healthy ageing.

The questioning and transformation ageist perceptions about the identities, roles and contributions that older people make, and experiences of growing older, drawing on the voices of those affected.

Unmasking ageism and reframing the identities of older women in a more realistic light; interpretive approaches could contribute to cultural change by increasing knowledge of the negotiated and performative nature of ageing identities, and of the socially inclusive communities that can be created by non-discriminatory policy initiatives and by wider social trends that respond to older women's needs and perspectives (Biggs, 1999).

Questioning the use of age as an organising principle for the life-course in social research; and of the meaning and application of assumptions about the characteristics of older people underlying discourses on frailty and vulnerability (Hurd, 1999); loneliness and social isolation; disease, disability and decline (Kingston, 2000); poverty and disempowerment, and the need for care and support (Stephenson, 1997), where people who appear to be net givers of resources have been unfairly constructed as an economic burden (Australian Government 2010).

The risks and benefits of home ownership for people on different income levels, living in different housing types, and in different areas; the effects on affordability of non-mortgage costs, like council and water rates, body corporate fees, insurance, and repairs and maintenance; and the quality and amenity of housing of low income home owners who may be older and unable to pay for adequate home maintenance (Hulse and Burke, 2009

Understanding how transport and support services allow for the independence and quality of life of older women living in independent housing.

Intergenerational transfers, investigated from a range of perspectives, including those of older people; and research on the many ways that parents and grandparents assist their children and grandchildren, including assisting them to enter stable housing and employment, as evidenced in this study. (These contributions by older generations to the health and wellbeing of the population have so far been overlooked. This information is not easily identified using normative methods and is preferably sought via interview based research.)

The role of housing and social integration in health and wellbeing in older age, including the influence of home modifications and living in retirement villages; patterns of care and formal support; and factors contributing to housing satisfaction, wellbeing, quality of life and cost of service provision (Tanner, Tilse and De Jonge, 2008; Buys *et al*, 2006).

Older women's perspectives on services, given that currently available services do not reflect what these women say want, and because females perceive their need for services differently (Hansen, Christiansen and Heinesen, 2009; Herlitz, 1997).

The retirement plans and expectations of the Baby Boomer generation, their resources and how they intend using them, where they might be living and their future needs for care and support (Ozanne, 2009).

Theory development might then have the power to inform policy and provision for housing an ageing population that would enhance the dignity, independence and social integration of people such as these older women, in both formal and informal relationships, while maximising health, wellbeing, prosperity and the growth of human potential for all.

References

Abbeyfield Society (2010) *The Abbeyfield Model*, downloaded 16 April 2010:

<http://www.abbeyfield.org.au/aaModel.aspx>

Abildso, C. G., Zizzi, S., Abildso, L. C., Steele, J. C. and Gordon, P. M. (2007) Built environment and psychosocial factors associated with trail proximity and use, *'American Journal of Health Behavior'*, 31, 4, 374-383

ABS (2010) *Consumer Price Index*, Australia, June 2010, Catalogue No. 6401.0, downloaded 20 August, 2010:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6401.0Jun%202010?OpenDocument>

ABS (2009) *Australian Social Trends*, March 2009, Catalogue No. 4102.0, Canberra, ACT, downloaded 7 April, 2010:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features70March%202009>

ABS (2008a) *Population Projections*, Australia, 2006 to 2101, Catalogue No. 3222.0, Canberra, ACT, downloaded 7 April, 2010:

<http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/3222.0?OpenDocument>

ABS (2008b) Ageing in Tasmania 2006 (selected indicators), In *'Tasmanian State and Regional Indicators'*, Catalogue No. 1307.6, Canberra, ACT, downloaded 7 April, 2010:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1307.6Feature%20Article1Mar%202008?opendocument&tabname=Summary&prodno=1307.6&issue=Mar%202008&num=&view=>

ABS (2007a) *'Key national indicators'*, Catalogue No. 1345.0, downloaded 2 April, 2010:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1345.0Glossary12007?OpenDocument>

- ABS (2007b) '*Housing occupancy and costs 2005-06*', Catalogue No. 4130.0,
downloaded 5 April, 2010:
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4130.0.55.001>
- ABS (2006) '*Australian Census Analytic Program: Counting the Homeless*', Catalogue
No. 2050, downloaded 7 April, 2010:
[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/57393A13387C425DCA2574B900162DF0/\\$File/20500-2008Reissue.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/57393A13387C425DCA2574B900162DF0/$File/20500-2008Reissue.pdf)
- ABS (2005a) '*Australian Social Trends*', Cat. No. 4102.0, Australian Government
Publishing Service, Canberra, ACT, downloaded 2 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4102.02005?OpenDocument>
- ABS (2005b) '*Australian Social Trends, Family functioning: informal care provided by
grandparents*', Cat. No. 4102.0, Australian Government Publishing Service,
Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/94713ad445ff1425ca25682000192af2/33ca52361b68f1b2ca25703b0080ccb9!OpenDocument>
- ABS (2004a) '*Australian Social Trends*', Catalogue No. 4102.0, Canberra ACT,
downloaded 7 April, 2010:
<http://www.abs.gov.au/ausstats/ABS@.nsf/2f762f95845417aeca25706c00834efa/47f151c90ade4c73ca256e9e001f8973!OpenDocument>
- ABS (2004b) '*The Health of Older People, Australia*', 2001, Cat. No. 4827.0.55.001,
Australian Government Publishing Service, Canberra, ACT, downloaded 2
April, 2010:
<http://www.abs.gov.au/ausstats/abs@.nsf/productsbytitle/5B3A04650641EF75CA256F4700715847?OpenDocument>
- ABS (2004c) '*Household and family projections, Australia 2001 to 2026*', Catalogue No.
3236.0, Canberra, ACT, downloaded 7 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3236.0>

- ABS (2003a) '*Australian Social Trends, Population Projections: Australia, 2001-2101*', Cat. No. 3222.0, Australian Government Publishing Service, Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02004%20to%202101?OpenDocument>
- ABS (2003b) '*Ageing in Australia 2001*', Cat. No. 2048.0, Australian Government Publishing Service, Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyTopic/789C575AA383F8DCCA256DBD007A0A5E?OpenDocument>
- ABS (2003c) '*Survey of Disability, Ageing and Carers*', Cat. No. 4430.0, Australian Government Publishing Service, Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4430.0>
- ABS (1999) '*Older People in Australia, A Social Report*', 1999, Cat. No. 1409.0, Australian Government Publishing Service, Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4109.01999?OpenDocument>
- ABS (1992) '*Housing Characteristics and Decisions: A Comparative Study of Sydney, Melbourne, Adelaide and Canberra, 1991*', Cat. No. 8710.0, Australian Government Publishing Service, Canberra, ACT, downloaded 9 April, 2010:
<http://www.abs.gov.au/ausstats/abs@.nsf/featurearticlesbytitle/5800C2A8EA777702CA256FEA00793423?OpenDocument>
- ACOSS (2009) *Social inclusion and economic security: recommendations for the Federal Budget, Budget Priority Statement 2009-10*, Strawberry Hills, Australia, downloaded 9 April, 2010:
http://acoss.org.au/images/uploads/ACOSS_Budget_Submission_2009-10.pdf

- Abrams, D., Eller, A. and Bryant, J. (2006) An age apart: the effects of inter-generational contact and stereotype threat on performance and intergroup bias, *'Psychology and Aging'*, 21, 4, 691-702
- Addy, C. L., Wilson, D. K., Kirtland, K. A., Ainsworth, B. E., Sharpe, P. and Kimsey, D. (2004) Associations of perceived social and physical environmental supports with physical activity and walking behavior, *'American Journal of Public Health'*, 94, 3, 440-443
- Adorno, Theodor W. (1989) *Kierkegaard: Construction of the Aesthetic'*, University of Minnesota Press, Minneapolis
- Age Concern (2009) *'What is ageism?'* Downloaded 5 February, 2010:
http://www.ageconcern.org.uk/AgeConcern/ageism_about.asp
- Agenor, P. R. (2004) Does globalization hurt the poor? *'International Economics and Economic Policy'*, 1, 21-51, downloaded 10 April, 2010:
<http://ideas.repec.org/p/wbk/wbrwps/2922.html>
- AIHW (2010a) *Cardiovascular disease mortality: trends at different ages*, AIHW Cardiovascular Series, Issue 31, downloaded 16 April, 2010:
<http://www.aihw.gov.au/publications/index.cfm/title/10811>
- AIHW (2010b) The problem of osteoporotic hip fracture in Australia, *'AIHW Bulletin'*, 76, downloaded 16 April, 2010:
<http://www.aihw.gov.au/publications/aus/bulletin76/10695.pdf>
- AIHW (2009) *'Australia's Welfare 2009: Housing and housing assistance, The ninth biennial welfare report of the Australian Institute of Health and Welfare'*, downloaded 7 April, 2010:
<http://www.aihw.gov.au/publications/index.cfm/title/10872>
- AIHW (2007) *'Older Australia at a Glance'*, 4th Edition, downloaded 5 April, 2010:
<http://www.aihw.gov.au/publications/index.cfm/title/10402>

- AIHW (2006) '*Homeless people in SAAP 2004-05: SAAP national data collection annual report 2004-05*', Cat. No. Hou 132, downloaded 2 April, 2010:
<http://www.aihw.gov.au/publications/index.cfm/title/10255>
- AIHW (2004) '*Carers in Australia: assisting frail older people and people with a disability*', Cat. No. AGE-41, downloaded 9 April, 2010:
<http://www.aihw.gov.au/publications/age/cia/cia.pdf>
- AIHW (2003) '*Australia's Welfare 2003*', downloaded 9 April, 2010:
<http://www.aihw.gov.au/publications/aus/aw03/aw03.pdf>
- Ajzen, I. (2002) Perceived Behavioral Control, Self-Efficacy, Locus of Control, and the Theory of Planned Behavior, '*Journal of Applied Social Psychology*', 32 (4), 665-683
- Albertini, M., Kohli, M. and Vogel, C. (2007) Intergenerational transfers of time and money in European families: common patterns – different regimes? '*European Journal of Social Policy*', 17, 4, 319-334
- ALGA (2006) '*Age-friendly built environments: opportunities for government*', downloaded 6 April, 2010:
<http://www.alga.asn.au/policy/healthAgeing/ageing/resources/publications/builtEnv.php>
- Allen, T. (1998) Interpretive biography as a method: researching tenants' experiences of housing renewal, '*International Journal of Social Research Methodology*', 13, 231-249
- Altman Klein, H. (1993) Home satisfaction: related health and psychosocial variables, '*Journal of Applied Gerontology*', 12, 4, 439-451
- Andreoletti, C. and Lachman, M. E. (2004) Susceptibility and resilience to memory aging stereotypes: education matters more than age, '*Experimental Aging Research*', 30, 129-148

- Andrews, E. L. (2008) Greenspan concedes error on regulation, '*New York Times*', 23 October, pB1, New York, downloaded 9 April, 2010: <http://www.nytimes.com/2008/10/24/business/economy/24panel.html>
- Angen, M. J., (2000) Evaluating interpretive inquiry: reviewing the validity debate and opening the dialogue, '*Qualitative Health Research*', 10, 33, 78-395
- Angus, J. and Ney, R. (2003) The paradox of the Aged Care Act 1997: the marginalisation of nursing discourse, '*Nursing Inquiry*', 10, 2, 130-138
- Arber, S., and Ginn, J. (1991) '*Gender and Later Life: A Sociological Analysis of Resources and Constraints*', London, Sage
- Ardern, M., Garnier, J. and Porter, R. (1998) Curious bedfellows: psychoanalytic understanding of old age psychiatry, '*Psychoanalytic Psychotherapy*', 12, 1 47-56
- Arouet de Voltaire, F. M. (1977) '*Candide; or, Optimism*' / Francois Marie; translated from the French by Richard Aldington; with an introduction by Paul Morand; and illustrations by Sylvain Sauvage, The Easton Press
- Arthurson, K. and Jacobs, K. (2009) Discourses about Australian Social Housing, Social Exclusion and Employment: Indications of the Post-Welfare State? '*Housing, Theory and Society*', 26, 3, 179 – 192
- Aspinwall, J. G. (2005) The psychology of future-oriented thinking: from achievement to proactive coping, adaptation and aging, '*Motivation and Emotion*', 29, 4, 203-235
- Attali, J. (1997) The crash of western civilization: the limits of the market and democracy, '*Foreign Policy*', 107, 54-54
- Australian Government (2009) '*Report on Government Services*', Canberra, ACT, downloaded 9 April, 2010: <http://www.pc.gov.au/gsp/reports/rogs/2009>

- Australian Government (2008) *'The Road Home: homelessness white paper'*, downloaded 2 April, 2010:
<http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/whitepaper/Documents/default.htm>
- Australian Government (2007) *'Tackling wicked problems: a public policy perspective'*, Commonwealth of Australia, downloaded 30 April, 2010:
<http://www.apsc.gov.au/publications07/wickedproblems.htm>
- Australian Government (2005) *Productivity Commission Research Report: Economic implications of an ageing Australia*, downloaded 5 April, 2010:
<http://www.pc.gov.au/projects/study/ageing>
- Australian Government (2004) *Productivity Commission Inquiry Report No. 28: First Home Ownership*, downloaded 5 April, 2010:
http://www.pc.gov.au/_data/assets/pdf_file/0016/56302/housing.pdf
- Australian Government (2001) *Productivity Commission Report on Government Services 2001*, Vol. 2, downloaded 5 April, 2010:
http://www.pc.gov.au/_data/assets/pdf_file/0013/64030/references2.pdf
- Australian Unity (2008) *What makes us happy, The Australian Unity Wellbeing Index*, Deakin University, downloaded 9 April, 2010:
<http://www.deakin.edu.au/research/acqol/auwbi/index.php>
- Avlund, K., Lund, R., Holstein, B. E., Due, P., Sakari-Rantala, R. and Heikkinen, R. L. (2004) The impact of structural and functional characteristics of social relations as determinants of functional decline, *'Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 59B, 1, S44-S51
- Avlund, K., Holstein, B. E., Mortensen, E. L. and Schroll, M. (1998) Active life in old age: combining measures of functional ability and social participation, *'Danish Medical Bulletin'*, 46, 4, 345-349

- Baars, J., Dannefer, D., Phillipson, C. and Walker, A. (2006) *'Ageing, Globalization and Inequality: The New Critical Gerontology'*, Baywood Publishing Company Inc, Amityville, New York
- Baars, J. and Thomese, F., (1994) Communes of elderly people: between independence and colonization, *'Journal of Aging Studies'*, 8, 341-356
- Babones, S. J. and Vonada, D. C. (2009) Trade globalisation and national income inequality: are they related? *'Journal of Sociology'*, 45, 5, 5-30
- Badcock, B. and Beer, A. (2000) *'Home Truths: Home Ownership and Housing Wealth in Australia'*, Melbourne University Press, Melbourne
- Badger, T. A. and Collins-Joyce, P. (2000) Depression, psychosocial resources and functional ability in older adults, *'Clinical Nursing Research'*, 9, 3, 238-255
- Bagley, P., and Lin, V. (2008) Public health systems research: The state of the field, *Australian Health Review'*, 32, 721-732
- Ball, M. M., Perkins, M. M., Whittington, J., Hollingsworth, C., King, S. V. and Combs, B. L. (2004) Independence in assisted living, *Journal of Aging Studies'*, 18, 4, 467-483
- Baltes, P. B. and Smith, (1990) Toward a psychology of wisdom and its ontogenesis, in R. J. Sternberg, *'Wisdom: its nature, origins and development'*, Cambridge University Press
- Bambra, C., Gibson, M., Sowden, A., Wright, K., Whitehead, M. and Petticrew, W. (2010) Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews, *Journal of Epidemiology and Community Health'*, 64, 4, 284-291
- Bannerman, E., Miller, M. D., Daniels, L. A., Cobiack, L., Giles, L. C., Whitehead, C., Andrew, G. R. and Crotty, M. (2002) Anthropometric indices protect physical function and mobility in older Australians: the Australian Longitudinal Study of Ageing, *Public Health Nutrition'*, 5, 655-662

- Barnes, S. L. (2003) Determinants of individual neighbourhood ties and social resources in poor urban neighbourhoods, *'Sociological Spectrum'*, 23, 4, 463-497
- Barrett, P. (2006) Review article: a case for examining the social context of frailty in later life, *'Australasian Journal on Ageing'*, 25, 3, 114-118
- Barthes, R. (1993) *'Mythologies'* (1972): Selected and translated from the French by Annette Lavers, Vintage, London
- Bartlett, A. (2006) A crisis in housing affordability, *'Online Opinion'*, 28 August, downloaded 5 April, 2020:
<http://www.onlineopinion.com.au/view.asp?article=4834>
- Bauman, A. (2005) The physical environment and physical activity: moving from ecological associations to intervention evidence, *Journal of Epidemiology and Community Health*, 59, 535-536
- Bauman, A., Ford, I. and Armstrong, T. (2001) *'Trends in population levels of reported physical activity in Australia, 1997, 1999 and 2000'*, Australian Sports Commission, Canberra, ACT, downloaded 9 April, 2010:
<http://fulltext.ausport.gov.au/fulltext/2001/ascpub/PATrendsReport.pdf>
- Bauman, A. and Smith, B. J. (2000) Healthy ageing: what role can physical activity play? *'Medical Journal of Australia'*, 173, 88-90
- Baxter, J. Shetterly, S. M., Eby, C. Mason, L. Cortese, C. and Hamman, R. F. (1998) Social network factors associated with perceived quality of life: The San Luis Valley Health and Aging Study, *'Journal of Aging and Health'*, 10, 3, 287-310
- Beal, C. (2006) Loneliness in older women: a review of the literature, *'Issues in Mental Health Nursing'*, 27, 7, 795-813
- Beer, A. (2008) *'Housing: mirror and mould for Australian society?'* Occasional Paper 5/2008, Census Series 3, Academy of the Social Sciences in Australia, Canberra

- Beer, A., Faulkner, D. and Gabriel, M. (2006) '*21st Century housing careers and Australian's housing future: literature review*', AHURI National Research Venture 2, Research Paper 1, Southern Research Centre
- Begala, P. (2000) The worst generation, '*Esquire*', April 1, downloaded 2 April, 2010: <http://www.superseventies.com/worstgen.html>
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R. and Tarule, J. M. (1986) '*Women's ways of knowing: the development of self, voice and mind*', Basic Books, New York
- Bengtsson, B. (2001) Housing as a social right: implications for welfare state theory, '*Scandinavian Political Studies*', 24, 4, 255-275
- Bengtsson, V. L., Burgess, E. O., Parrott, T. M., (1997) Theory, explanation, and a third generation of theoretical development in social gerontology, '*The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*', 52B, 2, S72-S88
- Bennett, K. M. (2002) Low level social engagement as a precursor of mortality in later life, '*Age and Ageing*', 31, 165-168
- Bennett, J. and Dixon, M. (2006) '*Single person households and social policy: looking forwards*', Joseph Rowntree Foundation, downloaded 9 April, 2010: <http://www.jrf.org.uk/sites/files/jrf/bennett-9781859354759.pdf>
- Benyamini, Y. and Idler, E. (1999) Community studies reporting association between self-rated health and mortality: additional studies 1995-1998, '*Research on Aging*', 21, 392-401
- Berger, P. L. and Luckman, T. (1966) '*The Social Construction of Reality*', Penguin Books, Harmondsworth, Middlesex, England
- Berg-Warman, A. and Brodsky, J. (2006) The supportive community: a new concept for enhancing the quality of life of elderly living in the community, '*Journal of Aging and Social Policy*', 18, 2, 69-83

- Berkman, L. F., Glass, T., Brissette, I. and Seeman, T. E. (2000) From social integration to health: Durkheim in the new Millennium, '*Social Science and Medicine*', 51, 843-857
- Berkman, L. F. and Gurland, B. J. (1998) The relationship among income, other socioeconomic indicators, and functional level in older persons, '*Journal of Ageing and Health*', 10, 1, 81-98
- Berkman, L. F. and Syme, S. L. (1979) Social networks, host resistance and mortality: a nine-year follow-up study of Alameda County residents, '*American Journal of Epidemiology*', 109, 2, 186-204
- Bevan, C. and Jeeawody, B. (1998) '*Successful Ageing: Perspectives on Health and Social Construction*', Mosby Sydney
- Bierman, A. (2008) Marital status as a contingency for the effects of neighbourhood disorder on older adults' mental health, '*Journals of Gerontology, Social Sciences*', 64B, 3, 425-434
- Biernat, M., Vescio, T. K. and Green, M. L. (1996) Selective self-stereotyping, '*Journal of Personality and Social Psychology*', 71, 6, 1194-1209
- Biggs, S., (1999) Changing identities and relationships in the human services, '*Education and Ageing*', 14, 2, 187-201
- Binstock, R. (2005) Old age policies, politics and ageism, '*Generations*', 29, 3, 73-78
- Blaikie, A. (1999) '*Ageing and Popular Culture*', Cambridge University Press
- Blumer, H. (1969) '*Symbolic Interactionism: Perspective and Method*', University of California Press. Berkeley
- Boneham, M. A. and Sixsmith, J. A. (2006) The voices of older women in a disadvantaged community: Issues of health and social capital, '*Social Science and Medicine*', 62, 269-279
- Bong, S. A. (2002) Debunking myths in qualitative data analysis, Forum: '*Qualitative Social Research*' (Online Journal) 3, 2; <http://www.qualitative-research.net/fqs-texte/2-02/2-02bong-e.pdf>

- Booth, H. and Tickle, L. (2004) Beyond three score years and ten: prospects for longevity in Australia, *'People and Place'*, 12, 1, 15-27
- Booth, H. and Tickle, L. (2003) The future aged: New projections of Australia's elderly population, *'Working Papers in Demography'*, No. 90, Research School of Social Sciences, Australian National University, downloaded 2 April, 2010: <http://adsri.anu.edu.au/pubs/Booth/Booth%20-%20the%20future%20aged-2003.pdf>
- Bosworth, H. B., Siegler, I. C., Olsen, M. K., Brummet, B. H., Barefoot, J. C., Williams, R. B., Clapp-Canning, N. D. and Mark, D. B. (2000) Social support and quality of life in patients with coronary artery disease, *'Quality of Life Research'*, 9, 1, 829-839
- Bouchard Ryan, E., Bieman-Copland, S., Kwong See, S. T., Ellis, C. H. and Anas, A. P. (2002) Age excuses: conversational management of memory failures in older adults, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 57, P256-P267
- Bourdieu, P. (1984) *'Distinction: a social critique of the judgment of taste'*, translated by Richard Nice, Routledge and Kegan Paul, London
- Bourque, P., Pushkar, D., Bonneville, L. and Beland, F. (2005) Contextual effects on life satisfaction of older men and women, *'Canadian Journal on Aging'*, 24, 1, 31-44
- Bowker, A., Bukowski, W., Zargarpour, S. and Hoza B. (1998) A structural and functional analysis of a two-dimensional model of social isolation, *'Merrill-Palmer Quarterly'*, 44, 4, 447-463
- Bowling, A. (2007) Aspirations for older age in the 21st century; what is successful aging? *'International Journal of Aging and Human Development'*, 64, 3, 263-297
- Bowling, A. (2004) Socioeconomic differentials in mortality in older people, *'Journal of Epidemiology and Community Health'*, 56, 6, 438-440

- Bowling, A. (1991) Social support and social networks: their relationship to the successful and unsuccessful survival of elderly people in community. An analysis of concepts and a review of the evidence, *'Family Practice'*, 8, 1, 68-82
- Bowling, A. and Zahava, G. (2007) Lay theories of quality of life in older age, *'Ageing and Society'*, 27, 5, 827-848
- Bowling, A. and Ilife, S. (2006) Which model of successful ageing should be used? Baseline findings from a British longitudinal survey of ageing, *'Age and Ageing'*, 35, 6, 607-614
- Bowling, A. and Dieppe, P. (2005) What is successful ageing and who should define it? *'British Medical Journal'*, 331, 1548-1551
- Bowling, A. and Grundy, E. (1997) Activities of daily living: changes in functional ability in three samples of elderly and very elderly people, *'Age and Ageing'*, 26, 2, 107-114
- Bowling, A., Seetai, S., Morris, R. and Ebrahim, S. (2007) Quality of life among older people with poor functioning. The influence of perceived control over life, *'Age and Ageing'*, 36, 3, 310-315
- Bradley, C. and Harrison, J. E. (2007) Fall-related hospitalizations among older people: socio-cultural and regional aspects, *'Australian Institute of Health and Welfare, Injury Research and Statistics Series'*, No. 33, Australian Government, Canberra, ACT, downloaded 9 April, 2010:
<http://www.nisu.flinders.edu.au/pubs/reports/2007/injcat97.pdf>
- Breeze, E., Sloggett, A., and Fletcher, A. E. (1999) Socioeconomic status and transitions in status in old age in relation to limiting long-term illness measured at the 1991 Census: Results from the UK Longitudinal Study, *'European Journal of Public Health'*, 9, 265-270

- Bridge, C., Adams, T., Phibbs, P. and Mathews, M. (2010) 'Reverse mortgages and older people: growth factors and implications for retirement decisions', AHURI Final Report No. 123, UNSW-UWS Research Centre
- Bridge, C., Phibbs, P., Kendig, H., Mathews, M. and Cooper, B. (2008) '*The costs and benefits of using private housing as the 'home base' for care for older people: secondary data analysis*', AHURI Final Report No. 115, Sydney Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p60313/>
- Bridge, C., Phibbs, P., Kendig, H., Mathews, M. and Bartlett, H. (2007) '*The costs and benefits of using private housing as the 'home base' for care for older people: a systematic review of the literature*', Positioning Paper No. 94, Sydney Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p60313/>
- Bridge, C., Kendig, H., Quine, S. and Parsons, A. (2002) '*Housing and care for younger and older adults with disabilities*', AHURI Final Report No. 16, Sydney Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/projects/p60019/>
- Bringolf, J. (2010) Universal design: why don't we have more, '*Independent Living*', 25, 4, 4-6
- Broese Van Groenou, M. I., Van Tilburg, T. (2003) Network size and support in old age: differentials by socio-economic status in childhood and adulthood, '*Ageing and Society*', 23, 625-645
- Broese van Groenou, M., Van Tilburg, T. and Jong Gierveld, J. (1999) Loneliness among older adults, geographical and neighbourhood characteristics, cited in Sociological Abstracts from '*Mens en Maatschappij*', 1999, 74, 3, 235-249
- Brooks, J. D., (1996) Living longer and improving health: an obtainable goal in promoting aging well? '*American Behavioural Scientist*', 39, 3, 272-285

- Brown, E. (2007) Care recipients' psychological well-being: the role of sense of control and caregiver type, *'Aging and Mental Health'*, 11, 4, 405-414
- Brown, A. F., Ang, A. and Pebley, A. R. (2007) The relationship between neighborhood characteristics and self-rated health for adults with chronic conditions, *'American Journal of Public Health'*, 97, 926-932
- Brown, B., Perkins, D. and Brown, G. (2003) Place attachment in a revitalizing neighbourhood: individual and block levels of analysis, *'Journal of Environmental Psychology'*, 23, 259-271
- Browne, C. V. (1995) Empowerment and social work practice with older women, *'Social Work'*, 40, 3, 358-364
- Bryant, T., Chisholm, S. and Crowe, C. (2002) *The social determinants of health: housing as a determinant of health'*, summary of papers presented at The Social Determinants of Health Across the Life-Span Conference, held in Toronto in November 2002, downloaded 25 April, 2010:
- Burholt, V. and Naylor, D. (2005) The relationship between rural community type and attachment to place for older people living in North Wales, UK, *'European Journal of Ageing'*, 2, 109-119
- Burke, S. N. and Barnes, C. A. (2006) Neural plasticity in the ageing brain, *Nature Reviews in Neuroscience*, 7, 30-40
- Burns, R. A. and Machin, M. A. (2009) Investigating the structural validity of Ryff's psychological well-being scales across two samples, *'Social Indicators Research'*, 93, 359-375
- Burrows, R. and Wilcox, S. (2004) *'Low-Income Homeowners in Wales'*, Joseph Rowntree Foundation, downloaded 9 April, 2010:
<http://www.jrf.org.uk/publications/low-income-homeowners-wales>

- Burtless, G. (2002) *Does Population Aging Represent a Crisis for Rich Societies?* Paper prepared for a session of the annual meetings of the American Economic Association, Is There an Aging Crisis? Atlanta, Georgia, January 6, downloaded 9 April, 2010:
http://www.brookings.edu/papers/2002/01saving_burtless.aspx
- Butler, J. P. (1990) *'Gender Trouble: Feminism and the Subversion of Identity'*, Routledge, New York
- Butler, R. (2005) The future of ageism: Baby Boomers at the doorstep, *'Generations'*, 29, 3, 79-83
- Buys, L., Miller, E. and Barnett, K. (2006) The Personal, Practical and Policy Implications of Older Australians' Residential Choice: Impact of Retirement Village vs. Community Living on Family and Formal Support, *'Journal of Housing for the Elderly'*, 20, 1, 31-46
- Byles, J., Powers, J., Chojenta, C. and Warner-Smith, P. (2006) Older women in Australia: ageing in urban, rural and remote environments, *'Australasian Journal on Ageing'*, 25, 3, 151-157
- Bytheway, B. (1993) Ageing and biography: the letters of Bernard and Mary Berenson, *'Sociology: the Journal of the British Sociological Association'*, 27, 1 153
- Carbonell, J. and Polivka, L. (2003) The aging network and the future of long term care, *'Journal of Gerontological Social Work'*, 41, 3-4, 313-321
- Carroll, T. (2007) Curious conceptions: learning to be old, *'Studies in Continuing Education'*, 29, 1, 71-84
- Casler, L. (1985) A simple verbal procedure for reducing the rates of psychosomatic enfeeblement and death in an aged population, *'Death Studies'*, 9, 3-4, 295-307

- Cassidy, K., Kotynia-English, R., Acres, J., Flicker L., Lautenschlager, N. T. and Almeida, O. P. (2004) Association between lifestyle factors and mental health measures among community-dwelling older women, *'Australian and New Zealand Journal of Psychiatry'*, 38, 11, 940-947 downloaded 5 April, 2010: [http://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/F270E0C066F3DE7780256B67005B728C/\\$file/dp114.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/F270E0C066F3DE7780256B67005B728C/$file/dp114.pdf)
- Carbonell, J. & Polivka, L. (2003) The aging network and the future of long-term care, *'Journal of Gerontological Social Work'*, 41, 3-4, 312-321
- Ceci, C., Houger Limacher, L., and McLeod, D. L. (2002) Language and power: ascribing legitimacy to interpretive research, *'Qualitative Health Research'*, 12, 5, 713-720
- Chaix, B., Rosvall, M., Lynch, J. and Merlo, J. (2006) Disentangling contextual effects on cause-specific mortality in a longitudinal 23-year follow-up study: impact of population density on socio-economic environment, *'International Journal of Epidemiology'*, 35, 3, 633-643
- Chang, J. T., Morton, S. C., Rubenstein, L. Z., Mojica, W. A., Maglione, M. Suttorp, Roth, E. A. and Shekelle, P. G. (2004) Interventions for preventions of falls in older adults: systematic review and meta-analysis of randomized clinical trials, *'British Medical Journal'*, 328, 7441, 680-687
- Chamberlayne, P., Bornat, J. and Wengraf, T. (2000) *The Turn to Biographical Methods in Social Science: Issues and Examples*, Routledge, London.
- Chapman, P. (2006) Housing affordability in Australia, *'AHURI Research and Policy Bulletin'*, Issue 68, downloaded 9 April, 2010: http://www.ahuri.edu.au/nrv/nrv3/NRV3_Assoc_docs.html
- Chapman, S. A. (2005) Theorizing about aging well: constructing a narrative, *'Canadian Journal on Aging'*, 24, 1, 9-18
- Chappell, N. and Havens, B. (1984) Old and female: testing the double jeopardy hypothesis, *'The Sociological Quarterly'*, 21, 2, 157-171

- Chaskin, R. J., Goerge, R. M., Skyles, A. and Gultinan, S. (2006) Measuring social capital: an exploration in community-research partnership, *'Journal of Community Psychology'*, 34, 4, 489-514
- Chasteen, A., (1994) "The world around me": the environment and single women, *'Sex Roles: A Journal of Research'*, 31, 5-6, 309-329
- Checkel, J. T. (2004) Social Constructivisms in Global and European Politics, *'Review of International Studies'*, 30, 2, 229-244
- Cheng, S-C., Chan, A. C. M. and Phillips, D.R. (2004) Quality of life in old age: an investigation of older persons in Hong Kong, *'Journal of Community Psychology'*, 32, 3, 309-326
- Chen, J. M. and Wilmoth, P. C. (2004) Immigrant status, living arrangements, and depressive symptoms among middle-aged and older adults, *Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 58, S305-S313
- Cheung, Y. B. (2000) Marital status and mortality in British women: a longitudinal study, *'International Journal of Epidemiology'*, 29, 93-99
- Chiovitti, R. F. and Piran, N. (2002) Rigour and grounded theory research, *'Journal of Advanced Nursing'*, 44, 4, 427-435
- Chipperfield, J. G., and Segall, A., (1996) Seniors' attributions for task performance difficulties, *'Journal of Ageing and Health'*, 8, 4, 489-511
- Chipperfield, J. G., Campbell, D. W. and Perry, R. P. (2004) Stability in perceived control, *'Journal of Aging and Health'*, 16, 1, 116-147
- Chodorow, N. (1999) *The Reproduction of Mothering: psychoanalysis and the sociology of gender'*, University of California Press
- Chow, N. (2007) Home Sweet Home, *'On Line Opinion'*: 28 August, downloaded 5 April, 2010: <http://www.onlineopinion.com.au/view.asp?article=6296>
- Clapham, D. (2002) Housing pathways: a post modern analytic framework, *'Housing, Theory and Society'*, 19, 2, 57-68

- Commonwealth of Australia (2010) *'Intergenerational Report, 2010'*, Australia 2050: future challenges, Barton, ACT, downloaded 5 April, 2010:
<http://www.treasury.gov.au/igr/igr2010/>
- Commonwealth of Australia (2009a) *Budget 2009-2010, Budget Paper No. 1*, Canberra, ACT, downloaded 9 April, 2010:
<http://www.budget.gov.au/2009-10/content/bp1/html/index.htm>
- Commonwealth of Australia (2009b) *Australia's future tax system - the retirement income system: report on strategic issues*, May 2009, downloaded 9 April, 2010:
http://taxreview.treasury.gov.au/content/downloads/retirement_income_report_strategic_issues/retirement_income_report_20090515.pdf
- Commonwealth of Australia (2009c) *Secure and sustainable pensions: delivering on pension reform*, Australian Tax Office, Canberra, ACT, downloaded 5 April, 2010: http://www.ato.gov.au/budget/2009-10/content/glossy/pension/download/pensions_overview.pdf
- Commonwealth of Australia (2009d) *Residential and community aged care in Australia*, Senate Standing Committee on Finance and Public Administration, downloaded 6 January, 2009:
http://www.aph.gov.au/Senate/committee/fapa_ctte/aged_care/report/report.pdf
- Commonwealth of Australia (2008) *Occasional Paper No. 21: Inquiry into cost of living pressures on older Australians*, Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs, downloaded 9 April, 2010:
<http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Documents/op21/op21.pdf>
- Connell, R. and Wood, J. (2002) Globalization and scientific labour: patterns in a life-history of intellectual workers in the periphery, *'Journal of Sociology'*, 38, 2, 167-190

- Conway, S. and Hockey, J. (1998) Resisting the 'mask' of old age? the social meaning of lay health beliefs in later life, *'Ageing and Society'*, 18, 469-494
- Coory, M. 2004. Ageing and healthcare costs in Australia: a case of policy based evidence? *'Medical Journal of Australia'*, 180, 11, 581-583
- Corbin, J and Strauss, A. (1990) Grounded theory research: procedures, canons and evaluative criteria, *'Qualitative Sociology'*, 13, 1, 3-21
- Cornoni Huntley, J.C., Foley, D.J., White, L.R., Suzman, R., Berkman, L. F., Dennis, D. A. and Wallace, R. B. (1985) Epidemiology of disability in the oldest old, *'The Millbank Memorial Fund Quarterly: Health and Society'*, 63, 2, 350-376
- Coupland, J (2000) Past the 'perfect kind of age'? Styling selves and relationships in over-50s dating advertisements, *'Journal of Communication'*, 50, 3, 9-30
- Crose, R. (1997) *'Why Women Live Longer Than Men... And What Men Can Learn From Them'*, Jossey-Bass, San Francisco
- Crow, G., Graham, A. and Summers, M. (2002) Neither busybodies nor nobodies: managing proximity and distance in neighbourly relations, *'Sociology'*, 36, 1, 127-145
- Cumming, E. and Henry, W. (1961) *'Growing old: the process of disengagement'*, Basic Books, New York
- Czarniawska, B. (2004) *'Narratives in Social Science Research'*, Sage Publications Incorporated
- Dale, H. (2007) Australia's housing crisis undermining society's foundations: *'Housing Industry Association News'*, downloaded 5 April, 2010:
<http://hia.com.au/Latest%20News/Article.aspx?CID=&yearmonth=200702&title=February%202007&AID={031E4667-D420-4B68-9233-FB309E7BCDA7}>
- Daniel, P. (1995) Researching the ageing well process, *'American Behavioural Scientist'*, 39, 2, 152

- Davies, B. (1989) *'Frogs and snails and feminist tails: preschool children and gender'*, Allen and Unwin, Sydney
- Davies, B. and Davies, C. (2007) Having, and being had by, "experience": or experience in the social sciences after the discursive/post-structuralist turn, *'Qualitative Inquiry'*, 13, 8, 1139-1159
- Deci, E. L. and Ryan, R. M. (2008) Hedonia, eudaimonia and well-being: an introduction, *'Journal of Happiness Studies'*, 9, 1-11
- Denzin, Norman K., (1989), *Interpretive Biography*, *'Qualitative Research Methods'*, Volume 17, Sage Publications, Newbury Park, California
- Department of Health and Ageing (2008) *Report on the Operation of the Aged Care Act 1997 - 1 July 2007 to 30 June 2008*, downloaded 30 November, 2009: <http://www.health.gov.au/internet/main/publishing.nsf/Content/agein-g-reports-acarep-2008.htm~ageing-reports-acarep-2008-2.htm>
- Derrida, J. (1976) *'Of Grammatology'*, translated by Gayatri Chakravorty Spivak, Johns Hopkins University Press, Baltimore
- Deshmukh S., Fatemi A. and Fooladi, I. J. (2008) Complexity of information and trading behavior: The case of dividend increase announcements, *Journal of 'Economic Psychology'*, 29, 1-18
- De Vaus, D. (2004) *Diversity and change in Australian families: statistical profiles*, Australian Institute of Family Studies, Melbourne, Australia, downloaded 9 April, 2010: <http://www.aifs.gov.au/institute/pubs/diversity/main.html>
- De Vaus, D., Qu, L. and Weston, R. (2003) Changing patterns of partnering, *'Family Trends'*, 64, 10-15
- Da Vaus, D. and Richardson, S. (2009) *Living alone in Australia: trends in sole living and characteristics of those who live alone*, Occasional Paper, Census Series 4, Academy of the Social Sciences
- DHHS (1998) *'First Results of the Healthy Communities Survey, Health and Well Being in Tasmania'*, Tasmanian Government

- Dick, B. (2000) Grounded theory revisited (4), '*Occasional pieces in action research methodology*', 28, downloaded 9 April, 2010:
<http://www.scu.edu.au/schools/gcm/ar/arm/op028.html>
- Diener, E., Su, E. M., Lucas, R. E. and Smith, H. L. (1999) Subjective well-being: three decades of progress, '*Psychological Bulletin*', 125, 2, 276-302
- Dingle, T. (1999) Self-help housing and co-operation in post-war Australia, '*Housing Studies*', 14, 3, 341-354
- Dobbs, D. Ekert, J.K., Rubinstein, B., Keimig, L., Clark, L., Frankowski, A. and Zimmerman, S., (2008) An ethnographic study of stigma and ageism in residential care or assisted living, '*Gerontologist*', 48, 4, 517-526
- Dorfman, L. T., Mendez, E. C. and Osterhaus, J. K. (2009) Stress and resilience in the oral histories of rural older women, '*Journal of Women and Aging*', 21, 4, 303-316
- Dorling, D. (2010) All in the mind? Why social inequalities persist, '*Public Policy Research*', 16, 4, 226-231
- Drago, R., Pirretti, A. and Scutella, R. (2007) Work and family directions in the US and Australia: a policy research agenda, '*Journal of Industrial Relations*', 49, 1, 49-66
- Dugan, E. and Kivett, V. R., (1994) The importance of emotional and social isolation to loneliness among very old rural adults, '*Gerontologist*', 34, 3, 340-346
- Dunn, J. (2002) *A population health approach to housing: a framework for research*, A report prepared for the National Housing Research Committee (NHRC) and the Canada Mortgage and Housing Corporation (CMHC), Department of Community Health Services, University of Calgary
- Dykstra, P. A. (2009) Older adult loneliness: myths and realities, '*European Journal on Ageing*', 6, 2, 91-100

- Dykstra, P. A., Van Tilburg, T. G. and Gierveld, J. D. (2005) Changes in older adult loneliness: results from a seven year longitudinal study, *'Research on Aging'*, 27, 6, 725-746
- Eardley, T., Bradshaw, J., Ditch, J., Gough, I. and Whiteford, P. (1996) *'Social Assistance in OECD Countries: Synthesis Report'*, A study carried out on behalf of the Department of Social Security and the OECD by the Social Policy Research Unit, London, downloaded 9 April, 2010: <http://research.dwp.gov.uk/asd/asd5/rrep046.pdf>
- Eastwood, R., Amaducci, L., Brayne, C., Broe, T., and Jolles, J. (1996) The challenge of the dementias, *'Lancet'*, 347, 9011-1303
- Edmondson, R. (2005) Wisdom in later life: ethnographic approaches, *'Ageing and Society'*, 25, 339-356
- Ekerdt, D. J. (2004) Born to retire: the foreshortened life course, *'Gerontologist'*, 44, 1, 3-9
- Ekstrom, M. (1994) Elderly people's experiences of housing renewal and forced relocation: social theories and contextual analysis in explanations of emotional experiences, *'Housing Studies'*, 9, 3, 369-391
- Elliott, R. and Jankel-Elliott, N. (2002) *Using ethnography in strategic consumer research*, Centre for Strategic Research, Exeter, Paper No. 2, downloaded 9 April, 2010: http://business-school.exeter.ac.uk/documents/discussion_papers/management/2002/0202.pdf
- Engelman, M. (2001) Here's to the Belleville ladies: creativity in later age, *'Activities, Adaptation and Aging'*, 24, 4, 19-26
- Erikson, E. H. (1963) *'Childhood and Society'*, Penguin Books, Harmondsworth, Middlesex, England
- Estes, C. (2002) *'Social policy and ageing: a critical perspective'*, Sage Publications, Thousand Oaks, California

- Evans, G. W., Kantrowitz, P. and Eshelman, E. (2002) Housing quality and psychological well-being among the elderly population, *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57, 381-P383
- Evans, K. D., Mazzei, L. A. and Teaford, M. H. (2001) Removing some of the gray concerning the health of frail older women, *Journal of Diagnostic Medical Sonography*, 17, 4, 203-210
- Ezzy, D. (2002) *Qualitative Analysis: Practice and Innovations*, Allen and Unwin, Crows Nest, New South Wales, Australia
- FaCSHIA (2008) *Annual report 2007-08*, Canberra, ACT, downloaded 5 April, 2010:
<http://www.fahcsia.gov.au/about/publicationsarticles/corp/Documents/2008%20Annual%20Report/default.htm>
- Faulkner, D., Bennet, K., Andrews, G., Luszcz, M., Davis, S. and Clark, M. (2002) Housing, housing assistance and the well being of older people, *AHURI Research and Policy Bulletin*, Issue 12, downloaded 9 April, 2010:
<http://ahuri.ddsn.net/publications/projects/p40005/>
- Femia, E. E., Zarit, S. H. and Johansson, B. (2001) The disablement process in very late life: a study of the oldest old in Sweden, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 56B, 1, 12-23
- Finfgeld-Connett, D. (2005) Clarification of social support, *Journal of Nursing Scholarship*, 37, 1, 4-9
- Findlay, R. (2003) Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing and Society*, 23, 5, 647-658
- Findlay, R. and Cartwright, C. (2002) *Social isolation and older people: a literature review*, Report for Seniors' Interest Branch and Ministerial Advisory Council on Older People, Queensland Government, downloaded 9 April, 2010:
<http://www.communityservices.qld.gov.au/seniors/isolation/consultation/documents/pdf/literaturereview.pdf>

- Finlayson, M., (2002), Changes predicting long-term care use among the oldest old, *'Gerontologist'*, 42, 4, 443-453
- Fisher, B. S. and Regan, S. L. (2006) The extent and frequency of abuse in the lives of older women and their relationship with health outcomes, *'Gerontologist'*, 46, 2, 200-209
- Fisher, B. J., Specht, D. K., (1999) Successful aging and creativity in later life, *'Journal of Aging Studies'*, 1, 4, 457
- Fitzgerald, R. (2010) Old women: the wisest people on Earth, *'Huffington Post'*, Posted: February 2, 2010 10:24 A, downloaded 25 February, 2010: http://www.huffingtonpost.com/rory-fitzgerald/old-women-the-wisest-peop_b_445798.html,
- Fletcher, J. K., Blake-Beard, S. and Bailyn, L. (2009) *Practical pushing: Creating discursive space in organizational narratives*, Paper for presentation at 4th International Critical Management Studies Conference 4-6 July 2005 Cambridge University, UK
- Fopp, R. (2008) *The post welfare state and homelessness: few exit points but more extensive and intensive intervention*, 3rd Australasian Housing Researchers' Conference, RMIT, Melbourne
- Foran, B., Lenzen, M. and Dey, C. (2005) *'Balancing Act; triple bottom line analysis of the Australian economy'*, Commonwealth of Australia
- Forbes, J. (2002) *'The application of age-integrated cohousing for older people'*, Churchill Fellowship Report, downloaded 9 April, 2010: <http://www.churchilltrust.com.au/fellows/detail/2139/janice+forbes>
- Forbes, J. and Holford, M. (2000) *'Taking action: housing options for older people'*, Tasmanian Department of Health and Human Services and Migrant Resource Centre Southern Tasmania Inc
- Forbes, J. (2000) Staying independent: housing issues for older women, *'Everybody: the Tasmanian Journal of Health Promotion'*, Winter/Spring

- Foucault, M. (2006) *'The history of madness'*, edited by Jean Khalfa, translated by Jonathan Murphy and Jean Khalfa, Routledge, London, New York
- Franklin, A. and Tranter, B. (2008) *'Loneliness in Australia'*, HACRU, Paper No. 13, School of Sociology and Social Work, University of Tasmania, downloaded 9 April, 2010:
http://www.utas.edu.au/sociology/HACRU/HACRU_Occasional_Paper_13_Loneliness_in_Australia.pdf
- Franzini, L., Caughy, M., Spears, W. and Fernandes-Esquer, E. M. (2005) Neighbourhood economic conditions, social processes, and self-rated health in low-income neighbourhoods in Texas: a multilevel latent variables model, *'Social Science and Medicine'*, 61, 6, 1135-1150
- Fratiglioni, L., Wang, H., Ericsson, K., Maytan, M. and Winblad, B. (2000) Influence of social network on occurrence of dementia: a community based longitudinal study, *'Lancet'*, 355, 9212, 1315-1319
- Fried, L. P., Bandeen-Roche, K., Kasper, J. D., and Guralnik, J. M. (1999) Association of comorbidity with disability in older women: the women's health and aging study, *'Journal of Clinical Epidemiology'*, 52, 1, 27-37
- Gabriel, Z. and Bowling, A. (2004) Quality of life from the perspectives of older people, *'Ageing and Society'*, 24, 675-691
- Gadamer, H. (1994) *'Truth and Method'*, 2nd edition, translation revised by Joel Weinsheimer and Donald G. Marshall, Continuum, New York
- Gamliel, T. and Hazan, H. (2006) The meaning of stigma: identity construction in two old-age institutions, *'Aging and Society'*, 26, 355-371
- Gardner, I. L., Browning, C. and Kendig, H. (2006) Accommodation options in later life: retirement village or community living, *'Australasian Journal on Ageing'*, 24, 4, 188-195
- Gattuso, S. (1996) The meaning of home for older women in rural Australia, *'Australian Journal on Ageing'*, 15, 4 172-176

- Gehl, J. (1987) *'Life Between Buildings'*, Van Nostrand Reinhold, New York.
- Gerbner, G., Gross, L., Morgan, M., and Signorielli, N. (1980) The "mainstreaming" of America, *'Journal of Communication'*, 30, 10-29
- Gergen, M. and Gergen, K. J. (2003) *'Social Construction: A Reader'*, Sage, Thousand Oaks, California
- Gibson, D. (1996) Broken down by age and gender, *'Gender and Society'*, 10, 4, 433-448
- Giddens, A. (1998) *'The Third Way: The Renewal of Social Democracy'*, Polity Press, Cambridge
- Giles, H. and Reid, S. A. (2005) Ageism across the lifespan: towards a self-categorization model of ageism, *'Journal of Social Issues'*, 61, 2, 389-404
- Giles, L. C., Metcalf, P. A., Glonek, G. F., Luszcz, M. A. and Andrews, G. R. (2004) The effects of social networks on disability in older Australians, *'Journal of Ageing and Health'*, 16, 4, 517-538
- Giles-Corti, B. (2006) *The impact of urban form on public health*, prepared for the 2006 Australian State of the Environment Committee, Department of Environment and Heritage, Canberra, ACT, downloaded 2 April, 2010: <http://www.environment.gov.au/soe/2006/publications/emerging/public-health/index.html>
- Giles-Corti, B. and Donovan, R. J. (2002) The relative influence of individual, social and physical environment determinants of physical activity, *'Social Science and Medicine'*, 54, 1793-1812
- Gill, G. F., Geraghty, D. and Fitzgerald, D. G. (2008) Did general practice assessments of older Australians improve equity? *'Australian Health Review'*, 32, 3, 488-493
- Gilleard, C., Hyde, M. and Higgs, P. (2007) The impact of age, place, aging in place and attachment to place on the well being of over 50s in England, *'Research on Aging'*, 29, 6, 590-605

- Gilleard, C., (1996) Consumption and identity in later life: toward a cultural gerontology, *'Ageing and Society'*, 16, 489-498
- Gilligan, C. (1982) *'In a Different Voice: Psychological Theory and Women's Development'*, Harvard University Press, Cambridge, Massachusetts
- Gilroy, R. (2005) The role of housing space in determining freedom and flourishing in older people, *Social Indicators Research'*, 74, 141-158
- Glass, T. A. (2003) Assessing the success of successful aging, *'Annals of Internal Medicine'*, 139, 5, 382-3
- Gleeson, B. (2008) Waking from the dream: an Australian perspective on urban resilience, *'Urban Studies'*, 45, 13, 2653-2668
- Gleeson, D. H., Legge, D. G. and O'Neill, D. (2009) Evaluating health policy capacity: Learning from international and Australian experience, *'Australia and New Zealand Health Policy'*, 6, 3, 1-15
- Glover, T. D. (2004) The 'community' center and the social construction of citizenship, *'Leisure Sciences'*, 26, 1, 63-83
- Glover, J. D., Hetzel, D. M. S. and Tennant, S. K. (2004) The socioeconomic gradient and chronic illness and associated risk factors in Australia, *'Australia and New Zealand Health Policy'*, 1, 8, downloaded 20 July 2007: <http://www.anzhealthpolicy.com/articles/browse.asp?date=12-2004>
- Gluck, J. and Baltes, P. B. (2006) Using the Concept of Wisdom to Enhance the Expression of Wisdom Knowledge: Not the Philosopher's Dream but Differential Effects of Developmental Preparedness, *'Psychology and Aging'*, 21, 4, 679-690
- Golant, S. and La Greca, A. J. (1998) The relative deprivation of US elderly households as judged by their housing problems, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 50, S131

- Goldblum, A. and Craston, A. (2008) *Australian Household Net Worth*, Australian Treasury, downloaded 5 April, 2010:
http://www.treasury.gov.au/documents/1352/PDF/04_Household_net_worth.pdf
- Graham, V. and Tuffin, T. (2004) Retirement villages: companionship, privacy and security, '*Australasian Journal on Ageing*', 23-4, 184-188
- Grant, L. D. (2004) Effects of ageism on individual health care providers' responses to healthy aging, '*Health and Social Work*', 21, 1
- Gray, G. (2005) Health Policy in Australia, '*Australian Policy Online*', 18 February, downloaded 5 April, 2010: <http://apo.org.au/commentary/health-policy-australia>
- Green, A. I. (2007) Queer Theory and Sociology: Locating the Subject and the Self in Sexuality Studies, '*Sociological Theory*', 25, 1, 26-45
- Greer, G. (1970) *The Female Eunuch*, Paladin, London
- Grenier, A. and Hanley, J. (2007) Older Women and 'Frailty': Aged, Gendered and Embodied Resistance, '*Current Sociology*', 55, 2, 211-228
- Grondin, J. (1994) '*Introduction to philosophical hermeneutics*', foreword by Hans-Georg Gadamer, translated by Joel Weinsheimer, Yale University Press, New Haven
- Grundy, E. (2006) Ageing and vulnerable elderly people: European Perspectives, *Ageing and Society*, 26, 105-134
- Gubrium, J. F. (1976) '*Being single in old age, In Time, Roles and Self in Old Age*', Human Sciences Press
- Gubrium, J. F. and Holstein, J. A. (1999) The nursing home as a discursive anchor for the ageing body, '*Ageing and Society*', 19, 519-538
- Gubrium, J. F. and Holstein, J. A. (1994) Grounding the post modern self, '*Sociological Quarterly*', 35, 4, 685-703

- Gubrium, J. F. and Wallace, J. B. (1990) Who theorises age? '*Ageing and Society*', 10, 131-149
- Guest, R. (2008) Evaluating public policy responses to the economic burden of population ageing with application to Australia, '*Journal of Population Research*', 25, 2, 99-118
- Gullette, M.M. (1997) '*Declining to Decline: Cultural Combat and the Politics of the Midlife*', University Press of Virginia Charlottesville, Virginia
- Guo, X., Schwartz, S. J. and McCabe, B. E. (2008) Aging, gender and self: dimensionality and measurement invariance analysis of self-construal, '*Self and Identity*', 7, 1, 1-24
- Ha, J. H. and Carr, D. (2005) The effect of parent-child geographic proximity on widowed parents psychological adjustment, '*Research on Aging*', 27, 5, 578-610
- Hall, M. and Havens, B. (1999) '*The effect of social isolation and loneliness on the health of older women*', Aging in Manitoba Study, Department of Community Health Sciences, University of Manitoba
- Hancock, L. (2002) The Care Crunch: Changing Work, Families and Welfare in Australia, '*Critical Social Policy*', 22, 1, 119-140
- Hanlon, H., Farnsworth, J., and Murray, J. (1997) Aging in American comic strips, '*Ageing and Society*', 17, 293-204
- Hansen, E. B., Christensen, V. T. and Heinesen, E. (2009) The effect of home care on the ability to perform the activities of daily living and the well-being of older people, '*European Journal of Ageing*', 6, 1, 17-26
- Hansen, E. B., Dahl, A., Gottschalk, G. and Jensen, S. P. (2000) '*Ældre i bofællesskab, Statens Byggeforskningsinstitut*', Horsholm, Denmark

- Harding, A., King, A. and Kelly, S. (2002) *The income and wealth of older Australians: trends and projections*, National Centre for Social and Economic Modelling (NATSEM) Online Conference Paper, CP2002_002, University of Canberra, ACT, downloaded 20 July 2007:
<http://www.natsem.canberra.edu.au/publication.jsp?titleID=CP0202>
- Harrison, T. and Kahn, D. L. (2004) Perceived age, social integration and disability: a case study of aging women, *'Journal of Loss and Trauma'*, 9, 2, 113-129
- Hassan, R., Zang, Z. and McDonnell-Baum, S. (1996) Why families move: a study of residential mobility in Australia, *'Journal of Sociology'*, 32, 1, 72-85
- Hatch, L. R. (2005) Gender and ageism, *'Generations'*, 29, 3, 19-24
- Hausdorff, J.M., Levy, B.R., and Wei, J.Y. (1999) The power of ageism on physical function of older persons: reversibility of age-related gait changes, *'Journal of the American Geriatric Society'*, 47, 11, 1346-1349
- Havens, B., Hall, M., Sylvestre, G. and Tyler, J. (2004) Social isolation and loneliness: differences between older rural and urban Manitobans, *'Canadian Journal on Aging'*, 23, 2, 129-140
- Hawkey, K. (2003) Assessing online discussions: working 'along the grain' of current technology and educational culture, *Information and Education Technologies'*, 9, 4, 377-386
- Hazan, H. (2002) The home over the hill: towards a modern cosmology of institutionalization, *'Journal of Aging Studies'*, 16, 4, 323-344
- Healy, J. (2004) *'The benefits of an ageing population'*, Discussion Paper No. 63, The Australia Institute, downloaded 7 April. 2010:
https://www.tai.org.au/documents/dp_fulltext/DP63.pdf
- Healy, J. (2002) The care of older people: Australia and the United Kingdom, *'Social Policy and Administration'*, 36, 1, 1-19

- Hébert, R., Brayne, C. and Spiegelhalter, D. (1997) Incidence of functional decline and improvement in a community-dwelling, very elderly population, *'American Journal of Epidemiology'*, 145, 10, 935-944
- Heidegger, M. (1996)⁶⁰ *'Being and Time'*: a translation of *Sein und Zeit*; translated by Joan Stambaugh, 1996, State University of New York Press, Albany, New York
- Heikkinen, R-L, (1998) *'The role of physical activity in healthy ageing'*, Finnish Centre for Interdisciplinary Gerontology, prepared under the guidance of the World Health Organization Ageing and Health Programme, WHO/HPR/AHE/98.2, downloaded 9 April, 2010: <http://www.imsersomayores.csic.es/documentos/documentos/oms-role-01.pdf>
- Help Age International (2001) *Equal treatment, equal rights: ten actions to end age discrimination*, London, downloaded 8 May, 2010: <http://www.helpage.org/Resources/Policyreports>
- Hemerijk, A. (2006), *Recalibrating Europe's Semi-Sovereign Welfare States*, Discussion Paper, Social Science Research Center, Berlin, downloaded 5 April, 2010: <http://www.hks.harvard.edu/inequality/Summer/Summer06/papers/Hemerijk.pdf>
- Hendricks, J., (1996) Where are the new frontiers in aging theory? The search for new solutions, *'Gerontologist'*, 36, 2, 141-144
- Henry, K. (2004) The economic impact of Australia's aging population, *'School of Advanced International Studies (SAIS) Review'*, 24, 2, 81-92
- Henry, K. (2002) *The Demographic Challenge to our Economic Potential*, Chris Higgins Memorial Lecture, Economic Society of Australia, Canberra, downloaded on 2 April, 2010: <http://www.treasury.gov.au/documents/472/pdf/higgins.pdf>

⁶⁰ First published in 1962.

- Henry, K. and O'Brien, T., (2003) Globalisation, poverty and inequality: friends, foes or strangers? *'Australian Economic Review'*, 36, 1, 3-21
- Herd, P. and Harrington-Meyer, M. (2002) Care work: invisible civic engagement, *'Gender and Society'*, 16, 5, 665-688
- Herlitz, C. (1997) Distribution of formal and informal home help for elderly people in Sweden, *'Gerontologist'*, 37, 1, 117-124
- Hess, T. M., Auman, C. Colcombe, S. J. and Rahhal, T. A. (2003) The impact of stereotype threat on age differences in memory performance, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 58, 3-11
- Hewitt de Alcántara, C. (1994) *Social Integration: Approaches and Issues*, UNRISD Briefing Paper No. 1, World Summit for Social Development, downloaded 9 April, 2010:
[http://www.unrisd.org/unrisd/website/document.nsf/\(httpPublications\)/510920DA18B35A6880256B65004C6A7B?OpenDocument](http://www.unrisd.org/unrisd/website/document.nsf/(httpPublications)/510920DA18B35A6880256B65004C6A7B?OpenDocument)
- Hillman, J. (1999) *'The Force of Character and the Lasting Life'*, Random House Australia, Sydney
- Hinkikka, J., Koskela, T., Kontula, O., Koskela, K. and Viinamaki, H. (2000) Men, women and friends: are there differences in relation to mental well-being, *'Quality of Life Research'*, 9, 841-5
- Hinterlong, J. E. (2008) Productive engagement among older Americans: prevalence, patterns and implications for public policy, *'Journal of Aging and Social Policy'*, 20, 2, 141-164
- Hinterlong, J. E., Morrow-Howell, N. and Rozario, P. A. (2007) Productive engagement and late life physical and mental health, *'Research on Aging'*, 29, 4, 348-370

- Hogan, W. (2004) *Review of pricing arrangements in residential aged care: report*, Department of Health and Ageing, Canberra, ACT, downloaded 9 April, 2010:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-investinginagedcare-report-index.htm>
- Hou, F. and Myles, J. (2005) Neighbourhood inequality, neighbourhood affluence and population health, *'Social Science and Medicine'*, 60, 7, 1557-1569
- Howden-Chapman, P. (1999) Housing and health in older people: ageing in place, *'Social Policy Journal of New Zealand'*, December, 14
- Howe, A. L. (2003) *Housing an older Australia: More of the same or something different?* Keynote Address, Housing Futures in an Ageing Australia Conference, Melbourne, AHURI and The Myer Foundation, downloaded 9 April, 2010:
http://www.ahuri.edu.au/downloads/2003_Events/HFAA/Anna_Howe_keynote.pdf
- Howe, A. L. (1999) The economics of aged care, *'Social Policy and Administration'*, 33, 5, 534-551
- Hughes, M. E., Waite, L. J., Hawkley, L. C. and Cacioppo, John T. (2004) A short scale for measuring loneliness in large surveys, *'Research on Aging'*, 26, 6, 655-672
- Hugo, G. (2003) Australia's ageing population: some challenges for planners, *'Australian Planner'*, 40, 2, 109-118
- Huisman, M., Kunst, A. E., Andersen, O., Bopp, M., Borgan, J. K., Borrell, C., Costa, G., Deboosere, P., Desplanques, G., Donkin, A., Gadeyne, S., Minder, C., Regidor, E., Spadea, T., Valkonen, T., Mackenbach, J. P. (2004) [Socioeconomic inequalities in mortality among elderly people in 11 European populations](#), *'Journal of Epidemiology and Community Health'*, 58, 6, 468-475

- Hulse, K. and Burke, T. (2009) '*The benefits and risks of home ownership: disaggregating the effects of household income*', Australian Housing and Urban Research Institute, Positioning Paper No. 120, Swinburne-Monash Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/projects/p50514>
- Hulse, K. and Stone, W. (2006) '*Housing and social cohesion: an empirical exploration*', AHURI Final Report No. 100, Swinburne-Monash Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p50300/>
- Hurd, L. C. (1999) "We're Not Old!" Older women's negotiation of aging and oldness, '*Journal of Aging Studies*', 13, 4, 419-439
- Husserl, E. (1999)⁶¹ '*Cartesian meditations: an introduction to phenomenology*', translated by Dorion Cairns, Kluwer Academic, Dordrecht
- Hutton, W. and Giddens, A. (2000) Is globalization Americanization? Will Hutton and Anthony Giddens in conversation, '*Dissent*', 47, 3
- Idler, E. L. and Benyamini, Y. (1997) Self-rated health and mortality: a review of twenty-seven community studies, '*Journal of Health and Human Behavior*', 38, 1, 21-37
- Illinois Council on Long Term Care (2008) '*Understanding the transition to life in a nursing home*', downloaded 16 April, 2010:
http://www.nursinghome.org/fam/fam_004.html
- Inhorn, M. C. and Whittle, K. L. (2001) Feminism meets the 'new' epistemologies: toward an appraisal of antifeminist biases in epidemiological research on women's health, '*Social Science and Medicine*', 53, 553-567
- Irwin, S. (1999) Late life inequality and sociological theory, '*Ageing and Society*', 19, 691-795

⁶¹ First published in 1950.

- Jacobs, K. (2009) Neighbourhood stigma, '*Unleashed*', 14 July, Australian Broadcasting Commission (ABC), downloaded 9 April, 2010:
<http://www.abc.net.au/unleashed/stories/s2595449.htm>
- Jacobs, K. (2002) Subjectivity and the transformation of urban spatial experience, '*Housing, Theory and Society*', 19, 102-111
- Jacobs, K., Kemeny, J. and Manzi, T. (2003) Power, discursive space and institutional practices in the construction of housing problems, '*Housing Studies*', 18, 4, 429-446
- Jackson, N. (2001) *The policy-maker's guide to population ageing: key concepts and issues*, Policy Research Paper No. 13, Department of Family and Community Services, Commonwealth of Australia, downloaded 6 April, 2010:
http://www.fahcsia.gov.au/about/publicationsarticles/research/socialpolicy/Pages/prps-prps_13.aspx
- Jagger, C., and Clarke, M. (1988) Mortality risks in the elderly: five year follow-up of a total population, '*International Journal of Epidemiology*', 17, 111-4
- Jarvis, L. L. (2001) Nursing home satisfaction, biography and the life worlds of psychiatrically disabled residents, '*Journal of Aging Studies*', 15, 3, 237-252
- Jefferson, T. (2005) Women and retirement incomes in Australia: a review, '*The Economic Record*', 81, 254, 273-291
- Job, E. (1984) '*Eighty plus: outgrowing the myths of old age*', Queensland University Press, St Lucia, Australia
- Johnson, P. (1999) '*Ageing in the twenty-first century: implications for public policy*', Policy Implications of the Ageing of Australia's Population Conference, 18-19 March, downloaded 6 April, 2010:
<http://www.pc.gov.au/research/confproc/ageing>
- Johnson, T. F. (1995) Aging well in contemporary society, '*American Behavioural Scientist*', 39, 2, 120-131

- Johnstone, M-J and Kanitsake, O. (2009) Population ageing and the politics of demographic alarmism: implications for the nursing profession, *'Australian Journal of Advanced Nursing'*, 26, 3, 86-92
- Jones, A., Bell, M, Tilse, C. and Earl, G. (2007) *'Rental Housing provision for lower income older Australians'*, AHURI Final Report No. 98, Queensland Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p20170/>
- Jones, A., De Jonge, D. and Phillips, R. (2009) *'The role of home maintenance and modification services in achieving health, community care and housing outcomes in later life'*, AHURI Research and Policy Bulletin, 118, downloaded 9 April, 2010: <http://www.ahuri.edu.au/publications/projects/p20335>
- Jones, A., de Jonge, D. and Phillips, R. (2008) *'The role of home maintenance and modification services in achieving health, community care and housing outcomes in later life'*, AHURI Final Report No. 123, Queensland Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/projects/p20335>
- Jones, A., Howe, A., Tilse, C., Bartlett, H. and Stimson, B. (2010) *'Service integrated housing for Australians in later life'*, AHURI Final Report No. 141, Queensland Research Centre, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p20287/>
- Jordan, J. V. (1997) *'Women's growth in diversity: more writings from the Stone Center'*, Guilford Publications, New York
- Jordan, J. V., Kaplan, A., Baker Miller, J., Stiver, I. P. and Surrey, J. L. (1991) *'Women's Growth in Connection'*, Stone Center, Boston, Massachusetts
- Judd, B., Olsberg, D., Quinn, J., Groenhart, L. and Groenhart (2010) *'Dwelling, land and neighbourhood use by older home owners'*, Australian Housing and Urban Research Institute, Final Report No. 144, UNSW-UWS Research Centre, downloaded 9 March 2010:
<http://www.ahuri.edu.au/publications/p70392/>

- Jylha, M. and Jokela, J. (1990) Individual experience as cultural: a cross-cultural study on loneliness among the elderly, *'Ageing and Society'*, 10, 3, 295-315
- Kafak, G. J. and Kozma, A. (2002) The construct validity of Ryff's Scales of Psychological Well-Being (PSWB) and their relationship to measures of subjective well-being, *'Social Indicators Research'*, 57, 2, 171-190
- Kahana, E., Kahana, B. and Zhang, J. (2005) Motivational antecedents of preventive pro-activity in late life: Linking future orientation and exercise, *'Motivation and Emotion'*, 29, 4, 443-464.
- Kalisch, D. W. (2000) *Social policy directions across the OECD region: reflections on a decade of change*, Policy Research Paper No. 4, Department of Family and Community Services, Commonwealth of Australia, downloaded 9 April, 2010:
<http://www.fahcsia.gov.au/about/publicationsarticles/research/socialpolicy/Documents/prp04/contents.htm>
- Kamler, B. (2001) We're not nice little old ladies, *'Journal of Adolescence and Adult Literacy'*, 45, 3, 232-235
- Kane, R. A., Kaplan, A. L., Urv-Wong, E. K., Freeman, I. C., Aroksar, M. A. and Finch, M. (1997) Everyday matters in the lives of nursing home residents: wish for and perception of choice and control, *'American Journal of Epidemiology'*, 145, 9, 1086-1093
- Karki, A. (2009) *Loneliness among elderly women: a literature review*, Bachelor's Thesis, Laurea University of Applied Sciences, downloaded 22 April, 2010:
https://publications.theseus.fi/bitstream/handle/10024/2350/Anita_Karki.pdf?sequence=2
- Kasper, W., Blandy, R., Freebairn, J., Hocking, D., and O'Neill, R. (1980), *'Australia at the Crossroads: Our Choices to the Year 2000'*, Sydney, Harcourt Brace Jovanovich.

- Kavanagh, A. M., Goller, J. I., King, T., Jolley, D., Crawford, D. and Turrell, G. (2005) Urban area disadvantage and physical activity: a multilevel study in Melbourne, Australia, '*Journal of Epidemiology and Community Health*', 59, 934-940
- Keane, J. (2009) *Old age without wretchedness: Tom Paine's vision of growing old*, Evatt Foundations, downloaded 15 January 2010:
<http://evatt.org.au/publications/papers/232.html>
- Kelly, S. (2003) *The intergenerational perspective: older people's income, wealth and housing*, Housing Futures in An Ageing Australia Conference, Melbourne, 10 November, National Centre for Social and Economic Modelling
- Kelly, S. and Harding A. (2004) Funding the retirement of Baby Boomers, '*Agenda*', Vol. 11, No. 2, Australian National University, Canberra, pp. 99-112
- Kelly, S., Percival, R. and Harding, A. (2001) *Women and Superannuation in the 21st Century: Poverty or Plenty?* NATSEM, Canberra, ACT, downloaded 2 April, 2010:
http://www.sprc.unsw.edu.au/media/File/NSPC01_Kelly_Percival_Harding.pdf
- Kendig, H. (2003) Directions in environmental gerontology: a multi-disciplinary field, '*Gerontologist*', 43, 5, 611-615
- Kendig, H. and Duckett, S. (2001) *Australian directions in aged care*, Australian Health Policy Institute, Commissioned Paper Series 2001/5, University of Sydney, downloaded 12 March 2010:
[http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/276/\\$FILE/276%20-%20Submission%20-%20Prof%20Hal%20Kendig%20Individual%20Attachment%20D.pdf](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/276/$FILE/276%20-%20Submission%20-%20Prof%20Hal%20Kendig%20Individual%20Attachment%20D.pdf)

- King, D. E., Mainous, A. G. and Geesey, M. E. (2007) Turning the clock back: adopting a healthy lifestyle in middle age, *'American Journal of Medicine'*, 120, 598-603
- King, P. (2005) *'The Common Place: The Ordinary Experience of Housing'*, Ashgate Publishing Limited, Aldershot, England
- Kingston, P. (2000) Falls in later life: status passage and preferred identities as a new orientation, *'Health'*, 4, 2, 216-233
- Kitchin, R. and Dodge, M. (2007) Rethinking maps, *'Progress in Human Geography'*, 31, 3, 331-344
- Kite, M. W., Stockdale, G. D., Whitley, B. E. and Johnson, B. T. (2005) Attitudes towards younger and older adults: an updated meta-analytic review, *'Journal of Social Issues'*, 61, 2, 241-266
- Klass, D. (1996) *'Continuing Bonds: New Understandings of Grief'*, Taylor and Francis
- Knudtson, P. and Suzuki, D. (1992) *'Wisdom of the elders'*, Allen and Unwin, Crows Nest, Australia
- Kohli, M. (2000) Age integration through interest mediation: political parties and unions, *'Gerontologist'*, 40, 3, 279-281
- Koller, V. and Davidson, P. (2008) Social exclusion as conceptual and grammatical metaphor: a cross-genre study of British policy making, *'Discourse and Society'*, 19, 307-331
- Koncelik, J. A. (2003) The human factors of aging and the micro-environment: personal surroundings, technology and product development, *'Journal of Housing for the Elderly'*, 17, 1-2, 117-134
- Krause, N., Ingersoll-Dayton, B. Ellison, C. G. and Wulff, K. M. (1999) Aging, religious doubt, and psychological well-being, *'Gerontologist'*, 39, 5, 525-533
- Krekula, C. (2007) The intersection of age and gender: Reworking gender theory and social gerontology, *'Current Sociology'*, 55, 2, 155-171

- Krekula, C. (2003) *The social construction of older women in feminist discourses*, 6th Conference of European Sociological Association, 23-26 September
- Kwan, C. M., Love, G. D. and Ryff, C. D. (2003) The role of self-enhancing evaluations in a successful life transition, *'Psychology of Aging'*, 18, 1, 3-12
- Kweon, B-S., Sullivan, W. C., Koley, R. L. and Brunson, L. (1998) Fertile ground for community: inner-city neighborhood common spaces, *'American Journal of Community Psychology'*, 26, 6, 823-851
- Kweon, B-S., Sullivan, W. C., and Riley, A. R. (1998) Green common spaces and the social integration of inner-city older adults, *'Environment and Behavior'*, 30, 6, 832 – 85
- Lachman, M. E. and Andreoletti, C. (2007) Strategy use mediates the relationship between control beliefs and memory performance for middle-aged and older adults, *'Journals of Gerontology, Health Module'*, 61B, 2, 88-105
- Laditka, S. B., Fischer, M., Laditka, J. N. and Segal, D. R. (2004) Attitudes about aging and gender among young, middle age, and older college based students, *'Educational Gerontology'*, 30, 403-421
- Laing, R. D. (1967) *'The Politics of Experience'*, Routledge and Kegan Paul
- Laing, R. D. (1960) *'The Divided Self: an existential study in sanity and madness'*, Penguin
- Lansley, P., McCreddie, C. And Tinker, A. (2004) Can adapting the homes of older people and providing assistive technology pay its way? *'Age and Ageing'*, 33, 571-576
- Lauder, W., Mummery, K., Jones, M. and Caperchione, C. (2006) A comparison of health behaviors in lonely and non-lonely populations, *Psychology, Health and Medicine'*, 11, 2, 233-245
- Lauzen, M. M. and Dozier, D. M. (2005) Maintaining the double standard: portrayals of age and gender in popular films, *'Sex Roles'*, 52, 7/8, 437-447

- Laws, G. (1996) A shot of economic adrenalin: reconstructing 'The Elderly' in the retiree-based economic development literature, *'Journal of Aging Studies'*, 10, 3, 171-188
- Lawrence, A. R. and Schiller Shigolone, A. R. (2002) Reciprocity beyond dyadic relationships: aging related communal coping, *'Research on Aging'*, 24, 6, 684-704
- Lawton, M. P. and Nahemow, L. (1973) Ecology and the aging process, In Eisdorfer, C. and Lawton, M. P., *'The Psychology of Adult Development and Aging'*, American Psychological Association, Washington D. C.
- LeBrasseur, R. and Blackford, K. (1988) The Leford Test of Tenant Locus of Control, *'Environment and Behavior'*, 20, 3, 300-319
- Lee, C. and Moudén, A. V. (2004) Physical activity and environment research in the health field: implications for urban and transportation planning, practice and research, *'Journal of Planning Literature'*, 19, 2, 147-181
- Lee, G. R. and Porteous J. (2002) Experiences of family caregiving among middle-aged Australian women, *'Feminism and Psychology'*, 12, 1, 79-96
- Lee, G. R. and Shehan, C. L. (1989) Social relations and self esteem of older persons, *'Research on Aging'*, 11, 4, 427-442
- Lenthe, F. J. Van, Brug, J. and Mackenback, J. P. (2005) Neighbourhood inequalities in physical inactivity: The role of neighbourhood attractiveness, proximity to local facilities and safety in the Netherlands, *'Social Science and Medicine'*, 60, 4, 763-775
- Levitas, R. (2009) *What needs to change*, Centenary Eleanor Rathbone Lecture to Liverpool City Council, 9 December, downloaded 20 May 2010: www1.aston.ac.uk/EasySiteWeb/GatewayLink.aspx?allId=57558
- Levitas, R. (2004) Let's Hear It for Humpty: Social Exclusion, the Third Way and Cultural Capital, *'Cultural Trends'*, 13(2): 1-15

- Levitas, R. (2003) Introduction: the elusive idea of Utopia, *'History of the Human Sciences'*, 16, 1, 1-10
- Levitas, R. (2001) Against work: a Utopian incursion into social policy, *'Critical Social Policy'*, 21, 4, 449-465
- Levitas, R. (1998) *'The Inclusive Society? Social Exclusion and New Labour'*, MacMillan, London
- Levy, B. Slade, M. D. and Gill, T. M. (2006) Hearing decline predicted by elders' stereotypes, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 61, P82-P87
- Levy, B. R., Slade, M. D., Kunkel, S. R. and Kasl, S. V. (2002) Longevity increased by positive self-perceptions of aging, *'Journal of Personality and Social Psychology'*, 83, 2, 261-270
- Levy, B. R., Slade, M. D. and Kasl, S. V. (2002) Longitudinal benefit of positive self-perceptions of aging on functional health, *'Journals of Gerontology Series B, Psychological Sciences and Social Sciences'*, 57, P409-P417
- Lewis, M. and Butler, R. (1972) Why is women's lib ignoring older women? *'International Journal of Aging and Human Development'*, 3, 223-231
- Li, F., Fisher, J., Brownson, R. C. and Bosworth, M. (2004) Multilevel modeling of built environment characteristics related to neighbourhood walking activity in older adults, *'Journal of Epidemiology and Community Health'*, 59, 558-564
- Lincoln, Y. S. (2001) Emerging criteria for quality in qualitative and interpretive research, In Denzin, N. K. and Lincoln, Y. S. (2001) *'The Qualitative Inquiry Reader'*, Sage Publications Incorporated
- Lindstrom, M., Merlo, J. and Ostergren, P-O. (2002) Individual and neighbourhood determinants of social participation and social capital, *'Social Science and Medicine'*, 54, 12, 1779-1791
- Litwin, H. and Shiovitz-Ezra, S. (2006) The association between activity and wellbeing in later life: what really matters? *'Ageing and Society'*, 26, 225-242

- Liu, C.-W., Everingham, J.-A., Warburton, J., Cuthill, M. and Bartlett, H. (2009) What makes a community age friendly: a review of international literature, *'Australasian Journal on Ageing'*, 23, 2, 116-121
- Lloyd-Sherlock, P. (2000) Population ageing in developed and developing regions: implications for health policy, *Social Science and Medicine'*, 51, 887-895
- Locher, B. and Prugl, E. (2001) Feminism and Constructivism: Worlds Apart or Sharing the Middle Ground? *'International Studies Quarterly'*, 45, 1, 111-129
- Locher, J. L., Ritchie, C. S., Roth, D. L., Sawyer Baker, P., Bodner, E. V. and Allman, R. M. (2004) Social isolation, support, and capital and nutritional risk in an older sample: ethnic and gender differences, *'Social Science and Medicine'*, 60, 4, 747-761
- Lopata, H. Z. (1981) Widowhood and husband sanctification, *Journal of Marriage and the Family'*, 43, 2, 439-50
- Loseke, D. (1997) The whole spirit of modern philanthropy: the construction of the idea of charity, 1912-1992, *'Social Problems'*, 44, 425-444
- Low, D. (2009) Merleau-Ponty's criticism of Heidegger, *'Philosophy Today'*, 53, 3, 273-293
- Low, C. (1994) The Foundations of Merleau-Ponty's Ethical Theory, *'Human Studies'*, 17, 2, 173-187
- Luken, P. C. and Vaughan, S. (2003) Living alone in old age: institutionalized discourse and women's knowledge, *'Sociological Quarterly'*, 44, 1, 109-131
- Luukinen, H., Koski, K., Kivala, S. L. and Luppala, P. (1996) Social status, life changes, housing conditions, health, functional abilities and life-style as risk factors for recurrent falls among the home dwelling elderly, *'Public Health'*, 110, 2, 115-8
- Lyyra, L. and Heikinen, R-L. (2006) Experienced health in older women with rheumatoid arthritis, *'Journal of Women and Aging'*, 18, 4, 67

- Lyyra, T-M., Tormakangas, T. M., Read, S., Rantanen, T. and Berg, S. (2006) Satisfaction with present life predicts survival in octogenarians, '*Journals of Gerontology, Health Module*', 61B, 6, P319-P328
- *McAdams, D. P., St Aubin, E. D. and Logan, R. L. (1993) Generativity among mid-life and older adults, '*Psychology and Aging*', 8, 2, 221-230
- McCamant, K. and Durrett, C. (1998) '*Cohousing: A Contemporary Approach to Housing Ourselves*', Habitat Press/Ten Speed Press, Berkeley, California
- McComb, K., Moss, C. Durant, S. M., Baker, L. and Sayialel, S. (2001) Matriarchs as repositories of social knowledge in African elephants, '*Science*', Vol. 292. no. 5516, pp. 491 - 494
- McDonald, C. and McIntyre, M. (2002) Women's health and women's health care: complicating experience, language and ideologies, '*Nursing Philosophy*', 2, 3, 234-239
- McDonald, P. (2003) '*Medium and long term projections of housing need in Australia*', AHURI Final Report No. 38
- McGhee, D. (2003) Moving to 'our' common ground – a critical examination of community cohesion discourse in twenty-first century Britain, '*Sociological Review*', 51, 3, 376-404
- McGregor, J. A. (2004) Researching well-being: communicating between the needs of policy makers and the needs of people, '*Global Social Policy*', 4, 3, 337-358
- McHugh, K. E. (2000) The ageless self? Emplacement of identities in sunbelt retirement communities, '*Journal of Aging Studies*', 14, 1, 103-115
- MacIntyre, S., Ellaway, A. and Cummins, S. (2002) Place effects on health: how can we conceptualise, operationalise and measure them, '*Social Science and Medicine*', 55, 125-139

- MacIntyre, S., Ellaway, A. Der, G., Ford, G. and Hunt, K. (1998) Do housing tenure and car access predict health because they are simply markers of income or self esteem? A Scottish Study, '*Journal of Epidemiology and Community Health*', 52, 657-664
- McIver, V. (1978) Freedom to be: a new approach to quality care for the aged, '*Canadian Nurse*', 74, March, 19-26
- McMillan, D., and Chavis, D.M. (1986) Sense of community: A definition and a theory, '*Journal of Community Psychology*', 14, 6-23
- McMullin, J. (1995) Theorizing age and gender relations. In S. Arber and J. Ginn, '*Connecting gender and ageing: A sociological approach*', Open University Press, Buckingham, England, 30-41
- Malpass, G. (2008) Housing and the new welfare state: wobbly pillar or cornerstone? '*Housing Studies*, 23, 1, 1-19
- Mannarini, T. and Fedi, A. (2009) Multiple senses of community; the experience and meaning of community, '*Journal of Community Psychology*', 37, 2, 211-227
- Marcus, C. C. (1995) '*House as mirror of the self: exploring the deeper meaning of home*', Conari Press, Berkeley, California
- Markle-Reid, M. and Brown, G. (2003) Conceptualizations of frailty in relation to older adults, '*Journal of Advanced Nursing*', 44, 1, 58-68
- Markson, E. W. (2003) '*Social Gerontology Today*', Roxbury Publishing Company, Los Angeles, California
- Markson, E. W. and Taylor, C. A. (2000) The mirror has two faces, '*Ageing and Society*', 20, 137-160
- Marmot, M., Bosma, H., Hemingway, H., Brunner, E. J. and Stansfield, S. A. (1997) Contribution of job control and other risk factors to social variation in coronary heart disease incidence: Whitehall II Study, '*Lancet*', 350, 235-239
- Marshall, G. (1998) '*A Dictionary of Sociology*', Oxford Press

- Martikainen, P. (2007) Mortality and Socio-economic Status Among Finnish Women, *'Population Studies'*, 49, 71-90
- Martikainen, P., Moustgaard, H., Murphy, M., Einio, E. K., Koskinen, S., Martelin, T. and Noro, A. (2009) Circumstances as determinants of entry into and exit from long-term institutional care at older ages: a six-year follow-up study of older Finns, *'Gerontologist'*, 49, 1, 34-45
- Marston, G. and Watts, R. (2003) Just the facts Ma'am: a critical appraisal of evidence-based policy, *'Just Policy'*, 30, July, 32-46
- Mathers, C. D., Vos, E. T., Stevenson, C. E. and Begg, S. J. (2001) The Australian burden of disease study: measuring the loss of health from diseases, injuries, *'Bulletin of the World Health Organisation'*, 79, 11, 1076-1084
- Melzer, D., McWilliams, B., Brayne, C., Johnson, T. and Bond, J. (2000) Socioeconomic status and the expectation of disability in old age: estimates for England, *'Journal of Epidemiology and Community Health'*, 54, 286-292
- Mendes de Leon, C. F., Glass, T. A. and Berkman L. F. (2003) Social engagement and disability in a community population of older adults: The New Haven EPESE, *'American Journal of Epidemiology'*, 157, 633-642.
- Mendes de Leon, C. F., Gold, D. T., Glass, T. A., Kaplan, L. and George, L. K. (2001) Disability as a function of social networks and support in elderly African Americans and Whites: The Duke EPESE (Established Populations for the Epidemiologic Study of the Elderly) 1986-1992, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 56B, 3, S179-S190
- Mendez-Luck, C. A., Kennedy, D. P. and Wallace, S. P. (2008) Concepts of burden in giving care to older relatives: a study of female caregivers in a Mexico City neighborhood, *'Journal of Cross-Cultural Gerontology'*, 23, 265-282

- Menec, V. H. and Chipperfield, J. G. (1997) The interactive effect of perceived control and functional status on health and mortality among young-old and old-old adults, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 52B, 3, P118-P126
- Merleau-Ponty, M. (1964) *'Sense and Non-Sense'*, translated by Hubert Dreyfus and Patricia Allen Dreyfus, Northwestern University Press, Evanston
- Mills, C. W. (1959) *'The Sociological Imagination'*, Oxford University Press
- Millward, C. (1998) 'Family support and exchange', *'Family Matters'*, 50, Winter, 19-23
- Milne, A. and Williams. J. (2000) Meeting the mental health needs of older women: taking social inequality into account, *'Ageing and Society'*, 20, 699-723
- Minichiello, V., Browne, J., and Kendig, H. (2000) Perceptions and consequences of ageism: views of older people, *'Ageing and Society'*, 20, 253-278
- Mirowsky, J. (1997) Age, subjective life expectancy, and the sense of control: the horizon hypothesis, *'Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 52B, 3, S125-S135
- Mirowsky, J. (1996) Age and the gender gap in depression, *'Journal of Health and Social Behavior'*, 37, 4, 362-380
- Mirowsky, J. (1995) Age and sense of control, *'Social Psychology Quarterly'*, 58, 1, 38-43
- Mirowsky, J. and Ross, C. E. (2005) Education, cumulative advantage and health, *'Ageing International'*, 30, 1, 27-62
- Mirowsky, J. and Ross, C. E. (1998) Education, personal control, lifestyle and health: a human capital synthesis, *'Research on Aging'*, 20, 415-449
- Mishra, G. D., Ball, K., Dobson, A. J., Byles, J. E. and Warner-Smith, P. (2001) The measurement of socioeconomic status: investigation of gender- and age-specific indicators in Australia: National Health Survey '95, *'Social Indicators Research'*, 56, 73-89

- Montigny, E-A. (1997) Ornamental non-entities? Older women, historians and the writings of Ellen Osler and Wilmot Cumberland, *'Ageing and Society'*, 17, 2, 191-207
- Moos, R.H. (1976) Conceptualisations of human environments, In R. Moos (Ed.) *'The human context: environmental determinants of behaviour'*, pp 3-35, John Wiley, New York
- More, Sir Thomas (1516) *'Utopia'*, downloaded 18 April, 2010:
<http://oregonstate.edu/instruct/phl302/texts/more/utopia-contents.html>
- Morris, A. (2009) Living on the margins: comparing older private renters and older public housing tenants in Sydney, *Australia, Australasian Journal on Ageing'*, 24, 5, 693-707
- Morris, A. (2006) Living on the margins: the worlds of older private renters in Sydney, *'Australian Journal of Human Rights'*, 12, 1, 205-221
- Mullins, P. and Western, J. (2002) *'Housing, housing assistance and well being'*, AHURI, Research and Policy Bulletin 10, Queensland Research Centre
- Musterd, S. (2008) Residents' views on social mix: social mix, networks and stigmatisation in post-war housing estates in Europe, *'Urban Studies'*, 45, 4, 897-915
- Myer Foundation (2004) *'Housing futures in an ageing Australia'*, AHURI Research and Policy Bulletin Issue 43:
- Myer Foundation (2002) *2020: A vision for aged care in Australia*, downloaded on 6 April, 2010:
http://www.myerfoundation.org.au/_uploads/rsfil/00112.pdf
- Nasvardi and Wister (2006) Informal social support and use of a specialized transport system by chronically ill older adults, *'Environment and Behaviour'*, 38, 2, 209-225

- National Affordable Housing Summit (2007) *Improving housing affordability: A call for action*, Australian Council of Social Service, Housing Industry Association, Australian Council of Trade Unions, National Shelter and Community Housing Federation of Australia, downloaded 6 April, 2010: <http://www.sheltersa.asn.au/National%20Shelter/Call%20for%20Action.pdf>
- National Seniors Australia (2009) *'Moving or staying put: deciding where to live in later life'*, Department of Health and Ageing, Canberra, ACT, downloaded 6 April, 2010: <http://www.productiveageing.com.au/userfiles/file/Moving%20or%20staying%20put.pdf>
- Neales, Sue (2010) Aged-care shake-up plan, *'The Mercury'*, 14 April
- Nelson, T. (2005) Ageism: prejudices against our feared future self, *'Journal of Social Issues'*, 61, 2, 207-221
- Nocon, A. and Pearson, M. (2000) The role of friends and neighbours in providing support for older people, *'Ageing and Society'*, 20, 341-367
- Nusberg, C. (2000) Towards a society for all ages, *Journal of Aging and Social Policy'*, 11, 1-2, 31-39
- Nye, R. A. (2003) The evolution of the concept of medicalisation in the late twentieth century, *'Journal of History of the Behavioral Sciences'*, 39, 2, 115-129
- Oakes, J. M. (2004) The (mis)estimation of neighbourhood effects: causal inference for a practical social epidemiology, *'Social Science and Medicine'*, 58, 10, 1929-1952
- Oakley, A. (1999) People's ways of knowing: gender and methodology. In: *'Critical issues in social research'*, Hood, S., Mayall, B. and Oliver, S., Open University Press, 154-170
- Oakley, A. (1981) Interviewing women: a contradiction in terms, In Roberts, H., *'Doing Feminist Research'*, Routledge and Kegan Paul, London

- Oakley, A. (1972) *Sex, 'Gender and Society'*, Sun Books Pty Ltd, South Melbourne, Victoria, Australia
- O'Brien, L. T. and Hummert, M. L. (2006) Memory performance of late middle-aged adults: contrasting self-stereotyping and stereotype threat accounts of assimilation to age stereotypes, *'Social Cognition'*, 24, 3, 338-358
- O'Bryant, S. L. (1991) Older widows and independent lifestyles, *'International Journal of Aging and Human Development'*, 3, 1, 41-51
- OECD (2009a) *Pensions at a glance 2009: retirement income systems in OECD countries*: www.oecd.org/els/social/pensions/PAG
- OECD (2009b) *Economic policy reforms: going for growth*, downloaded 30 March 2010:
<http://www.oecdbookshop.org/oecd/display.asp?lang=en&sf1=DI&st1=5KZG74GR0LVK>
- OECD (2008a) *Growing unequal: income distribution and poverty in OECD countries*, summary downloaded on 2 April, 2010:
http://www.oecd.org/document/4/0,3343,en_2649_33933_41460917_1_1_1_1,00.html
- OECD (2008b) Ageing OECD Societies, chapter 1 in *Trends shaping education*, 2008 edition, downloaded on 2 April, 2010:
www.oecd.org/dataoecd/38/32/41250023.pdf
- OECD (2005) *Ageing Populations: High Time for Action*, Background paper prepared by the OECD Secretariat:
<http://www.oecd.org/dataoecd/61/50/34600619.pdf>
- OECD (2001) *Ageing and Income: Financial Resources and Retirement in Nine OECD Countries*, Social Issues Paper, OECD Publishing
- OECD (2000) *'Reforms for an Ageing Society'*, Social Issues Paper, OECD Publishing
- OECD (1994), *New Orientations for Social Policy*, *'Social Policy Studies'*, 12

- Ollilia, E. (2005) Review: global health policies – priorities of the wealthy?
'Globalization and Health', 1, 6, 1-5
- Olsberg, D. and Winters, M. (2005) *'Ageing in place: intergenerational and intra familial housing transfers and shifts in later life'*, Australian Housing and Urban Research Institute, Final Report 88
- Ong, A. D., Bergeman, C. S. and Boker, S. M. (2009) Resilience comes of age: defining features in later adulthood, *'Journal of Personality'*, 77, 6, 1777-1804
- Ong, A. D., Edwards, L. M. and Bergeman, C. S. (2006) Hope as a source of resilience in later adulthood, *'Personality and Individual Differences'*, 41, 7, 1263-1273
- O'Rand, A. M. (1996) The precious and the precocious: understanding cumulative disadvantage and cumulative advantage over the life course, *'Gerontologist'*, 36, 2, 230-238
- Osborn, D. P. J., Fletcher, A. E., Smeeth, L., Sterling, S., Bulpit, C. J., Breeze, E., Ng, E. S. W., Nunes, M., Jones, D. and Tulloch, A. (2003) Factors associated with depression in a representative sample of 14,217 people aged 75 and over in the United Kingdom: results from the MRC trial of assessment and management of older people in the community, *'International Journal of Geriatric Psychiatry'*, 18, 623-630
- Osnes, E. K., Lofthus, C. M., Meyer, H. E., Falch, J. A., Nordsletten, L. Cappelen, I. and Kristiansen, I. (2004) Consequences of hip fracture on activities of daily life and residential needs, *'Osteoporosis International'*, 15, 7, 567-574
- Oswald, F., Wahl, H., Martin, M. and Mollenkopf, H. (2003) Physical environments and aging: critical contributions of M. Powell Lawton to theory and practice, *'Journal of Housing for the Elderly'*, 17, 1-2, 135-155
- Oswald, F., Wahl, H., Mollenkopf, H. and Schilling, O. (2003) Housing and life satisfaction of older adults in two rural regions in Germany, *'Research on Ageing'*, 25, 2, 122-143

- Oswald, F., Wahl, H., Schilling, O. and Iwarsson, S. (2007) Housing-related control beliefs and independence in activities of daily living in very old age, *'Scandinavian Journal of Occupational Therapy'*, 14, 1, 33-43
- Outshoorn, J. (2002) Gendering the 'graying' of society: a discourse analysis of the care gap, *'Public Administration Review'*, 62, 2, 185-196
- Overbo, B. and Minkler, M. (1993) The lives of older women: perspectives from political economy and the humanities, In Cole, T. R., Achenbaum, W. A., Jakobi, P. L., and Kastenbaum, *'Voices and Visions: Towards a Critical Gerontology'*, Springer, New York
- Owen, T. (2005) *'Dying in older age: reflections and experiences from an older person's perspective'*, Help the Aged, London
- Ozanne, E. (2009) Negotiating Identity in Late Life: Diversity Among Australian Baby Boomers, *'Australian Social Work'*, 62, 2, 132-154
- Page, A. (2002) Poor housing and mental health in the United Kingdom: changing the focus for intervention, *'Journal of Environmental Health Research'*, 1, 1, 31-40
- Parkes, A., Kearns, A. and Atkinson, R. (2002) What makes people dissatisfied with their neighbourhoods? *'Urban Studies'*, 39, 13, 2413-2438
- Pastalan, L. A. (1997) An introduction to international perspectives on shelter and service issues for ageing populations, *'Journal of Housing for the Elderly'*, 12, 1/2, 107
- Paul, C., and Ribeiro, O. (2009) Predicting loneliness in old people living in the community, *'Reviews in Clinical Gerontology'*, 19, 53-60
- Peel, N. M., McClure, R. J. and Hendrikz, J. K. (2007) Psychosocial factors associated with fall-related hip fractures, *'Age and Ageing'*, 36, 145-151
- Percival, J. (2002) Domestic spaces: uses and meanings in the daily lives of older people, *'Ageing and Society'*, 22, 729-749

- Percival, R. and Kelly, S. (2004) *'Who's going to care? Informal care and an ageing population'*, Report prepared for Carers Australia by the National Centre for Economic and Social Modeling (NATSEM), University of Canberra, ACT, downloaded 6 April, 2010:
http://www.bsl.org.au/pdfs/informal_care_NATSEM.pdf
- Perren, K., Arber, S. and Davidson, K. (2004) Neighbouring in later life: the influence of socio-economic resources, gender and household composition on neighbourly relationships, *'Sociology'*, 38, 5, 965-984
- Phillipson, C. (2007) The 'elected' and the 'excluded': sociological perspectives on the experience of place and community in old age, *'Ageing and Society'*, 27, 321-342
- Pickett, K. E., and Pearl, M. J. (2001) Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review, *'Journal of Epidemiology and Community Health'*, 55, 2, 111-122
- Pinnegar, S., Easthope, H., Randolph, B., Williams, P. and Yates, J. (2009) *'Innovative financing for home ownership: the potential for shared equity initiatives in Australia'*, AHURI Final Report No. 137, UNSW-UWS Research Centre
- Pinquart, M. (2003) Loneliness in married, widowed, divorced and never-married older adults, *'Journal of Social and Personal Relationships'*, 20, 1, 31-53
- Pinquart, M. (2002) Creating and maintaining purpose in life in old age: a meta-analysis, *'Ageing International'*, 27, 2, 90-114
- Pinquart, M. and Sorensen, S. (2006) Gender differences in caregiver stressors, social resources and health: an updated meta-analysis, *'Journals of Gerontology B: Psychological Sciences and Social Sciences'*, 61, 33-P45
- Pinquart, M. and Sorensen, S. (2000) Influences of socioeconomic status, social network, and competence on subjective well-being in later life: a meta-analysis, *'Psychology and Aging'*, 15, 2, 187-224

- Plath, D. (2008) Independence in old age: the route to social exclusion? *'British Journal of Social Work'*, 38, 1353-1369
- Plibersek, T. (2009) *Women's Budget Statement 2009-2010*, Canberra, ACT, downloaded 6 April, 2010:
http://www.fahcsia.gov.au/about/publicationsarticles/corp/BudgetPAES/budget09_10/women/Pages/women_statement.aspx
- Polivka, L. and Estes, C. (2009) The economic meltdown and old age politics, *'Generations'*, 33, 3, 56-62
- Polkinghorne, D. (1996) Use of biography in the development of applicable knowledge, *'Ageing and Society'*, 16:6. 721-745
- Pollack, C. E., Knesbeck, O. v. d. and Siegrist, J. (2004) Housing and health in Germany, *'Journal of Epidemiology and Community Health'*, 58, 216-222
- Preston, A. and Austen, S. (2001) *'Women, superannuation and the SGC'*, National Social Policy Conference, University of New South Wales, 4-6 July, downloaded 9 April, 2010:
http://www.business.curtin.edu.au/files/WEPAU_DP-14_July_2001.pdf
- Putnam, R. D. (1995) Tuning In, Tuning Out: the strange disappearance of social capital in America, *'PS: Political Science and Politics'*, December, 664-683
- Puts, M. T., Lips, P. and Deeg, D. J. (2005) Sex differences in the risk of frailty for mortality independent of disability and chronic disease, *'Journal of the American Geriatric Society'*, 53, 1, 40-47
- Pynoos, J., Liebig, P., Alley, D. and Nishita, C. M. (2004) Homes of choice: towards more effective linkages between housing and services, *'Journal of Housing for the Elderly'*, 18, 3-4, 5-39
- Quiggin, J. (2009) Six refuted doctrines, *'Economic Papers'*, 28, 3, 239-248
- Quiggin, J. (2001) Globalization and economic sovereignty, *'Journal of Political Philosophy'*, 9, 1, 56-80

- Quiggin, J. (1998) Social democracy and market reform in Australia and New Zealand, *'Oxford Review of Economic Policy'*, 14, 1, 76-95
- Quine, S. and Carter, S. (2006) Australian baby boomers' expectations and plans for older age, *'Australasian Journal on Ageing'*, 25, 1, 3-8
- Quine, S., Kendig, H., Russell, C. and Touchard, D. (2004) Health promotion for socially disadvantaged groups: the case of homeless older men in Australia, *Health Promotion International*, 19, 2, 157-165
- Ramsey, J. L. and Blieszner, R. (1999) *'Spiritual resiliency in older women: models of strength for challenges through the lifespan'*, Sage, Thousand Oaks, California
- Randolph, B. and Holloway, D. (2005) Social disadvantage, tenure and location: an analysis of Sydney and Melbourne, *'Urban and Policy Research'*, 23, 2, 173-201
- Ranzijn, R. (2002) The potential of older adults to enhance community quality of life: links between positive psychology and productive aging, *'Aging International'*, 27, 2, 30-55
- Ranzijn, R., Carson, E. and Winefield, A. H. (2002) *On the scrap heap at 45: report of mature age unemployment research 2000-20002*, Department of Education, Arts and Social Sciences, University of South Australia, Adelaide, downloaded 7 April, 2010: <http://www.unisanet.unisa.edu.au/art/ranzijn/report%20-%20scrapheap.doc>
- Ranzijn, R., Hartford, J. and Andrews, G. (2002) Ageing and the economy: costs and benefits, *'Australasian Journal of Ageing'*, 21, 145-151
- Rao, V. Warburton, J. and Bartlett, H. (2006) Health and social needs of older Australians from cultural and linguistically diverse backgrounds, *'Australasian Journal on Ageing'*, 25, 4, 174-179
- Rapp, S. R., Shumaker, S, Schmidt, M. Naughton, M. and Anderson, R. (1998) Social resourcefulness: its relationship to social support and wellbeing among caregivers of dementia victims, *'Aging and Mental Health'*, 2, 1, 40-48

- Ray, R. E. (2003) The uninvited guest: mother/daughter conflict in feminist gerontology, *'Journal of Aging Studies'*, 17, 113-128
- Ray, R. E. (1999) Researching to transgress: the need for critical feminism in gerontology, *'Journal of Women and Aging'*, 11, 2-3, 171
- Reeson, A. and Dunstall, S. (2009) *Behavioural economics and complex decision-making*, Confidential Report prepared for Treasury, CSIRO Mathematical and Information Services Report No. 09/110, downloaded 6 April, 2010: http://taxreview.treasury.gov.au/content/html/commissioned_work/downloads/CSIRO_AFTS_Behavioural_economics_paper.pdf
- Reeve, P. (1999) *Overcoming ageism in service design and delivery*, paper presented at the Aged Care for the New Millennium Conference, 26-28 July, Melbourne
- Reichstadt, J., Depp, C. A., Palinkas, L. A., Folsom, D. P. and Jeste, D. V. (2007) Building blocks of successful aging: a focus group study of older adults' perceived contributors to successful aging, *'American Journal of Geriatric Psychiatry'*, 15, 3, 194-201
- Reid, L., Hunter, C. and Sutton, P. (2009) Writing it down: suggestions for a new approach towards understanding pro-environmental behaviour, *'International Journal of Sustainable Development and World Ecology'*, 16, 6, 369-373
- Reker, G. T. (2001-02) Prospective predictors of successful aging in community-residing and institutionalized Canadian elderly, *'Ageing International'*, 27, 1, 42-64
- Rennemark, M., and Hagberg, B. (1999) What makes old people perceive symptoms of illness? the impact of psychological and social factors, *'Aging and Mental Health'*, 3, 1, 79-87
- Reschovsky, J. D., and Newman, S. J. (1991) Home upkeep and housing quality of older homeowners, *'The Journals of Gerontology Series B: Psychological Sciences and Social Sciences'*, 46, 5, S288-S297

- Reynolds, A. (2009) *The Myer Foundation 2020: A vision for aged care in Australia, Outcomes Review*, prepared for the Myer Foundation on behalf of the Brotherhood of St Lawrence, downloaded 25 January, 2010:
http://www.myerfoundation.org.au/_uploads/rsfil/00143.pdf
- Rice, P. L. and Ezzy, D. (1999) *'Qualitative research methods: a health focus'*, Oxford University Press, Melbourne, Australia
- Richard, L., Laforest, S., Dufresne, F. and Sapinski, J. P. (2004) The quality of life of older adults living in an urban environment: professional and lay perspectives, *'Canadian Journal on Aging'*, 24, 1, 19-30
- Richards, L. (1997) The ideology of the family, In Pritchard Hughes, K., *'Contemporary Australian Feminism'*, Longman, South Melbourne, Australia
- Ricoeur, P. (1967) *'Husserl: An Analysis of his Phenomenology'*, Translated by Edward G. Ballard and Lester E. Embree, Northwestern University Press, Evanston, Illinois
- Riddle, D. R. and Lichtenwalner, R. J. (2007) Neurogenesis in the Adult and Aging Brain, Brain Aging: models, methods and mechanisms, *'Frontiers in Neuroscience'*, Taylor and Francis, downloaded 7 April, 2010:
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=frbrainage&part=ch6>
- Riseborough, M and Sribjlanin A. (2000) *'Overlooked and Excluded? Older People and Regeneration'*, Age Concern, England
- Robert, S. A. and Li, L. W. (2001) Age variation in the relationship between community socioeconomic status and adult health, *'Research on Aging'*, 23, 2, 234-259
- Robertson, R. and Khondker, H. H. (1998) Discourses on globalization: preliminary considerations, *'International Sociology'*, 13, 1, 25-40
- Rockwood, K. (2005) What would make a definition of frailty successful? *'Age and Ageing'*, 34, 5, 432-434

- Rockwood, K., Fox, R. A., Stolee, P., Robertson, P. and Beattie, L. (1994) Frailty in elderly people: an evolving concept, '*Journal of the Canadian Medical Association*, 150, 4, 489-495
- Rodin, J. (1986) Aging and health: effects of the sense of control, '*Science*', 233, 1271-1276
- Rose, G. (1992) '*The Strategy of Preventative Medicine*', Oxford University Press, Oxford, England
- Rosenman, L. and Warburton, J. (1998) Retirement policy, retirement income and women, In Ozanne, A., Borowsky, E. and Encel, S., '*Ageing and Social Policy in Australia*', Cambridge University Press
- Ross, C. E. and Drentrea, P. (1998) Consequences of retirement activities for distress and the sense of personal control, '*Journal of Health and Social Behavior*', 39, 4, 317-334
- Rossen, E. K., and Knafl, K.A. (2007) Women's well being after relocation to independent living communities, '*Western Journal of Nursing Research*', 29, 2, 183-199.
- Rossen, E. K. and Knafl, K. A. (2003) Older Women's Response to Residential Relocation: Description of Transition Styles, '*Qualitative Health Research*', 13, 1, 20-36
- Rotter, J. B. (1966) Generalised expectancies for internal versus external control of reinforcement, '*Psychological Monographs*', 80
- Rubinstein, R. L., Lubben, J. E. and Mintzer, J. E. (1994) Social Isolation and Social Support: An Applied Perspective, '*Journal of Applied Gerontology*', Vol. 13, No. 1, 58-7
- Rudd, K. (2009) The global financial crisis, '*The Monthly*', 42, February, downloaded 6 April, 2010: <http://www.themonthly.com.au/monthly-essays-kevin-rudd-global-financial-crisis--1421>

- Rudd, K. (2007) Housing affordability crisis worsens, *'Australian Broadcasting Commission News'*, 3 March 2008, downloaded 6 April, 2010:
<http://www.abc.net.au/news/stories/2008/03/03/2177626.htm>
- Russell, C. (2007) What do older women and men want? Gender differences in the lived experiences of ageing, *'Current Sociology'*, 55, 2, 173-192
- Russell, C. (1999) Interviewing vulnerable older people, *'Journal of Aging Studies'*, 13, 4, 403-413
- Russell, C. and Schonfield, T. (1999) Social isolation in old age: a qualitative exploration of service providers' perceptions, *'Ageing and Society'*, 19, 69-91
- Ruthig, J. C., Chipperfield, J. G., Newell, N. E., Perry, R. P. and Hall, N. C. (2007) Detrimental effects of falling on health and well-being in later life, *'Journal of Health Psychology'*, 12, 2, 231-248
- Ryan, R. M. And Deci, E. L. (2001) On happiness and human potentials: A review of research on hedonic and eudaimonic well-being, *'Annual Review of Psychology'*, 52, 141-166
- Ryff, C. D. (1995) The structure of psychological well being revisited, *'Journal of Personality and Social Psychology'*, 69, 4, 719-727
- Ryff, C. D. (1989a) 'Happiness' is everything, or is it? Explorations on the meaning of psychological well-being, *'Journal of Personality and Social Psychology'*, 57, 6, 1069-1081
- Ryff, C. D. (1989b) Beyond Ponce de Leon and life satisfaction: new directions in quest of successful ageing, *'International Journal of Behavioural Development'*, 12, 1, 35-55
- Ryff, C. D., Dienberg Love, G., Urry, H. L., Muller, D., Rosenkranz, M. A., Friedman, M. A., Davidson, R. J. and Singer, B. (2006) Psychological well being and ill being: do they have distinct or mirrored psychological correlates? *'Psychotherapy and Psychosomatics'*, 75, 85-96

- Ryff, C.D., Singer, B.H., and Love, G.D. (2004) Positive health: Connecting well-being with biology, '*Philosophical Transactions of the Royal Society of London*', 359, 1383-1394
- Ryff, C. D., Keyes, C. L. M. and Hughes, D. L. (2003) Status inequalities, perceived discrimination and eudaimonic well-being: do the challenges of minority life hone purpose and growth? '*Journal of Health and Social Behavior*', 44, 3, 275-291
- Ryff, C. and Singer, B. (1998) The contours of positive human health, '*Psychological Inquiry*', 9, 1, 1-28
- Ryff, C. D. and Keyes, C. L. M. (1995) The structure of psychological well being revisited, '*Personality and Social Psychology*', 69, 719-727
- Sachs-Ericsson, N., Schatschneider, C. and Blazer, D. G. (2006) Perception of unmet basic needs as a predictor of physical functioning among community-dwelling older adults, '*Journal of Aging and Health*', 18, 6, 852-868
- Sandberg, J. (2005) How do we justify knowledge produced with interpretive approaches? '*Organizational Research Methods*', 8, 1, 41-68
- Sandstrom, L. L. (1998) Preserving a vital and valued self in the face of AIDS, '*Sociological Inquiry*', 68, 3, 354-371
- Sargent, M. (2007) *Older and bolder: challenges of ageing*, Fineline, Alexandria, New South Wales, Australia
- Sargent, M., Nilan, P. and Winter, G. (1998) '*The New Sociology for Australians*', Fourth Edition, Longman, South Melbourne
- Sartre, J-P., (1966) '*Being and Nothingness: an essay on phenomenological ontology*', Washington Square Press

- Saulwick, J. (2009) Housing shortage will hurt the poor, '*Sydney Morning Herald*', March 12, downloaded 2 April, 2020:
<http://www.smh.com.au/national/housing-shortage-will-hurt-the-poor-20090311-8vaj.html>
- Saunders, P. (2003) *Reviewing the role and structure of pensions in their national context*, Social Policy Research Centre Discussion Paper No. 128, October 2003, downloaded 9 April, 2010:
<http://www.sprc.unsw.edu.au/media/File/DP128.pdf>
- Saunders, P. (1996) *Dawning of a new age? The extent, causes and consequences of ageing in Australia*, Social Policy Research Centre Discussion Paper No. 75, University of New South Wales, downloaded 9 April, 2010:
http://papers.ssrn.com/sol3/papers.cfm?abstract_id=36838
- Saunders, P., Naidoo, Y. and Griffiths, M. (2008) Towards new indicators of disadvantage: deprivation and social exclusion in Australia, '*Australian Journal of Social Issues*', 43, 2, 175-94
- Sauvaget, C., Tsuji, I., Aonuma, T. and Hisamichi, S. (1999) Health-life expectancy according to various functional levels, '*Journal of the American Geriatric Society*', 47, 1326-1331
- Scharf, T., Phillipson, C., Smith, A. E., Kingston, P. (2002) *Growing Older in Socially Deprived Areas: Social Exclusion and Later Life*, Keele University, Help the Aged
- Scheff, T. (2000) Shame and the social bond: a sociological theory, '*Sociological Theory*', 18, 1, 84-99
- Scheidt, R. (1998) The social ecological approach of Rudolph Moos, In Scheidt, R. and Windley, P. G. , '*Environment and Ageing Theory: A Focus on Housing*', Greenwood Press, United Kingdom
- Schieman, S. (2001) Age, education and sense of control, '*Research on Aging*', 23, 2, 153-178

- Schieman, S. and Meersman, S. C. (2004) Neighborhood problems and health among older adults: received and donated social support and sense of mastery as effect modifiers, *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59, S89-S97
- Schieman, S. and Turner, H. A. (1998) Age, disability and the sense of mastery, *Journal of Health and Social Behavior*, 39, 3, 169-186
- Schulz, R. (1999) Care giving as a risk factor for mortality, *Journal of the American Medical Association*, 282, 23, 2215-2219
- Schwirian, K. P. and Schwirian, P. M. (1993) Neighbouring, residential satisfaction and psychological well-being in urban elders, *Journal of Community Psychology*, 21, 285-297
- Scott, J. (1992) Experience, in J. Butler and J. W. Scott, *Feminists Theorize the Political*, Routledge, New York
- Scott, S. and Thorpe, C. (2006) The sociological imagination of R. D. Laing, *Sociological Theory*, 24, 4, 331-352
- Secombe, K. and Ishii-Kuntz, M. (1991) Perceptions and problems associated with aging: comparisons among four older age cohorts, *Gerontologist*, 31, 4, 527-533
- Seeman, T. E., Rodin, J. and Albert, M. (1993) Self-efficacy and cognitive performance in high functioning older individuals: Macarthur Studies of Successful Aging, *Journal of Aging and Health*, 5, 455-474
- Sharam, A. (2010) A predictable crisis: older, single women as the new face of homelessness, *Australian Policy Online*, 2 August:
<http://apo.org.au/research/predictable-crisis-older-single-women-new-face-homelessness>
- Shaw, B. A. (2005) Anticipated support from neighbours and physical functioning during later life, *Research on Aging*, 27, 5, 503-525

- Shenk, D., Kuwahara K. and Zablotsky D. (2004) Older women's attachments to their home and possessions, *'Journal of Aging Studies'*, 18, 157-169
- Shotter, J. (2004) Goethe and the reconfiguring of intellectual inquiry: from about-ness thinking to with-ness thinking in everyday life, *'Janus Head'*, 8, 1, 132-158
- Signatur, M. and Hollis-Sawyer, L. (2002) Consumer direction in home and community-based long-term care, *'Research in the Sociology of Health Care'*, 20, 137-155
- Silver, H. (1994) Social exclusion and social solidarity: three paradigms, *'International Labour Review'*, 133, 5-6, 531-578
- Silverstein, M., Chen, X. and Heller, K. (1996) Too much of a good thing? Intergenerational social support and the well-being of older parents, *'Journal of Marriage and the Family'*, 58, 4, 970-982
- Simpson, L., Wood, L. and Daws, L. (2003) Community capacity building: starting with people not projects, *'Community Development Journal'*, 38, 4, 277-286
- Sims, J., Hill, K., Davidson, S., Gunn, J. and Huang, N. (2007) Exploring the feasibility of a community-bases strength training program for older people with depressive symptoms and its impact on depressive symptoms, *'BMC Geriatrics'*, 6, 18: Open Access Journal, downloaded 19 July 2007: <http://www.biomedcentral.com/1471-2318/6/18>
- Smalley, S. (2006) The wisdom in aging, *'The Huffington'*, Post, February 7, downloaded 10 May, 2020: http://www.huffingtonpost.com/susan-smalley/the-wisdom-in-aging_b_15246.html
- Smit, F., Ederveen, A., Cuijpers, P., Deeg, D. and Beekman, A. PhD (2006) Opportunities for Cost-effective Prevention of Late-Life Depression: An Epidemiological Approach, *'Archives of General Psychiatry'*, 63, 290-296

- Smith, C. A., Smith, C. J., Kearns, R. A. and Abbott, M. W. (1993) Housing stressors, social support and psychological distress, *'Social Science and Medicine'*, 37, 5, 603-612
- Smith, D., Brett, W. E., Straker, A. W., Snell, J. K., Jackson III, F. W. and Ulmer, M. E. (1994) A study of stairs in the housing of independently-living elderly people, *'International Journal of Aging and Human Development'*, 39, 3, 247-256
- Smith, N., Young, A. and Lee, C. (2004) Optimism, health-related hardiness and well-being among older Australian women, *'Journal of Health Psychology'*, 9, 6, 741-752
- Smith, S. J., Searle, B. A. and Cook, N. (2009) Rethinking the risks of home ownership, *'Journal of Social Policy'*, 38, 83-102
- Soldo, B. J. and Longino, C. F. (1988) *'Social and Physical Environment for the Vulnerable Aged, in America's Aging: The Social and Built Environment'*, Institute of Medicine and National Research Council, National Academy Press, Washington D.C., 103-33
- Southern Tasmanian Councils Authority (2010) *Southern Tasmania Regional Land Use Framework, Background Report No.8: The Regional Transport System* (Draft for consultation)
- Stack, C. (1974) *'All our kin: strategies for survival in a black community'*, Harper and Row, New York
- Stafford, M., Martikainen, P., Lahelma, E. and Marmot, M. (2004) Neighbourhoods and self-rated health: a comparison of public sector employees in London and Helsinki, *'Journal of Epidemiology and Community Health'*, 58, 772-778
- Stahl, S. and Feller, 1990, Old equals sick: an ontogenetic fallacy, Stahl, S. Ed., in *'The Legacy of Longevity: Health and Health Care in Later Life'*, Sage, Newbury Park, California

- Staudinger, U. M., Fleeson, W. and Baltes, P. B. (1999) Predictors of subjective physical health and global well-being: similarities and differences between the United States and Germany, *'Journal of Personality and Social Psychology'*, 76, 2, 305-319
- Stephenson, P. (1997) Environmental health perspectives on the consequences of an ideology of "control" in natural systems, *'Canadian Review of Sociology and Anthropology'*, 34, 3, 350-368
- Stewart, R., Prince, M., Harwood, R., Whitley, R. and Mann, A. (2002) Quality of accommodation and risk of depression in later life: an analysis of prospective data from the Gospel Oak Project, *'International Journal of Geriatric Psychiatry'*, 17, 1091-1098
- Stimson, R. J. (2002) *The Retirement Village Industry in Australia: Evolution, Prospects, Challenges*, The University of Queensland, Brisbane
- Strawbridge, W. J., Wallhagen, M. I. and Cohen, R. D. (2002) Successful aging and well-being: self-rated compared with Rowe and Kahn, *'Gerontologist'*, 42, 727-733
- Streib, G. F. and Mesch, L. R. (2002) Conflict in retirement communities: applying an analytical framework, *'Research on Ageing'*, 24, 1, 67-86
- Subramanian, S. V., Kubzansky, L., Berkman, L., Fay, M. and Kawachi, I. (2006) Neighbourhood effects on self-rated health of elders: uncovering the relative importance of structural and service related neighbourhood environments, *'Journals of Gerontology, Social Sciences'*, 61B, 3, S153-S160
- Sulander, T. T., Rahkonen, O. J. and Uutela, A. K. (2003) Functional ability in the elderly Finnish population: time-period differences and associations, *'Scandinavian Journal of Public Health'*, 31, 2, 100-106
- Summers, A. (1975) *'Damned Whores and God's Police: the colonization of women in Australia'*, Penguin

- Sundquist, K., M., Malmström, M. and Johansson, S-E. (2004) Neighbourhood deprivation and incidence of coronary disease: a multi-level study of 2.6 million women and men in Sweden, '*Journal of Epidemiology and Community Health*', 58, 71-77
- Sung, K-T., Kim, B. J. and Torres-Gil, F. (2009) Respectfully Treating the Elderly: Affective and Behavioral Ways of American Young Adults, '*Educational Gerontology*', 36, 2, 127-147
- Surr, C. A. (2005) Preservation of self in people with dementia living in residential care: a socio-biographical approach, '*Social Science and Medicine*', 62, 7, 1720-1730
- Stewart, R., Prince, M., Harwood, R., Whitley, R. and Mann, A. (2002) Quality of accommodation and risk of depression in later life: an analysis of prospective data from the Gospel Oak Project, '*International Journal of Geriatric Psychiatry*', 17, 1091-1098
- Swenson, C. J. Baxter, J. S., Shetterly, S. M., Scarbro, S. L. and Hamman, R. F. (2000) Depressive Symptoms in Hispanic **and** Non-Hispanic White Rural Elderly, The San Luis Valley Health **and** Aging Study, '*American Journal of Epidemiology*', 152, 11, 1048-1055
- Syme, S. L. (1989) Control and health: a personal perspective, In Steptoe, A. and Appels, A., '*Stress, Personal Control and Health*', Wiley and Sons, 3-18
- Szasz, T. (2007) '*The medicalisation of everyday life: selected essays*', Syracuse University Press, New York
- Tannen, D. (1995) '*Talking from 9 to 5: men and women at work*', Harper Collins, New York
- Tannen, D. (1993) '*Gender and conversational interaction*', Oxford University Press, New York

- Tanner, E., Tilse, T. and De Jonge, D. (2008) Restoring and Sustaining Home: The Impact of Home Modifications on the Meaning of Home for Older People, *'Journal of Housing for the Elderly'*, 22, 3, 195-215
- Taussig, M. (1993) *'Mimesis and alterity: a particular history of the senses'*, Routledge, London
- Taylor, P. W. (1961) *'Normative Discourse'*, Prentice-Hall Inc., Englewood Cliffs, New Jersey
- Thane, P. (2003) Social histories of old age and aging, *'Journal of Social History'*, 37, 1, 93-111
- Thomas M., Jeon Y-H., Woodhouse B. and Rees-Mackenzie, J. (2007) Use of and Satisfaction with Community Aged Care Packages (CACPs) in the eastern suburbs of Sydney, *'Australasian Journal on Ageing'*, 26, 1, 8-14
- Thompson, M. Ellis, R. and Wildavsky, A. (1990) *'Cultural Theory'*, Westview Press, Oxford
- Thompson H., Petticrew, M. and Morrison, D. (2002) *Housing improvement and health gain: a summary and systematic review*, Medical Research Council, Social and Public Health Sciences Unit, University of Glasgow, United Kingdom
- Thompson, H., Petticrew, M. and Morrison, D. (2001) Health effects of housing improvement: systematic review of intervention studies, *'British Medical Journal'*, 323, 187-190
- Thompson, P. G. (1996) Preventing falls in the elderly at home: a community-based program, *'Medical Journal of Australia'*, 164, 9, 530-532
- Tornstam, L. (1992) 'The quo vadis of gerontology; on the gerontological research paradigm, *'Gerontologist'*, 32, 3, 318-326
- Tornstam, L. (1990) Dimensions of loneliness, Aging, *'Clinical and Experimental Research'*, 3, 259-265

- Torres, S. (1999) A culturally-relevant theoretical framework for the study of successful ageing, *'Ageing and Society'*, 19, 33-51
- Townsend, I. (2009) Housing for millions, *'Background Briefing'*, 22 November, downloaded 6 April, 2010:
<http://www.abc.net.au/rn/backgroundbriefing/stories/2009/2746551.htm>
- Townsend, P. (1981) The structured dependency of the elderly: A creation of social policy in the twentieth century, *'Ageing and Society'*, 1, 5-28
- Trost, S. G., Owen, N., Bauman, A. E., Sallis, J. F. and Brown, W. (2002) Correlates of adults' participation in physical activity: a review and update, *'Medicine and Science in Sports and Exercise'*, 34, 12, 1996-2001
- Trowbridge Deloitte (2008) *'It's on the House' SEQUAL-RFI Reverse Mortgage Study: A consumer study into the attitudes and perceptions of Australians aged over 60 years*, downloaded 6 April, 2010:
http://www.sequal.com.au/images/Research_Reports/sequal_rfi_study.pdf
- Tuckett, A. G. (2007) The meaning of nursing-home: 'Waiting to go up to St. Peter, OK! Waiting house, sad but true' – An Australian perspective, *'Journal of Aging Studies'*, 21, 2, 119-133
- Tulle, E. and Mooney, E. (2002) Moving to 'age-appropriate' housing: government and self in later life, *'Sociology'*, 36, 685-702
- Tulle-Winton, E. (1999) Growing old and resistance: towards a new cultural economy of old age? *'Ageing and Society'*, 19, 281-299
- Turner, D., Giorno, C., De Serres, A., Vourc'h, A. and Richardson, P. (1998) *The macroeconomic implications of ageing in a global context*, Economic Department Working Papers No. 193, Organisation for Economic Co-operation and Development, Paris, France, downloaded 9 April, 2010:
<http://ideas.repec.org/p/oec/ecoaaa/193-en.html>

- Turrell, G., Kavanagh, A., Draper, G. and Subramanian, S. V. (2007) Do places affect the probability of death in Australia? A multilevel study of area-level disadvantage, individual-level socioeconomic position and all-cause mortality, 1998-2000, *'Journal of Epidemiology and Community Health'*, 61, 13-19
- Uhlenberg, P. (2000) Integration of old and young, *'Gerontologist'*, 40, 3, 276-279
- Uhlenberg, P. (1996) The burden of aging: a theoretical framework for understanding the shifting balance of caregiving and care receiving as cohorts age, *'Gerontologist'*, 36, 6, 761-767
- Umstattd, M. R., McCauley, E., Motl, R. W. and Rosengren, K. S. (2007) Pessimism and physical functioning in older women: influence of self-efficacy, *'Journal of Behavioural Medicine'*, 30, 2, 107-114
- UNRISD (1994) *Social integration: approaches and issues*, Briefing Paper No. 1, World Summit for Social Development: downloaded 6 April, 2010:
[http://www.unrisd.org/unrisd/website/document.nsf/\(httpPublications\)/510920DA18B35A6880256B65004C6A7B?OpenDocument](http://www.unrisd.org/unrisd/website/document.nsf/(httpPublications)/510920DA18B35A6880256B65004C6A7B?OpenDocument)
- Vaillant, G. (2002) *'Ageing Well: surprising guideposts to a happier life from the landmark Harvard study of adult development'*, Scribe, Melbourne
- Van den Hoonaard, D. K. (2001) *'The widowed self: the Older Woman's Journey through Widowhood'*, Wilfrid Laurier University Press
- Van den Hoonaard, D. K. (1997) Identity foreclosure: women's experiences of widowhood as expressed in autobiographical accounts, *'Ageing and Society'*, 17, 533-551
- Veenstra, G. (2005) Location, location, location: contextual and compositional health effects of social capital in British Columbia, *'Social Science and Medicine'*, 60, 2059-2071
- Veenstra, G. (2000) Social capital, SES and health; an individual level analysis, *'Social Science and Medicine'*, 50, 619-629

- Victor, C., Bowling, A., Bond, J. and Scambler, S. (2003) *Loneliness, social isolation and living alone in later life*, Economic and Social Research Council, Growing Older Program Findings 17, downloaded 22 April, 2010:
http://www.growingolder.group.shef.ac.uk/ChristinaVic_F17.pdf
- Wagnild, G. M. and Collins, J. A. (2009) Assessing resilience, *'Journal of Psychosocial Nursing'*, 42, 12, 29-33
- Wahl, H-W., Schilling, O., Oswald, F. and Iwarsson, S. (2009) The home environment and quality of life-related outcomes in advanced old age: findings of the ENABLE-AGE project, *'European Journal of Ageing'*, 6, 2, 101-111
- Wahl, H-W., Fange, A., Oswald, F., Gitlin, L. N. and Iwarsson, S. (2009) The home environment and disability related outcomes in ageing individuals: what is the empirical evidence? *'Gerontologist'*, 49, 3, 355-367
- Walker, A. (2000) Public policy and the construction of old age in Europe, *'Gerontologist'*, 40, 3, 304-308
- Walker, A. (1993) Intergenerational relations and welfare restructuring: the social construction of an intergenerational problem, In Bengtsson, V. L. and Achenbaum, W. A., Eds., *'The Changing Contract Across Generations'*, Aldine de Gruyter, New York
- Walker D. and Beauchene, R. E. (1991) The relationship of loneliness, social isolation, and physical health to dietary adequacy of independently living elderly, *'Journal of the American Dietetic Association'*, 91, 300-304
- Wallston, K. A. and Wallston, B. S. (1982) Health locus of control scales, In Lefcourt, H. M., (Ed.) *'Research with the Locus of Control construct, Vol. 1, Assessment and Scales'*, Academic Press, New York
- Warnes, A. M. (1994) Cities and elderly people: recent population and distributional trends, *'Urban Studies'*, 31, 4-5, 799-817

- Waters, A-M, (2001) '*Do housing conditions impact on health inequalities between Australia's rich and poor?*' Australian Housing and Urban Research Institute, Final Report, No. 4, October 2001, downloaded 9 April, 2010:
<http://www.ahuri.edu.au/publications/p30002/>
- Watt, P. and Jacobs, J. (2000) Discourses of Social Exclusion, An Analysis of Bringing Britain Together: a National Strategy for Neighbourhood Renewal, '*Housing, Theory and Society*', 17, 14-26
- Wells, Y. D. and Kendig, H. L. (1997) Health and well-being of spouse caregivers and the widowed, '*Gerontologist*', 37, 55, 666-674
- Wenger, C. G. (1999) Advantages gained by combining qualitative and quantitative data in a longitudinal study, '*Journal of Aging Studies*', 13, 4, 369
- Wenger, C. G., Davies, R. Shahtahmasebi, S., Scott, A. (1996) Social isolation and loneliness in old age: Review and model refinement, '*Ageing and Society*', 16, 333-358
- Wengraf, T., Chamberlayne, P., Bornat, J. (2002) A biographical turn in the social sciences? A British-European View, '*Cultural Studies Critical Methodologies*', 2, 2, 245-269
- West, R. L. and Yassuda, M. S. (2004) Aging and memory control beliefs: performance in relation to goal setting and memory self-evaluation, '*The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*', 59B, 2, 56-65
- Westerhof1, G. J. and Barrett, A. E. (2005) Age Identity and Subjective Well-Being: A Comparison of the United States and Germany, '*Journals of Gerontology Series B: Psychological Sciences and Social Sciences*', 60, S129-S136
- Weston, R., Qu, L. and Soriano, G. (2001) *Ageing yet diverse: the changing shape of Australia's population*, Australian Family Briefing, 10, Australian Institute of Family Studies, downloaded 6 April, 2010:
<http://www.aifs.gov.au/institute/pubs/weston2.html>

- Weston, R. and Smyth, B. (2000) Financial living standards after divorce, '*Family Matters*', 55, 11-15, downloaded 6 April, 2010:
<http://www.aifs.gov.au/institute/pubs/smyth.html>
- Whitbourne, S. K. and Powers, C. B. (1994) Older women's constructs of their lives: a quantitative and qualitative exploration, '*International Journal of Aging and Human Development*', 38, 4, 203-306
- White, D. F. (2003) Considering Bookchin's critical social theory, '*Organization and Environment*', 16, 1, 34-65
- Whiteford, P. and Bond, K. (2000) *Trends in the incomes and living standards of older people in Australia*, Policy Research Paper No. 6, Family and Community Services, Commonwealth of Australia, downloaded 6 April, 2010:
http://www.fahcsia.gov.au/about/publicationsarticles/research/socialpolicy/Pages/prps-prps_6.aspx
- WHO (2010) *Active Ageing: A Policy Framework*, downloaded 16 April, 2010:
http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
- WHO (2009) *Reducing health inequities through action on the social determinants of health*, Agenda Item 12.5, Sixty-Second World Health Assembly, downloaded 18 April, 2010:
http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf
- WHO (2008) *Closing the gap in a generation: health equity through action on the social determinants of health*, Commission on Social Determinants of Health, Geneva, Switzerland, downloaded 6 April, 2010:
<http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=741>
- WHO (2007) *Global Age Friendly Cities Guide*, downloaded on 5 April, 2010:
http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

- WHO (1947) Constitution and development of the World Health Organization, '*Chronicle of the World Health Organisation*', 1, 1-2, Annex 1, s.29, WHO Technical Secretariat, Copenhagen, downloaded 6 April, 2010: http://whqlibdoc.who.int/hist/chronicles/chronicle_1947.pdf
- Wiggins, R. D., Erzberger, C., Hyde, M., Higgs, P. and Blane, D. (2004) Optimal matching analysis using ideal types to describe the life course: an illustration of how histories of work, partnerships and housing relate to quality of life in early old age, '*International Journal of Social Research Methodology*', 10, 4, 259-278
- Wiggins, R. P., Higgs, P. F. D., Hyde, M. and Blane, D. (2004) Quality of life in the third age: key predictor of the CASP-19 measure, '*Ageing and Society*', 24, 693-708
- Wildavsky, A. (1979) '*Speaking truth to power: the art and craft of policy analysis*', Little, Brown and Company
- Williamson, J. (1989) What Washington means by policy reform, '*Peterson Institute for International Economics*', downloaded 8 May, 2010: <http://www.iie.com/publications/papers/paper.cfm?researchid=486>
- Wilkinson, R. G. (1999) Income inequality, social cohesion and health: clarifying the theory, '*International Journal of Health Services*', 29, 3, 525-543
- Wilkinson, R. (1992) Income distribution and life expectancy, '*British Medical Journal*', 304, 6820, 165-169
- Wilkinson, R. and Marmot, M. (2003) (Eds.) *Social Determinants of Health: The Solid Facts*, 2nd Edition, World Health Organisation, Geneva, downloaded 6 April, 2010: <http://www.euro.who.int/DOCUMENT/E81384.PDF>
- Wilson, D. (1998) Discourse, coherence and relevance: a reply to Rachel Giora, '*Journal of Pragmatics*', 29, 57-74

- Wilson, K., Elliot, S. Law, M., Eyles, J., Jerrett, M. and Keller-Olaman, S. (2004) Linking perceptions of neighbourhood to health in Hamilton, Canada, *'Journal of Epidemiology and Community Health'*, 58, 192-198
- Windle, G., Markland, D. and Woods, R. (2008) Examination of a theoretical model of psychological resilience in older age, *'Ageing and Mental Health'*, 12, 3, 285-292
- Windle, G. and Woods, R. T. (2004) Variations in subjective wellbeing: the mediating role of a psychological resource, *'Ageing and Society'*, 24, 4, 583-602
- Windsor, T. D., Anstey, K. J., Butterworth, P., Luszcz, M. and Andrews, G. R. (2006) The role of perceived control in explaining depressive symptoms associated with driving cessation in a longitudinal study, *'Gerontologist'*, 47, 215-223
- Winter, I. and Stone, W. (1998) *Social polarisation and housing careers: Exploring the interrelationship of labour and housing markets in Australia*, Working Paper No. 13, Australian Institute of Family Studies, downloaded 6 April, 2010: <http://www.aifs.gov.au/institute/pubs/WP13.pdf>
- Wolf, D. L. (1990) Household patterns of older women, *'Research on Ageing'*, 12, 4, 463-486
- Woo, J., Goggins, W., Sham, A., and Ho, S. C. (2005) Social determinants of frailty, *'Gerontology'*, 51, 6, 402-408
- Woodward, M., Shewry, M. C., Smith, W. C. and Tunstall-Pedoe, H. (1992) Social status and coronary heart disease: results from the Scottish Heart Health Study, *'Preventative Medicine'*, 21, 1, 136-148
- Wray, S. (2004) What constitutes agency and empowerment for women in later life, *'The Sociological Review'*, 22-38
- Wray, S. (2003) Women growing older: agency, ethnicity and culture, *'Sociology'*, 37, 3, 511-528

- Yang, Y. (2006) How does functional ability affect depressive symptoms in late life? The role of perceived social support and psychological resources, *'Journal of Health and Social Behavior'*, 47, 4, 335 - 353
- Yates, J. (2007) *'Affordability and access to home ownership: past, present and future?'* National Research Venture 3: Housing affordability for lower income Australians, AHURI Research Report No. 10, Sydney Research Centre, downloaded 23 December, 2009:
http://www.ahuri.edu.au/publications/download/nrv3_research_paper_10
- Yates, J. (2004) *'Are housing affordability problems creating labour shortages?'* AHURI Research and Policy Bulletin, Issue 74, Sydney Research Centre, downloaded 14 April, 2010:
<http://www.ahuri.edu.au/publications/p60279/>
- Yates, J. (2000) Is Australia's home-ownership rate really stable? An examination of change between 1975 and 1994, *'Urban Studies'*, 37, 2, 319-342
- Yates, J. and Bradbury, B. (2009) Homeownership as a (crumbling) fourth pillar of social insurance in Australia, *'Journal of Housing and the Built Environment'*, 13 May, downloaded 9 April, 2010:
<http://www.springerlink.com.ezproxy.utas.edu.au/content/y7217122g8k62637/fulltext.pdf>
- Yates, J. and Whelan, S. (2009) *'Housing wealth and consumer spending'*, AHURI Final Report No. 132, Sydney Research Center, downloaded on 20 August, 2010: <http://www.ahuri.edu.au/publications/p60360/>
- Yates, J. and Milligan, V. (2007) *'Housing affordability: a 21st century problem'*, AHURI Final Report No. 105, Sydney Research Centre with RMIT-NATSEM Research Centre Southern Research Centre Swinburne-Monash Research Centre UNSW-UWS Research Centre, downloaded 2 April, 2010:
http://www.ahuri.edu.au/downloads/NRV3/AHURI_Final_Report_No105_Housing_affordability_a_21st_century_problem.pdf

- Yates, J. and Wulff, M. (1999), *Housing markets and household income polarisation: a metropolitan and regional analysis*, paper presented at the National Housing Conference, Sydney, 29-30 November, downloaded 6 April, 2010:
http://www.nhc.edu.au/downloads/1999/DayOne/judy_yates_paper.pdf
- Young, A., Russell, A. and Powers, J. R. (2004) The sense of belonging to a neighbourhood: can it be measured and is it related to health and well being in older women? *'Social Science and Medicine'*, 59, 12, 2627-2637
- Young, R. A. and Collin, A. (2004) Introduction: Constructivism and social constructionism in the career field, *Journal of Vocational Behaviour*, 64, 373-388.
- Zappone, C. (2010) Housing affordability hits the wall, *'The Age'*, February 22, downloaded 2 April, 2010:
<http://www.theage.com.au/business/property/housing-affordability-hits-the-wall-20100222-opcd.html>
- Zappone, C. (2009) First home buyers 'most vulnerable', *'Sydney Morning Herald'*, May 19, downloaded 2 April, 2010:
<http://www.smh.com.au/business/firsthome-buyers-most-vulnerable-20090518-b82e.html>

Glossary

Abbeyfield – an accommodation model where ten usually unrelated residents share a purpose built house, referred to generically as an Abbeyfield House, that is non-institutional in design and operation. Every resident has a private bed sitting room with en suite. A guest room is available for visiting family and friends. The house has a furnished lounge room, dining room, and laundry. Residents furnish their private bedrooms and en suite. Midday and evening meals are prepared daily (weekdays) by a live-in house keeper. Breakfast provisions are also provided. A single meal is served on Saturdays and Sundays, and provisions provided for other meals. The housekeeper cleans the common areas of the house, does the shopping and cooks the meals. Residents maintain and clean their own room and en suite and do their own laundry. Residents must abide by House rules, centred on respect for other residents and the house. Residents are encouraged to take part in house life. Abbeyfield houses are managed by not-for-profit community housing providers comprised of volunteers. (Abbeyfield Society, 2010)

Action research – this is participatory research that involves a reflective process of progressive problem solving, commonly done by a group of people in order to improve the way they address issues and solve problems. It balances problem solving in a collaborative context with collaborative analysis or research in order to understand underlying causes, enabling future predictions about personal and organisational change. The approach is often used in education. Change and understanding are pursued through a cyclic process whereby action and critical reflection take place in turn. Reflection is used to review the previous action and plan the next one. (Dick, 2000)

Active ageing – according to the World Health Organisation, active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups. (WHO, 2010)

Age friendly – this concept holds that wellbeing in later life involves more than having good health and physical comfort. Other positive outcomes for older people include the ability to function and remain active in their setting of choice and to continue to enjoy their desired level of support and interaction with other people. Age friendly communities provide a supportive context with positive social relations, engagement and inclusion as a core requisite for ageing well. (Liu *et al*, 2009)

Age integration – is a concept that questions or challenge notions that age segregation is either natural or reflects individual preferences. Proponents have suggested that age integration does not refer to an in-group and an out-group phenomenon but to a continuum or qualitative dimension, where some societies are regarded as more age integrated than others (Kohli, 2000).

Ageing well – ageing in the sense of subjective wellbeing, as opposed to attaining high standards of functioning; and where there is no right or wrong way to grow older; and no right and wrong age to die. Ageing well is not about living long, because not everyone has that opportunity; rather it is about living well; where the defining factor is in the heart not the head (Vaillant, 2002).

Ageism - receiving less favourable treatment or maltreatment as a result of forms of age discrimination or age stereotyping, on the basis of age; and which may include being refused credit, finance or insurance; receiving a lower quality service; being retrenched (Age Concern, 2009); or discursive ageism whereby the way a person is spoken or written about in ways that devalue their social status (Lie, Baines and Wheelock, 2009).

Cohousing – a type of intentional community based on a Danish model developed in the 1970s and that has become widespread in Denmark, with similar models in other Scandinavian countries, including for older people. Referred to in Denmark as *bofællesskab* (the literal translation of which is commune or living together), this model has been popularized in North America and elsewhere following publication of a book by McCamant and Durrett, entitled 'Cohousing: a

contemporary approach to housing ourselves', where by the authors popularized the term cohousing, which they had coined. Cohousing communities vary widely in size and design. They are composed of private homes with full kitchens, supplemented by common facilities. A cohousing community is planned, owned and managed by the residents, and who are primarily groups of people who want more interaction with their neighbours. Common facilities vary but usually include a large kitchen and dining room where residents can take turns cooking for the community. Other facilities may include a laundry, pool, child care facilities, offices, internet access, guest rooms, game room, TV room, tool room or a gym. Through spatial design and shared social and management activities, cohousing facilitates intergenerational interaction among neighbours, for the social and practical benefits. There are also economic and environmental benefits to sharing resources, space and items. (McCamant and Durrett, 1998)

Community – is widely used and abundant definitions exist, however it is generally not precisely defined. Problems with the term include its application as a spatial variable and as a quality of the consciousness of persons (Gilleard, Hyde and Higgs, 2007). The term has been used in policy discourses as an antidote to disharmony and cultural polarisation in deprived and culturally diverse areas, without adequate recognition of the practical problems of founding common principles and shared values in multi-ethnic, multi-faith and multi-cultural societies; where material deprivation and social marginalisation are de-emphasised and young males are criminalised (McGhee, 2003). In sociology defining the concept is the subject of a wide ranging and ongoing debate with little common ground. This includes a debate between those who want to dispense with the concept due to its inappropriateness in a globalised modern society which negates the conditions under which communities form and persist; and those who want to rehabilitate the concept because, despite ambiguities, it represents 'the emotional side of being together' (Mannarini and Fedi, 2009). The term is generally used to refer to a group of people organised around common values or a common purpose who live within a shared geographical location; and is also used

to refer to national communities or the global community; and more recently to cyber communities. Social constructionists agree on the socially constructed nature of concepts of community that allows for the possibility for individuals to identify as members of multiple communities (Berger and Luckman, 1966). A related concept that reflects subjective experiences and understandings is 'sense of community' (SOC) which has been theorised as comprising four dimensions: membership, influence, integration and fulfilment of needs, and shared emotional connection (McMillan and Chavis, 1986), which after 20 years remains the primary model in SOC research (Mannarini and Fedi, 2009).

Economic liberalism - fiscal discipline; redirection of public spending to core services like education, primary health and infrastructure; taxation reform; market based interest rates; competitive exchange rates; trade liberalisation; liberalisation of inward private foreign investment; privatisation of state enterprises; deregulation and prudential oversight of financial institutions; and legal security for property rights (Williamson, J., 1989).

Environment and ageing theory - explores the influence of the living environments of older people and how they can be improved. It is a cross-disciplinary and holistic perspective from within social gerontology that fits within the broader social ecology framework. While ecology historically refers to the study of the harm caused by human beings to natural environments, social ecology has paradoxically almost reversed this meaning, to the study of the impacts of human activities on human beings (White, 2003). This approach has evolved further towards theorising about the interactions between older people and their living environments. Specifically, environment and ageing theory has been described as:

the multidisciplinary study of the impacts of physical and social environments on human beings. Its primary concern is with the enhancement of human environments to improve quality of life (Moos 1976).

Eudaimonic wellbeing - a multi-disciplinary concept that seeks to integrate psychological wellbeing with wider social-structural influences and biological

indicators of health (Ryff, Singer and Love, 2004; Ryff and Singer, 1998). This approach is based on the Aristotelian view of wellbeing as self-actualization in accordance with the daimon or true self; of striving toward excellence based on one's unique potential (Ryff and Singer, 1998). Eudaimonic wellbeing is a multi-disciplinary concept that seeks to integrate psychological wellbeing with wider social-structural influences and biological indicators of health (Ryff, Singer and Love, 2004; Ryff and Singer, 1998). This approach is based on the Aristotelian view of wellbeing as self-actualization in accordance with the daimon or true self; of striving toward excellence based on one's unique potential (Ryff and Singer, 1998). Eudaimonic wellbeing is supported by evidence that engagement in productive roles over 60 years of age is associated with better self-rated health and less functional impairment (Hinterlong, Morrow-Howell and Rozario, 2007).

Existential phenomenology – proponents of this view reject the subject-object distinction of Descartes, which had long influenced Western scholars, and is reflected in the terminology of scientific method (Husserl, 1999). Basic tenets are that: human beings have no predefined meaning or purpose; people define themselves, or come into being, in response to the challenges imposed by their existence in the world; including through their relationship to the reflective consciousness of an 'other'; consciousness is regarded as intentional; and ideas are considered to be the product of experiences of real-life situations (Sartre, 1966) The essence of being human is regarded as to maintain the quality of open-ness to experience; whereby phenomenology, or the study of phenomena, involves observation and analysis that come from 'dasein' or 'being there' (Heidegger, 1996). Heidegger's concept of 'being there' has been criticised by Merleau-Ponty, for not adequately addressing the human body; the latter a concept referred to as embodied subjectivism (Low, 2009). For Merleau-Ponty (1964) existentialism's key question is 'man's relationship to his natural or social surroundings'; where existence is expressed as 'a phenomenal milieu rather than either an objective realm of things or a subjective domain of consciousness'; and where to exist means to live as embodied, inter-subjective, expressive beings who

find significance in all their acts (Low, 1994). Merleau-Ponty argues that an active perception is in contact with and can understand nature's objects and species, including the human species; he 'grounds knowledge in a perceptual field' and yet 'attaches this grounding to an open-ended perceptual and linguistic corroboration' (Low, 1994).

Frailty –a body-wide set of linked deterioration that has been observed by gerontologists to occur with ageing, and that is amenable to intervention. Underlying physiological mechanisms are understood to include changes in muscle, hormonal and immune systems. Frailty has been found to predict mortality, health status, functional decline and use of health services. Its prevalence has public health implications, particularly if it may be prevented or considerably ameliorated. Currently there is no widely accepted measurement. Grip strength, changes in functional status associated with an acute illness, and combinations of inactivity with weight loss have been described. An index based on many variables has been derived for populations covering disease, function, cognition, and nutrition. The concept has also been extended to include the broader environment, including factors such as poverty and isolation, in addition to individual factors. This latter definition avoids framing the problem of frailty as purely biomedical. (Woo *et al*, 2005)

Functional ability – Refers primarily to a capacity to perform the activities of daily living, or those tasks considered necessary to support biological and social functioning. Measures of functional ability in old age consider factors like 'activities of daily living', psychiatric morbidity, health, life satisfaction, social networks and support and use of health and social services (Bowling and Grundy, 1997). Most people aged 65 and over can perform all tasks of daily living unaided, although sometimes with difficulty; however, the prevalence of long-standing illness is high in older age groups and functional decline is associated with gender (females are more likely to decline) and older age; with epidemiological studies of people in very old age groups showing a big increase in functional problems with increasing age (Bowling and Grundy, 1997). While function declines with age,

some functional capacities can be restored although they are often replaced by other disabilities (Bowling and Grundy, 1997). The Framingham study, an epidemiological study which does not include people over the age of 84 due to difficulties obtaining a representative sample as a result of low numbers in this group, has indicated that older people are less disabled and impaired than is commonly supposed (Cornoni Huntley, Foley, White, Suzman *et al*, 1992; Jagger and Clarke, 1988)

Generativity – refers to an individual's concern with others beyond their immediate selves, including their non-immediate family, future generations of their family, and the society and world in which their family will live (Erikson, 1963). It is a concept considered relevant to persons approaching the end of life, who may be concerned not only with increasing maturity and integrity, but also with generativity (that is, establishing and guiding the next generation) whereby they might leave a legacy for future generations on the understanding that they will inevitably be gone someday (Erikson, 1963). In this regard, it can also be said that although the family is important to all ages, family carries a specific meaning for older persons, as a major milieu in which one can pass on one's wisdom to succeeding generations. (Cheng, Chan and Phillips, 2004)

Globalisation – an almost universal term that has different meanings in different contexts and that is used to describe sweeping changes that have been occurring in the world in recent decades. While there is no agreed definition, the term is used to refer to processes that transform local or regional phenomena into global ones; whereby goods and services, capital, people, information and ideas flow across borders; leading to a greater integration of economies and societies (Agenor, 2004). It is most often associated with the global expansion of a free market economy, in which context it is pejorative. The term is widely used in the popular media and often assumed to refer to global homogenization, which fails to capture the complexities of modern life and geographic and social differences that still occur. There has been a fairly comprehensive development of theories of the complexities of globalisation in recent years which call for a consideration of cultural, political

and historical aspects, and of the discontinuities as well as the continuities in modern life. Despite widespread (or global) resistance to globalisation, that calls for a return to the local, a global consciousness is difficult to escape and considering global issues has become an inherent part of any attempt to understand modern social life (Robertson and Khondker, 1998).

Grounded theory – is consistent with the provisional and inductive approach of much qualitative research. In contrast to deductively derived propositions, grounded theory argues that theory can be built up through careful observation of the social world. According to these methods, concepts, categories and themes are identified and developed, while the research is being conducted. (Rice and Ezzy, 1999)

Happiness studies - refers to psychological research on subjective wellbeing; also referred to as happiness studies⁶² (or positive psychology; or human development research (Ryff, 1989a); offers an alternative to medical models that focus on negative factors like morbidity and mortality by focusing on subjective feelings of wellness and positive functioning (Ryff and Singer, 1998). This body of research has produced counter-intuitive results on what contributes to wellbeing in older age (Ryff, 1989a); informing to alternative growth-oriented theories of ageing, that question assumptions of older age as a problematic time of life characterised almost entirely by negativity, decline and loss (Ryff, 1989b). Two paradigms, hedonic wellbeing and eudaimonic⁶³ wellbeing, which are used in happiness studies, refer to overlapping and yet distinct concepts based on theorising about activities, goals and attainments that promote human wellbeing (Ryan and Deci, 2001). See also Eudaimonic wellbeing and Hedonic wellbeing.

Hedonic wellbeing – refers to the scientific study of subjective wellbeing (SWB) which developed in part as a reaction to the overwhelming emphasis in

⁶² It is referred to as happiness studies here to distinguish this field from population health studies conducted by the UNDP.

⁶³ These two concepts are based on paradigms derived from Aristotle's Nichomachean Ethics. Hedonic wellbeing refers to feelings of pleasure; and Eudaimonic wellbeing refers to happiness as a state of mind or state of human flourishing, rather than pleasure alone.

psychology on negative states. Hedonic wellbeing is equated with the experience of pleasure versus pain and uses a scale designed to measure subjective wellbeing (Diener, Su, Lucas and Smith, 1999). Limitations of the concept of hedonic wellbeing include that it does not take into account the role of wider social and environmental processes and has been found to be a less reliable predictor of psychological wellbeing, satisfaction with life and living well (Deci and Ryan, 2008). SWB researchers recognize that people approach positive incentives and do not just avoid misery, and thus they study the entire range of wellbeing from misery to elation. SWB researchers believe that social indicators alone do not define quality of life because people react differently to the same circumstances, and evaluate conditions based on their unique expectations, values, and previous experiences. (Diener, Su, Lucas and Smith, 1999)

Independence – for the purposes of this study, independence does not refer only to the capacity to do things alone. Rather, the concept recognises that all human beings to a degree rely upon others to have their needs met. ‘Independence’ within this context refers to being able to act autonomously, including by being able to have access to a range of resources, supports and social rewards that a person needs in order to meet their social, emotional and physical needs (Plath, 2008).

Interpretive biography - interpretive biography is more an approach than a method. It seeks to move beyond realist and elitist assumptions that knowledge is something that is static and only available to elite academics or other powerful interest groups. Instead knowledge is conceptualised as arising from socially derived and held beliefs that are the fruit of human interaction and that result in the creation of culturally shared meanings. These systems of meaning are considered to constitute valid forms of knowledge, whether they are formal and written or informal and conversational. All human attempts at constructing meaning, all statements whether written or spoken or otherwise expressed are considered to be valid material for interpretive research, whether produced by privileged academics or by ordinary people. (Denzin, 1989)

Loneliness – it is understood to be an unpleasant experience that occurs when a person's network of relationships is felt to be deficient in some important way. An often-used definition of loneliness is that it involves an unwanted discrepancy between the relationships one has and the ones one would like to have; signifying features include that loneliness as a subjective experience and involves negative affect (Dykstra, 2009). When seeking to interpret subjective reports of loneliness it is important not to overlook that such expressions in part reflect cultural norms about what represents a socially desirable density of contacts (Jylha and Jokela, 1990).

Neighbourhood – the broader socio-economic, physical and social environments of a person's home. A neighbourhood is a geographic area surrounding a person's home that in the research literature has been defined variously. Many studies identify neighbourhoods by geographic boundaries such as suburbs or local government areas. However, from an individual's perspective, the neighbourhood may refer to a number of surrounding streets or blocks.

Political economy – this term does not have a single application. Historically it was used to refer to the study of economics. Currently it is used to refer to a range of approaches to studying political and economic behaviour, including approaches that seek to challenge orthodox assumptions. One such example is feminist political economy which studies the role of gender in the social and political relationships and structures of power that determine the differential economic effects that flow from these relationships and structures. The political economy perspective on ageing (Tulle-Winton, 1999) recognizes that solutions to population health problems lie not in medical interventions or in changing the behaviours of individuals, but in economic and social structures for which governments are responsible; structures that influence deprivation in the areas such as education, housing and employment.

Resilience –the ability to recover from or adjust to misfortune or change. The opposite of vulnerability, it encompasses personal competences across cognitive, emotional and social domains; and was derived from observations that although

exposed to substantial stressors and risks, people can still function positively and recover quickly from setbacks (Windle, Markland and Woods, 2008). Resilient individuals flourish when challenged. Psychological resilience is thought to be important in later life, as a component of successful psychosocial adjustment (Wagnild and Collins, 2009).

Resourcefulness – refers to the quality of being able to cope with a difficult situation. Although the term is sometimes used in relation to ageing and wellbeing, precise definitions are scarce. It can refer to skills in different domains, including in the domain of social resourcefulness, reflecting behaviours a person engages in order to establish and maintain supportive relationships (Rapp, Shumaker, Schmidt, Naughton *et al*, 1998); and is possibly related to wisdom which is also defined below.

Sense of control - refers to a belief that a person can master, control and shape their own life (Mirowsky and Ross, 1998). Gerontologists have long considered a sense of control (Windle and Woods, 2004; Mirowsky, 1996; Rodin, 1986) to be an important source of wellbeing; along with related concepts like desire for control, autonomy, independence, mastery (Windle and Woods, 2004), pro-activity, self-determination, self-efficacy, and locus of control (Rotter, 1966).

Social constructionism - is a theory of interpretation that has its roots in phenomenology. Key premises are; that all knowledge is socially produced; and that subjectivity plays a central role in explaining human behaviour, perceptions and actions. Social constructionist theory regards subjective experiences as potential sources of new and relevant information that can be used to inform theory development and social policy; as people continually adjust their behaviour and intentions in response to changing circumstances. (Berger and Luckman, 1966)

Social determinants of health – social determinants of health paradigm is based on an influential and widely accepted body of evidence which supports the view that the health status of populations is affected more by factors outside the health system than by health services themselves (Wilkinson and Marmot, 2003). Social

determinants of health are considered to be the conditions into which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities; or the unfair and avoidable differences in health status seen within and between countries (WHO, 2009; 2008). Under this paradigm, policies for improving the health of populations and reducing demand for services call for more than improved access to health care.

Social integration - There are at least three different ways to look at social integration. The term does not necessarily imply either a positive or a negative state when used to describe established patterns of human relations in any given society. Other definitions include an inclusionary goal, implying equal opportunities and rights for all human beings, whereby, integration implies improving life chances; or where measures for increasing integration have a negative connotation, of imposing an unwanted uniformity. (UNRISD, 1994)

Social isolation –defined social isolation as an objective measure of having minimal interaction with others, as distinct from emotional isolation (or loneliness) which refers to the subjective feeling of dissatisfaction with having a low number of social contacts (Hall and Havens, 1999).

Social marginalisation – the term is related to social exclusion and refers to the position of individuals, groups or populations being outside of ‘mainstream society’, living at the margins of those in the centre of power, of cultural dominance and economical and social welfare. It has been defined as:

a process by which a group or individual is denied access to important positions and symbols of economic, religious, or political power within any society; a marginal group may actually constitute a numerical majority; and should be distinguished from a minority group, which may be small in numbers, but has access to political or economic power (Marshall, 1998).

Successful ageing – The concept originated as early as 1944 (Torres, 1999). There is more than one model of successful ageing, reflecting the degree to which subjective or medical definitions are emphasised. Theoretical definitions refer to life expectancy; life satisfaction and wellbeing (includes happiness and contentment); mental and psychological health; cognitive function; personal growth, learning new things; physical health and functioning, independent functioning; psychological characteristics and resources, including: perceived autonomy, control, independence, adaptability, coping, self esteem, positive outlook, goals, sense of self; social, community, leisure activities, integration and participation; and social networks, support, participation, activity (Bowling and Dieppe, 2005). A biomedical model that includes health as absence of disease, has been found to identify a much smaller percentage of people (18.8%) as having aged successfully, compared to the productive engagement or eudaimonic model (50.3%), which allows for the presence of chronic disease (Strawbridge *et al*, 2002).

Utopia – the concept of Utopia originated with a book of the same name by Sir Thomas More (1516) about an imaginary society that is widely believed to describe a perfect, although unachievable society. Definitions of the concept vary widely and continue to be contested. While sociologists have sought to distance themselves from Utopian ideals as unscientific, Levitas (2005) has argued that the pursuit of Utopian goals is the proper work of Sociology which has its origins in Utopianism, due to its concern with how the world works; and that Sociology arose in response to perceived ills of a society that was considered to be in need of rectification. Levitas (2005) refers to Utopian concepts as inseparable from a perception of lack. This perception is inevitably informed by a perception of that which might be better than what one has now. Levitas (2005) refers to Utopian models as:

explicitly holistic, imaginary, critical, normative, prescriptive and (often) future-oriented. On the other hand, most of them contain descriptions of present conditions, not just as a foil for the better utopia, but as a generalised

explanation of how social processes work, and therefore what needs to change.

Vulnerability – a concept that contains an underlying premise that without support the quality of life of older people would be seriously compromised; reflected in early policies of social democracies to improve the wellbeing of older people, which were based on an implicit assumption that being old was itself a source of vulnerability; whereby the British National Assistance Act 1948, a bulwark of its new welfare state, referred to people ‘who by reason of age or infirmity are in need of assistance’, rather than age and infirmity (Grundy, 2006). Poverty amongst older people is understood to contribute to their vulnerability, creating a need for resources, such as private pensions, in order to reduce their vulnerability, or need for assistance, in old age (OECD, 2000).

Wellbeing – a complex concept that refers to optimal experience and functioning (Ryan and Deci, 2001). It is used to describe both subjective feelings and the relative wellbeing of populations; and is generally predicted by socio-economic status; with wellbeing for individuals generally referring to feelings of satisfaction in relation to adaptation to life, attainment of goals and satisfaction with life, as appropriate for a person’s age and circumstances (Wilkinson, 1999). Current psychosocial research focuses on two main perspectives, referred to as hedonic and eudaimonic wellbeing; the former referring to subjective feelings and the latter referring to both subjective feelings and productive engagement with life (Ryan and Deci, 2001). The measurement of wellbeing of populations is concerned with factors like life expectancy, literacy rates and quality of life (as measured by per capita gross domestic product) (UNDP, 2009).

Wisdom – a concept of increasing interest in psychology and neighbouring fields. Basically, it means making the best use of the available knowledge. In psychological research wisdom has been conceived as an expert knowledge system of factual and procedural knowledge and judgment, dealing with the ‘fundamental pragmatics of life’ (Baltes and Smith, 1990). Age by itself is not necessarily a predictor of wisdom. Although lay theories suggest that wise

individuals are often relatively old, on the whole lay people do not consider older persons to be wise. In the research literature, certain combinations of factors are considered to constitute wisdom, such as certain personality dispositions, wisdom-conducive contexts, and life experiences and reflection on them, rather than length of life by itself (Gluck and Baltes, 2006). The likelihood of having accumulated certain experiences increases with age; and old age may be beneficial for the development of wisdom for reasons such as emotion regulation, an increased propensity for life review in the face of the end of life, and the necessity to cope with losses in various domains (Gluck and Baltes, 2006). Australian Sociologist, Margaret Sargent, has offered the view that older people gain wisdom by virtue of being able to take a long view of things (Sargent, 2007). A long view enables a person to put their life and the lives of others into a historical perspective of which death forms an inevitable part; with many older people accepting contemplation of their own death with tranquillity, as part of a natural process.