

LAUNCESTON'S ELDERLY POPULATION:

A QUALITY-OF-LIFE ANALYSIS

BY

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Except as stated herein, this thesis contains no material which has been accepted for the award of any other degree or diploma in any university. To the best of my knowledge and belief this thesis contains no copy of paraphrase of material previously published or written by another person, except when due reference is made in the text.

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(iii)

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ABSTRACT

Quality of life is a concept of a rather imponderable nature. This study commenced with a consideration of the measures used in other research, with the purpose of evaluating the relevant provisions in the context of the elderly population of the Launceston Urban Area. A definition of 'elderly' was sought, based upon the effects and role of aging in our society. By means of a comprehensive review of the literature, the needs of the elderly were examined and three key elements in life satisfaction distinguished - housing, motility and social relationships/activity levels. In addition it was anticipated that spatial differences in the provision of these elements would exist.

An interview schedule was designed to elicit information on the provision of the key elements and the factors influencing them at the individual level. Following a broad review of the significance of location among elderly people and their distribution in the Launceston Urban Area, a sample of approximately 5 per cent of the total was selected, locationally stratified but otherwise random.

Each element was analysed separately following a review of relevant literature to provide a basis for evaluation of the local circumstances. Thus, each respondent was placed in a ranked group relating to the quality of his/her housing, motility and social relationships/activity levels.

In the final chapter the information on the three key elements is combined to provide an index labelled QLP (quality-of-life potential) for each respondent. As the literature and the previous analyses suggested that socio-economic status and aging are major

factors in life quality and satisfaction, their impact on the Launceston Urban Area elderly was established. Finally, the factors operating to create disadvantage not explicable in terms of socioeconomic status and aging were examined, and found to relate largely to location in areas of commercial invasion and recent public housing estates. The characteristics of these areas operating negatively on the quality of life of the elderly residents were distinguished through further analysis and interviews.

1. INTRODUCTION: THE QUALITY OF LIFE

It is obviously very difficult to contemplate the direct measurement of the quality of life, social well-being, or welfare, for like most aspects of human existence, they cannot be measured with a ruler or pair of scales. Yet placing individuals or groups on a quality-of-life scale by some appropriate rule may seem a sensible objective (Smith, 1977, 40)

Quality of life might perhaps be termed a metacomplex, that is a complex whose elements are themselves complexes. The elements and sub-elements involved will differ from one person to another, and even those which are commonly regarded as constituting part of the complex will vary in the importance attached to them by different people. Smith mentions income, possessions, health, education and the feeling of belonging as examples of such elements but emphasises the significance of "individual preference and perception" (1977, 41).

In production-oriented economies, such as those which prevail in the developed countries, quality of life has frequently been equated with levels of output and consumption. More recently, there has been a movement towards the viewpoint that the extent to which production is shared is also significantly related to the quality of life (Yeates, 1977, 3). There has also been a tendency to use the phrase 'quality of life' in a context of environmental concern, in which it is related negatively to pollution, crowding, noise levels and so on.

The recognition that such measures of life quality are too restricted has led to investigations of a much wider range of indicators.

A distinction can be made between those variables which may be classed as objective (for example, Gross National Product, number of hospital beds per thousand persons, etc.) and those classed as subjective (that is, relating to perception). The former might be more appropriately seen as measuring level, rather than quality of living. The importance of including the latter group is demonstrated by Kuz (1978) who found, in a study conducted in southern Manitoba, that there was a correlation coefficient of only 0.07 between the two sets of objective and subjective indicators. That is, people's perceptions of their quality of life bore little relationship to their objectively measured level of living.

In the above study, Kuz made use of a selection of 'domains' (areas of life in which satisfaction is important) from a study of the quality of American life conducted by Campbell, Converse and Rodgers (1976). The complete list included marriage, family life, health, neighbourhood, friendships, housework, job, life in the U.S., city or county location, nonwork (leisure activities), housing, usefulness of education, standard of living, amount of education, savings, religion, government and organizations. These areas are not necessarily of equal significance for all individuals, or even for any individual throughout his life span. For example, the study found that health as a domain was of relatively little significance in the younger age groups but became of much greater concern to the older age groups (1976,72).

Thus investigations of quality of life have moved from a relatively simple measurement of objectively-defined quantities to "attitudinal research" and the "translation of abstract concept into operational terms" (Smith, 1977, 40).

The present study aims to evaluate selected aspects of the quality of life of the elderly population of the Launceston Urban Area in northern Tasmania. To achieve this aim it was necessary to identify from the literature the key elements (or domains) in the quality of life of the elderly, and to examine the factors which determine variations in these domains. Within this context, a major aim of the study was to examine the key quality of life elements with respect to Launceston's elderly population and the interaction between these elements and other social and economic factors.

Further to the examination of the elements individually, the study attempts to develop a collective measure incorporating all of the quality of life elements examined and relating individual variations in this overall measure to variations among the elderly in socioeconomic status and age.

Spatial aspects of the quality-of-life elements were examined in two approaches. Firstly, because the elderly in many cities are commonly concentrated in inner areas they are likely to experience physical and environmental conditions which affect life quality. Therefore, the study aimed to describe the spatial distribution of Launceston's elderly and to examine the changes in the distribution over time. Secondly, within the analysis of individual quality-of-life elements there was a continuous examination of spatial distributions, with the purpose of distinguishing possible locational factors operating on the quality of life of Launceston's elderly. Specifically, the locational concern aimed to define areas of deprivation, with the hope that the factors creating the negative conditions would be amenable to planning solutions. Despite a recent increase in concern for the elderly in Australia, there is a paucity of literature on the subject, contributing to the disproportionate attention given to United States and Western European

publications in the construction of the framework for this study. It is quite possible that, despite the cultural similarities, assumptions about the applicability to Australian elderly of findings in U.S. and Western European studies would not survive thorough testing in the field.

To set the study in context it was deemed necessary to examine the concept and ramifications of aging for communities and individuals, as a preface to analysis of their needs and the factors involved in life satisfaction among the elderly.

1.1 THE AGING OF POPULATIONS

One of the dilemmas of modern societies is that, while sociological processes have fostered a devaluation of old people, demographic processes have led to increasing numbers and proportions of aged in their populations. Thus, such societies have larger proportions of older people than ever before, while at the same time older people have less value and utility to these societies (Cowgill, 1974, 2).

A major process in the increase in numbers of elderly people is demographic aging, which occurs when that section of a regional or national population classified as elderly is growing at a faster rate than the rest of the population. It is a relatively recent phenomenon, related to the demographic transition developmental process and migration, and most apparent today in the 'advanced' nations of the world. Factors which have contributed to this aging of populations include the high fertility rates of earlier years (late 19th and early 20th centuries), the decline in mortality brought about by improved medicine and sanitation, and migration of large numbers of people, chiefly young adults (Population Bulletin, 1975).

Longevity is not new to the human race, there being evidence that individuals in the past have survived to considerable ages. What is new is the increase in numbers and proportions of such individuals. Katz (1978, 5) suggests that there is 'evolutionary significance' in increasing longevity, related to the contribution which aged people make towards sociocultural stability and continuity, while Ford (1979, 10) points to the importance of death following senescence rather than precocity in the continued survival of the species.

The United Nations Demographic Yearbook (1976) shows the national percentages of population aged 65 and over as ranging from below 3 per cent in the African and South Asian countries to over 14 per cent in European nations. The highest national figure is Monaco's 22 per cent but this is anomalous in that Monaco is attractive to people in retirement and is, therefore, subject to disproportionate in-migration of the elderly. The German Democratic Republic's figure of 16 per cent might be more realistically regarded as the highest national proportion of elderly people. Aging does, of course, occur at local and regional, as well as national scales, and it is likely that migration is of greater significance at these more local scales.

Cowgill (1974a, 3) classifies populations with less than 4 per cent 65 and over as young; with 4 to 6.9 per cent as youthful; with 7 to 9.9 per cent as mature; and with 10 per cent or more as aged. On a global scale, young populations predominate in Africa and South Asia (3 per cent), youthful in Latin America (4) and East Asia (6), mature in Oceania (8 per cent, but distorted upwards by the presence of Australia and New Zealand), and aged in U.S.S.R. (12), North America (12) and Europe (14). The world average is a barely mature 7 per cent (U.N. Demographic Yearbook, 1976).

In his studies of the global process of aging, Cowgill (1974b, 123-124) emphasises the relationship with modernisation which he defines as

.... the transformation of a total society from a relatively rural way of life based on animal power, limited technology, relatively undifferentiated institutions, parochial and traditional outlook and values, toward a predominantly urban way of life based on inanimate sources of power, highly developed scientific technology, highly differentiated institutions matched by segmented individual roles and a cosmopolitan outlook which emphasises efficiency and progress (1974b, 127).

He sees modernisation as associated with a delay in reaching old age, an increase in the use of chronological age groupings, aging populations, growing proportions of females and widows, and grandparents, a decline in the status, leadership roles, power and influence of the aged, ambiguity in the widows' role and greater disengagement of older people from the community life.

The transition from young to mature can be traced in Australian history. In 1861 one per cent of the population was aged 65 and over. By 1976 this percentage had risen to 8.87. Table 1.1 shows this steady increase, broken between 1966 and 1971 by a decline in the proportion, though not in the number, of people over 65. Reasons for this decline may include the large influx of youthful migrants during these years, a rise in the fertility rate, and, possibly, higher mortality rate among people who experienced the First World War and the Great Depression.

It seems likely that Australia will join those nations classified as aged. It might also be noted that, as part of the aging process, the oldest section of the elderly populations in the developed countries is growing more

Table 1.1

Census Year	Australia			Tasmania	Launceston
	Population over 65	Total Population	% Popula - tion over 65	% Popula - tion over 65	% Popula - tion over 65
1861	11,681	1,168,149	1.00	-	-
1871	29,595	1,700,888	1.74	-	-
1881	56,284	2,306,736	2.44	-	-
1891	93,989	3,240,985	2.90	-	-
1901	150,789	3,773,801	4.00	-	-
1911	190,429	4,455,005	4.27	-	-
1921	240,820	5,435,734	4.43	-	-
1933	429,690	6,629,839	6.48	-	-
1947	604,897	7,579,358	7.98	-	-
1954	746,006	8,986,530	8.30	7.56	8.31 ¹
1961	894,243	10,548,267	8.48	7.71	8.71 ¹
1966	986,404	11,599,498	8.50	7.82	8.92 ²
1971	1,064,995	12,755,638	8.34	7.94	9.24 ³
1976	1,202,150	13,548,617	8.87	8.67	8.96 ³

- | | | |
|---------------------------|---|----------------------------|
| 1. Launceston and suburbs |) | |
| 2. Municipality parts |) | Highly, but not completely |
| 3. Launceston Urban Area |) | comparable in area. |

Abstracted from figures published by the Australian Bureau of Statistics.

rapidly than the total elderly population (Brody, 1978, 16; Katz, 1978, 8). One aspect of the impact of aging on an economy is through the dependency ratio, that is, the number of dependents to each one hundred persons in the productive ages. Such data are, of course, very approximate in indicating dependency as many people younger than 15 or older than 65 are productively employed, while many between those ages are dependent in an economic sense. Possibly more meaningful in the present context is the ratio of persons aged 65 and over to the number in the workforce.

Within Tasmania, while the general trend has been similar to that for Australia, the proportion of the total population represented by those aged 65 or over is lower. A possible explanation for this marginal difference is the tendency for some Tasmanians to either retire to, or spend the winter months in such mainland regions as the Gold Coast or northern New South Wales, in whose populations they would then be included for census purposes. In addition to the obvious climatic advantages of such regions, elderly people have been induced to move to Queensland by the State Government's removal of death duties. This, and the costs of making such a move, suggest that such out-migration is highly selective, involving only the affluent among Tasmania's elderly.

The paradoxical situation in which, as the numbers and proportions of elderly people increase, their value and utility to society decline, has been already mentioned. It is also striking that it is in the affluent, developed societies that this devaluation is most noticeable. Respect for the aged on account of their experience and accumulated wisdom is not characteristic of 'advanced' economies. Factors contributing to this

devaluation of elderly people include their retirement from the labour force, with consequent decline in status and reward; the obsolescence of many of the skills and much of the knowledge which they possess; the increasing residential separation by which younger people become unfamiliar with the elderly; and the rising status of youth in modernised and modernising societies (Cowgill, 1974a, 12-16). The incorporation of the 'work ethic' and the 'cult of youth' into the economic climate inevitably depresses the status of the elderly in a society (Cowgill, 1974b, 140).

1.2 PROBLEMS OF DEFINITION

The term 'elderly' is replete with association but extremely difficult to define with any precision. This is due to the individual variations in the rate at which people age mentally and physically, and in the age at which they adopt the roles which our society attaches to the condition of being elderly (Hutchinson, 1954, 1). The official beginning of old age in India is age 55, while in studies conducted in the United States most people at age 70 describe themselves as middle-aged. Only after age 75 do more than half describe themselves as old or elderly (Shanas, 1970, 5).

Golant (1976a, 380) distinguishes five sets of complementary factors by which the 'oldness' of an individual may be defined. These are

- (1) the psychological, social and physiological manifestations characterising an individual's stage of development;*
- (2) society's definition of old age, in particular its age grading system, and its consequential attitudes and responses to the defined group;*
- (3) the significance or importance of their societal definition for the individual;*
- (4) the person's own self-evaluation of his age and the extent to which he desires or is capable of*

conforming to society's set of behavioural expectations; (5) the extent to which 'younger' members accept society's existing definition of old age and how they consequently evaluate and respond to 'older' individuals.

Some distinction has been drawn between the 'young old' and the 'old old', with the former between the ages of 55 and 75, and tending to be "mobile, active, ready to experiment with differing types of work and leisure, and often socially gregarious" (Yeates, 1977, 14-15). The latter group is characterised by a greater degree of dependency brought about by declining health and the restrictions which that imposes on life style. It may be that if 'oldness' is defined in terms of dependency, age 75 would be a realistic, although far from universally applicable definition. (Brody, 1978, 15).

The distinction between young and old elderly people largely reflects the difference in the life style of each group, attributed, in the case of the young elderly, to the increased length of life, improved health, earlier retirement, greater affluence and smaller families (Yeates, 1977, 14). These have combined to give today's young elderly a greater freedom of choice than has been available to the same age group in the past.

However, despite the distinctions noted -

It is accepted a priori that there is a group of individuals who can be identified as 'elderly' and while recognising the diversity of their 'oldness', it is argued that they nevertheless share critical attributes that are a consequence of the natural irreversible processes of human development in combination with a societal structure which imposes both formal and informal expectations of behaviour (Golant, 1976a, 381).

Perhaps the major distinction in Australian society defining the elderly population, is the widely accepted and frequently imposed retirement age of 65 for men and 60 for women. The choice does not seem to be based on demographic, social or economic factors, and it is perhaps an indication of future trends that the U.S. Congress has recently amended its Age Discrimination in Employment Act to make 70 the earliest age for compulsory retirement (Sheppard, 1978, 41). The traditional 65 appears to date back to the apparently arbitrary choice of Bismarck, the German Chancellor who established the first old age pension scheme in 1889. Its continuance has been, according to Sheppard, another example of the discrepancy between scientifically-based findings and the decisions of organizations. Nevertheless, retirement at any age usually imposes an economic distinction whereby the retiree becomes dependent on a reduced income.

For the purposes of this study the term 'elderly' is used for the age group 65 and over. The choice of that age is not merely capricious. Goldfarb (1963, 74) defines aging as 'a progressive, irreversible loss of functional efficiency', the signs of which are evident in almost everyone by age 65. However, there is an element of convenience in this choice in that statistical information on age distribution frequently aggregates all persons over 65. The decision not to include women between 60 and 65 is also in part a convenience but it was felt that to incorporate them in the study would involve the inclusion of many who had never been breadwinners, and therefore did not experience the economic distinction by which the group is largely characterised.

1.3 THE CHARACTERISTICS OF THE AGE GROUP

The age group, 65 and over, has a number of measurable characteristics, some, of course, shared with other population elements. There are more females than males, reflecting the greater life expectancy of females and the higher age-specific death rates of the males. Widows are also more common than widowers, partly because husbands have traditionally been older than their wives, but also because widowers have been more likely to remarry than widows. They have less formal education than younger age groups, although this distinction seems likely to diminish over time. That their income level is lower than that of younger age groups results from retirement (often compulsory) and the relativity between old-age pensions or superannuation and wages. With some exceptions, as a group the elderly are less residentially mobile than others (Cowgill, 1974a, 4-6).

On the question of whether or not the elderly constitute a minority group as that term is currently used, Palmore (1978) presents a number of arguments about the situation in the U.S. One criterion for such recognition is the presence of identifiable characteristics, of which the elderly have their age (usually beyond 65), the physical symptoms of aging (grey hair and wrinkles) and increasing infirmity. On the other hand, however, they do not possess these characteristics from birth, and in this respect they differ from other minority groups such as blacks. On the criterion of whether or not the majority group hold negative stereotypes about the aged the answer is a definite affirmative. Despite evidence to the contrary, old people are commonly regarded as predominantly sick or infirm, senile (incapable of further learning) and unable to be productive. A third criterion specifies discrimination against the group. Palmore argues that while there is little discrimination against the elderly in areas of civil rights and

political power, there is considerable discrimination in employment and social areas. Neugarten (1970, 17) sees this as an aspect of 'age-ism' ('negative or hostile attitudes towards an age group different from one's own') directed at the elderly. Deprivation, the fourth criterion, Cowgill sees as primarily economic, and revealed in studies of the diets, housing, transportation and medical services available to the elderly. The fifth and final criterion is a sense of group identity or political unity, and in this context the elderly appear to be as diverse as the general population although elderly pressure groups are emerging. On the other hand, Atchley (1972, 37) maintains that the diversity of the elderly in terms of social class has prevented the emergence of an aging subculture.

Elderly females are the victims of both sexism and ageism and thus suffer from poverty and social unacceptability to a greater extent than males, and for a longer period of time (Butler and Lewis, 1973, 89). They may, however, be better adapted to the leisure role of the elderly in that they have had more time to prepare for it, having probably had a lower level of participation in the workforce, and their children having normally left home long before the parents reach old age (Moore, 1966, 32-33).

The cultural characteristics by which the elderly may be differentiated from other age groups are those of a generation and not merely those of old people (Cowgill, 1974b, 138). One problem which is unique to the elderly is the irretrievability of the losses and declines associated with their situation. Other disadvantaged groups have the chance, and the hope, that their circumstances will change for the better but for the elderly this is not the case (Christiansen, 1978, 45).

Despite the differences in categorization, the elderly have become increasingly recognised as a minority group subject to the same social consciousness as ethnic, racial and religious minorities (Hiltner and Smith, 1974, 23). Political recognition, on the other hand, is more likely to stem from the increasing proportion of elderly electors in the population. As Cowgill points out

The potential political significance of this shift is emphasised if we remember that larger proportions of older people actually exercise their franchise than people in their early twenties (1974, 6).

In Australia, with its compulsory voting system, the significance of the elderly vote may lie in the greater likelihood of their voting for candidates and parties supporting their interests, and the lesser likelihood of their voting informally or mechanistically.

It is possible, too, that the diversity within the over 65 age group will contribute to greater political significance as they permeate numerous interest groups and organisations in their increasingly active life style (Yeates, 1977, 14).

1.4 THE NEEDS OF THE ELDERLY

Old people share with those of other ages a variety of social and emotional needs whose satisfaction determines the level of function of the individual. Frustration of these needs leads to the wasting of the individual's unique potential, to his dependence upon society rather than contribution to it, and to his suffering a consequent sense of failure or guilt (Carp, 1976, 30).

The most obvious needs are those which are necessary for life support - air of suitable quality (elderly people being more vulnerable than younger people to impurities), water, food (and accessibility to it), shelter (with safety) and security (fear of crime being a significant restriction to movement among elderly people).

The broader range of needs have been placed by Yeates (1977) into four classes. The first class is concerned with health and welfare, and he stresses the cost of medical care (dental, nursing, and pharmaceutical services) and the financial strain imposed by inflation. The second class is psychosocial needs, chiefly those which counteract the fear of loneliness and promote interaction and interest extending beyond the immediate life space. Housing needs (the third class) incorporate elements fostering independence and ranging from building (e.g. easily cleaned) to neighbourhood characteristics. In the case of the latter, locational preference studies provide evidence to suggest that because of the greater frequency of personal contact, proximity of shops and recreational facilities, and availability of social support services, urban, rather than suburban or rural neighbourhoods are favoured. Fourthly, transportation needs of the elderly require attention as a large proportion do not have a car or are unable to drive. Public transportation, Yeates argues, should be regarded as a 'social delivery system', 'client-oriented rather than geographically-oriented', that is, directed to where it is most required (1977, 24).

It is possible that behavioural patterns such as requests for certain services, the frequency of visits to particular locations, and participation in particular activities are more meaningful than attitudinal indicators

such as self-reported satisfactions. As was reported previously, there is little correlation between objective and subjective indicators of the quality of life. However, Golant (1976a) lists four major goals desired by elderly people, and thus, important to their perception of life quality. These goals include independence in their living arrangements, with minimal restriction and conflict; and security, both economic (that is, sufficient financial means to meet the desired life style and maintain independence) and physical (that is, from injury, accident and criminal actions). Freedom from anxiety and worry is also seen as a form of psychological security. A third goal is termed environmental mastery, chiefly expressed in control over interpersonal contacts and activities, and achieved through a degree of privacy. Fourthly, there is the need for a positive self-image, largely involving a sense of achievement with corresponding status.

1.41 LIFE SATISFACTION

Life satisfaction and quality of life may not be synonymous, but it would seem axiomatic that they are, in the context of perception, very closely related. Atchley (1972, 205) argues that successful aging is achieved if an elderly person feels happy and satisfied with his life, and quotes five components therein - zest or enthusiasm in various areas of living; acceptance of life's vagaries and responsibility in one's affairs; agreement between desired and achieved goals; positive self-concept; and an optimistic attitude to life.

Clark and Anderson (1967, 429) would appear to agree with the above in their statement that

.... those who survive best in their later years are simply those who have been able to drop their pursuits of the primary values (as their culture has required them to do) and to go on to pick up, as workable substitutes, the alternative values which have been around all along: conservation instead of acquisition and exploitation; self-acceptance instead of continuous struggles for self-advancement; being rather than doing; congeniality, co-operation, love and concern for others instead of control of others.

They distinguish between adaptations and maladaptations in aging (p.207). Thus, in the desire for independence, a successfully adapting person takes pride in being able to function autonomously but does not become fearful or mistrustful of others. In the desire for social acceptability, congeniality and consideration are seen as more effective than respect for one's status and achievements. Potential threats or losses are reacted to with resilience or appropriate action rather than aggressiveness. Aspiration levels are realistically lowered or changed so that earlier competitiveness is eliminated.

A factor basic to all of the above, and probably to the total complex of life quality, however measured, is health. As people age, health becomes of greater concern, and illness and infirmity become more frequent, more severe, and take longer to cure. Health of a person can affect his income, level of independence, suitability of housing, size of activity space, level of participation in community and social life, morale and sense of well-being, and ability to make adjustment to change (Philblad and McNamara, 1965, 57).

Golant and McCaslin (1978, 11-14) have drawn up a 'hierarchichal dimension of competence', against which elderly people might be measured. At the simplest level there is the maintenance of life and health. On the next rank

is perception-cognition with a range from mere sensation to abstracting skills. Third comes self-maintenance, both physical and instrumental. The fourth rank is effectance, that is, the ability to engage in wider activities. At the top of the scale is the social role with a range from casual inter-personal contact to creative leadership.

It is clear that each of these elements in competence is a continuum, with degrees of existence, rather than mere presence or absence. Further-more, the authors note, lower order shortcomings may have an effect on the higher order functions. In this respect health is a major factor throughout the hierarchy, with ramifications for independent functioning at all levels.

Perhaps also basic to the perception of life quality is the ability of the elderly person to live with dignity in our modern activist cultures. Comfort (1977, 10) refers to 'sociogenic aging' by which he means the role which our traditions and misconceptions thrust upon people as they age. It is difficult to change this situation because we are conditioned to it throughout our life time to such an extent that many old people have the same misconceptions about themselves. Among these misconceptions are the beliefs that the elderly are chronically infirm and in poor health, forgetful and incapable of learning, incapable of being productive and unreliable in employment. Moberg (1974, 261) has coined the term 'gerontophobia' to describe the tendency of people of all ages to fear aging and dislike the aged.

*When we speak of aging with dignity ...
our attention is not so much on a given
person's actualisation of dignity, but on the
conditions which either augment or diminish
the capacity for living with dignity
(Christiansen, 1978, 43).*

Katz (1978) reports on a number of anthropological investigations which have found that perception of quality of life is very significantly influenced by the aged individual's relationship to his or her place in society. A positive attitude towards aging is most likely where there are strong kinship ties and age-related traditions which stress growth in knowledge and wisdom, and thus status, as people become elderly.

However, these conditions are least likely to be found in our modernised, urbanised societies. Part of the problem of the elderly stems from their background, in that they do not know how to use the resources available to them in the modern city. This is a condition which is likely to change for the better as the presently middle aged become older. For this, and other reasons, it is possible that planning for the welfare of the elderly should not be directed only at their specific needs, but should be incorporated into planning for the community as a whole. In this way tension between the elderly and the rest of the community may be avoided (Etzioni, 1978, 51).

To some extent the present elderly may be regarded as pioneers whose problems with leisure time have highlighted the shortcomings of the rest of the community in the same respect (Maddox, 1973, 7). The value of the environment as a contributor to life quality may be measured in terms of the resources which provide for choice, and thus act as incentives. The lack thereof, on the other hand, functions as a major constraint (Gelwicks,

1970, 156). Beattie (1973, 59) stresses the importance of an environment which provides alternatives enabling 'maximum growth and use of functional capacities'.

Future urban life must provide an environment that fosters independence and self-determination, provides suitable housing along with privacy, encourages interaction through good transportation services and recreational amenities, and assures equal access to health services (Yeates, 1977, 41).

The emphases in the foregoing point to the existence of three key elements in life satisfaction among the elderly. Through its influence in independent functioning and privacy housing must be regarded as of major significance, and is examined in Chapter 3. Because of its role in the range of activities and extent of the activity space of the elderly, motility (as distinct from mobility in a residential context) must also be examined (Chapter 4). It is apparent that the needs of the elderly also involve social relationships, thereby seen, with activity levels, as the third key element for analysis (Chapter 5). It is possible that, because of its interaction with each of the elements, health should have been subjected to separate analysis, but, as its role is seen to be primarily as a factor, it is examined as such in each section.

As indicated previously each element was studied to ascertain its significance in life quality of the elderly in general, as revealed in research conducted elsewhere. In the light of these findings, the circumstances of the elderly in the Launceston Urban Area were also examined with respect to each element and the factors which operate to create inequalities in its distribution.

In general terms, the geographic approach seeks to distinguish and analyse factors relating to the spatial variations in the distribution of the earth's surface phenomena. The geographer also attempts to distinguish the part played by location in influencing human behaviour. That quality of life, regardless of how it is defined, varies spatially, is beyond question. There may also be spatial variation in the perceptions involved in quality of life, and in the extent to which a person's quality-of-life criteria are satisfied. For example, Golant (1976a, 392) notes that, among older men, those who live in the downtown area (mostly single, and residentially mobile) emphasise amusement and recreation facilities, while suburban men (mostly married and home-owners) emphasise home-centred activities.

The data for the study were gained from two main sources. At the broad level of analysis considerable information on the distribution of the elderly was available from census material. A number of maps were based on this material to distinguish patterns with possible implications for the quality of life of the elderly. More detailed and subjective data were collected by means of an interview schedule, involving a locationally stratified but otherwise random sample of approximately five per cent of the Launceston Urban Area elderly population, and designed to elicit information on the three domains distinguished previously.

1.5 CONSTRUCTION OF THE INTERVIEW SCHEDULE

According to Edwards and Klemmack (1973) the major variable groups involved in life satisfaction analyses are socioeconomic status (based on education, income and occupational prestige), personal and social background

characteristics (age, sex, marital status, family size, length of residence in one area, community size and retirement), formal social participation in associations, and informal interactions with kin and neighbours or friends. Thus several of the questions were designed to elicit information on sex, age, marital status, education level, pre-retirement occupational background, income employment status, and, in view of its basic importance, health.

Those who consider their health to be better, who are less concerned about it, or who feel that it interferes less with what they want to do have, in fact, fewer problems, take a smaller variety of medicines, and suffer from fewer illnesses and disabilities. Thus, in the community, personal self-assessment is not capricious and is a useful indicator of actual health (Fillenbaum, 1979, 48).

Respondents were asked to rate themselves as being in good, fair or poor health, or in need of care and attention.

As one of the key factors in independence among the elderly, transport was the subject of several questions. These were designed to ascertain the availability of private transport, the usage of public transport, the use of other means of transport (for example, taxis), and satisfaction with the provision of transport.

The importance of social relationships and activities necessitated the inclusion of questions seeking information on family connections, the location of the residentially-nearest relative and friend, how recently the relative and friend had been contacted, where this contact had occurred, the number and types of organisations in which respondents participated, the activity most enjoyed in the previous week, and the place and circumstances

in which it was carried out. Preferences as to the age mix of the community were also sought.

The residential setting was examined in questions about housing, type of structure, tenure, occupancy, facilities and length of residence in the neighbourhood. Provision was made for the listing of likes and dislikes about neighbourhood and housing, and respondents' opinions were sought on the most suitable residential settings for elderly who are able and for elderly who are unable to look after themselves.

A pilot survey was conducted, on the basis of which a questionnaire was drawn up (see Appendix A), containing twenty-six questions, providing information on forty-one variables. Respondents were interviewed and the questionnaire completed by the interviewer. The data thus gained were analysed using programs in the Statistical Package for the Social Sciences (Nie et al., 1975). The findings were examined as they related to the three key elements distinguished previously, before subjection to a synthesis in which the effort was made to isolate those factors which operate independently of location (Chapter 6).

However, since it was anticipated that spatial distribution patterns may be of some significance, it was necessary to preface selection of the sample to be interviewed by an examination of the distribution of the elderly and the importance of location.

2. THE GEOGRAPHIC DISTRIBUTION OF THE ELDERLY

2.1 THE IMPORTANCE OF PLACE

Where the older person lives is not simply a matter of his physical environment, the climate or natural beauty of his surroundings, or the size or design of his home. Perhaps more important, his residence is also associated with his social environment, holding implications for the range of his human contacts, his day-to-day activities, and the community services and facilities available to him (Riley and Foner, 1968, 21).

As indicated previously, the geographic concern is not confined to explanation of existing locations but incorporates also the effects of location on human behaviour. One purpose of this study is to analyse relationships between location and the life quality of elderly people in the terms outlined in the previous section. To facilitate analysis of this relationship it is pertinent to examine aspects of the residential distribution of the elderly.

2.2 DISTRIBUTION - RURAL/URBAN

The 1976 Census of Australia preliminary figures reveal a number of generalizations about Australia's elderly population (Table 2.1):

- (a) People aged 65 and over are overrepresented in urban areas (88.75 per cent, compared with a national total population percentage of 85.95).
- (b) The overrepresentation in urban areas is greater for females over 65 than for males over 65 (90.68 per cent compared with 86.09 per cent).
- (c) The 65 and over population group is also marginally overrepresented in nucleated rural settlements of 200-999 people, but is underrepresented in other rural areas.

It is likely that this distribution reflects the movement of elderly people from farms to small centres or larger towns upon reaching retirement, and the out-migration of younger adults from rural to urban centres, and from the inner to the peripheral areas of cities.

The most striking aspect of the Tasmanian figures is the difference in the ratio of major urban to other urban and rural populations when compared with the total Australian figures. The major element here is, of course, the greater dispersion of the Tasmanian population, and this is reflected also in the distribution of the 65 and over-age group. However, the generalizations made

Table 2.1

Rural-urban population distribution (1976 Preliminary): Australia and Tasmania. (Percentages of totals in brackets)

	Major Urban			Other Urban		
	Males	Females	Total	Males	Females	Total
Australia	309,600	472,738	782,338	125,126	159,503	284,629
65 plus	(61.3)	(67.8)	(65.0)	(24.8)	(22.9)	(23.7)
Total pop.	4,316,716	4,427,738	8,744,306	1,449,241	1,450,833	2,900,074
	(63.7)	(65.4)	(64.5)	(21.4)	(21.4)	(21.4)
Tasmania	4,794	7,338	12,132	6,176	8,620	14,796
65 plus	(31.9)	(36.9)	(34.7)	(41.1)	(43.3)	(42.4)
Total pop.	64,523	67,001	131,524	84,200	86,200	170,400
	(32.0)	(33.3)	(32.6)	(41.8)	(42.8)	(42.3)
	Rural Locality			Rural Balance		
	Males	Females	Total	Males	Females	Total
Australia	17,572	19,350	36,922	52,218	45,238	97,456
65 plus	(3.5)	(2.8)	(3.1)	(10.3)	(6.5)	(8.1)
Total pop.	189,639	182,333	371,972	806,686	710,258	1,516,944
	(2.8)	(2.7)	(2.7)	(11.9)	(10.5)	(11.2)
Tasmania	1,237	1,401	2,638	2,815	2,539	5,354
65 plus	(8.2)	(7.0)	(7.6)	(18.7)	(12.8)	(15.3)
Total pop.	15,464	14,526	29,990	36,810	33,568	70,378
	(7.7)	(7.2)	(7.4)	(18.3)	(16.7)	(17.5)

about the total Australian 65 and over population are true of the same age group in Tasmania. That is, they are mostly urban dwellers (77.1 per cent compared to a Tasmanian total urban population percentage of 74.9), overrepresented in cities, towns and rural centres, and underrepresented in other rural areas. Again the female preponderance is greater in urban than in rural centres.

2.3 DISTRIBUTION WITHIN CITIES

Within cities the pattern of residential distribution of elderly people has been expected to be zonal and related to the stage-in-life cycle, with declining percentages from the city centre outwards (Johnston, 1971, 200-201). The stage-in-life concept hypothesises a residential zonation resulting from:

- (a) the movement of people, as they mature, from their parents' home to an inner city apartment close to places of employment and entertainment;
- (b) a further movement from the inner city to the suburbs as young couples acquire children of their own; and
- (c) a movement by older people who, as their children leave home, find their suburban accommodation unsuitable to their changed circumstances, and seek the smaller dwellings and proximity to facilities found in the inner city areas.

In addition to these life cycle factors there is a process of "in situ" aging of people who continue to occupy the same location as they grow older. This combination of in-migration of the elderly and out-migration of young adults is seen as likely to create a concentration of older people and young childless adults in the inner city areas.

In a 1961 study of Melbourne's elderly population, Johnston found that a large proportion of elderly people were found "in the inner part of the broad family status zonal structure" rather than in the more central inner apartment zone. Howe (1978, 144) found that the highest concentrations of elderly were situated in "the established suburbs" rather than in the inner areas of Melbourne. Thus, it is more realistic now to expect concentrations of the elderly in the inner parts of the residential zones although city-centre apartment construction may create high-density pockets of elderly people.

However, a number of processes have operated, singly or in combination, to create the existing distribution of elderly people in cities. In some areas there may have been in-migration of predominantly elderly people, or an out-migration of young people, thus leaving a high proportion of elderly. In areas with low concentrations of elderly the opposite forms of migration may have occurred (Hutchinson, 1954, 46). Other areas may have been subject to aging 'in situ', that is, to the aging with time of a residentially stable, formerly younger population. Cowgill (1978, 452) has noted that where growth is occurring it involves the movement of younger groups to suburban locations; that there are low rates of population increase where large proportions of over 65s own their homes; that segregation increases with the value of homes owned by elderly people; and that the more rapid the city growth the greater the residential dissimilarity between the elderly and the younger population elements.

The resulting patterns will largely reflect the "age of the city and the age of its contours of spatial growth" (Golant, 1976a, 383). However deviations from the pattern will be brought about by redevelopment of older residential areas, perhaps accompanied by 'gentrification', and occupation by younger or middle-aged people in employment. Apartment construction, if that is the form of redevelopment, may attract older residents as suggested previously. Older residential areas may have their elderly populations replaced by younger people as death or relocation create residential vacancies. In some areas concentrations of elderly may result from the construction of public housing estates designed for that group.

A major factor in residential location is socioeconomic status. As Wild (1977, 21) points out -

The lower stratum aged are increasingly suffering from the ghettoization of poverty. The poor aged are becoming concentrated in increasingly fewer inner suburbs of large cities and in certain rural areas for these are the only places they can afford.

A correlation between old age and poverty is to be expected in view of the income decline which accompanies the retirement from employment. Thus, since, in Australia, old age is the most common disability, one would expect to find a spatial correlation between the distribution of the elderly and the distribution of poverty (Manning, 1976, 137). Forty percent of income units in poverty in Australia are elderly, and in cities most of these, particularly widows, are near the centre, where they have aged while the city grew outwards. The ability of the middle class elderly to move away from the inner areas contributes further to this age-socioeconomic segregation (Wild, 1977, 22).

2.4 RESIDENTIAL MOBILITY

Studies of residential mobility (that is, change of residence) provide valuable insight into the significance to the elderly person of his residential location. Riley and Foner (1968, 143-155) report that, in the United States, residential mobility levels off in the 60s and 70s age group with a slight increase in the 80s, probably explicable in terms of increased dependency, perhaps necessitating institutionalization or moving in with relatives. The majority of moves are local, involving a change in housing but not in neighbourhood, especially among the elderly. Elderly married couples are less likely to move than single or widowed elderly people. Those who are not employed are more likely to move than those who are, especially if a long-distance move is involved. Residential mobility is also higher at the socio-economic extremes, among renters and among people whose neighbourhood ties are weak. The reasons for residential mobility include the desire for a different location (perhaps closer to or further from the city centre, perhaps requiring a different climate or topography), the desire for a different house or neighbourhood because of deterioration or noise, and the desire for a less expensive, lower taxed area. Residential stability is related to social ties and community facilities within a neighbourhood. It was noted that of all the elderly who indicated a desire to move in a given year, only one-quarter did move, a small proportion in comparison with younger age groups. Golant (1976a, 396) attributes lack of residential mobility to inertia, the stress and physical effort necessitated by moving house (involving transfer of possessions, familiarization with a new neighbourhood, new people and new facilities), fear of being defrauded, lack of economic resources, and lack of information.

The decision to move often reflects change in a person's way of life brought about by retirement (which removes a major constraint upon choice in that accessibility to employment is no longer a factor), widowhood or poor health (Riley and Foner, 1968, 143). For many, a change in residence has, in more recent times, been facilitated by a decrease in dependence upon other family members, who may themselves have moved from the neighbourhood or city in which their parents live. In addition, many elderly people have become familiar with a wide range of locations and feel fewer ties to a particular locality. If they are owner-occupiers there are likely to be fewer financial restrictions involved in a change of residence, and possibly advantages in moving to a more suitable home. With life expectancies at age 65 of over 12 years for males and over 15 years for females there is sufficient time for the elderly to adapt to life in a new neighbourhood (Law and Warnes, 1976, 455).

2.5 RESIDENTIAL CHOICE

Apart from the distinctions which exist between the elderly and younger age groups in their migration patterns, there are distinctions in the factors underlying their actual choice of residence and in the constraints operating on choice. For the elderly Golant et al. (1978, 2) list social, health and psychological decrements; additional leisure time; increased importance of nonwork functions (shopping, medical, social and recreational facilities); smaller size of households and therefore fewer space requirements; absence of concern with the quality of local schooling; greater dependence on walking and public transport; and lower incomes which impose restrictions on expenditure

for housing and transport.

Although it is possible to generalise on the factors influencing residential choice, it is less easy to generalise on the choices actually made. Field (1972, Ch. 5) defines three categories of elderly people, the institutionalised, the affluent and the non-affluent. The choice of residence would be most restricted for the first group and would relate to the degree of dependence involved. The affluent elderly may choose to continue their existing life in the same location, or move to alternative accommodation, such as an apartment or retirement community. The non-affluent elderly may also choose to remain in their present home or move, but the alternative will be inexpensive, probably in a relatively congested city area. At the low end of the socioeconomic range are the SRO (single-room only) elderly, often inhabiting the run-down hotels and rooming-houses of the inner city (Stephens, 1974). Gans (1972, 46) makes mention of the "downward mobiles" who have been "forced down in the socioeconomic hierarchy and in the quality of their accommodations", many of whom are elderly and occupy inner-city dwellings. Wiseman and Virden (1977) noted that, while the majority of moves by the elderly were away from the Central Business District to the older and closer suburban areas, there were some elderly who moved closer to the CBD. These were characterised by frequent residential change, low income, limited social contact and low home ownership rates.

2.51 INNER VS. OUTER AREAS

However, not all researchers are agreed on the inner city as an area where the elderly experience only hardship and deprivation. As Golant (1976, 393) states

.... for some elderly persons an attractive residential location is characterised by intensive urban activity with the continuous noises of people and cars. This may be especially true for persons living alone with few family or community ties.

The inner city area has a number of characteristics which could lead to in-migration of elderly people. These include the availability of suitable dwellings (small and low-cost); greater frequency and convenience of public transport; proximity to a wide range of facilities and services; lower transportation costs; and concentrations of people of similar age (Golant et al., 1978, 10).

Carp (1975, 30) set out to test the following hypothesis:

The richer supply of other persons and of peers from among whom to select friends and acquaintances, the higher concentration of services and facilities, plus the greater utility of walking and the better service of public transit, suggest that centrality of location will be associated with more active, autonomous and satisfying use of time, space and the social network.

Despite the negative elements of centrality (low housing quality, high crime rates, crowding, noise and low rates of car ownership) she found that the centrally-located residents were more physically active (as indicated by their use of time), had a wider life space (as indicated by trips made and places visited) and had a greater number of social contacts (among friends and relatives and in recreational pursuits), findings partially supported by this study.

A National Capital Development Commission report (1975) on housing for the aged stresses the importance of activities for the health and morale of the aged. Window-shopping, walks, public gardens, libraries, public houses, tea-rooms and clubs are listed as significant contributors in this respect. Michelson (1970, 109) stated that

.... older people have the time to enjoy some of the advantages of the city centre, and placement of old-age concentrations near hubs of action would facilitate their use - as a source of activity, not of human contact.

Newman et al. (1976, 64) mention in relation to environmental satisfaction the need for parks and other outdoors areas where the elderly can socialise, indoor community and recreation centres, and the presence of other elderly people.

However, there are still many elderly people who choose not to live in inner city areas. The unattractive elements include the rapidity of change in such areas, creating uncertainty in the minds of residents; the age, ugliness, maintenance problems and danger of many of the buildings; the insecurity associated with higher crime rates and traffic congestion; air pollution; difficulties in driving cars in busy traffic; the decline in accessibility of other family members who move away; and a perception of inner-city living as unduly complex. Conversely, the suburban districts are seen as residentially stable, cleaner, safer (having lower crime rates and less traffic), and having higher status than inner areas. In addition, shopping and other facilities have become increasingly available in

the suburbs, and apartment and unit construction has provided suitable accommodation, often in relative proximity to the children of the elderly (Golant et al., 1978).

Although a wide variety of accessibilities have been stressed in reports of suitability of elderly residential location, many older persons have been placed where services and facilities are not readily available and where there has been incompatibility between them and other residents of the district.

Unquestionably, many of the dependencies of old age that dictate the need for supportive care are environmentally induced and therefore theoretically are amenable to appropriate pre-ventions and interventions (Brody, 1978, 14).

This review of studies focusing on the residential patterns of the elderly provides a framework for the analysis of the Launceston Urban Area elderly population distribution. The extent to which they are residentially concentrated, and the nature of their distribution patterns can be established from census data and compared to these broad findings.

2.6 DISTRIBUTION OF THE ELDERLY IN THE LAUNCESTON URBAN AREA

Some overall measure of the residential concentration of any subgroup in the population can be provided by a number of summary indices, all of which can be related to a basic Lorenz curve of residential segregation (Duncan and Duncan, 1955). A commonly used summary measure of segregation is the Gini coefficient, which was calculated to provide an index of concentration for the LUA elderly population distribution as compared with the total LUA population distribution, based on the 1976

Census Collectors' districts. The value of 28.14 (on a 0-100 scale) indicates the extent to which the LUA elderly are concentrated within the general population. The Dissimilarity Index technique (Cowgill, 1978) was used to compare the distribution of the LUA elderly with that of the non-elderly (under 65 years of age), also on a collectors' district basis. The index for 1976 was 31.18 indicating the percentage of elderly people who would have to move from their present residential location to provide a correspondence with the distribution of the rest of the population of the LUA. To compare the residential segregation of the elderly with that of another social group commonly concentrated within urban areas a Dissimilarity Index was also calculated for non-British migrants in the LUA. Despite the known tendency of many such migrants to group together in their new locations, the Index of 19.75 showed them to be less concentrated than the elderly.

The Dissimilarity Indices for the elderly in the LUA for 1966 and 1971 were 28.04 and 28.26 respectively. It is notable that the index has risen as the urban area has grown in population. The 1976 index for the City of Launceston (that is, the administrative unit which forms the inner core of the LUA) is only 16.64, demonstrating a distinction between the older districts of the settlement and the newer surrounding districts of the urban area.

However, the demonstration by such summary statistics as the Index of Dissimilarity masks any spatial component of the distribution in question. To distinguish the spatial pattern of distribution it is necessary to look more directly at the locations of concentrations of elderly.

Fig. 2.1 LAUNCESTON URBAN AREA, 1976

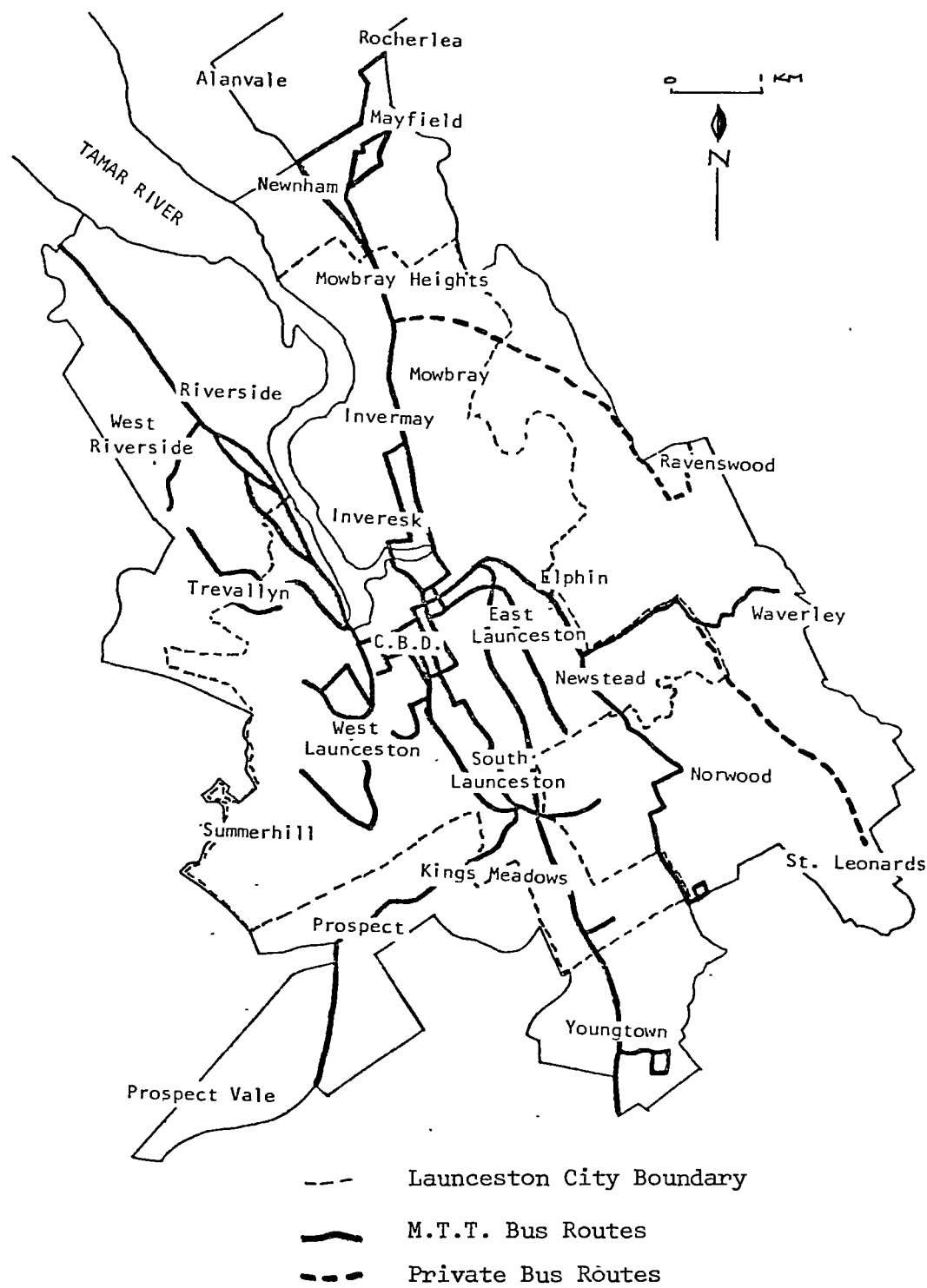
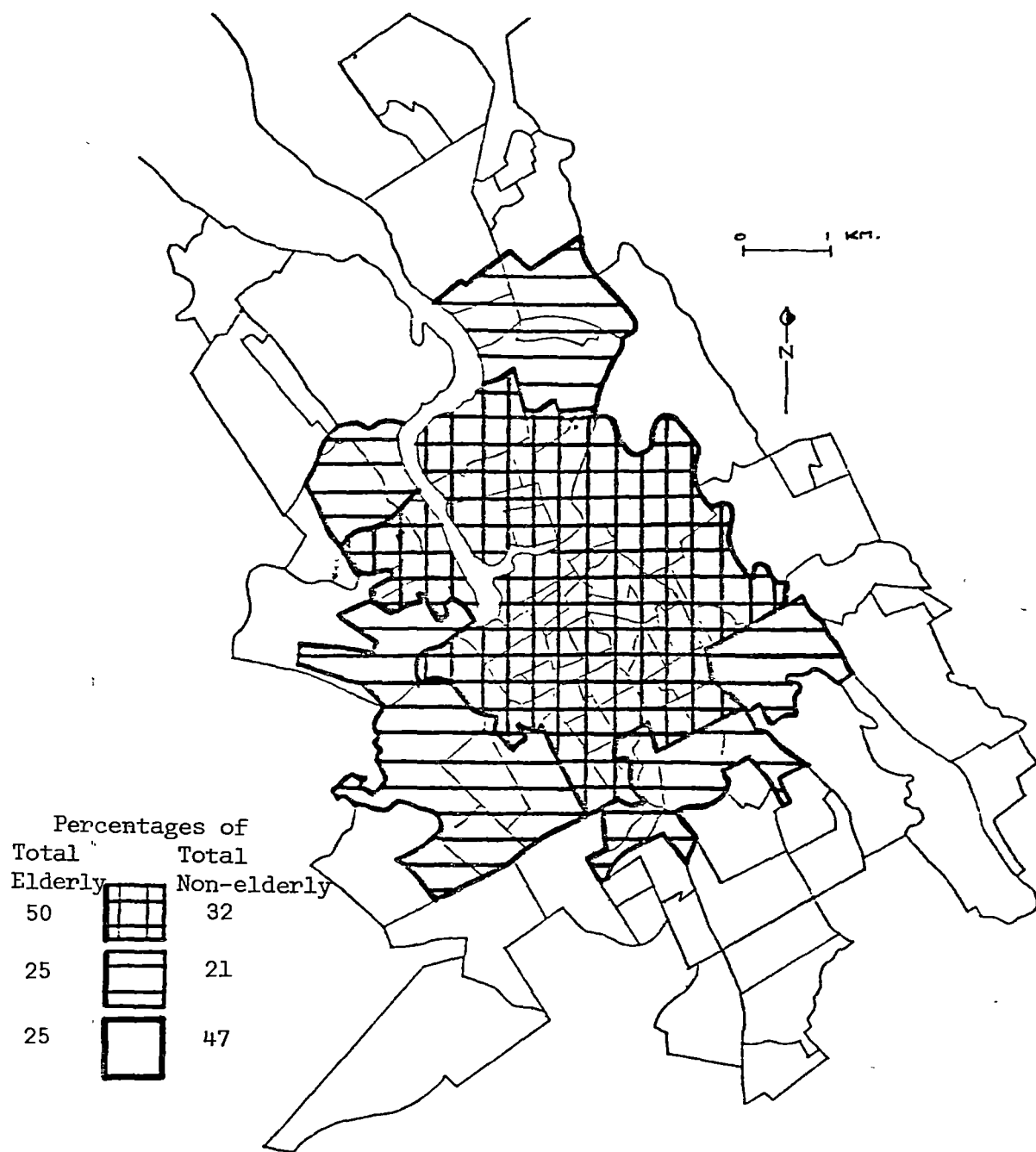


Fig. 2.2 LAUNCESTON URBAN AREA, 1976



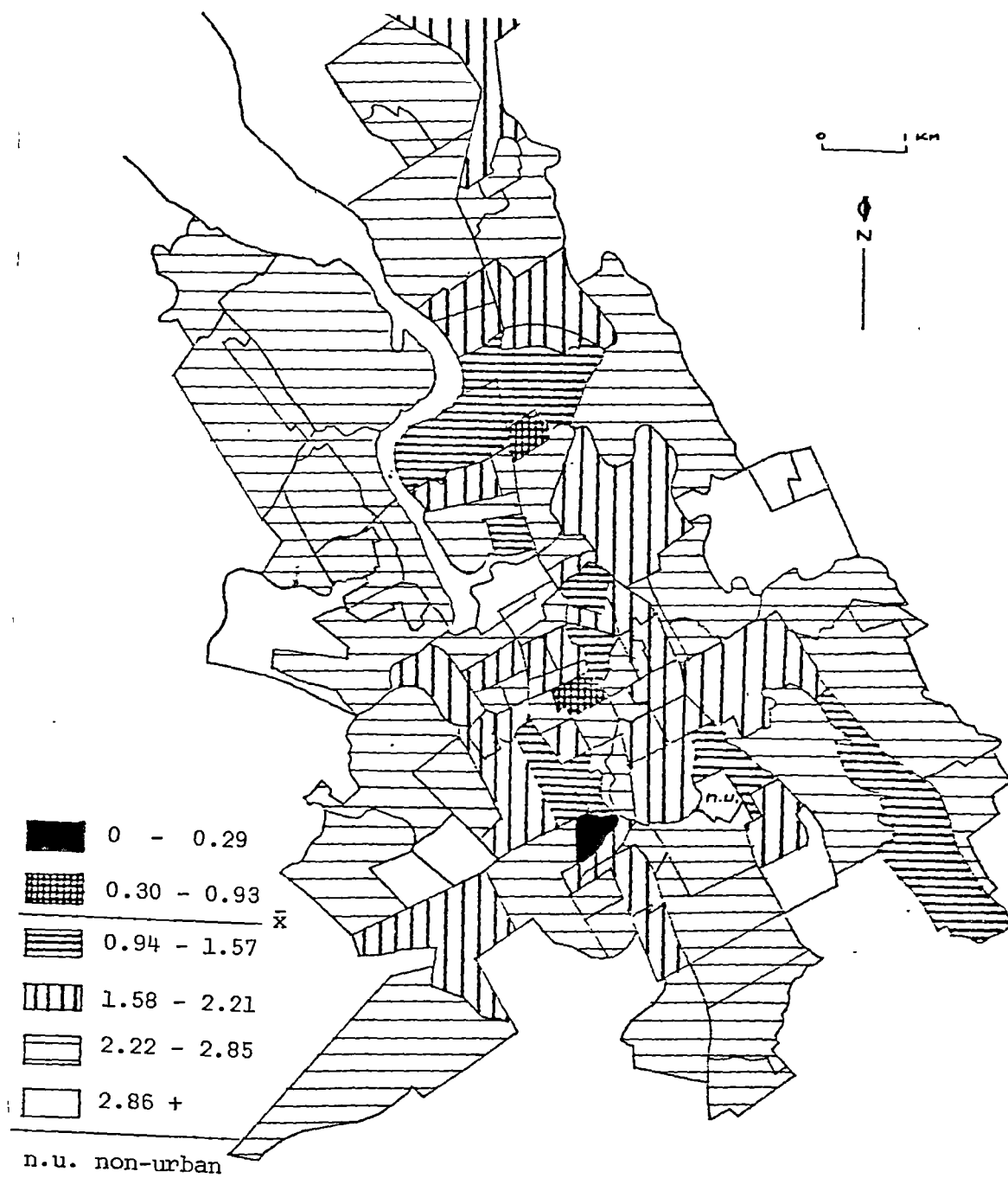
POPULATION DISTRIBUTION

The concentric model of population structure suggested by stage in the life cycle studies may, of course, be modified in the real world situation by many factors. In the LUA topography has influenced the shape and growth of the urban area, which is elongated in a roughly N.W. - S.E. direction (refer to Fig. 2.1), although there has been recent growth on higher land to the east and west. Thus, concentric patterns of population character are likely to be distorted by the shape of the built-up area.

Figure 2.2 shows the Launceston area collectors' districts for the 1976 census grouped broadly on the bases of distance from and accessibility to the centre of the city, and the proportion of the urban area's total elderly population therein. The innermost group holds 50 per cent of the total elderly population in an area which contains only 32 per cent of the total non-elderly population. Surrounding this group, except on the east where there are large areas of non-residential, non-urban land, is a second group containing a further 25 per cent of the area's elderly but only 21 per cent of the total non-elderly population. The outermost group, with 47 per cent of the total non-elderly population, contains only 25 per cent of the elderly total. Thus the broad distribution of elderly in the Launceston area corresponds with the expected distribution of declining percentages from the centre outwards.

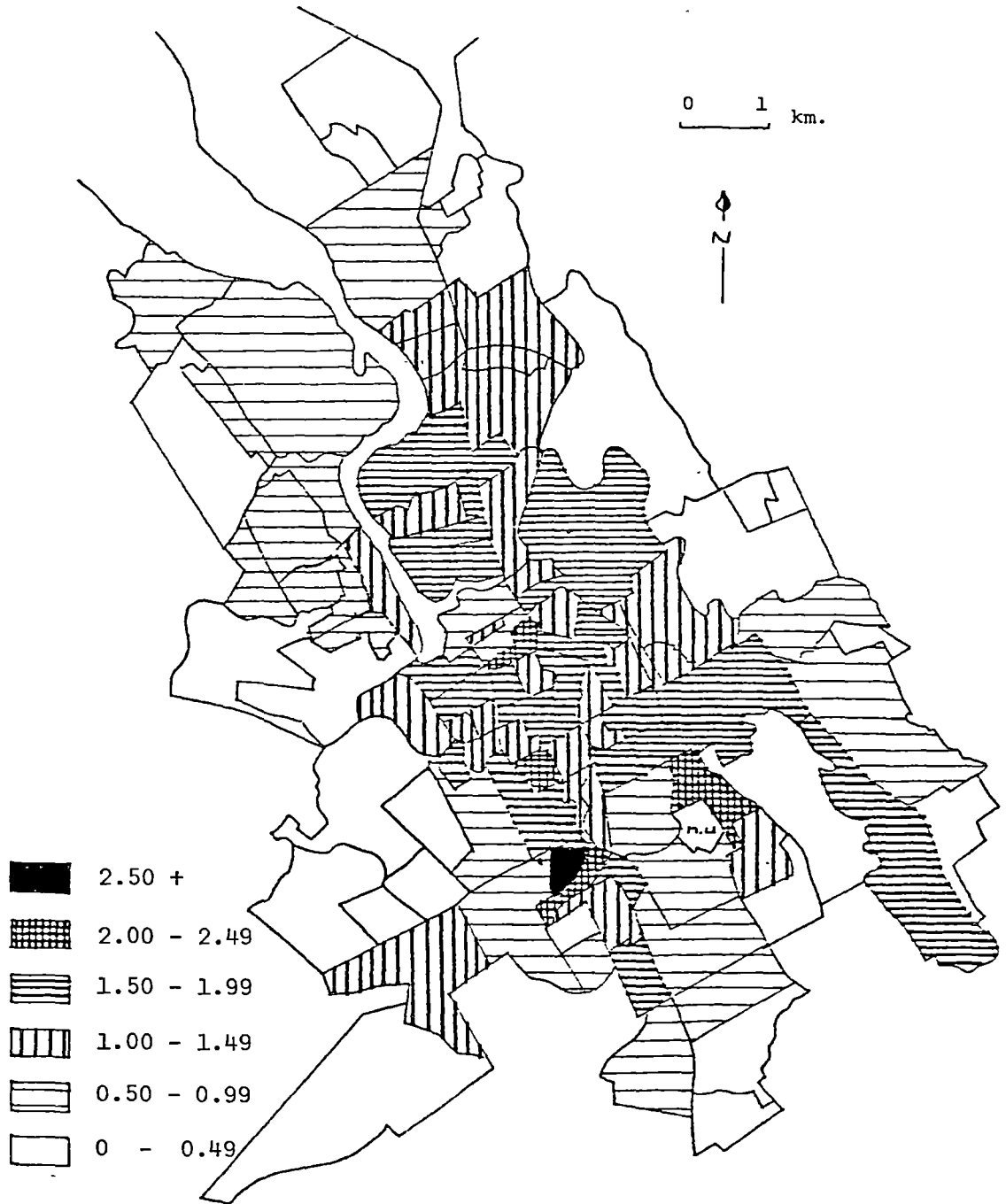
More detailed distributions are shown in Figures 2.3 and 2.4. Figure 2.3 shows each collector's district classed according to the percentage of the LUA total elderly population residing therein. The district with the largest number of elderly is located south of centre and owes its high percentage of elderly to the presence of a number of institutions, catering for those elderly requiring considerable care as

Fig. 2.3 LAUNCESTON URBAN AREA, 1976



ELDERLY POPULATION DISTRIBUTION
(Percentages of Urban Area Total)

Fig. 2.4 LAUNCESTON URBAN AREA, 1976



ELDERLY POPULATION DISTRIBUTION
(Collector's District Location Quotients)

well as a large number living independently. Another apparent anomaly is the district in the extreme southeast where the relatively high number of elderly reflects the absorption of the old rural settlement of St. Leonards into the Launceston Urban Area, and, again, the presence of institutional facilities. The remaining districts with high numbers of elderly people lie, for the most part in the older and inner residential areas, which also tend to be lower-lying and flatter than the more peripheral areas.

The lowest percentages of the LUA elderly population are found in the city centre and wharf-industrial zone where there are few residences, and in the (generally) outermost districts where there has been more recent suburban growth, populated largely by couples with young children. The socioeconomic status of these suburban developments is far from being similar throughout, that on the east being primarily a public housing estate and that on the west being high-class private construction, but there are similarities in the age structure of the inhabitants.

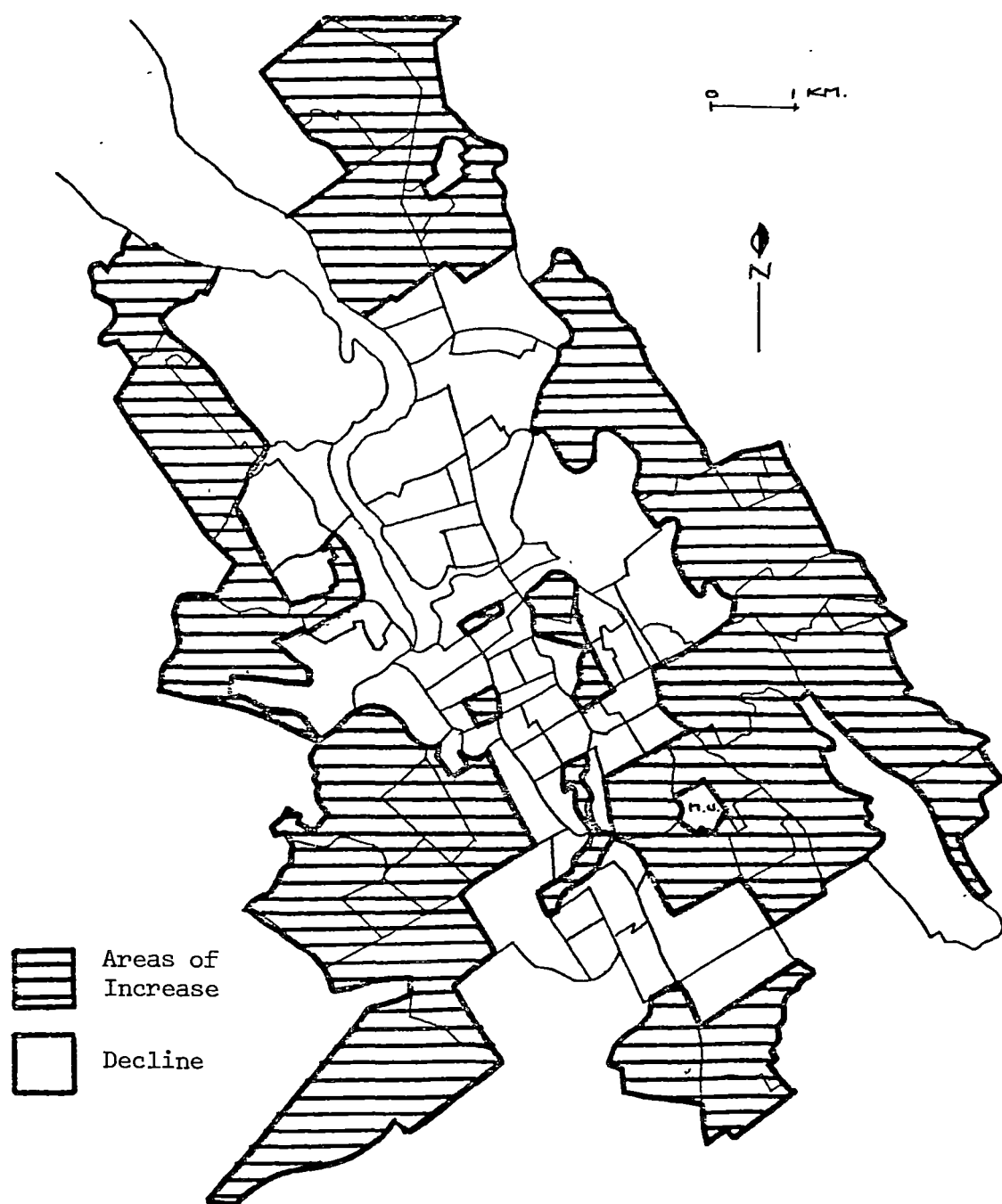
However, a weakness of analyses based simply on percentage distribution is the neglect of the relationship to the population size of each district. Figure 2.4 uses the location quotients to demonstrate the extent of concentrations of elderly within the general population. On this map those districts with a quotient below 1 have fewer elderly people than they would have if they corresponded with the total urban area proportional age distribution. Those districts with a quotient of more than 1 have proportionately greater numbers of elderly than the urban area as a whole.

The pattern shown by Figure 2.4 is much more distinct than that in Figure 2.3, and illustrates clearly the expected distribution of declining concentrations of elderly towards the urban periphery. Again the highest concentration is in the south-central district where the institutions are located but the remaining areas with disproportionately high elderly population components are, with very few exceptions, in the older residential areas. The peripheral concentrations of elderly can again be explained in terms of the absorption of rural centres by city expansion. The newer suburbs have location quotients of less than 1, supporting the expectation that such areas would be largely inhabited by young families, but there is also evidence of aging 'in situ' in these districts, the newest housing areas having the lowest quotients.

The central area of the city has a location quotient of more than 1 but, as was indicated previously, land use in this area is largely non-residential so the numbers involved are not large. The situation is similar in the area immediately surrounding the centre, land use being primarily industrial and commercial. The older inner residential areas, in which are interspersed some industrial and recreational land uses, have in all probability experienced aging of residents along with the districts, and the concentration of elderly is likely to have been augmented by the movement outward of young adults establishing their own homes elsewhere.

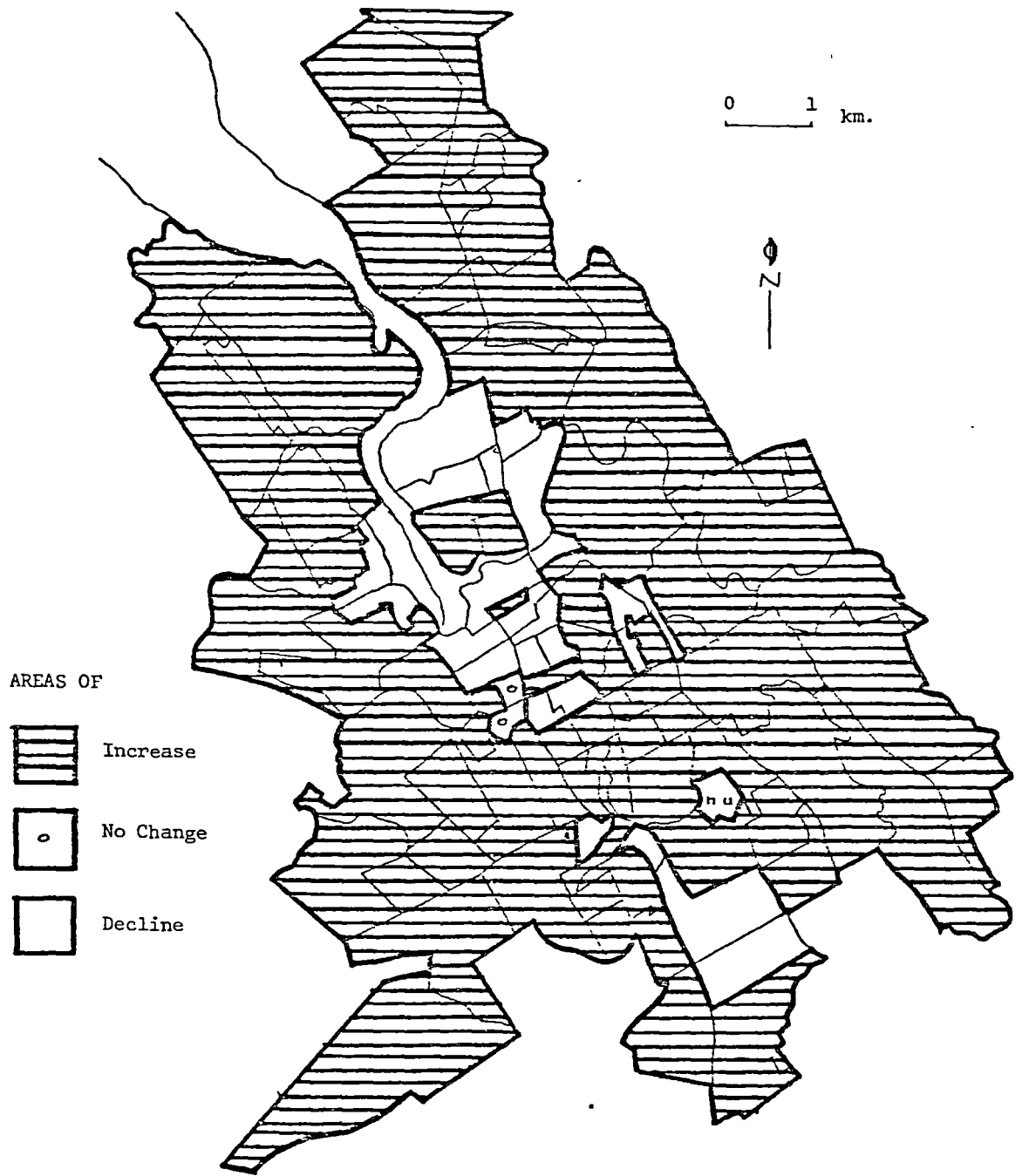
The static patterns displayed by the distribution of the elderly in 1976 represent a 'freezing' of a stage in an ongoing dynamic process of population change in urban areas. Concentrations of elderly in inner areas is seen from the literature to be the result of a number of processes such as 'in situ' aging, out-migration of the young, and in-migration

Fig. 2.5 LAUNCESTON URBAN AREA, 1976



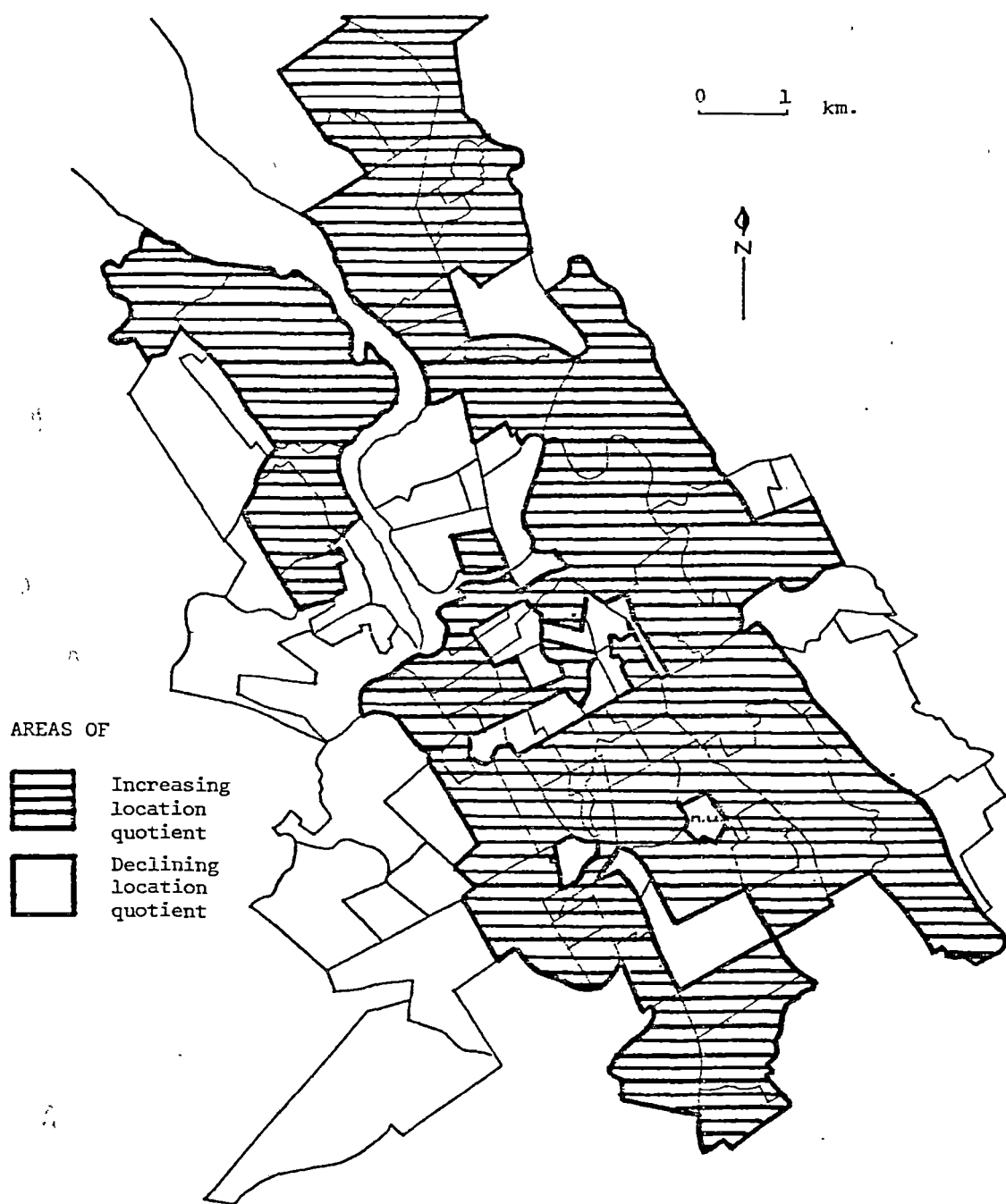
ABSOLUTE POPULATION CHANGE
(1971 - 76)

Fig. 2.6 LAUNCESTON URBAN AREA, 1976



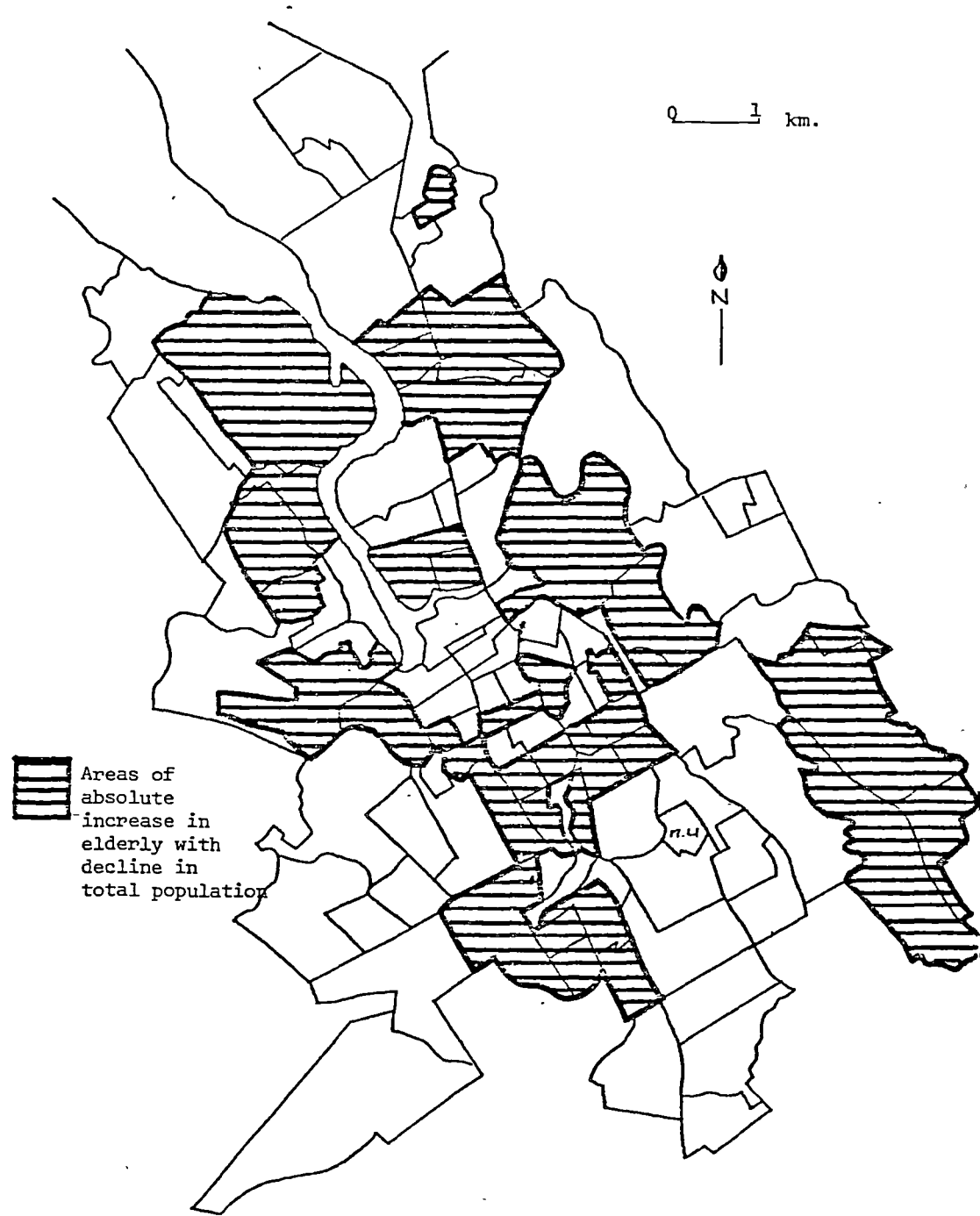
ABSOLUTE ELDERLY POPULATION CHANGE
(1971 - 76)

Fig. 2.7 LAUNCESTON URBAN AREA, 1976



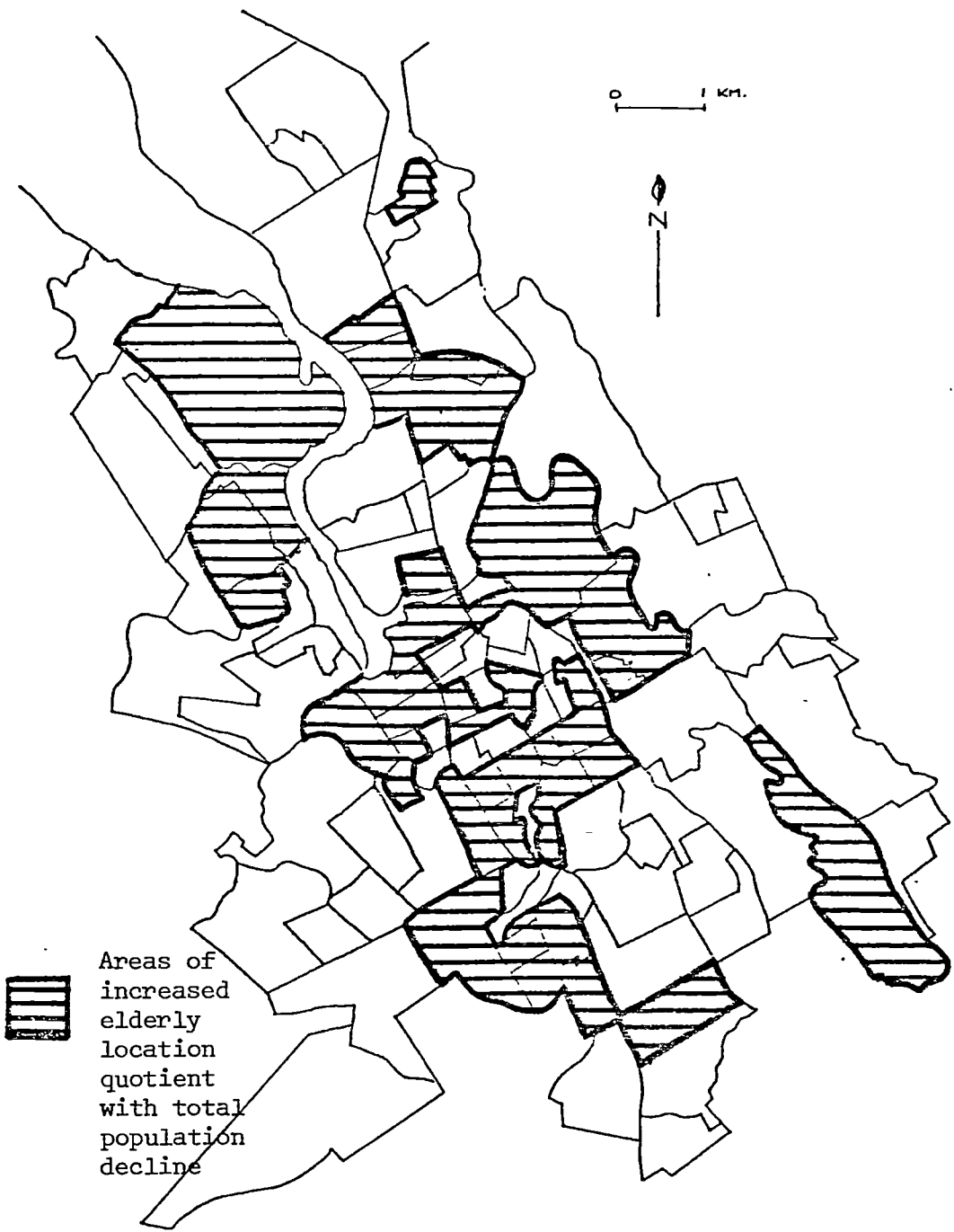
CHANGE IN CONCENTRATION OF ELDERLY
(1971 - 76)

Fig. 2.8 LAUNCESTON URBAN AREA, 1976



POPULATION CHANGE, 1971 - 76

Fig. 2.9 LAUNCESTON URBAN AREA, 1976



POPULATION CHANGE, 1971 - 76

of the elderly. To cast light on the dynamics of the residential patterns in the Launceston area and identify the main processes, it is necessary to incorporate a temporal dimension to the analysis. This is done through Figures 2.5 to 2.9. Figure 2.5 shows the districts in which population has increased absolutely between 1971 and 1976. It is apparent that most of the growth has been in the outer suburbs while population decline has been mainly in the older and inner residential areas. In the innermost residential zones a factor has been the replacement of housing by other forms of land use, but in the outer but older residential zones decline may be due to the movement away of young adults as they enter a new phase in the life cycle. Figure 2.6 shows that the absolute increase in the over-65 age group is more widely dispersed than in the case of the total population. Even the newer and outermost suburban areas have experienced an absolute increase in their elderly component. Decline and stagnancy characterise the innermost residential areas where there has been a general population loss, although there is indication that the outward movement of younger people is occurring on a wider scale than that of the elderly. It is possible, of course, that there has been an inward movement of elderly offsetting to some extent the overall decline in that population group.

The districts in which there has been an increase in the concentration of elderly relative to the general increase in the LUA elderly total are shown in Figure 2.7. The areas in which this has occurred are aging more rapidly than the remaining districts. The extent of this distribution again suggests the combination of processes outlined previously (stage in the life cycle, in-and-out-migration, and 'in situ' aging).

In this respect there is some spatial differentiation in that the newest and most peripheral areas have not aged as rapidly as the urban area in general, and there are also old inner areas in which the elderly component is proportionately reduced. Figure 2.8 shows those districts where there has been an absolute increase in the elderly population occurring with an absolute decline in the total population. Figure 2.9 relates the decline in total population to an increased location quotient for the elderly component, that is, to an increase of greater proportion than for the total LUA elderly population. While Figures 2.8 and 2.9 are not identical the pattern which they demonstrate is clearly one of most rapid aging in the older, but not innermost, residential areas, where it is likely that aging *in situ* and out-migration of young adults combine.

Although the total elderly population of the LUA grew from 5,748 in 1971 to 6,412 in 1976 the percentage of the State's total represented by those figures declined from 9.24 to 8.96 respectively. A factor in this may have been the construction by the State public housing authority of units outside the Urban Area and the relocation of elderly people from city areas to these new homes.

The general pattern which emerges is one in which the major concentrations of elderly are still in the inner residential districts but there is evidence of a concentric wave-like change by which aging is progressively occurring from the inner areas outwards. That is, there is a central zone with low residential population, an old inner zone

with high concentrations of elderly, an older suburban zone in which aging is relatively rapid, and an outer suburban zone in which youthfulness continues to predominate. The pattern suggests a cyclical development whose regeneration may commence with a reoccupation of the central area, perhaps accompanied by gentrification, and continued outward push of the elderly. Of course, planning policies and zoning controls may intervene to promote or discourage such a trend.

2.7 SELECTION OF THE L.U.A. ELDERLY SAMPLE

This chapter commenced with a consideration of the importance of location, especially to the geographer, and it is apparent from the literature and the local analysis that even a city as small as Launceston presents a variety of environments which may influence the ways of living of the inhabitants. The elderly are clearly not a homogeneous group and their diversity may be both influenced by and expressed in their residential location. In selecting a sample to examine aspects of life satisfaction and quality of life as outlined in Chapter 1, it was considered that environment may be a crucial factor. Thus it was decided that the sample of LUA elderly should be controlled for location if it were to be representative of the varied life-styles likely to be present.

The distribution of the elderly population (65 and over) of the LUA at the 1976 Census was used as the basis for this stratification. Collectors' districts were amalgamated into areas within which a sample of 5 per cent of the elderly population were to be interviewed. Large-scale street maps of each area were constructed. A grid was superimposed on each map, and a random selection of grid intersections became the

starting points from which elderly households were sought on a door-to-door basis. Each interviewer was given a quota of approximately five per cent of the elderly population of his area. Although institutions were not to be avoided, only independently mobile elderly were to be interviewed.

This provided a total of 332 respondents. To test the sample for other representativeness, it was compared with the LUA elderly population for age distribution (Table 2.2). These data indicated that the age distribution of the sample did not differ significantly from that of the total elderly population enumerated in the LUA in the 1976 Census.

In keeping with the total elderly population, females outnumbered males in the sample, which included 127 males (38 per cent) and 205 females (62 per cent). In the 1976 Census the LUA elderly population was 39 per cent male and 61 per cent female. The female preponderance in the sample became greater with aging. Most of the males in the sample were married (76 per cent), most of the females widowed (55 per cent), with the likelihood of being widowed increasing rapidly with age. Sixty one per cent of the respondents declared their income as below \$50 per week, approximately the value in 1977 of the government old-age pension.

Fourteen (4 per cent) of the respondents had lived in the same neighbourhood virtually for their lifetime, while a further 70 (21 per cent) had lived in the same neighbourhood for at least 30 years. Naturally, these long-term residents were primarily located in the old residential areas. The short-term residents, consisting of 22 (7 per cent) who had moved within the previous year and 50 (15 per cent) within the previous five years, were more dispersed. The sample was used to evaluate the

key elements in the life quality of the Launceston area elderly. As indicated in Chapter 1, the three major domains selected were housing, motility and social relationships/activities, and these are examined in detail in the next three chapters.

Table 2.2

	No. in each age group						
	65-69	70-74	75-79	80-84	85-89	90+	TOTALS
L.U.A. sample	111	90	62	34	20	6	323
L.U.A. elderly	2,317	1,755	1,194	676	364	106	6,412
$\chi^2 = 0.85$ $df = 5$							

3. HOUSING

3.1 THE ROLE OF HOUSING IN LIFE SATISFACTION

For many older people, the physical boundaries of daily life are those delimited by the dwelling unit The nature of this environment, both in terms of its objective physical features, such as the size or availability of specific facilities, and the extent to which these features provide more subjectively valued attributes, such as privacy, can serve as important indicators of the quality of an older person's life (Newman et al., 1976, 69).

It is suggested by Wilner and Walkley (1966, 230) that housing is a means to the achievement of a person's objectives in life, for example, in acquiring status and the resulting boost to self-esteem. On the other hand, negative elements in a person's housing can detract from status, and can constitute a burden, especially to the elderly occupant. It may be that the significance of housing as a factor is overlooked by professionals in the field whose concern is largely with the provision of good housing as an end in itself rather than a contribution to life quality (Mathieu, 1976, 158). A National Capital Development Commission publication (1975, 1) stresses the need for supplements to independence and security in the housing provisions for the elderly.

Ownership rates are high among the elderly, although in some cases this involves the retention of a home whose physical and financial maintenance is a burden to the elderly occupant (Ashley, 1954, 15). The reasons for this are diverse, and include sentimental attachment, the desire to leave something to their children, assurance of the means to meet funeral expenses, and a measure of financial security (Cottrell, 1974, 25). Because of the desire to retain the

family home, the elderly often live in dwellings which are relatively old, with low property value, and located in out-of-fashion neighbourhoods (Wilner and Walkley, 1966, 229).

According to Golant (1976a, 388-89) unsatisfactory residential settings for the elderly consist of dilapidated, deteriorating housing, lacking in facilities; accommodation with a married child and the concomitant loss of independence and environmental mastery; institutional settings when fulltime care is not required; and independent living where security and environmental mastery are not provided for. He notes that living with an unmarried child is a satisfactory residential setting for the elderly person.

However,

Only a small minority of the aged has a housing problem, even though it may be acute in some cases. Seldom do even 5 per cent of old respondents in various surveys spontaneously mention housing as a problem. When they are explicitly asked about housing, usually less than 15 per cent express any dissatisfaction with their living arrangements. The exact levels vary from one study to another and depend on the samples used, but the figures given here are maxima. In other words, housing is not a genuine problem to a significant portion of the aged (Rosow, 1967, 5).

The studies referred to indicate that dissatisfaction, where it exists, is chiefly related to low income and focuses primarily on the social environment and neighbourhood features rather than the dwelling unit, on loneliness and social isolation rather than physical components (Rosow, 1967, 6-7 and 336).

The Australian Government Commission of Inquiry into Poverty (Henderson, 1975) noted that although 23.8 per cent of the nation's elderly could be classified as very poor in terms of income, this dropped to 7.6 per cent after housing costs were taken into consideration. For all adult income units the figures were, respectively, 10.2 and 6.7 per cent. Clearly, despite the omission of maintenance costs, the elderly are favoured in comparison with the general population by low costs of housing. The advantage was explained by the high rates of occupancy, the extent of sharing with other members of the family, and the availability of government subsidised accommodation.

It appears that the elderly prefer to remain in their long-term homes despite the problems that this may involve (Basu, 1979, 20) and a number of writers recommend greater efforts on the part of governmental agencies in facilitating this, based on both economic and humanitarian grounds (Howe, 1978, 146; Ford, 1979, 61).

3.2 HOUSING CONDITIONS OF THE ELDERLY

It has been indicated that home ownership has a number of advantages over renting or sharing accommodation. These include a generally lower cost, a greater degree of economic security, collateral for a potential loan, and the sentimental and status values attached thereto (Golant, 1976a, 394).

Surveys conducted in the U.S.A. show that, among the elderly, most homes are owned rather than rented; that home ownership is highest among heads of households, married elderly and those of higher socioeconomic status. There is a sharp decline with increasing

age, especially among non-married women. Owners tend to be long-term residents, and the homes of the elderly tend to be older (even if only recently occupied), of lower quality, and less crowded than those of the general population. The owner-occupiers are better housed than the renters in terms of both accommodation and facilities, while those who live as guests are usually well-housed but in more crowded conditions (Riley and Foner, 1968, 128-140).

The Henderson Report on Poverty in Australia (1975, 240) indicates that the situation is similar in Australia, with 61 per cent of elderly households being owner-occupiers, including most of the elderly married couples. Commonly, it is after the death of one of the marriage partners that the alternative forms of accommodation are sought.

Of the 332 respondents in the LUA sample 251 (76 per cent) were owner-occupiers, 27 (8 per cent) rented from a private landlord, 21 (6 per cent) lived on institutional property, 15 (5 per cent) rented from the State housing authority, and 14 (4 per cent) lived in a house owned by a member of the family. Most of the owner-occupied properties were houses (97 per cent). Males were overrepresented in owner-occupancy, females in all other categories. Owner-occupiers were predominantly married and rates were higher among the higher income groups, the higher education groups, the professional and office or sales occupational background groups, and the longer-term residents. There was a sharp decline in owner-occupancy after age 74. Institutional occupancy largely related to increasing age and declining health.

Table 3.1 DWELLING TYPE AND LIVING ARRANGEMENTS OF LUA ELDERLY SAMPLE (Percentages in brackets)

	O C C U P A N C Y								
TYPE	Alone	With Spouse	With Children	With son's family	With daughter's family	With relatives	With non-relatives	No response	ROW TOTALS (ROW PERCENT)
House	78 (28)	141 (51)	18 (7)	3 (1)	9 (3)	17 (6)	8 (3)	0 (-)	274 (82.53)
Unit	18 (56)	10 (31)	1 (3)	0 (-)	0 (-)	1 (3)	2 (6)	0 (-)	32 (9.64)
Part of House	2 (25)	2 (25)	0 (-)	0 (-)	2 (25)	2 (25)	0 (-)	0 (-)	8 (2.41)
Nursing-home	1 (9)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	10 (91)	0 (-)	11 (3.31)
Flat	2 (33)	3 (50)	0 (-)	0 (-)	0 (-)	1 (17)	0 (-)	0 (-)	6 (1.81)
No response	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	1 (100)	1 (0.30)
Column Totals (col. pct)	101 (30.42)	156 (46.99)	19 (5.72)	3 (0.90)	11 (3.31)	21 (6.33)	20 (6.02)	1 (0.30)	332 (100.00)

Some U.S. research suggests that the elderly prefer to have their own accommodation (Michelson, 1970, 106) and the L.U.A. elderly sample concurred with this. When questioned as to the most suitable residential circumstance for able elderly, 305 (92 per cent) chose 'living alone' although the majority preferred proximity to relatives. The demands placed on the elderly by sharing accommodation with other members of the family can be too burdensome, and even the 'granny flat' in a suburban home may not provide the privacy required (N.C.D.C., 1975, 3).

Where the elderly share accommodation with a child's family it is more likely to be with a daughter than a son, possibly because the daughter is less likely than the son to be in full-time employment, and also because there may be greater social pressure on females than on males to care for their elderly parents (Newman et al., 1976, 8-9).

Of the L.U.A. elderly sample, 156 (47 per cent) lived with a spouse only, 101 (30 per cent) lived alone, 21 (6 per cent) lived with a relative who was not one of their children, 20 (6 per cent) lived with a non-relative, 19 (6 per cent) with unmarried children, 11 (3 per cent) with a daughter's family, and 3 (1 per cent) with a son's family (Table 3.1). Males predominated in the first category, females in all other categories. Widowhood was clearly a major factor in the sharing of accommodation, with the single and divorced or separated elderly more restricted in their range of accommodation.

The likelihood of living alone increased up to age 85 - 89 (Table 3.2), although the proportion of elderly living with their children also increased with age. Shared accommodation (with other than a spouse) was more commonly short-term residence, suggesting, as do the other distributions,

Table 3.2 CROSS TABULATION : OCCUPANCY BY AGE (LUA ELDERLY SAMPLE)
(Percentages in brackets)

AGE	O C C U P A N C Y								ROW TOTALS
	Alone	With Spouse	With Children	With son's family	With daughter's family	With relatives	With non- relatives	No response	(pcts)
65 - 69	23 (21)	73 (66)	5 (5)	0 (-)	3 (3)	4 (4)	3 (3)	0 (-)	111 (33.43)
70 - 74	28 (31)	49 (54)	1 (1)	1 (1)	2 (2)	5 (6)	4 (4)	0 (-)	90 (27.11)
75 - 79	24 (39)	20 (32)	5 (8)	2 (3)	1 (2)	6 (10)	4 (6)	0 (-)	62 (18.67)
80 - 84	14 (41)	7 (21)	3 (9)	0 (-)	2 (6)	4 (12)	4 (12)	0 (-)	34 (10.24)
85 - 89	9 (45)	3 (15)	3 (15)	0 (-)	2 (10)	0 (-)	3 (15)	0 (-)	20 (6.02)
90 +	1 (17)	0 (-)	2 (33)	0 (-)	0 (-)	1 (17)	2 (33)	0 (-)	6 (1.81)
No response	2 (22)	4 (44)	0 (-)	0 (-)	1 (11)	1 (11)	0 (-)	1 (11)	9 (2.71)
Column Totals (col. pct)	101 (30.42)	156 (46.99)	19 (5.72)	3 (0.90)	11 (3.31)	21 (6.33)	20 (6.02)	1 (0.30)	332 (100.00)

Table 3.3 LUA ELDERLY SAMPLE : HOUSING BY AGE
(Percentages in brackets)

AGE	T Y P E						TOTAL (Row pct.)
	House	Unit	Part of house	Nursing Home	Flat	No Response	
65 - 69	97 (87)	8 (7)	2 (2)	1 (1)	3 (3)	0 (-)	111 (33.43)
70 - 74	77 (86)	8 (9)	2 (2)	1 (1)	2 (2)	0 (-)	90 (27.11)
75 - 79	48 (77)	10 (16)	2 (3)	1 (2)	1 (2)	0 (-)	62 (18.67)
80 - 84	27 (79)	4 (12)	0 (-)	3 (9)	0 (-)	0 (-)	34 (10.24)
85 - 89	14 (70)	2 (10)	1 (5)	3 (15)	0 (-)	0 (-)	20 (6.02)
90 +	4 (67)	0 (-)	0 (-)	2 (33)	0 (-)	0 (-)	6 (1.81)
No Response	7 (78)	0 (-)	1 (11)	0 (-)	0 (-)	1 (11)	9 (2.71)
Totals (col.pct.)	274 (82.53)	32 (9.64)	8 (2.41)	11 (3.31)	6 (1.81)	1 (0.30)	332 (100.00)

that the elderly retain independent living arrangements as long as possible, resorting to sharing when disadvantaged in some respect while aging.

The importance of having sufficient accommodation to provide for guests and to keep valued possessions is emphasised by Golant (1976a, 390). Fortunately, in this respect, among the elderly there is frequently a surplus of accommodation space following the contraction in family size (Ashley, 1954, 15).

Of the elderly people interviewed in the LUA survey, 83 per cent lived in a house, 10 per cent in a unit, 2 per cent in part of a house, 3 per cent in a nursing home, and 2 per cent in a flat (Table 3.3). Males were overrepresented in house occupancy, females in all other forms, especially units. House occupants were predominantly married. There was a general, but not statistically significant, decline in house occupancy with aging, while unit occupancy, generally higher for the older age groups, had a peak at the 75 - 79 level. House occupants were largely in good health, unit occupants in fair health, and among nursing-home occupants those 'in need' were overrepresented. The likelihood of living in a house rose with income, professional and skilled occupational backgrounds, and higher levels of education. The longer the period of residence, the greater the likelihood of house occupancy, while unit and nursing-home occupants were relatively short-term residents.

Seventy-eight per cent of the respondents, mostly house-dwellers and owner-occupiers, had an extra bedroom in which overnight visitors could be accommodated. Ninety-one per cent had a lounge or living-room in which to entertain guests. Houses and flats were best equipped for inside

Table 3.4 ACCOMMODATION (percentages in brackets)

TYPE	ACCOMMODATION (SLEEPING)					ACCOMMODATION (LIVING AND WORKING)		
	2+ bedrooms	1 bedroom	1 bedroom (shared)	Bed-sit room	Lounge, kitchen	Lounge only	Kitchen only	Neither
Unit	10 (3.01)	19 (5.72)	1 (0.30)	2 (0.60)	24 (7.23)	6 (1.81)	2 (0.60)	0 -
Part of house	4 (1.20)	3 (0.90)	0 -	0 -	4 (1.20)	1 (0.30)	2 (0.60)	1 (0.30)
Nursing home	0 -	7 (2.11)	4 (1.20)	0 -	0 -	1 (0.30)	0 -	10 (3.01)
Flat	1 (0.30)	5 (1.51)	0 -	0 -	5 (1.51)	0 -	1 (0.30)	0 -
House	245 (73.8)	23 (6.93)	1 (0.30)	2 (0.60)	250 (75.3)	10 (3.01)	7 (2.11)	4 (1.20)
TOTALS	260 (78.31)	57 (17.17)	6 (1.87)	4 (1.20)	283 (85.24)	18 (5.42)	12 (3.61)	15 (4.52)
TYPE	ACCOMMODATION (FACILITIES)							
	Bathroom	Bathroom (shared)	Inside toilet	Outside toilet	Garden			
Unit	29 (8.73)	3 (0.90)	32 (9.64)	0 -	22 (6.63)			
Part of house	2 (0.60)	6 (1.81)	8 (2.41)	0 -	5 (1.51)			
Nursing home	0 -	11 (3.31)	11 (3.31)	0 -	5 (1.51)			
Flat	6 (1.81)	0 -	6 (1.81)	0 -	6 (1.81)			
House	263 (79.22)	31 (9.34)	248 (74.7)	23 (6.93)	258 (77.71)			
TOTALS	300 (90.36)	51 (15.36)	305 (91.87)	23 (6.93)	296 (89.16)			

toilets, although where the only provision was an outside toilet, all were associated with houses. Houses and flats were also best provided with gardens. In terms of accommodation and facilities, males, married elderly, young elderly, higher-income elderly, those in good health, house-dwellers and owner-occupiers (clearly not exclusive categories) were best equipped.

3.3 HOUSING SATISFACTION AMONG THE L.U.A. ELDERLY

Each respondent in the sample who had answered all questions relevant to this section was allocated points on the quality of his/her accommodation. The underlying premise was that high quality could be equated with abundance of space (despite the awareness of possible problems to the elderly in this respect) because of the privacy and entertainment facilities thereby available; ownership because of the independence and security elements; and conveniently located facilities able to be used with privacy and autonomy.

Of the sample respondents, only 3 per cent described themselves as dissatisfied with their accommodation, and there was no apparent relationship between reported dissatisfaction and objectively-measured accommodation quality. The dissatisfied respondents were largely in the lowest-income group and in less-than-good health but did not differ from the rest of the sample in other distinguishable respects. However, 110 (33 per cent) respondents mentioned some dislikes about their accommodation, concerning, in order from most to least mentioned, maintenance difficulties, internal characteristics, grounds, external characteristics, and lack of privacy. There was an increase in perception of maintenance as a problem as health declined. Where a respondent had indicated, directly or indirectly, some measure of dissatisfaction with his/her accommodation, a negative weighting of two points was allocated. Scores tended to be high, with 37 per cent

in the highest category, that is, house-owners, with room for entertaining visitors and overnight guests, shared only with a spouse and/or unmarried children. Lowest values were accorded to the respondents occupying institutional residences, mainly because of the need to share most of the facilities with other residents, and the restricted space available. The remaining low-scoring respondents were largely located in the older and lower-class residential areas. The high-scoring respondents were, however, widely distributed throughout the L.U.A.

The locations of those respondents who expressed dissatisfaction with or a dislike of some aspect of their accommodation were also examined. It then became apparent that these were primarily in the older and lower-class residential areas, and in the newer housing authority estate on the eastern periphery. Despite their low score, the residents of the institutions reported few dislikes.

If the remaining respondents are assumed to be completely satisfied with their accommodation, it appears that correspondence between quality and satisfaction is greatest in the outer or more affluent residential areas of the L.U.A.

Table 3.5 RESPONDENT HOUSING RATING DISTRIBUTION

<u>Rating</u>	<u>No. of Respondents (Per Cent of Total)</u>
1	122 (37)
2	97 (29)
3	34 (10)
4	26 (8)
5	42 (13)
No response	11 (3)
<u>TOTAL</u>	<u>332 (100)</u>

It can be seen (Table 3.5) that the LUA elderly fare rather well in the quality of their accommodation, at least in the criteria used in this study. It is likely that some are 'over-housed' and could be more appropriately accommodated in less spacious dwellings, but, as was indicated in the review of the literature, there is considerable satisfaction in the retention of the home to which one is accustomed.

The conclusions reached in this analysis of the housing element among the LUA elderly are incorporated into the synthesis in Chapter 6.

4. MOTILITY

4.1 RELATIONSHIP TO ACTIVITY LEVEL

Certain general spatial regularities can be seen in activity spaces. Probably the simplest and most universal is that of DISTANCE DECAY - an aggregate concept that indicates the tendency for people to take trips most frequently to places nearby and less and less frequently as distance from the origin of the trip increases. (Jakle et al., 1976, 98).

The 'friction of distance' is reflected in the inverse relationship found between distance from an activity and degree of participation in that activity. This suggests that, in addition to the social factors operating on choice of activity, there are restrictions imposed by cost, time and effort resulting from distance. It follows that those who live with a high degree of accessibility to activities suitable to them are more likely to participate than are those less conveniently located...

It is likely that distance-decay plays a more significant part in the participation rate of the elderly than it does for younger adult population groups. A number of studies, reviewed by Falcochio and Cantilli (1974, 32) have indicated that there is a decline in 'life space' (the extent of the area within which a person carries out his activities) with increasing age. This clearly relates to the theory of disengagement, discussed elsewhere, but the extent to which the trend is necessitated by physical and/or financial constraints, or voluntary has not been ascertained. It may result from a combination of both in individual cases, or it may result from necessity for some and desire for others. Furthermore, the term, 'voluntary', may be

euphemistically applied to such motivations as fear, which is a major psychological constraint on elderly people.

There has been contention in social gerontology between those who support the disengagement theory (that the elderly maintain life satisfaction by reducing their participation in activities) and those who favour the activity theory (that life satisfaction is highest among those elderly who maintain high levels of social activity and interaction) (Cutler, 1972, 383). This debate will be examined in greater detail in the section on social relationships (Chapter 5). However, the two points of view are not necessarily contradictory since life satisfaction is largely subjective and relative. Furthermore, one viewpoint relates to maintenance of life satisfaction, and thus may not apply equally to achievement of high levels of satisfaction.

That transportation is a very significant factor in the quality of life (defined in terms of life satisfaction) of the elderly is indicated by Cutler, who states that, in at least one U.S. community,

.... the highest proportion of older persons with low life satisfaction scores are found among those who do not have personal transport available to them, who live at the greater distances, and who are of lower socioeconomic status or in poorer health (1972, 388).

A difficulty in basing conclusions on the use made of transportation by the elderly lies in the need to distinguish between behaviour reflecting preferences and that reflecting capabilities. There is evidence that fare reductions or provision of special purpose transportation increases the elderly person's use of transportation facilities, which suggests that there are unmet needs or desires in the contexts of

cost and convenience (Golant, 1976b, 283-84).

4.12 SIGNIFICANCE OF TRANSPORTATION

The importance of transportation is possibly greater for elderly people than for others. Their physical wellbeing may depend on access to medical and social services, "while key ingredients of psychological health which are enhanced by mobility are freedom from isolation and the ability to choose one's range of activities" (Wachs et al., 1977, 1). The elderly also differ from the general population in their increased leisure time and the need to compensate for loss of activities such as employment, or of friends and relatives. They are restricted by anxiety, health and income in their use of transportation, and thus, because of the importance to them of accessibility, they are also restricted in their choice of housing (Golant, 1976b, 283). An indirect impact on the cost of living for elderly people may result from lack of transportation provision in that they are obliged to purchase goods from smaller local stores where prices are higher and choices more limited than in the larger stores (Golant, 1976a, 392). The elderly living close to the central business district have fewer transportation difficulties than those living in the more peripheral areas, but the environment may in other ways be less suited to their needs (Golant, 1976b, 299). Many who have aged along with their inner area residential neighbourhood have found their transportation advantage diminished by decentralisation of services and deterioration of the urban core (Henley and Katsopoulos, 1978, 1). Birren (1969, 165) had

noted that while the clustering tendency of professional groups such as doctors and lawyers increased their cost effectiveness, their wide locational separation reduced their accessibility to the elderly. In addition, many relocations were to new suburban shopping centres which were extremely difficult to approach on foot.

The out-migration of their children as they establish homes of their own may further isolate the elderly in the inner areas, but the suburbs are even more lacking in the transportation and service provision to which the inner city residents have been accustomed (Falcocchio and Cantilli, 1974, 34). Despite the disadvantages, elderly groups have been housed, frequently by public authorities, in suburban locations where accessibility problems, exacerbated by their restricted motility, have been major causes of dissatisfaction (Kilmartin and Thorns, 1978, 154).

4.13 TRANSPORTATION PATTERNS

Golant (1976b, 289) reports on studies in the U.S.A. which demonstrate that, despite the general expectations about retirement, the work trip is still highest in relative importance for the elderly. Shopping is the next most important reason for trip-taking, followed by personal business and/or social trips. Of least importance are recreational trips. The weekday nonwork vehicular trip rate is twice as high for the affluent elderly as it is for the low-income elderly, although this could be misleading in that the latter group may live within walking distance of the facilities which they use. Among the retired elderly shopping trips rank first with social trips second. Of

the social trips, visits to friends were more frequent than visits to children, which, in turn, were more frequent than visits to other relatives. Other trips of significance were those to attend church and to seek medical services. Again recreation trips were least frequent.

Automobile trips were most commonly for visits to children, other relatives, doctors, grocery stores, meetings and sports, and the elderly person was more frequently a passenger than a driver when visiting children. Bus trips were largely to other relatives, doctors, nonfood shopping facilities, sporting events and places of recreation. Walking was also important for trips with no specific purpose other than to "get out" (Golant, 1976b, 292-93).

There was also a temporal pattern to trips made by the elderly, in that most were made in daytime off-peak hours for general population movements, owing to the greater importance of non-work trips among the elderly.

4.2 CAR OWNERSHIP

Least likely to constitute a problem in the context of transportation are those elderly who drive or have immediate access to their own cars. The studies referred to by Golant note that the majority of trips made by the elderly are in automobiles, either as driver or passenger, and that this is more likely for the high income elderly, even if they are unable to drive. Elderly households with a driver made up to four times as many trips as those without a driver.

However, car ownership rates for the elderly are lower than for younger age groups, at every income level. The lowest rates are found in the low-income households with an elderly head. It therefore seems likely that the decline in car ownership is related to both aging and reduction in income (Henley and Katsopoulos, 1978, 5). There is also a decline in licence possession among the elderly population (Golant, 1976b, 285), reflecting the institutional restrictions of compulsory annual testing beyond a certain age (70 in Tasmania), and the decline in the driving skills resulting from poorer vision and slower reactions. The greater complexity of traffic systems and the higher speeds of expressways are deterrents to elderly people, many of whom become unwilling to risk driving in these conditions. In the U.S.A., on an "accidents per mile travelled" basis, the elderly drivers appear to be more accident-prone than younger drivers (Golant, 1976b, 298).

Licence possession is much lower for elderly females than for elderly males, largely reflecting the customarily more passive role of females in terms of driving which prevailed during the middle age of the present elderly. There was also less dependence on automobile transport and so large proportions never learned to drive (Henley and Katsopoulos, 1978, 6).

4.21 CAR OWNERSHIP AMONG THE L.U.A. SAMPLE

Of the 332 elderly people interviewed in the survey 40 per cent owned or had the use of a car; a further 20 per cent relied on a person other than their spouse to drive them in a private car; and 39 per cent had no significant access to private cars. In the 1976 Census of Australia 80.3 per

Fig. 4.1 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977

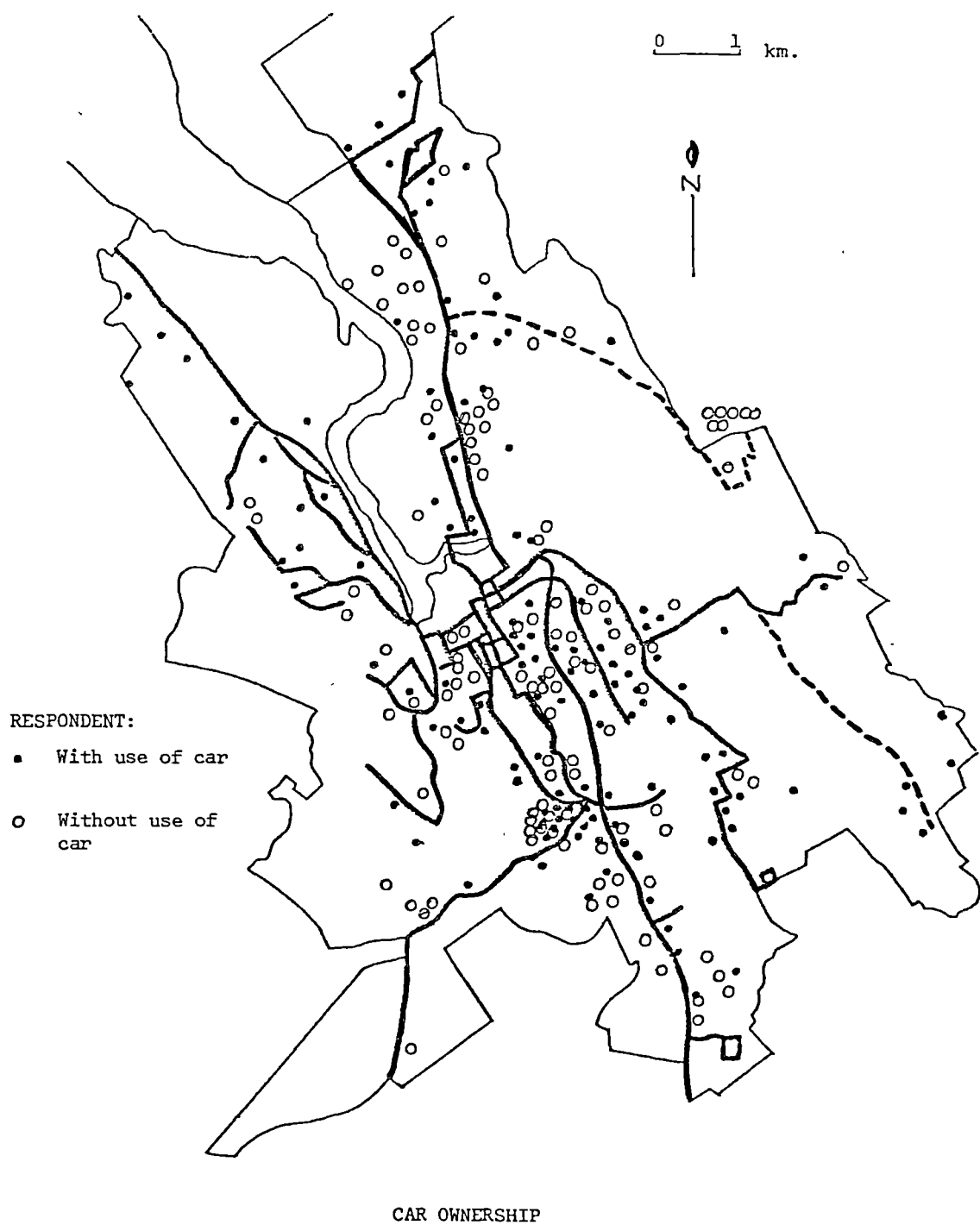


Table 4.1

ACCESS TO CAR - RESPONDENT PROFILE

	<u>Car Owners</u>		<u>Passengers</u>		<u>No Car</u>		<u>TOTAL</u>
	<u>No.</u>	<u>Pct.</u>	<u>No.</u>	<u>Pct.</u>	<u>No.</u>	<u>Pct.</u>	
<u>SEX</u>							
Male	78	(61)	16	(13)	33	(26)	127
Female	56	(27)	52	(25)	97	(47)	205
<u>MARITAL STATUS</u>							
Married	101	(63)	19	(12)	41	(25)	161
Widowed	27	(17)	39	(25)	71	(58)	137
Single	4	(20)	6	(28)	14	(52)	24
Div/Sep	1	(12)	3	(38)	4	(50)	8
<u>HEALTH</u>							
Good Health	87	(50)	23	(13)	64	(37)	174
Fair Health	38	(34)	27	(24)	46	(41)	111
Poor Health	3	(10)	15	(50)	12	(40)	30
In Need	2	(18)	3	(27)	6	(55)	11
<u>AGE</u>							
65 - 69	67	(60)	17	(15)	27	(24)	111
70 - 74	44	(49)	13	(14)	33	(37)	90
75 - 79	12	(19)	11	(18)	39	(63)	62
80 - 84	4	(12)	16	(47)	14	(41)	34
85 - 90	1	(5)	9	(45)	10	(50)	20
90 +	1	(17)	2	(33)	3	(50)	6
<u>INCOME (WEEKLY)</u>							
\$0 - 49	71	(35)	42	(21)	90	(44)	203
\$50 - 99	36	(46)	19	(24)	24	(31)	79
\$100 - 149	4	(57)	2	(29)	1	(14)	7
\$150 +	2	(100)	0	(-)	0	(-)	2
<u>DWELLING</u>							
House	119	(43)	59	(22)	96	(35)	274
Unit	9	(28)	3	(9)	20	(63)	32
Part House	3	(38)	0	(-)	5	(62)	8
Nursing Home	1	(9)	4	(37)	6	(55)	11
Flat	1	(17)	2	(33)	3	(50)	6
<u>TENURE</u>							
Owned	117	(47)	45	(18)	89	(35)	251
Rented Privately	4	(15)	12	(44)	11	(41)	27
Housing Dept.	3	(20)	3	(20)	9	(60)	15
Institution	5	(24)	5	(24)	11	(52)	21
Family Member	4	(29)	3	(21)	7	(50)	14

cent of L.U.A. dwellings had at least one vehicle, so that, in this respect, as was anticipated, the elderly sample rated considerably lower than the general population.

The mapping of the response locations (Figure 4.1) with respect to car ownership or availability revealed few distinctive patterns. In the older residential areas of the city the different responses were evenly distributed, reflecting primarily the concentration of respondents in these areas but with a tendency for those nearest the centre to be without access to a car. However, there was greater distinction in the peripheral areas, relating not so much to distance from the centre as to the socioeconomic character of the districts. Thus the use of cars was higher in the relatively affluent suburban areas to the north-west, north and south-east while non-access to cars was most concentrated in the older working-class district along the major northern outlet road and in the public housing estate on the eastern perimeter.

The characteristics of the car owners are outlined in Table 4.1. Despite their lower numbers in the survey sample, car owners were predominantly male. Married elderly also ranked highly as car owners, as did people who perceived themselves to be in good health. There was a decline in car ownership with age, the highest proportion lying in the 65 to 69 age group. Elderly whose income exceeded the government pension had a higher rate of car ownership than those in the lower category of income and appeared to have a greater retention rate. The elderly car owner in the sample was more likely to live in a house and be an owner-occupier than those in the passenger or 'no car' groups. Although numbers in the tertiary

Table 4.2

CROSS-TABULATION : CAR OWNERSHIP AND LOCATION OF FRIEND
(Percentages in brackets)

	LOCATION OF FRIEND							Totals
	None	Same Address	Within 1 mile	LUA	Tas.	Aust.	No Response	
Car Owners	12 (9)	2 (1)	53 (40)	48 (36)	10 (7)	0 (-)	9 (7)	134 (40)
Car Passengers	10 (15)	3 (4)	23 (34)	22 (32)	3 (4)	2 (3)	5 (7)	68 (21)
No Car	10 (8)	9 (7)	60 (46)	27 (21)	8 (6)	0 (-)	16 (12)	130 (39)
TOTALS	32 (10)	14 (4)	136 (41)	97 (29)	21 (6)	2 (1)	30 (9)	332 (100)

Table 4.3

CROSS-TABULATION : CAR OWNERSHIP AND ORGANISATIONS
(Percentages in brackets)

	NUMBER OF ORGANISATIONS						Totals
	None	1	2	3	4	5+	
Car Owners	54 (40)	44 (33)	20 (15)	12 (9)	3 (2)	1 (1)	134 (40)
Car Passengers	36 (53)	26 (38)	5 (7)	1 (2)	0 (-)	0 (-)	68 (21)
No Car	68 (52)	46 (35)	10 (8)	4 (3)	2 (2)	0 (-)	130 (39)
TOTALS	158 (48)	116 (35)	35 (11)	17 (5)	5 (2)	1 (0.3)	332 (100)

Table 4.4

CROSS-TABULATION : CAR OWNERSHIP AND TYPE OF ORGANISATION

(Percentages in brackets)

	TYPE OF ORGANISATION						Totals
	Social, Sporting	Religious	Service	Special Interest	Political Group	None	
Car Owners	47 (35)	20 (15)	7 (5)	4 (3)	2 (2)	54 (40)	134 (40)
Car Passengers	19 (28)	10 (15)	2 (3)	1 (2)	0 (-)	36 (53)	68 (21)
No Car	24 (19)	24 (19)	8 (6)	0 (-)	6 (5)	68 (52)	130 (39)
TOTALS	90 (27)	54 (16)	17 (5)	5 (2)	8 (2)	158 (48)	332 (100)

level education categories were low, the rate of car ownership by these respondents was higher than the average. The lowest rate of car ownership, in relation to occupational background, was with the unskilled workers. Again the numbers involved were low, but the survey results suggested that overseas migrants rank low as car owners among the elderly.

What evidence is there in the survey results to support the suggestion that car ownership is a major factor in independence of the elderly? While car owners form the lowest proportion of those dependent on public transport, and on the use of taxis, they are above average in their occasional use of public transport. This could indicate that they have freedom of choice to a greater extent than the remainder of the elderly sample. Car owners demonstrated less concern than others with the provision of transportation in their neighbourhoods and there was evidence that their friendships were less localised than those of the elderly with no access to a car (Table 4.2). The elderly car owner is more likely than others to participate in clubs and similar organisations (Table 4.3), especially when multiple membership is taken into consideration, and also in a wider range of organisational activities (Table 4.4). In Chapter 5 the significance of such social relationships and activities is examined, and found to relate positively to life satisfaction potential.

Those with no access to cars are primarily female and primarily widowed. They are strongly represented among unit, nursing-home, flat and shared-house dwellers and are more likely than car owners to be renting their accommodation from the State housing authority, an institution or another member of the family. A high proportion of the

Table 4.5

CROSS-TABULATION : CAR OWNERSHIP AND PUBLIC TRANSPORT USE

(Percentages in brackets)

	PUBLIC TRANSPORT USE			
	Dependent Users	'Sometimes' Users	Non-Users	Totals
Car Owners	7 (5)	56 (42)	71 (53)	134 (40)
Car Passengers	11 (17)	24 (35)	33 (49)	68 (21)
No Car	92 (71)	17 (13)	21 (16)	130 (39)
TOTALS	110 (33)	97 (29)	125 (38)	332 (100)

Table 4.6

CROSS-TABULATION : CAR OWNERSHIP AND NEAREST RELATIVE

(Percentages in brackets)

	LOCATION OF NEAREST RELATIVE								Totals
	None	Same Address	Within 1 mile	LUA	Tas.	Aust.	Over- seas	No Res- ponse	
Car Owners	5 (4)	19 (14)	30 (22)	50 (37)	21 (16)	3 (2)	0 (-)	6 (5)	134 (40)
Car Passengers	3 (4)	17 (25)	15 (22)	20 (29)	7 (10)	1 (2)	0 (-)	5 (7)	68 (21)
No Car	9 (7)	14 (11)	26 (20)	51 (39)	15 (12)	3 (2)	3 (2)	9 (7)	130 (39)
TOTALS	17 (5)	50 (15)	71 (21)	121 (37)	43 (13)	7 (2)	3 (1)	20 (6)	332 (100)

Table 4.7

CROSS-TABULATION : CAR OWNERSHIP AND VISITING

(Percentages in brackets)

	CONTACT WITH RELATIVE			CONTACT WITH FRIEND			Totals
	Respon- dent's Home	Rela- tive's Home	Not Applicable	Respon- dent's Home	Friend's Home	Not Applicable	
Car Owners	31 (23)	72 (54)	31 (23)	14 (11)	92 (69)	24 (18)	134 (40)
Car Passengers	19 (28)	25 (37)	24 (35)	21 (31)	26 (38)	18 (27)	68 (21)
No Car	44 (34)	51 (39)	35 (27)	22 (17)	67 (52)	36 (28)	130 (39)
TOTALS	94 (28)	148 (45)	90 (27)	57 (17)	185 (56)	78 (24)	332 (100)

Table 4.8

CROSS-TABULATION : CAR OWNERSHIP AND FAVOURED ACTIVITY

(Ranking by Frequency Selection)

	(a) FAVOURED ACTIVITY					
	Passive	Organisa- tions, Games	Hobbies, Work	Outings	Visiting	Nothing
Car Owners	5	3	1	2	4	6
Car Passengers	2	3=	1	3=	5	-
No Car	4	2	1	3	5	6
	(b) PLACE OF FAVOURED ACTIVITY					
	Own Home with Others	Own Home Alone	Away with Others	Away Alone		
Car Owners	3	1=	1=	4		
Car Passengers	3	1	2	4		
No Car	3	2	1	4		

elderly in the 'no car' category had spent their childhood in Launceston or another Tasmanian urban centre. This may be explained by the greater need for personal transport in rural, as opposed to urban places in the past.

4.22 CAR PASSENGERS

The 'passenger' category consisted of the elderly respondents who relied on others, outside their household, to drive them. They were predominantly female, and not presently married, the majority being widowed. A high proportion of those who perceived themselves to be in poor health were in this group, as was also the case with those over 80 years of age. They ranked lower than car owners and those with no access to cars in terms of house occupation and owner-occupancy, but in privately rented accommodation. The lack of relationship between the 'passenger' group and income, occupational and educational distributions suggests that it is aging, widowhood, declining health and traditional attitudes on sex roles which are the major factors operating here to create a situation of dependence, possibly greater than that of the elderly with no access to cars (Table 4.1).

In proportional terms the passengers are less dependent on public transport than the 'no car' group but rank higher in 'sometimes' use (Table 4.5). Small percentages use taxis or walking. There is little concern with public transport provision. They rank highest in sharing the same address as their locationally-closest relative (other than spouse) (Table 4.6) but are less likely than those with no car to be visited at home by relatives (Table 4.7). The evidence suggests that it is more common for this group to be taken visiting by friends and

In club and organisation participation the passengers are comparable with the 'no car' group (Table 4.3). When questioned about the activity most enjoyed in the previous week the 'passenger' elderly, to a much greater extent than the remainder, chose a passive activity carried out at home (Table 4.8). The possibility exists that their choice reflected a fatalistic acceptance of restricted motility rather than inclination but testing of this hypothesis would require a more detailed attitudinal survey than was carried out in this study.

4.3 PUBLIC TRANSPORT USAGE

For the reasons given earlier about car ownership and licence possession, the elderly are major users of public transport systems, and transportation problems for this group have become more apparent as the elderly have become more numerous and more concentrated. In general travel by public transport takes more time than by automobile, largely because of the operating characteristics of the transportation system. Golant (1976b, 291) notes that among the elderly the longest trips are for social and recreational purposes, followed by work trips, personal business and shopping trips in that order.

In most cities the reaction of public transport authorities to competition with the private car has been to reduce services. This affects the elderly to a greater extent than it affects the general population in that most of the service withdrawals are in the off-peak periods, during which the elderly (who wish to avoid the crowded conditions and have no employment deadlines to meet) are most likely to travel. They are also less able physically to tolerate the longer waiting periods involved when services are reduced.

Reduced-fares projects have consistently resulted in increased use by the elderly of public transport. This has helped reduce the losses incurred in off-peak transport provision but such programmes are often criticised on the grounds that they should be directed at the needy rather than to the entire elderly population. In this respect a concession card, available only to low-income elderly, is perhaps more acceptable to the general public. However, if the increase in usage following fare reduction results from trips that would otherwise not have been made, to confine the concession to only low-income groups is unjustified on economic grounds. The major weakness to such programmes is the assumption that existing routes, vehicles, shelter provision and facilities are suitable for the elderly users; and they do nothing for those who live in areas not served by the transport system (Bell and Olsen, 1974, 327).

With the aged, it is not age alone which creates a disadvantage, but restricted physical capability (a handicap) or reduced financial circumstance (poverty). It is with the aged, in fact, that we see most often the combination of being poor and handicapped (Falcocchio and Cantilli, 1974, 2-3).

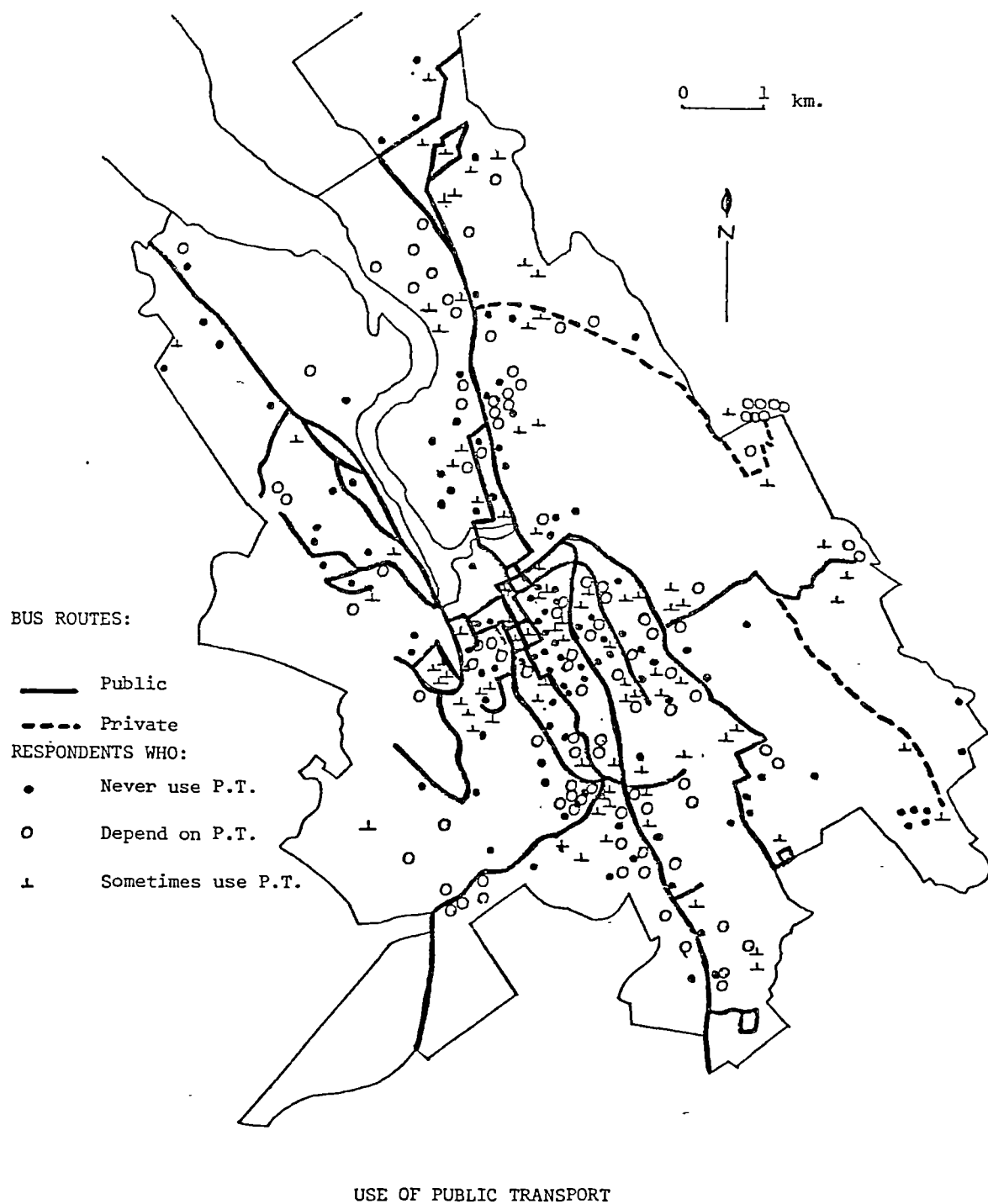
The physical difficulties experienced by elderly people when using public transport include the high steps necessary to board the vehicles, the need to grip a handrail or strap, the necessity to brace and balance oneself when the vehicle is accelerating or decelerating, the lack of time allowed for finding a seat, the need to stand if no seats are available, the difficulty in maintaining balance when the vehicle is turning, and, sometimes, the necessity to commence movement towards the exit while the vehicle is still in motion. Use

Table 4.9

USE OF PUBLIC TRANSPORT - RESPONDENT PROFILE

	Dependent		Sometimes		Never		TOTAL
	No.	Pct.	No.	Pct.	No.	Pct.	
<u>SEX</u>							
Male	28	(22)	42	(33)	57	(45)	127
Female	82	(40)	55	(27)	68	(33)	205
<hr/>							
<u>MARITAL STATUS</u>							
Married	39	(24)	58	(36)	64	(40)	161
Widowed	54	(39)	31	(23)	52	(38)	137
Single	14	(58)	5	(21)	5	(21)	24
Div./Sep.	3	(38)	2	(25)	3	(38)	8
<hr/>							
<u>HEALTH</u>							
Good health	59	(34)	52	(30)	63	(36)	174
Fair health	38	(34)	39	(39)	34	(31)	111
Poor health	9	(30)	4	(13)	17	(57)	30
In need	3	(27)	1	(9)	7	(64)	11
<hr/>							
<u>AGE</u>							
65 - 69	27	(24)	35	(32)	49	(44)	111
70 - 74	24	(27)	34	(38)	32	(36)	90
75 - 79	31	(50)	17	(27)	14	(23)	62
80 - 84	16	(47)	4	(12)	14	(41)	34
85 - 90	9	(45)	3	(15)	8	(40)	20
90 +	2	(33)	0	()	4	(67)	6
<hr/>							
<u>INCOME (WEEKLY)</u>							
\$ 0 - 49	77	(38)	51	(25)	75	(37)	203
\$ 50 - 99	23	(29)	27	(34)	29	(37)	79
\$100 - 149	1	(14)	3	(43)	3	(43)	7
\$150 +	0	()	2	(100)	0	()	2

Fig. 4.2 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



of public transportation may also involve long waits in lonely, cold and uncomfortable places, especially as the elderly may have difficulty in interpreting published timetables. There are psychological deterrents in the fears which the elderly may have of crowded vehicles, physical assaults, fast-closing doors, missing stops and unsympathetic drivers or conductors.

It is not only the design of the vehicles and the relevance to their needs of the services provided which present problems to elderly in their use of public transportation. The distance to be covered from one's residence to the nearest transport facility may present difficulties. Fatigue, physical weakness or soreness, fear of falling or assault, may hinder an elderly person from walking to the bus-stop, and if parcels are to be carried the trip may be further complicated for them.

4.31 PUBLIC TRANSPORT USAGE AMONG THE LUA SAMPLE

One-third of all respondents regarded themselves as relying entirely or mostly on public transport and only a very small number of these had access to private cars. Twenty-nine per cent were significant users of public transport, while 38 per cent made no use of public transport (Table 4.9). The responses, when mapped (Figure 4.2), generally correspond inversely with those on the use of cars. That is, reliance on public transport was greatest among those with no access to private cars, especially as distance from the central business district increased. Those who never used public transport

were largely those with access to private cars. In a number of areas proximity to bus routes related positively to the use of public transport but there is no indication as to whether or not this reflects greater convenience or a constraint in housing choice.

According to the survey sample, female elderly are the major users of public transport, both absolutely and proportionately. It is likely that a factor in this is the male predominance in car ownership, although even females with cars are more likely than males with cars to use public transport. On the other hand, females who described themselves as relying on another car owner for transportation are less likely than males in the same category to use public transport, although the former outweigh the latter in absolute terms. In the 'no car' group females are, again both absolutely and proportionately, more dependent than males on public transport.

There is a generally higher reliance on public transport in the older age groups, but the peak usage group is aged 75 to 79. It seems likely that this is the age at which the elderly lose the ability or confidence to drive but are not housebound. The high rates of non-usage of public transport in the higher age groups may reflect the debilitation and increasing dependence or restricted motility of the 'old elderly'. The patterns for both males and females are similar in that each has its peak usage in the 75 - 79 age group, with a peak in the 'sometimes' usage at 70 - 74, possibly indicative of a transition to reliance on public transport. Of course, men are increasingly outnumbered by women as aging occurs, but the sample suggests that they may continue to rely on public transport to a greater age than women.

Table 4.10

CROSS-TABULATION : USE OF PUBLIC TRANSPORT BY MARITALSTATUS BY SEX

(Percentages in brackets)

MARITAL STATUS	MALES				FEMALES			
	Depen- dent Users	'Sometime' Users	Non- Users	Totals	Depen- dent Users	'Sometime' Users	Non- Users	Totals
Married	21 (22)	34 (35)	42 (43)	97 (76)	18 (28)	24 (38)	22 (34)	64 (31)
Never Married	1 (100)	0 (-)	0 (-)	1 (1)	13 (57)	5 (22)	5 (22)	23 (11)
Widowed	6 (24)	5 (20)	14 (56)	25 (20)	48 (43)	26 (23)	38 (34)	112 (55)
Div/Sep.	0 (-)	2 (67)	1 (33)	3 (2)	3 (60)	0 (-)	2 (40)	5 (2)
No Answer	0 (-)	1 (100)	0 (-)	1 (1)	0 (-)	0 (-)	1 (100)	1 (1)

Table 4.11

CROSS-TABULATION : USE OF PUBLIC TRANSPORT BY INCOME BY CAR OWNERSHIP

(Percentages in brackets)

Income (\$ weekly weekly)	CAR OWNERS				PASSENGERS				NO CAR			
	Depen- dent Users	'Some- time' Users	Non- Users	Totals	Depen- dent Users	'Some- time' Users	Non- Users	Totals	Depen- dent Users	'Some- time' Users	Non- Users	Totals
0 - 49	5 (7)	28 (39)	38 (54)	71 (53)	7 (17)	13 (31)	22 (52)	42 (62)	65 (72)	10 (11)	15 (17)	90 (69)
50 - 99	1 (3)	17 (47)	18 (50)	36 (27)	3 (16)	6 (32)	10 (53)	19 (28)	19 (79)	4 (17)	1 (4)	24 (19)
100 - 149	0 (-)	1 (25)	3 (75)	4 (3)	0 (-)	2 (100)	0 (-)	2 (3)	1 (100)	0 (-)	0 (-)	1 (1)
150 +	0 (-)	2 (100)	0 (-)	2 (2)	0 (-)	0 (-)	0 (-)		0 (-)	0 (-)	0 (-)	0 (-)
No Answer	1 (5)	8 (38)	12 (57)	21 (16)	1 (20)	3 (60)	1 (20)	5 (7)	7 (47)	3 (20)	5 (33)	15 (12)

Non-usage of public transport in the youngest age group appears to relate to car ownership, and among car owners there is an increase in 'sometimes' use up to age 75 - 79. For those without access to a car the level of reliance on public transport is generally high with the peak at 80 to 84, somewhat older than for the entire sample. This may indicate that the numbers in this category have been augmented by those elderly who have ceased to be car owners at that age, or it could indicate that the elderly accustomed to using public transport continue to do so for longer.

In general married elderly are less dependent than other groups in the sample on public transport, probably reflecting their high rates of car ownership. The widowed elderly form a very significant proportion of reliant users (49 per cent) but the figures suggest that they may have greater access to family assistance in transport than the single elderly. Again, because of their shorter life span, the men are out-numbered by the women in the widowed-reliant category. (Table 4.10).

In the sample, as income rises dependence on public transport declines, and even among car owners the pattern prevails, despite a generally low dependence rate (Table 4.11). Among car passengers there is little variation, suggesting that, for this group, transportation does not relate to their own income. For the elderly with no car, the survey results suggest that the higher income groups make more use, proportionately, of public transport than the lower income group, which included a significant number of elderly who never use public transport.

Table 4.12

CROSS-TABULATION : USE OF PUBLIC TRANSPORT BY HEALTH BY CAR OWNERSHIP

(Percentages in brackets)

HEALTH	CAR OWNERS				PASSENGERS				NO CAR			
	Depen- dent Users	'Some- times' Users	Non- Users	Totals	Depen- dent Users	'Some- times' Users	Non- Users	Totals	Depen- dent Users	'Some- times' Users	Non- Users	Totals
Good	6 (7)	35 (40)	46 (53)	87 (65)	5 (22)	9 (39)	9 (39)	23 (34)	48 (75)	8 (13)	8 (13)	64 (49)
Fair	1 (3)	19 (50)	18 (47)	38 (28)	5 (19)	13 (48)	9 (33)	27 (40)	32 (70)	7 (15)	7 (15)	46 (35)
Poor	0 (-)	1 (33)	2 (67)	3 (2)	1 (7)	2 (13)	12 (80)	15 (22)	8 (67)	1 (8)	3 (25)	12 (9)
In Need	0 (-)	0 (-)	2 (100)	2 (1)	0 (-)	0 (-)	3 (100)	3 (4)	3 (50)	1 (17)	2 (33)	6 (5)
No Answer	0 (-)	1 (25)	3 (75)	4 (3)	0 (-)	0 (-)	0 (-)	0 (-)	1 (50)	0 (-)	1 (50)	2 (2)

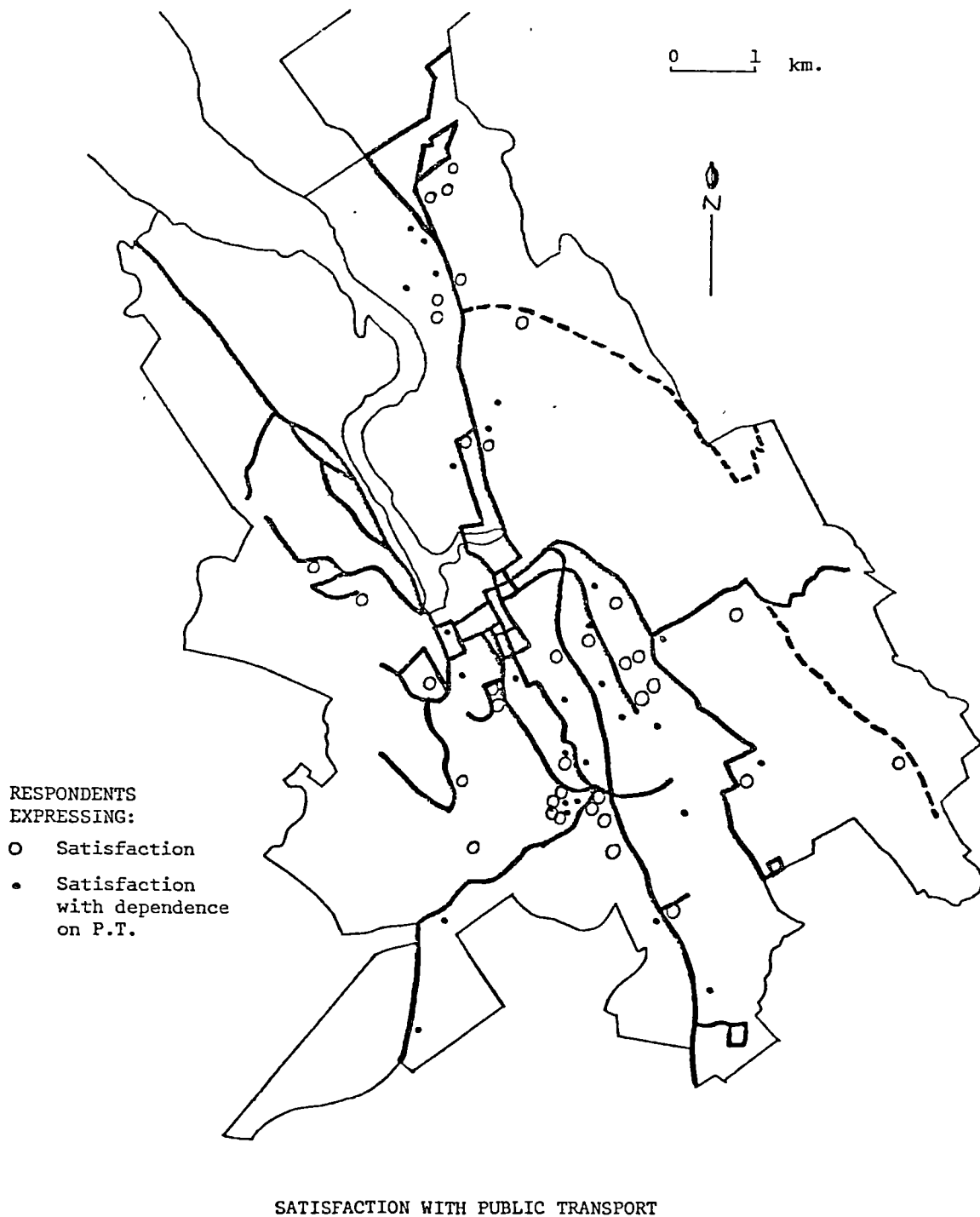
Table 4.13

CROSS-TABULATION : USE OF PUBLIC TRANSPORT BY HEALTH BY SEX

(Percentages in brackets)

HEALTH	MALES				FEMALES			
	Depen- dent Users	'Some- times' Users	Non- Users	Totals	Depen- dent Users	'Some- times' Users	Non- Users	Totals
Good	15 (21)	22 (30)	36 (49)	73 (57)	44 (44)	30 (30)	27 (27)	101 (49)
Fair	12 (28)	17 (40)	14 (33)	43 (34)	26 (38)	22 (33)	20 (29)	68 (33)
Poor	1 (20)	1 (20)	3 (60)	5 (4)	8 (32)	3 (12)	14 (56)	25 (12)
In Need	0 (-)	1 (50)	1 (50)	2 (2)	3 (33)	0 (-)	6 (67)	9 (4)
No Answer	0 (-)	1 (25)	3 (75)	4 (3)	1 (50)	0 (-)	1 (50)	2 (1)

Fig. 4.3 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



Health, and its decline with aging, may be a factor in the extent to which the elderly use public transport. There is a general indication of a decline in usage as self-perceived health declines, but there is a very marginal peak among those who described themselves as in fair health. This may be partially explained by the predominance of 'good' health among car owners (Table 4.12). Car owners in both good and fair categories are significant 'sometimes' users of public transport. The general trend is apparent with those who have no access to cars which suggests that the use of public transport makes demands which are less achievable as health declines. With males the peak of reliance on public transport appears to lie in the 'fair' health group with a transitional peak in the 'sometimes' usage category, possibly consisting of those elderly who have ceased to drive cars plus those who have made less use of public transport (Table 4.13).

The questionnaire invited comment on satisfaction with the respondent's neighbourhood. Seventy-four per cent of the respondents made no mention of transport as an element in their level of satisfaction. As interviewers were instructed not to prompt respondents, it is impossible to ascertain whether the failure to mention transportation indicates satisfaction with its provision or mere oversight. Figure 4.3 shows the distribution of respondents who specifically selected transportation provision as satisfactory in their neighbourhoods. Most of these were located close to bus routes. Also shown are the locations of those expressing satisfaction along with dependence on public transport. This did not include respondents on private routes, several on the less frequent routes, and some closer to the city centre.

Fig. 4.4 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977

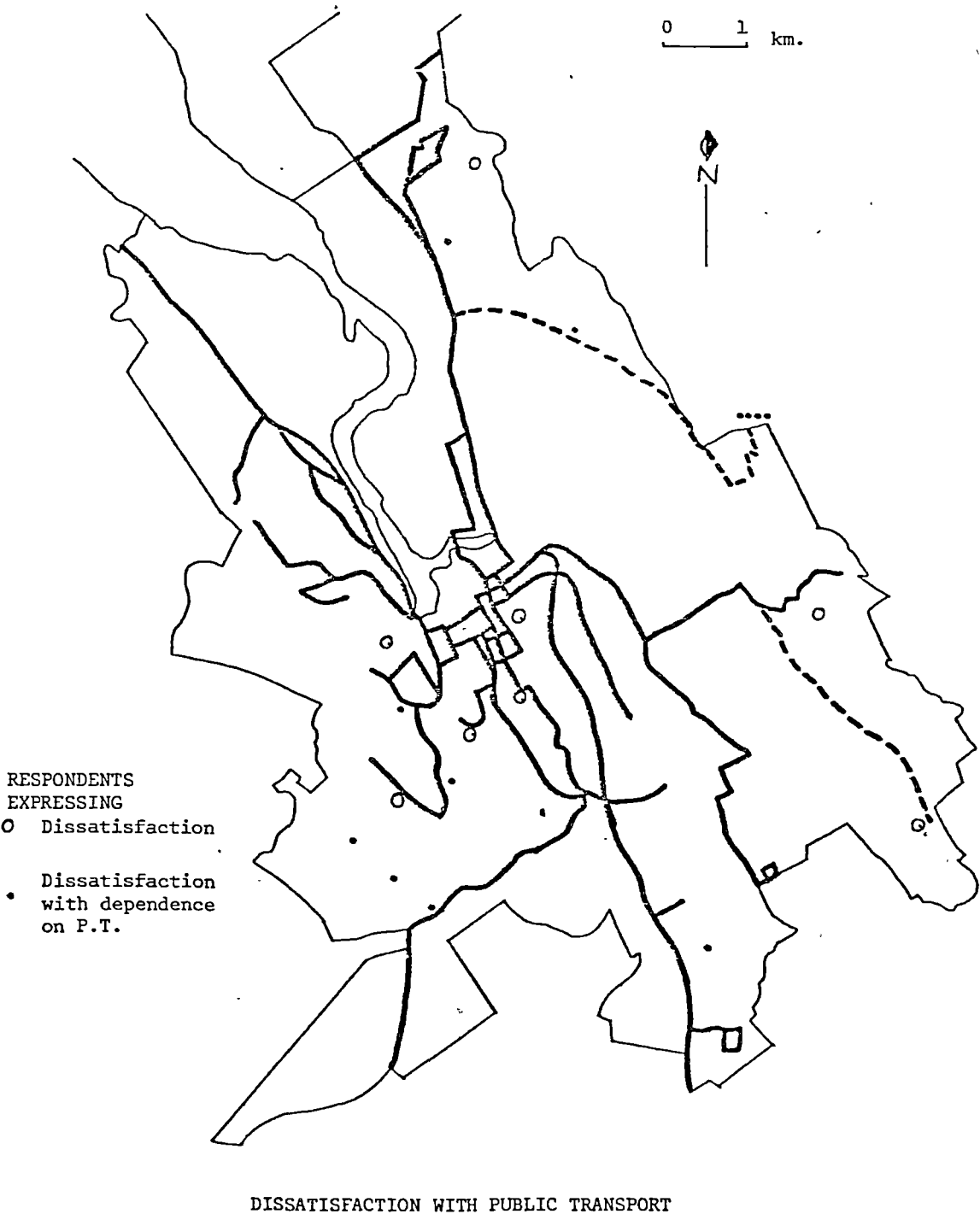
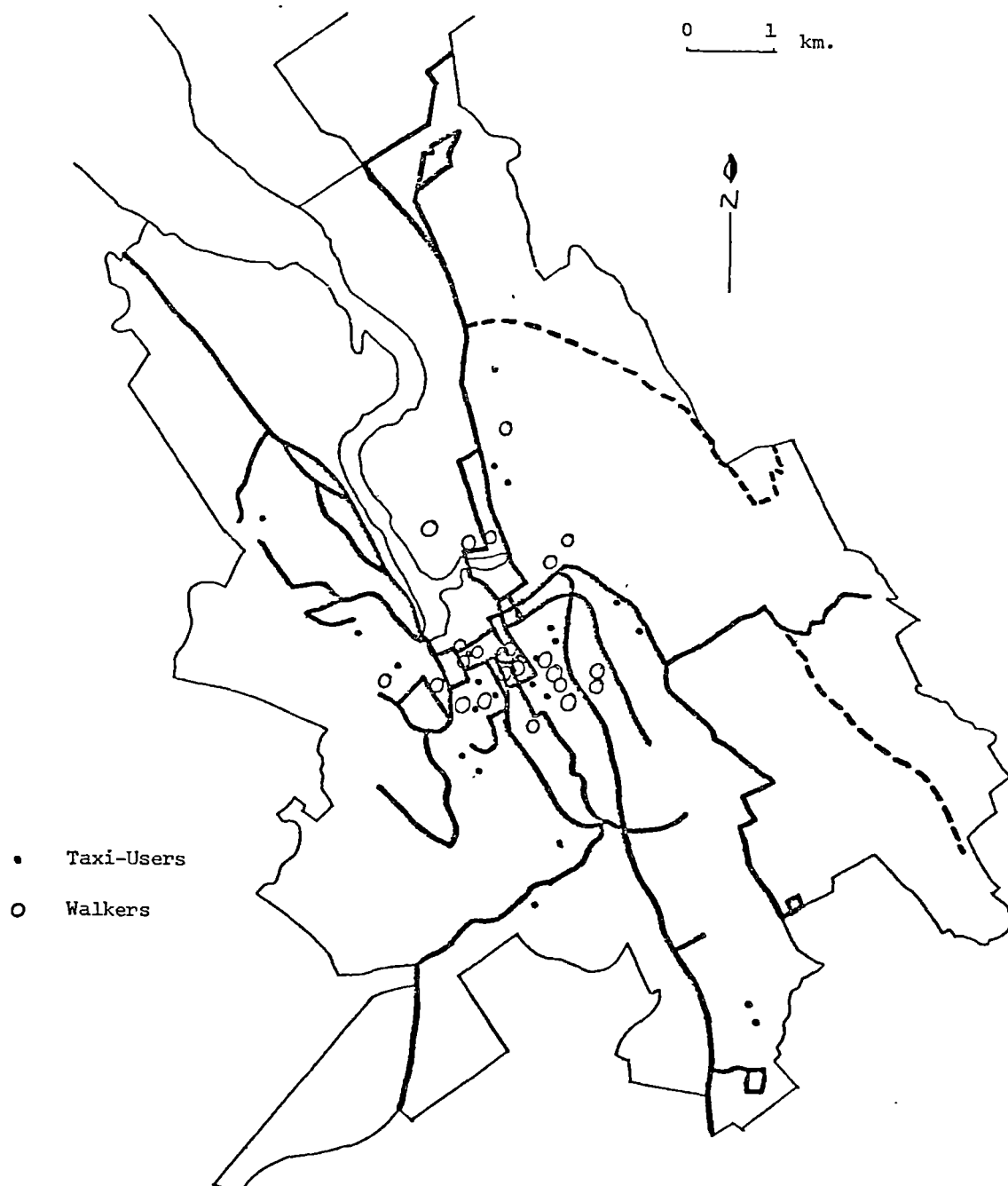


Table 4.14

OTHER FORMS OF TRANSPORT - RESPONDENT PROFILE

	<u>Taxi Users</u>		<u>Walkers</u>		<u>Total No. of Respondents</u>
	<u>No.</u>	<u>Pct.</u>	<u>No.</u>	<u>Pct.</u>	
<u>SEX</u>					
Male	6	(5)	7	(6)	127
Female	18	(9)	17	(8)	205
<u>MARITAL STATUS</u>					
Married	5	(3)	10	(6)	161
Widowed	16	(12)	13	(9)	137
Single	3	(12)	0	(-)	24
Div./Sep.	0	(-)	1	(12)	8
<u>HEALTH</u>					
Good health	10	(6)	9	(5)	174
Fair health	11	(10)	8	(7)	111
Poor health	1	(3)	7	(23)	30
In need	1	(9)	0	(-)	11
<u>AGE</u>					
65 - 69	3	(3)	6	(5)	111
70 - 74	4	(4)	9	(10)	90
75 - 79	6	(10)	8	(13)	62
80 - 84	5	(15)	0	(-)	34
85 - 90	3	(15)	0	(-)	20
90 +	1	(17)	0	(-)	6
<u>INCOME (WEEKLY)</u>					
\$ 0 - 49	17	(8)	16	(8)	203
\$ 50 - 99	1	(1)	4	(5)	79
\$100 - 149	0	(-)	1	(14)	7
\$150 +	0	(-)	0	(-)	2
<u>LENGTH OF RESIDENCE</u>					
Less than 1 year	1	(4)	1	(4)	22
1 - 5 years	6	(25)	2	(8)	50
6 - 15 years	6	(25)	4	(17)	63
16 - 30 years	1	(4)	11	(46)	112
Over 30 years	8	(33)	5	(21)	70
Since Childhood	1	(4)	1	(4)	14
<u>ORGANISATIONS</u>					
0	9	(38)	19	(79)	158
1	10	(42)	2	(8)	116
2	3	(13)	2	(8)	35
3	0	(-)	1	(4)	17
4	2	(8)	0	(-)	5

Fig. 4.5 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



OTHER FORMS OF TRANSPORT

Only a small number expressed dissatisfaction with transportation (Figure 4.4) and of these only half were dependent on public transport. As might be anticipated they were largely in the outer areas at a greater distance from routes or on infrequent services. The public housing estate on the eastern periphery was notable in this respect. No longer included were those nearest the centre of the city.

The overall pattern would tend to support the expectation that the elderly least served by public transport are those in the less affluent outer suburbs, some of which are hilly and not well provided for in local facilities.

4.4 OTHER FORMS OF TRANSPORT (Table 4.3)

Although by no means as significant as cars and public transport, two other forms of motility were reported. These were taxis and walking. It might be anticipated that the most affluent elderly would make use of taxis but taxi-use is relatively unimportant in all transportation studies reviewed in North American literature. When questioned about other forms of transport, 7 per cent of the LUA survey respondents indicated frequent use of taxis (Table-4.14).

The mapping of these responses (Figure 4.5) revealed a considerable degree of clustering, contradicting the possible expectation that taxi use would be greatest among the affluent elderly in the higher socio-economic districts. Despite the better provision of public transport in the inner city area, the users of taxis were predominantly located in the older areas near the city centre. Possibly there is a

a perception of taxi travel as safer than public transport in inner city areas because of its door-to-door service.

The survey responses indicated a proportional increase in taxi use with age, and a majority in the lowest income group, with slightly more in fair than in good health. A very high proportion made no mention of public transport in their neighbourhood likes and dislikes, and a significant majority were participants in organisations,

It appears that within a distance of about 1½ to 2 kilometres from the city centre taxis present a viable alternative form of transportation for the elderly population.

Walking, as a means of transportation, is restricted if no footpath is provided; if the walking surface is rough, slippery or icy; when there are steep slopes; when vehicular traffic constitutes a threat (for example, through lack of separation from pedestrians or traffic control systems); when there are no rest areas with benches and shelters; when other activities such as children playing may interfere with walking; and when there is poor lighting (Golant, 1976b, 295).

Thus it cannot be assumed that because a residence is close to facilities and services, accessibility for the elderly person is thereby maximised. The U.S. National Safety Council reported in 1973 that the over 65 age group had a higher death rate from pedestrian accidents than any other age group (Golant, 1976b, 296). In Tasmania, between 1972 and 1977, of the 98 pedestrians killed in road accidents,

34 were aged 60 or over. Although it is possible that elderly people form a disproportionately large section of the pedestrian public, this is a very high proportion (35 per cent) from an age group comprising approximately 12 per cent of the population.

Seven per cent of the LUA sample claimed to be largely dependent on walking as a means of transportation (Table 4.14), and the mapping of these (Figure 4.5), as with taxi users, showed them to be primarily clustered near the city centre, with some extension into the more distant but flat northerly area. While there are topographic restrictions to walking in most of the peripheral areas there are level parts in which the elderly could walk without difficulty. However, the outer areas tend to be poorly supplied with facilities of which the elderly would make use. That walking is a major means of transportation only near the city centre suggests that the motivation to walk is related to proximity to such services as the city centre offers.

Females were overrepresented among walkers, as was also the case with taxi users. As a major means of transportation walking increased in importance among the sample elderly up to age 75 to 79, after which it had a sudden decline. Possibly walking is a useful alternative to the physically- and psychologically-demanding use of public transport or car, and the overrepresentation among walkers of people in poor health (self-perceived) lends itself to this interpretation. Most walkers were in the lowest income group.

Walkers tended to be distinct from taxi users in that they were longer term residents, the majority having occupied the same neighbourhood for over 16 years. They demonstrated little concern with public transport provision, and half had a relative at the same address or

within one mile. They showed very low participation in organisations, which suggested that the central area offers alternatives of a non-organisational character, or that the preferences of the people concerned are for home activities.

4.5 EVALUATION OF L.U.A. MOTILITY CIRCUMSTANCES

As with other elements in life quality, evaluation of transportation is very much a subjective matter. Golant (1976b, 282) states that quality "implies congruity between the user and the transportation service". The elderly are as varied in their opinions, attitudes and desires as the rest of the population, and it is likely that their transportation needs will differ from one community to another, and, of course, within communities. Some studies have indicated that there are 'house-bound' elderly who do not want greater mobility (Falcocchio and Cantilli, 1974, 108). It is suggested that, in such cases, there is often a problem of psychological rather than physical barriers to movement, stemming from an unnecessary acceptance of the belief that increasing reclusion is a part of aging. There are, on the other hand, elderly whose expectations of transportation are high, in that their younger days were spent in a period when travel was more leisurely and was itself a pleasurable experience.

It is axiomatic that freedom is greatest where there is the maximum of choice. If freedom can be related to independence, which appears to be regarded by the majority of elderly as a key element in life quality, then the role of transportation would be to create a situation in which the elderly have access to a large number of activities from which to choose. Of course, there are alternatives

to consider. For example,

.... if the goal is 'access to opportunities', then the solution for the elderly is not special transit systems, but more optimal land use allocation to ensure that these activities are within easy walking distance of the aged person's home. However, if the goal is to upgrade the elderly's 'quality of life', then mere accessibility is not enough. They must be provided with sufficient economic means so that they can afford to take advantage of the available opportunities (Markovitz, 1971, 253).

Within the context of this study, motility is considered as a major factor affecting the ability of the elderly to function with maximum independence, demonstrated in the range of choices of activities accessible to them. The findings and opinions of other researchers have been taken into consideration along with the information provided by the survey of the LUA elderly sample.

On an ordinal scale, based on transportation availability, the car owners must be ranked first, if they are able to use their cars without assistance from others. The high ranking is based on the ability to operate to one's own schedule, the greater accessibility of suburban facilities designed for those with cars, the greater number of trips made by carowning households, the lack of concern with public transport provision, the greater participation in organisational activities (Table 4.3) and the general indication that decline in car ownership relates to disadvantage in other areas (e.g., health and income).

The walkers and taxi users are given second ranking, partly on the basis of the higher provision of public transport in their locality, which adds an extra element of choice to their motility. It is further suggested that the inner city area in which the groups are predominantly located, is best provided for in facilities suitable to the elderly, dispensing to some extent with the need for transportation provision. These two means of motility appear to be available to the elderly even when disadvantaged in terms of health and income, perhaps to some extent compensating for these. It is noted that the two groups are in some respects distinct from each other, which suggests that their more-or-less shared location provides a range of choices.

The third ranking is given to the elderly who make use of public transportation and did not express dissatisfaction with its provision. They are restricted to the schedules of the public transport system and their trips are more time-consuming than those of the car owners; and it appears to be a means of transport to which the elderly resort in the absence of access to a car, although some car owners do use public transport when it is convenient, for example, to attend sporting fixtures.

Below these rank the elderly who indicated reliance on public transport but dissatisfaction with its provision. This dissatisfaction appeared to relate to infrequency and cost of, and distance from, the bus services, all factors which would restrict the motility of the elderly. This was reflected in the participation rate in organisational activities (refer to Chapter 5).

A low ranking is given to those elderly who rely on others who have cars. There is a strong relationship with disadvantage (widowhood, poor health, extreme age). Excluded from this ranking are those passengers who have alternative means of transport such as walking, taxis or buses. The activities of this 'passenger' group appear to be restricted by adherence to another person's schedule and their participation in organisational activities is comparable with that of the 'no car' group. While accepting the likely variation in the attention paid to the wishes of the elderly car passenger, because of the importance of independent functioning to life satisfaction among the elderly, it is primarily their dependence on another person which places them in this low ranking.

Table 4.15 RESPONDENT MOTILITY RATING DISTRIBUTION

<u>Rating</u>	<u>No. of Respondents (Per Cent of Total)</u>	
1	127	(38)
2	43	(13)
3	118	(36)
4	13	(4)
5	28	(8)
<u>TOTAL</u>	<u>332</u>	<u>(100)</u>

As with the housing rating, the distribution of the elderly respondents with regard to motility is positively skewed, suggesting that serious deprivation in this element is not characteristic of the Launceston Area elderly population. However, in Chapter 6 the motility element will be incorporated with the other two domains into the overall synthesis projected in Chapter 1.

5. SOCIAL RELATIONSHIPS AND ACTIVITY LEVELS

Not only will a person's children have grown up and, normally, set up housekeeping elsewhere, but a second major source of interpersonal contact, the occupational world, is withdrawn. Thus an elderly person must find social contact either through relatives or elsewhere in the environment. The social relations of older people are crucial to understanding their welfare, and it is made even more salient by a rejection by other age groups. (Michelson, 1970, 107).

5.1 LIFE SATISFACTION AND ACTIVITY LEVELS

A major difficulty encountered in the field of social gerontology has involved the effort to generalize on the relationship between life satisfaction and activity level of elderly people. The disengagement theory views life satisfaction as being maintained by progressive withdrawal from roles and activities, while the activity theory, equating old age with middle age, sees a need for replacing lost roles with new ones (Atchley, 1972, 34-35).

However, it has been noted (Kahana, 1974, 202) that a number of elderly people have demonstrated high levels of satisfaction with high levels of activity while others have had high levels of satisfaction with low activity levels, suggesting that there are individual characteristics operating as factors in the adjustment process. The continuity theory (Atchley, 1972, 35) incorporates this hypothesis in maintaining that the predisposition of the individual is directed to continuity of his way of life, but with adaptations taking any of a number of alternative directions, including the loss of roles without replacement. One of the alternative directions which

can be taken involves the opening up of new roles with increasing ageing group consciousness (Rose and Petersen, 1965, 26).

Few, if any, would deny that disengagement occurs with aging, but it is seen as a dual process in which both society and the individual play a part (Atchley, 1972, 33-34). In the case of the individual there is the inevitable loss of social roles with the death of spouse and friends and the departure of children. With declining health there may be enforced contraction of participation in social and organisational roles (Rosow, 1970, 59-60). Societal disengagement, expressed through the institutionalisation of role reduction, is perhaps most apparent in the retirement process, but is also effective through the attitudes towards the elderly which prevail in a community. As Atchley (1972, 34) points out,

Society and the individual are both responsible for disengagement. Society creates the situation in which disengagement takes place, and the individual attitude towards disengagement can determine the form the process will take.

It was noted some time ago (Videbeck and Knox, 1965) that those persons whose life style in middle age involved a high level of social participation were unlikely to show a decline in relative activity level as they grew older, that is, in comparison with their age peers their activity level would remain high. However, a common reaction to failing faculties is a withdrawal from social situations in which the individual anticipates potential embarrassment. In psychological terms this is related to fear of identity breakdown (Miller, 1965, 88) and the need to maintain a positive self-image. It

was established previously that, in our society, independence is a major element in such self-image maintenance, and withdrawal from situations in which dependence may become apparent is a likely reaction (Christiansen, 1978, 48).

If carried beyond a certain level, withdrawal motivated by fear of embarrassment and desire to retain independence can be symptomatic of maladjustment (Atchley, 1972, 194-95). Where fear and mistrust of others, or a particularly vulnerable self-concept are major elements in withdrawal, it may be carried to the level of virtual or complete isolation. The end result of this is an increased vulnerability to loneliness and possibly death through illness or accident.

5.2 CATEGORIES OF ELDERLY AS THEY RELATE TO ACTIVITIES

The removal of the work-role from the elderly leaves them with considerably more leisure time than is available to the rest of the population. In most cases it will also be more than that to which they themselves have been accustomed. As Yeates (1977, 24) points out, society does not recognise any other role for the elderly than that of perpetual leisure, despite the lack of preparation provided for that role. He attributes some disengagement to the inability of many to interact with others in leisure situations.

Possibly because of society's attribution of only a leisure role to the elderly, life satisfaction among them has, in the past, been largely equated with high levels of participation in traditional leisure-time activities. However, more recent research has found this

generalisation to be most applicable to high-income elderly in good health, that is, to those for whom there are no restrictions to the continuance of their middle-age life style (Lawton, 1978, 78).

A number of studies have sought to classify the elderly in such a way as to relate their level and choice of activity to their present life style and to their psychological characteristics. The present study did not incorporate a sufficiently penetrating attitudinal element to attempt a classification of the LUA elderly in such terms but a review of other findings serves to indicate the variety which a researcher might expect to find. Neugarten (1970, 21) subdivided a sample of people aged 70 to 79 in the U.S. into 'reorganisers', 'focused' and 'disengaged'. The reorganisers were those who substituted new activities for old ones as they adapted to increasing age. Their activities were varied, they showed competence in a wide range of activities and they demonstrated high satisfaction levels. The focused group were more selective in their activities but still showed high morale. The disengaged had low activity levels, but by preference rather than obligation, and also had high levels of life satisfaction. Butler and Lewis (1973, 115) distinguished between 'isolates' (those who habitually kept their own company in seclusion from others) and 'desolates' (who were recently deprived of social relationships) and concluded that the latter were more likely to suffer from loneliness than the former. Atchley (1972, 201-202) describes the 'impinger' as the person oriented towards other, and dependent on such interactions for sustenance of a self-concept which is likely to change as the disengagement process occurs. The opposite type, the 'selector', is seen as inner-directed, a person whose perception extends only to those clues which support his self-concept. The selector is likely to disengage from interaction where clues

conflict with his perception of himself. In a study reported by Clark and Anderson (1967, 203) comparing elderly classified as mentally ill with a sample from the community at large, it was found that, although there was little distinction in the number of roles, the mentally ill were more competitive, or felt the need to be more competitive, than the community subjects. This reduced competitiveness was presented as a successful adaptation to aging.

But activities and social relationships of the elderly appear to relate to some extent to social stratification, as is also the case with younger age groups. The so-called poor aged (Wild, 1977, 21) share their social activities with people of similar class background, life style, occupation and education, usually in an inner suburban or rural location. The 'middle stratum', characterised by home ownership, accumulated savings, superannuation or investment income, and skilled manual or non-manual occupational background, are more active participants in clubs and organised activities. The 'upper stratum', with a professional or business background, considerable private means, and possibly on-going business interests, maintain their membership in exclusive clubs or associations. Hutchinson (1954, 67) had noted that the elderly who continued to work from choice beyond age 65 were largely company directors, owners of businesses (including small shopkeepers) and business executives, and this would clearly be reflected in the income levels of this group.

Rosow (1970, 65) submitted that middle-class elderly had significantly more friends than working-class elderly, even though they distinguished between friends and neighbours while the working class did not. Both groups showed a degree of local dependence in

their friendships and social relationships but this was much more significant for the working-class than for the middle-class elderly.

5.3 TYPES OF ACTIVITIES

We are now reasonably confident ... that for most older people the maintenance of a relatively high level of social involvement and activity contributes significantly to a sense of well-being. This remains so even though the level of involvement and activity does characteristically diminish with age.
(Maddox, 1973, 4)

Lawton (1978, 72) distinguishes between 'obligatory' activities, which are necessary for basic personal care, such as work, self care, child care, housekeeping, shopping and 'discretionary' activities, which are more selective and include socialising, resting, and 'doing nothing'. The former group acquire a new significance to the elderly as it is through these that independence is affirmed and the necessary self-image maintained.

Terms synonymous with 'obligatory' and 'discretionary' are, respectively, 'instrumental' and 'expressive'. Lawton reports on a 1961 study by Havighurst who classified the leisure-time activities involving those solely for pleasure (expressive) and those aimed at the avoidance of activity. The exclusion of such pursuits as resting, rocking, and observing others from instrumental and expressive categories may reflect our social conditioning and a failure to appreciate the satisfaction that the elderly may derive from such apparent inactivity.

Let us consider members of the elderly cohort whose average age is about 75 today. Their early socialisation took place at a time when the average work week was over 50 hours; their own early working lives began when it was about 48 hours and vacations were rare. Home makers cared for larger households and often engaged in other money-saving tasks that consumed most of their waking time. Furthermore, welfare programs were few though many persons were economically deprived; at the same time cultural values dictated that unemployment was a personal defect ... Opportunities to learn to perform and to accord value to expressive activities were unquestionably markedly lower in this generation... (Lawton, 1978, 75).

Possibly this background accounts for the greater amount of time spent by the elderly in passive activities such as watching television and reading, and in periods of rest and relaxation which may be filled with memories and vicarious experiences not apparent to the observer.

Despite the amount of time spent in these passive activities, conducted alone in many cases, Sax (1970, 425) reports that, of activities participated in on the previous day, about half of the respondents in a sample survey of elderly people, who had visited on that day, selected visiting as the most enjoyable. This response placed visiting far ahead of all other activities and underlines the significance of social relationships to the life satisfaction of the elderly.

Clark and Anderson (1967, 211) provided a ranked list of sources of high morale among the elderly. Of greatest importance were entertainment and diversions, followed by socialising, productive activity, physical comfort, financial security, mobility, health and stamina. Entertainment and diversions consisted primarily of reading, television,

Table 5.1

L.U.A. ELDERLY - ACTIVITIES

(Percentages in brackets)

	ACTIVITIES							Totals
	Passive	Organis Games	Active, Hobbies	Outings	Visiting	Nothing	No Answer	
All Respon- dents	37 (11)	54 (16)	127 (38)	50 (15)	34 (10)	4 (1)	26 (8)	332 (100)
<u>SEX</u>								
Males	13 (10)	25 (20)	55 (43)	18 (14)	6 (5)	1 (1)	9 (7)	127 (38)
Females	24 (12)	29 (14)	72 (35)	32 (16)	28 (14)	3 (1)	17 (8)	205 (62)
<u>HEALTH</u>								
Good	14 (8)	34 (20)	77 (44)	24 (14)	17 (10)	0 (-)	8 (5)	174 (52)
Fair	18 (16)	18 (16)	37 (33)	20 (18)	12 (11)	0 (-)	6 (5)	111 (33)
Poor	4 (13)	1 (3)	10 (33)	5 (17)	3 (10)	1 (3)	6 (20)	30 (9)
In Need	1 (9)	1 (9)	1 (9)	1 (9)	2 (18)	3 (27)	2 (18)	11 (3)
<u>AGE</u>								
65 - 69	10 (9)	18 (16)	40 (36)	26 (23)	10 (9)	1 (1)	6 (5)	111 (33)
70 - 74	10 (11)	17 (19)	37 (41)	10 (11)	9 (10)	1 (1)	6 (7)	90 (27)
75 - 79	4 (6)	13 (21)	22 (35)	9 (15)	6 (10)	2 (3)	6 (10)	62 (19)
80 - 84	10 (29)	4 (12)	11 (32)	2 (6)	5 (15)	0 (-)	2 (6)	34 (10)
85 - 89	2 (10)	2 (10)	11 (55)	2 (10)	2 (10)	0 (-)	1 (5)	20 (6)
90 +	1 (17)	0 (-)	3 (50)	1 (17)	0 (-)	0 (-)	1 (17)	6 (2)
<u>OCCUPATION</u>								
Professional	2 (6)	5 (16)	13 (42)	6 (19)	1 (3)	1 (3)	3 (10)	31 (9)
Managerial	4 (21)	5 (26)	5 (26)	3 (16)	0 (-)	0 (-)	2 (11)	19 (6)
Office, Sales	7 (10)	12 (17)	30 (43)	5 (7)	13 (19)	1 (1)	2 (3)	70 (21)
Skilled	14 (13)	20 (18)	46 (42)	14 (13)	9 (8)	2 (2)	5 (5)	110 (33)
Semiskilled	3 (8)	3 (8)	15 (38)	10 (26)	3 (8)	0 (-)	5 (13)	39 (12)
Unskilled	6 (13)	9 (19)	16 (33)	9 (19)	4 (8)	0 (-)	4 (8)	48 (14)

theatre, cinema, spectator sports, card games, listening to music and, less frequently, attendance at concerts and museums. Socialising was with friends, neighbours and relations and was enhanced by the availability of meeting-places, such as shops, parks and restaurants. Production activity was seen as providing the satisfaction of earlier work, and included sewing, gardening, photography, handcrafts, home maintenance and chores for neighbours. Television-viewing was suggested as a type of 'passive socialising', appreciated much more by the elderly because of their restricted social world.

5.31 PREFERENCES AMONG THE LUA ELDERLY

The survey sought indications of attitudes and behaviour among the LUA elderly with respect to their activities with no attempt made to distinguish between those which might be described as 'obligatory' and those seen as 'discretionary', in that it seemed possible that satisfaction could be derived from both types. The most popular category, selected from the previous week's pastimes, was a grouping of 'activities, hobbies and work' involving some kind of physical action (e.g. gardening, needlework, etc.) chosen by 38 per cent of the respondents. The second most popular choice was the grouping of organisational activities, games and sports (16 per cent) followed closely by outings (15 per cent). Ten per cent chose visiting, while 1 per cent chose 'doing nothing' (Table 5.1).

Males and females differed somewhat in their rankings, with the former favouring organisational activities, games and sports to a greater extent, and the latter favouring outings and visiting.

Table 5.2

ORGANISATION PARTICIPATION AND SEX

(Percentages in brackets)

SEX	NUMBER OF ORGANISATIONS						TOTALS
	0	1	2	3	4	5+	
Male	59 (47)	43 (34)	15 (12)	8 (6)	2 (2)	0 (-)	127 (38)
Female	99 (48)	73 (36)	20 (10)	9 (4)	3 (1)	1 (-)	205 (62)
Totals	158 (48)	116 (35)	35 (11)	17 (5)	5 (2)	1 (-)	332 (100)

df = 5

Critical value (95% confidence level) = 11.07

 χ^2 value = 1.60

Table 5.3

ORGANISATION PARTICIPATION AND MARITAL STATUS

	MARITAL STATUS				
	Married	Single	Widowed	Divorced/ Separated	Total
No. of respondents	161	24	137	8	330
No. of organisations	158	18	80	5	261

df = 3

Critical value (99.5% confidence level) = 12.84

 χ^2 value = 15.05

There appears to be a decline in the level of activity as health declines and as age increases. Each of the four respondents who gave 'doing nothing' as their favoured activity had a low self-assessment of their health, which suggests that their inactivity was not an unrestricted choice.

Despite the general popularity of 'activities, hobbies and work', the involvement level was lower for those with an occupational background in unskilled or semi-skilled, and managerial or business categories. It is possible that the former group are restricted by limited education in their leisure-time choices while the latter may have experienced a lack of free time during their working years in which to acquire leisure interests.

It was anticipated that participation in organisations such as Elderly Citizens' Clubs and Returned Servicemen's Leagues might be a useful indicator of preference among the LUA elderly. About 52 per cent of the respondents did participate in at least one organisation, with no significant difference between males and females (Table 5.2). Married elderly had a statistically significant higher participation rate, suggesting that shared participation is important and that organisations are not just substitutes for family relationships (Table 5.3).

Although the numbers involved were small, there was some indication that participation rates were higher among the more educated and affluent respondents with higher status occupational background. However, as was previously established, availability of transportation appears to be a major factor in such participation, with car owners showing the

Table 5.4

ORGANISATION TYPES							
(Percentages in brackets)							
	Social Sporting	Religious	Service	Special Interest	Political, Group	N/A None	Totals
All Respondents	90 (27)	54 (16)	17 (5)	5 (2)	8 (2)	158 (48)	332 (100)
<u>SEX</u>							
Males	53 (42)	11 (9)	3 (2)	1 (1)	0 (-)	59 (47)	127 (38)
Females	37 (18)	43 (21)	14 (7)	4 (2)	8 (4)	99 (48)	205 (62)
<u>MARITAL STATUS</u>							
Married	57 (35)	26 (16)	10 (6)	3 (2)	1 (1)	64 (40)	161 (48)
Single	2 (8)	9 (38)	1 (4)	0 (-)	1 (4)	11 (46)	24 (7)
Widowed	30 (22)	16 (12)	6 (4)	2 (1)	6 (4)	77 (56)	137 (41)
Divorced/Separated	1 (13)	2 (25)	0 (-)	0 (-)	0 (-)	5 (63)	8 (2)
<u>AGE</u>							
65 - 69	32 (29)	20 (18)	10 (9)	3 (3)	2 (2)	44 (40)	111 (33)
70 - 74	26 (29)	14 (16)	2 (2)	1 (1)	1 (1)	46 (51)	90 (27)
75 - 79	17 (27)	13 (21)	3 (5)	0 (-)	2 (3)	27 (44)	62 (19)
80 - 84	9 (26)	4 (12)	2 (6)	0 (-)	2 (6)	17 (50)	34 (10)
85 - 89	3 (15)	1 (5)	0 (-)	0 (-)	1 (5)	15 (75)	20 (6)
90+	2 (33)	0 (-)	0 (-)	0 (-)	0 (-)	4 (67)	6 (2)
<u>HEALTH</u>							
Good	57 (33)	28 (16)	13 (7)	3 (2)	4 (2)	69 (40)	174 (52)
Fair	26 (23)	19 (17)	2 (2)	2 (2)	4 (4)	58 (52)	111 (33)
Poor	2 (7)	4 (13)	1 (3)	0 (-)	0 (-)	23 (77)	30 (9)
In Need	2 (18)	3 (27)	0 (-)	0 (-)	0 (-)	6 (55)	11 (3)
<u>OCCUPATION</u>							
Professional	9 (29)	5 (16)	6 (19)	1 (3)	1 (3)	9 (29)	31 (9)
Managerial	10 (53)	1 (5)	1 (5)	0 (-)	1 (5)	6 (32)	19 (6)
Office, Sales	19 (27)	16 (23)	2 (3)	3 (4)	2 (3)	28 (40)	70 (21)
Skilled	27 (25)	15 (14)	4 (4)	1 (1)	4 (4)	59 (54)	110 (33)
Semi-skilled	12 (31)	7 (18)	0 (-)	0 (-)	0 (-)	20 (51)	39 (12)
Unskilled	12 (25)	7 (15)	3 (6)	0 (-)	0 (-)	26 (54)	48 (14)

highest participation rates, followed by users of public transport and taxis. Those who depended on others to drive them had low participation rates, suggesting that they may be restricted in this context. Organisation participants showed a high degree of dissatisfaction with public transport, which might indicate that participation rates would be higher if transport were more available.

Decline in organisation participation appeared to relate to declining health and increasing age, but with some indication that those in poorest health value availability of organisational interests.

The most popular organisation category (Table 5.4) was social and sporting (27 per cent) followed by religious, service, political or group, and special interest categories. There were some differences according to sex, with males favouring social and sporting, while females favoured religious organisations. The orientation of married respondents was towards the social and sporting type while the single respondents with any organisational participation favoured religious organisations. The popularity of social and sporting organisations declines slightly with aging and health, but it is not steep and does not appear to be replaced with other forms, except possibly, and for a very few, political or group involvement.

As was anticipated previously, there may be some continuation of middle-age interests in that there was a very high rate of social and sporting participation among those with a managerial or business background; a high service orientation among professionals; and a high religious interest among office and sales personnel.

In general, the survey responses tend to support the hypothesis that the elderly favour a high rate of activity so long as choice is unrestricted physically and financially, notwithstanding the likely existence of 'isolates' from choice among the survey population.

5.4 FAMILY RELATIONSHIPS

De Beauvoir (1972, 249) refers to findings which demonstrate the importance of the family in social relationships, especially the maternal family of grandmother, daughter and granddaughters. Such family ties appear to be less significant to men, who socialise with friends more frequently than relatives.

It has been argued that increased mobility, reduced interdependence between parents and children, and such factors as the generation gap, have resulted in the breakdown of the extended family as a social unit, a negation of the responsibilities to and the increasing isolation of elderly parents. There has been some evidence of a spatial dispersion of family members with suburbanisation and a growth in employment and residential mobility but, it is argued by Lefroy (1977, 38), the extended family, while spread over considerable space, is still a functional entity. Rosow (1970, 61) states that relations with children are sustained rather than reduced in old age, although distance is a factor imposing some limitations. The highly informative study conducted by Shanas et al. (1968, 195) found that in the United Kingdom, Denmark and the U.S.A. most elderly people reside in proximity to at least one of their children, while widowed elderly are more likely than married elderly to share accommodation with a

child.

How, then, has the belief that the elderly are increasingly alienated from their families arisen? Butler and Lewis (1973, 108) attribute the myth to the existence of a significant percentage of elderly people who have no children, and to the welfare workers whose services are more commonly required for those elderly without family support. For the majority of the elderly, in the words of Golant (1976a, 393) "..... the extended family 'over space' still is a viable social concept in the modern industrial city".

According to Ford (1979, 57-58), the reasons for lack of family support in any given instance are likely to be explainable in terms of being unmarried or childless, having children with more demanding responsibilities to another person (parent-in-law, spouse or child), abandonment in middle or earlier life of the parental role, or wide separation from one's family, for example, as a result of migration.

As was suggested previously, however, there are distinctions between men and women in respect to family relationships vis-a-vis relationships with friends. Men have traditionally been breadwinners, and, as such, heads of their households, and in addition their work has been a source of friendships. Thus, while women have largely retained kinship ties, and, therefore, greater continuity in their social relations, retirement for men involves a sharp break from their friends and their breadwinner role (Cummings and Henry, 1961, 9).

Table 5.5

PREFERENCES IN LIVING ARRANGEMENTS FOR ABLE ELDERLY

(Percentages in brackets)

	Alone, Near Relatives	Alone, Away from Relatives	With Child's Family	With Non- Relatives	No Response	Totals
All Respondents	267 (80)	38 (11)	10 (3)	11 (3)	6 (2)	332 (100)
SEX						
Males	104 (82)	15 (12)	4 (3)	3 (2)	1 (1)	127 (38)
Females	163 (80)	23 (11)	6 (3)	8 (4)	5 (2)	205 (62)
AGE						
65 - 69	88 (79)	16 (14)	2 (2)	3 (3)	2 (2)	111 (33)
70 - 74	76 (84)	7 (8)	2 (2)	3 (3)	2 (2)	90 (27)
75 - 79	52 (84)	6 (10)	2 (3)	2 (3)	0 (-)	62 (19)
80 - 84	26 (76)	3 (9)	2 (6)	2 (6)	1 (3)	34 (10)
85 - 89	15 (75)	3 (15)	1 (5)	1 (5)	0 (-)	20 (6)
90 +	2 (33)	3 (50)	1 (17)	0 (-)	0 (-)	6 (2)
HEALTH						
Good	145 (83)	16 (9)	3 (2)	5 (3)	5 (3)	174 (52)
Fair	86 (77)	13 (12)	7 (6)	5 (5)	0 (-)	111 (33)
Poor	23 (77)	7 (23)	0 (-)	0 (-)	0 (-)	30 (9)
In Need	8 (73)	2 (18)	0 (-)	1 (9)	0 (-)	11 (3)
MOTILITY						
Car Owners	109 (81)	15 (11)	4 (3)	2 (1)	4 (3)	134 (40)
Passengers	55 (81)	8 (12)	2 (3)	2 (3)	1 (1)	68 (20)
No Car	103 (79)	15 (12)	4 (3)	7 (5)	1 (1)	130 (39)
NEAREST RELATIVE						
None	8 (47)	7 (41)	0 (-)	1 (6)	1 (6)	17 (5)
Same Address	37 (74)	3 (6)	8 (16)	2 (4)	0 (-)	50 (15)
Within 1 mile	60 (85)	8 (11)	0 (-)	2 (3)	1 (1)	71 (21)
L.U.A.	106 (88)	8 (7)	0 (-)	4 (3)	3 (2)	121 (36)
Tasmania	36 (84)	6 (14)	1 (2)	0 (-)	0 (-)	43 (13)
Australia	5 (71)	1 (14)	1 (14)	0 (-)	0 (-)	7 (2)
Overseas	1 (33)	1 (33)	0 (-)	1 (33)	0 (-)	3 (1)

In addition to the parent-child relationship in the family structure there are grandparent roles in which the elderly person may be a formal, distant figure; a playmate to the grandchild; a surrogate parent; or a storehouse of accumulated wisdom and knowledge. Some grandparents have felt exploited by their children and those, and others, have allied themselves with the young against the middle-aged (Butler and Lewis, 1973, 112).

This may serve as a reminder, emphasised by Brody (1978, 25), that frequency of contact between family members is not necessarily an indicator of the quality of the relationship. Atchley (1972, 195) notes the strain on a relationship if an older person is dependent on children, arising from feelings of guilt and resentment on both sides.

5.41 FAMILY RELATIONSHIPS AMONG THE LUA ELDERLY

With the aim of ascertaining whether or not the LUA elderly value contact with relatives, the respondents were asked to select from a choice of locations, that which they deemed most suitable for able elderly (Table 5.5). Eighty per cent chose a location in one's own home near relatives. This was not mere acceptance of an existing situation as 14 per cent of these respondents shared an address with a relative, and a further 13 per cent had no contact with a relative in the LUA.

Ten respondents (3 per cent) selected living with a child's family as most suitable, and of these, 8 already lived with a relative. Thus 83 per cent appear to value the availability of contact with

Table 5.6

LOCATION OF NEAREST RELATIVE

(Percentages in brackets)

Residents	None	Same Address	Within 1 mile	LUA	Tas.	Aust.	O'seas	No Answer	Totals
SEX									
Male	6 (5)	14 (11)	25 (20)	43 (34)	24 (19)	5 (4)	2 (2)	8 (6)	127 (38)
Female	11 (5)	36 (18)	46 (22)	78 (38)	19 (9)	2 (1)	1 (1)	12 (6)	205 (62)
MARITAL STATUS									
Married	5 (3)	11 (7)	34 (21)	62 (39)	31 (19)	5 (3)	2 (1)	11 (7)	161 (48)
Single	5 (21)	6 (25)	4 (17)	6 (25)	2 (8)	0 (-)	0 (-)	1 (4)	24 (7)
Widowed	5 (4)	32 (23)	28 (20)	52 (38)	10 (7)	2 (1)	1 (1)	7 (5)	137 (41)
Divorced/ Separated	2 (25)	1 (13)	4 (50)	1 (13)	0 (-)	0 (-)	0 (-)	0 (-)	8 (2)
HEALTH									
Good	4 (2)	26 (15)	40 (23)	66 (38)	26 (15)	5 (3)	2 (1)	5 (3)	174 (52)
Fair	7 (6)	18 (16)	20 (18)	42 (38)	12 (11)	2 (2)	1 (1)	9 (8)	111 (33)
Poor	4 (13)	5 (17)	8 (27)	9 (30)	2 (7)	0 (-)	0 (-)	2 (7)	30 (9)
In Need	2 (18)	0 (-)	1 (9)	3 (27)	3 (27)	0 (-)	0 (-)	2 (18)	11 (3)

Table 5.7

CONTACT WITH NEAREST RELATIVE

(Percentages in brackets)

Location of Nearest Relative	Within 1 week	Within 1 month	Within 1 year	More than 1 year	Totals
Within 1 mile	67 (94)	4 (6)	0 (-)	0 (-)	71 (21)
L.U.A.	109 (90)	10 (8)	1 (1)	1 (1)	121 (36)
Tasmania	23 (53)	17 (40)	3 (7)	0 (-)	43 (13)
Australia	0 (-)	0 (-)	5 (71)	2 (29)	7 (2)
Overseas	0 (-)	0 (-)	0 (-)	1 (33)	3 (1)

relatives. Thirty-eight (11 per cent) chose a location in their own home away from relatives, but of these, 15 had no relatives in the LUA and 3 lived with a relative and must be assumed to find it unsatisfactory.

Car owners, who have greatest independence in motility (and, thus, in social contacts) opted largely for living alone near relatives (81 per cent) and only 11 per cent chose a distant location. Those in good health, to a greater extent than others, favoured proximity to relatives, but there was some indication that those who saw home maintenance as a problem also valued such proximity. Those distributions tend to support the hypothesis that the elderly place great value on independence but that relatives are also valued as social and supportive contacts.

The survey responses gave some indication that females are more likely than males to live closer to a relative, as are the elderly in poor health; while widowed and single elderly are over-represented in the category of sharing an address with a relative (Table 5.6). Contact with a relative decreases slightly as distance apart increases (Table 5.7) possibly contributing to the greater appreciation of the social element of their neighbourhood among those with no relatives in the LUA.

Recent contact with a relative was higher among females than males, among widows, among car owners, among higher income elderly and among those in good health.

As would be anticipated, contact with parents was infrequent,

virtually confined to the 65 - 69 age group, and marginally higher for males than for females. Forty per cent of the respondents had contact with a brother and 54 per cent with a sister, presumably reflecting the greater longevity of females. The overall pattern was one of declining sibling contact with increasing age.

Contact with children was relatively high, 61 per cent reporting contact with a son and 60 per cent with a daughter. Males were over-represented in both respects. Among the widowed there was increasing contact with age, especially with daughters as was anticipated from findings elsewhere. Numbers involved were small but contact was lowest among the divorced and separated.

5.5 SEGREGATION vs. INTEGRATION

The basic preoccupation of social gerontology as it has emerged within the last two decades may be categorised as being concerned with integration versus segregation ... This is also the key question affecting all social policies concerning the aged (Shanas et al., 1968, 3).

The question of social and demographic population mix, and the effects of its presence or absence within given areas, has been a matter of concern to scholars in a range of fields (for example, Lee, 1979). However, in the present context the theory of disengagement would seem to support a segregated form of housing as more likely to provide satisfactory conditions for the elderly. Beyer (1965, 435) suggested that withdrawal occurred more frequently from people least like the withdrawer and thus the elderly would be more content with 'proximate' than with 'dispersed' housing. He noted that withdrawal with satisfaction maintenance did not extend to complete isolation, but to restricted contact, involving peer groups.

Cowgill (1974a, 13), on the other hand, remarks on the tendency of residential segregation to foster intellectual and social separation, and Michelson (1970, 107) draws attention to the observation that, in Scandinavian old-age communities the major events in daily social life were the funerals of other residents. However, despite this element of morbidity, he argues that segregated communities provide the elderly with a more suitable social environment than does dispersion among the general population. A major disadvantage of dispersion is the exposure of the elderly to purposefully or inadvertently hurtful behaviour by younger people.

Rosow (1970, 63) noted two major factors in the social environment impinging on the elderly. 'Status homogeneity' is significant in that friendships are more likely to develop among people of the same sex, marital status and race, and similar in age and social class, level of education, beliefs and stage in life-cycle. The second factor, 'age peer concentration', is apparent in the disproportionate increase in friendship and interaction among the elderly as their numbers in a particular area increase.

There are some qualifications to the above statements. Elderly persons classified as 'localites' are oriented to the local community and their morale correlates positively with the concentration of age peers. On the other hand, the 'cosmopolitan' is oriented to a wider action space and may resent confinement to a restricted area (Timms, 1976, 24-25). Michelson notes (1970, 108) that the latter type maintain numerous contacts even without high density elderly settings.

Another factor influencing the satisfaction of the elderly with their residential setting is the degree of familiarity with their neighbourhood. The neighbourhood may be defined as "... that area to which the older person has pedestrian access in leaving his dwelling ..." (Graney, 1974, 11) and the elderly share with the very young the possibility of their experience being restricted to the small area. (Timms, 1976, 24). A feeling of belonging appears to follow extended occupation of an area and may be considered to be "an indicator of integration" (Shanas et al., 1968, 191) with the concomitant network of contacts established therein. Familiarity, of course, will extend to such features of the neighbourhood as streets, stores, and buildings as well as people (Golant, 1976a, 393).

Atchley (1972, 270) noted that neighbourhoods in larger cities were less important than in medium-sized or smaller cities as sources of friendship formation for older people, but added that this was partly due to residential instability in low income areas of large cities. Thus size and stability would appear to be additional factors in the suitability of a neighbourhood for elderly inhabitants.

Yeates sees the overall integration of the elderly as best achieved by clustering based on age, ethnicity and religion, directed to reducing the likelihood of loneliness but with valuable side effects in facilitating the provision of medical and support services and transportation (1977, 48).

Table 5.8

PREFERENCES ON NEIGHBOURHOOD POPULATION MIX

(Percentages in brackets)

	All Own Age	Most Own Age	All Younger	Mixed, No child-ren	Mixed, With children	No Answer	Totals
All Respondents	56 (17)	37 (11)	5 (2)	37 (11)	186 (56)	11 (3)	332 (100)
AGE							
65 - 69	18 (16)	8 (7)	1 (1)	11 (10)	71 (64)	2 (2)	111 (33)
70 - 74	18 (20)	11 (12)	1 (1)	16 (18)	44 (45)	0 (-)	90 (27)
75 - 79	8 (13)	9 (15)	1 (2)	4 (6)	38 (61)	2 (3)	62 (19)
80 - 84	8 (24)	5 (15)	2 (6)	5 (15)	13 (38)	1 (3)	34 (10)
85 - 89	3 (15)	0 (-)	0 (-)	1 (5)	13 (65)	3 (15)	20 (6)
90 +	0 (-)	1 (17)	0 (-)	0 (-)	4 (67)	1 (17)	6 (2)
HEALTH							
Good	24 (14)	18 (10)	3 (2)	19 (11)	107 (61)	3 (2)	174 (52)
Fair	21 (19)	13 (12)	1 (1)	13 (12)	60 (54)	3 (3)	111 (33)
Poor	8 (27)	3 (10)	0 (-)	2 (7)	14 (47)	3 (10)	30 (9)
In Need	3 (27)	2 (18)	1 (9)	2 (18)	3 (27)	0 (-)	11 (3)
INCOME (\$ WEEKLY)							
0 - 49	42 (21)	19 (9)	3 (1)	20 (10)	112 (55)	7 (3)	203 (61)
50 - 99	7 (9)	8 (10)	2 (3)	10 (13)	50 (63)	2 (3)	79 (24)
100 - 149	0 (-)	2 (29)	0 (-)	1 (14)	4 (57)	0 (-)	7 (2)
150 +	0 (-)	1 (50)	0 (-)	0 (-)	1 (50)	0 (-)	2 (1)
OCCUPATION							
Professional	1 (3)	3 (10)	1 (3)	6 (19)	20 (65)	0 (-)	31 (9)
Managerial	1 (5)	2 (11)	0 (-)	3 (16)	13 (69)	0 (-)	19 (6)
Office, Sales	9 (13)	10 (14)	0 (-)	7 (10)	40 (57)	4 (6)	70 (21)
Skilled	17 (15)	11 (10)	4 (4)	13 (12)	63 (57)	2 (2)	110 (33)
Semi-Skilled	13 (33)	2 (5)	0 (-)	3 (8)	19 (49)	2 (5)	39 (12)
Unskilled	10 (21)	7 (15)	0 (-)	3 (6)	27 (56)	1 (2)	48 (14)
EDUCATION							
Primary	22 (24)	9 (10)	0 (-)	9 (10)	50 (54)	3 (3)	93 (28)
Secondary (lower)	28 (15)	19 (10)	3 (2)	22 (12)	107 (58)	4 (2)	183 (55)
Secondary (higher)	0 (-)	0 (-)	0 (-)	0 (-)	3 (75)	1 (25)	4 (1)
Technical/Commercial	1 (6)	4 (24)	1 (6)	2 (12)	9 (53)	0 (-)	17 (5)
College	1 (8)	2 (15)	1 (8)	1 (8)	7 (54)	1 (8)	13 (4)
University	0 (-)	0 (-)	0 (-)	3 (50)	3 (50)	0 (-)	6 (2)

Table 5.9

LIKED ASPECTS OF NEIGHBOURHOOD (FIRST CHOICE)

(Percentages in brackets)

	Social	Trans- port	Shop- ping	Enviro- nment	Privacy	Facili- ties	Prox. to CBD	Cheap- ness	Totals
All Respon- dents	63 (19)	23 (7)	14 (4)	140 (42)	10 (3)	14 (4)	26 (8)	1 (1)	332 (100)
SEX									
Males	23 (18)	9 (7)	3 (2)	63 (50)	1 (1)	8 (6)	8 (6)	0 (-)	127 (38)
Females	40 (20)	14 (7)	11 (5)	77 (38)	9 (4)	6 (3)	18 (9)	1 (-)	205 (62)
AGE									
65 - 69	28 (25)	4 (4)	1 (1)	49 (44)	3 (3)	5 (5)	11 (10)	0 (-)	111 (33)
70 - 74	18 (20)	6 (7)	5 (6)	33 (37)	2 (2)	6 (7)	6 (7)	0 (-)	90 (27)
75 - 79	9 (15)	6 (10)	4 (6)	28 (45)	0 (-)	2 (3)	4 (6)	1 (2)	62 (19)
80 - 84	5 (15)	4 (12)	2 (6)	15 (44)	2 (6)	0 (-)	3 (9)	0 (-)	34 (10)
85 - 89	1 (5)	1 (5)	2 (10)	9 (45)	2 (10)	1 (5)	1 (5)	0 (-)	20 (6)
90 +	2 (33)	0 (-)	0 (-)	2 (33)	1 (17)	0 (-)	0 (-)	0 (-)	6 (2)
HEALTH									
Good	34 (20)	11 (6)	7 (4)	80 (46)	2 (1)	6 (3)	15 (9)	0 (-)	174 (52)
Fair	24 (22)	9 (8)	4 (4)	43 (39)	6 (5)	8 (7)	8 (7)	0 (-)	111 (33)
Poor	4 (13)	2 (7)	3 (10)	8 (27)	1 (3)	0 (-)	3 (10)	1 (3)	30 (9)
In Need	1 (9)	0 (-)	0 (-)	5 (45)	1 (9)	0 (-)	0 (-)	0 (-)	11 (3)
LENGTH OF RESIDENCE									
Less than 1 year	5 (23)	0 (-)	2 (9)	9 (41)	0 (-)	3 (14)	0 (-)	1 (5)	22 (7)
1 - 5 years	7 (14)	1 (2)	2 (4)	26 (52)	3 (6)	3 (6)	0 (-)	0 (-)	50 (15)
6 - 15 years	11 (17)	6 (10)	3 (5)	21 (33)	1 (2)	2 (3)	8 (13)	0 (-)	63 (19)
16 - 30 years	23 (21)	13 (12)	5 (4)	50 (45)	2 (2)	6 (5)	7 (6)	0 (-)	112 (34)
Over 30 years	14 (20)	3 (4)	1 (1)	27 (39)	4 (6)	0 (-)	8 (11)	0 (-)	70 (21)
Life-time	3 (21)	0 (-)	1 (7)	6 (43)	0 (-)	0 (-)	3 (21)	0 (-)	14 (4)

Table 5.10

LOCATION OF BEST FRIEND (Percentages in brackets)							
	No Friends	Same Address	Within 1 mile	L.U.A.	Tasmania	Australia	Totals
All Respondents	32 (10)	14 (4)	136 (41)	97 (29)	21 (6)	2 (1)	332 (100)
LENGTH OF RESIDENCE							
Less than 1 year	2 (9)	3 (14)	7 (31)	6 (27)	2 (9)	0 (-)	22 (7)
1 - 5 years	4 (8)	6 (12)	16 (32)	15 (30)	2 (4)	0 (-)	50 (15)
6 - 15 years	7 (11)	2 (3)	24 (38)	19 (30)	7 (11)	0 (-)	63 (19)
16 - 30 years	7 (6)	1 (1)	48 (43)	36 (32)	6 (6)	2 (2)	112 (34)
Over 30 years	9 (13)	1 (1)	33 (47)	18 (26)	4 (6)	0 (-)	70 (21)
Life-time	3 (21)	0 (-)	8 (57)	3 (21)	0 (-)	0 (-)	14 (4)
CONTACT WITH FRIEND							
Within Last Week	- (-)	12 (6)	124 (57)	72 (33)	9 (11)	0 (-)	217 (65)
Within Last Month	- (-)	0 (-)	10 (29)	21 (60)	4 (11)	0 (-)	35 (11)
Within Last Year	- (-)	0 (-)	2 (13)	3 (20)	8 (53)	2 (13)	15 (5)
INCOME (\$ WEEKLY)							
0 - 49	21 (10)	10 (5)	88 (43)	54 (27)	6 (8)	0 (-)	203 (61)
50 - 99	7 (9)	2 (3)	33 (42)	26 (33)	6 (8)	2 (3)	79 (24)
100 - 149	0 (-)	0 (-)	2 (29)	4 (57)	0 (-)	0 (-)	7 (2)
150 +	0 (-)	0 (-)	1 (50)	1 (50)	0 (-)	0 (-)	2 (1)
SEX							
Males	12 (9)	4 (3)	45 (35)	45 (35)	10 (8)	2 (2)	127 (38)
Females	20 (10)	10 (5)	91 (44)	52 (25)	11 (5)	0 (-)	205 (62)
AGE							
65 - 69	14 (13)	2 (2)	43 (39)	38 (34)	5 (5)	9 (8)	111 (33)
70 - 74	6 (7)	4 (4)	39 (43)	26 (29)	8 (9)	0 (-)	90 (27)
75 - 79	3 (5)	3 (5)	29 (47)	13 (21)	4 (6)	2 (3)	8 (13)
80 - 84	4 (12)	1 (3)	16 (47)	11 (32)	1 (3)	0 (-)	34 (10)
85 - 89	3 (15)	3 (15)	6 (30)	4 (20)	1 (5)	0 (-)	20 (6)
90 +	1 (17)	0 (-)	2 (33)	2 (33)	1 (17)	0 (-)	6 (2)
HEALTH							
Good	9 (5)	5 (3)	71 (41)	61 (35)	12 (7)	0 (-)	174 (52)
Fair	13 (12)	7 (6)	52 (47)	26 (23)	6 (5)	1 (1)	111 (33)
Poor	8 (27)	1 (3)	8 (27)	6 (20)	1 (3)	1 (3)	30 (9)
In Need	0 (-)	1 (9)	3 (27)	3 (27)	2 (18)	0 (-)	11 (3)

5.51 CONTACT WITH FRIENDS AMONG THE LUA ELDERLY

When questioned on the population mix seen as most desirable in a residential location, the respondents' most popular choice was 'mixed with children' (56 per cent), followed by 'all own age' (17 per cent) (Table 5.8). Widows were strongest in the former category, and married elderly over-represented in the latter. As the area in question was not defined it is possible that the respondents value children in the community but not in their immediate vicinity. However even at an advanced age the presence of children was deemed desirable, but there was an increasing trend towards segregation as health declined. Also over-represented in the 'all own age' category were the low income, low status occupation and low level education elderly, although in each case the majority did not favour segregation.

The most popular category to explain satisfaction with the present neighbourhood (Table 5.9) was 'environmental' (42 per cent). In the other categories, females were over-represented in 'social' and 'shopping', while males were over-represented in 'facilities'. The social element declined in importance with aging and health. The longer-term residents were more appreciative of the social element and were also more likely to live closer to a friend (Table 5.10).

The closer a respondent lived to a friend, the more likely it was that the friend had been recently seen. However, distance appears to be offset by increased income in that, although the high income elderly persons' friends were more dispersed (Table 5.10), contact remained at a

Table 5.11

CONTACT WITH BEST FRIEND

(Percentages in brackets)

	Within last week	Within last month	Within last year	Total
All Respondents	217 (65)	35 (11)	15 (5)	332 (100)
INCOME (\$) WEEKLY				
0 - 49	136 (67)	19 (9)	9 (4)	203 (61)
50 - 99	51 (65)	11 (14)	5 (6)	79 (24)
100 - 149	6 (86)	0 (-)	0 (-)	7 (2)
150 +	1 (50)	0 (-)	0 (-)	2 (1)
SEX				
Males	82 (65)	12 (9)	9 (7)	127 (38)
Females	135 (66)	23 (11)	6 (3)	205 (62)
MARITAL STATUS				
Married	112 (70)	16 (10)	8 (5)	161 (48)
Single	14 (58)	3 (13)	2 (8)	24 (7)
Widowed	87 (64)	15 (11)	4 (3)	137 (41)
Divorced/Separated	3 (38)	1 (13)	1 (13)	8 (2)
ORGANISATION PARTICIPATION				
None	82 (52)	18 (11)	7 (47)	158 (48)
One	86 (74)	14 (40)	5 (4)	116 (35)
Two	30 (86)	2 (6)	2 (6)	35 (11)
Three	14 (82)	1 (6)	0 (-)	17 (5)
Four	4 (80)	0 (-)	1 (20)	5 (2)
Five +	1 (100)	0 (-)	0 (-)	1 (-)
HEALTH				
Good	123 (71)	19 (11)	6 (3)	174 (52)
Fair	71 (64)	13 (12)	6 (5)	111 (33)
Poor	14 (47)	2 (7)	1 (3)	30 (9)
In Need	6 (55)	1 (9)	2 (18)	11 (3)

high level of frequency (Table 5.11). Males' friends were slightly more dispersed than females' friends and, thus, despite their transport disadvantage (i.e. in car ownership), females had slightly more recent contact with friends than males. Married elderly rated slightly higher than others in recent friend-contact, and the likelihood of living close to a friend increased up to the age 80 - 84.

On the other hand, as health declined below 'fair', the elderly tended to be located further from their friends, and there was some indication that the elderly, not in good health are less likely to have a friend, or to have seen the friend recently.

The survey results suggested that attendance at organisations was a contribution to recent contact with a friend. The most popular locale for favoured activities was 'away from home with others', primarily in organisational activities, games and sports. The choice of 'home alone' was more favoured by the older respondents and those in poor health.

There is a general indication that contact with friends declines as a result of increasing disadvantage, and that such disengagement is an adaptation reflecting restricted choice. Such a statement does not discount the existence of 'loners' or 'isolates' who prefer their own company, but it illustrates the need for potential friend-contact as an element in the range of choices available to the elderly.

5.6 ROLE COUNT FOR LUA SAMPLE RESPONDENTS

As with housing (Chapter 3) and motility (Chapter 4), it was deemed necessary to combine the data on activities and social relationships in a form which would facilitate overall synthesis. Because of the relationship between the two aspects, for example, in organisation participation and contact with friends, an appropriate method was a role count.

Using the technique of Williams and Cumming (1961, 38-39), with some adaptation, respondents who answered all relevant questions were allocated a score based on being a member of a household (i.e. not living alone), a spouse (presently married), a relative (in a number of categories), a friend, a member of organisations and a participator with others in activities. The scores ranged from 0 to 9, distributed as in Table 5.12.

Table 5.12

<u>ROLE COUNT</u>		
Number of Roles	Number of Respondents	Percentage of Total
0 - 1	5	1.8
2 - 3	25	9.1
4 - 5	86	31.6
6 - 7	99	36.4
8 - 9	57	21.0
0 - 9	272	100.0

To test the hypothesis that the number of roles is likely to decline with age, a table was constructed to show the number and percent of each age group having more than the average role count of 5. In Table 5.13 it can be seen that there is a considerable reduction

in role counts accompanying aging. The table also shows that the decline in roles occurs with both sexes, but at all age-group levels males have a greater role count than females. The pattern revealed generally corresponds with that perceived by Williams and Cumming in their 1961 research.

Table 5.13

RESPONDENTS WITH OVER 5 ROLES BY AGE AND SEX

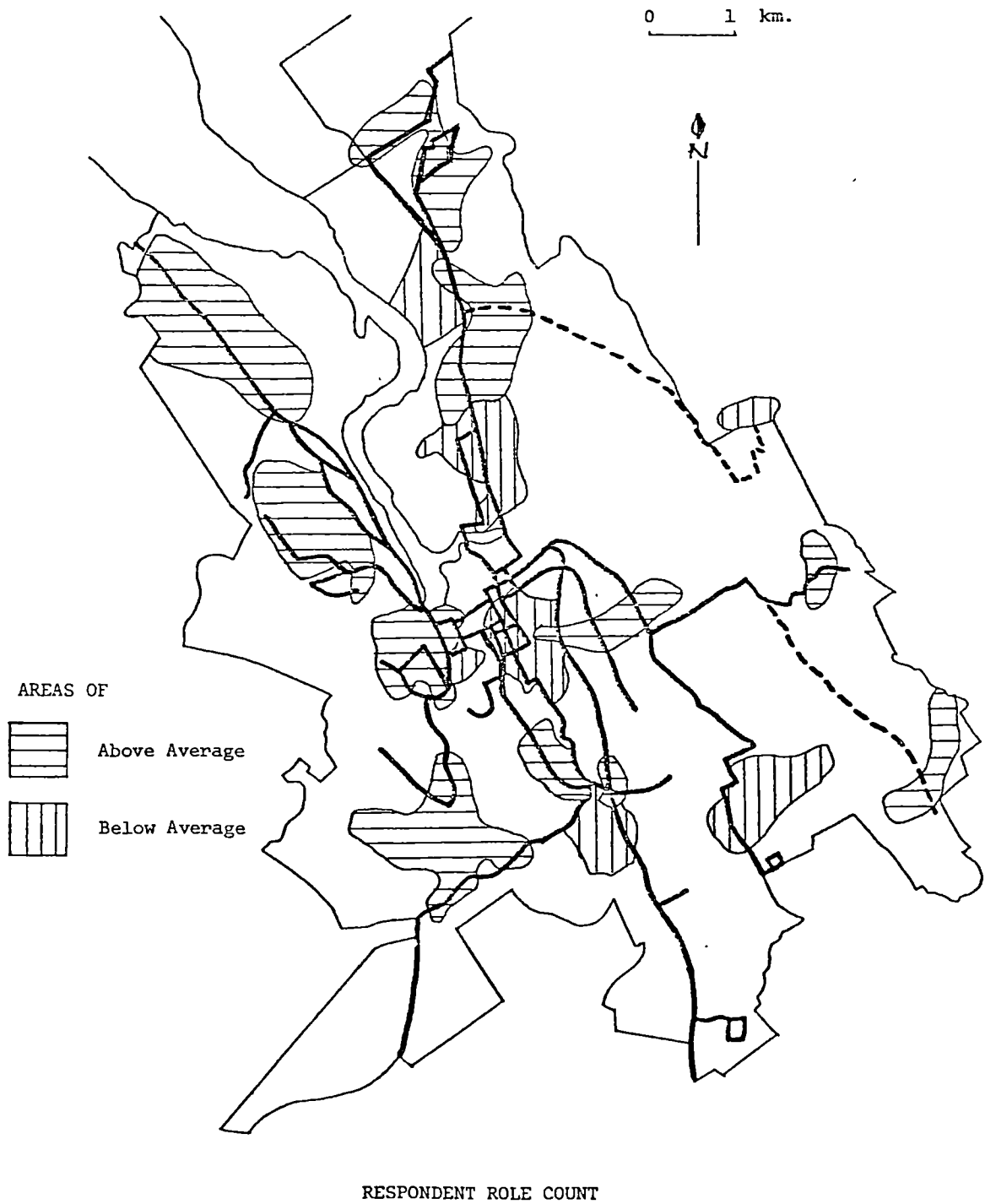
Age Group	Total Number	Percent of Sample Total	Number of Males	Percent of total Males	Number of Females	Percent of total Females
65 - 74	110	63.7	58	75.4	52	55.1
75 - 84	41	50.3	16	55.2	25	49.4
85 and over	4	25.9	2	37.5	2	20.5
	155	57.8*	76	69.7	79	49.1

*4 respondents did not provide age.

Figure 5.1 shows the areas in the LUA in which the respondents were predominantly either above or below the average in role count. The distributions suggest that public transport convenience is a factor (as was demonstrated in Chapter 4) but it is also clear that role counts are higher in the higher socio-economic status districts even where provision of public transport is poor.

The allocation of each eligible respondent to a ranked group based on role count provided a five-division distribution which could be combined with the ranked groups drawn up for housing and motility in the synthesis described and analysed in the next chapter.

Fig. 5.1 LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



6. THE SYNTHESIS

6.1 THE ELEMENTS

This study has involved distinguishing selected elements in the living conditions of elderly people which contribute, positively and negatively, to their quality of life. The literature reviewed earlier in this thesis suggests that, in terms of the needs of the elderly, life quality can be equated with life satisfaction through the goals which the elderly people value. Despite the likelihood of differences in attitude among the elderly as to what constitutes satisfaction, and despite the existence of areas of conflict in theories as to what constitutes successful aging, the conclusion was reached, from the literature, that the ability to function independently within an activity space presenting a wide range of choices was of paramount importance to the maintenance of a self-image desired by the elderly individual.

The literature reviewed also suggested that there are three key elements in the existence, or otherwise, of the above conditions. The significance of the first element, housing, stems from its role in providing for privacy, physical comfort, self-maintenance, security, social relationships, and status. The size of the elderly person's activity space, and the extent to which it can be utilised, relate to the second element, motility, evaluated in this study largely in terms of the transportation available to the elderly population of the L.U.A. Social relationships and activity levels, notwithstanding a measure of withdrawal (or disengagement) in later life, continue to be important in providing a variety of roles from which the elderly person can choose, and so these were combined as the third key element in the study.

Each of the key elements was examined to ascertain how it operated in the quality of life context of the elderly in the LUA, and to distinguish factors influencing it as such an element. In addition, spatial variations in the level of the quality-of-life elements were examined for the possibility of there being a locational explanation for differences in their provision among the elderly population. However, analysis of the data gained from the questionnaire indicated that, further to a possible location factor, the provision of quality-of-life elements was influenced by socioeconomic and age levels of the questionnaire respondents.

To ascertain the overall significance of socioeconomic status and age, it was necessary to combine the three areas of measurement into an overall index of quality of life. The information gained from the questionnaire presented a problem in that nominal and ratio scales were used, and objective and subjective evaluations incorporated. It was felt that a weighting system could only be arbitrary, and that transformation to ordinal scales offered the most useful medium for combination, despite the inevitable disregard of interval.

Respondents had been placed in ranked groups relating to housing (Chapter 3), motility (Chapter 4) and activities/social relationships (Chapter 5). These distributions are shown in Table 6.1. The underlying basis for the ranking was the premise, established in Chapter 1, that the greater the availability of independent functioning and the less restricted the choice of activities, the higher the quality-of-life potential, whether or not these equated with levels of life satisfaction.

Table 6.1 DISTRIBUTION OF RESPONDENTS
IN KEY ELEMENT RANK GROUPS
(Percentages of total in brackets)

Rank Group	Housing	Motility	Social
1	122 (37)	127 (38)	57 (17)
2	97 (29)	43 (13)	99 (30)
3	34 (10)	118 (36)	86 (26)
4	26 (8)	13 (4)	25 (8)
5	42 (13)	28 (8)	5 (2)
N/A	11 (3)	3 (1)	60 (18)

The three ranks were thus combined to give each of the respondents included a collective score in which housing, motility and activities/ social relationships were equally weighted. The exclusion of respondents who had declined to answer some of the relevant questions reduced the number ranked in all categories to 263 (79 per cent of the total).

This collective score was labelled the QLP (quality-of-life potential) rating and was taken as an indicator of the extent to which an elderly person was provided with the means to maintain a high level of life satisfaction. Ratings ranged from 3 (a combination of three top rankings) to 15 (the lowest ranking in all categories). The distribution was positively skewed, with the mode at 7 and the arithmetic mean at 6.9 (Table 6.2).

6.2 QUALITY-OF-LIFE POTENTIAL AND SOCIOECONOMIC STATUS

It has been established (Neugarten et al., 1961, 139) that there is a slight positive relationship between life satisfaction and socioeconomic status. One of the elements in the latter, level of occupation, has been found to be "a significantly stronger predictor of life satisfaction among older persons compared to persons under age 65." (Spreitzer and Snyder, 1974, 456), Socioeconomic factors had appeared to affect individual elements in the quality-of-life potential complex, and so it was seen as appropriate to relate the collective QLP rating to socioeconomic status.

Firstly, the spatial distribution of individual QLP ratings was examined for the purpose of discerning spatial patterns relating to the district socioeconomic status as in Fig. 6.1. Some clustering of similar ratings was observed, with perhaps the most striking being the low ratings of the residents in the public housing units on the eastern periphery.

Table 6.2 DISTRIBUTION OF RESPONDENTS IN
QUALITY-OF-LIFE POTENTIAL RATING GROUPS
(Percentages of total in brackets)

QLP RATING	NO. OF RESPONDENTS
3	21 (8)
4	32 (12)
5	38 (14)
6	26 (10)
7	43 (16)
8	32 (12)
9	29 (11)
10	22 (8)
11	9 (3)
12	5 (2)
13	4 (2)
14	0 (-)
15	2 (1)
TOTAL	263 (100)

Fig. 6.1 LAUNCESTON URBAN AREA, 1976

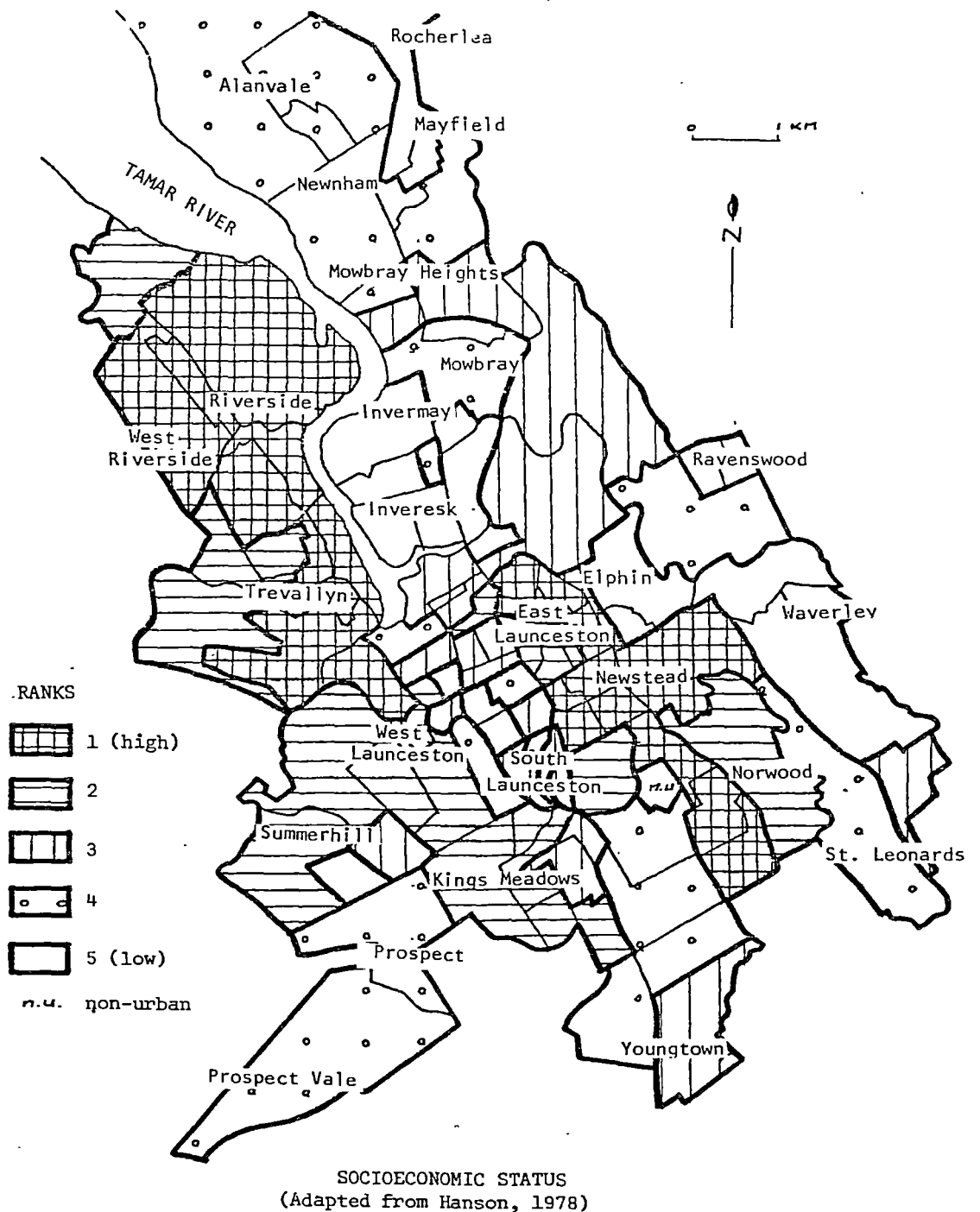
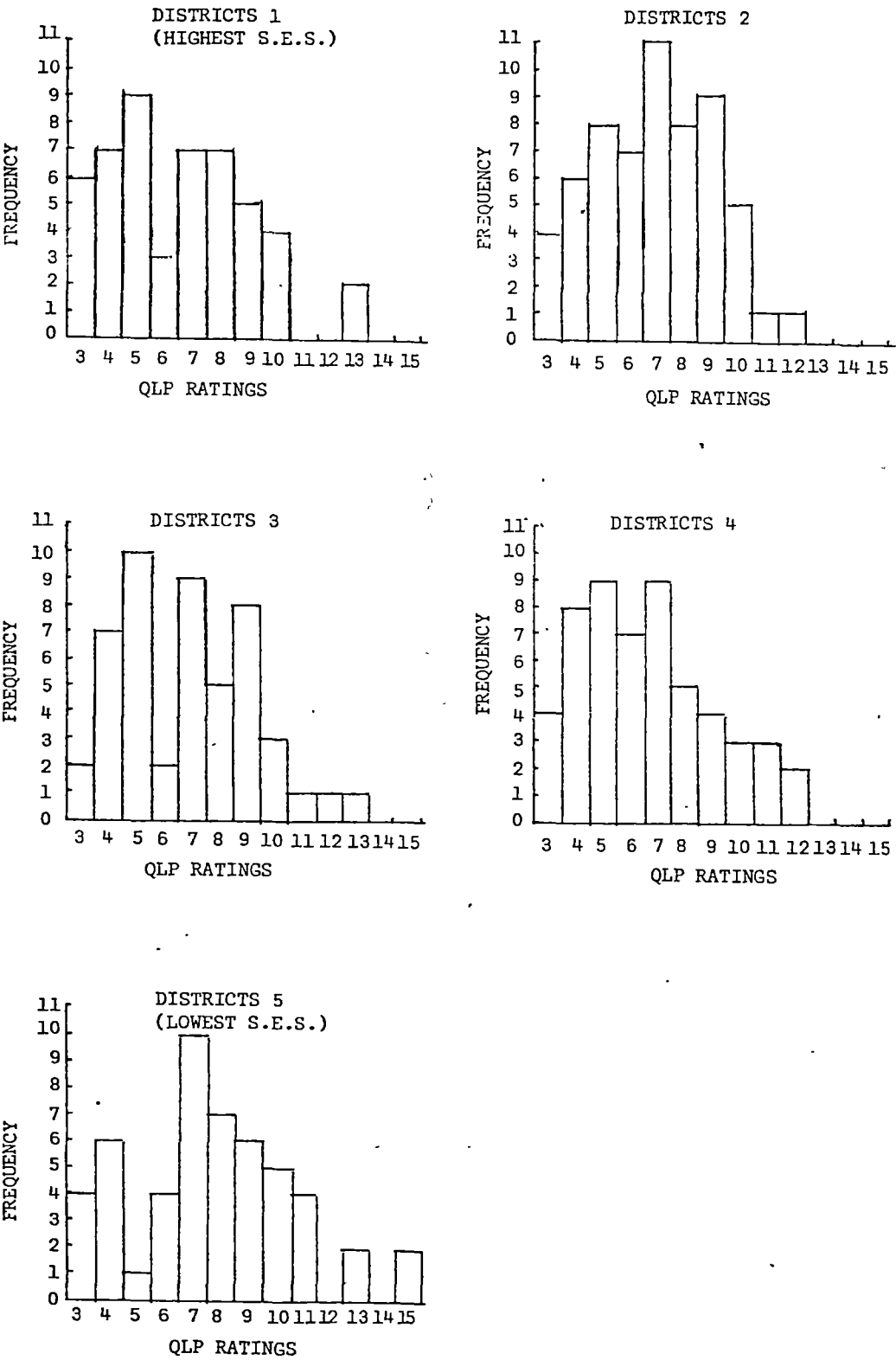
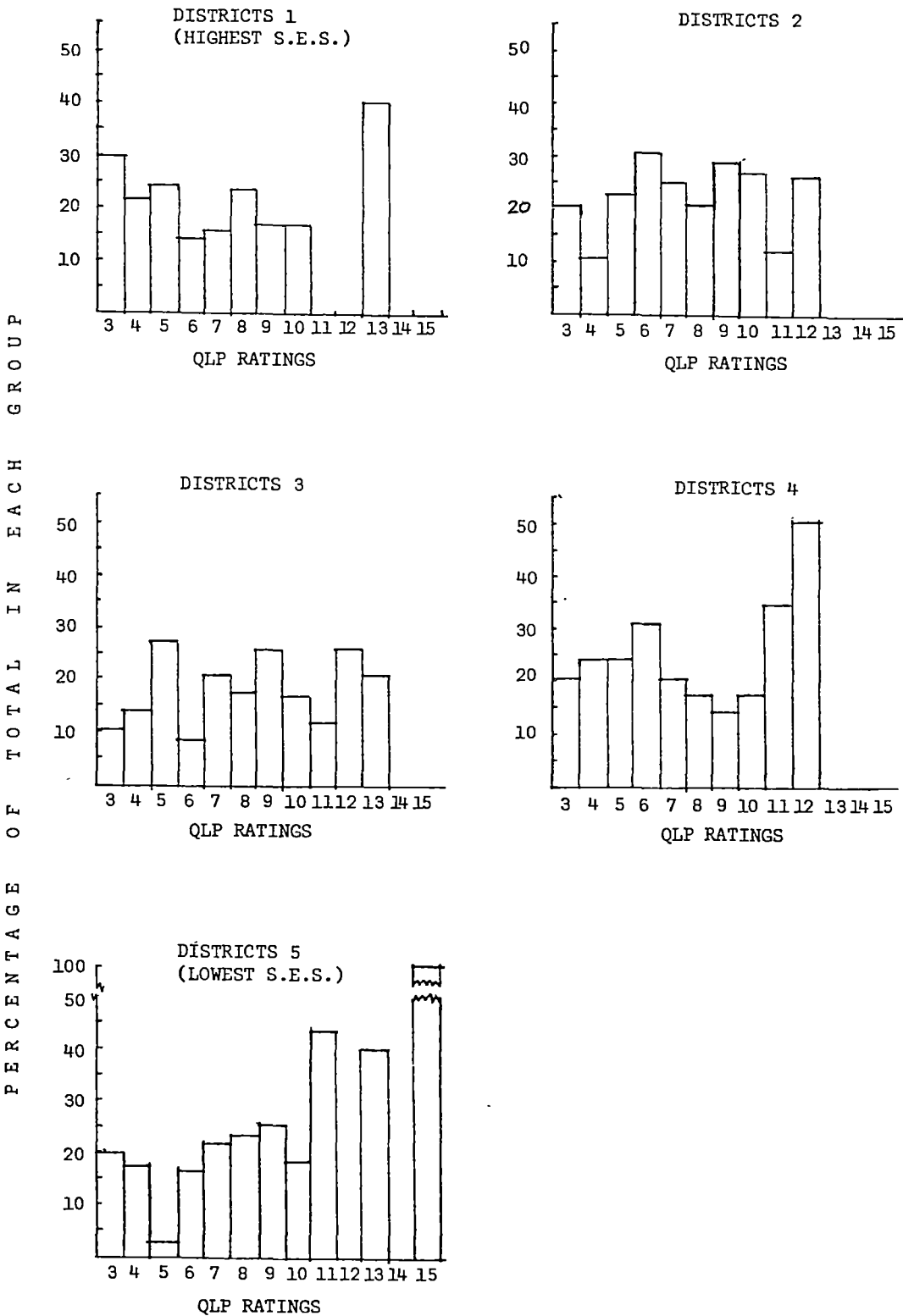


Fig. 6.2



QLP RATINGS AND DISTRICT SOCIOECONOMIC STATUS

Fig. 6.3



QLP RATINGS AND DISTRICT SOCIOECONOMIC STATUS

The innermost city residents also had low ratings. Higher ratings were obtained by those in the established residential areas, but with no clear relationship to the socioeconomic status of these districts. The QLP rating frequencies were graphed for each rank group of socioeconomic districts to demonstrate, at both absolute and relative levels, the high degree of overlap, especially with the middle-ranking districts and QLP ratings (Figs. 6.2 and 6.3). This, of course, highlights the problem of ecological correlation which arises when a section of a population is compared in some respect with the whole, and in this case the section is distinct from the whole in some major respects, for example, in retirement from the workforce. Thus it appears that QLP ratings among the elderly cannot be regarded as generally corresponding with district socioeconomic status.

In the absence of this general correspondence between QLP ratings and socioeconomic status of location, it became necessary to test for correlation between QLP ratings and individual respondent ratings for socioeconomic status. The latter was achieved for each respondent by ranking them in categories of income, education level and occupational background (that is, pre-retirement occupation for males and never-married females, or for the husband where the respondent was female with an appropriate marital status). Occupations were ranked according to Congalton's (1969) scale of occupational prestige.

As with the QLP rating, a number of respondents had to be excluded for non-response to relevant questions, but 272 (82 per cent) received the collective rating labelled SES (socioeconomic status). The range for this rating also ran from 3 (the highest level) to 15. The modal value

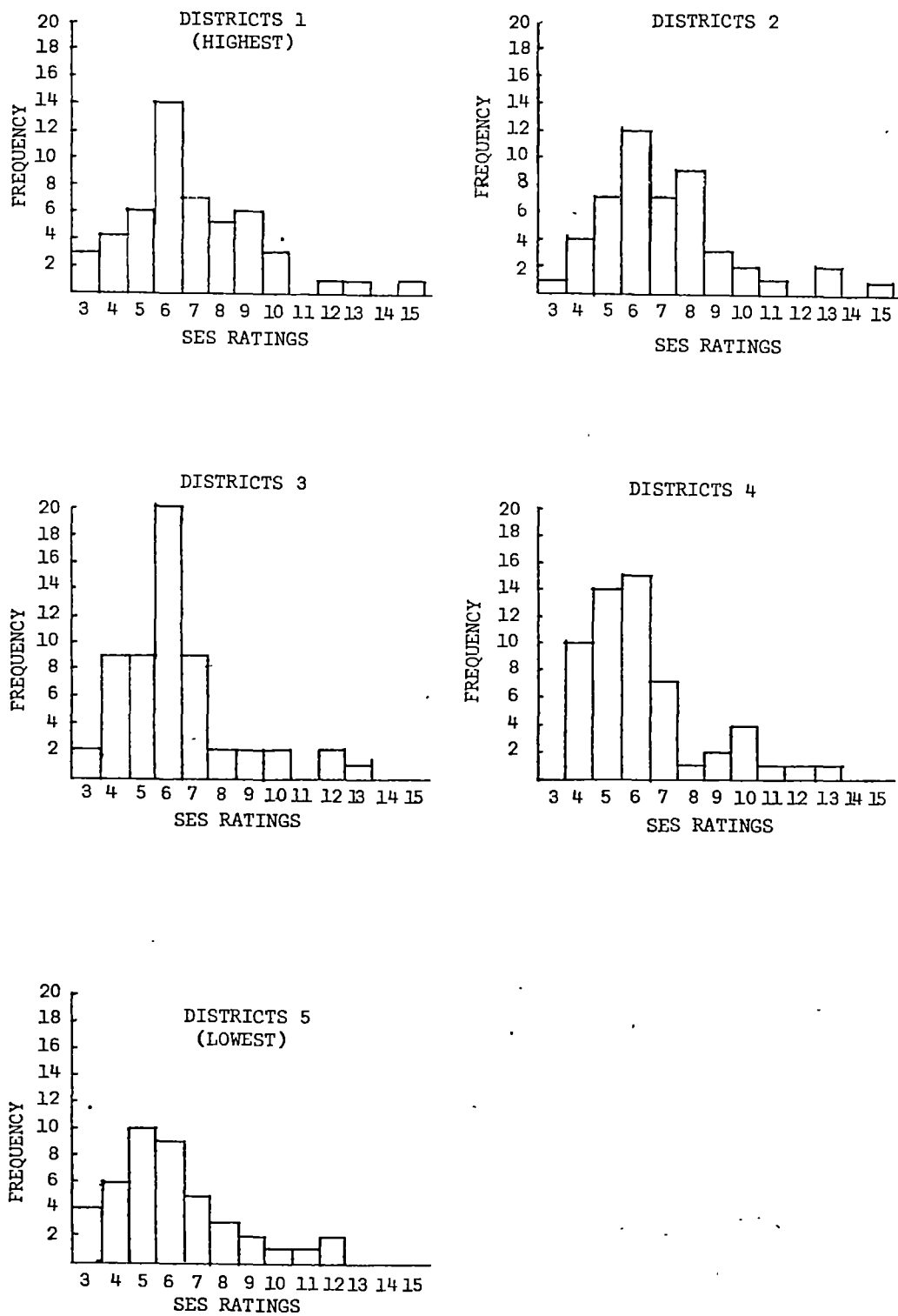
was 6, and the mean 6.5, like the QLP distribution, positively skewed (Table 6.3).

Table 6.3 DISTRIBUTION OF RESPONDENTS IN
SOCIO-ECONOMIC STATUS RATING GROUPS
(Percentages of total in brackets)

SES RATING	NO. OF RESPONDENTS
3	12 (4)
4	33 (12)
5	47 (17)
6	74 (27)
7	38 (14)
8	22 (9)
9	16 (6)
10	13 (5)
11	3 (1)
12	7 (3)
13	4 (1)
14	1 (-)
15	2 (1)
TOTAL	272 (100)

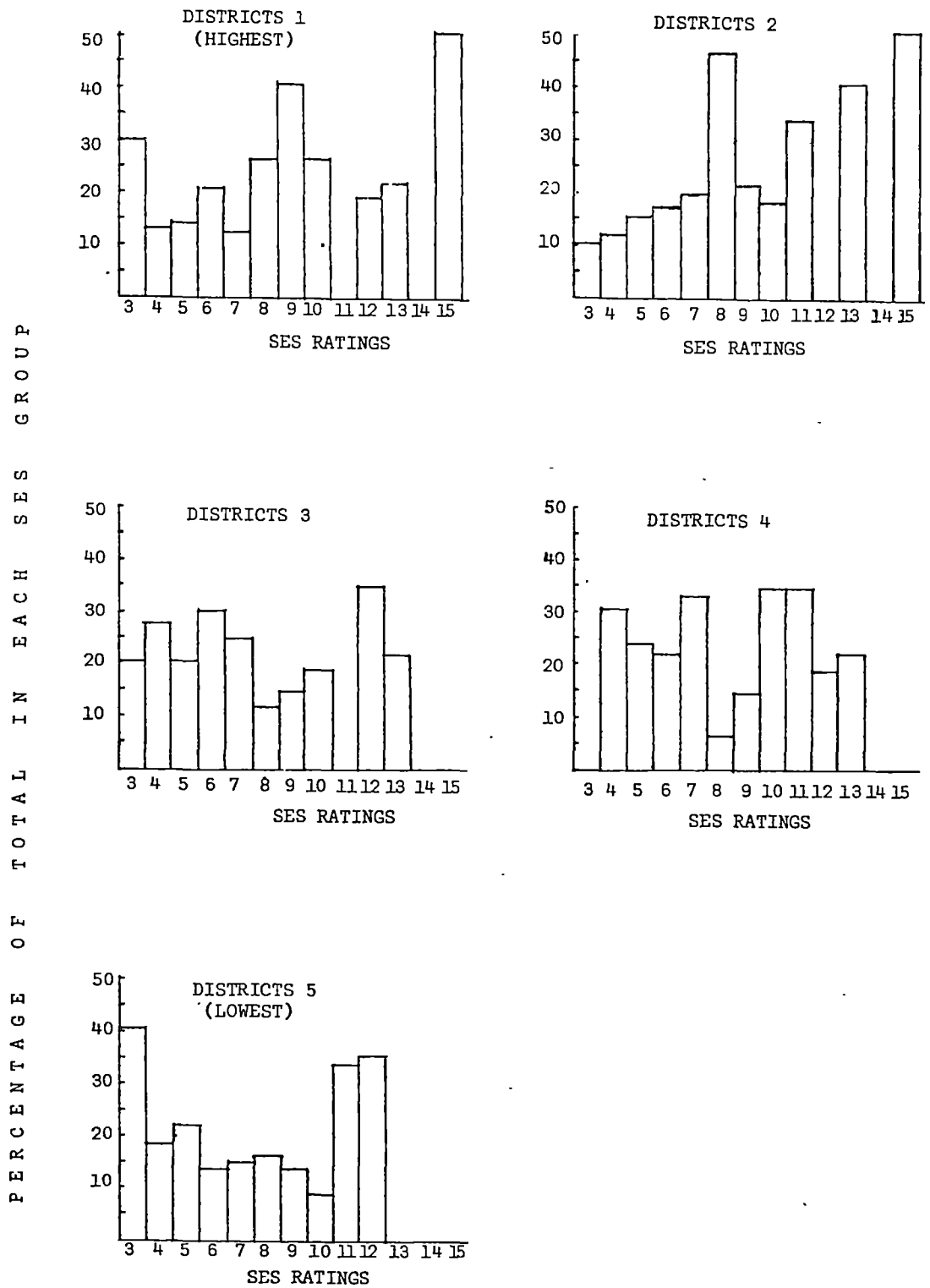
Despite the known problem of ecological correlation, in view of the lack of coincidence between QLP ratings and the socioeconomic status of the Launceston Urban Area districts, a check was made for correspondence between individual and district socioeconomic status. The distribution of SES ratings in each rank of district (Figs. 6.4 and 6.5) shows only that the overall positive skewness is present in all the socioeconomic subdivisions of the LUA. It is possible that the distribution of the elderly with reference to socioeconomic status is a reflection of past rather than present district status, and their long-term residence in areas which have suffered relative decline.

Fig. 6.4



SES RATINGS AND DISTRICT SOCIOECONOMIC STATUS

Fig. 6.5



SES RATINGS AND DISTRICT SOCIOECONOMIC STATUS

To test for correspondence between QLP and individual socioeconomic status, the respondent QLP ratings were cross-tabulated with their SES ratings. Only 223 respondents (67 per cent) had answered all relevant questions, and of these 31 (14 per cent) ranked higher in the QLP scale, and 106 (48 per cent) ranked lower in the QLP scale. The weakness of the relationship was established by the use of Spearman's rank correlation measure, which provided a coefficient of -0.1590 where a value of zero would have indicated a complete absence of correlation.

Table 6.4

QLP RATINGS, SES RATINGS AND DISTRICT
SOCIOECONOMIC STATUS

Districts	QLP Higher Than SES	QLP Lower Than SES	Totals
1	20	16	36
2	18	23	41
3	17	25	42
4	17	18	35
5	12	23	35
Totals	84	105	189
$\chi^2 = 4.13$ Critical value $\chi^2_{0.05} = 9.49$			

The range in differences between QLP and SES ratings was from 12 to minus 10, and perhaps because of the detail thus incorporated, no distinct relationships were apparent. At the very broad level, that is, distinguishing between those whose QLP ratings exceeded their SES ratings and those in the opposite category, application of the chi squared (χ^2) test for significance showed no overall correspondence between the spatial distribution and the socioeconomic status of the LUA districts (Table 6.4). There was some overrepresentation of the former group in the highest socioeconomic status districts, and underrepresentation in the lowest,

but in general the exercise again emphasised the problem of ecological correlation.

Much of the foregoing suggested that correlation between individual QLP and SES scores was being sought at too precise a level, it being an unrealistic expectation that the two scales would correspond in each of the thirteen ranks. Thus broad groupings were created in each scale with Group 1 comprising ratings 3 to 5, Group 2 ratings 6 to 10, and Group 3 ratings 11 to 15. Cross-tabulation demonstrated that, even at this broad level, only 103 (46 per cent) of the included respondents occupied the same group in both scales, despite the similarity in their frequency distributions (Table 6.5). The lack of correlation was shown by the Spearman coefficient of 0.14.

6.3 AGE AS A FACTOR

Clark and Anderson (1967, 122) noted that there is a decline in morale with aging and so evidence was sought in the survey findings that aging is accompanied by a reduction in QLP ratings, perhaps superceding the influence of socioeconomic status.

Table 6.5

CROSS-TABULATION : QLP BY SES

QLP	SES 1	SES 2	SES 3	Total
1	20	46	9	75
2	41	83	7	131
3	9	8	0	17
Total	70	137	16	223

The respondents were placed in three age categories - 65 to 74 (1), 75 to 84 (2), and 85 or over (3). Using the QLP scale from 3 to 15 (highest to lowest), the mean rating for the youngest group was 6.1, for the middle age group 8.0, and for the oldest 9.4, strongly supporting the hypothesis that, in terms of the elements measured, there is a decline in life quality potential with aging (Table 6.6).

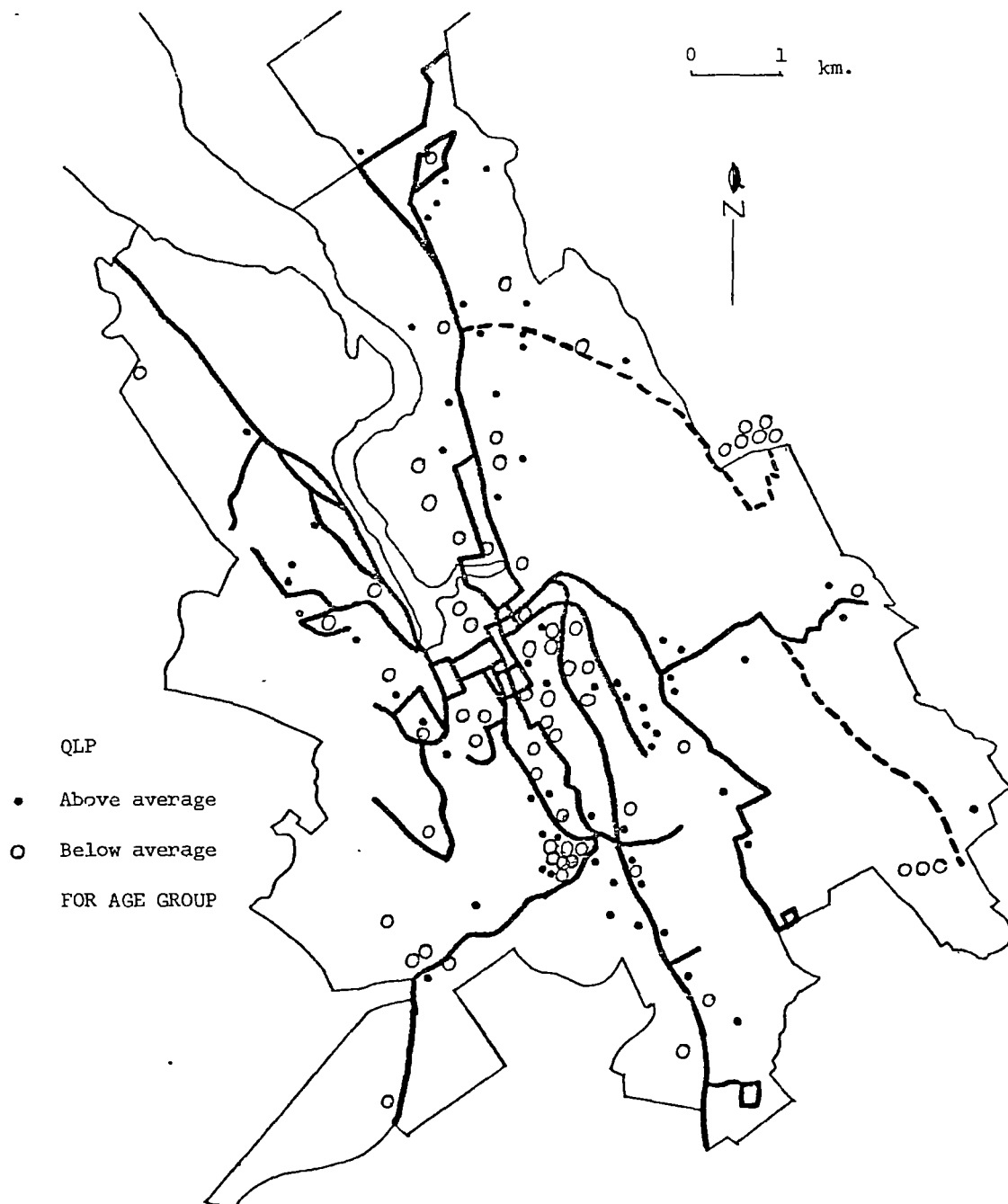
Table 6.6 QLP RATINGS BY AGE GROUPS

Q L P R A T I N G S															
AGE GROUP	3	4	5	6	7	8	9	10	11	12	13	14	15	Mean	
1. 65 - 69	17	15	13	7	12	5	10	5	4	-	2	-	-	} 6.1	
	70 - 74	4	12	19	9	12	3	7	5	2	-	-	-		
2. 75-79	1	2	4	7	12	9	5	4	1	-	-	-	-	} 8.0	
	80-84	-	1	1	2	4	10	2	4	-	3	1	-		1
3. 85-89	-	-	-	-	2	2	5	3	2	1	1	-	1	} 9.4	
	90 +	-	-	-	-	1	2	-	1	-	1	-	-		
TOTALS	22	30	37	25	43	31	29	22	9	5	4	-	2	259	

Again a locational element was sought by distinguishing high-rated respondents (those whose QLP rating was at least two ranks above the average for their age group) from the low-rated respondents (those whose QLP rating was, to the same degree, below the average for their age group). The lack of correspondence with district socioeconomic status was again demonstrated by application of the chi squared (χ^2) test for significance. However, although not present on a district scale, some concentrations were apparent (Fig. 6.6) with the public housing estate on the eastern periphery again highlighted by its

Fig. 6.6

LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



QLP RATINGS RELATED TO AGE

low-rated residents. Low ratings were also concentrated in the institutional settings, the newer peripheral districts, and the areas most subject to invasion by commercial and industrial activities, that is, in the inner city and along the major transportation routeways through the older residential areas.

However, to achieve comparability with the findings on SES as a factor, the broad grouping of QLP ratings was cross-tabulated with age. This demonstrated that there was a higher degree of coincidence than existed between QLP and SES ratings. Corresponding age and QLP groupings were occupied by 129 respondents (58 per cent), and the distributions provided a Spearman rank correlation coefficient of 0.57 (Table 6.7).

Table 6.7

CROSS-TABULATION : QLP BY AGE

QLP	Age 65 - 74	Age 75 - 84	Age 85 +	TOTAL
1	68	7	0	75
2	63	56	12	131
3	7	5	5	17
Total	138	68	17	223

6.4 AGE, SOCIOECONOMIC STATUS AND QUALITY-OF-LIFE POTENTIAL

Having distinguished a general decline in QLP ratings with advancing age, the analysis was then directed to the relativity between age and individual socioeconomic status in their influence on quality-of-life potential. Previous cross-tabulations revealed that, of the 223

respondents included, 57 per cent occupied corresponding age and QLP groups, while only 46 per cent occupied corresponding SES and QLP groups, so it would appear that, in the Launceston Urban Area, age is a more reliable predictor of life quality potential than socioeconomic status, although both must be regarded as important factors.

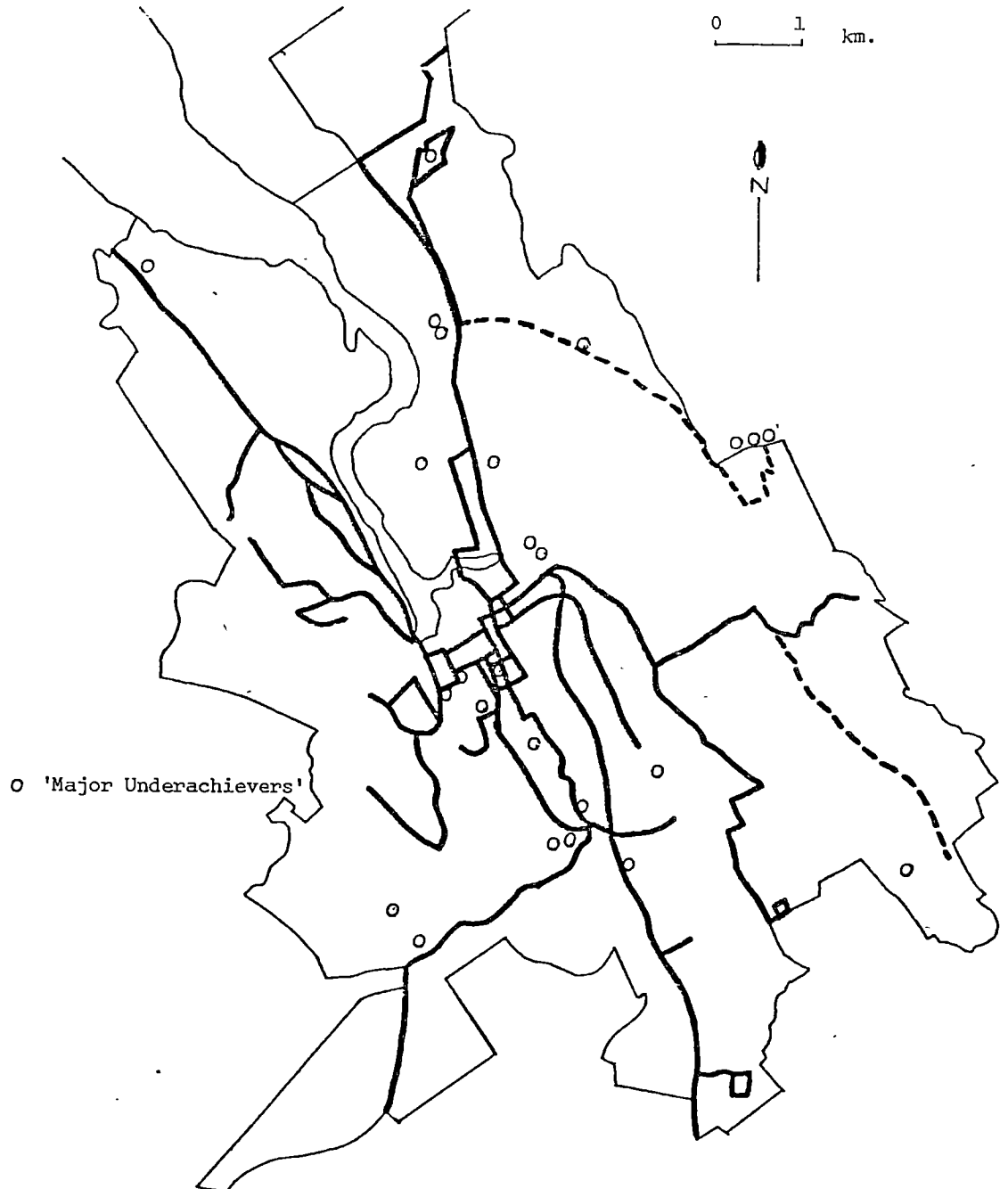
An examination of the 94 respondents whose age and QLP groups did not coincide revealed that 47 (50 per cent) occupied coinciding QLP and SES groups. These were predominantly in the youngest age group but the middle SES and QLP groups. Ten respondents (11 per cent) occupied a higher QLP than SES group and 37 (39 per cent) a QLP group lower than their SES group. When crosstabulated in each age group, the distributions showed very low Spearman correlation coefficients, emphasising again the dominance of age as a factor in quality-of-life potential.

Among the 37 respondents in the last category (that of a QLP group lower than their SES group) were 24 respondents in the youngest age group and the highest SES group, and could thus perhaps be regarded as the most distinctive 'under-achievers' of the sample (Fig. 6.7). Health did not appear to be a major factor in this as 12 of the 24 rated themselves in good health, a proportion similar to that for the entire sample. None regarded themselves as in need of care and attention.

The 24 low-rating respondents were subjected to further examination, which ascertained that the major element in their low rating was motility. These were predominantly respondents residing in areas not well served by public transport, that is, the outer areas some distance from bus routes or on infrequent services. Low ranking in the housing element was also apparent with a number of the respondents in this group. This was

Fig. 6.7

LAUNCESTON URBAN AREA
ELDERLY POPULATION SURVEY, 1977



QLP RATINGS RELATED TO AGE AND
SOCIOECONOMIC STATUS

explained in a number of cases by residence in an institution with its restrictions on space and privacy. Space restrictions also operated in public housing for the elderly. In other cases age, deterioration and lack of conveniences operated to reduce housing quality. A number of respondents had low ranks in both motility and housing, and were primarily recent movers to rented or institutional accommodation in areas with transportation problems.

However, half of the 24 respondents resided in areas where public transportation is relatively well provided, where there are no topographic restrictions to walking, and where shops and other facilities are available locally. The respondents concerned were long-term residents in areas which appeared to offer the same kind of motivation to walk as did areas close to the central business district.

Because the respondents to the survey questionnaire had been assured of complete anonymity, it was impossible to contact them to achieve a deeper analysis of their circumstances. The areas involved, however, were close to major arterial routeways and were characterised by commercial ribbon development, considerable traffic noise and congestion, some vacancies in business establishments and a number of houses for sale. These were visible effects of the change which occurs in areas subject to invasion by commercial and/or industrial activities and it was thought possible that there may be aspects of such change with deleterious effects on the quality of life of elderly residents.

Notwithstanding the realisation that definitive answers to the questions thus raised would require a more searching attitudinal survey

than was envisaged at this time, in order to establish the likelihood or otherwise of such localities having adverse effects on elderly life quality, twenty relatively unstructured interviews were conducted in the areas in question. Respondents were selected initially by contact in the streets, and through these contacts, by referral to residences. Interviewers were instructed to question respondents on how the locality had changed and how it affected them as residents of the area.

The interviews revealed that the heavy traffic is regarded by the elderly residents as a major problem, inhibiting their motility and detracting from the quality of the neighbourhood. Specific reference was made to the lack of pedestrian crossing facilities at convenient intervals. In some cases the traffic congestion created a perception of use of the car as being too dangerous for the elderly.

Interviewees also indicated regret at the decline in the 'corner shop' type of retail outlet. They enjoyed the social contact which such establishments offered, and, since many had been accustomed to shopping on an almost-daily basis, this was an important change. They found the self-service supermarket type of outlet to be impersonal in dealings with customers, for example, in the granting of credit. They are less capable physically than younger populations of carrying home the larger volumes of goods which less frequent shopping would necessitate, and, therefore, did not see themselves as benefitting from supermarket efficiency.

The loss of residential population from these areas, not necessarily occurring on a scale which would be apparent at the collector's district

level, was also regretted, partly because of the social contacts thus removed, but also because it reflected and contributed to a general decline in the desirability of the area from a residential viewpoint. Some interviewees expressed dissatisfaction over increasingly restricted social contact with younger people, as the out-migration reportedly involved young people to a disproportionate extent. Possibly linked with this was the existence of some elderly persons resident in houses too large for their needs and maintenance abilities.

However, while some respondents accepted the likelihood of a move in the future, none expressed the desire to do so at present. As long-term residents they had strong attachments to their localities, and continued to evaluate the convenience of the area in shopping and transport provision as better than that available in more suburban districts.

The failure of the survey questionnaire to isolate these specific problems stems partly from its construction and limited aims. However, it is also possible that its more formal nature led to the reaction noted by Binstock and Shanas (1976, 256) -

When the person has no option, evaluations of deleterious living environments may include some elements of defense. This possibility is suggested by the comments of many investigators working with older people in poor housing to the effect that the evaluations of their situations by the old are consistently more favourable than those of data collectors and other observers.

6.5 CONCLUSION

The elderly constitute a large and growing population element, and occupy a stage in the life-cycle through which most people hope to pass. Thus there are strong arguments, altruistic and self-interested, in favour of measures to improve the life quality of the elderly in our society. In this sense, planning for the welfare of the elderly is planning for the whole society, and should not, therefore, be seen as a distinct issue, but as an essential incorporation into measures directed towards the community at large.

While the main focus of this study has been on dimensions of the quality of life of Launceston's elderly population, there are elements in the population distribution which impinge directly on the quality-of-life factors. In terms of the social structure of urban areas, the elderly represent a key element which, in most Western cities, has marked geographic concentration. The elderly in the Launceston Urban Area conform to this model with an over-representation in the inner city and under-representation in the outer suburbs, with the notable exception of some peripheral government housing estates.

An analysis of the distribution of Launceston's elderly population indicates that both change and a degree of continuity result from the processes of *in situ* aging and migration. Concentration of elderly in some areas relates to the out-migration of younger population groups, a trend seen by some elderly as operating to their disadvantage. It is also apparent that this combination of processes is spreading outwards from the inner city residential areas and will affect a larger proportion of the city's population.

The three key elements of life quality, selected following a review of the relevant literature, were examined in detail in Chapters 3 to 5, and in combination in the first part of this chapter. Based on the premises outlined earlier, the survey analysis suggests that the major independent variable affecting the quality of life potential of the elderly in the Launceston Urban Area is aging. This serves to reinforce the tendency, referred to early in the study, to view the elderly as a relatively homogeneous group, but in reality they can be differentiated by as many variables as younger cohorts. In the context of this study, it is age differences within the elderly population which clearly affect quality-of-life potential. The study did not attempt to distinguish the effects of aging in the general population. The significance of the aging factor among the elderly is followed by the role of socioeconomic status, which may operate to partially alleviate the decline in life quality potential associated with aging. It is possible that, in a larger urban centre, where the socioeconomic range in districts and population is greater, this factor may be more important than it appeared to be in this study.

With the effects of aging and socioeconomic level isolated, it was apparent that there were dynamic processes, operating in the Launceston Urban Area, detrimental to the life satisfaction of the elderly in the areas most affected. Despite local government zoning regulations (perhaps even because of them), much of the change in the character of such neighbourhoods appears spontaneous and unplanned, a response to market or speculative forces rather than perceived needs. The humanitarian may be understandably disturbed that the elderly residents suffer from these changes, but when there are adverse effects

resulting from decisions made by government authorities, purporting to be in the interests of the elderly, then the bases for such decisions must be closely examined.

An example of the former change-type is the decline of older residential areas as they become subject to invasion by commercial and/or industrial functions. Illustrative of the second type has been the placing, by Government authority, of elderly person's residential complexes in locations lacking in facilities required by the elderly to an even greater extent than by the general population, and without accessibility to the urban core. Kilmartin and Thorns (1978, 11) note that many community studies "have overemphasised place as a cause of variations in styles of living in the city". However, notwithstanding the likely existence of elderly who are "isolates from choice", there are clearly some areas in which locational factors operate to restrict quality of life in the Launceston Urban Area.

In the reviews of literature and analyses of data relating to this study, a number of points emerged which have implications for elderly welfare planning. It is appropriate that reference be made again to these at this stage. It is likely that the goals of the elderly do not differ significantly from those of the wider population, but there appear to be differences in emphases, and, certainly, in the difficulties experienced in meeting them.

Thus, in the area of housing, policy- and decision-makers should consider the importance to the elderly of retention of the home to which they have become accustomed through long-term residence.

Familiarity and sentimental attachment cannot be easily replaced. It is argued that measures to facilitate, for as long as possible, residence in the family home, would minimize both welfare expenditure and disruption to the elderly. It was noted that sharing residence in a home belonging to married children is not satisfactory, although that, and the "granny-flat" arrangement, must still be seen as valuable alternatives, perhaps through some transitional period. In this area problems have been encountered with local government building and zoning regulations, suggesting a need for greater consultation between the levels of government. Although the elderly appear to favour institutional care to becoming a burden on their relatives, in the context of life satisfaction as presented in this study, institutionalisation should be postponed for as long as possible. This is not intended to refer to the forms of independent residential setting which are provided by a number of institutions, but rather to the nursing-home situation.

However, further to the reluctance of the elderly to 'move in' with their married children, there is a trend towards full-time occupations for wives, so that the traditional reliance of elderly on their daughters, for care in later life, may not be possible. Another alternative, operating with success in Britain as part of the policy for maintaining National Trust homes, is to board families with the elderly houseowner, placing upon them the responsibility of caring for both the building and the owner.

Much of the dissatisfaction expressed by the elderly about their accommodation relates to location, rather than the components of the building. In this study this was particularly true of the government housing on the eastern edge of the urban area. There is an inevitable time lag between the development of a housing estate and the provision of facilities requiring a threshold population, and, while younger, more mobile residents may be able to cope with this circumstance, the elderly experience great difficulties and consequent anxieties. Thus, it is argued that housing provided for the elderly should be located in already-developed areas, or that government-subsidised facilities should be developed simultaneously with the housing. Proximity to relatives and friends should also be considered. There has been recent recognition of this need by the Tasmanian State housing authority, and this has been manifested in infill development of medium density housing for the elderly in inner city areas of Hobart and Launceston.

With reference to the accommodation provided for elderly people, considerable attention appears to be given to suitable maintenance demands and practicality of utilities. However, presumably for reasons of economy, compactness prevails to such an extent that accommodation for guests is lacking. The importance to the elderly of visiting, and demonstrating competence by providing hospitality, in addition to the possible need for temporary care by a friend or relative, indicate that space for overnight guests would enhance this element in their life quality.

However, of perhaps overriding importance is the need to provide a range of accommodation choices to meet the diverse requirements of a group whose attitudes and perceptions are as varied as those of the general population. The range suggested includes continued, totally independent functioning in the family home; sharing of the family home with others (relatives or non-relatives); occupation of smaller, specially-designed residences in which independence can be maintained more easily; occupation of institutional units where facilities are present and expert care nearby; the provision of space with married children, or on their property; and nursing-home care with a range of intensity.

In the context of motility among the elderly, it would seem axiomatic that there are accessibilities of critical necessity to elderly people. Most obvious, perhaps, is the need for medical attention, since a decline in health and general well-being is concomitant with aging in most cases. Increased vulnerability to illness and accident creates in the elderly a population group with disproportionately high demands for medical care. To place them where such care is not readily available demonstrates a superficial concern for their welfare.

There are other demands, perhaps less critical, but still of major significance, which should be considered with the above. For example, there is a need for pharmaceutical products, and, possibly, special foods and household items for which the elderly may not be able to travel long distances. As was indicated previously, the elderly who are restricted in their shopping choices are likely to be paying higher prices, a serious disadvantage to a population group already financially

disadvantaged.

It was suggested that subsidised facilities could be provided until threshold population requirements were met. An alternative would be the provision of suitable transport, facilitated by the trend towards the use of elderly persons' housing complexes. Here, again, government subsidy may be required, as is already the case with much public transport. However, it is possible that the non-carowning elderly are the pioneers in the changing motility patterns which must result from the increase in petrol costs. Public transportation planners could use the existing elderly as the basis for a revival of mass transit systems. If, as is the case in Australia at present, petroleum resources are to be rationed by price manipulation, it is only just that the population element most likely to be deprived, should be given special consideration in public transportation. Thus, not only the elderly, but the lower-income younger population also, should be served. Again, residential concentration is a facilitating factor, but this should not become a '*raison d'etre*' for segregated housing.

The physical characteristics of the public transport vehicles should cater for the elderly as outlined in Chapter 4. None of those suggestions would hinder the younger population in their use of the vehicles and many would benefit, particularly parents with young children and handicapped persons. Planners might also consider greater flexibility in timetables and routeways. At one extreme is the "Dial-a-Bus" scheme by which the advantages of taxi use are made available at lower cost. If the cost of this is prohibitive, perhaps a regular door-to-door schedule could be designed in consultation with potential

users. In the case of elderly users this could make use of off-peak periods when public transport losses are at their highest. The conventional taxi, at present used by only a small fraction of the elderly, will present even less of an alternative transport form as escalating fuel costs are reflected in taxi fares.

Observation supports the claim that, in Launceston, the elderly are among the most enthusiastic supporters of pedestrianisation of the central business district. The construction of pedestrian shopping malls, with rest areas, playgrounds, trees, music and elements of interest, has provided the elderly (among others) with a shopping environment in which they can feel secure and in which they can socialise. There has been some criticism of the walking surface (which is of a cobbled nature) and this underlines the points made in Chapter 4 about the further restriction on motility and accessibility which can thus be created.

Perhaps the overall view on transportation for the elderly must be that their life space should be maintained at its widest, not only because of the need for and desirability of a range of accessibilities, but also because of the importance to the elderly of a range of activities and social contacts from which to choose, as was established in Chapter 5.

It is because of the importance of social contacts that clustering of the elderly appears to be a more suitable residential form than dispersion. Despite the preference among the LUA elderly for a residential environment containing all age groups, it is noted in the

literature that the adjustment to aging is facilitated where residents are of the same age group. Friendships are more easily formed where peer contact is high and meeting-places readily available. However, the scale on which clustering is arranged must stop short of segregation as the elderly value the opportunity for contact with younger people, and so a compromise must be sought in which the elderly, while insulated to a degree from the possible discomfort of continuous contact with younger people, are able to interact with them in situations where each can learn from the other. Total segregation of the elderly would operate to emphasise the ignorance and misconceptions which the younger population have of the elderly.

Leisure activities are important to the elderly, partly because that is the role thrust upon them by society, but also partly because of the time available to them. The quality of such leisure activities may be reduced by lack of facilities, lack of accessibility, and lack of social contacts. Location and transportation are major factors in all of these, and especially in the degree of participation in organisational activities, through which much contact with friends is maintained. It may be that the leisure-role will become increasingly important to the general population (hence the cries for a suitable education for leisure) and, again, the present elderly could provide the basis for the creation of an appropriate infrastructure.

The increase during the past few years in opportunities for public participation in the planning process has tended to aid most of those already in a relatively privileged position. The result is that the more articulate and affluent areas are more able to attract features that enhance the locality, like environmental improvement schemes, and at the same time prevent encroachment of features such as urban motorways that reduce the community amenities (Kilmartin and Thorns, 1978, 31).

This conclusion has endeavoured to stress the links and overlaps existing among the problems relating to life quality, not only with the elderly, but also with younger age groups. However, there are areas (both spatial and topical) in which there is urgency with reference to the elderly. These have been identified in this study with the hope that policy-makers will plan with the people concerned, and not merely for them.

[illegible]

3. Location of the relative, other than your spouse, whom you see most frequently.

No living relatives.

☐

At same address

☐

Other (Street and district).

4. When did you last see the relative referred to above?

Within the last week.

☐

Within the last month.

☐

Within the last year.

☐

5. With reference to the above relative, which is most frequent?

You visit his/her home.

☐

He/She visits your home.

☐

Other (please specify).

☐

6. Location of your best friend (not a relative).

No friends.

☐

At same address.

☐

Other (Street and district).

7. When did you last see the friend referred to above?

Within the last week.

☐

Within the last month.

☐

Within the last year.

☐

8. With reference to the above friend, which is most frequent?

- You visit his/her home. ☐
- He/She visits your home. ☐
- Other (please specify). _____ ☐
- _____

9. Please indicate the number of each type of relative listed with whom you have had personal contact during the last 12 months.

Parents _____

Brothers _____

Sisters _____

Sons _____

Daughters _____

10. For how long have you lived in your present neighbourhood?

- Less than one year ☐
- 1 to 5 years ☐
- 6 to 15 years ☐
- 16 to 30 years ☐
- More than 30 years ☐
- Since early childhood ☐

11. Satisfaction with present neighbourhood:

- (a) In general I find this neighbourhood to be satisfactory ☐
- unsatisfactory ☐

(b) Three things which I like about this neighbourhood are:

1. _____
2. _____
3. _____

(c) Three things which I dislike about this neighbourhood are:

1. _____
2. _____
3. _____

11. (d) Things most needed in this area are

1. _____
2. _____
3. _____
4. _____
5. _____

12. Housing: Please tick the appropriate boxes.

(a) My accommodation is

- a house ☐
- a unit ☐
- part of a house ☐
- self-contained ☐
- other (please specify) ☐

(b) owned by me ☐

- rented from a private landlord ☐
- rented from the Housing Department ☐
- part of an institution ☐
- other (please specify) ☐

(c) occupied by myself alone ☐

- shared with my wife/husband ☐
- shared with my child/children ☐
- shared with my son's family ☐
- shared with my daughter's family ☐
- shared with other relative(s) ☐
- shared with other person(s) (not related) ☐

12. (d) My accommodation includes

- a bedroom of my own ☐
- a bedroom (shared) ☐
- two or more bedrooms ☐
- a bed-sitting room ☐
- a lounge/living room ☐
- a separate kitchen ☐
- a bathroom of my own ☐
- a bathroom (shared) ☐
- an inside toilet ☐
- an outside toilet ☐
- a garden ☐

13. Satisfaction with housing:

(a) In general I find my accommodation

satisfactory ☐

unsatisfactory ☐

(b) Three things which I like about my present accommodation are

1. _____
2. _____
3. _____

(c) Three things which I dislike about my present accommodation are

1. _____
2. _____
3. _____

14. (a) What living arrangements do you regard as best for elderly people who can take care of themselves?

To live by themselves but with easy contact with relatives ☐

To live by themselves away from relatives ☐

To live with their children's families ☐

Other (please specify) _____

- (b) What living arrangements do you regard as best for elderly people who cannot take care of themselves?

To live in their own homes with nursing care ☐

To live with their children's families ☐

To live with relatives ☐

To live in nursing homes ☐

Other (please specify) _____

15. In which kind of area would you prefer to live?

(a) Where all residents are of your own age group ☐

(b) Where most residents are of your own age group ☐

(c) Where all residents are in younger age groups ☐

(d) Where residents are of mixed ages, but do not include children ☐

(e) Where residents are of mixed ages, including children ☐

(f) Other (please specify) _____

16. (a) Please state the activity which you most enjoyed during the last seven days. _____

(b) This activity was carried out

in your home ☐

away from your home ☐

with other people ☐

alone ☐

17. Assessment of health:

In general I regard myself as being

(a) in good health ☐

(b) in fair health ☐

(c) in poor health, but able ☐

(d) in need of care and attention ☐

18. Sex

Male ☐ Female ☐

19. Marital status:

Now married ☐

Never married ☐

Widowed ☐

Divorced or separated ☐

20. Age (in complete years). Please tick the appropriate box.

65-69 ☐

70-74 ☐

75-79 ☐

80-84 ☐

85-89 ☐

over 90 ☐

21. Where did you spend your early childhood (town, district and country)?

22. Employment:

(a) Please tick the appropriate box

Employed full-time ☐

Employed part-time ☐

Unemployed (but seeking work) ☐

Retired ☐

Self-employed ☐

(b) What was the usual occupation during working-life of
yourself _____

Your spouse _____

(c) If employed or self-employed, please tick the appropriate box.

I work from choice ☐

I work from economic necessity ☐

23. Education: Please indicate

Years of primary schooling _____

Years of secondary schooling _____

Years of post-secondary education in

(a) technical college (full-time) _____

(b) other college (full-time) _____

(c) university _____

Years of trade or professional training _____

Highest award gained.

24. Income and number of dependants. Please tick the appropriate box.

0 to \$49 per week

☐

\$50 to \$99 per week

☐

\$100 to \$149 per week

☐

\$150 to \$199 per week

☐

Over \$200 per week

☐

How many people (including yourself) depend on this
income?

25. What is the weekly cost of your accommodation (i.e. rent,
mortgage payments, rates, etc.)?

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