

Vanessa Burholt

Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor

Gill Windle

Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales, Bangor

Future housing for older people

indicate which factors people think would force them to relocate.

Respondents were asked about four domains or areas: physical health, psychological health, social support and house conditions. This article compares the identified key themes for two cohorts: 423 people aged 70 and over and 51 people between the ages of 50 and 60 living in a rural area of North Wales.

Vanessa Burholt and Gill Windle describe results from a collaborative piece of research (Housing for an Ageing Population: Planning Implications – HAPPI), funded by Wales Office of Research and Development for Health and Social Care, developed in partnership with Gwynedd Rural Ageing Network, and undertaken at the University of Wales, Bangor.

As the current older population is replaced by the next cohort of retirees, the housing preferences of this new group need to be assessed. It is likely that attitudes of older people will change, with an increase in aspirations and expectations for choice and type of services. One of the aims of this study was to identify potential catalysts that may trigger a move in the future, and to compare the perspectives of these two cohorts. We analysed qualitative data to

“*it was surprising to find that the younger group seemed more prepared to consider the impact of health*”

Findings

Physical health

Over one-fifth (21%) of the older respondents were not prepared to consider what change in their physical health would precipitate a move from their house. A typical response was:

‘I’ll have to have my back to the wall, kicking and screaming before I go!’
(Female, 74)

In contrast, all of the cohort aged 50 to 60 could think of some form of incapacitation that would force them to rethink their current housing situation. Given the greater proportion of older respondents with limiting illnesses or disabilities

(Burholt & Windle, 2002) it was surprising to find that the younger group seemed more prepared to



consider the impact of health. The notion that older people were more likely than younger respondents to be considering the appropriateness of their home environment was also held by younger respondents. One of the male respondents suggested:

'I'm not being awkward but I haven't put much thought into this matter, given that at my present age of 50 I am not as preoccupied with this matter as I would be at 70 or 75.'

(Male, 50)

The triggers for moving relating to physical health most frequently given by respondents in both cohorts could be grouped as severe disability, moderate disability, specific health problems, and ill health that would result in dependency, loss of autonomy or mobility.

Psychological health

Over one-quarter (28%) of older respondents were not prepared to consider which psychological triggers might make them move from their homes. Fewer younger respondents (14%) were unprepared to consider this question.

Nearly half (45%) of the older cohort and three-fifths (62%) of the younger cohort (and by far the greatest proportion) said that dementia and loss of memory would prompt them to leave their home. Many of the respondents mentioning dementia as a

trigger for moving gave examples of people with cognitive impairment that they had been in contact with. For example:

'My mother suffered from Alzheimer's disease and that was awful. If that happened to me, I couldn't expect my wife to look after me, so I'd have to go to a home.'

(Male, 75)

Over one-tenth (13% of those aged 70-plus; 12% of those aged 50 to 60) of all respondents also mentioned depression or anxiety as being deciding factors in relocating. Younger respondents were more likely than older respondents (six per cent against

one per cent) to mention that they would want to relocate if they became a danger to themselves or others. In addition, eight

per cent of the younger respondents mentioned loneliness as a factor that may trigger a move.

Social support

Social support referred to contact and help from family, friends, neighbours and formal agencies. Three-fifths (60%) of the sample were not prepared to consider changes in their social situation or could not imagine what would happen: a quarter (25%) of respondents did not know what changes would make them leave their house; one-fifth (21%) said that there would be nothing about changes in social support that would precipitate a move; others were adamant that there would be no changes or that if there were, other members of their support network would step in. For example:

'I have many friends and cannot imagine them all going... It's the kind of village where we know so many people, and I am part of the church community, which is very supportive.'

(Female, 55)

Over one-third of the older cohort (34%) and 16% of the younger respondents did identify potential problems with social support. For the older cohort these were related to family, friends and neighbours

“*two-fifths of both groups were not prepared to consider that anything about their home would precipitate a move*”

no longer living nearby (15%). Both cohorts mentioned family, friends and neighbours no longer able to provide help (nine per cent of those aged 70-plus; eight per cent of the 50 to 60 group). Other respondents (four per cent of those 70-plus; six per cent of those aged 50 to 60) said that they would probably move if their spouse died or could no longer provide care.

House conditions

Respondents were asked which house conditions would make them leave their home. Two-fifths of both groups were not prepared to consider that anything about their home would precipitate a move. Around 30% of both said nothing about their housing situation would make them move and others (10% of those 70-plus; four per cent of those aged 50 to 60) said that they could not imagine anything about their house that would make them move.

“*the house might be too large for them to manage in the future*”

Some respondents in both groups anticipated that maintenance, repair or adaptation of

their homes might provide a trigger for a move in the future. One key theme for the qualitative responses was labelled ‘catastrophic destruction’. This item is interesting as it seems to indicate that over one-tenth (13% of the 70-plus group; 12% of those aged 50 to 60) of the people interviewed in each cohort would only consider moving if there was a major catastrophe, and substantial damage (or complete destruction) of their home. The sort of crises envisaged that would necessitate such a move included earthquakes, fire, lightning strike, bomb, hurricane or tornado. A typical response was:

‘Even if it falls on top of me, I’m not leaving. [It would need to be] a bloody big earthquake!’
(Male, 73)

The remaining responses in this group were concerned with the manageability of the size of the



home (three per cent of the 70-plus group; 10% of those aged 50 to 60), the ability to pay for major repairs (three per cent 70-plus; eight per cent 50 to 60), the ability

to maintain the house in a good state of repair (seven per cent 70-plus; 10% 50 to 60) or dealing with specific problems that might arise such as heating the home (five per cent 70-plus; four per cent 50 to 60), installing double glazing (one per cent 70-plus; two per cent 50 to 60) or coping with dampness (three per cent 70-plus; 14% 50 to 60). For some people, it was a combination of several factors that would trigger a move. A few (three per cent 70-plus; two per cent 50 to 60) were concerned that they might not be able to afford the upkeep of the house and to pay bills, or afford an increase in rent. More younger respondents (10%) than older respondents (three per cent) were concerned that the house might be too large for them to manage in the future.

Conclusion

The qualitative data in this study backed previous evidence which suggests that older people are rarely willing to consider moving from their homes (eg Burholt, 1998; Mackintosh & Leather, 1992) and has reinforced other research findings that present evidence of older people's desire to remain in their own homes (summarised in Tinker, 1997). Many respondents were unwilling or unable to think of a trigger that would prompt them to move. For the older respondents this ranged from one-fifth (20%) of respondents talking about the health domain to three-fifths (60%) of the sample when asked to consider the social support domain. All of the younger respondents could think of a physical health trigger that would prompt them to move, but were less likely to provide a trigger in the other domains.

When respondents considered the prospect of moving in the future, it was generally only imagined in the face of one or more severe crises altering their current position. Therefore, it is strongly suggested

“*policy should focus on retaining older people's independence in the community by examining the implications for delivery of services*”

that policy should focus on retaining older people's independence in the community by examining the implications for delivery of services with

regard to the population levels of severe disability, mental health problems, changes in informal support arrangements, housing stock and disrepair in the population. Staying at home not only meets the wants of older people but also is often cheaper than relocation to a supported living environment (McCafferty, 1994; Tinker 1989). However, it should be borne in mind that for a small proportion of the older population the home might not be either the most appropriate or desirable place to remain (Tinker, 1997).

There was an indication that the younger cohort assumed that they would consider future deficits and needs when they were older. However, older respondents in this study (70-plus) also had difficulty envisaging the future. Although people from both cohorts have many shared ideas about what may precipitate a move in the future and the desirability of such a move, service planners should bear in mind the differences that were also observed between the two cohorts. Consequently, service provision will need to be continually tailored to meet the needs and wishes of future cohorts of older people.

References

- Burholt V (1998) Pathways into residential care: service use, help and health prior to admission. *Health Care in Later Life* 3 (1) 15-33.
- Burholt V & Windle G (2002) *Housing for an Ageing Population: Planning Implications. Final Report*. Bangor, Gwynedd: Centre for Social Policy Research and Development, University of Wales, Bangor.
- Mackintosh S & Leather P (1992) *Staying Put Revisited*. London: Anchor Housing Trust.
- McCafferty P (1994) *Living Independently: A Study of the Housing Needs of Elderly and Disabled People*. London: HMSO.
- Tinker A (1989) *An Evaluation of Very Sheltered Housing*. London: HMSO.
- Tinker A (1997) *Older People in Modern Society*. London: Longman.