

“AGEING IN PLACE”: THE VIEWS OF OLDER HOMEOWNERS ON MAINTENANCE, RENOVATION AND ADAPTATION

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Abstract

“Ageing in place” is favoured in policies on ageing and is the preferred option of many older people. For older homeowners, remaining at home may depend on their ability to keep their homes in good condition, safe, suitable and comfortable. This research illuminates the attitudes, opinions and preferences of some older New Zealanders with respect to their current and future housing circumstances. A considerable degree of self-sufficiency was found with respect to home maintenance, but fewer people were capable of doing their own renovation work, and there were clear gender differences. The respondents mostly shared a strong desire to remain living independently in the community for the rest of their lives. The most popular option for a new residence was a separate house, but one smaller and easier to manage than their family home. To this end, many had already moved to low-maintenance housing suited to ageing in place. Others had aspirations for such a move. Some of those who wished to remain in their long-term family homes were considering adaptations to make this possible, and some had already adapted their homes to cope with health issues. The study concludes that most of the respondents were resourceful people, who thought about the future, and planned for work to be done on their houses. They represented a common New Zealand ethos of independence and capacity, linked to homeownership as an aspiration.

INTRODUCTION

“Ageing in place” is a well-used concept as governments look to the future in an ageing world. In 1994, the health and social policy ministers of OECD countries reached an agreement on the overall objective of policies for the care of frail older people:

Elderly people, including those in need of care and support should, wherever possible, be enabled to continue living in their own homes, and where this is not possible, they should be enabled to live in a sheltered and supportive environment which is as close to their community as possible, in both the social and geographical sense. (OECD 1994:3)

1 The author acknowledges the contribution of Margaret Connor, who shared the interviewing and greatly assisted with the analysis of the research findings.

Internationally it has become accepted that traditional institutional care that keeps older people apart and medicalises old age is no longer desirable and perpetuates a negative view of ageing. Most OECD countries are committed to reducing the number of people living in institutions (OECD 2003:11). "The ageing process should no longer be viewed as an inevitable economic and social isolation from the rest of the community" (OECD 2003:173). Ageing in place therefore implies that older people will remain in the community, either in their family homes, in homes to which they have moved in middle or later life, or in supported accommodation of some type, rather than moving into residential care. It also implies living independently of other family members. There has been a decrease in intergenerational living in most developed countries, even for frail older people (OECD 2003).

In New Zealand, policy statements also promote ageing in place. *The New Zealand Positive Ageing Strategy* (Dalziel 2001:10) aims to encourage and assist older people to remain in their own homes, in order to enhance their sense of independence and self-reliance. And the *Health of Older People Strategy* (Ministry of Health 2002:3) proposes an integrated approach to health and disability support services, which is responsive to varied and changing needs, supports older people remaining in their own homes, and reduces the need for institutional care.

The policy emphasis on ageing in place is reflected in the personal preferences of older people themselves, who prize their autonomy and independence. This emerged from consultation forums with older people held to contribute to the New Zealand Housing Strategy (Housing Corporation New Zealand 2005:61) and in literature reviewed for the CHRANZ Accommodation Options report (Davey et al. 2004). In New Zealand a high proportion of people remain in their own homes until the end of their lives.²

As part of activities in the International Year of Older Persons, the (then) Senior Citizens Unit and the Ministry of Social Policy carried out a study of the factors affecting the ability of older people to live independently (Dwyer et al. 2000). The study pointed out the social, economic and service requirements if people are to age positively "in place". These include family support and care and the provision of home-based services through public, private or voluntary sector agencies. However, "Well designed, easy to manage, affordable, warm and safe housing is as important to independent living as inputs of care" (Dwyer et al. 2000:33, quoting a study undertaken in the United Kingdom).

2 For the 65-plus age group as a whole, 93% lived in private dwellings in 2001, but this decreases from 98% of people aged 65 to 74 to 70% of those 85 and over (Statistics New Zealand 2002).

For older owner-occupiers,³ remaining at home may depend on their ability to have their houses maintained, modified or adapted in order to keep them in good condition and able to fulfil their needs. Most housing has not been designed with older age and impairment in mind, and the arrangements of the home environment often inhibit the ability of a person to manage their daily life. In addition, maintaining a property to a reasonable standard can be difficult for low-income homeowners. Deficiencies in housing may reinforce dependency and increase pressure on support agencies (Harrison and Davis 2001, Tinker et al 1999). Less than adequate housing conditions might ultimately threaten wellbeing and health and lead to premature entry into residential care.

As policy is developed to promote ageing in place, it is important to take into account the attitudes, opinions and preferences of the older people themselves and how they see their current and future housing circumstances. This is in line with United Nations research priorities which call for research on the quality of life of older people to take into account the views of the older individuals themselves (United Nations 2002). The research described in this paper was funded by the Ministry of Social Development, and aimed to explore housing issues with older homeowners from their own perspectives, covering:

- current suitability of housing
- likely future suitability of housing
- maintenance (defined as regular work needed to maintain housing quality; e.g. clearing gutters, cleaning exteriors)
- renovation (defined as work to renew the housing fabric and services or to extend accommodation, which is not usually required on a regular basis; e.g. major repainting, rewiring, adding rooms)
- adaptation (defined as changes to housing required as a result of disability or frailty affecting the residents; e.g. installing ramps, safety rails, special bathroom fixtures)
- the perceived influence of housing quality (including all of the above) on the ability to age in place.

3 In 2001, three-quarters of New Zealanders aged 65 or over, resident in the community, lived in owner-occupied housing. Ownership without a mortgage is the leading type of housing tenure for all ethnic groups, except for Pacific people. For the 75-plus age group, 55% of Pacific people are in rented accommodation, compared to 31% of Māori and 16% of Pākehā people (Statistics New Zealand 2002).

RESEARCH DESIGN

Information was collected through face-to-face interviews with 30 older homeowners, living in the Wellington, Hutt Valley and Kapiti/Horowhenua regions. Interviewees were recruited through the FRENZ database, held at Victoria University of Wellington.⁴ The sample design included quotas based on age and gender/household composition. The respondents were fairly evenly distributed between “young-old” (aged 60 to 74) and “old-old” (75-plus) categories. Couples and single people, men and women, were selected in each age group. The questionnaire, developed in consultation with the Ministry of Social Development, contained structured and semi-structured questions. The emphasis was on eliciting the respondents’ opinions and preferences, on a subjective basis. Hence, in the account that follows, verbatim quotations are included to illustrate key points.

It became clear that most of the respondents from the FRENZ database were average or above in income and socio-economic status. This is likely to be the case among older people who volunteer to take part in research studies at universities. Although the respondents are “average New Zealanders” in many senses, and thus reasonably typical of older homeowners, they are not representative of the more deprived sections of the older population – the 5 to 15% identified in *Living Standards of Older New Zealanders* as experiencing marked material hardship or some material difficulties (Fergusson et al. 2001). No record was kept of ethnicity. If further survey work on ageing in place and housing is undertaken, it would be advisable to target lower socio-economic areas in order to make comparisons. Housing issues for renters may also be different, with further contrasts between older people renting from public and private landlords.

ANALYSIS

Maintenance

There were many capable handymen and -women among the interviewees – 10 men and five women said they could do everything necessary; four men and five women said they could do some things. Only six people, all women living alone and mostly over 75, said they could do none of the regular maintenance tasks. This illustrates significant capability among the respondents, but some gender differences. For those who could not do all the maintenance themselves, using paid tradespeople was the

4 FRENZ (Facilitating Research Excellence in New Zealand Volunteer Registry) is a list of people who have volunteered to take part in research studies at Victoria University. For this reason the database covers only the southern part of the North Island. Recruitment procedures followed the guidelines set out for FRENZ, administered by FRENZ Director Dr Todd Jones of the School of Psychology. Ethical approval for the research and for use of the FRENZ database was obtained from the Victoria University Human Ethics Committee.

most common option (mentioned by 17 respondents); four used family only; three used family and sometimes tradespeople; one used family and friends. Several were reluctant to call on their relatives because they were too busy and often living at some distance. Some respondents, especially those who had lived in the same area for a long time, had ongoing relationships with tradespeople whom they knew and trusted. There was, therefore, a high degree of self-sufficiency among the respondents with respect to current home maintenance.

A lot of people had taken steps to minimise the amount of maintenance they would have to do in the future, illustrating a good degree of planning and forethought.

"I have a programme of maintenance and do one or two things a year. You need to be determined so you don't fall behind." (Anne⁵)

Renovation

The majority of respondents had no concerns about renovations to their houses, at least for the present. Some could see issues arising in five to 15 years time, involving painting, kitchen modernisation, repairs to drainage, spouting and heating, and dealing with steps, paths and balconies that are now illegal under a new building code.

Only two respondents, both men, said that they could do all the required renovations themselves, fewer than the number that could tackle the maintenance; nine men and six women could do some jobs. Three men and 10 women said that they couldn't do anything. So gender differences, observed in relation to maintenance, were more pronounced in this area. Painting was the renovation job most frequently tackled by the respondents. Fewer suggested that family would help with renovations than was the case for small maintenance jobs. Two out of every three respondents were clear that they would use paid tradespeople, either in addition to their own efforts or because they could not physically undertake the work themselves. Brian, a retired carpenter, said he would offer the work to friends "in the industry"; Thelma would ask her son to recommend tradespeople and supervise the work. The comments again recommend building up relationships with tradespeople, so that when they are needed they are known and trusted. Where good relationships had been established, concerns about the quality and fair costing of repairs and renovations were allayed. Such concerns were not highlighted by the respondents, although some, as already noted, asked family members to oversee the work.

About half of the respondents did not foresee any problems with renovation work in the future. However, for people who were used to doing all or much of their own

5 All respondents have been given pseudonyms for confidentiality.

renovation work, the future could not be contemplated as confidently. Some were beginning to experience limitations.

"Painting and some carpentry jobs are becoming more difficult and onerous."
(Grace)

"I can do repainting now, but I am getting to my limit." (John)

The prospect of getting up on roofs or painting high walls was daunting in the face of increasing frailty. They were aware of the potential for accidents if they overestimated their capacity. Many people kept up a programme of repairs, looked ahead and planned the work that was needed.

"I have repainted it all in recent years and had the bathroom done a year ago." (Fleur)

"Rewired three years ago and replaced the roof." (Harold)

"We have been in the house 41 years and maintained it all the time." (Ella)

Adaptations

The vast majority of respondents were currently in good health or had conditions that were kept under control by medication and therefore did not cause problems in everyday life. Most appeared to have looked after their health, sought attention for problems, and kept a positive outlook.

Twelve out of the 30 respondents had made adaptations to their homes linked to health issues. Four had put up rails outside the house and eight had made changes to their bathrooms (two people had done both). In some cases this work had been done by tradespeople and sometimes by the respondents or family members. As an example, when his wife was suffering from knee problems, John installed rails at the front door and lowered the steps to make access easier for her. Jenni had raised beds formed in her garden so that she could work there, despite her chronic back problem. Bathroom adaptations were the most common initiatives, easy to install by the residents themselves and useful to ensure safe and comfortable bathing and showering.

Only seven respondents had adaptations in mind but had not yet gone ahead with them, sometimes because of the cost, sometimes because other priorities intervened, but frequently because there was actually no pressing need.

"Perhaps a ramp up from the garage, but we are not really bad enough yet and there is the cost. Paul could do some of the work and we could get students in for the heavy work. It would be a difficult job though." (Paul and Mary)

The existing adaptations and plans for the future show that most respondents are aware of safety issues as they age and have thought about adaptations. Many, however, are “hoping that they will be OK” and cannot foretell what they will need. Whether the more expensive adaptations come about is linked with their keenness to stay or to move.

AGEING IN PLACE

When they were asked how long they were expecting to remain in their present homes, respondents fell into three broad groups. The first group were certain they wanted to remain where they were for the rest of their lives. Many had already made the move to housing that they thought would suit them as they aged. The second group said they would stay until something changed, causing them to reconsider. This might be deteriorating health or the onset of frailty, or losing the ability to drive, which would mean a serious loss of mobility. The third group said they had a time frame for moving, usually within five years. These tended to be people still living in family homes that were becoming less suitable for ageing in place. They talked about their houses and sections being too large. Chris said that he did not want to paint the house again.

When pressed to say what might eventually make them move, the main trigger for those who did not want to go was deteriorating health (mentioned 19 times) or the death of a partner (four mentions). A few, mainly those with plans to move, gave housing or section-related triggers for moving, or said it could happen if they could no longer drive. Two people mentioned that wanting a better climate might precipitate a move.

Where would they move to, if they were forced to or if this was planned? Several people who wanted to remain as long as possible said that they would only move to some kind of residential care or retirement village (sometimes seen as synonymous). There were very mixed views on retirement villages. Only three women, living on their own, said clearly that a retirement village would be their choice. More commonly, people who mentioned retirement villages were equivocal about them or did not like them, explaining that they are expensive and age-segregated.

“Retirement villages are too expensive and cliquey.” (Thelma)

“My wife would like a retirement village, but I have a bad impression of them, they are full of nosy old people.” (Peter)

The most popular option for a new residence was a separate house, but one which was smaller and easier to manage.

“A separate house in a similar location but smaller and with a small garden. But not an apartment or a retirement village.” (Harold)

"An apartment with no garden and possibly no car. (Mary) But if there was no workshop that could lead to a marked deterioration in my lifestyle." (Paul)

Comments about family mostly indicated a strong preference to remain independent, although being nearer to family was seen positively.

"Probably an apartment or granny flat at my daughter's place." (Fleur)⁶

"My family would provide a home, but a retirement village complex would be better." (Paula)

"One could find a small flat near the children, but I would not want them to take us in." (Thelma)

In summary, the respondents mostly shared a desire to remain living in the community, in independent housing, but of a type that is easy to manage in later life. Many knew about the retirement village option, but few were enthusiastic. Moving closer to family was seen as beneficial, but most would not want to live with family, unless they required very high levels of care, and even then residential care was generally preferred, to avoid being a burden. The respondents clearly were thinking ahead towards suitable housing for ageing in place, and many felt that they had already achieved it. The main triggers for moving house would be illness and frailty, but house-related factors (maintenance, garden work and access) were also important, along with transport and death of a partner.

What Would Help Older People Age in Place?

As a general question, respondents were asked what they thought would assist older people to remain living in ordinary housing until the end of their lives – in other words, to successfully age in place. Their suggestions fell into three categories: service provision, income and basic costs, and where the responsibility for this assistance lies.

Services to support ageing in place were frequently mentioned by respondents, including food delivery (Meals on Wheels), home maintenance, gardening and housework. The latter evoked a lot of comment, with some criticism of current standards. Assistance in the home overlaps with health services, such as personal care and health checks by visiting nurses. The inter-relationship of family care and formal health services was noted.

6 Two respondents mentioned "granny flats". During the 1980s there was interest in the concept of relocatable housing units, which could be constructed alongside or behind the primary home to provide affordable housing for older people with low incomes and few assets. These were colloquially known as "granny flats". Although they receive little attention at present, these units are discussed in Davey et al (2004) as "secondary dwellings".

“Most people can manage at home, but I have seen older people caring for their children and spouses and losing their health. Some don’t know what is available [from formal services].” (Sylvia)

Sylvia’s was not the only comment about lack of information, and there were also some comments about the cost of health care, the expense of medical insurance and waiting for treatment, noting the consequences of these issues for ageing in place.

“Getting hospital treatment – people don’t get operations and become immobile – joints, eyes, affect mobility, if people can’t get to the bathroom and kitchen.” (Mary)

Home maintenance help and advice can be included under service provision. In addition to commercial operations, some voluntary agencies, such as Grey Power, organise low-cost services by retired tradespeople and some respondents used these. John suggested low-interest loans for maintenance and adaptation, which could be paid off through estates after death. Transport is another service needed for successful ageing in place. Comments ranged from making the test for older drivers cheaper and less daunting, to the price of petrol, assistance with transport to medical services, public transport and local courtesy vans, and a suggestion about networking to share taxis.

Although most of the respondents did not mention financial hardship for themselves, many were concerned about costs affecting others, notably local authority rates and electricity costs (especially in relation to having adequate heating). Suggestions included subsidies on electricity for people who needed them and better housing construction to conserve heat.

“People who only have New Zealand Super should be exempt from GST for maintenance work, materials and labour, and petrol.” (Gordon)

“I know people who would benefit from investment of a few hundred dollars, which would make a difference, and are at risk of falls and needing greater care.” (Paula)

Government action was by no means the only suggestion to support ageing in place. Several people spoke about personal responsibility for wellbeing in later life. Ella thought “older people need to be somewhat self-sufficient”, and Hal considered there were “lots of things people can do for themselves”. Anne said, “Planning ahead makes good sense.” Part of personal responsibility is staying involved – advice offered by several respondents and consistent with the goals of the Positive Ageing Strategy. Community action can also support ageing in place. Several respondents noted the role of churches and local volunteers, which can be helpful in combating loneliness and isolation.

"Find suitable housing in a mixed area. Maintain your friendships and links with neighbours and become part of the community. Reciprocity happens. Some older people withdraw and miss out on this." (Fleur)

Several of these comments suggest the advantages of government, local government and community services working together, in addition to self-help by the older people.

CONCLUSION

Resourcefulness and Independence

The majority of the respondents are resourceful people, who think about the future, cope with regular home maintenance and plan for major pieces of work to be done on their houses. This conforms to the expectations of "middle New Zealand", linked to homeownership as an aspiration, and the habits of a lifetime. However, when people have carried out home renovations and maintenance all their lives they may feel inadequate when their capacity declines, as it may do with advanced age. A woman whose husband has always undertaken these tasks may be at a loss if he dies and she is left without personal resources or contacts in the building trades. However, as the interviews showed, many women do develop capacity, at least for the more straightforward tasks around their homes. Building up relationships with known and trusted tradespeople can be beneficial. This is easier to achieve where people have lived in the same area for a long time and can refer to "their" plumber, electrician or builder. There is a role for voluntary organisations, and possibly for local government, in this area.

As well as resourcefulness, the interviewees exhibited independence, with a strong desire to remain living in the community, in housing similar to what they have been accustomed to all their lives, but with features appropriate to the lifestyles and capabilities of later life. The interviews illustrated what the features should be, in the opinion of typical older homeowners:

- no stairs – all on one level
- easy access from the street
- warm and sunny
- a garden that is small and easy to manage
- a modern bathroom and kitchen
- room for visitors and for an office/hobby space (many now need a space for a computer)
- low maintenance (brick, aluminium windows, low-maintenance roofs)
- safe (steps that are not slippery and with rails; grab rails in the bathroom)
- accessible for transport, health services and social networks.

With this type of housing, older people could retain their independence, even with increasing frailty, provided that services to support ageing in place were also available. While such services were not the focus of the study, they were mentioned in responses, and included home help, gardening, meal deliveries, health care and home maintenance. Although families assisted with maintenance and renovation tasks and social contact with them was valued, relatives were clearly not expected to provide intensive personal care.

The respondents clearly felt a responsibility to cope, to be in control of their lives and to look after themselves, and they extended this responsibility to older people in general. One reason why they were currently in good housing was because most of them had kept up with the maintenance and had thought about the future. They had taken care of their health, but were realistic about the prospect of becoming frail, and several had experienced the decline and death of spouses or close relatives. Many were also practical about safety, taking a preventive approach through maintenance and special adaptations.

Resourcefulness and independence do not preclude mutual assistance among friends and family members and the use of community networks. Several respondents expected reciprocity when they helped their friends, or provided volunteer assistance in their locality. Building relationships with local tradespeople is another aspect of this. There were few references in the survey to expectations of formal assistance from local and central government, but a clear concern for older people who were less fortunate than themselves.

Staying and Moving

On the basis of their expectations and intentions, three categories could be identified among the 30 respondents: stayers (13), potential movers (eight) and movers (nine).

Stayers want to remain in their long-term housing for as long as possible, preferably for the rest of their lives. Many are couples living in homes where they have raised their families. This is the group most likely to have concerns about renovations and adaptations, but who might be willing to undertake them to enable themselves to stay.

Potential movers were contemplating moving house to somewhere more suitable to their needs in later life. These people often find their family houses too large, with gardens that are difficult to maintain. People in this group are unlikely to be considering renovations or adaptations. They may have chosen to move because this was an easier way of achieving suitable housing than making changes to their existing accommodation.

Movers had made a move in middle or later life and were now successfully relocated in housing they felt would suit them for the rest of their lives and had the features

listed above. Many of these are widows living alone. This group are likely to be in newer, low-maintenance housing, but may contemplate adaptations relating to health and disability needs.

Movers and potential movers may be considering or have already undertaken "down-sizing". In moving, they may release some capital from their homes, which may provide reserves for housing or other costs, expected or unexpected. However, several people mentioned the difficulty of finding appropriate newer accommodation to replace an older home that required renovation. In some cases the cost was the same or even greater for a small new townhouse compared to a traditional older villa, depending on its condition and location.

Supporting Ageing in Place

Housing-related initiatives to support ageing in place need to reflect the various circumstances of older people, as summarised in the categorisation above. The "stayers" may require assistance with renovation problems, as they are often in older accommodation, and help with adaptations to allow them to remain where they are. "Movers" have usually achieved more appropriate housing, with lower maintenance needs, but could still require adaptations, as they intend to remain where they are even if their health deteriorates. Potential movers are likely to need assistance with finding suitable accommodation, creating new networks in new locations, and possibly help with finance to ensure that the move is feasible. All three groups will require services to support ageing in place and the preservation or development of social and community networks.

Looking to the Future

Based on the preferences expressed in this study, and current policy settings, it is likely that the vast majority of older people in the future will be "ageing in place"; that is, living in non-institutional housing in the community (Davey et al. 2004). Despite apparent declines in homeownership rates in the last decade, the majority of older people are still likely to own their homes. New Zealand has a strong culture of homeownership and it remains an aspiration and a mark of pride for most people. Homeowners not only enjoy greater housing security and lower housing costs, but are also accumulating a capital asset. On the other hand, renters are over-represented in many measures of social and economic deprivation (Fergusson et al. 2001).

The respondents' "ideal" housing for their later years can be summarised as detached houses on small and easily managed sections, low maintenance and with good internal and external accessibility. They should be sited within easy reach of social networks and basic community services. It seems likely that these aspirations will characterise oncoming generations, who share the "kiwi" values of independence and self-reliance. They will be living longer and healthier; they will have higher levels of education; and the women will have had more extensive labour market experience, probably having achieved a higher level of financial independence (and financial knowledge) than their mothers and grandmothers.

This research concludes that many older homeowners are coping well with home maintenance and renovation, exhibiting resilience, independence and planning. However, low-income homeowners ageing in place may still require assistance, and the respondents themselves made suggestions about how this could be delivered. Lack of housing support may precipitate loss of autonomy for older people. This is especially the case for adaptations, which can make independent living more feasible for people with significant disabilities.

Where older people need high levels of care and support, mainstream housing, either owned or rented, may not be suitable. "Sheltered" or "intermediate" housing, which has special design features for more dependent older people, is not well developed in New Zealand. However, there is evidence that older people, even with very high levels of dependency, can be maintained in housing designed to promote autonomy and social contact (Davey et al. 2004). The respondents in this research clearly signalled that retaining independence is a high priority. They, and oncoming cohorts of older people, are likely to favour movement to such intermediate housing rather than institutional alternatives.

This suggests that, as the population ages, a continuum of housing types and options for older people will need to be developed, each with the appropriate levels and types of service provision, up to hospital-level care. The ageing in place options could range from remaining in a long-term family home through to specially designed independent units and supported accommodation in the community.

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