

Baby boomer women ageing in place: Childlessness, social policy, and housing in Australia

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Statement of originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis to be available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968.

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Publications and conference presentations from this research

- Curryer, C 2016, 'Ageing-in-place and the risks associated with housing in later life', Conference Presentation, The Annual Conference of The Australian Sociological Association (TASA). Published in the Refereed Proceedings of TASA 2016 Conference. Cities and Successful Societies. Fitzroy, Melbourne.
- Curryer, C 2016, 'Remember, I live with my mother': The housing circumstances of women baby boomers in Australia', Conference Presentation, Emerging Researchers in Ageing (ERA), 31st October 2016, Canberra ACT Australia.
- Curryer, C, Gray, M & Byles, JE 2016, 'Re-imagining relationships: the experience of childlessness in later life', Tabletop presentation, Australian Association of Gerontology (AAG), Canberra ACT Australia.
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Abstract

As an intrinsic part of everyday life, risk plays a key role in shaping decision-making and outcomes in older age. Some of the most important decisions and choices that individuals will face relate to later life and whether to remain living in the home or, alternatively, moving into residential aged-care. These decisions become more complex within the contexts of housing unaffordability, changing social and family structures, and rapidly shifting welfare and aged-care policy contexts. Drawing on Beck's risk society, structural individualisation, and person-environment (PE-fit) this qualitative study examined older women's housing and social circumstances, and their plans and expectations for housing and support. Longitudinal free-text survey comments and interviews with women (born 1946-1951) were analysed. Questions included: (i) What are the housing and social circumstances of older women in Australia? (ii) How might parental status, such as *being childless*, influence ageing in place? (iii) For women who are childless, what are their needs, preferences, and expectations and what plans have they made for housing and care? (iv) What are the key issues for older women ageing in Australia?

The study found that many women made housing decisions within the contexts of family and social relationships. Interdependencies of care shaped decision-making regarding housing consumption, and choices in other life domains. Socio-relational aspects of PE-fit (friendships, belonging, shared histories, and support) were valued highly. Some women had wanted to relocate but found their choices constrained. Around half were adamant they would not move from their current residence, with residential aged-care seen as a last resort. Most women had not made plans beyond homeownership. Planning was perceived as either unnecessary (too young and still healthy), impractical, or too uncertain. Some women criticised government policies that kept changing, particularly without regard to women's historical gender disadvantage. Consequently, women's preparations for later life might prove inadequate.

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List of abbreviations

ABS	Australian Bureau of Statistics
ALSWH	Australian Longitudinal Study on Women's Health
AHURI	Australian Housing and Urban Research Institute
AWOC	Ageing Without Children
BB	Baby boomer
CALD	Culturally and linguistically diverse
CDC	Consumer-directed care
CHSP	Commonwealth Home Support Program
COAG	Council of Australian Governments
CRA	Commonwealth Rental Assistance (Australia)
GFC	Global Financial Crisis
HDR	Higher Degree Research
LGBT	Lesbian, gay, bisexual, transgender
MND	Motor Neurone Disease
PE-fit	Person-environment fit
RAC	Residential aged-care
UK	United Kingdom
U3A	University of the Third Age
USA	United States of America
WHO	World Health Organisation

CHAPTER 1

Introduction to the Study and the Australian Longitudinal Study on Women's Health (ALSWH)

This thesis is about choice and risk, with a particular emphasis on single women and those without children. It explores the nexus between social policy, housing, and family contexts. It considers how family contexts, such as being childless or having children, might influence older women's experiences of ageing, and their plans and expectations for ageing in place. As an intrinsic part of everyday life (Beck 1992), risk plays a key role in shaping decision-making and outcomes in older age. Some of the most important decisions and choices that individuals will face relate to later life and whether to remain living in the home (i.e., ageing in place¹ with a range of family and community supports) or move into residential aged-care (RAC)². These decisions become more complex within the contexts of housing unaffordability, changing social and family structures, and rapidly shifting social policy. The Living Longer Living Better Aged care reforms in Australia laid the foundation for a consumer-orientated, fiscally-sustainable aged-care system (Commonwealth Government of Australia 2012). It also emphasised aged-care service delivery

¹ 'Ageing in place' *within the context of this thesis* refers to the policy ideal of individuals ageing in their home with the support of family and community and home-based aged-care services. However, some studies extend the concept of 'ageing in place' to include residents living in residential aged-care (RAC) or other types of senior accommodation and the broader urban and social environments. See for example, Byrnes, Lichtenberg and Lysack (2006), Clarke and Nieuwenhuijsen (2009), and Vasara (2015).

² For clarity, common terminology used in policy documents relating to the *Living Longer Living Better* aged-care reforms (Commonwealth Government of Australia 2012) is adopted when discussing consumer-directed care (CDC) and aged-care systems in Australia. This includes the terms 'residential aged-care' (RAC) rather than 'long-term care (LTC)', 'institutional care' or 'nursing home'; 'CDC' as opposed to 'personal/individual budgets'; and 'home-based aged-care' or 'home care' rather than the phrase 'social care' (which in the United Kingdom incorporates both health and aged-care services).

in the home, thus reducing demands for government-funded residential care. However, potentially, these policy changes were problematic for various reasons:

1. They presumed that older people were homeowners and had housing that was affordable and adequate for their needs.
2. They signalled expectations that older people would have family to provide care.
3. They emphasised choice and ageing in place, while downplaying risks associated with socioeconomic disadvantage over the lifetime.
4. Although they espoused equity of choice in aged-care and housing markets, this did not necessarily eventuate.

This study delves into these policy assumptions through an exploration of social policy, housing and family contexts in Australia.

Framing the study

Housing and family contexts

Most older people in Australia own their homes (Productivity Commission 2015). However, an increasing number of older people, especially women, are experiencing housing stress³ (Ong, Wood and Colic-Peisker 2015) and/or are living in private rental accommodation (Morris 2007). Many of these properties are not supportive of ageing-related decline and may even hamper service delivery (Housing for the Aged Action Group 2014). Consequently, older people may have few viable choices to support their plans for ageing in place. Despite the policy rhetoric of consumer co-production in aged-care services (Commonwealth Government of Australia 2012), there has been little discussion with older people – as current or future consumers of aged-care services – about their needs and preferences for housing and care in later life. Moreover, programs

³ Housing stress is a measure of housing affordability: households spending 30% or more income on housing costs are considered to be experiencing stress and those spending 50% or more are classified as being in *severe housing stress*.

such as the Commonwealth Home Support Program (CHSP), have not ‘addressed the looming problems of whether or not current properties are up to the task of enabling older people to age in place, and to receive the supports they require to do so’ (Bleasdale 2016: 20). Consequently, there is a mismatch between policy implementation, consumer expectations, and policy initiatives.

Beyond the home environment, social and family networks play a key role in supporting ageing in place and shaping housing decisions (Mackenzie, Curryer and Byles 2015). While policy discourse recognises the crucial role of families and informal care (Department of Family and Community Services 2003; Productivity Commission 2011), comparatively little attention has been given to older people who are ageing without the support of a spouse or adult children. Most glaringly, even though studies show increasing rates of childlessness in Australia (Australian Bureau of Statistics 2008; Rowland 1998b, 2007), neither volume of the *Caring for Older Australians Inquiry Report* (Productivity Commission 2011) – a major landmark document preceding aged-care policy reforms – mentions the potential care needs of older people who are childless. This omission reflects underlying social and policy assumptions that older people will have family, especially *adult children*, to provide support (Cash, Hodgkin and Warburton 2013). Yet, as Ivanova and Dykstra (2015) highlight, this is not always the case. Hence, the policy emphasis on family care is at odds with research showing the declining availability of support. In the United Kingdom (UK), for example, the number of older people needing care has outstripped ‘the number of adult children able to provide it’ (McNeil and Hunter 2014: 3). Similar shortfalls in old-age dependency ratios are forecast for Australia by 2054 (Commonwealth Government of Australia 2015) and, in the United States of America (USA), where the number of available caregivers is expected to plummet dramatically as the post-Second World War ‘baby boomer’ (BB) generation ages into their eighties and beyond (American Association of Retired Persons 2013). Falling dependency ratios have been attributed to more individuals and couples remaining childless during their life course⁴, as well as delayed marriage and rejection of conventional

⁴ The term ‘life course’ in this thesis refers to the progression through time from birth to death, including events, transitions, social roles, and cultural statuses, as well as historical, environmental, and social influences on life and at particular ages (Alwin 2012).

gender norms of childbirth and family formation (American Association of Retired Persons 2013). This thesis posits that shifts in marriage and childbirth conventions (for example, late or forfeited marriage, divorce, delayed childbearing, and voluntary childlessness), and resultant greater numbers of single households, are also symptomatic of structural individualisation⁵ and the loosening of ties from traditional social structures, such as women's reproductive roles and the nuclear family (Beck et al. 2002).

Ageing in the risk society

Beck's (1992) thesis of the 'risk society' attempts to theorise and explain profound social, technological, and scientific transformations occurring because of modernisation, individualisation, and globalisation processes over the past century. It draws on complexity theory and the notion of individuals and broader environments as interconnected, highly adaptive complex systems (Boker 2013; Higginbotham, Albrecht and Connor 2001). Non-linear transformation, ambiguity, and reflexive change are key features of complexity theory (Haynes 2007; Rowles 2000). Beck (1992, 2009) believed that, under the pressures of modernisation, the ability of scientists to predict and manage risk accurately would be thrown into question. At the same time, he saw individualisation processes dramatically altering the life course, as they transformed traditional gender roles and social structures. Thus, many individuals and couples struggled to reconcile competing demands of work, leisure, and care (Beck and Beck-Gernsheim 1995), leading to higher levels of divorce, particularly at ages 50 years and over (Brown et al. 2016). Driven by increasing welfare devolution from the state (Moffatt et al. 2012), individuals also experienced greater freedom and autonomy as privatisation opened space for the exercise of choice.

⁵ Various meanings of individualisation exist. In neoliberal terms, individualisation refers to the policy focus on citizenship rights and obligations within democratic welfare societies. It is closest to the meaning intended by Giddens (1991, 1998) – the proponent of Third Way policies in the United Kingdom. *In this thesis however*, the term 'individualisation' refers to the 'structural, sociological transformation of social institutions and the relationship of the individual to society' (Beck and Beck-Gernsheim 2002: 202).

Beck (1992: 90) saw ‘biography itself ... acquiring a reflexive project’, by which he meant, in having to choose a ‘life of one’s own’, an individual was subjected to greater risk and responsibility for his or her own welfare (Beck et al. 2002). While seemingly freer, life choices standardised around the labour market and privatised services compelled individuals to save for retirement, due to the progressive individualisation of welfare and aged-care supports in older age (Taylor-Gooby et al. 1999). This made planning for later life exceedingly difficult, particularly in this context of rapid social and policy change (Quine, Bernard and Kendig 2006a). Throughout much of his work, Beck highlighted the difficulty of reconciling tensions between risk and choice.

Situating choice

The concept of choice as a policy ideal and ‘engine and mark of independence’ (Markus and Schwartz 2010: 344), is ill-defined and varies considerably between social, political, and cultural contexts (Cash, Hodgkin and Warburton 2016; Yeandle, Kröger and Cass 2012). It is often equated with freedom (Markus et al. 2010) and, applied to consumer contexts, suggests that individuals can, do, and will make rational decisions (Blank 2009; Brown and King 2005). However, choice is not always equitable, nor fully exercisable within consumer markets (Greve 2009). A lack of information, insufficient resources (such as ability to pay higher premiums for services), lower social capital or personal agency, and lack of available services (particularly in rural areas) can hamper choice (Collyer et al. 2015; Rodrigues and Glendinning 2014). Divergent views or agendas espoused by spouses or service providers may also constrain choice (Glendinning 2008; Petersen, Tilse and Cockburn 2017). Borgstrom and Walter (2015) highlight that, despite palliative care ‘choices’ being inscribed within policy discourses and health care practices, often patients’ choices were ‘imperfect’ due to service deficiencies (and consequently, choices not being able to be met). Likewise, the policy ideal of ageing in place might not be older peoples’ preferred choice, especially if they were socially isolated, living in precarious or unsuitable housing, or having difficulty managing in the home (Golant 2008; Stroschein 2012).

Problem statement

Given the emphasis on ageing in place, greater understanding is needed on how policy changes, such as those promoting informal care and consumer choice, might influence the experience of ageing and individual expectations for housing and care in later life. This thesis takes up this task by exploring the nexus between social policy⁶, housing, and family contexts⁷. A key aim is to examine how family contexts, such as being childless or having children, might influence older women's experiences of ageing, and their plans and expectations for ageing in place. It also explores women's housing and social circumstances, and the influence of risk and choice on decision-making processes. A key consideration is how housing (physical features, suitability, affordability, and tenure) (Byles et al. 2018; Oswald et al. 2007) and social and family circumstances (Buffel et al. 2011; Germain and Gitterman 1980) might support ageing in the community (Byles et al. 2014; Mackenzie et al. 2015). The research seeks to inform policy and services development and contribute to knowledge about ageing in place.

Importance of gender

Gender profoundly shapes individual lives through socialisation around beliefs and practices regarding sexual reproduction and social norms (Rich et al. 2011; Russell 2007), and also women's housing arrangements. For example, women are more likely to be living in poverty due to time taken out of the workforce to provide care, to have less superannuation savings than compared to men, and to be living alone in older age (Parkinson et al. 2013); moreover, single older women, who are living alone, are at higher risk of housing insecurity and homelessness (McFerran 2010). Also, single women can face distinct disadvantages in achieving home ownership, for example, due to lower household income and prejudicial lending practices (Izuhara

⁶ In the context of this thesis, the term *social policy* refers to various 'legislation, regulations and written policy guidelines that prescribe how policies are operationalised, and [includes] programs for implementing policy or service delivery' (Dalton et al. 1996: 7-8).

⁷ The phrase *context* adopts Elder's (1998: 3) notion of '*historical time and place*', which recognises the embeddedness of individuals lives and the lifecourse within the broader historical, cultural and social milieu. The importance of context for life course studies is also reflected in Willis' (2011) *sociological imagination*, which comprises four elements or analytical lenses: historical, cultural, structural, and critical.

and Heywood 2003). Thus, older women who are living alone, ‘are, and will continue to be the most vulnerable’ (Gonyea and Melekis 2018: 50) of older populations, yet gender plays a minor role in housing research (Gonyea et al. 2018; Tually, Beer and Faulkner 2007; Vignoli, Tanturri and Acciai 2016). There is insufficient research in Australia that explores older *women’s* housing circumstances. Therefore, this study focuses on women and housing. This is not to devalue the experiences of men, who may also be experiencing housing stress and poor outcomes in later life. Rather, it reflects sociological understandings of the ways in which gender, as a socially constructed category influencing feminine and masculine behaviour (Zajdow 2015), shapes individual choices and, hence, women’s biographies of ageing (Hagestad and Dykstra 2016). Indeed, ‘gender and ageing are inextricably intertwined in social life; each can only be fully understood with reference to the other’ (Arber and Ginn 1995: 1). In this thesis, gender is used as a sensitising concept, a way of grounding analyses and findings in older women’s social relationships shaped, as they are, by gender expectations across the life course and rapid social changes attributed to feminism in the 1960s (Gibson 2003).

Motherhood lost: Older women who are childless

Following on the importance of gender, the increasing number of older women who are childless is an additional concern. The demographic transition to smaller family sizes, lone-person households, and increasing number of childless people aged 65 years and over (American Association of Retired Persons 2013; Tanturri et al. 2015) are a key feature of the BB generation and population trends in many countries, such as the USA (Abma and Martinez 2006), Australia (Rowland 2007), Italy (Albertini and Mencarini 2014), and New Zealand (Boddington and Didham 2009). While being childless is not necessarily associated with lack of support and care in later life (Schnettler and Wöhler 2016; Wenger 2001), women who do not have children may have different needs, aspirations, and preferences for housing and aged-care services. The thesis explores how older women’s choices may vary, with a view to informing housing and service development. The research focuses primarily on, but is *not necessarily limited to*, women who are childless, irrespective of whether childlessness is the consequence of choice or circumstance.

Research approach and theoretical framework

This research adopts a qualitative mixed-methods approach that is grounded in Ulrich Beck's sociological theories of the *risk society*, *reflexive modernisation*, and *structural individualisation* (Beck 1992, 2009; Beck et al. 2002). A key premise is that of complex (non-linear) transformation occurring over time, and the reflexive and unequal (dis)embedding of individuals within social, economic, and political systems (Curryer, Gray and Byles 2018a). This occurs due to increased risk in contemporary society stemming from structural individualisation and reflexive modernisation processes (Beck 1992). Sociological approaches to ageing hold that the experience of ageing, late-life childlessness, and ageing in place is socially, culturally, and politically constructed (Haworth, Manzi and Kemeny 2004; Phillipson 2013c; Tulle and Mooney 2002). Following similar lines, Beck's emphasis on risk and complexity highlights the difficulty of planning within rapidly evolving social and policy contexts (Beck 1992; Beck et al. 2002).

In researching housing and ageing in place, the theoretical framework grounded in these sociological approaches is strengthened by theories of *person and environment fit (PE-fit)* (Lawton and Nahemow 1973; Oswald and Wahl 2013). PE-fit (as both theory and conceptual device) underpins much policy development in Australia. It posits a transactional (but mostly linear) relationship between individuals and their built and social environment, such that where the home and neighbourhood environment is experienced and perceived as supportive, then the effects of ageing-related disability and decline can be alleviated. Conversely, environments that are not conducive towards ageing in place can impact negatively on individual coping and wellbeing and even hasten the transition into residential care (Byles et al. 2014). Thus, PE-fit provides the framework for examining women's housing experiences, choices, and expectations (as shown in Figure 1). It also provides an anchor for theorising risk and individualisation in later life, thereby bringing Beck's work to the fore in ageing research.

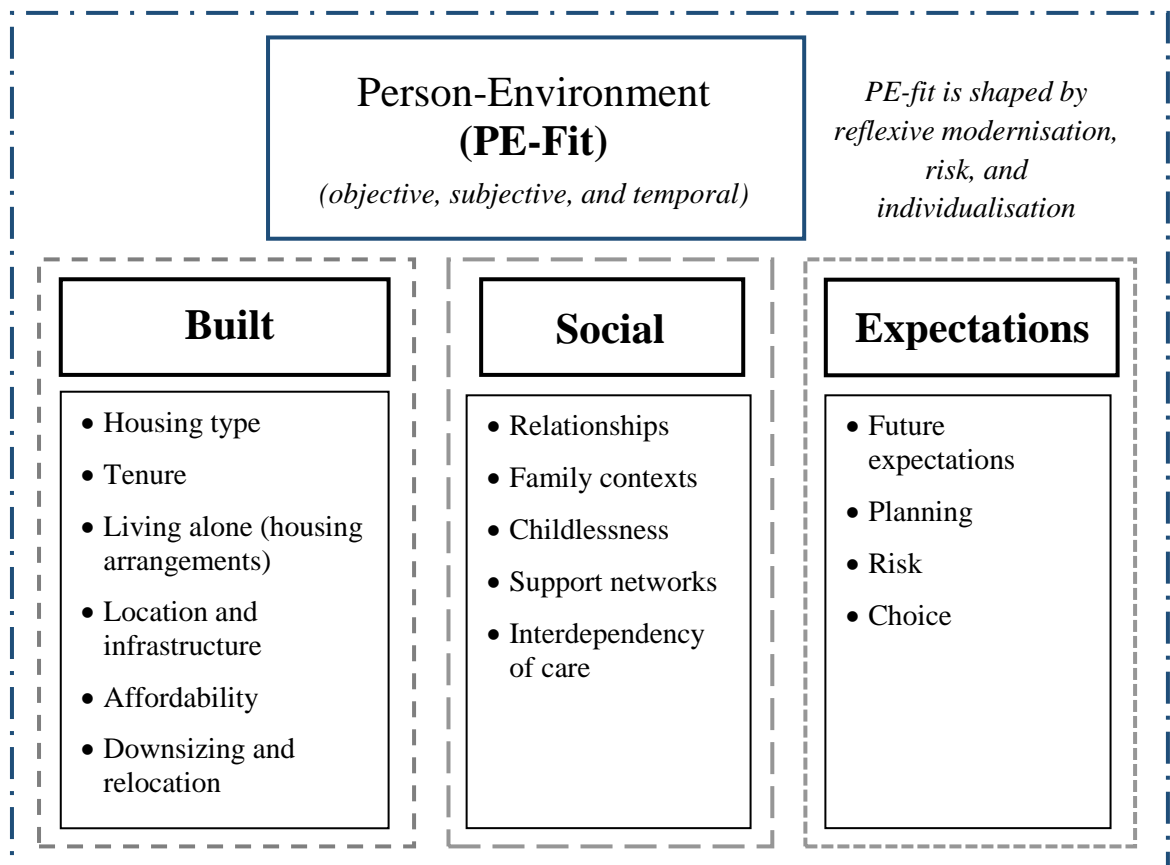


Figure 1. Conceptualising ageing in place

Research questions

The key questions underpinning this research were:

1. What are the housing and social circumstances of women born during the post-Second World War baby boom?
2. How might parental status, such as having children or being childless, influence the experience of ageing in place?
3. And, for women who are childless:
 - i. What are women's needs, choices, and expectations for ageing in place?
 - ii. What plans have women made for future housing and care?
 - iii. What are some of the key issues facing older women in Australia today?

Study design

This research uses secondary (free-text survey comments, n=150 women: Study A) and primary data (in-depth interviews, n=15 women: Study B) drawn from a sub-sample of women in the 1946 to 1951 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH)⁸. These women represent the leading edge of the post-Second World War BB generation in Australia. The first stage of research (Study A, Survey Comments (SC), ALSWH Project A615) took a broader scope in that it included women who were parents *and* women who were childless. It sought to explore and compare what, *if anything*, women had been writing about their housing and social circumstances, living arrangements, and care over time. The second stage of research (Study B, Interviews (I), ALSWH Substudy W099) examined these themes in greater depth, focusing on women who were childless, and either single, never-married, or divorced. The focus on women who were not married reflects the feminist movement of the 1960s and 1970s and Beck's theory of structural individualisation (Beck et al. 2002) (discussed in Chapter 2) in that these women were most likely exemplary of independent women living alone in later life. These stages of research are described in detail in Chapter 4.

Australian Longitudinal Study on Women's Health (ALSWH)

The ALSWH is a representative population health survey that has been conducted for over 20 years (<http://www.alswh.org.au/>). At approximately three-year intervals, it collects a range of quantitative and demographic data on the health, marital and living arrangements, retirement status, employment patterns, and various social indicators of women residing in Australia. Each survey concludes with the question '*have we missed anything?*' with space provided for women to respond. Although not all women write comments, about half (49%) of the women in the 1946 to 1951 cohort have done so at some point (Rich, Choienta and Loxton 2013). At the time of the study, the ALSWH comprised four cohorts, as shown in Table 1. Attrition in participants was attributed mainly to women either being deceased, lost to contact, or opting out of the survey

⁸ Hereafter, the capitalised terms Survey (SC) and Substudy (I) are used.

(Young, Powers and Wheway 2007). At Survey 1 (baseline S1, 1996), there were 13,715 women aged 45-50 years, falling to 9,151 women by Survey 7 (S7, 2013), due to death or other attrition (Table 1). **This research uses a sub-sample of the 1946 to 1951 cohort**, who were aged between 66 and 71 years of age in 2017.

Table 1. Overview of ALSWH cohorts

Birth cohort	Year of first Survey (S1)	Number of women at first Survey (S1)	Number of women at last Survey (n=, Survey number, year)	Age range (years) (2017)
1973-1978	1996	14247	7186 (S7, 2015)	39 - 44
1989-1995	2013	17015	7287 (S3, 2016)	22 - 28
1946-1951	1996	13715	8186 (S8, 2016)⁹	66 - 71
1921-1926	1996	12432	709 (S6MF10*, 2016)	91 - 96
<i>* from 2011 surveys are conducted at six-monthly intervals</i>				

Source: Adapted from Schedule of Surveys for the ALSWH (<http://www.alswh.org.au/about/progress> Accessed 28/04/2017).

Table 2 provides an overview of the 1946-1951 cohort. At S1 (1996), most women were married, with just under 4% being single or never-married, 13% separated or divorced, and 2% widowed. The greatest change in marital status was for women who were widowed, rising to 2.1% of women in 1996 (when women were aged 45-50 years of age) to 7.6% in 2013 (aged 62-67 years). The relatively higher prevalence of divorce compared to widowhood was characteristic of the BB generation (Gibson 2003) and stood in stark contrast to the 1921-1926 cohort (Feldman, Byles and Beaumont 2000). Also, the percentage of women living alone had doubled as the women aged, from just 8% (S1, 1996) to 19% (S7, 2013), echoing broader social trends in Australia and other developed Western countries (Demey et al. 2013; Tually et al. 2007).

In 1996 (S1), around 80% of women were employed, though this declined over time. By S7 (2013), when women were aged between 62 and 67 years of age, just over half had retired,

⁹ Qualitative data from S8 was not yet available. Study A used comments from S1 to S7 only.

and 30% were employed part-time. Most women (69%) reported that it was easy or not too difficult to manage on their available income. This might reflect the large percentage (62%) of women reporting at S2 (1998) that they owned their homes outright. Around 9% of women had never given birth to a child. McKay's (2008) earlier study of reproductive decision-making captured in the ALSWH 1946-1954 cohort highlighted that women's journeys towards childlessness were diverse and that, for some women, the underlying reasons changed over time. McKay (2008) concluded that as many as 36% of women had chosen not to have a child, while 46% were childless, due to circumstances beyond their control (i.e., denied choice), such as infertility or not having a partner. Also, the experiences of the women in her study were highly diverse, with some women embracing the freedom and autonomy afforded by not having children, while others, particularly those denied the choice, regretted the missed opportunity.

Terminology

Baby boomer generation in Australia

In Australia, the term 'baby boomer'¹⁰ refers to individuals born between 1945 and 1965. In 2014, the BB generation represented 23.7% of the population (5,574,000 persons), compared to 28% (6,584,000 persons) in Generation X and Y combined (born between 1966 and 1986) (Australian Bureau of Statistics 2014b). Born in the post-war economic boom, early BBs grew up in an era of prosperity, high marriage and fertility rates, elevated immigration levels, and rising participation of women in tertiary education and the workforce (Leach et al. 2013). Compared to later decades, housing prices were cheap then (Yates 2008), with high rates of homeownership.

¹⁰ Generally, sociologists consider the term 'generation' to be problematic in that it is socially, culturally, and politically constructed (see, for example, Leach et al., 2013 and Bristow, 2016). Hence, rather than an arbitrary category, 'generation' is used somewhat sceptically. In policy terms, 'generation' is defined by shifts in the rise and fall of birth rates, with these attributed to birth cohorts or 'generations'. Taken this way, the baby boomer (BB) generation spans a timeframe of approximately 20 years – the combined size of later generations, such as Generation X and Y. Indeed, authors, such as Ozanne (2009), point to the BB generation in Australia as having two 'waves' – the first born between 1946 and 1955, and the second (or late-BBs) between 1956 and 1965.

Table 2. Selected socio-demographic characteristics of women born 1946 to 1951 (entire cohort*), for ALSWH surveys 1 to 7

	S1 (1996)	S2 (1998)	S3 (2001)	S4 (2004)	S5 (2007)	S6 (2010)	S7 (2013)
Age (years)	45-50	47-52	50-55	53-58	56-61	59-64	62-67
(n) of women* %	13,715 %	12,338 %	11,226 %	10,905 %	10,638 %	10,011 %	9,151 %
Marital and parental status							
Single/never-married	3.9	3.8	^	3.1	3.2	3.1	3.3
Divorced/separated	13.2	13.3	^	14.2	14.8	15.6	15.7
Widowed	2.1	2.3	^	3.6	4.7	5.9	7.6
Has never given birth to a child	9.1	#	#	9.3	#	#	#
Living arrangements							
Lives alone	8.2	^	9.5	11.9	14.7	17.3	19.2
Stress about living arrangements (last 12 months)							
Extremely/Very stressed	5.8	4.9	4.5	4.0	3.1	3.3	4.6
Moderately stressed	6.4	5.7	5.5	5.4	4.7	4.3	6.6
Housing							
Lives in a house	90.2	#	#	#	#	#	#
Lives in an apartment/unit	7.5	#	#	#	#	#	#
Lives in caravan/other	2.4	#	#	#	#	#	#
Owens outright	#	62.0	#	#	#	#	#
Has mortgage	#	24.0	#	#	#	#	#
Renting	#	11.2	#	#	#	#	#

	S1 (1996)	S2 (1998)	S3 (2001)	S4 (2004)	S5 (2007)	S6 (2010)	S7 (2013)
Has made plans to be in housing that suits post-retirement							
Firm plans	#	#	#	#	31.0	#	#
Not at all (no plans)	#	#	#	#	13.7	#	#
Income							
Impossible/difficult to manage all the time	14.5	14.2	10.6	11.8	11.1	12.5	9.8
Easy/not too bad to manage on income	57.8	58.1	63.7	62.5	66.3	65.0	69.3
Has health care concession card	#	#	17.8	21.9	24.0	29.7	45.8
Has made plans to be financially secure post-retirement							
Firm plans	#	#	#	#	30.2	#	#
Not at all (no plans)	#	#	#	#	6.7	#	#
When you are 65, how do you expect to manage (income)?							
Impossible/difficult to manage on income all the time	#	#	#	#	13.6	17.4	#
Easy/not too bad to manage on income	#	#	#	#	54.6	49.1	#
Stressed about money (last 12 months)							
Extremely/Very stressed	14.2	11.6	10.2	8.8	7.5	7.2	7.6
Moderately stressed	14.4	12.0	11.2	12.0	10.2	10.3	12.5
Work/retirement status (main occupation)							
Retired	0.7	0.6	^	20.2	27.5	38.0	53.2
Part-time/casual work	31.1	20.1	^	^	35.7	^	^
Full-time paid work	37.3	41.7	^	^	31.5	^	^

= data not collected. ^ = different wording or question format/difficult to draw comparison.

However, many born at the tail-end of the BB generation (early 1960s) were less privileged, as they entered adulthood at a time of widespread unemployment and high interest rates (Australian Bureau of Statistics 2011b; Yates 2008).

Stereotypical descriptions of BBs as materialist and selfish, self-indulgent, privileged, greedy, and having it all (i.e., taking more than their fair share of wealth and resources, such as housing, free education, and health care services) were intergenerationally divisive (Bristow 2016; Tavener 2010). Also, they ignored the fact that the BB generation was highly heterogeneous in terms of social and economic (dis)advantage over the life course (Leach et al. 2013; Ozanne 2009) and led to the problematisation of population ageing and the BB generation in general (Curryer, Malta and Fine 2018b). In 2018, the BB generation in Australia were aged between 53 and 71 years of age. Most (63%) resided in large cities, such as Sydney, Melbourne, and Canberra, with the largest concentrations living in larger regional and coastal areas (Australian Bureau of Statistics 2014b).

Definitions of ageing

The term ‘older women’ reflects policy documents that define older persons as aged 65 years and over. However, age is socially constructed, and all individuals age differently (Mortimer and Moen 2016; Phillipson 2013c). Not all people describe themselves as ‘old’, even at very advanced ages, as illustrated by the following quotation from Quénart and Charpentier’s (2012: 992) study of ageing representations:

Q: When I say older woman, what image or model comes to mind?

A: Well ... I think it best describes someone else, not me (laughs). (*Josette*, 91 years).

Other authors, such as Gilleard and Higgs (2000), Thorpe (2018), and Petersen (2018), point towards the increased blurring of ‘age’ (and who or what is considered ‘young’) within contemporary consumer cultures. In Australia, eligibility ages for the aged pension and, in many cases, the traditional age of retirement (Phillipson 2013c) are being extended past 65 years of age

(Commonwealth Government of Australia 2015). These changes are a response to population ageing, and the changing social and policy constructions of old age in advanced Western countries, such as the UK, USA, and Australia (Phillipson 2013a).

Childlessness

In this research, the terms ‘women who do not have children’, ‘without children’, ‘childless’, and ‘childlessness’ are used interchangeably in describing childlessness in later life, with none meaning more than the others. This reflects the diverse and sometimes conflicting meanings attached to parenthood and childlessness within various social, cultural, political, and academic contexts. One unifying feature is whether the state of childlessness is voluntary or involuntary. For example, those who have chosen not have children are referred to as ‘childfree’ or ‘voluntarily childless’ (Faux 1984; Rich et al. 2011; Shapiro 2014; Tanturri and Mencarini 2008). Where childlessness was not desired, women were deemed ‘involuntarily childless’ (Daniluk 2001; Faux 1984; Letherby 1999, 2002; Rich et al. 2011). Other terms used to describe childlessness include: women who are infertile, orphan elders, and nonparents. Similar terms are used to describe men who are childless. Often, the continued emphasis on the voluntariness of childlessness obscures the diversity and complexity of childless people’s lives. There is considerable debate among researchers, academics, and childless individuals themselves as to the correctness or social acceptability of these various terms (Allen and Wiles 2013a; Cain 2001; Doyle, Pooley and Breen 2013; Dykstra and Hagestad 2007a, 2007b; Harman 2015). While acknowledging that defining women by the absence or presence of children is overly simplistic, Cain (2001) states that she is unable to identify better alternatives to the terms ‘childless’ and ‘childfree’: ‘they are, after all, simply women’ (Cain 2001: xv). Likewise, I struggled to find more apt ways of describing the women in this study. Hence, for the sake of readability (and in the absence of agreed alternatives), I use a variety of terms to describe childlessness or nonparenthood in this thesis.

Significance of this research

This thesis aimed to explore the nexus between social policy, housing, and family contexts. It examined how family contexts, such as being childless or having children, influenced older women's experiences of ageing, and their plans and expectations for ageing in place. It also considered women's housing and social circumstances, and the influence of risk and choice on decision-making processes. This study has contributed to further development of the ALSWH, secondary data analysis, and the utility of Beck's theory for research on ageing. Using Beck's sociological theory and ecological theory on PE-fit, it has made a substantial theoretical contribution to knowledge about older women's housing, late-life childlessness, and ageing in place. It has drawn attention to the complexity of ageing women's lives through its an exploration and analysis of: (i) BB women's housing and social circumstances over time; (ii) BB women's expectations and choices regarding housing and support in later life, and (iii) the ways in which being childless might have influenced their choices.

Contribution to the ALSWH

Housing studies

This research is the first to explore ALSWH Survey comments within the context of older women's housing experiences. Although housing plays a key role in influencing health, social, and workforce participation over the life course (Baker and Tually 2008; Cass 1986), the health focus of the ALSWH for the first 15-20 years meant that little attention was given to questions relating to housing, such as housing tenure or decisions relating to housing relocation, beyond collecting life event, geographical, and demographic data. The closest study found was Rich's (2013) thesis on the psychological and emotional effects of drought for women living in rural areas, though housing *per se* was not the focus of her inquiry (Rich et al. 2013). Therefore, the findings from this study can inform further ALSWH Survey development and drive further Substudy research.

Childlessness in later life

This study built on research conducted by McKay (2008), who reported quantitative results from a 2002 Survey of childless women in the 1946 to 1951 cohort (when women were in their early fifties). She used qualitative comments from the Survey as illustrations to support statistical analyses but did not analyse these. Hence, she might have overlooked important insights. McKay's (2008) thesis also identified the need to explore how women's perceptions of childlessness changed over time, and the experience of childless women who were single. As there are no other studies of childlessness among this cohort of the ALSWH, this study fills an identified gap in knowledge.

Contribution to secondary data analysis

In addition to the production of new knowledge, this research provides a substantial empirical contribution towards discussions on the utility of secondary data research and highlights the depth of analysis that can be gained through empirical engagement with secondary data. It provides an example of how secondary Survey data can be incorporated into Higher Degree Research and highlights the new empirical insights that such data can provide (Hammersley 2010; Heaton 2014). Several studies have analysed secondary qualitative data from the ALSWH (Tavener, Chojenta and Loxton 2016). The utility and richness of this data for generating theoretical and empirical insights across a range of topics is still being explored.

Utility of Beck's theory for research on ageing

Finally, this research has made a substantial theoretical contribution by demonstrating the utility of Beck's theory to knowledge about older women's housing, late-life childlessness, PE-fit, and ageing in place. Few studies have explicitly explored ageing through Beck's theoretical lenses (Curryer et al. 2018a). In exploring the nexus between social policy, housing, and family contexts, I have drawn on Beck's concept of non-linear, reflexive change to examine evolving social and policy contexts, and their effects on women's planning and security in older age. This thesis builds

on previous knowledge by elucidating the potential of Beck's theories for research on ageing and late-life adaptation and provides a useful theoretical and conceptual framework to guide further research using Beck's theories (Beck 1992; Beck et al. 2002) in research on ageing and housing in later life.

Overview of the thesis

This chapter provided the background contexts for this Higher Degree Research, which explores the housing experiences of BB women ageing in place in Australia. *Chapter 2* provides a synopsis of the theoretical framework, drawing on Beck's work and the ecological theory of person-environment (PE-fit). *Chapter 3* situates this research within the fields of ageing, housing, and social policy research, and the nexus between these. *Chapter 4* presents the methodology, study design, and data collection and analysis methods for the two stages of this qualitative study: (i) analysis of free-text Survey data and (ii) in-depth interviews. *Chapters 5 to 7* present the research findings. These are grouped under the themes of housing, family and social contexts, and women's plans and expectations. The *Discussion* (Chapter 8) presents an empirical framework for ageing in place and considers the study findings in relation to broader knowledge on older women's housing, late-life childlessness, and women's expectations for housing and support. The *Conclusion* (Chapter 9) discusses the study's findings that BB women's housing decisions are strongly embedded in social relationships and in their need for social belonging and attachment, and that family and social contexts play a major role in ageing in place. In closing, recommendations are provided for policy and service development and further research.

CHAPTER 2

Towards ageing in place: Theorising risk and adaptation in later life

This chapter describes the theoretical and conceptual framework for this study:

1. It was grounded in sociological theory, specifically Beck's theory of the risk society, reflexive modernisation, and structural individualisation (Beck 1992; Beck et al. 2002; Beck and Lau 2005).
2. This sociological grounding was strengthened by the ecological theory of PE-fit (Gitterman and Germain 2008; Lawton et al. 1973; Oswald et al. 2006).

This chapter reviews the relevance of these theories for this study on housing and ageing. It draws on a qualitative review (Dixon-Woods et al 2006; Kiteley and Stogdon 2014) of peer-reviewed journal articles and grey literature published between January 2000 and February 2016, including early view articles published ahead of press. Articles were captured using keyword, abstract, and title searches of library databases,¹¹ grey literature using Google and Google Scholar, and snowball hand-searching of journals published across social science, gerontology, and housing disciplines. These included for example, *Housing Theory and Society*, *Journal of Housing for the Elderly*, *Ageing and Society*, *Australasian Journal on Ageing*, *British Journal of Social Work*, *Journal of Sociology*, *Social Science and Medicine*, *Journal of Family Issues*, *Journal of Sociology and Social Welfare*, *Aging and Social Policy*, *Social Policy and Administration*, *Journal of Women and Aging*, and the *Journals of Gerontology* (Series A and B). Also captured were studies drawing on Beck's theories and PE-fit, as these informed the theoretical framework.

¹¹ Informit, Taylor and Francis, SAGE, Proquest, Ebsco and Newcat (the University of Newcastle's library catalogue). Search terms included housing, house, home, retirement village, ageing-in-place, policy, ageing (aging), older women, baby boomers, consumer-directed care and choice, childless, single, never married and divorced, and variations of these.

A view of ageing through Beck's theory of the 'risk society'

Few studies have applied Beck's theoretical framework to the experience of ageing, however, this study contends that his emphasis on non-linear transformation and change have high utility for theorising ageing and adaptation in later life (Curryer et al. 2018a). A key focus is the unequal disembedding and (re)embedding of individuals within social, economic, and political systems that are subjected reflexively to transformation over time (Curryer et al. 2018a). Under conditions of uncertainty, individuals are compelled to create their own lives as traditional social roles and institutions are cast off and responsibility progressively transferred from the state. As more space is created for the exercise of choice, risk also increases. Daily life becomes subject to ongoing decision-making as individuals grapple with the risks and uncertainties imposed by structural individualisation and evolving social and policy arrangements. As complex adaptive systems (Boker 2013; Rowles 2000), inherently, older people will seek to maintain equilibrium and functioning within the home and broader community, ensure continuity of self, and promote a sense of belonging. Notions of ongoing transformation and reflexive adaptation and organisation are key features of Beck's theories (Beck 1992; Beck et al. 2002). They are also suggestive of ecological theories of person-environment (PE-fit), discussed below. Beck sees the trio of the risk society, reflexive modernisation (Beck 1992), and structural individualisation (Beck et al. 2002) as entangled and 'mutually reinforcing complexes' (Beck 2009: 236) in the manner of complex, dynamic systems, where changes in one aspect will impact on others, with ongoing, unpredictable effects (Gatrell 2005; Rowles 2000). In the following discussion, the various strands of Beck's risk society thesis are treated separately to bring each into focus.

Risk and the risk society

Risk, as the 'anticipation of catastrophe ... concerns the possibility of future occurrences and developments; they [risks] make present a state of the world that does not (yet) exist' (Beck 2009: 9). A key premise is that, in late-second or reflexive modernity, the very processes that have brought success, such as increasing industrialisation and globalisation, produce new uncertainties.

However, 'it is not the fact that new insecurities and dangers arise that constitutes the peculiar character of the risk society' (Beck 2009: 236) but their unpredictability and the uncertainties they engender. The guiding assumption that risk can be controlled at the national level through increased and improved knowledge is collapsing. Further, risk crosses the boundaries 'between invisible, visible and virtual risks, between natural and technological risks and between real and socially constructed risks' (Eckberg 2007: 352). Through phenomena, such as global warming and population ageing, risk extends beyond time or space, and becomes globalised (Beck 2009). For Beck (1992), we live in a '*risk society*'.

Sharing parallels with the social constructionist perspective informing the research approach, discussed in Chapter 4, Beck conceives risk as relative given it is socially and culturally constructed: 'The distinction between risk and cultural perception of risk becomes blurred. The same risk becomes "real" in different ways from the perspective of different countries and cultures – and is assessed differently' (Beck 2009: 12). Due to globalisation and diffusion across geographical borders, a clash of 'risk cultures' occurs that 'divides, excludes and stigmatises' (Beck 2009: 16). As an inherent feature of everyday life, 'risks are always future events that may occur, that threaten us. But because this constant danger shapes our expectation, lodges in our heads and guides our actions, it becomes a political force that transforms the world' (Beck 2009: 9-10). Though closely connected with the self-organisation of daily life, risk acts a 'function of power and a catalyst for social transformation' (Eckberg 2007: 345). Cosmopolitanism (or the intrusion of the 'excluded other') has transformed society and the individual, giving rise to 'new repertoires of ideas, apprehensions, fears, hopes, behavioural norms, and religious conflicts' (Beck 2009: 16). A major transformation in Western societies is the devolution of responsibility and risk from the state to individuals through processes of individualisation (Beck et al. 2002).

Reflexive modernisation

Reflexive modernisation comprises two interconnected and largely inseparable strands of argument. In the first instance, reflexive modernisation refers to the transformation of modern

society through processes of globalisation, industrial modernisation, and technological advancement so that the traditional social structures of modernity, such as work and family, are destabilised and transformed. The second argument is the increasing awareness of, and reflection on (at the individual and global level), the destabilising effects that modernisation has wrought. The ‘very idea of controllability, certainty or security – so fundamental to first modernity – collapses’ (Beck et al. 2005: 526).

A touchstone in Beck’s theories is that of non-linear transformation and change. In the first modernity (pre-Beck’s risk society) – based on Talcott Parsons’ (1951) theory – society was conceived of as a linear, functional system with interdependent parts (individuals) contributing through various activities (such as work and care) to the functioning of the whole (Phillipson 2013b). However:

the reflexive individualisation of the second modernity presumes the existence of non-linear systems. Here system dis-equilibrium and change is produced internally to the system through feedback loops (i.e., reflexive processes) ... Individualisation now is at the same time system destabilisation. Complex systems do not simply reproduce. They change ... Beck does not use this sort of language, but this sort of non-linearity is at the heart of individualisation in the second modernity (Beck et al. 2002: viii).

Not only is risk more unpredictable and the life course more uncertain (under conditions of reflexive modernisation), but also scientific knowledge – and what knowledge is considered valid – has been shown increasingly to be inaccurate and insufficient (Beck 2009; Woodman, Threadgold and Possamai-Inesedy 2015). Increased knowledge does not necessarily guarantee lesser risk or greater ontological security; the inverse may be true (Beck 1992; Eckberg 2007). Moreover, as a ‘systematic way of dealing with hazards and insecurities induced and introduced by modernisation itself’ (Beck 1992: 21), risk can rebound (the ‘boomerang’ effect) and intensify in unintended and highly chaotic ways. For example, industrialisation and mass-scale manufacturing has wrought the unintended effects of global warming and severe ecological and

weather effects (Beck 1992), all of which may threaten ontological security (Giddens 1991) and the home.

Reflexive modernisation, and the notion of non-linear risk and consequences, provides a useful lens for examining how older people negotiate the experience of ageing and ageing in place. It also provides an explanation for why certain decisions or actions taken to reduce risks associated with ageing in the home (while seeming optimal at the time) might have unintended consequences. For example, Taylor-Gooby, Dean, Munro and Parker's (1999) study of homeowners in the UK found that many people purchased homes in the belief that this would shield them from risk. However, the subsequent withdrawal of government tax incentives – in combination with highly volatile mortgage and housing markets – had worsened their financial situation. Consequently, they were anxious about losing their homes.

Structural individualisation

The third strand to Beck's thesis, structural individualisation, is built on his observation that the ties binding traditional social structures and norms under modernity, such as marriage and the nuclear family, are being challenged progressively by processes of globalisation, industrial modernisation, and technological advancement. Group norms are eroded as individual biographies are:

removed from the traditional precepts and certainties, from external control ...

The proportion of possibilities in life that do not involve decision-making is diminishing and the proportion of biography open to decision-making and individual initiative is increasing. Standard biography is transformed into 'choice biography', with all the compulsions and 'shivers of freedom' that are received in exchange (Beck et al. 1995: 5).

Freedom comes at a cost because people are compelled 'under pain of material disadvantage, to build up a life of their own by way of the labour market, training and mobility' (Beck et al. 1995: 6). While there is a sense of being released (or disembedded) from traditional constraints and social roles, there is also a (re)embedding in the standardisation of individual lives. Freedom is

tied to, and constrained by, insecure labour markets, and everything else flowing from these, such as social welfare obligations and timing of retirement. Relatively few individuals can enjoy the luxury of ‘choosing’ not to work, particularly at younger ages. For women, the shedding of traditional gender roles and greater incidence of divorce in contemporary Australian society means they can no longer rely on a husband to support them in older age (The Senate Economics References Committee 2016).

Too often, the demands of the labour market clash with those of relationships in a ‘perilous balancing act’ (Beck et al. 1995: 6) evidenced by the high incidence of family breakdown and greater number of people living alone (Beck et al. 2002). The ‘chaos of love’ (Beck et al. 1995) has seen the emergence of geographically diverse and genetically-ambiguous family relationships, transnational motherhood, globalised care chains, and an increasing number of couples and individuals who remain childless into older age. Rees Jones and Higgs (2010) contend that this increasing biographical diversity has become normalised at a time when social policy efforts to manage risk are geared towards individual choice within consumer-oriented, privatised service provision. Choice and control has, in turn, intensified individual risk and responsibility. Those who are unable or who refuse to engage with normative discourses and expectations tied to individual responsibility are cast as being ‘at risk’ and subjected to greater surveillance and regulation (Rees Jones et al. 2010). For example, often people with dementia are subjected to risk-management protocols rather than treated with sensitivity in a caring environment (Green and Sawyer 2010; Nedlund and Nordh 2015; Powell, Wahidin and Zinn 2007). Against this backdrop, growing old becomes a risky business and socially reflexive, managed process (Phillipson and Powell 2004).

Utility of Beck’s theories for this research

While the ‘language of risk has become prolific, the concept itself remains cloaked in ambiguity and its relationship to ageing scantily researched’ (Powell et al. 2007: 67). Few studies have explored the experience of ageing using Beck’s theoretical framework (Curryer et al. 2018a) or

explicitly engaged with Beck's theories in regard to ageing in place. Research that has engaged with his work highlights the potential of Beck's theories for understanding ageing processes and women's expectations of ageing in place. For example, Fine (2005) highlighted how, under conditions of risk and uncertainty, new organisational forms and risk-management practices had shaped the production and provision of care. Phillipson et al. (2004) drew attention to the rise of the risk society and processes of individualisation that, coupled with greater longevity and population ageing, had driven profound changes in social policy arrangements, with multiple policy changes being experienced in a single lifetime. Powell (2014) pointed to the consequence of population ageing in the risk society, including the unequal transfer of risk from the state to older individuals. Powell joined with Wahidin, Zinn (Powell and Wahidin 2005; Powell et al. 2007) and later, Taylor (Powell and Taylor 2016) to describe how risk processes increasingly problematised ageing and older populations. The policy push toward individual responsibility is tied to the discourse on economic participation, productivity, and independence that encourages older people to extend their working lives and, thus, reduce the fiscal burden posed by ballooning old-age pensions.

Although not entirely focused on older people, several housing studies have drawn firm ties between their empirical findings and Beck's theories (Elliott and Wadley 2013; Ong et al. 2015). Beer et al. (2011) highlighted the impact of Beck's risk society, such as increased uncertainty, economic changes, labour market casualisation, and relationship precariousness, on household formation and housing consumption. Several studies highlighted the greater diversity of housing outcomes over the life course (Beer et al. 2011; Ong et al. 2015). Croft (2001) pointed out that, as a substantial economic investment, housing risk was both cumulative (arising from various influences over time) and iterative (as individuals sought to adapt and respond to actual or perceived risk). She drew attention to individualisation discourses that ascribed greater risk to individuals who failed to meet societal standards. Winter and Stone (1998) examined housing consumption in the risk society, focusing on manufactured uncertainty and individualisation. They posited that manufactured uncertainty led to later purchasing of a home as marriage and

childbirth were delayed. They foresaw that, because of individualisation, homeownership would become disconnected from traditional life events, such as marriage and divorce. While risk society had not unduly affected the age at which couples entered homeownership, there was evidence of disconnection: 'Home ownership was less likely to be preceded by marriage and childbirth than in the past' (Winter et al. 1998: 43). They concluded that social meanings tying homeownership to marriage and family formation were changing as individuals sought to adapt and respond to actual or perceived risks associated with homeownership, thus confirming the individualisation they foresaw. Hence, the notion of a linear 'housing career' (discussed later in this chapter) was losing ground.

Researchers drawing on Beck's work stressed the need for further empirical research to ensure that social policy kept pace with changes in family formation and its relationship to housing practices in a risk society. They showed the potential of Beck's theories for researching ageing in place, despite its limitations. While Beck (1992) contended that risk had become more universal and diffuse, several studies provided evidence for the continued role of socioeconomic and health inequalities on ageing and housing in later life (Means 2007; Morris 2007, 2009b; Ong et al. 2015; Sharam 2015). Despite findings such as these, problems associated with ageing in place have not been viewed through a structural lens (Atkinson and Jacobs 2016), though the burden of risk tended to fall on those with limited access to social, health, and economic resources, who had limited choice within competitive welfare markets (Glendinning 2008). While individualisation processes, among other factors like globalisation, have brought greater plurality and diversity of lifestyles and outcomes in later life, structural influences still play a deciding factor in influencing perceptions of and responses to risk over the life course, and the range of resources that are available to meet the challenges of ageing.

Beck's idea of universal risk also downplays social constructions of those considered to be 'at risk' (or vulnerable) in the first place (Powell et al. 2005), and the influence of sociocultural, historical, and economic disadvantage (Woodman 2009, 2010). Beck writes about risk in highly developed Western societies with little attention to the nuance of non-Western influences within

the increasingly diverse societies in which people are ageing. His theories are highly Eurocentric (Sorensen and Christiansen 2013). Brannen and Nilsen (2005) stressed the need for more small-scale qualitative research studying the local factors and environments shaping people's experience and differences across contexts, and the interplay between agency and structure in shaping everyday life: 'To ignore structure is to ignore the possibility of inequalities and differences in resources that are systemic and systematic rather than individual and random' (Brannen and Nilsen 2005: 424).

Research has shown that many older women were at increased risk of housing precariousness and homelessness as a consequence of life-long gender disadvantage (McFerran 2010; Tually et al. 2007). While homelessness was not the focus of this research, the effects of structure in shaping women's life courses and their housing needs and choices in later life should not be overlooked.

Other sociological theories relevant to housing and ageing

Other sociological theories relevant to this study of housing and ageing include Giddens' (1991, 1998) concept of ontological security, Bourdieu's (1977, 1986) theory of *habitus* (predispositions or ways of thinking and behaving), and Foucault's (1994) governmentality (surveillance, regulatory power and control, and agentic resistance). These theories attribute greater or lesser prominence to structure and agency and are examined briefly to support Beck's theoretical framework.

Giddens' ontological security

Giddens (1991) concept of ontological security – the human longing for continuity, predictability, and security in daily life – enables an understanding of individual and household consumption within wider patterns of socioeconomic engagement (Atkinson et al. 2016; Clapham 2002). His theory of the Third Way (Giddens 1998) with its emphasis on educational attainment, employment, and individualised support has informed neoliberal policy development in the UK

and Australia (Beer et al. 2011). Paralleling Beck's work, Giddens (1991) developed his theory of reflexive life planning in which he foregrounded individual agency. He believed that individuals were rational, self-reflective, and self-reflexive beings, who would seek instinctively to improve their life situation through processes of self-actualisation (Giddens 1991; Laceulle and Baars 2014). He also posited that, under conditions of reflexive life planning, individuals would experience greater risk and uncertainty. However, he has drawn criticism for his failure to operationalise or explain satisfactorily the relationship between agency and structure and how these might be employed in researching social life (Cuff, Sharrock and Francis 2006). His theories were contradictory and lacked conceptual clarity, seeming 'to explain everything and, consequently ... nothing' (Somerville 2002: 79).

Bourdieu's *habitus*

Bourdieu's (1977, 1986) notion of *habitus*, and its accompanying concepts of practice, field, and capital, provides another sociological theory for ageing and housing research. His theories seek to explain social action (agency), while recognising the influence of cultural and structural features of the social milieu:

Habitus is a structure of dispositions to action, but also to thought, perception and understanding which the actor acquires as a member of a social groups or class. It is something like a mental or behavioural set (as psychologists would say), which the actor takes for granted and which structures the way he or she experiences the world and responds to it (Cuff et al. 2006: 322).

The concept of *habitus* illuminates how:

the social is internalized individually; integrating all past experiences in the form of durable, lasting and transposable dispositions to think, feel and act. This informs Bourdieu's notion of practice, which is a dialectical relationship between a given situation and a habitus (Ahmed and Rees Jones 2008: 60).

It recognises the influence of multiple or intersecting domains (intersectionality), including class, gender, and culture, on individual dispositions and worldviews, economic and social capital, and

the exercise of choice within consumer cultures (Atkinson et al. 2016; Silva 2016). For example, Bourdieu's notions of *habitus* and personal preferences or taste have been employed in studies of housing consumption and the accumulation of personally meaningful material possessions that are symbolic of identity and class, and provide a sense of continuity over the life course (Atkinson et al. 2016; Hanssen-Gram and Beck-Danielsen 2004; Jacobs and Malpas 2013). These studies recognised the intersectionality of risk, which became more pronounced due to age, health, and economic factors (Warburton, Scharf and Walsh 2017).

The notion of *habitus* is, however, highly plastic (Silva 2016) and has been applied in different ways. For example, Gilleard et al. (2000) drew on the notion of generational *habitus* to show how consumer cultures among the baby boomer generation had shaped everyday practices of ageing. Likewise, Milton et al. (2015) used generational *habitus* in their study of welfare systems in the UK noting its assumption that individuals in similar class or cultural situations shared common patterns of behaviour (or practices), which had become standardised among that group. They found the concept useful for theorising expectations of government support and how they differed across generations. Fields, on the other hand, referred to social environments inhabited by one or multiple (often competing) groups. These might include, for example, welfare fields, where there was competition for limited resources and support (Ahmed et al. 2008). Bourdieu's concepts of social and cultural capital have informed research on health and health care choices (Collyer et al. 2015; Shortt 2004) and neighbourhood networks and the social support of older people (Carpiano 2006, 2007; Gray 2009; Stephens 2008). A key tenet of Bourdieu's concept of social and cultural capital is that access to resources differed according to its varied capacity to confer additional benefits or resources between individuals and over the life course (Gray 2009). Structural factors determined the extent of social, economic, or cultural capital within both health and welfare markets (Collyer et al. 2015; Moffatt et al. 2012).

Though Bourdieu's theory offered fertile ground for ageing research and theoretical development, his heavy emphasis on the influence of social class in shaping lifestyle preferences and consumption patterns was problematic. In an era of increasing economic uncertainty, insecure

and casualised work, and high incidence of family breakdown, individuals might occupy an ever-changing range of social and class positions over the life course. Indeed, Beck noted the:

greater degree of mobility in and out of poverty amongst a wide range of people and at different periods of people's lives. There is still, of course, an increasing number of people who are poor in the long term. But in the middle there is a coming and going (Beck et al. 2002: 207).

Moreover, Beck contended that class and, to some extent, poverty were 'zombie categories':

We don't know what hides behind this term [poverty]. This does not mean that these people are not poor, but it does mean that we cannot predict by one indicator what kind of life they lead (Beck et al. 2002: 207).

Hence, Bourdieu's emphasis on class structures as shaping *habitus*, lifestyle preferences, and tastes might not hold true, given they were subject to complex factors over the life course, including 'the coming risk society [which] both heightens and weakens a class society' (Woodman et al. 2015: 1127). Consequently, 'people with the same income level, or to put it the old-fashioned way, within the same "class", can or even must choose between different lifestyles, subcultures, social ties and identities' (Beck 1992: 191).

Furthermore, in terms of housing research, Bourdieu's notion of social and cultural capital has been shown to be highly subjective and variable. For example, living in public housing implied lower social status or reduced social capital (Jacobs and Flanagan 2013). Yet studies have shown that living in public housing – contrary to popular expectations – might confer a better economic and social standing than, for example, living in private rental accommodation (Mee 2009; Morris 2009b). Mee's (2009) study found that older people living in public housing often expressed strong feelings of belonging and reciprocity that might otherwise be associated with having positive social and cultural capital. This extended to providing care and support to members of their household and to neighbours, caring for their pets and gardens, and being active on tenant advisory associations. However, not all tenants experienced the same level of belonging (Mee 2009). Beck (Beck 1992) and Beck-Gernsheim (Beck et al. 2002) believed that their thesis

on the risk society, reflexive modernisation, and structural individualisation explained the risks leading to greater uncertainty over the life course in a globalised world.

Foucault's governmentality

An increasing volume of literature draws on Foucault's (1994) theories of governmentality, self-surveillance, and technologies of the self to explain the relationship between neoliberalism, social policy, housing, and ageing (Katz 2000; Laliberte Rudman 2006, 2015; Powell 2002; Powell and Steele 2011; Stonehouse, Threlkeld and Farmer 2015; Tulle et al. 2002). A key focus is how various discourses are internalised and affect individual agency. Foucauldian studies view older individuals as continuously engaged in processes of reflexive self-surveillance, resistance, and adaptation in negotiating ageing processes and sustaining autonomy and control (Grenier and Hanley 2007; Katz 2000; Laliberte Rudman 2006; Marhánková 2011; Tulle et al. 2002).

Powell and Steel (2011) and Needham (2011) used the framework of governmentality to show how various mechanisms, such as personalisation and self-regulation, forced citizen-consumers to manage ageing, health, and wellbeing proactively by empowering themselves. In combination with risk-management practices enabled by advances in computer technology, such as data and statistical gathering and surveillance, and resource safeguarding via eligibility criteria and legislative practices, processes like personalisation and self-surveillance exerted control over individual behaviours and the costs of care. The push for greater delivery of personalised in-home aged and health care services represented the devolution of risk and responsibility back onto older individuals, who were subjected to more intense surveillance and monitoring practices (Carey 2015; Manthorpe and Samsi 2013; Mortenson, Sixsmith and Woolrych 2015). While Foucault's theories have high utility for social policy research, the focus on discourse, disciplinary power, and resistance is best suited to studies employing discourse analysis (which this study did not). A more congruent theoretical framework is that proposed by PE-fit (discussed below) and Beck's (1992) theory of the risk society (already discussed).

Person-environment (PE-fit)

The ecological theory of person-environment (PE-fit) strengthened Beck's theory of the risk society within the theoretical and conceptual framework guiding this research. While Beck paid attention to macro processes shaping human behaviour and the social environment, the theory of PE-fit provided insight into micro processes and the way in which individuals adapted to their built and socio-relational environments. Beck's (2009: 236) notion of 'mutually reinforcing complexes' or dynamic systems fit well with the key tenet of PE-fit relating to the complex, transactional relationships between individuals and their *physical (or built)* and *socio-relational environments* over time (Lawton et al. 1973; Oswald et al. 2013; Oswald et al. 2007; Rowles 2000). PE-fit drew attention to subjective and objective aspects of the home and the role of housing in ageing in place (Mackenzie et al. 2015; Oswald et al. 2006). Thus, it provided a useful framework for exploring women's housing needs and choices. It also provided an anchor for examining aspects of individualisation, risk, and choice in later life, thus complementing Beck's work.

As a theory and concept, PE-fit has shaped policy development for ageing in place (Lawton et al. 1973; Oswald et al. 2013; Rowles 2000). It thus provides a basis for examining policy influences on older women's housing circumstances. The idea of 'fit' between individuals, their needs, capacities, and (micro, meso, macro) environments also influences social work practices with older people, although social work draws on a slightly different but parallel notion of person-in-environment (PIE) (Germain and Gitterman 1995; Gitterman et al. 2008). This study drew on the concept of PE-fit developed by Lawton et al. (1973), Rowles (2000), and Oswald et al. (2013).

Physical and built aspects of PE-fit include the physical home (tenure, suitability, comfort, privacy, and accessibility), built (rural or urban) infrastructure, neighbourhood and natural (outdoor landscape or garden) environments, access to services, and safety factors (Byles et al. 2014; Oswald et al. 2005a; Oswald et al. 2006). It conjures concepts like environmental press and competence (Lawton 1983; Lawton et al. 1973), residential satisfaction (Byrnes et al.

2006; Hillcoat-Nallétamby and Ogg 2014; Rioux and Werner 2011), and age-friendly¹², supportive housing (Byles et al. 2014).

Social PE-fit captures the social and relational aspects of the environment, including social networks (Breheny and Stephens 2009; Gardner 2011; Wenger et al. 2007), social connection and identity (De Medeiros, Rubenstein and Doyle 2013a; Winstanley, Thorns and Perkins 2002), sense of belonging (behavioural, emotional, and cognitive bonding within meaningful social settings) (Easthope 2004: 137; Mee 2009; Oswald and Wahl 2005b; Young, Russell and Powers 2004), and subjective meanings of the home (Atkinson et al. 2016; Mackenzie et al. 2015). The concept of socio-relational (social) PE-fit recognises the importance of family and social contexts (discussed in the next chapter) for supporting ageing in place.

A key tenet of research on environmental gerontology and adaptation in later life drawing on the theory of PE-fit (Rowles and Bernard 2013) is that, where the environment is perceived and experienced as supportive, ageing-related disability and decline can be compensated for (Byles et al. 2014; Oswald et al. 2007), even among older vulnerable populations (Park et al. 2017). The physical and social environment is important in supporting ageing in place and compensating for deficiencies in health and mobility as people age (Hillcoat-Nallétamby et al. 2014; Thomése and Broese van Groenou 2006). The theory holds that, where PE-fit is optimised, older people will experience enhanced quality of life (QoL), wellbeing (Higgs et al. 2003; Lawton 1983), and satisfaction with the home (Byrnes et al. 2006; De Medeiros et al. 2013a; Mackenzie et al. 2015; Rioux et al. 2011). Having good PE-fit might also delay the need for, and transition into, RAC (Byles et al. 2018; Byles et al. 2014).

¹² Age-friendly environments are conceptualised as having features that are supportive of a range of capacities and social participation in older age, are affordable, and either exclusively designed for older residents, or able to be adapted. Age-friendly housing are generally situated close to shopping and other services, and feature footpaths, lighting, and accessible transport infrastructure. Some definitions of age-friendly housing extend the concept of environment to include the neighbourhood and broader community – for instance, public transport and access to health care and other services (Buffel and Phillipson 2016). This broader concept of environment reflects elements of the World Health Organisation's (2015) World Health Organisation's Age-Friendly Cities and Communities.

Complex adaptation occurs within the contexts of declining health and reduced physical and social functioning, and in response to environmental stressors (reduced fit) in the home (Oswald et al. 2006; Tanner 2007). Often there is a ‘tipping-point’ (Peace, Holland and Kellaheer 2011), such as a health crisis or fall, where older individuals must adapt their behaviours and routines. They might, for example, mobilise informal and/or formal domestic and personal care services (Thomése et al. 2006), or centralise their daily activities to one area of the home to maximise coping and independence (Oswald et al. 2006): ‘I fit in with the house rather than the house fits me’ (Mackenzie et al. 2015: 1700). Housing and behavioural adaptations might be proactive (undertaken in advance and in anticipation of later decline) or reactive (following injurious falls in the home) (Pope and Kang 2010). Almost all are undertaken to manage perceived risk associated with ageing. Successful adaptation, however, depends on having agency and resources (Hillcoat-Nallétamby 2017; Means 2007; Stroschein 2012).

Some adaptations may prove maladaptive over time or have unanticipated consequences. Beck’s (1992, 2009) reflexive modernisation (and the idea of risk rebounding in unpredictable ways) is useful for theorising how actions taken to improve PE-fit or delay the need for residential care, while seemingly optimal at the time, may produce unwanted effects. For example, home modifications, such as installing ramps and assistive technologies, can be stigmatising or impact negatively on the individual’s attachment to, and the meaning of, the home (De Jonge et al. 2011). Likewise, relocating to a retirement village may challenge feelings of social acceptance, meaning, and purpose in life (Chandler and Robinson 2014).

Housing relocation and migration in later life to improve PE-fit

Several theories have attempted to explain how (and why) individuals move or relocate to improve PE-fit at different stages of the life course (Walters 2002). Linear theories of housing mobility and relocation (migration theories) in later life, especially post-retirement, draw on a life-stage framework that posits that individuals inherently seek to fulfil their need for food, shelter, a sense of belonging, and quality of life differently at various stages of their development

(Elliott et al. 2013; Maslow 1943; Sirgy 1986). Linear life-course theory coheres with the neoliberal economic perspective dominating contemporary policy on rational decision making, autonomy, and choice that implies the availability of housing and services from which to choose in relocating housing to achieve PE-fit (Elliott et al. 2013; Geyer 2003; Stonehouse et al. 2015). However, migration processes are complex and diverse; they encompass cyclical, seasonal, and repeated migrations (leisure-seeking or occupational work-based moves), long-term, permanent, voluntary, enforced, and return migration (where individuals migrate for work purposes and return to their communities post-retirement or to care for family members) (Cox and Geisen 2014; Green 2015; Perry, Andersen and Kaplan 2014; Walters 2002). Housing relocation and migration in later life is increasingly associated with consumer lifestyles and the BB generation (Byles et al. 2012b; Gilleard et al. 2000). Sea change (Australia) and sun belt (USA) migrations have resulted in increasing concentrations of older populations residing in rural (Costello 2009) and coastal areas (Gurran 2008).

The move to supportive housing in later life may entail housing relocation over relatively short distances, for example, within the same suburb or between rural and urban areas and *vice versa*, or larger geographic moves, such as moving interstate (internal migration) (Sharma 2015; Walters 2002) or to another country (Green 2015; Sunil, Rojas and Bradley 2007). Assistance-seeking moves (Litwak and Longino 1987) follow failing health, and/or the desire to live in closer geographical proximity to family support (Wilmoth 2010). Social factors, including family breakdown and domestic violence (Clough et al. 2014), caring commitments, or the need for social support following widowhood, may also play a role (Ewen and Chahal 2013; Graham and Tuffin 2004; Van Der Pers, Kibele and Mulder 2015; Weeks, Keefe and Macdonald 2012). The move into RAC is more final, and is usually preceded by declining, unmanageable health, and disability. Wilmoth (2010) found that those moving into residential care had the lowest levels of self-rated health and steepest health declines over time. Not all adults will relocate or experience all three types of migration (relocation) (Chen and Berkowitz 2012; Coulter and van Ham 2013;

Golant 2011). For example, Byles et al. (2016) found most older women did not transition into RAC but remained in their home until they died.

While health plays an important role in triggering or facilitating housing relocation post-retirement (Kendig, Browning and Pedlow R. et al 2010; Wilmoth 2010), other considerations include housing factors (Byles et al. 2018; Grundy and Jitlal 2007); economic security (downsizing or relocating to access equity in the home or reduce housing maintenance costs) (Duncombe, Robbins and Wolf 2003; Judd et al. 2014); and comfort (seeking more amenable climate) (Duncombe et al. 2003). Proximity and access to public transport, shopping, and other services are especially important following driving cessation (Bauer, Rottunda and Adler 2003; Byles and Gallienne 2012a). Housing moves can be proactive (in anticipation of future needs) or reactive (Ewen et al. 2013; Pope et al. 2010) in response to various push (negative) and pull (positive) incentives (Smetcoren et al. 2017; Stimson and McCrea 2004).

One study found that disliking any aspect of the home increased the likelihood of older people contemplating a move by over five times (OR 5.48 $p < 0.01$), despite being satisfied with their neighbourhood (Hillcoat-Nallétamby et al. 2014). Hence, Hillcoat-Nallétamby et al. (2014) were critical of ageing-in-place policies that presuppose ageing in place is desirable. Housing stress, abusive landlords, or insecure rental tenancies (Izuhara et al. 2003; Morris 2016); urban decline and safety fears (Graham et al. 2004), or, conversely, urban regeneration and displacement (Atkinson 2015; Morris 2016) can influence housing relocation. Moreover, not all moves are undertaken voluntarily (Morris 2016; Wiesel 2014). Other people may desire to move home, but cannot for various reasons (Byrnes et al. 2006; Stroschein 2012). This contrasts with life-course perspectives based on a linear housing progression tied to social roles, including marriage, childbirth, divorce, and retirement.

An increasing number of studies have explored residential immobility (inertia) and the experiences of involuntary stayers (Coulter, van Ham and Findlay 2015; Meeus and De Decker 2015; Walters 2002; Winstanley et al. 2002). These seek to counteract dominant policy assumptions around homeownership and ageing in place by emphasising the complexity of

housing-related autonomy and choice in later life (Stroschein 2012; Wiesel 2014; Winstanley et al. 2002). Phillipson (2007) contends that globalisation (those mechanisms, actors, and institutions linking individuals and groups in different nation states) is prompting ‘new types of movement in older age, and is constructing an expanding mix of spaces, communities and lifestyle settings’ (Phillipson 2007: 321). These include specialist retirement communities and sheltered housing. Social and economic processes of globalisation are also ‘generating new social divisions, as between those able to choose residential locations consistent with their biographies and life histories [i.e., elective belonging], and those who experience rejection or marginalisation from their locality [i.e., social exclusion]’ (Phillipson 2007: 321). The freedom and ability to move is ‘increasingly considered an important social privilege’ (Wiesel 2014: 321) and stratifying factor. Hence, inability to move is both an outcome (failure) and cause of social disadvantage, giving rise to the concept of a ‘housing trap’, whereby individuals and families are doubly disadvantaged by being immobilised in areas of high poverty and unemployment (Aarland and Reid 2018; Wiesel 2014).

The underlying assumptions of choice and agency within mobility (migration) theories have informed several analytical approaches to the study of housing. Two approaches underpinning much research on housing transitions across the life course are *housing careers* (Beer, Faulkner and Gabriel 2006a) and *housing pathways* (Clapham 2002). These are influenced strongly by life-course development theories, biomedical assumptions of decline, and neoliberal policy ideologies that espouse choice and agency within housing market systems (Beer, Kearins and Pieters 2006b; Geyer 2003; Stonehouse et al. 2015).

Housing career ladder and pathways to achieve PE-fit

As an analytical tool or metaphor, the *housing career ladder* (Paris 1993: 51-52) posits housing as a progression through a series of stages linked to birth cohort, life stage (life cycle), and household development. It recognises that individuals and households experience ‘very different lives, replete with diverse opportunities, constraints and choices’ (Paris 1993: 50). However,

housing does not always progress in an upward manner. Those with few resources, such as young single people, are more likely to be privately renting than owning a home (Paris 1993). Work from a housing career ladder perspective thinks in terms of households having, and actively employing, strategies across the life cycle (such as relocating home) to achieve certain goals (Kendig 1984).

In contrast to the housing career ladder perspective, the *pathways* approach does not hold that households possess universal sets of preferences or act rationally to achieve these (Clapham 2002). It sees housing consumption as shaped by dynamic and socially-constituted practices, social meanings (gender's role and identity), and interactive relationships (for example, between tenants and landlords) across different locales, i.e., it is socially constructed and also relational (King 2009; Mallett 2004; O'Neill 2008; Stonehouse et al. 2015). People can have multiple (socially constructed) identities that often form the basis of political categories and carry different social capital or meanings. Hence, 'analysis of the politics of identity and the resultant categories with their associated discourses is an important element of any analysis of housing pathways' (Clapham 2002: 65). The pathways approach draws heavily on (Giddens 1991, 1998) ideas, especially life planning and the individual's search for identity and fulfilment, which Giddens saw as particularly important given the diversity of postmodern lifestyles. Housing pathways were also seen to be running alongside other factors, such as employment (Ong et al. 2015; Saugeres and Hulse 2010) with some pathways being followed less frequently (Clapham 2002). Others represented more typical life-stage and post-retirement migration (Litwak et al. 1987).

As a typical homeownership society, Australian government policies are premised on people purchasing a home that they would own outright by retirement age, thus making housing costs in older age negligible (Atkinson et al. 2016; Ong et al. 2015). However, the Global Financial Crisis (Kendig et al. 2013; Nguyen 2008) combined with social changes and greater residential mobility (for example, due to family breakdown and immigration, natural disasters, mortgage default, and insecure tenancies) (Wiesel 2014) suggests that housing careers or pathways will be more unpredictable and varied than Clapham (2002) originally envisioned. This

reflects ‘both socio-structural changes and more individual agency and choice in various life-cycle transitions and stages’ (Ong et al. 2015: 17).

Housing careers and housing pathways are two analytical or conceptual approaches to the study of housing across the life course that can be seen increasingly as pseudo-theories informing contemporary policy debates, and knowledge production. These theories belie the complexity of interactions between individuals, various social and structural influences, and their effects on housing outcomes in older age.

Conclusion

This chapter laid the theoretical and conceptual framework for this study that was grounded in sociological theory, specifically Beck’s theory of the risk society, reflexive modernisation, and structural individualisation, strengthened by the ecological theory of PE-fit. It also reviewed sociological theories proposed by Giddens, Bourdieu, and Foucault that supplement or support Beck’s work. It showed how Beck’s emphasis on complex transformation and change cohered with the ecological theory of PE-fit and the notion of older people as complex adaptive beings operating within diverse social, economic, and political contexts. Added to this, Beck and Beck-Gernsheim’s (2002) theory of structural individualisation makes visible processes of diverse social change, and their effects on individual choice and autonomy. It argues that, as social roles and institutions are cast-off in the wake of modernisation and globalisation, individuals become more exposed to risk and uncertainty over the life course. Within the contexts of individualisation, risk, and choice, older people must negotiate their own biographies of ageing and make plans for later life. The chapter also reviewed theories supporting ways in which individuals seek to achieve PE-fit, such as housing relocation and migration theories, and the housing career ladder and pathways perspective. The next chapter examines the nexus between social policy, housing, and family contexts.

CHAPTER 3

Ageing in place: The nexus between social policy, housing, and family contexts

This chapter examines the context in which the study was conducted. It discusses the nexus between social policy, housing, and family contexts. It reviews the literature on childlessness in later life that emphasises women's housing needs, preferences, and circumstances, and the role of social networks in preventing early relocation to residential care. The chapter considers how various factors, such as housing tenure, gender, and parental status might influence individual experiences of ageing, and women's needs and preferences for housing and support.

Few studies (in housing or family research) have explicitly addressed the connections between older people's housing needs and family (Mulder and Lauster 2010), yet research suggests that family events, such as marriage, divorce, and impending childbirth, are associated strongly with purchasing a home (Smits and Mulder 2008) or housing relocation (Feijten and van Ham 2010). Changes in family circumstances can also challenge individual meanings and amenity of the home (Gram-Hanssen and Bech-Danielsen 2008; Seo and Mazumdar 2011), thus changing subjective perceptions of PE-fit. Hence, this chapter provides a brief overview of:

1. Housing policy frameworks in Australia and the focus on housing tenure through homeownership and rental accommodation.
2. Forms of housing for older people, including retirement villages, innovative housing, and cohousing communities.
3. The interplay between mobility, choice, and agency.

4. The nexus between family contexts and ageing in place, including living arrangements, childlessness, and support networks.

Housing policy frameworks

The term ‘housing policy’ refers to public or government policies that address housing construction, distribution, and consumption (Atkinson et al. 2016). It includes related infrastructure and macro-economic policies (Australian Government Department of the Prime Minister and Cabinet 2014), such as taxation and financial systems regulation, income security payments, landlord-tenant legal rights, and land-use planning (Dalton 2014). Many housing policy changes are attributable to government initiatives and devolution of housing from the state (Beer et al. 2006b), but may also occur due to political pressures from industry, welfare groups, or advocacy organisations (Dalton 2014). Natural disasters (for example, changes to building safety regulations in bushfire areas), and domestic or global financial crises, such as the GFC (Kendig et al. 2013; Priemus and Whitehead 2014) can also trigger policy reform.

Policy change produces mixed effects and can promote housing inequality (Dalton et al. 1996). Atkinson and Jacobs (2016), Beer et al. (2006b), Gurran and Phibbs (2015), and Morris (2009a) all highlight that neoliberal housing policies serve to enhance wealth creation at the expense of the poor and ‘sustain the conditions necessary for the finance industry, developers and real estate agents, along with well-off householders and landlords, to reap profits’ (Jacobs 2015: 53). This inequity has fed debates over housing unaffordability in Australia.

Key housing policies in Australia include the *Commonwealth Housing Act (1928)* and *Commonwealth State Housing Agreement (CSHA) (1945)*, which later encompassed the *Aged or Disabled Persons Homes Act (1954)*, *Aged Persons Hostel Act (1972)*, and *Indigenous Housing (1981)*. Later policies included the *Supported Accommodation and Assistance Program (SAAP) (1984)*, *National Housing Strategy (1990)*, and *Building*

Better Cities Program (1991, 1996). These were succeeded by the *National Affordable Housing Agreement (NAHA)* (2009), a whole-of- housing-system approach aimed at ensuring that ‘all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation’ (Council of Australian Governments 2009: 3). However, the NAHA did not specifically address the housing needs of older people (Productivity Commission 2015). From 2018, a new *National Housing and Homelessness Agreement (NHHA)* has come into effect (Commonwealth Government of Australia 2017a), introducing new incentives for older people who downsize their homes¹³ (Commonwealth Government of Australia 2017b).

Several policy and think-tank responses have examined older people’s housing needs and plans. These include the Productivity Commission’s report *Caring for Older Australians* (particularly, Chapter 12 Age-friendly housing and retirement villages) (Productivity Commission 2011) and *Housing Decisions of Older Australians* (Productivity Commission 2015). They assert that, despite older people’s desire to remain living in the home long-term, many dwellings are sub-standard and require substantial modifications. Taxation and pension eligibility arrangements, such as stamp duty costs and reduced pension entitlements following sale of the family home, also deter people from downsizing or relocating to supportive accommodation. The *Housing Decisions of Older Australians Report* additionally identified rising numbers of older people renting privately in insecure and short-term tenancies, and a lack of incentives for private landlords to modify properties to support ageing in the home (Productivity Commission 2011, 2015). Hence, older people’s choices for ageing in place may be compromised.

Other key policy documents relevant to housing in Australia include the *Commonwealth White Paper The Road Home: A National Approach to Reducing Homelessness* (2008); the *Senate Committee Report Housing Affordability in Australia: A*

¹³ From 1 July 2018, people aged 65 and over can make a non-concessional (post-tax) superannuation contribution of up to \$300,000 from sale proceeds when downsizing the home.

good house is hard to find; the National Rental Affordability Scheme (NRAS) (introduced in 2008); the *Council of Australian Governments (COAG) Housing Supply and Affordability Report (2012)*; *Reform of the Federation White Paper, Roles and Responsibilities in Housing and Homelessness (2014)*; and *Reform of the Federation Green Discussion Paper (2015)*. Many of the aforementioned policy initiatives do not specifically target older people's housing but have emerged in the wake of policy pressures due to rising housing unaffordability and homelessness. Key concerns voiced by social advocates and housing commentators are the historic residualisation of public housing (Groenhart and Burke 2014; Morris 2015) and deinstitutionalisation of people with disability from long-term residential care to community settings (Bostock et al. 2004). There are also growing inequalities in the way housing is consumed. Any extra supply is usually supplanted by the growing numbers of second and underused homes, and shifts towards housing being used as an investment good, rather than shelter (Atkinson et al. 2016).

Policy efforts and housing programs between states and territory governments vary. For example, in Western Australia (WA) the *Affordable Housing Strategy 2010-2020* is generating 50,000 new homes targeting low and middle-income households (Department of Housing WA, 2010). Meanwhile, the Victorian government's (2017) AUD \$200 million landmark housing strategy, in addition to redeveloping 1,100 public housing properties, introduced new inclusionary zoning laws (setting aside a percentage of new developments for social and affordable housing in return for greater density allowances). However, social housing stocks in Australia have not kept pace with population growth, despite significant investment (Daley, Coates and Wiltshire 2018).

Social and community-held and managed housing in Australia is targeted towards low-income households (including older people) and households experiencing complex disadvantage (Dalton 2014). At June 2015, there were 403,767 social housing dwellings across Australia, including 321,627 public, 72,105 community, and 10,035 state-owned and managed Indigenous dwellings (Council on Federal Financial Relations 2016). Waiting

lists for these continue to blow-out due to increased demand and greater numbers of people needing accommodation assistance. They are prioritised in terms of greatest need, housing preference, and household size. People with disabilities and women tend to wait longer than people without disability and males, especially in urban areas, where there are greater concentrations of people seeking housing support (Marston, McDonald and Bryson 2014b). Most community housing organisations are profit-run to subsidise costs, reduce rents for severely disadvantaged households, and leverage funds for new housing supplies (Australian Institute of Health & Welfare 2012; Marston et al. 2014b; Morris 2016). Since many public housing stocks were built with families in mind, some remain underused (Australian Institute of Health & Welfare 2016). Much housing designated for older people is outdated, needing renovation or replacement and, therefore, not be suitable for people with age-related disabilities and dementia (Faulkner and Bennett 2002; Gabriel et al. 2014).

For those aspiring to own a home (and who can raise the finance), homeownership is supported via several policy mechanisms, most notably the *First Home Owners Grant* (FHOG) (2000) (superseding the 1983 First Home Owners Scheme) and *Home Purchase Assistance* (HPA) (one-off loan supports for relocation and rental bonds). In 2014-2015, the percentage of dwellings financed by first home buyers had fallen from 25% to 15% (Australian Institute of Health & Welfare 2016) reflecting the increasing difficulty of achieving homeownership (Atkinson et al. 2016). This is particularly the case in cities, such as Sydney, which has been named as, globally, having the second highest housing unaffordability in world terms (Cox and Pavletich 2018). In 2013-2014, 40% of low-income households with a mortgage had housing costs exceeding 30% of their disposable income (Australian Bureau of Statistics 2014a). However, in line with neoliberal market-oriented systems (Beer et al. 2006b; Groenhart et al. 2014; Marston et al. 2014b), the government focus remains targeted towards financial supplementation via the

*Commonwealth Rental Assistance Program (CRA)*¹⁴ for people renting privately and some first-home buyer incentives (rather than housing provision *per se*). Critics have argued the CRA exacerbates inequalities by falsely inflating rental costs irrespective of cost variations between geographical areas (Gronda and Costello 2011; Morris 2016). It is also insufficient to meet the shortfall for older pensioners renting privately (Productivity Commission 2015). In 2015, 26% of CRA recipients, aged 75 years and over, reported experiencing housing stress (Australian Institute of Health & Welfare 2016).

Housing tenure: Homeownership

Most wealth for older Australians is held in the home, with around 83% of persons aged 65 years and over being owner-occupiers (Productivity Commission 2011). Of these, a rising percentage reported having mortgages post-retirement. Household debts of non-retired homeowners aged 50-64 years rose from 78% (in 2002) of household superannuation balances to 106% (in 2010) (Kelly Research 2012). The rise in mortgages post-retirement reflected the after-effects of the global financial crisis (GFC) and rising housing unaffordability¹⁵ (Council of Australian Governments 2012; Kendig et al. 2013). In 2013-2014, 44.5% of lone person households (single, divorced, and widowed) (aged 55-64 years) owned their home outright; a further 21.3% were paying a mortgage. At ages 65 years and over, outright ownership among lone households was almost 73% (Australian Bureau of Statistics 2014a). Household composition (such as living alone) and gender have been found to influence homeownership status, especially at older ages. For example, homeownership tends to be higher for widowed women than divorcees (Brown et al. 2005; Feijten et al. 2010; Hendershott et al. 2009) and lone women households tend to have fewer assets (such as superannuation and savings) than men (Tually et al. 2007). In countries such

¹⁴ The Commonwealth Rental Assistance Program (CRA) provides financial assistance to offset rental costs for lower-income households and pensioners (excluding public housing which is already subsidised).

¹⁵ One measure of housing unaffordability is the *30/40 measure*— where people in the lowest 40% of income distribution are expending over 30% of equivalised disposable income on housing costs (rent or mortgage repayments).

as the Netherlands, single women (aged 25-65 years) were over 30% less likely to be homeowners than men. Being female and never-married or lone parent decreased the likelihood of homeownership even further, although sometimes this was offset by increasing age (Blaauboer 2010). Likewise, a comparative study of homeownership rates across Europe found that women were less likely to own their home than men, with household composition, such as living alone, emerging as an important factor (Vignoli et al. 2016). Studies in Australia detailing women's generally poorer housing outcomes echoed these findings (McFerran 2010; Tually et al. 2007).

Australia's historically high levels of homeownership reflect conventional notions of life-stage development and housing consumption. Housing comprises one of the three main pillars of welfare in older age, i.e., homeownership, superannuation savings, and government-funded pensions for people who were otherwise unable to provide for themselves (Productivity Commission 2015). Homeownership is particularly attractive to retirees because much of the home's value is exempt from pension asset-testing (Daley et al. 2018). The home provides ontological and financial security (Atkinson et al. 2016; Dupuis and Thorns 1998) and is an important foundation for ageing well and the delivery of consumer-driven care (CDC) services (Bleasdale 2016; Cornell 2018; Productivity Commission 2011). Many people born prior to, or into, the earlier stages of the BB generation have resided in the same home for 20 years or more (Byles et al. 2014; Kendig et al. 2017). However, as many older homeowners are asset rich but income poor, they may struggle to maintain the home or afford repairs (Coleman, Kearns and Wiles 2016; Mackenzie et al. 2015). Indeed, the Housing and Independent Living Study (HAIL) identified safety risks for many older homeowners in the greater Sydney region, concluding that most homes would fail to support people's changing needs (Byles et al. 2014). Their findings are supported by Golant (2008) and McDermott, Linahan and Squires (2009) who also foresaw difficulties for older homeowners whose homes were not of sufficient standards required for optimal ageing in place.

Compared to persons who were renting, older homeowners exhibited more stable housing histories (Abramsson and Andersson 2016; Faulkner et al. 2002). This partly reflected older homeowners' reduced desire and willingness to relocate (especially at 80+ years of age) (Costa-Font, Elvira and Mascarilla-Miro 2009). However, Hillcoat-Nallétamby et al. (2014) suggested the opposite was true. They found that residential mobility was more pronounced at 80 years and over. Being a homeowner reduced the risk of transitioning into RAC (Hancock et al. 2002) but the extent to which associated factors (such as self-rated health and the capacity to fund care) explained risk variances (Luppa et al. 2009) remained unclear. At 85 years and over, advancing frailty made the transition to RAC more likely (Forder et al. 2018; Judd et al. 2014).

In addition to age-effects, the type of housing owned might influence either earlier or later entry into RAC. For example, Byles et al. (2018) identified seven late-life housing patterns of old-age residency, including living in a house (47.0%) or apartment (12.8%). These contrasted with more dynamic patterns, such as the transition from detached housing to an apartment or retirement village and, subsequently, RAC and death (7.8%). Living in a retirement village tended to increase the likelihood of transitioning into RAC. However, most homeowners remained *in situ* over the long-term. This might reflect that women had already downsized, adapted their home to suit evolving needs, or had few options to move.

Housing tenure: Rental accommodation

Compared to older people who owned their own homes, those renting in private accommodation tended to have poorer health, ontological security, and security of tenure; were more likely to move home often (Means 2007; Morris 2009a; Taylor et al. 2017), and were more vulnerable to housing precariousness (Australian Bureau of Statistics 2015b). In 2016, among persons aged 55 years and over, 4.4% resided in public (state-owned) rental properties, while a further 9.9% were renting privately (Australian Bureau of Statistics 2015b). Older people (especially those living alone in private rental accommodation)

reported significant housing stress (Choice, National Shelter and the National Association of Tenant Organisations 2017; Morris 2007; Ong et al. 2015). A recent survey of 67,365 privately-owned rental properties available for lease found that fewer than 1.24% (n=833 properties) were affordable for a single older person dependent on the aged pension (Anglicare Australia 2018), and not all properties were suitable for older occupants. In Victoria and elsewhere, many older tenants did not report the need for repairs as they feared landlords would evict them (for being problematic), raise rents in response, or ‘blacklist’ them (effectively banning people from accessing tenancies). Consequently, many tenants resided in substandard and unsafe housing (Choice et al. 2017; Housing for the Aged Action Group 2014).

Security of tenure was not guaranteed (Daley et al. 2018; Freilich et al. 2014). In 2017, 20% of renters in Australia were on continuous monthly leases; another 11% held leases of six months duration or less; and 20% of persons (65+) had experienced discrimination in rental markets (Choice et al. 2017). Rental unaffordability was felt primarily in urban areas, where rental costs consumed large proportions of income (Feldman and Radermacher 2016), propelling those on low incomes into areas of potentially unsafe housing (Clough et al. 2014; Petersen and Parsell 2014; Sharam 2015). While mobile home and caravan parks were seen as cheaper accommodation or more leisure lifestyle-oriented alternatives for older people (Al-Rousan, Rubenstein and Wallace 2015; Bevan 2010), they were also difficult to adapt as disability increased (Al-Rousan et al. 2015). This type of housing could also be fraught with uncertainty, due to a lack of policy legislation and tenancy rights (Al-Rousan et al. 2015; Productivity Commission 2015). In most circumstances, people owned their caravan or mobile home, but rented the land or site within the residential park where the dwelling was situated. Because they were classified as renting, older mobile home residents were able to access rental assistance (CRA). However, few safeguards protected tenant’s rights should caravan parks change ownership or undergo a change of use from seniors’ retirement living to tourist

development. Often, the costs of relocating mobile homes to another residential park were prohibitive, and few places accepted mobile home relocation (Productivity Commission 2015). Likewise, the sale of government-owned public housing properties (for example, in Millers Point, Sydney) had proved problematic in terms of having to relocate older residents who had spent their entire lives residing in one area (Morris 2015).

Although population growth in Australia had slowed down (Australian Bureau of Statistics 2015a), the demand for housing, particularly *affordable* housing, had not. The affordability and appropriateness of housing to support ageing in place were major concerns voiced by older Australians during the *Conversations Across Australia*, a round of community and stakeholder consultations held prior to developing the Living Longer Living Better aged-care reforms (Council of The Aged 2012). Nonetheless, subsequent policy changes ignored housing issues (Bleasdale 2016). Recent evidence showed the disadvantaged situation of older Australians receiving CDC services, while living in private rental accommodation (Cornell 2018). Issues arose when transitioning between CDC area providers due to older tenants moving home, and situations were made more complex by having to negotiate permission with their landlord prior to any home modifications. CDC consumers also voiced concerns about being able to afford the dual burden of rental property modifications and home-care services within the confines of their allocated CDC budget (Cornell 2018). These problems were likely to be exacerbated for CDC recipients (such as older women occupying disadvantaged social locations). Finally, it was important to differentiate between older women who, due to low income, had never owned a home and women who had transitioned out of homeownership due to mortgage default (i.e., renting as a last resort) and wealthier (ex)-homeowners for whom renting was a choice. Depending on available resources or savings, these groups would have very different experiences of ageing in place (Gonyea et al. 2018; Ong et al. 2015).

Forms of housing for older people

Jones et al. (2010) categorised housing for older people in Australia into several tiers of housing development. These included:

1. Private (owner-occupied) home or apartment (where the majority live).
2. Retirement villages, mobile home and leisure resorts (developed from the 1970s onwards by private and community sectors to meet unmet needs for independent housing with care; these are increasingly targeted towards retirees seeking low-maintenance, secure, resort-style living).
3. Innovative and *ad-hoc* housing projects (which targeted specific areas of need, such as older homeless people, LGBTI communities, and dementia-friendly housing with care).
4. Independent living units (assisted living and congregate-type housing) developed by community organisations between the 1950s and mid-1980s.
5. Hostels (developed during the 1960s and 1970s and often categorised as sheltered or low-care residential housing).
6. Residential aged-care (RAC).

Most of these types of housing aimed to provide environments that were supportive of, and appropriate for, a continuum of community-based care. These ranged from independent (self-care) to high-care and dementia-focused care accommodation, although services varied. At the extreme end of the care continuum, RAC could provide 24-hour nursing and care supports for frail persons and those unable to manage independently (Beer et al. 2006a; Jones et al. 2010). The level of services and terminology used to describe types of housing differed (particularly between but also across countries) (Howe, Jones and Tilse 2013). However, commonalities existed with regards to housing goals and service provision. Initially designed as low-cost shared housing, hostel accommodation gradually became subsumed within the RAC (nursing home) system (Jones et al. 2010; Jones et al. 2008).

Service-integrated housing (SIH) encompassed ‘all forms of accommodation built specifically for older people in which the housing provider takes responsibility for delivery of one or more types of support and care services’ (Jones et al. 2010: 1). *Abbeyfield Housing* is a type of group home originally developed in the UK, comprising unfurnished bed-sitter-type rooms situated within a communal environment, and sharing kitchen, dining, and laundry facilities. These often had a housekeeper or manager on-site to assist residents (Jones et al. 2010; Jones et al. 2008). Other forms of SIH might be attached to RAC facilities and target independent older people who did not require high levels of care or assistance, with a range of services, such as transport and home maintenance usually provided (Stimson et al. 2004; Xia et al. 2015). However, not all villages provided this sort of support (Parliament of Victoria 2017).

Retirement village living

Over the past decade, Australia has seen a rapid growth and commercialisation of purpose-built retirement villages (over 55 leisure-resorts) (Graham et al. 2004), and Active Adult Lifestyle Communities (Bosman 2013; Hu et al. 2017). Many luxury developments, mainly in coastal (sea-change) locations or inner-city areas, offer ground-level and high-rise (vertical) living options, though high entry, maintenance, and exit costs position them in the higher-income and self-funded retiree market. Newer villages offer facilities, such as cinemas, gymnasiums, day spas, bowling greens, tennis courts, swimming pools, onsite medical services, shopping precincts, and luxury household fittings. Retirement villages offer a variety of freehold, leasehold, and licence-to-occupy tenure arrangements, but, unlike mobile home (prefabricated and premanufactured) and caravan parks, retirement village residents do not qualify for CRA (rental assistance) (Bevan 2010; Hu et al. 2017; Productivity Commission 2015; Xia et al. 2015). Eligible retirement village residents can however, access in-home (CDC) care services through the Commonwealth Home Support

Program. Some retirement villages offer comparable services, including home maintenance, cleaning, and meal preparation.

In 2013, 5% of older people (65+) in Australia were living in retirement villages. Most were previously homeowners. However, compared to people living in privately-run, for-profit villages, residents in not-for-profit retirement villages were usually older (Hu et al. 2017). Retirement villages were perceived as providing better options for social participation, companionship, and sense of security compared to living ‘outside’ in the community. They could foster a strong sense of belonging, peer support, and ‘family’ over time (Graham et al. 2004; Newton 2014; Phillips et al. 2001).

However, retirement villages in the UK have attracted criticism for being highly age-segregating, homogenising, and marginalising residents who do not conform to idealised images of village life (Chandler et al. 2014; Phillips et al. 2001). Consequently, the boundaries of acceptable disability and decline had to be constantly negotiated between individuals, other residents, and staff (Phillips et al. 2001). Living in a retirement village for some people (and perhaps counterintuitively) led to greater loneliness (Beach 2015) possibly because they had not received the support they had anticipated (Jones et al. 2008). Recent studies of resident satisfaction among retirement village populations in Australia have produced mixed results (Hu et al. 2017; McDougall, Barrie and Lange 2017; Petersen et al. 2017). Resident satisfaction was found to be tied to the quality of village facilities and shared communal spaces, environmental surrounds, geographical location, the availability and frequency of village services, whether residents felt they had autonomy and choice over housing decisions, and financial and legal (contractual) arrangements. While most residents reported good social connections within their village environment, experiences were diverse, due to differences in financial costs, residential rights, and the quality of the amenities offered (Hu et al. 2017; McDougall, Barrie and Lange 2017; Petersen, Tilse and Cockburn 2017).

Living in a retirement village was found to be associated with earlier (rather than delayed) entry into residential care (Byles et al. 2018), though the exact relationship between retirement village accommodation and propensity for RAC remained unclear. One study found that health crises and unmet needs for care or support services, doubts about no longer being able to cope in the village environment, and availability and desirability of RAC accommodation were factors influencing the transition into residential care (Cheek et al. 2007). The higher likelihood of transitioning from retirement village might also reflect variations in geographical location, support services, and size and costs of retirement villages in Australia (Hu et al. 2017; McDougall et al. 2017), or that many village residents had moved there due to already having poor health and needing assistance (Holland et al. 2017). Given the rapid expansion of the retirement village industry and policy emphasis on ageing in place, more detailed information about older consumer's preferences and the affordability, age-friendliness, and support capacities of retirement villages in Australia was needed (Kendig et al. 2014).

Innovative and alternative housing

A diverse array of innovative housing is being designed and marketed towards the needs of an increasingly complex, heterogeneous ageing population in Australia and overseas. These include lifelong, inclusive housing (*lifetime* or *liveable homes*) designed to support individuals across the whole of the life course (Hwang et al. 2008; Keyes et al. 2015; Peace and Holland 2001), smart-technology homes (Fisk 2001; Mihailidis et al. 2008), mixed residential and luxury village developments (Urban Taskforce Australia 2013), and eco-village developments (Labit 2015). Other forms of innovative housing include *master-planned lifestyle* and residential communities (Bosman 2013), and *university-campus affiliated communities* (Bookman 2008). Although university affiliated communities tend to be age-segregated, they offer consumers the opportunity to maintain historical connections and access to educational, recreational, and medical facilities. *Cohousing*

developments are also gaining popularity in Australia as a more affordable, eco-friendly, and socially-integrated (but intentionally selective) form of housing than some retirement village developments (Ross 2017).

Cohousing communities

Cohousing (as a form of community-oriented, intentional living) originated in Denmark, Switzerland, and the Netherlands in the late 1960s and spread to France, Germany, the UK, USA, Japan, and Australia (Brenton 2001; Glass 2009; Jarvis 2015; Labit 2015). Cohousing is distinct from commune-type living in that cohousing communities are not typically ideologically-based; nor are they hierarchal or share economies (Glass 2009). While some facilities such as communal kitchens, dining rooms, gardens, and swimming pools were owned jointly (similar to strata title townhouse arrangements), each resident maintained private control and ownership of their own private dwelling (Scotthanson and Scotthanson 2005). Cohousing communities were co-managed by *resident-management committees*, who had oversight over planning, design and marketing, member selection and screening processes, waiting-lists, and mediating disputes. Cohousing development varied in size, location, vibrancy and diversity of members, ownership type and priorities, but shared a common desire for intentionally created neighbourhoods and community-oriented living.

In addition to resident management, cohousing operated on *participatory processes* (for example, prior to and during design phases) and *non-hierarchal, consensus-based decision-making* (Brenton 2001; Glass 2009; Scotthanson et al. 2005). Benefits included residing in a safe and supportive, often intergenerational community; familiarity with neighbours; enhanced resident participation and contribution (for example, through sharing skills, meaning and purpose, and shared resources, such as gardens, workshops or child-minding, thus facilitating good relationship-building); and lower living costs and ecological footprints (through sharing of resources, bulk-buying of goods and services,

preserving green spaces and car-pooling) (Scotthanson et al. 2005). Scotthanson et al. (2005) suggested that the optimal size for cohousing communities to function well was between 12 and 40 households. Smaller developments could become too intimate or burdensome if resident-management duties were imposed upon only one or two people. Conversely, larger size cohousing risked losing the sense of community and belonging it had spawned in the first place, and overly large cohousing developments could become too administratively complex (Scotthanson and Scotthanson 2005). Women were the driving force in cohousing developments (Labit 2015), perhaps due to their communitarian psyches (Gilligan 1982), longevity, and likelihood of living alone in older age.

People drawn to cohousing communities tended to be childless, divorced, widowed or never-married, and on lower or moderate incomes (Glass 2009; Labit 2015). Glass's study of the ElderSpirit Community in the USA found that 79% (n=26) of residents were women; 27% (n=9) were childless; 24% (n=8) were widowed; 18% (n=6) had never-married; and 21% (n=7) were divorced. Residents were aged between 63 to 84 years, with an average age of 70 years, which echoed other overseas findings (Glass 2009). Most had moved to the ElderSpirit seeking community (40%, n=12) or mutual support (20%, n=6), while 17% (n=5) sought spiritual goals (Glass 2009). Some cohousing communities had formed around a longing for spirituality or eco-sustainability and environmental concerns (Bresson and Deneffe 2015)¹⁶; they also contained a mix of owned and rented dwellings.

Existing on 'a continuum of shared space and collective practice' (Jarvis 2015: 94), the concept of cohousing is contentious due to the diverse types of developments and meanings attributed to cohousing living within diverse social and cultural contexts. The ways cohousing communities are socially constructed (for example, via resident screening and marketing processes) goes against the ideals and goals espoused by cohousing enthusiasts (Boyer and Leland 2018; Jarvis 2015). Jacobsen and Larsen (2018) contend,

¹⁶ See for example, Kanjini Co-op (Queensland) (Kanjini Co-op 2018), Urban Coup (Melbourne) (Urban Coup n.d.) and the Sheddars on the New South Wales mid-coast of Australia (Bolstler 2012).

for example, that Danish cohousing communities have become gated and segregated enclaves of privilege, excluding those with insufficient wealth to buy into them. They had also become inaccessible for many ethnic groups and people with children (Boyer et al. 2018). Notwithstanding these critiques, cohousing could offer a mutually supportive environment for ageing in place.

Policy focus on mobility, choice, and agency

As a policy framework, neoliberalism ‘features populist notions of individual life planning, the personalisation of welfare, and a growing tendency to psychologize human problems or see them in psychological terms and negate their societal basis’ (Gray et al. 2015: 370). Hence, housing problems, such as housing precariousness and homelessness, involuntary immobility, and forced migration are reflective of individual deficiency and/or psychological deviance. The neoliberal focus on choice, self-determination, and autonomy (Stonehouse et al. 2015) means that homelessness and housing precarious in later life is viewed as resulting from inadequate life planning and preparation for retirement (such as, by not accruing sufficient superannuation savings and assets). Indeed, in response to the housing affordability crisis, the then Australian Government Treasurer Joe Hockey (2015) stated that homeownership was achievable for anyone, if you had a good job. In response to subsequent media criticism, Hockey later conceded that, to become homeowners, individuals needed to undertake tertiary education and find employment in high-paying occupations, as opposed to low-paid work. This implied that those unable to purchase a home, or who were employed in low-paid occupations, were remiss in achieving positive life outcomes. It ignored the influence of structural and gendered disadvantage on individual capacity for exercising choice within housing markets (Izuhara et al. 2003; Jefferson and Preston 2005; Lewis 2007; Petersen 2015; Sharam 2015). It also showed that the policy ideal of homeownership was socially and politically constructed (Jacobs, Kemeny and Manzi 2004; Stonehouse et al. 2015).

Likewise, the experience of ageing in place is constructed politically via various policy and regulatory mechanisms, such as individual budgets and CDC guidelines that aim to facilitate greater choice and control over the types of services individuals receive (Grimmer et al. 2015), while simultaneously imposing tighter eligibility rules, means-testing, and surveillance of individuals accessing care (Fine and Davidson 2018; Glendinning 2008; Moffatt et al. 2012). Moreover, the emphasis on choice and independence casts those unable to meet the policy ideal of ageing in place as somehow deficient and, therefore, lacking in worth (Boudiny 2013; Dalley 2002).

Under the Living Longer Living Better reforms (Commonwealth Government of Australia 2012), various home-support services have consolidated under the Commonwealth Home Support Program (CHSP), a key goal of which is improving linkages between aged-care and health care systems. The CHSP's focus on preventative care, rehabilitation, and reablement practices (short-term, intensive support for independence) (Productivity Commission 2011; Rabiee 2013) echoes overseas policy developments aimed at ensuring quality of 'fit' and improved management of health conditions (Fine 2007; Productivity Commission 2011; Rabiee 2013). These approaches are also supported by smart-home, innovative technologies, including telehealth consultations and remote biomedical surveillance designed to reduce the risk of social isolation, dementia-related wandering, and improve timeliness of medical diagnoses and emergency assistance (Mihailidis et al. 2008; Morris et al. 2013).

The increased surveillance and monitoring of private life can, however, be experienced as disempowering or pose problems relating to privacy, feelings of autonomy, and meaning of home. It can also lead to active resistance in negotiating surveillance terrains. For example, in seeking to regain some semblance of control in daily life, older people under such surveillance might adopt resistive behaviours (such as turning off appliances, flushing the toilet without using it, or refusing to get out of bed) (Mortenson et al. 2015). Hence, technologies designed to improve an individual's quality of life might

have the opposite effect. Equally, the operationalisation of choice within aged-care market systems is potentially problematic, due to issues with accessing information (such as through the Australian government's Aged-Care Online Gateway Portal), tightened eligibility criteria, and funding constraints (Gill and Cameron 2015; Greve 2009; Sammut 2017).

Nexus between family contexts and ageing in place

In addition to housing and health factors, the ability to age in place can rely heavily on the availability of family caregiving and support (Cash et al. 2013; Temple, Jukic and Dow 2017; Wenger, Scott and Patterson 2000). The remainder of this chapter examines how various *family contexts* (i.e., family environment, household *living arrangements*, *marital situation*, and *parental status*), might influence the capacity of older individuals to remain living in their home. As previously discussed, gender and marital status exert strong influences on late-life outcomes, such as homeownership and financial savings (Kupke et al. 2014; Yamokoski and Keister 2006). For example, couple households have higher odds of achieving homeownership than single households (Vignoli et al. 2016) and marital status also shapes decision-making regarding housing relocation and old-age care (Weeks et al. 2012; Wenger et al. 2000). In addition to gender, marital and living arrangements – parental status and, particularly, *being childless* – influence the size and composition of support and friendship networks (Penning, Wu and Mitchell 2014; Schnettler et al. 2016; Sharp and Ganong 2011) and the range of housing and care options available for living independently in the community (Schröder-Butterfill and Marianti 2006; Temple et al. 2017). However, in terms of late-life outcomes, '*how* someone ends up with no children may be more important than not having a child *per se*' (Albertini and Kohli 2017: 352). Gender, marital history, education, income, and health all mediate the consequences of childlessness and imply different life course connotations. The journey to childlessness shapes life-long adaptation and psychological wellbeing and, consequently, how well people negotiate

ageing (Kreyenfeld and Konietzka 2017). The next section reviews the literature on household living arrangements (as an indicator of social support and proximity of care) and considers how these might influence older women's capacity for ageing in place.

Ageing in place without children: Nonparental influences on housing and living arrangements

In this section, the dual aspects of housing and family contexts are brought together in considering how childlessness might influence ageing in place. The research on childlessness in later life is examined, with an emphasis on women's housing circumstances and their social supports. Childlessness is not a new phenomenon (Dykstra 2016; Dykstra et al. 2007a, 2007b; Ivanova et al. 2015; Rowland 2007), but one that has been often overlooked in policy and academic debates on ageing and housing in later life. However, there are calls for more attention to be given to the circumstances of older women who are ageing without children (Ageing Without Children 2016). Childlessness has been described as a growing social crisis (McNeil et al. 2014); 'the very large elephant in our collective living room. It grows bigger and more formidable every day, but no one wants to admit it is here' (Cain 2001: 139). The increase in childlessness can be seen in many countries, including the USA, UK, Italy, and Australia, though the extent to which childlessness is experienced as problematic differs between cultures and policy contexts (Graham, McKenzie and Lamaro 2018). Since childlessness exists on a continuum, individual circumstances vary (Dykstra et al. 2007b; Kreyenfeld et al. 2017).

Greater numbers of older women are childless than men (Koropecj-Cox and Call 2007). In Australia, one in fourteen women (7%) aged 65 years and over do not have children (Australian Bureau of Statistics 2017), and this trend is increasing with subsequent birth cohorts. Projections for the USA suggested that, for women aged 80 to 84 years of age, the percentage of women remaining childless would increase from 16% in 2030 to almost 19% in 2050 (American Association of Retired Persons 2013). The prevalence of

childlessness among women aged 65 years and over ranged from 5% of women in Japan, 17% of women in the USA and the Netherlands, and almost 30% of older women in Germany (Koropeckyj-Cox et al. 2007). The prevalence of childlessness is lower in countries where there are almost universal rates of marriage, hence, countries like Japan that have very low rates of non-marriage have comparatively low rates of childless in their populations. For women who have never-married, the prevalence of childlessness is 37% for Japan, 39% for Australia, 46% for the Netherlands, and 54% for the UK (Koropeckyj-Cox et al. 2007). Around 50-60% of childless women in the USA, UK, Japan, and Australia live alone, compared to more than 90% of childless women in Germany (Koropeckyj-Cox et al. 2007).

Research shows that changing policy contexts of aged-care provision in later life have had an effect on the experience of ageing in place for women who are childless and, therefore, potentially lack family support (Blomqvist 2004; Moffatt et al. 2012; Yeandle et al. 2012). A limited number of studies have examined the housing circumstances, including tenure and PE- fit, of older women without children (De Medeiros et al. 2013a; De Medeiros et al. 2013b; Okely 2004). De Medeiros et al. (2013) concluded that research incorporating purposeful samples of older childless women was needed to better understand their unique needs and preferences. Some studies have examined household living arrangements and social networks rather than housing *per se* (Dykstra et al. 2007b; Dykstra and Hagestad 2016; Wenger 2001, 2009; Wenger et al. 2007; Wenger et al. 2000).

Much of the identified research included childless women as part of a broader study of ageing and use of aged-care services. For example, Koropeckyj-Cox and Call's (2007) comparative study of older childless men and women in Australia, Finland, Germany, Japan, the Netherlands, UK, and USA. The authors found that older childless adults were more likely to be living alone than parents, and childless women far more likely to be living alone than men. Similar findings were reported elsewhere (Aykan 2003; Reher and

Requena 2017). However, Demey et al. (2013) suggested that older parents were more likely to be living alone in the community if they had children to provide support.

Women who were older, single, and living alone were particularly vulnerable to housing stress (McFerran 2010) and more likely to use formal aged-care services (Aykan 2003; De Medeiros et al. 2013b; McCann, Donnelly and O'Reilly 2011; Rowland 1998a). However, as older childless populations were highly heterogeneous, individual circumstances and propensity for RAC varied. Policy contexts also influenced the availability and use of aged-care services, as previously discussed. Gender and housing contexts, especially housing affordability, partly explained the greater likelihood of single and childless women entering RAC at earlier ages. Women without children might be disadvantaged within rental and housing markets as they tended to be single (never-married and divorced) and, hence, lacked the financial support of a spouse. Generally, the lower incomes of women over the life course might also mean they had less income to meet the cost of housing (Blaauboer 2010). This points to the influence of structural factors in shaping ageing in place however, social factors also play a role.

Household living arrangements

Contemporary society is characterised by a diverse array of household living arrangements, including divorced and blended families, and single people living alone. This includes those who have never-married, are divorced, or widowed. At very old ages, women are more likely than men to be living alone, though the gender gap in life expectancy is decreasing. This means that BB women may experience shorter durations of living alone due to widowhood than previous generations. Table 3 shows the marital status of Australian women and men at ages 60-64, 70-74, and 75+ years of age. The figures for unmarried persons represent significant proportions of the Australian population, who are living alone in the community, either by choice or because of life events, such as divorce and widowhood. Brown (2016) found that divorcees, who were childless, were more apt to

remain single over the long term or, if in a subsequent relationship, to cohabit rather than formalise their relationship (Brown et al. 2016).

Table 3. Marital status of men and women in Australia, ages 60-64, 70-74 and 75+, percentages shown.

	60-64 years		70-74		75+	
	Women	Men	Women	Men	Women	Men
Never married	5	8	4	6	4	5
Separated	4	4	12	3	1	2
Divorced	18	14.5	2	10	6	6
Widowed	8	2.5	25	7	57	20
Married	65	71	57	74	32	67
Total %	100	100	100	100	100	100

Source: (Australian Bureau of Statistics 2011a)¹⁷

Lin and Brown's (2012) study of single women baby boomers facing older age found that widowed women were disproportionately older, more likely to co-reside in multigenerational households, and to report a disability compared to never-married or divorced women. Conversely, never-married and divorced women were disproportionately younger, had fewer resources, and tended to live alone. Similarly, Reher et al. (2017) found that higher numbers of older never-married women were living alone. Whether this was related to the fact of being childless or being unpartnered is difficult to disentangle, as these factors influenced one another. Nevertheless, marital status has been shown to be a key factor influencing the use of RAC (Kendig et al. 2017; Markson et al. 2000; McCann et al. 2011; Wenger et al. 2000). Other factors influencing the transition into RAC include living alone (McCann et al. 2011), cognitive decline, higher numbers of ADL limitations (Byles et al. 2018; Cohen and Bulanda 2016), and being socially vulnerable (Kendig et al. 2010).

¹⁷ Age-specific data for the 2016 Census is not yet available.

These studies suggest that various living arrangements (and the social and instrumental support offered by these) were important enablers for ageing in place. Either way, gender continued to play a key role. Among older couples, women had higher risks of transitioning into RAC than men (even after accounting for health differences) (McCann, Donnelly and O'Reilly 2012). This was been attributed to male spouses potentially providing less care to their wives as a consequence of advanced age and physical frailty (McCann et al. 2012). It might also reflect prescribed gender roles (Darab and Hartman 2012; Gilligan 1982) that discouraged older men from engaging in intimate care practices.

The effects of having children on moving to RAC were more complex, and it was difficult to draw conclusions from extant research. For example, where childless women were included, the sample sizes were sometimes too small to interpret reliably (Hajek et al. 2015). Alternatively, studies, such as Rowland (Rowland 1998a), drew on historical census data and may not reflect recent developments relating to service cutbacks, policy changes, and shifts in aged-care infrastructure. Nonetheless, childlessness was shown to substantially increase risk of RAC services use (Cohen et al. 2016; Koropecj-Cox et al. 2007; Muramatsu et al. 2007; Rowland 1998a). This held especially true for older women but not for men (Aykan 2003), and might reflect intersecting influences of marriage and parental status.

Wenger et al. (2000) found that, at 90 years and over, 33% of childless persons were residing in RAC. However, more than half of the childless people in their study had never-married; moreover, being childless was associated with living alone (which is itself a risk factor for residential care) (Kendig et al. 2017; McCann et al. 2011). De Medeiros et al.'s (2013b) study of childless residents in assisted living likewise identified a much higher percentage of childless women who were never-married (44%) than those who were parents (1%). Having children residing close by (Van Der Pers et al. 2015) or living in the same home (McCann et al. 2011) and having a daughter (Aykan 2003) reduced the likelihood of

moving into care (nursing home or RAC). These studies suggest that ageing in place is greatly facilitated by the existence (or not) of adult children to provide informal care.

Furthermore, when there are no children to provide care, aged-care funding and infrastructure become more crucial in supporting ageing in the community. One study suggested that, by doubling in-home and community care funding, the risk of RAC admission for older childless individuals could be reduced by 35% (Muramatsu et al. 2007). The greater likelihood that older childless women would reside in RAC might also reflect variations in support networks and as a resultant difficulty with maintaining independence in their home.

Dykstra et al. (2016) believed policy frameworks played a key mediating role in an older individual's propensity to enter residential care regardless of parental status. For example, adult children were less willing to provide care to ageing parents when RAC beds were publicly sponsored and widely available. Thus, aged-care infrastructure influenced their perceptions of their responsibility for care. Cohen et al. (2016) likewise stressed the influence of policy contexts, such as aged-care funding, health service infrastructure, and the availability of RAC beds, in conjunction with living arrangements, on older people's transition into residential care. For example, having children lowered the risk of RAC admission in urban locations, but not in rural areas, where families were more geographically dispersed, and parents were less likely to co-reside with their children (15%) than older urban dwellers (20%). The likelihood of entering RAC varied significantly between geographical areas with older people living in Midwest and Southern USA policy contexts more at risk (Cohen et al. 2016). An Australian study found that, where an older person had a co-resident partner and child, aged-care assessment teams were more likely to recommend living in the community; conversely, they were more likely to recommend entry into RAC for those without a spouse or child (Temple et al. 2017). These studies provide evidence that – in conjunction with living arrangements – differential policy environments can have profound impacts.

The previous discussion has highlighted the influence of gender and marital status on the potential need for, and risk of, entering RAC. A common theme is that, inevitably, families play a key role in care provision in later life and enabling ageing in place. In this respect, whether adult children or extended family are co-resident is an important factor. Multigenerational households (where more than one generation co-reside) are particularly popular in Asia and among migrant families in Australia (Riley and Bowen 2005; Roberto and Blieszner 2015; Takeda et al. 2004). Within multigenerational households, ageing parents provide financial and instrumental support, such as caring for grandchildren or doing housework (Easthope et al. 2016; Phillipson 2013b; Seo et al. 2011). Although living within a multigenerational household suggests greater proximity and availability of care, relationships within these households are not always conducive to wellbeing and successfully ageing in place, as older persons can find themselves dispossessed of autonomy, choice, and control, due to changing family relationships and priorities, over time (Seo et al. 2011). In the absence of family, share accommodation (Kenyon and Heath 2001; McNamara and Connell 2007) and commune-type variations (Heath 2004) may also provide a measure of support.

Studies in Australia highlight that, in keeping with the policy focus on ageing in place and independent living, most people remain living in the community until very advanced ages or even death (Byles et al. 2018; Kendig et al. 2010). This likely reflects the high proportion of homeowners among those aged 65 years and over in Australia, and lends weight to findings that homeownership can protect against the risk of entry into RAC (Cohen et al. 2016). It is important for policy and services planning, therefore, that the needs of people ageing in the community are well understood, particularly those groups or individuals who might be most vulnerable or socially isolated, and relatively overlooked within policy and academic discourses. Compared to previous generations, later life has become more complex and uncertain, due, in part due to continuing policy changes, housing price volatility, and family breakdown. Beck (1992) attributes this uncertainty to

the risk society and more globally, to the successes of industrialisation and modernisation. The greater numbers of older people (and especially women) living alone in later life is also an artefact of individualisation processes (Beck et al. 2002) and the feminisation of ageing (Davidson, DiGiacomo and McGrath 2011).

Support networks and childlessness in later life

Support networks encompass a complex array of relationships and types of assistance. These include *social support* (companionship and social inclusion), *emotional support* (someone to confide in or offer sympathy), *material support* (for example, financial or other goods), *caring support* (for example, during times of illness), *communication or cognitive support* (help with finding and accessing knowledge, decision-making, or communicating with others), *instrumental support* (help with transport or repairs to the home, for example), and *individualised support* (such as providing rental assistance to offset the costs of private rentals in preference to public housing provision). Support could involve one-off or short-term assistance, be more prolonged and ongoing, and reciprocal in nature (Albertini et al. 2014; Breheny et al. 2009; Choi 1996; Evandrou and Falkingham 2004; Gabrielson 2011). Older childless women were highly likely to be primary carers for ageing parents (DeOllos and Kapinus, 2002). They additionally provided financial, instrumental, emotional, and civic contributions within their extended families and communities (Albertini and Kohli 2009; Albertini et al. 2017; Pesando 2018; Pollet and Dunbar 2008).

Many older people who are childless are well-integrated in their social environments, which, in turn, played an important role in supporting independence and ageing in place (Iecovich et al. 2004; Klaus and Schnettler 2016; Penning et al. 2014; Wenger 2001; Wenger et al. 2000). However, perceived availability of support does not always equate to actual *receipt of* support (Wu and Pollard 1998); not all social networks were beneficial, but were sources of conflict or tension (Schröder-Butterfill et al. 2006).

Support networks (such as siblings) might themselves be ageing (Bonvalet, Clément and Ogg 2013; Keith 2003) and experiencing significant disability or be unable to drive themselves, thus limiting the help they could provide. Increased migration meant many families were geographically separated over long distances; extended kin in other countries were too far removed to provide effective support (Agllias 2011a; Bonvalet et al. 2013; Iecovich et al. 2004; Klaus et al.; Kreager and Schröder-Butterfill 2007). The geographical proximity and makeup of support networks is therefore important for supporting ageing in place.

Margolis and Verdery (2017) found 11% of women (75+) in the USA had no biological or adopted children; 31% had no surviving siblings; and 1.17% did not have a spouse, children, or siblings to provide support. Wenger et al. (2000) found that childless women, especially those who were not married, were most likely to have siblings living in close proximity; just over a third lived within one mile (1.6 km) of their extended family and could draw on family networks for assistance. However, the authors also found that 19% of older childless persons had no relatives living in the surrounding 50 miles (80 km) area; 10% were the last surviving members of their families. They suggested that older childless women who were never-married fared better than married childless women, perhaps because couples tended to have closed networks of support and to devote less energy to developing outside ties. Moreover, older women who had never-married and were childless had *more* frequent contact with relatives than childless couples, who tended to spend more time together (Wenger et al. 2000). Childless women, irrespective of marital status, had more contact with friends but not necessarily with neighbours. Types of support networks also varied according to parental status; childless older people were more likely to have privately restricted networks comprising few local kin or sources of support outside the household (28%) or locally integrated networks involving large numbers of friends, neighbours, family, and community members (27%) (Wenger et al. 2000).

In the absence of children, older people drew on diverse strategies to negotiate ageing in place. Formal adoption or fostering other people's children was a common practice in some cultures (Kreager 2004; Schröder-Butterfill et al. 2006); others developed extended non-kin networks or families of choice (Conkova and King 2018; Schnettler et al. 2016; Wenger 2001); still others paid for social or formal aged-care services, adapted their behaviours and daily routines, relocated to more supportive accommodation (for example, retirement village), or, if finances permitted, moved closer to town or services (Gabrielson 2011; Kelly et al. 2014; Mackenzie et al. 2015; McDill, Hall and Turell 2006; Okely 2004; Renaut et al. 2015; Rowles 2000). Other alternatives to promote strong social support networks included living in cohousing communities, share-housing, and living with ageing parents or the extended family (Bookman 2008; De Vos 2014; Glass 2009; Greenfield and Fedor 2015; Greenfield et al. 2012; Howe et al. 2013; Wenger et al. 2000). The strategies used were likely to have been shaped by individual care needs.

Studies have shown that many older people required more than 20 hours care a week (McNeil et al. 2014). Most of these were women, given that, generally, women had longer life expectancy than men, and tended to spend a greater portion of their adult life with disability (World Health Organisation 2015). However, being childless was not necessarily a risk factor for poor outcomes in older age (just as having children was not always protective). Not all childless women require intensive or ongoing support in later life; many women manage exceedingly well and require only minimal support (other than in times of crisis or during prolonged periods of ill-health or unemployment). Older childless people have adapted well to their situation, developing strong ties with friends and extended kin (Wenger 2009). They were also highly adept at creating efficient support networks through processes of substitution and reciprocity (Klaus et al. 2016; Schnettler et al. 2016), thus reaping important benefits in older age.

Deindl and Brandt (2017) found that support networks were negotiated continually over time. Parents whose children had moved away were *more* dependent on formal aged-

care services than people who were childless, as, having children, they might not have invested sufficient time in support networks, due to misguided expectations of family care. Where support was forthcoming from friends and extended family, there were qualitative differences in the intensity and types of support received. For example, informal networks (neighbours and friends) might withdraw support to childless older people if it became too time-consuming or onerous, thus highlighting that support networks are continually negotiated over time.

Doyle, Pooley and Breen (2013) found that most childless women had planned for older age and believed they had adequate resources and were financially secure. Girling and Morgan (2014) and Pope (2013) also found that most women had taken steps to prepare for their future care and financial needs, though many had missed key steps or failed to achieve their goals. It is possible that due to housing affordability, economic disadvantage across the life course, the individualisation of risk, and increasing family breakdown some women would face challenges in later life (Izuhara et al. 2003; Jefferson et al. 2005; Sharam 2015). Consequently, they might struggle to maintain living in their homes.

De Medeiros et al. (2013a) found that women who were childless negotiated the meaning of home in different ways; this influenced the subjective and objective factors shaping ageing in place and decisions around housing as they aged. In response to substantial concerns about the lack of gender-specific housing research of this nature and lack of knowledge on how childlessness might influence the experience of ageing in place, this thesis contends that older childless women might have unique needs and preferences for ageing in place that have not yet been fully explored. These research gaps are discussed in the next section.

Research gaps

The literature review identified various lacunae in contemporary research within the nexus between social policy, housing, and childlessness in later life, including the lack of attention

to older women (65+) who were childless within ageing research generally (De Medeiros et al. 2013a; DeOllos 2002; Dykstra et al. 2007b; Kreager 2004); the silencing of childlessness within various ageing and policy discourses (Ageing Without Children 2016); and the invisibility of older women within housing studies (Darab et al. 2012). Where studies of ageing included childless women, they were often very few in number (making conclusions difficult) or were used simply as comparators. Moreover, much demographic, health, and population research was limited because it did not clearly disaggregate childless women from women with children (Dykstra et al. 2007b; Kreager 2004; Umberson, Pudrovska and Reczek 2010). Studies also failed to define ‘childless’ explicitly; they did not differentiate between having a child living at home, parents whose children had left home, women whose children were deceased, and women who had never given birth. Hence, research results could be misleading.

Allen and Wiles (2013b) pointed to how the category of ‘never-married’ obscured diverse outcomes and living arrangements, such as living with a gay flatmate, sharing with nine others, or living apart though in a long term relationship (LAT) (De Jong Gierveld 2015). Where identified in demographic tables, women who were childless tended to be glossed over in analyses and discussion, when childless women, rather than being marginal to society, were a ‘recurring and normal element of social organisation’ (Kreager 2004: 6). Ignoring their existence served to silence the diversity and complexity of women’s ageing.

Many studies of ageing and childlessness in later life were limited by their quantitative nature and failure to take account of contexts that play a key role in shaping outcomes in older age (Kendig et al. 2007; Koropecj-Cox et al. 2007; Kreyenfeld et al. 2017). Umberson et al. (2010) called for more nuanced and contextual (qualitative) research on the experience of women who were childless, such as mixed-methods and qualitative studies to revisit prior data and research results. Over-reliance on measures of women who have never given birth to identify childless women is misleading, as the focus on giving birth ignores those women who may have given birth and subsequently lost a

child through illness or misadventure, divorce, and family estrangement, or due to migration, i.e. 'de facto childlessness' (Kreager 2004; Kreyenfeld et al. 2017). While not the focus of this study, women who have lost a child in traumatic circumstances, such as domestic violence, or who have lost a child through forced adoption (Young 2012) or removal (such as the Stolen Generations in Australia) (Commonwealth of Australia 1997) stand out as particularly silent across literature on ageing, informal care, and availability of social support.

The Families and Societies Research Consortium have produced numerous reports exploring childlessness. Most research concerned younger age cohorts and emerging reproductive technologies. Their State of the Art Report provided a critical discussion of macro and micro determinants and social consequences of childlessness across Europe (Tanturri et al. 2015). The Report noted that much research on the consequences of old age classified and analysed empty-nesters in the same category as older people who were childless, which confounded results. Hence there was a need for more nuanced research that differentiates between voluntary and involuntary childlessness, and the reasons underlying these (Tanturri et al. 2015). Kreyenfeld et al. (2017) published an edited volume on late-life childlessness, focusing on European contexts and, in one study, the USA. They emphasised that childlessness was not a static category but varied across a continuum between parenthood and not giving birth; life course events and the underlying reasons for being childlessness indelibly shaped opportunities and choices for older age. Their volume highlighted the important influence of political, cultural, historical, and socioeconomic contexts, including marital status and gender, global migration, and various cultural practices, on outcomes in later life and, by extension, the use of aged-care services. Kreager and Schröder-Butterfill (2004) likewise stressed that women's life course opportunities, access to social networks and late-life outcomes were shaped by diverse social and cultural contexts, hence, their needs in older age will be varied. Given that the social and economic circumstances of childless populations varied considerably between policy and country

contexts, more context-specific research of this nature was needed to inform targeted policy responses, including those relating to pension entitlements and housing subsidies in older age.

International studies have examined late-life childlessness among women from Indonesia (Kreager et al. 2007), Wales (Wenger 2001, 2009), China (Chou and Chi 2004; Guo 2014), Latin America (De Vos 2014), Italy (Albertini et al. 2014), India (Kalavar and Jamuna 2011), New Zealand (Boddington et al. 2009), Europe and Asia (Kreager et al. 2004), South Korea (Yang and Rosenblatt 2008) and the USA (Abma et al. 2006); or have compared outcomes (such as health) between countries (Dykstra et al. 2007a; Hara 2008; Kendig et al. 2007). Australian studies of late-life childlessness included Cwikel, Gramotnev and Lee (2006) and Rowland (1998a, 1998b). Graham (2015) compared wellbeing outcomes of childless women at earlier and later (ages 65+) stages of life. Studies of late-life childlessness among Indigenous and culturally and linguistically diverse (CALD) women in Australia were lacking. These women were likely to have specific needs and preferences for culturally-sensitive housing and support, particularly given projected increases in CALD populations (Kliger, Sharam and Essaber 2010; Paice 2002).

A limited but increasing body of research examined women's experience of ageing and housing in later life (Tually 2011). However, few studies focused on the housing circumstances of women without children and how childlessness might influence choices and housing outcomes among the BB generation, despite the fact that almost one in five older people in the UK (Ageing Without Children 2016) and one in fourteen women in Australia (Australian Bureau of Statistics 2017) were ageing without children. In seeking to address this shortfall, Young and Tinker (2017) called for more intense examination of the housing needs and preferences of UK BBs born during the 1960s (a significant number of whom were childless) to inform housing innovation and service development.

Few housing studies considered structural issues, such as socioeconomic status, housing unaffordability, and gendered disadvantage across the life course, despite their

important influence on women's capacity to purchase a home or exercise choice within rental housing markets (Feldman et al. 2016; Izuhara et al. 2003; Petersen 2015; Petersen et al. 2014; Tually 2011; Tually et al. 2007). There was also limited qualitative research on older people who were living in retirement housing, share housing (co-operatives), cohousing developments, caravan parks, boarding houses, and older people living with pets, particularly in Australia (Crisp et al. 2013; Hu et al. 2017; McDougall et al. 2017; Petersen et al. 2017; Xia et al. 2015). These authors all highlighted the need for further research. Additionally, much research on housing and PE-fit in later life focused on the physical attributes of the home and the extent to which physical features, such as stairs or bathrooms, supported or exacerbated ageing-related disability (Luszcz et al. 2004; Thomése et al. 2006). It reduced decisions about whether to modify the home, downsize, or relocate to pragmatic considerations and downplayed the importance of socio-relational aspects of home in shaping PE-fit in later life (Thomése et al. 2006).

Where childless women have been included in research, there is sometimes only shallow analysis of how being childless might influence late-life outcomes. For example, Janice Forbes' (2011) thesis on women living alone in later life highlighted the importance of family support and caring relationships within the contexts of children and grandchildren. These were important in promoting wellbeing and ageing-in-place; however, scant consideration was given to the two childless women in her study, nor how their experiences might differ. She contended that more research was needed on the experiences of women who were living alone in later life, and on elucidating the important role that housing, social, and economic resources played in enabling and supporting ageing in place. Forbes (2011) highlighted the diversity of women's views and need for a variety of services, noting many women's needs and choices did not appear to be well-satisfied. Further research might seek to tease out a more nuanced view of ageing and recognise that many older women would be ageing without the support of adult children and might have

very different needs and preferences for housing and services which previous studies had not identified.

Although lesbian, gay, bisexual and transsexual (LGBT) populations were not the original aim of this thesis, there was scant literature on the housing circumstances or preferences of childless older women who identified as lesbian. The UK-based advocacy organisation Ageing Without Children (2016) concluded there was insufficient research on childlessness among CALD minorities and LGBT men and women, when an estimated 90% of LGBT men and women were ageing without children. However, lesbian women might have been married and had children (and since come out as gay) (Averett and Jenkins 2012; Gabrielson 2011). Perhaps older lesbian women who were childless were not identified as an issue for housing or social support, since they might be assumed to have good support networks (through being lesbian) and access to LGBT-specific services. However, many persons who identify as non-heterosexual have expressed anxiety about discrimination in residential settings, or fear that care staff might be insensitive to their needs (Averett et al. 2012; Gabrielson 2011).

Conclusion: An agenda for research on housing and ageing in place

This chapter discussed the background for this Higher Degree Research study exploring women's experiences of ageing in place and their plans and expectations for housing and care. As shown in Figure 1, built (physical) and social aspects of PE-fit play a key role in shaping future expectations for ageing in place. Hence, this review has examined evidence relating to housing (for example, tenure and type) and social contexts, including late-life childlessness. Further, it has considered how built and social aspects of PE-fit might shape the size and availability of women's support networks and their expectations for care. Key gaps in the literature were identified, including the lack of knowledge about older women's

housing, and consumer needs and preferences for housing and support services. Moreover, few studies have explored the experience of childlessness in later life. Some prior studies suggested childlessness increased older women's vulnerability, though Penning, Wu and Mitchell (2014) questioned this. Not all older people who were childless would lack sufficient support in older age; being childless did not necessarily mean poor outcomes in later life (Albertini et al. 2014; Dykstra et al. 2007b). As there was comparatively little research on childlessness in Australia, in response for calls for more qualitative research on women's housing in later life, this thesis sought, first, to examine the differential housing and social contexts of older women in Australia and, secondly, to ascertain the effects being childless might have had as women aged.

The Higher Degree Research focused on women born during the earlier stages of the BB generation (Leach et al. 2013) amid expectations that they would pose significant challenges for aged-care and health service delivery, and policy systems generally (Piggott 2016). Questions arising from the review included: What are the housing and social circumstances of women born during the post-Second World War baby boom? How might different living arrangements, such as being single and living alone, and parental status (having children or being childless) influence the experience of ageing in place? Furthermore, for women who are childless, what are their needs, choices, and expectations for ageing in place and, following on from this, what plans (if any) have women made for future housing and care?

The next chapter provides a synopsis of the research that comprised two stages (Study A and B). Taken together, the findings added considerably to knowledge and understanding of the experience of ageing in place for older women in the community and, especially, older women who were childless.

CHAPTER 4

Methodology, data sources, and methods

Relatively few studies have explicitly explored the nexus between housing, gender, and family contexts, despite their influence on the experience of ageing and ageing in place. The literature review showed that gender and homeownership, for example, were closely linked and women overwhelmingly experienced lower rates of homeownership and higher vulnerability to housing stress. Likewise, it revealed that being childless might pose additional challenges for maintaining independence and planning for future care needs within social policy contexts heavily reliant on informal family care, particularly by adult children. Despite this, insufficient policy attention has been given to the intersection between family contexts and structural influences, especially gender, in shaping housing choices in older age.

This study examined older women's housing and social circumstances through the dual lenses of gender and late-life childlessness, focusing on women born during the post-Second World War baby boom (BB). These women had grown up within the contexts of rapid social and political change, and greater individualisation of the life course, as discussed in Chapter 2. Their experiences of ageing in place could inform knowledge and policy debates about housing and care in later life. This chapter outlines the theoretical framework, methodology, and rationale for the qualitative methods of inquiry employed. It describes the data collection and sampling methods used and analytical processes for Studies A (Survey comments) and B (Interviews). It concludes with an appraisal of the strengths and limitations of the study's methodology.

Theoretical and conceptual framework

This research was sociologically grounded, as discussed in Chapter 2, and followed on the researcher's prior undergraduate and honours-level studies in sociology and community welfare that drew primarily on a social constructionist perspective. This study extended this social constructionist understanding of social phenomena using Beck's (1992) theory of the risk society, reflexive modernisation, and structural individualisation (Beck et al. 2002). It also drew additional insights from the ecological theory of PE-fit to explore the nexus between social policy, housing, and ageing in place. A key concern of sociological theorising is the complex interplay between *structure* (gender and class for example) and *agency* (the propensity to act or make choices); together these exert important influences on the experience of ageing, and access and use of resources to support ageing in the home. These processes were dynamic and experienced in different ways according to an individual's social position and broader social, political, and cultural contexts.

Research approach: Social constructionist perspective

This study used a qualitative research design that is grounded in ontological and epistemological principles associated with social constructionist inquiry. This approach shares common philosophical foundations with phenomenology as follows:

1. Human (lived) experience is highly subjective and contextual, thus, phenomena must be understood in context.
2. Individuals are self-interpretive beings.
3. Behaviour and experience is shaped by, and connected to, past experiences (i.e., it is intentional).
4. Experience is relational and negotiated (i.e., co-constructed) through interactions with others.

5. The meanings attached to experiences are socially, culturally, and historically situated within the social milieu; hence, there may be competing or multiple interpretations of the same phenomena.
6. Researchers, as pre-reflexive beings, actively co-construct interpretations of phenomena.
7. Knowledge is not value-free (Creswell 2007; Guba and Lincoln 1994; Leavy 2014).

Phenomenology (as both a philosophy and method) (Lichtman 2014) is grounded within an interpretivist epistemology. Phenomenology studies the meaning of everyday life from the participant's point of view. It seeks to gain a deeper understanding of social phenomena (i.e., their experience or 'essence') (Creswell 2007). Phenomenological research almost always involves some retrospection on behalf of the participant (Vanderstoep 2008).

The use of open-ended questioning and probing is common in phenomenological and social constructionist research (Creswell 2007; Leavy 2014). The method of analysis is inductive and interpretive; it relies as much as possible on the participant's views and recognises that multiple meanings may exist. These approaches seek to overcome biases inherent in social theorising and taken-for-granted explanations about the social world. Research is always value-laden and shaped by the researcher's own experiences. Hence, biases or preconceptions are 'bracketed' or set aside (in as much as this is possible) (Creswell 2007; Guba et al. 1994; Leavy 2014). The researcher approaches the participants' accounts of their experiences with an open mind and is mindful to stay as close as possible to their accounts, trying not to influence their responses. Attention is also given to describing the research processes accurately and in detail. Analysis seeks to identify significant statements and themes and to draw clusters of meaning from these (i.e., textural description). Additionally, thick (i.e., structural and contextual) description is provided (Creswell 2007). Narrative methods of analysis, such as those employed by Charmaz (2006) are particularly relevant for phenomenological research because they seek to

uncover and interpret the meanings that individuals give to their experiences (Creswell 2007; Leavy 2014).

Interpretivist research is grounded in a social constructionist epistemology (Creswell 2007). As a key sociological standpoint, the social constructionist perspective is relativist (i.e., relativist ontology), holding that knowledge is historically and culturally located; hence, knowledge is in a constant state of flux (Guba et al. 1994; Leavy 2014). Knowledge and meaning is also subjectivist, i.e., being contextually and socially related and co-produced through interactions between individuals and the broader social world or milieu (Creswell 2007; Guba et al. 1994; King and Horrocks 2010). Thus, the ‘historical, cultural, and social milieu is integral to how we live, understand and experience our lives’ (King et al. 2010: 19-20). This attention to context is a key principle of qualitative inquiry.

Researcher position

I have a strong sense of social justice, fostered through engagement with sociology and welfare and policy studies, personal observations, and my own life experiences. As a woman born on the heels of the BB generation, I have watched my own parents and grandparents grow older in a society that is increasingly geared towards homeownership and consumer-oriented, user-pays aged-care systems. I have also witnessed firsthand the experiences of older relatives entering residential aged care: a grandmother enjoying luxury accommodation with her own bathroom *en suite*, water views from her balcony, and a glass of wine at happy hour and a sister relegated to a downstairs room in the same facility, shared with four other women, with only curtains for privacy, and a communal bathroom across the hall. The polarisation between the haves (homeowners) and have-nots (people who were long-term renters and or lived in public housing) could not have been starker.

My interest in this research also reflects the broader economic and political climate within Australia, including women’s gender inequality, the rise in housing unaffordability and the increasing incidence of homelessness among older people. I became very familiar

with the sight of older homeless people when I was living in a disadvantaged neighbourhood. I observed one woman pushing a shopping trolley across town every day, and an older couple living in their car. Sharpened by my sociological imagination and passion for social policy research, these observations motivated this study and my desire to contribute to ongoing policy debates on housing and social care in later life.

Study design: Two stages of qualitative research

This qualitative study used a mixed-methods design, drawing on a combination of secondary data analysis and purposive in-depth interviews, as shown in Table 4. The first study, Study A (SC), drew on longitudinal free-text Survey comments by 150 women participants drawn from the 1946 to 1951 cohort of the ALSWH. The second, Study B (I), comprised interviews with 15 women from this cohort of the ALSWH. The research design was chosen to enable exploration and consolidation of a variety of viewpoints from women who were ageing in Australia. Interviews were employed as the researcher sought to gain deeper insights than revealed in the free-text comments around the women's lived experience of ageing and ageing in place. The free-text comments and interview transcripts gave voice to older women, enabling the researcher to capture direct information about their experiences.

STUDY A. Australian Women's Experiences of Ageing: An exploration of ALSWH Survey comments

This study explored women's experiences of ageing within contemporary Australia paying special attention to the contexts of housing, family, and social support networks. It used a thematic analysis of ALSWH free-text Survey comments provided by 150 women drawn from the 1946 to 1951 cohort (n=9,151 at Survey 7). Among the 1946 to 1951 cohort, around 61% of women (n=5,582) had written comments at some time between Survey 1 (S1, 1996) and Survey 7 (S7, 2013).

Table 4. Overview of research

	Study A (A615)	Study B (W099)
Aims	<ol style="list-style-type: none"> 1. To explore themes relating to ageing in place (including housing, social networks, family and living arrangements) as described by older women in the ALSWH. 2. To explore how parental status (i.e., having children or being childless) might influence women's experiences of ageing in place. 	<ol style="list-style-type: none"> 1. To examine in greater depth themes relating to housing, family, and social support (identified by Study A). 2. To explore the experience of ageing in place for women who are childless, and their future needs, plans and expectations for housing and support.
Epistemology and ontology	<ul style="list-style-type: none"> ▪ Social constructionist and interpretive 	<ul style="list-style-type: none"> ▪ Social constructionist and interpretive
Method of recruitment	<ul style="list-style-type: none"> ▪ Not applicable - secondary data (ALSWH Surveys 1-7) 	<ul style="list-style-type: none"> ▪ Women were invited to participate via correspondence.
Sample	<ul style="list-style-type: none"> ▪ Purposive ▪ (a) Women in the 1946-1951 cohort of the ALSWH. ▪ (b) Women who are single/divorced or widowed at S7; grouped by parental status. ▪ (c) Women who have written comments re housing, social networks, support, family relationships at ≥ 2 Surveys (S1-S7) ▪ Comments for women meeting all criteria (a+b+c) were selected in blocks until sufficient data saturation was reached. ▪ Final sample: n = 150 women (n=75 women with children; n=75 women without children). 	<ul style="list-style-type: none"> ▪ Purposive ▪ 28 women were invited to participate in the Substudy. Women were drawn from the 1946-1951 cohort of the ALSWH and included women who identified as single and living alone at S7 (2013), and who had indicated at S1 (1996) or S4 (2004) that they had never given birth (i.e., childless). ▪ Final sample: n = 15 women.

	Study A (A615)	Study B (W099)
Data collection	<ul style="list-style-type: none"> ▪ Secondary de-identified data, free-text comments from ALSWH surveys, for n=150 women. 	<ul style="list-style-type: none"> ▪ In-depth, individual interviews conducted by telephone (n = 15 women). ▪ Interviews ranged from 56 minutes to 112 minutes.
Data analysis	<ul style="list-style-type: none"> ▪ Thematic analysis 	<ul style="list-style-type: none"> ▪ Thematic analysis
Study outcomes	<ol style="list-style-type: none"> 1. Presentation at conference(s): AAG and ERA conferences, Canberra 2016. 2. Peer-review publication: ERA 2016 conference proceedings. 3. Peer-review publication: Journal of Sociology 2018 Special Issue. Title: <i>Back to my Old Self and Life Restarting: Biographies of Ageing in Beck's Risk Society</i>. (A615 findings). 4. Peer-review publication: Journal of Ethics and Social Welfare 2018. <i>Older Women's Expectations of Care, Reciprocity and Government Support in Australia. 'Am I Not Worthy?'</i> (Data from A615 and W099). Published online 15/8/2018. 5. A615 findings inform the second stage of research, analysis and interpretation; and contribute to the HDR study overall. 6. A report will be produced for ALSWH following completion. 	<ol style="list-style-type: none"> 1. Peer-review publication: Journal of Ethics and Social Welfare 2018. <i>Older Women's Expectations of Care, Reciprocity and Government Support in Australia. 'Am I Not Worthy?'</i> (Data from A615 and W099). Published online 15/8/2018. 2. The W099 findings form the bulk of the HDR study. 3. A report and/or policy briefs will be produced at the end of the HDR project. 4. It is anticipated that W099 findings will also be published in peer-review journals and/or presented at conference(s) or workshops in 2019.
Ethical considerations	<ul style="list-style-type: none"> ▪ Approval for this study was granted on 21/12/2015; Project number A615 by the ALSWH Publications Substudies and Analyses Committee. ▪ Ethics for the ALSWH Study was granted by the University of Queensland and the University of Newcastle. 	<ul style="list-style-type: none"> ▪ Approval for this study was granted by the University of Newcastle Human Research Ethics Committee 8/12/2016; Approval no. H-2016-0421. ▪ Approval was also granted by the ALSWH Publications Substudies and Analyses (PSA) Committee, Substudy W099.

These comments represented a total of 1,155,298 words written by this cohort, and were a rich data source in their own right (Tavener et al. 2016). However, since the ALSWH focused mainly on women's health, historically, little research attention had been given to the broader themes in which this study was interested, namely, housing and living arrangements, and BB women's experience of ageing. Stage A of the research, therefore, explored what, *if anything*, women wrote about their housing and social circumstances, their experiences of ageing, and ageing in place in the ALSWH. **This study focused on women who were parents (with children, WWC) and women who were not (no children, WNoC).**

Sampling

Women who had provided information about parental status during Surveys 1 (S1, 1996) and/or Survey 4 (S4, 2004) *and* who were single/divorced/widowed at Survey 7 (S7, 2013) were selected. Where women indicated at *either* S1 or S4 that they 'had given birth'¹⁸, they were deemed to have children (WOMEN WITH CHILDREN; WWC), and where women indicated at *either/both* Surveys that they had 'not given birth', they were classified as childless (WOMEN WITH NO CHILDREN; WNoC). This resulted in a *potential* pool of 1,182 women (WWC n=975; WNoC n=207), from which the sample was drawn, as shown in Figure 2. **The final data set comprised 150 women (WWC n=75; WNoC n=75).**

Data collection and handling processes

Due to the large volume of Survey free-text data, and as an aid to data management (i.e., bounding the data) (Guest, Namey and Mitchell 2013), women's written comments were grouped according to parental status (WWC n=975; WNoC= n=207) and then subjected to a close reading and selection process. As this research focused on women's housing and social circumstances, women were sampled and selected on the basis of having provided comments regarding housing and social circumstances, such as living arrangements, caring, work, and retirement, at two or more Surveys.

¹⁸ The ALSWH uses the definition 'never given birth' as a proxy for childlessness.

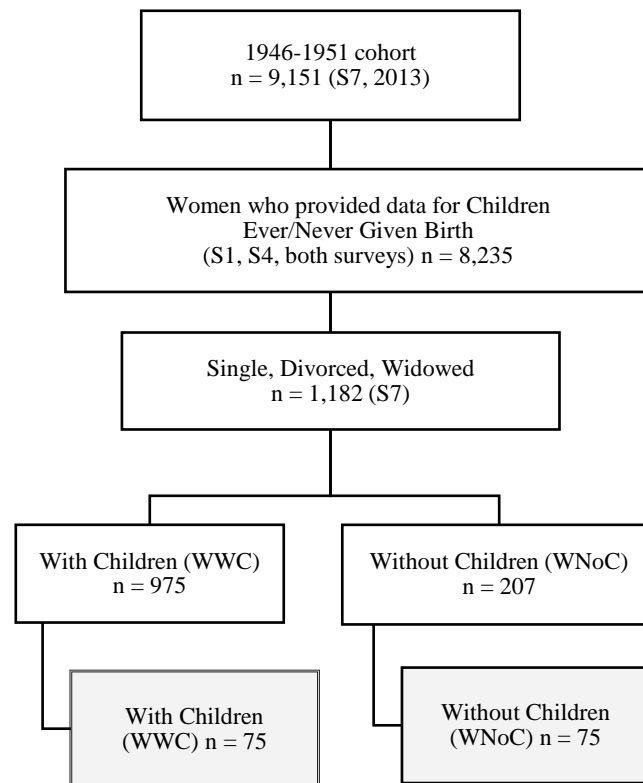


Figure 2. Flowchart of sample selection process for 150 women, Study A

Not all women wrote comments at every Survey, and not all comments were relevant for analysis. For example, many women wrote in detail about chronic health conditions or commented about the Survey itself. Likewise, comments on medical procedures (dates and times, and procedures performed) were excluded mostly due to their lack of relevance. However, comments describing medical procedures or hospitalisations within the context of housing, for example, having home modifications made post-surgery, receiving home-based care, or experiencing lack of support were included. Comments providing little information, for example, ‘Q23. No. Q54. I do not know. Q65. Asthma’ were excluded from coding and analysis. Attention was given to reducing bias in sample selection by ensuring that a compatible number of women and comments from the *WWC* and *WNoC* groups were chosen, and in selecting a broad range of topic-relevant and qualitatively rich Survey comments. Comment for 150 women (*WWC* n=75;

WNoC n=75) were selected, representing just over 700 comments. Data saturation was considered to be achieved when: (i) housing and social circumstances and the contrasts between these were able to be described; (ii) themes and nodes were considered to be developed sufficiently for the purpose of the project as a whole (Bazeley 2013: 152-153); and (iii) coding and thematic development was sufficient to be able to identify and map features of Beck's theoretical framework.

Demographics

As shown in Table 5, by Survey 7 (S7, 2013), most women were living alone (*WWC*, n=65; *WNoC*, n= 57), and were divorced (*WWC*, n=38; *WNoC*, n=19) or widowed (*WWC*, n=26; *WNoC*, n=18). However, women without children (*WNoC*) were more likely to report being single (*WNoC*, n=33) compared to those with children (*WWC*, n=1). Just over half of the women had retired from paid work. Women with children (*WWC*), who were divorced, were most likely to report that they were *not* stressed by their living arrangements (single n=1, divorced n=22, widowed n=13), though they were more likely to be stressed about money, due to their financial situation. Similarly, single women who did not have children (*WNoC*) were less likely than their *WNoC* counterparts to be stressed by their living arrangements, but more likely to report moderate or extreme stress about money. At the time of this study, information about homeownership and housing tenure at Survey 7 (2013) was not available for either group of women, as this data had not been collected in ALSWH Surveys since Survey 2 (1998) (aged 47-52 years)¹⁹. Moreover, it was difficult to determine housing type and tenure from survey comments alone. When comments about tenure and housing type *were* made, they were usually indirect, for example, within the context of selling the home prior to relocating elsewhere. *The method for data analysis for Study A is described later in this chapter.*

¹⁹ Data for Survey 8, 1946 to 1951 cohort has since been collected and published in 2018. However, as survey comments for Survey 8 were not available at the time of this study, demographics are shown for S1 to S7 only. Also, as all Survey comments were de-identified prior to researcher access, only limited demographic data were available for the 150 women whose comments were selected for this study.

Table 5. Study A, demographic profile at S7 (2013) for 150 women born between 1946 and 1951, by parental status (selected characteristics shown)

	Parental status	
	With Child (WWC) n= 75	No Child (WNoC) n=75
Marital Status		
Single	1	33
Separated	10	5
Divorced	38	19
Widowed	26	18
Living arrangements		
Live alone	57	65
Live with others	^b 18	^a 10
Live with adult child	6	0
Live with parent	1	3
Live with other relative	7	8
Work and retirement status		
Not retired	15	21
Partially retired	12	7
Completely retired	31	41
Left workforce over 20 years ago	3	3
Stressed about living arrangements		
Not at all	36	43
Moderately/very stressed	14	9
Extremely stressed	2	6
Stressed about money		
Not at all	26	30
Somewhat	16	27
Moderately/very stressed	16	12
Extremely stressed	7	6
a) One woman was living with a parent and another relative so is listed twice b) One woman indicated she lived with others but data about who this was, was missing		

STUDY B. Late-Life Childlessness, Housing, and Support in Later Life

Study B was conducted as a separate Substudy of the ALSWH for this research exploring women's views of their housing and support needs, expectations, and choices for ageing in place. It focused on women born following the post-Second World War baby boom, between the years 1946 and 1951 (aged 65-70 years at the time of the study), who were single/never-married or divorced and living alone, and who had indicated at either S1 or S4 that they had never given birth (did not have children).

As already outlined, **the study focused on women who were childless** to address the sparsity of research exploring the needs of childless women in later life. Further, given that the policy emphasis on ageing in place assumed that adult children would be available to provide care, the study sought to ascertain how women without the support of children were coping with ageing. Given the increase in numbers of women who are ageing without the support of adult children, women who do not have children might be 'extreme cases' for the purpose of exploring and theorising about care in older age, particularly for those who lack family support. In this way, the study hoped to provide unique insights to inform policy debates and services development for a group of women heretofore not considered within the policy discourse on housing and ageing in place. The literature review led to the researcher's expectation that these women would have different preferences and interests than older women with children. This study sought fresh insights into the nature of these interests and preferences.

Sampling

Thirty seven women from the 1946 to 1951 cohort of the ALSWH, who had completed Survey 7 (S7, n= 9151), who were single/never-married or separated/divorced (n= 1537), and living alone at Survey 7 (n= 1077), *and* who had indicated at either/both S1 and S4 that they had never given birth (n= 159*) *and* who indicated at Survey 7 that they were moderately/very/extremely stressed about (a) their living arrangements or (b) money, or that (c) in the last three years they have had to move or sell their house to manage costs (n= 37) were selected by the ALSWH Survey team

on behalf of the candidate (CC). These sampling criteria were chosen as they were most suggestive of women who experienced difficulty in managing in the home, due to financial reasons, and, therefore, might have already downsized or moved to more supportive or affordable housing. In this regard, these women could provide important insights into the experience of relocating home or, alternatively, why they had chosen to remain (staying put). Women who had indicated that they had dementia at S7 or who had indicated that they did not speak English (n=0) were excluded from selection (as shown in Table A1 in the Appendix).

In consultation with the ALSWH Survey team and research supervisor (JB), it was then decided (from n= 37) to make a random selection of 20 women (n= 20) using Criteria (b) stressed about money + (c) have had to sell or move house in the past three years. For Criteria (b) 14 women were selected (single n= 7; separated/divorced n= 7), and for Criteria (c), all six women were selected (n= 6). In addition to these, 10 women (n= 10) were selected randomly from the broader sample of women who were childless (n =159*). This gave a total of 30 women (n=30) to be invited to participate in the Substudy, with the option of re-sampling and sending out another round of invitations if insufficient women agreed to provide an interview. However, this second round of sampling and recruitment did not eventuate.

Of the 30 women selected, two were deceased (n=28). Twenty-eight women were sent a participant information statement (PIS) package providing detailed information about the study's aims, method of sampling (why the women had been chosen), and their options for declining or agreeing to participate in a telephone interview (see Appendix B3). The ALSWH Survey team sent follow-up email reminders after a period of three to four weeks on behalf of the candidate (CC). The ALSWH team logged all correspondence and outcomes of invitations. **Of the 28 women invited to participate, 15 women consented to an interview** by returning their completed and signed consent forms²⁰. The researcher (CC) then contacted them to arrange a convenient time for the interview. At this point, women were invited to ask questions or seek

²⁰ One woman wanted to do her interview via email (email interview) rather than by telephone, but, as this was not included in the initial HREC ethics application or ALSWH Substudy approval, this request could not be granted.

clarification about the study and were reminded that they were free to withdraw their consent prior to, or during, the interview. Subsequently, the researcher telephoned the women at the pre-arranged date and time.

Data collection

The researcher (CC) conducted telephone interviews with 15 women participants²¹. Given the extended length of most interviews, and the in-depth answers provided therein, the researcher determined that sufficient data had been collected and a second round of sampling and recruitment was unnecessary. Silverman (2013, 2014) stressed that smaller samples were used in qualitative research, as researchers immersed themselves in the data to illuminate the complexity of the phenomenon under study. Besides these analytical considerations, the decision not to conduct further interviews was a pragmatic one given the timeframe for the completion of Higher Degree Research projects and resources available.

The ideal sample size or number of interviews required for qualitative studies is contested (Mason 2010). Usually interviews continue until a ‘saturation’ point has been reached when no new information is forthcoming (Guest, Namey and Mitchell, 2013). Guest, Bruce and Johnson (2006) suggested that between six and 12 interviews was sufficient where the data were fairly homogenous, that is, the sampling frame was quite targeted, as was the case for Study B. Richie, Lewis and Elam (2003) assert there was a tipping point at which more interviews would result in diminishing returns. In the final analysis, the volume of qualitative data generated was sufficient to address the research questions (Guest et al. 2006; Mason 2010; Richie et al. 2003).

Interviews

Fifteen interviews were conducted, ranging in length from 56 to 112 minutes (average length 76 minutes). Prior to each interview commencing, women were asked to provide verbal confirmation of their participation in the interview and reaffirm their consent to the audio recording of the interview. Participants were encouraged to ask questions. Having gained agreement and answered

²¹ Telephone interviews were used instead of face-to-face interviews, due to time and the vast geographical distances involved.

questions to the satisfaction of participants, the audio recorder was switched on – ‘I’m turning on the audio recording now’ (CC) – prior to asking the first interview question. This introductory part of the interviews was not included in calculations of interview duration.

The telephone system malfunctioned in five interviews, and so interviews had to be resumed or rescheduled where technical problems could not be resolved. This affected data collection, as sometimes responses were lost in the ensuing silence, or questions were missed in trying to finish the interview before further mishaps occurred. The telephone headset and audio recording malfunctioned in two interviews and so two transcripts were reconstructed from notes taken during the interview or recollections immediately afterwards. Notwithstanding these issues, all interviews were able to be successfully concluded.

At the end of every interview, women were informed when the audio recording ceased. They were asked how they felt, and whether they needed to talk to someone about their experience. All of the women said that they felt okay, and that they were not particularly distressed by the interview. One woman had scheduled a telephone counselling session beforehand so that she could emotionally and psychologically prepare for the interview. Therefore, she was emotionally prepared and able to talk about her traumatic experiences without distress. Agllias (2011b) reported similar preparatory strategies in her research on family estrangement, where she found that many participants had rehearsed their stories prior to the interviews, because there were some things they were not prepared to share. This illuminated how participants shaped their stories or narratives, according to how they wanted themselves to be seen or understood (Silverman 2014).

Most participants expressed how much they had enjoyed the interview; they were also interested in how they could access the results of the Study. Several participants commented that they had learnt a lot, as the interviews had provided space to reflect on their circumstances and future options. One woman, who had a list of things to investigate, added while talking, ‘that’s another thing for my list, Cassie’. Another was thankful for the opportunity to be ‘the one positive voice’ for women who were childless; she stressed that being childless was not necessarily a

curse, nor something that women regretted. These comments resonated with other studies involving potentially sensitive subjects that reported participants found talking about their experiences beneficial, and even liberating (Agllias 2011b; Wolgemuth et al. 2015). Nevertheless, in closing, women were reminded to seek support if they experienced sadness after the interview, (for example, with their doctor or Lifeline's free telephone counselling service).

Interview schedule

The interview schedule drew on themes identified by the previous stage of research, such as housing, social relationships (interdependencies of care), and future expectations. It started out with 30 questions arranged around themes relating to housing, childlessness, social networks, and future expectations of care, as shown in Appendix B2. As the aim of qualitative interviewing was to: (i) gain rich, detailed, subjective accounts of the women's experience; (ii) uncover taken-for-granted meanings and assumptions; and (iii) give voice to their personal experiences of the housing, childlessness, and ageing in place, open-ended questions were used to encourage the women to reflect on these issues and talk about their experiences in their own words. A standardised interview guide was applied flexibly to allow the women to talk about related aspects or experiences that were important to them. Sometimes questions were reworded to improve clarity, were dropped altogether, or replaced with alternate questions if data or deep insights were not forthcoming. Some questions were not relevant to individual circumstances, such as questions about renting for homeowners, and some were already answered in previous responses. Where responses seemed guarded, or lacked sufficient detail, I (CC) backtracked to seek fuller explanation, where time allowed: For example, 'you mentioned earlier that ...'. In some instances, the women divulged additional details without further prompting. In answering the questions, as the interview progressed, the women relaxed and became more forthcoming about their experiences or circumstances, thus providing extra details or discussing different aspects of housing choice or their experience of childlessness, for example. Sometimes, it was simply enough to ask, 'can you tell me a bit more about that?' Many women spoke at great length about their experiences and interviews ran longer than their anticipated one-hour duration. When

interviews had passed the one-hour mark, women were reminded of the time, when the opportunity arose, and given the option of continuing or stopping. Most were happy to keep talking, except for two women that had prior engagements.

Data handling

In-depth interviews are the first stage of researcher immersion in the data (Bazeley 2013) and must be captured for ensuing analysis. Interviews were audio recorded using an Olympus Digital Voice Recorder and anonymised using numerical and date codes before transcription. An Olympus Transcription Foot Switch and Express Scribe Pro V.600 Transcription (NCH Software) were used. Where there was a very high chance of women, or others in their family, being identified inadvertently (for example, where some events might have been widely known or reported in the media), sections of the transcript were removed for ethical reasons and indicated this with the phrase [*removed for confidentiality purposes*]. Transcripts were edited to remove excessive uses of ‘ahs’, ‘ums’, and ‘you know’ for ease of coding and analysis. However, they were left in where these showed that women had taken time in answering questions to indicate their reflection in formulating their answers. Also, pauses in the audio tape were indicated to show that women were collecting their thoughts or emotions before replying or safe-guarding information or reflecting on something they had not thought of, or been asked before, or were trying to recall past events. While transcribing interviews, I wrote memos in MS Word about women’s responses, for example, similarities I had identified, quirks observed in the data, and links to themes I created iteratively. Through interview transcription, memo creation, and analytical reflection, I gained deep familiarity with the data. I created mindmaps of participant characteristics and question responses as a visual representation of each interview. Once I had transcribed the interviews, I re-read them in their entirety, and checked for typographical errors. I then imported the transcripts, mindmaps, and accompanying memos into NVivo Pro v.11 (QSR Software) for data management, coding, and analysis.

Despite the technical issues described at the start of this section, (i) the very detailed and rich insights the women had provided in almost all the interviews, (ii) the volume of data collected

(approximately 19 hours of audio recording), and (iii) my copious interview notes, left me confident about the quality of the data I had collected. Thus, my pragmatic decision not to do a second round of sampling and recruitment was justified.

Demographics

As described earlier in this chapter, Study B focused on women who had reported, at either S1 (1996) and/or S4 (2004), that they had never given birth. A key assumption inherent the variable of *never given birth* was that this would provide an accurate representation of women who did not have children. However, as argued in Chapter 3, the definition and meaning of childlessness is *socially constructed*, by individuals and broader society, and researchers themselves, making the category of childlessness quite fluid. While I had anticipated that all the women in this study would be ‘childless’, it transpired that two had adopted children earlier in their lives. Most women were either never-married or single, five had been married and divorced, and one woman had been married and had divorced multiple times. Compared to Study A, where almost a third of the women without children (WNoC) had been widowed (n= 18), in Study B, there was only one women who had been widowed quite early in life. In keeping with the study aims and sampling focus, all the women were living alone, as shown in Table 6.

Most of the women owned their own homes, except for one who was renting. Two women had a small (around AUD \$30,000) housing mortgage. Most women were fully retired (n= 11) and just over half (n= 8) received the full seniors/aged pension. Two women had been made redundant and two had found themselves unemployed during their careers. In both cases, this had precipitated their decision to retire. Most women (n= 11) had superannuation and/or savings, but the amounts in these varied from AUD\$ 10,000 to AUD\$ 150,000. Two women were self-funded retirees and were not in receipt of any government support, although one said recently she had applied for the aged pension on the recommendation of her financial advisor who thought she might qualify for a reduced pension benefit.

Table 6. Study B, demographic profile at S7 (2013) for 15 women (born 1946-1951), and who indicated S1 (1996) or S4 (2004) that they have never given birth*

Description	Number of women
Parental status	
Childless	13
Has adopted children	2
Relationship Status	
Never-married/Single	9
Separated/Divorced	5
Has been divorced twice	1
Widowed	1
Identifies as lesbian	2
Housing arrangements	
Lives alone	15
Owns home outright	11
Has a housing mortgage (partial ownership)	2
Private rental	1
Employer-supplied accommodation	1
Lives in a rural or regional area	3
Lives in a retirement village	1
Lives in a unit or villa	6
Lives in a detached house	8
Has lived in home more than 10 years	4
Has already downsized the home	3
Has moved in last three years	3
Work and retirement status	
Fully retired	11
Works part-time	1
Runs own business	2
Has been previously unemployed	2
Has been previously made redundant	2
Finances	
Full pension (seniors/aged pension)	8
Self-funded retiree (no pension received)	2
Receives part-pension (reduced entitlement)	5
Has superannuation/savings	11

Description	Number of women
Has private health insurance	2
Can manage financially all the time	6
Struggling financially sometimes	5
Struggling financially all the time	4
Has sought financial help to pay bills or mortgage	3
Has a financial advisor	2
Has cut back on spending and energy use	9
Has cut back on meals or social outings	2
Generativity	
Has worked in a caring profession (e.g., nursing, midwifery, and aged care)	4
Has worked with children in a professional capacity (e.g., teaching, librarian and social services)	2
Has worked with children in a volunteer capacity	1
Has provided care for live-in boarders	2
Regularly provides informal care to nieces and nephews	3
Donates to charity on a regular basis	2
Is engaged in volunteer work	8
Currently owns or has owned pets	6
Other	
Drives a car	15
Uses social media	6
Currently has or previously owned pets	6

* Selected characteristics shown; also note, categories are not mutually exclusive.

Less than a third (n= 6) reported that they managed financially, while five struggled sometimes or, in four cases, all the time. Two-thirds of the women spoke about the need to cut back on spending and costs of living, make adjustments by not using or repairing air-conditioning and heating units, turning off appliances, rug up in warm clothes and doona blankets, going to bed early to avoid using the lights, or cut back on meals and social outings. The rising costs of private health insurances also meant women with medical insurance were contemplating giving this up, but were hesitant, given their declining health and possible need for health care. Three

women said that, over the years, they had sought help with paying bills, large gambling debts or, in one case, with the housing mortgage.

Generally, women were frugal; some shopped at second-hand stores and op-shops, and made do with what they had, for example, by not updating their wardrobe (clothing) or cars. One woman was driving a car that was 18 years old and had been owned by her parents. However, two women had purchased new cars (in one case, paying cash) to transition from a manual gearbox to an automatic, as it was easier to drive in heavy traffic. The disparity between the women who were managing 'very well' financially (n= 6) and those for whom finances were a constant concern (n= 4) was evident throughout the interviews. In some cases, women sought to downplay how difficult financial circumstances were: 'Money is nice, but if you haven't got it, you just learn to live without it!' (I) *Irene*.

Data analysis

I used thematic and thematic-narrative methods of data analysis for Studies A and B. I chose these methods because I wanted to identify themes in the data that provided insight into the experience of BB women who did not have children. Thematic analysis uses a coding (node) framework from the codes *identified by the researcher*; that is, codes do not 'emerge from' the data itself (Bazeley 2013), although themes are usually described as emergent in thematic analysis. King et al. (2010) contended that *themes* arose from 'recurrent and distinctive features of participant's accounts, characterising particular perceptions and/or experience, which the researcher sees as relevant to the research question'. Thus, they were subjective categories that the researcher related to one another to create links so a coordinated picture of, or explanatory model for, the phenomena under investigation might emerge (Bazeley 2009). Thematic analysis seeks go beyond simple description to identify and conceptualise common themes to convey understanding and facilitate theory development.

Given the research aims and questions, the major areas explored related to:

1. Housing (past-present-future)
2. Childlessness
3. Support networks and reliance on care
4. Future expectations and planning for later life
5. Issues relating to ageing

I compiled my ‘qualitative toolbox’ of analytical strategies (ways of collecting, coming to grips with, and handling the data) and thematic methods of coding, analysis, and interpretation, by drawing on the expertise of qualitative researchers, such as Bazeley (2009, 2013), Richards (2009), Guest et al. (2013), Bernard and Ryan (2010), and Silverman (2013, 2014). I found Richards’ (2009) *Handling Qualitative Data* especially informative as it provided practical guidance on establishing, organising, recording, coding, analysing and managing data. I also used Reissman’s (2008) thematic-narrative method of analysis in the first stage of research (Study A), which she found advantageous when researching people’s lived experiences of chronic illness. I found it useful for exploring BB women’s experiences of ageing. In using thematic-narrative methods of analysis:

Prior theory guide[s] inquiry ... [and] investigators also searched for novel theoretical insights from the data. Second and most important, analysts ... preserve sequences, rather than thematically coding segments. In narrative analysis, we attempt to keep the ‘story’ intact for interpretive purposes, although determining the boundaries of stories can be difficult and highly interpretive ... Finally, although the size of the unit of text to be coded ... can vary considerably ... the objective is to generate inductively a set of stable concepts that can be used to theorize *across* cases ... narrative analysis is case centred (Reissman: 74).

My use of thematic-narrative methods enabled me to explore themes of ‘continuity and change’ in women’s Survey comments (SC) over time. I selected individual cases of complex adaptation and change and subjected them to further close readings to identify theoretical concepts and processes of complex transformation. This focus on time and place moved the analysis and

interpretation beyond ‘simple’ thematic concepts to consider the broader temporal effects posed, for example, by reflexive modernisation and the risk society (Beck 1992).

I treated Studies A (*SC*) and B (*I*) as separate studies for the purposes of sampling, coding, and analysis. Once nearing completion, I compared the results of these studies to identify points of similarity (convergence) or difference (divergence), as I wanted to see how they cohered with my theoretical and conceptual framework, described in Chapter 2. In so doing, I reflected on whether I had engaged sufficiently with the data to address the study’s aims and answer the research questions: Did the emergent themes correspond to the study’s aims? Did they answer the study’s central questions about the housing and social circumstances of BB women? I revisited the data from Study A (*SC*), as I had some remaining questions that I wanted to explore regarding future expectations of housing and care; I wanted to see whether further insights could be found to shed light on the themes emerging from Study B (*I*). In this way, I identified additional narrative threads in the survey data (*SC*), but these were tangential to the research questions and did not add anything of value.

In comparing the findings from Studies A and B, I found that, while women were drawn from the same (albeit very large and diverse) sample for both studies, it was possible to identify overlaps. In the coding process, I was reminded of particular survey comments; on closer examination the contents of these indicated that the same person had likely provided information. As there was overlap between participants in the two studies, I gained confidence in my decision to carry themes from the first stage of research into the second (interview stage) of data coding and analysis. In this way, the findings from Study A informed the subsequent analysis of data from Study B. Hence, the findings from both studies are presented together in the following chapters.

This section begins with a discussion of the analytic process for the first stage of research: Study A (*SC*), followed by Study B (*I*). As already outlined, I used thematic methods of analysis in both studies, albeit in slightly different ways.

Study A: Analysis of free-text Survey comments

Following data collection, survey comments (*SC*) were imported into NVivo qualitative data-analysis software (QSR v.11) for coding and analysis. I immersed myself in the data through a first close reading of comments prior to coding. I listed the *a priori* codes from the literature review and interview and research questions, such as housing, support networks, and social relationships. I carried these initial codes over into the coding framework and formed a platform for first-pass coding and generation of *in vivo* nodes. I read and analysed the free-text written comments (n= 707) for 150 women (*WWC*, n= 75; *WNoC*, n= 75) from S1 to S7 case by case, examining each woman's comments longitudinally over time, and in keeping with thematic-narrative analysis. There were slightly more comments from S4 and S6 (as shown in Table 7).

Table 7. Study A, number of comments selected for coding, S1 to S7 (150 women)

Survey number (S) (year)	Women with children (<i>WWC</i>) (n = 75)	Women without children (<i>WNoC</i>) (n = 75)	Total comments (n)
S1 (1996)	43	42	85
S2 (1998)	40	44	84
S3 (2001)	47	49	96
S4 (2004)	59	55	114
S5 (2007)	54	50	104
S6 (2010)	67	52	119
S7 (2013)	53	52	105
Total comments	363	344	707

Thematic-narrative analysis

As already outlined, the thematic-narrative method of analysis enabled me to explore and contrast the women's comments over time (longitudinally) and across surveys (Bazeley 2013; Bernard et

al. 2010; Richards 2009). NVivo software groups codes hierarchically into *nodes* (categories)²²; these hold all the data coded to that node. *Parent nodes* denote larger or overarching categories or themes (for example, ‘relationships’); *child nodes* are more specific codes pertaining to these (for example, ‘trust’ and ‘loneliness’). The hierarchy of a node is determined by the frequency of codes.

Coding entails a ‘process of breaking down, examining, comparing, conceptualising and categorising data (Strauss and Corbin 1990: 61). First pass, (topic) coding was descriptive in nature (Richards 2009: 99-101). It helped to delineate what women had written about their housing and social circumstances over time. Analytical coding (moving from questioning to interpretation and abstraction) was also performed (Richards 2009). During coding processes, attention was given towards identifying metaphors and analogies, such as ‘life restarting’ and ‘letting go’. As (Bazeley 2013: 117-118) explained, ‘when a participant uses a metaphor, they communicate something about how an experience has been perceived ... the metaphors they use also reveal something of the culture, conventions, and language of the people or situations they describe’. Metaphors were used to question (take off from) the data (Richards 2009: 103-104) and to explore and compare meanings; these in many cases led to new *in vivo* nodes (categories) and concepts being created. For example, one woman used the metaphor ‘life upside down’ to describe her experience of being suddenly widowed, this phrase was then directly used in developing a new node (life upside down). In comparing other comments, it became apparent that other women likewise used different metaphors in describing change over time, using phrases such as ‘holding on’ and ‘letting go’. These also led to more new nodes (or categories) being created; these subsequently formed a basis for the theme of ‘transition and change’. As coding progressed, nodes were reviewed for fit and purpose and, in some cases, refined (merged or

²² In NVivo qualitative software, the term ‘node’ refers to the place where the program stores the category. The category, its description and any coding relating to that category are filed and stored within the node. To code a passage or section of text, you highlight the text and code it to a node (or several nodes). For example, a section of interview might be coded to both ‘housing’ and ‘divorce’. When a node is opened, you can see everything that is coded to it. Similar to a filing-system, nodes can be organised into hierarchies (or trees), moving from general topics at the top (the parent node) to more specific topics (child nodes).

dropped from the coding framework) (Bazeley 2013: 185). For example, the lesser nodes ‘trust’ and ‘choice’ were discarded (as shown in Appendix A1). Coding queries were also used to compare women’s comments across surveys to see if comments varied by parental status.

NVivo memos, ‘as an act of theory making’ (Bernard et al. 2010: 78), and annotations²³ were also used to explore connections between nodes, emerging concepts and ideas, and to make links with the literature (Richards 2009: 79-80). Together with manual sorting, mind-mapping, and modelling techniques (shown in Appendix A2), I generated ‘data visualisations’ (word clouds) (Bazeley 2013: 111-112) and coding query reports which I printed for review. Combining reading and coding, both on and off-screen (using post-it-notes, highlighters, and markers) (Bernard et al. 2010) provided distance from the data (Gilbert 2002), and was valuable for generating extra analytical insights.

These techniques enabled a thematic-narrative analysis to consider women’s experiences as they aged and the influence of socio-structural factors. It enabled the researcher to theorise about how and why changes occurred over time, for example, changes in women’s employment might be linked to changing commitments of family caring, suggesting interdependency or ‘linked lives’ (Dykstra and Hagestad 2016; Settersten Jr 2009). Viewing comments within individual cases was crucial for this process. The second-pass analysis identified theory-related material (Bernard and Ryan 2010) that coincided with the study’s theoretical and conceptual framework, discussed in Chapter 2. For example, the themes of ‘transition and change’ and especially ‘life full-circle’ pointed towards Beck’s reflexive modernisation, and the bouncing back of transformational processes onto themselves. In doing so, complex shifts and turns are generated, with often unpredictable consequences. These are driven by individualisation processes, including the dis-embedding of individuals from the nuclear family as a consequence of divorce. Also, the theme of ‘interdependency of care’ related to the socio-relational aspects of

²³ In NVivo, memos and annotations can be linked to individual people, passages of text, and/or nodes as an aid to analysis and interpretation. Annotations are like footnotes or making written comments in the margin of a document. When all the data collected at a node is examined, memos and annotations are also shown.

PE-fit, women's relationships, and current and future expectations of support. Table 8 shows the primary themes identified for this stage of research.

Primary themes: Survey Comments, Study A

Four primary themes were identified during analysis. These were *transition and change*, *housing*, *relationships*, and *the interdependency of care* (see Table 8). The theme of *transition and change* was a key narrative in women's free-text Survey comments across Surveys (S1-S7) and over time given the longitudinal nature of the ALSWH and the two decades spanned by these Surveys. Within the overarching theme of *transition and change*, several sub-themes (or narratives) were identified, as shown in Table 9. These were:

- Time
- Life upside down
- Holding on
- Letting go
- Life restarting
- Life full-circle
- Great expectations

Time was used in a biographical (linear) and temporal sense. For example, time was referred to in describing long-term health conditions or life-course events (such as the number of years since being married or becoming a widow) or, alternatively, the time taken 'to heal', grieve, or 'get over' a marriage breakdown. In a narrative sense, *time* was a way of positioning (positive and negative) biographical events and life-course transitions at various points in women's lives.

Table 8. Study A, Survey Comment Themes

THEME	Subtheme
Transition and change	<ul style="list-style-type: none"> ○ Time ○ Life upside down ○ Holding on ○ Letting go ○ Life restarting ○ Life full-circle ○ Great expectations
Housing	<ul style="list-style-type: none"> ○ Housing type ○ Living in rural areas ○ Housing relocation ○ Living arrangements
Relationships	<ul style="list-style-type: none"> ○ Family and social relationships ○ Working relationships ○ Juggling work and care ○ Pets
Interdependency of care	<ul style="list-style-type: none"> ○ Fingers crossed ○ On top of the game ○ With all that I do alone ○ Changes in the interdependency of care

The themes of *life upside down*, *holding on*, *letting go*, *life full circle*, and *great expectations* were interconnected and suggested dynamic change processes. These themes were quite distinct from the usage of *time* to describe feeling time-pressured, due to multiple social commitments, or time in a temporal or biographical sense, for example. Rather, they describe a way of being, describing, examining, and rationalising change (historically) and the gamut of emotions experienced as women tried to make sense of what was happening in their lives.

Table 9. Study A, Transition and change

THEME	Illustrative comments
Time	Getting older; time heals; and a lack of time
Life upside down	Life is turned upside down; pulled the rug out from under me; and life has changed [negative comment]
Holding on	Can't quite make that step; there must be an end to the trouble; life should be getting easier; and things have been a struggle
Letting go	Gave it my best shot; nothing to be done but accept the situation; and I finally put the issue to rest
Life restarting	New stage of my life; I am a new person - everything about me has changed; and it's all good from now on
Life full-circle	Back to [my] old self; discovered a part of myself that had been hidden away for a long time; and seen a return of positive thinking and feeling of belonging again
Great expectations	Look forward to whatever my future may have in store for me; still live in hope; and when my mother passes on (now 84 years), things will change and open up considerably for me

The experience of change was highly diverse, with some changes being relatively rapid and acute in nature (for example, following a crisis or sudden death of a spouse) or planned and leisurely (such as in the case of pre-retirement planning and the gradual withdrawal from work). Moreover, there were indications of non-linear transformation processes in that sometimes women described having to take a (figurative) step backwards in order to regroup their energies and resources; at other times, there was a sense of returning to old ways and a prior identity (life full-circle) (Curryer et al. 2018a). The remaining themes – *housing, relationships, and the interdependency of care* (discussed in Chapters 5 to 7) – related to physical and socio-relational aspects of PE-fit, women's relationships, and current and future expectations of support.

Study B: Analysis of interview data

In the second stage of the research, I used descriptive (topic, contextual), inductive, and focused, analytical coding driven largely by the interview schedule. For example, the interview question ‘can you tell me about how you came to be living in your current home’ was coded to the node for ‘Housing–current home–how got there’. Likewise, the question ‘There is greater policy emphasis these days on people looking after themselves as they get older. Do you feel you are adequately prepared for later life?’ was coded to a node for ‘The Future–adequately prepared’. This early topic-based coding aimed to answer questions, such as ‘what were women’s current housing circumstances’ (with a focus on socio-historical and economic contexts) and to gauge what sorts of plans (if any) women might have made about future housing and care, and to what extent they felt their housing, finances or care arrangements were sufficient to support them as they aged.

Similar strategies to those already outlined in Study A were used to code, question, and analyse the data. Thus, analysis sought to identify, compare, and contrast thematic elements across interviews (with each woman represented by ‘case’²⁴ nodes) and also, over time, with attention given to divergent themes or interview comments. These were placed in ‘holding nodes’ for deeper analysis; memos, annotations, and, in a few instances, ‘see-also links’ were attached to the relevant sections of the interview to aid analysis and theoretical development. Some themes were carried through from Study A to Study B. Further attention was given to biographical positioning within narrative accounts (Allen et al. 2013a, 2013b). Changes in housing, social and work arrangements over time were examined for points of convergence with Beck’s reflexive modernisation theory, and processes of complex adaptation and change. In the second-pass, more focused coding and analysis, attention was directed towards identifying and mapping features of Beck’s conceptual framework and tying these to theories relating to person-environment (PE-fit).

²⁴ In NVivo, ‘case’ nodes can be created for each individual person. Like a suitcase, these hold the data for that person, for example, interview transcripts, mindmaps, memos, and any coded data. This allows you to run coding queries and compare coding between cases.

Primary themes: Interviews, Study B

Seven themes were identified for Study B. Two primary themes – *Person-Environment Fit (Housing)* and *Person-Environment Fit (Social Relationships)* drew on the theoretical framework to capture subthemes relating to PE-fit and ageing in place. Other themes included *Finances*, *Health*, *Adaptation and Change*, *Risk*, and *The Future*, as shown in Table 10. Mostly, these were self-explanatory and driven by questions in the interview schedule.

Table 10. Study B, Interview themes

PRIMARY THEME Secondary theme	Subtheme
PERSON-ENVIRONMENT FIT/ Housing	<ul style="list-style-type: none"> ○ Current home – how got there (housing history) ○ Current home – choices preferences ○ Current home – changes to the home ○ Current home – neighbourhood ○ Current home – place ○ Current home – renting ○ Future home ○ Migration ○ Transport and driving ○ Aesthetics gardens landscape
Living arrangements	<ul style="list-style-type: none"> ○ Lived with parents ○ Share with others ○ Pets
PERSON-ENVIRONMENT FIT/ Social Relationships	<ul style="list-style-type: none"> ○ Family estrangement ○ Alone ○ Giving and receiving care; reciprocity ○ Religion and spirituality ○ Relationships with others ○ Generational change; critiques other generations ○ Social activities ○ Social media use ○ Social networks and belonging
Childlessness	<ul style="list-style-type: none"> ○ Impact on choices ○ Impact on relationships ○ Reasons for, and what childlessness means now older ○ Adoption

PRIMARY THEME Secondary theme	Subtheme
FINANCES	<ul style="list-style-type: none"> ○ Housing Costs ○ Financial issues, need help to pay for bills ○ Pension superannuation savings ○ Frugality thriftiness ○ Work and retirement
HEALTH	<ul style="list-style-type: none"> ○ Accident, falls recovery ○ Dementia ○ Getting older age-decline ○ Seeking and accessing services
RISK ADAPTATION AND CHANGE	<ul style="list-style-type: none"> ○ Risk – uncertainty ○ How managing – stress ○ Lifestyle changes last 12 months ○ Safety and security ○ Legal rights, justice system
THE FUTURE/ Future planning – adequately prepared?	<ul style="list-style-type: none"> ○ Health planners ○ Wait and See ○ Avoidant planners ○ Constrained planners ○ Reflexive planners ○ Information seeking
Hopes and expectations	<ul style="list-style-type: none"> ○ Hopes for the future ○ Freedom Choice Control ○ Loneliness ○ Paying for care, consumer choice ○ Government support – should the government do more?
Biggest issues for ageing	<ul style="list-style-type: none"> ○ Social isolation, loneliness, social support ○ Provision of care, profiteering ○ Housing costs, costs of living ○ Gender disadvantage, discrimination and abuse ○ Access to services (health, transport, financial advice)

Ethical considerations

With regards to ethical research practice, the use of secondary analysis of free-text Survey data (Study A) helped to reduce potential imposition resulting from women participating in research. Additionally, it promoted the optimal (ethical) use of existing data sources. For Study B, participant numbers were kept to a minimum and, given the researcher's potential influence on participant responses, I remained mindful of my relationship with the participants (CC). I drew a several insights from feminist research, such as its emphasis on non-hierarchal relationships, on identifying marginalised voices, and recognising women participants as experts of their own life experiences. Thus, I acknowledged and respected the women participants' strategies in negotiating their daily lives. To enhance my awareness of ways in which I could influence responses, I reflected on my personal assumptions and biases, social position, and the language I used. Reflexivity, i.e., reflecting not only on my own role in the research process, and on my views and assumptions, helped me reduce any undue influence I might exert on participants and minimise bias in my analysis and interpretation of the data.

To conduct this research in an ethical manner, I was acutely aware of the importance of informed consent, respecting the rights of participants to withdraw from research after providing consent, and ensuring participant confidentiality and privacy (King and Horrocks 2010). For example, even though women had already provided signed consent forms, prior to commencing the telephone interview, I asked them to (re)confirm their consent to participate. Further, I ensured that personal information and identifying documents (such as consent forms) and related computer files were stored securely and conducted the interviews from dedicated 'quiet rooms' within the Research Centre for Generational Health and Ageing (RCGHA); these were designed to prevent others overhearing telephone interviews and conversations. I was very careful to de-identify the data by using pseudonyms and restrictive use of identifying comments or other easily identifiable information, wherever possible. I stored the computer files securely using electronic passwords. These measures contributed to the ethical conduct of this research

Due to the dual-level de-identification procedures initiated, participants were not able to access or review their transcribed interview prior to data analysis. For example, access was only given to the personal contact details of women for arranging and conducting interviews; these were stored securely in the ALSWH database onsite at the RCGHA. Additionally, women who had consented to participate were identified by an *id-alias* (a one-off code created specifically for this project and allocated by ALSWH staff). Once interviews had been marked ‘completed’, the *id-alias* details were deleted from the W099 project database. These *id-alias* references were anonymised further by allocating another alpha-numerical code and pseudonym in preparation for interview transcription.

As already mentioned, in transcribing and coding the interviews, it became clear that there was a degree of overlap between the women providing Survey comments and the women providing interviews. That the same women (quite randomly) ended up in both studies suggests that these women may have had more traumatic life experiences (whether because of being childless or not). It is possible that these women were more lacking in emotional and social support and, hence, felt the need to talk to someone. However, some women participated because they saw the value in telling their stories and hoped the findings from this study might bring about policy change or help other women in similar situations. One participated out of a sense of ‘giving back’ to the research community, because she had worked in research previously. In reporting the findings, it was paramount that I separated these data enough to foil attempts at identifying people and retain some measure of privacy for the women who contribute to the success and longevity of the ALSWH.

The ALSWH Committee granted approval for Study A (Project A615, December 21, 2015). The Human Research Ethics Committee (University of Newcastle) granted approval for Study B (ALSWH Project W099, December 8, 2016) (HREC Ref. H-2016-0421). Studies using ALSWH data are subject to additional ethical requirements relating to qualitative research (as prescribed in Women’s Health Australia, 2016, Document G. Qualitative processing protocols), include having outputs for publication vetted by the designated ALSWH liaison officer (in this

case, Professor Julie Byles) prior to publication, and submitting regular progress reports. Annual reports for 2016 and 2017 were submitted to the ALSWH PSA Committee and University Human Research Ethics Committee, who shared oversight for the ethical conduct of research.

Quality, validity, and rationale for the research design

A key criticism of much of qualitative research, particularly within the social sciences, is the lack of quality and rigour in reported studies. There is also considerable debate as to what constitutes validity and reliability in qualitative research. Some researchers, such as Silverman (Silverman 2013), King and Horrocks (2010), and Carter and Little (2007), have proposed several indicators that aid in the design and conduct of ethically sensitive, high-quality research studies. King and Horrocks (2010) suggested the following criteria for determining study quality: *credibility* (the degree to which research interpretations were endorsed by others); *transferability* (whether sufficient detail had been provided for readers to draw conclusions across contexts); *variance and stability* (whether the researcher had taken into account the inherent instability of the phenomenon under study); and *confirmability* (whether the researcher had provided sufficient detail or thick description to gauge how they might reasonably have reached the study conclusions).

Carter and Little (2007: 1326) contended that good quality qualitative research had ‘an internally consistent set of elements: *research epistemology* (justification of knowledge), *methodology* (justification of method), and *method* (research action)’ (p. 1326); ‘Methodologies justify methods, and methods produce knowledge, so methodologies have epistemic content (Carter & Little, 2007: 1320). Taken together, provided they were congruent and well-documented, the epistemology, methodology, and methods used provided the necessary justification for, and means of evaluating, research quality.

As already discussed, in this study, there was congruence between the theoretical and conceptual framework (grounded in Beck’s sociological and ecological PE-fit theory) and the qualitative, interpretive epistemological approach (rooted in the social constructionist perspective) that informed the research questions and aims, and the methods of data collection

and analysis. Further, the social constructionist perspective provided a lens through which to view the social policy framework of ageing in place and its presumption of family support. It also provided a standpoint from which to explore dominant discourses and how varying social positions, such as being single and childless, might shape BB women's experiences of ageing in place. It was congruent with feminist understanding that women (providing survey comments and participating in interviews) exercised agency in constructing their own narratives about their lives, and in deciding what information to divulge. It highlighted the role researchers played in co-constructing data (via design, analysis, interpretation, and reporting) (King et al. 2010) and the importance of presenting interview comments or extracts in context in the participants' own words.

Another quality criterion is deep immersion in the data (Bazeley 2013; Guest et al. 2013); this was facilitated by (Study A): (i) processes of bounding and selecting the data for analysis, and (ii) checking survey comments for typographical errors prior to importing them into NVivo. While time-consuming, this ensured typographical errors (that could not be edited during coding) were reduced; this had implications for results of text searches and queries and enabled the researcher to familiarise herself with comments at an early stage. I re-read these at various intervals and with a fresh eye to identifying new themes within the data and linking these to what was already known from the research literature.

Immersion and familiarity with the data was also strengthened by: (i) conducting and transcribing the interviews myself (and mind-mapping these after the interviews) (Study B); and (ii) repeated readings of the free-text comments and interview transcripts; (iii) thematic-narrative analysis to make sense of the study data; (v) reflexive memos (journaling) creating an audit trail of the data analysis; and (iv) careful selection of quotations for illustrative, descriptive, and explanatory purposes. In this way, the researcher established the quality, trustworthiness, and credibility (validity) of the study's findings. The entire HDR and research processes (research design, ethics, data collection, analysis, and reporting on findings) received ongoing oversight and review by the HDR supervisors (JEB and MG).

Conclusion

This chapter presented the methodology, study design, data collection and analytical methods for this HDR project. Ethical considerations and study limitations were discussed. The chapter also explored essential elements for ensuring the trustworthiness and credibility of the findings, and how these and ethical considerations were addressed. The next chapter presents the first of three findings chapters (Chapters 5 to 7) exploring housing, social and family networks, and women's plans and expectations for ageing in place. The findings are presented with the aims of the study in mind – that is, to explore: (i) what women had written at Surveys 1 (1996) to Survey 7 (2013) about their housing and social circumstances, and to compare Survey comments between women according to parental status; and (ii) to explore how being childless might influence women's housing choices and their plans and expectations for care in later life. One key narrative present across all chapters is the importance of socio-relational contexts – these exert important influences on housing choices and options as women age.

CHAPTER 5

Housing and social circumstances: ‘It’s my own house’

The experience of home

This is the first of three chapters reporting the findings of this study on the housing and social circumstances of women BBs in Australia. It addresses research question 1 – what are the housing and social circumstances of women born during the post-Second World War baby boom? The chapter takes the home as a starting point for exploring ageing in place. As the key site of social and family relationships (Atkinson et al. 2016), aspects of the home environment including living arrangements (and whether women are living alone or with others) will undoubtedly shape how the home is experienced and the various meanings attached to it. The chapter starts with a discussion of women’s living arrangements before turning to aspects such as homeownership, financial considerations (housing costs and affordability), and the built and natural environment. In the following sections and chapters – *except where otherwise indicated* – comments from the Surveys (SC) and Interviews (I) are combined. Women’s free-text Survey comments (SC) are differentiated throughout by the codes *SC#parental status*, or *SC#survey number, year*, with parental status being shown as either (WWC) for women with children or (WNoC) for women who do not have children. Interview quotations are shown as (I) *#pseudonym*. Dates and names of geographic locations or other persons have been removed to protect the identity of participants. This is shown by, for example [dates given], [name] or alternatively, their relationship for, e.g., [sister] and [town] or [regional area]. Where quotations include my interview questions or comments, this is shown as (CC).

Findings relating to housing

Living arrangements and relationship status

Study A (SC) showed diverse living arrangements; however (by design) at S7 (2013), most women were living alone. Around 25 women (SC) were living with and/or caring for ageing parents and often this influenced choices relating to housing and life plans, as shown by this woman's comment:

During the last 18 months, my life and thus my health, has been affected by my parents deteriorating health. My father has lymphoma, my mother is still being treated for polymyalgia. I would like to change my job and move to the city but feel I should 'be there' for my parents. This is not a health problem as such? I am feeling well. However I am very exhausted in my working life, and personally. I am unable to do more study because I would have to move. (WNoC; SC2, 1998).

By S6 (2010), she was living 'as a companion with my 88 year old [widowed] mother. And we have my brother in palliative care with us at home' (WNoC, SC6, 2010). Following her mother's death (S7, 2013), she had relocated closer to her sister and extended family, writing that: 'It has involved many changes, however I am very fortunate and most content' (WNoC, SC6, 2010). Other women (SC) were not so fortunate, particularly when they were an only child and hence, had smaller family networks to draw on for support. This woman's (SC) comments underscored the difficulty of adjusting to living with her mother and taking on a full-time caring role:

Since 1992 my mother has lived in the house in [town] which I bought after my father died. She wanted to live with me, she said. This has been difficult for me, emotionally and financially. Now she wishes to live in Sydney again. She is however 80 years old next February and not the most practical person. I planned on going [overseas] late May and returning September or October this year, as I feel she shouldn't be alone so much anymore; but she says she doesn't want that. It's causing more difficulty, emotionally and physically. I'm not sure exactly how to handle the situation at present. (WNoC; SC1, 1996).

At S3 (2001) she wrote:

My mother lives with me which I'm not happy about but can't change right now, plus I'm not living close to any close friends. When I'm feeling more healthy, my attitude improves. [# *Question*] #39 – Remember, I live with my mother. #83 – When my mother passes on (now 84yrs) things will change and open up considerably for me. #93 – Living too far from close friends for some time now (18 months) makes this a little difficult to answer, as most people are too busy to stay in touch these days (friendships). (*WNoC, SC3, 2001*).

While initially confident of being able to resume her life overseas, by S5 (2007), her comments become more despondent:

I feel quite compromised as I'm an only child living with my now 90 year old mother in a house where we're on top of one another too much. 15 years ago I had a life [overseas] ... Since 2000, full time in Australia. I find it very difficult, hate not seeing the grandkids and never thought mother would live to be so old (*WNoC; SC5, 2007*).

As this was the last time that particular woman (*SC*) commented about her life or mother, her current situation is unclear. It might be surmised that following her mother's passing, she had returned overseas, however, the strength of her relationships there might possibly have been affected by time and distance. If so, this will have repercussions for her own likelihood of receiving support when older.

In contrast, all the women in Study B (*I*) were living alone at the time of the interviews. This reflects the sampling criteria, which focused on women who had reported at S7 (2013) that they were living alone. At least one woman (*I*) was however, in a long-term relationship, although her partner was not living with her. In the past, some of the women had taken in boarders for additional income to help with the cost of living, however these arrangements did not always work out as intended. Another woman (*I*) had upsized the home so that her nephew could live with her while he was undertaking university studies, but he had moved out some time ago. Two women (*I*) had adopted children early in their marriage when they could not have children of their own and so had had children and spouses living with them, but, both marriages had ended in

divorce, and the children had left home. Also, relationship breakdowns and divorce had wreaked havoc on women's financial security and goals for homeownership (as shown in Vignette 1). Consequently, these women were also living alone in later life.

Vignette 1. Clarissa: 'We are all the children of parents who divorced'

Generation and divorce: Effects on homeownership

Clarissa: But everybody of that [1950s] generation are now the ... a lot of them are the cashed-up baby boomers and they – because that generation didn't work out hugely. I mean, a big percentage of them would all be homeowners and they've not been in this fix. And from what I can gather, there are a lot of women who are in their sixties who are renting or who are homeless and that is because of all the divorces that happened. And you know, women not being paid as much and not getting superannuation. I think there are a lot of women in their sixties, who have ended up in – yeah, I think the divorce thing that happened with our generation. Because my parents' generation – *nobody* divorced, so by the time you retired you were still together, if you could stand each other – in the home that you owned.

(CC): Yeah.

Clarissa: And you know, my generation ... according to my neighbour – who is in his 30s. The other day he said, 'you are all divorced, we are all the children of parents who divorced'. And I thought 'oh, God! *That's right!*' We are *all divorced* and that sort of – *split the money* and the dwelling in half, and women weren't getting paid as much or ... end up being disadvantaged because of that.

(CC): Is that what happened to you?

Clarissa: Ah, no. No, it didn't happen *to me*, because when I was with [name] which was my long-term relationship, no – no. We ... I mean if that relationship hadn't broken down ... I'd be living, you know ... we would have brought a place and we would be living there and I would be living in a place that we owned. So yes, *it did!* *I never thought of it like that!* But unfortunately, yes, it didn't work. And as I say, having had parents who – well my mother was *incredibly* unhappy. They both owned the house, financially secure situation, and to me that absolutely was a big part of her dying of a heart attack at 72. Because all of that can *come at a cost* ... I'd rather have my freedom and take my chances. (I) *Clarissa.*

In Study A (SC), there were lower numbers of childless women (WNoC) who were divorced or separated (n=24) than women with children (WWC) (n=48). However, for study B

(*I*), there were proportionally less women who were divorced (n=6) than women who were single or never-married (n=9). Many Survey comments (*SC*) relating to housing and housing relocation were written within the context of divorce and settlement arrangements, for example:

As I fill this in I am in the process of selling the farm (changing jobs, changing houses) and separating from partner. Retiring (I hope) and getting the finances under some control. So some of my answers will be somewhat skewed. On the whole, I'm looking forward to things. (*WNoC*; *SC5*, 2007).

Likewise, the intertwining of relationship-dissolution narratives with those of housing relocation was also evident in five of the interviews (*I*), reflecting women in Study B who had been separated or divorced:

Well, this is my second home. I had a house – well I was married and I lived [town] and that marriage broke up and then I moved to be near where my mother and father live and eventually brought a townhouse there. And then I was there working for a number of years and then – oh. Disaster! *I met a man* and ... so I sold my house and we moved [interstate] ... I was there for a number of years, and then he kind of thought he was a bit tired of it all and found somebody else. And so– he pushed me out ... I went to court and that took a number of years, and then ... I brought this house here. (*I*) *Simone*.

The next section explores women's Survey (*SC*) and interview (*I*) comments relating to person-environment (PE-Fit) (Lawton 1983; Oswald et al. 2006) and housing relocation. Key aspects include place (location and amenity, environmental affects) and the degree to which the built environment (housing or broader locale) supports ageing-related decline or downturns in women's health.

Housing type and tenure

For Study A, few Survey comments (*SC*) were explicit about the type of house in which the women were living. Two women wrote that they lived in granny flats and, hence, co-resided near adult children. One woman had made the lifestyle choice to live in an ecovillage (*SC*). A few

wrote that they had moved into retirement villages (*SC*) and two had built (or were in the process of building) their own houses, for example:

Will pay my house off within 5 years. I am building a house. I am an owner builder and I have to budget everything I do ... I have a line of credit [and] I have a small wage. (*WNoC*; *SC6*, 2010).

Another woman (*WNoC*) spent her time living between two houses (her own and her mother's), while seven (*WNoC* $n=5$, *WWC* $n=2$) divided their time between living overseas and in Australia, due to work commitments. Two of these (*WNoCs*) were engaged in missionary-type work in parts of the Asia-Pacific. One woman lived in a motor home and had been travelling around Australia. Another wrote (*SC*) that she lived in a caravan with her husband (who was engaged in seasonal work); they moved every season and had no permanent address, so used a post-office box forwarding arrangement for receiving mail. Comments (*SC*) showed that women lived in a variety of housing arrangements – in urban and rural areas, both permanent and transient – with some women making multiple moves over time. As with housing type, women in Study A (*SC*) seldom commented on tenure (owning their home or renting) but mentioned this indirectly in relation to housing relocation (for example, selling the family home) and/or life transitions, such as divorce.

In contrast, more is known about women's housing and tenure arrangements in Study B (*I*), reflecting various topics and questions in the interview schedule. Table 5 in Chapter 4 showed for example, that most women owned their homes outright, and lived in a variety of housing (retirement village, villa or unit, and detached house). During interviews (*I*), it was also possible to determine housing size and level, i.e., number of bedrooms and whether ground-level or multistorey, and environmental features – natural (bushland, beaches, and rivers) and built (gardens and shopping centres) surroundings. Most women (*I*) lived in single-storey accommodation, although two lived in second- or third-floor apartment units. Many women lived in detached houses (or in one case, a duplex), which in Australia, tend to be single storey dwellings. It might also have been a desired feature when purchasing the home, as stairs could become problematic as women aged and mobility declined. Only three women interviewed (*I*)

lived in rural, semi-rural, or regional areas (having very large country towns and being considerable distances away from major urban centres). Two women lived in coastal districts.

Owning a home

For women in Study B (*I*), owning their own home was a realisation of a long-held goal and/or marker of accomplishment. In this respect, owning their home was an important part of their identity and capacity for independence in later life. At least six women (*SC*)(*I*) indicated they had used family inheritances to fund housing purchases or pay off an existing mortgage; in this way, they offset any financial disadvantages incurred, for example, following divorce or being unemployed during their working life.

Even so, the need for personal sacrifice and good saving habits to achieve homeownership was a key narrative across interviews. Many women (*I*) spoke of having *worked hard* to save consistently over considerable lengths of time to be able to afford their own home. Hence, homeownership had not come easy, as shown in Vignette 2. The home was a financial asset that could be sold or, alternatively reverse-mortgaged if necessary, to provide funding for future costs of living or receipt of care. For Ursula (*I*), owning a home simply offered a better alternative to boarding and sharing flats, which she perceived as a wasting money. Homeownership was as much a badge of independence as determination, particularly in the face of gendered discrimination:

Ursula: The first time I was looking for a house, the bank wouldn't give me a loan. Because I was a single female. So, I went [overseas] with a friend on a holiday, and when I came back they'd changed the rules! So, I had to start saving again.

(*CC*): So, they just – flat out said – because you were//

Ursula: a single female.

(*CC*): But then the rules changed?

Ursula: Yeah, so I was a bit chuffed about that [chuckling].

Vignette 2. Maeve: Saving for a home

Home as long-term goal and marker of accomplishment

I own the house I live in. I worked *hard* for it, but that was *always my plan* ... My parents, well they were fairly strict ... I left school at fifteen – on the condition of both Mum and Dad that I got a job. They helped me get a job and I've never been unemployed since the age of fifteen ... Ah, so *my aim was to buy a house*, which I *did*. And I was encouraged to save. I had to save from my *first pay* packet. Mum and Dad *made me*. That was the condition that they made, 'you can leave school, get a job, as long as you save something'. Mum used to say 'You *have to bank* this amount from your wage'. It was always a reasonable amount, 'that's the minimum, if you want to put more in that's fine', so I would ... Once I decided I wanted to buy a house – you're looking at *big bikkies* – you look at the wage you are getting and it is *never enough*, but I did overtime and all sorts of jobs ... all sorts of things to save money. I brought a car, paid it off – *that* gave me a *credit rating*. And then I went and brought a house, and that's the house now that I live in. I *did pay cash* for this house, so I've always been a *hard saver*; and I suppose being a single person, you've got to make some hard decisions but having Mum and Dad to support you right from the early stages, right from fifteen, my *first wage*– which wasn't very much in pounds, shillings and pence ... I'm seventy-one, so that's going back a lot and lot of years. I've *always saved*, and that's *why* I own my own house today. (I) Maeve.

In addition to discrimination in financial lending practices, one woman in this study (I) said she was passed over for employer-subsidised housing²⁵ in young adulthood because she was a single woman, even though the job position was meant to have housing attached as part of the overall employment package. Instead, the employer-subsidised housing was given to a single male co-worker. Gender discrimination also occurred in other areas of women's lives (I), including in the workplace, and when buying a car:

Maeve: I knew what I *wanted to buy*. And Dad said, 'would you like me to come with you?' He said, 'I'm *not going* to interfere ... You do the bid' and I said, 'yeah, that'd be good'. And the guy ... I went in and I *knew* what I wanted to buy. He said 'come in Maeve, I'm Mr [name]. Here's a seat for you'. And he *spoke to Dad*. And I said 'excuse

²⁵ Employer-subsidised housing refers to accommodation that is provided to employees of companies, government, or other agencies either rent-free or at substantially-reduced rental costs, and where that accommodation (house, home unit, mobile home or guesthouse living quarters) is their usual place of residence.

me, *I'm buying the car*. Not my Dad' and he went straight back to Dad. And Dad said 'Maeve's buying the car. *Talk to her* or I'll go outside'. So, Dad backed me up, and that was fine. And I was devastated when Dad wouldn't talk to him. So, I had all the bits and pieces that I had to, the *deposit and everything* because I was *paying it off* and filled out all the paperwork and the deal was done. He then addressed everything to me. Anyway ... my Dad never had a car. I was walking home and I said, 'why did you say that to that man? You could've spoken to him' and he said 'Maeve, you're 21. You *wanted the car*. You're *buying* the car. You're *paying* for the car. You're *paying it off*. It's *all yours*. Nothing to do with me. But' he said 'if you *fall short* of money that you need to pay a payment, come and *see me*. And I will help you. But *that man* had *no right* to ignore you and talk to me. *I wasn't buying* the car – *you were*'. And I thought 'oh, I never looked at it that way'. And I've *never forgotten* that. Dad stopped him in his tracks. So *as a female*, I've *kept that* in the back of my mind and I've been to some shops and they say, 'oh where's your husband?' – 'I don't *need one*. *I'm buying it*'. And it still *does happen* today, so I think things for females ... even in *housing* and stuff, I was never put in a position where I went to buy a house – and I had friends with me or I went by myself and I spoke to a male or spoke to a female – It *didn't matter* to me – except if they asked to *see a male*. And then I'd say, 'forget it mate, I'm *not* dealing with you'. (I) Maeve.

During interviews, (I) several women talked about the processes of looking for and buying a home. Sometimes finding the home was more an act of serendipity than anything else:

I saw it on the way to work. I had to pick up someone on the way and I saw the house next door and thought 'it looks just like me'. So, I asked them if they knew how much it was and they said they could show me through. So, they did'. (I) Darcy.

I was planning to move ... in a couple of years to be closer to my grandchildren. So, I just looked on real estate, saw a place that I liked and rang my son. And said 'look mate, there's a house. Let's look at it'. And I saw it and fell in love with it, and so be it. It all happened fairly quickly. (I) Irene.

Some women (I) recalled long, drawn-out processes (and in two cases) house-hunting over considerable distances (even interstate). In these instances, women drew on friends or extended family, or were in contact with people they knew in the real-estate business on whom they relied for information on suitable properties for sale. Brenda (I) had relocated due to: '*Cheap real estate!* [laughs] ... I realised the house prices had gone up and I could get some equity. So, I moved a few

miles out of the city, and they still have inexpensive real estate here. *(I) Brenda.* Throughout many of the interviews, women displayed adeptness at finding information, making decisions, and negotiating major purchases. Their comments *(I)* point to a high degree of independence and locus of control, since they had spent much of their lives living on their own (as in the case of women who were never-married) and making their own decisions.

Renting a home

As shown in Vignette 3, in contrast to the women homeowners in Study B, Clarissa *(I)* spoke at length about the insecure nature of renting in later life, given the relatively short (yearly) lease arrangements:

In the old days, well – up to *now*, you would go on an initial lease and then you'd just go straight onto a periodic. But the real estate wants me to sign a new lease *every* year. So, I am on a yearly lease now. *(I) Clarissa.*

Clarissa *(I)* *had* tried to find cheaper accommodation, travelling for a week to check the rental situation in other towns and 'small places in-between'. She found that:

There's just not that much for rent, where you would want to live and a lot of people looking ... even now in tiny, *tiny places*, there are a lot of people looking for a rental anywhere by the looks of it ... just having done that and had a look at what is available elsewhere, it made me appreciate where I am. And made me feel actually rather lucky, because ... I have very low rent, but the rents have gone up everywhere, at places ... So, yes. *I'm here. (I) Clarissa.*

Decision-making *(SC)(I)* around housing consumption meant weighing up options and reflecting on person-environment (PE-fit), that is – the extent to which the home met or constrained needs for accommodation and shelter, access to services and labour markets, ontological and financial security, physical functioning, and social networks (relationships).

Vignette 3. Clarissa: Insecure tenancies

The experience of renting in later life

(CC): Do you find any problems with (yearly lease)?

Clarissa: Yeah. It actually puts the renter at a *disadvantage*, I find. Potential financial disadvantage, and it also ... when you sort of sign *one* lease and it just goes on *for years* – you can get more a feeling that it is *your place*. You know? Whereas every year when you have to go through the agent and sign all this *stuff*. *I didn't like it* ... but it seems to be a new thing. They probably charge the owners ... it's probably the real estate agents just making more money. Excuse me for being cynical.

(CC): And so, have you ever had problems with the landlord or real estate?

Clarissa: The *first* landlord I had was fabulous and subsequently the real estate also were fabulous. And then she sold the place and the *new owner* – I think it was a new owner in the real estate business and I've got my new owner and so things would not *get fixed* and it was ... being sort of like *bullied* into signing the yearly lease. So that has made me a bit *unhappy*. But when you're renting ... I just *love this place*, so ... I mean, I have nice neighbours and it *is* paradise. And even if you *own* your house you can have major problems all over the place.

(CC): When you say that things aren't being fixed? What sorts of things need doing?

Clarissa: There's a sort of *hole* in the flyscreen for the sliding door with the balcony that's been there since *dog years*, and now there is the lack of lampshade in the bathroom ceiling. And the electrical *power point* that's not really *healthy*, and – it needs a – *renovate*. I could put up with that because it was *cheap*. But the rent, from when the new owners got it went up *twice* in the first year, and I have a funny feeling it is going to go up *twice this year*. And whereas one does not mind being in a scuzzy place when you are paying very low rent, when you have actually *not* been paying low rent ... Since *she* has brought it, *absolutely nothing* has been fixed.

(CC): Do you feel that you are able to approach the landlord and ask to get things done?

Clarissa: Oh well *I have*, and *I do* ... the only thing that they actually were sold on was the fact that I had to sign *another lease*. I was happy to go on a periodical, but that was like some major *drama* ... They come around four times a year to *check the apartment*, and every time they sell it there are forms for all the things that need fixing and – the *original owner*. *Everything* got fixed. But now nothing gets fixed [sigh]. Oh, but the *rental situation* here – in four years it has got *more expensive* and there is a lot *less* stuff available. So, one ... sort of balances out *things* – you *put up with*.

(CC): You put up with?

Clarissa: Yes.

(CC): Do you feel that you would have trouble finding another place?

Clarissa: For what I'm *paying*, it would be a really *awful* sort of a place. The position I'm in, is fabulous. The view I've got is *fabulous*, but anything on the same sort of value would be staring out on the street. Staring at cruddy houses across the road ... and yes, I am a very *visual* person, so the *aesthetics* of this place are worth it all. (I) Clarissa.

Housing choices also depended on economic resources, potential for exercising agency, and locus of control (i.e., whether women felt they had any choice about the matter). As illustrated by the following comments (SC), women felt a profound sense of despair when they lacked the resources (or *choice*) to relocate elsewhere:

I can't afford the cost of private rental and am in a family property which the family really needs to sell. I don't own anything – house, furniture or even a car. I despair of *ever again* having a home of my own, and enough money to feed, clothe and educate my children. (WWC, SC1, 1996).

My husband still avoiding a final [divorce] settlement. Financially it is very difficult plus I've had the landlord trying to make advances personally. His wife happens to be a good friend. I would dearly love to leave where I am but I cannot until I get some sort of settlement. In the meantime, the landlord keeps telling me how lucky I am to have him as a friend and his house to rent. It is very emotionally stressful after coming out of a bad relationship (married 18 years). (WNoC, SC4, 2004).

In these cases, the women's comments (SC) suggest they had previously owned homes but were now living in precarious situations. Often their situations were made worse by not having sufficient finances or other resources to draw upon. Only one woman in Study B (I) had been homeless (for less than a fortnight), after the breakdown of her marriage. This suggested that the 15 women (I) who participated in interviews had sufficient finances and resources – such as support networks – on which they could rely when needed. However, many women (I) were also very adept at managing their money, as the next section shows.

Finances, housing and living costs: Frugality and ‘making do’

Several women (*I*) had considered moving home and explored options to reduce their living costs but had decided this was not financially viable. Olive explained:

It is getting hard. Because even with some concessions, I still find it difficult. I think this year it is going to be worse with all the price increases ... the problem is, if I downsize, it is just like you are swapping for a smaller house. You don't get any money in your pocket ... [and] apart from the moving costs ... I don't really think it is worth doing. (I) Olive.

For Olive, it was not so much the potential loss of pension benefits, but rather the ‘actual logistics of moving and finding somewhere around that is in a good price range’ (*I*) Olive. Women (*I*) described the challenges of managing in the home in the face of rising costs of living in combination with limited income upon retirement:

CC: Do you consider that your housing costs at the moment are affordable?

Imogen: They are, but they are getting to be an ever-increasing burden. Rates and water rates especially, things like that. Things that you can't say ‘no’ to ... it's not discretionary spending. It's something that you just have to pay and that's it.

CC: Have you ever had to seek help with paying some of those bills?

Imogen: No. Oh, no. *I'm not* crying poor here, I just think that there's just more and more. The percentage of my income that's going towards utilities and things like that. (*I*) Imogen.

However, even women (*I*) who were generally well-off talked about sometimes having to cut back expenditures. Many struggled to meet electricity costs, and to adequately heat and cool their homes. Given the lack of suitable or affordable alternatives, generally, women (*I*) were resigned to ‘making do’ with what they had:

Simone: Well I'm now on the *aged pension*, *whoopy-do!* [being sarcastic]. Before that I had ... my own superannuation thing and that sort of all cost, when the court case went through. And I used that money to buy a house and *a car*, and I

have a little bit left over, but now – I’m on the pension, and *it’s a struggle* ... you have to *be so careful* about everything and it’s a bit of a nightmare sometimes [chuckling]. But you know, at least I’m in a better position – [than] *a lot* of other women – I do have my *own home*, I’ve a bed to sleep in and ... I’m fine with that. (I) Simone.

Most women (I) were proud of their accomplishments and ability to live economically, *even frugally* (n= 9). This led several women to be critical of younger generations and their seemingly poor work ethic. Imogen (I) drew attention to the media drumming up generational envy in the face of housing unaffordability and younger buyers being priced out of markets, as shown in Vignette 4.

Vignette 4. Imogen: Generational envy

Home as hard work and making do: We were happier with less

(CC): When you say ‘envy between the generations’, do you find that you’ve had problems with younger people?

Imogen: Well there is ... the overall thing. Not so much from my *immediate* nieces and nephews, but there’s been comments like ‘you’re lucky, you can go on overseas trips’ and things like that. And then the way *the media* beats us up about the *poor old millennials* not getting into real estate. What is it? 80% of the real estate in Australia is *owned by people over 65*. And I think, well if they *didn’t* own most of it, having *worked for 40 or 50 years*, there’d be a problem, wouldn’t you think? And also most of us probably *started work* earlier. A lot of people of my generation started work between 15 and 16 [years] so that meant you were already working five or ten years earlier than most younger people – or sooner. So, there was more *chance* for you to acquire things, and I also think we had a *simpler life*. My first home was a *small unit* and we had *no furniture in it* for ages. We had no mobile phones, no computers ... and *the houses* were simpler. Whereas *now* – the housing is just *too big* and *too flash*. A lot of younger people don’t want to *start* with a small place, they want to start with the three, four, *five bedrooms* and three-car garage ... It’s making people *unhappy ... dissatisfied ... we were happier with less*. I sort of resent seeing it on television how ... bad baby boomers are making it for the younger people. We haven’t always *had it, either*. We had to work *damn hard* for everything, we weren’t born yesterday. *Paid taxes* for 40 or 50 years ... now I’m ending with a whingeing session, aren’t I? ... but I guess it just makes me a little bit angry when you are almost made to feel that you shouldn’t be living in your own home, and it is all *your fault* that younger people can’t afford things. Well ... we’ve *been there too*. (I) Imogen.

Women emphasised how (starting out) they had worked hard to achieve their goals and some measure of independence. Some women, such as Clarissa and Imogen, pointed towards the simpler lifestyles they had grown up with, and the need to start small (for example, buying a house with an outside toilet). Women who were not married were doubly disadvantaged by virtue of gender discrimination by home loan lenders.

PE-fit and housing relocation

A key assumption underlying policies for ageing in place is that, where the environment is perceived (objectively and subjectively) supportive or amenable, older people are better able to sustain ageing in their home and community (Mackenzie et al. 2015; Martens 2018). This section explores women's experiences of ageing in place to gauge the extent to which the home environment was supportive of women's goals or, conversely, might influence choices on housing relocation. Two key aspects being considered are the role of *place* (location, amenity, and infrastructure) and *environment* (climate, natural environment, and physical dwelling).

Place and locational effects

Seventeen women (*SC*) and three women (*I*) indicated they lived in rural or semi-rural regional areas. Some had relocated from the city or over considerable distances (in one case, interstate) seeking a more amenable lifestyle in coastal or other areas where they had holidayed as children or younger adults, or to areas where they had spent time playing competitive sport. These women appreciated the laid-back, relaxed lifestyles offered by coastal or rural destinations, and the natural aesthetic beauty of the areas, for example:

I have moved from a suburban house in a large town to 10 acres of peace and privacy ... I am doing harder physical work on that 10 acres but it is rewarding, enjoyable, and I can set my own pace. (WWC, *SC2*, 1998).

Maeve: I've done road trips around *all* of the states of Australia, but I kept coming back to [state]. I kept saying 'this is where I really want to live' because although it has progressed a lot, it is still a *laid-back* type of state. The hustle and bustle doesn't seem to be there. (I) *Maeve*.

Women in Study B (I) also appreciated the sense of space offered by living in semi-rural or rural areas, for example:

Where I am they sort of call it semi-rural ... you can't shake hands with your neighbour over the fence. You've got a good distance between your neighbours and that. And *good* neighbours. It is bushland ... but housing is just booming – and this is what I don't like, *the houses* – you could just about *shake hands* with your neighbour. That's the part I *don't like*, but I'm lucky I'm not in that area. I can talk over the fence to my neighbour but it's – not a hike, but it's not just hang out the window and shake hands with them ... You're *close enough* but far enough away. (I) *Maeve*.

The notion of being close enough – but far enough *away* – suggests that while space and distance is highly valued within housing contexts, there is still a need for human connection. Indeed, many women (SC) living in rural areas wrote about the stress and isolation of living in the country, but comments were mostly couched in terms of transport issues and access to health care, for example:

More health services [are needed]. It takes organisation to get to appointments. If you can't drive, it's hard. Taxis, community buses are there, but [everything is] over-booked. My sister would take me if needed. But if you break down *on the way*, if you had to go to another town – the NRMA [roadside breakdown service] is a long way away. On the freeway you have the phones if you break down, but not in rural areas. There's *no phone coverage* – so you have *no way* of ringing. You have to wait for someone to come along and help or walk to find the top of a hill to get the [mobile phone] reception. You *can* take the ambulance, but I don't like using it if it's not an emergency. (I) *Darcy*.

The lack of public transport options in country areas meant that women were highly dependent on being able to drive themselves, particularly if they did not have children to provide support and assistance:

I am in good health as you can see and am now very independent and self- reliant (widowed now for 8 years). I have many wonderful friends but much contact is by email/phone. I feel my answers might be quite different if I could not drive and access what I need since I live in the bush with very limited public transport (half an hour walk away). I need to drive or have friends drive for most social contact (or physical contact/help). I know I may not be able to live here if I do suffer ill health/broken leg etc. (WNoC; SC4, 2004).

At later Surveys, this woman (SC) did not mention whether she had had to relocate home or was still driving. She did, however, write about the sadness and grief felt at losing close friends her own age, and the resultant loneliness. Where community bus services were available, whether run through charitable or local council organisations, or as a service to retirement village residents, these were not always patronised as well as they could be. Darcy (I) and Nadine (I), for instance, explained:

There's no bus service, but there is a bus [community bus] you can go on for a gold coin donation, but it goes at certain times and it doesn't always suit. But I can walk down into town to get a few things. Just not *walk back* because it's too hilly. (I) Darcy.

I don't use the retirement village bus because the bus hours don't suit, and it goes too early. I like to do my grocery shopping later in the day or early evening. (I) Nadine.

Living in rural areas also meant that women had to travel considerable distances for work, for example:

I am in an unusual situation at present, doing a full-time x 70 day field placement to complete a [university] degree. Because I live in a rural area, I also have 1 ½ hours travel to add to this (daily), leaving very little time for recreation. (WWC; SC4, 2004).

Environmental effects

In addition to housing location, local environmental conditions also had an impact on women's quality of life (QoL) and affected the degree to which PE-fit and health could be maintained. For example, one woman (SC) wrote that her poorer health was a consequence of having to relocate to a more humid coastal environment to provide support for her mother-in-law. The added stress and less-supportive climate had exacerbated her asthma and thus, her QoL had declined:

We moved from [town] to [major town in coastal area] due to my mother-in-law having a stroke. Although she lives in a nursing home, we are expected to do a lot for her— manage her affairs, money, etc. This has added a lot of stress to my life as she is a difficult woman at the best of times. I believe the stress has contributed to my ill health. Also, we used to live 'out west' for the dry climate and now are back with humidity, which makes my *asthma worse!* ... Because I am ill all the time, I have very little social life and feel at loose ends quite a bit. I do not like this place where I now live and would move if I had the money – but *as pensioners, we never will!* (WWC, SC3, 2001).

At S4 (2004), she wrote that her health had declined to such a state that she was very restricted in terms of what activities she could do around the house each day. Her next comments (SC) were made in 2010 (S6), by which time she had become socially isolated: 'I am what could be called a shut-in due to my health or lack thereof. Because of this I get few visitors so am alone quite a bit'. (WWC, SC6, 2010). Environmental aspects of housing were an important influence on the ageing in place, especially when women (SC) felt they had little choice or agency. Conversely, women participating in the interviews (I) were either mostly satisfied with their homes or had resolved to make the best of what they had in terms of housing, putting up with various levels of inconvenience (i.e., environmental stressors) rather than relocate.

A large part of many women's decisions not to move was related to the fact that they owned their homes. In a few cases (and as described by Imogen in Vignette 5), where women had explored other alternatives, relocation did not seem to offer any benefits. As shown earlier in Table 5, eleven women (I) owned their homes outright, while two were still paying off a mortgage.

Vignette 5. Imogen: ‘On a day like today’

PE-fit: weighing up the pros and cons of environmental stressors

(CC): Do you feel that your current home is sufficient for your needs?

Imogen: Ah ... on a day like today, it is *everything I want*. When we are having *cyclonic winds*, and I’m on the *third level* and my door is banging and crashing – I worry about *the roof*. I don’t know where it is [chuckling]. And, also, of recent times, because I’m on the third level the steps are getting a little bit of a chore, but I make it ... because I’m so close to the waterfront you get *the winds* ... It’s just exposed, really. But the benefits are on a [sunny] day like today, I can sit here and look out on the bay.

(CC): Oh, which would be lovely.

Imogen: It is ... in winter.

(CC): In winter? When you say ‘in winter’ – does it get a bit hot during summer?

Imogen: Yes. And although it’s not *too bad* inside my unit because I usually get a breeze, I find the actual *summers* – especially last year, was quite debilitating ... If I want to go walking, it has to be like, four o’clock in the morning or six o’clock at night. It is physically *impossible* during the day. But I do wander down the road and have a swim, so ... I suppose.

(CC): If you could make any changes to your home at the moment, what sorts of changes would you make?

Imogen: I would go *down a level* ... but then again. I wouldn’t have the *view*. So I don’t know. Not really. Changes that you have in maintenance, not something big to change. It is only a simple place and I am comfortable in it.

(CC): So you have not considered moving for any reason?

Imogen: I have. But only every now and then. I think ‘oh, I should *really* if I get older go *down a level* or two somewhere’ but then I go and look around and what I can probably afford is probably not where I want to be. I’m in a very convenient place here, near the water and bus routes, near the local shops ... I don’t *really* want to trade that for something else at the moment. So, I will hold out as long as I can. (I) *Imogen*.

One woman (I), as an active measure against financial risks in later life had purposely not paid-out her mortgage when she retired, and the remaining mortgage was sufficiently low enough that she could still afford to pay it while being on the pension. Holding onto the mortgage meant that,

if she had any major, unexpected expenses (such as needing medical care, a new car, or repairs to the home), she could potentially re-draw funds from her mortgage account to help see her through.

Although most women interviewed (*I*) were satisfied to remain in the home for as long as possible, many recognised this might be difficult if driving ceased. Some women had purchased newer automatic cars to offset slower reflexes and better facilitate driving into older age. Maintaining driving was especially pertinent for women living in rural areas, even living in outer or inner suburban suburbs could be problematic:

I try to be as independent in life as I can. Well, I *am* independent – but here I find that really you *do* have to *have a car*, because ... if you want to go to any big shops you need a car to get there basically and there's not much of a bus service ... probably wasn't a *good idea* [moving here]. Probably would have been better going somewhere you had *the choice*, so if it comes the time when you can't drive– you have got a bus that you can get – or whatever, you know. (*I*) *Simone*.

For Shirley (*I*), most of her friends lived various distances away, which was fine while ever she and her friends could drive:

Shirley: Well, while I can *drive* ... like it is about a ten-minute walk to the bus and the bus goes down to [railway station] and from that station you can get into the city. And the bus also goes on from there to one of the big shopping complexes. Now I don't avail myself of that service much these days because I'm driving. I mean, I *do catch* public transport into the city quite often, but usually I'll drive to where I can park my car and *then* catch a train or a tram or something. And I'm *not* madly keen to get right away from the CBD, where it becomes inaccessible. And, *also, where I am*, it is a quiet, pleasant situation. I've got good neighbours, my neighbour across the road mows the lawn for me. It is only a small bit of lawn – but he does that on an ongoing basis and won't have a bar of charging me for it. And he just says 'oh well, it's all karma, isn't it? I see what you do for other people' so he said he is happy to do that ... There's *quite a bit* going for where I am at the moment, as long as I can drive and get easily to things that I want to do and people I want to see. (*I*) *Shirley*.

Notwithstanding these earlier comments, Shirley (*I*) had already been thinking through her options. Unfortunately, these invariably came up short:

Shirley: Look, housing is *a huge issue*. I mean, I've got some friends who are starting to move into retirement villages, so I am starting to think about what *my next move* should be ... the problem is, for me, that – *financially*, it is difficult. I do *own my own home*, but it's not as if it is a big *family home*, it is small – well, it is a three bedroom, but it's *smallish*. And the price of apartments or independent units within retirement villages – I think they are going to be beyond my reach. I mean what I would really consider, and I was just recently getting some printed material from one of the retirement villages, from one of the companies that deals in aged-care retirement villages and so on. And the *trouble is*, that they want so *much money* for buying into them. And even though this particular company has, I think a better deal than most – and a friend of mine who really knows what she is talking about and has spent *years researching* all these companies – she believes this is *the one* that offers the best deal. *But* – to buy into one of them. Would probably be beyond what I can afford ... And I'm not ready to sell this place yet, I don't think. *(I) Shirley*.

Changes to the home

Most women (*I*) were still living in detached or semi-detached dwellings in the community. In seeking to maintain person-environment (PE-fit) and suitability of the home, around half of women in Study B (*I*) had already made some sort of change or modification to their home; fewer still were considering having additional modifications made. Some changes were relatively minor (small to medium scale structural or landscaping alterations), such as improving the garden or planting fruit trees and installing new air-conditioning. Other changes were more extensive, for example, putting in ramps or modifying the bathroom to allow greater ease of access in anticipation of declining mobility, or updating the kitchen. Four women (*I*) had installed solar hot water systems as a way of reducing energy costs. Thalia had converted the garage into an artist's studio: 'Well I'm an artist, so I've put in a studio and I'm also a gardener – so things along those lines. Yes, *practical* things. It's not what *I need* – it's *what I want*' [chuckling]. *(I) Thalia*. As shown in Vignette 6, Ursula (*I*) had made substantial changes to her home over time, including adding an indoor toilet.

Vignette 6. Ursula: ‘I’m a two-toilet house with one person’

PE-fit: Modifying the home to improve PE-fit

(CC): Have you considered making any changes to the home?

Ursula: I’ve sort of done all the ones I intend to do. I put in air-conditioning, which I have. I’ve put the shutters on, I’ve put the solar panel hot water system in. Ah – when I came here there was a little tree – which I didn’t know much about trees then, but it turned out to be a jacaranda. And that’s grown huge over the decades and that shades most of the house, so in summer my house would be cooler than the neighbours because they don’t have big trees. So I was glad I didn’t pull it out before I found out how helpful it was going to be.

(CC): They are lovely trees, aren’t they?

Ursula: Yeah, and I love the purple carpet ... Apart from painting a couple of times, maintenance as it happens. No, there is nothing else that I think I need to do. Oh, the other thing I did when mum was alive – I put an indoor toilet in, because my toilet was on the back porch. The only one I had. So now I’m a two-toilet house with one person which is ridiculous, but mum didn’t like going out on the back porch at night. So, I think I’ve done the changes that I need to do. (I) *Ursula.*

Audrey (I), however, felt less inclined to spend the money due to the inconvenience of living through renovations and concerns about over-capitalising her investment:

So, while some people say, ‘you should do that because it will sell better’ ... I don’t think it’s worth the effort because in a number of cases that I know of – people where they’ve gone to the trouble of doing up their kitchen or their bathroom or something – the next person has come along and said, ‘well I don’t like it’ and just knocked the whole thing out. So, I don’t want to do that, just because of spending the money, and you may not necessarily get the money back. And as a single person, it’s not that easy to do all of those things, you know. Moving stuff out of the rooms so they can fix it ... Maybe I’ll do a few small alterations, but otherwise, I’m fairly content with where I am. And what I’ve got. (I) *Audrey.*

Likewise, although Darcy recognised that she might need to renovate the bathroom as she got older (replacing the shower over the bath) – for the present, it was not a high priority: ‘I’d rather have a holiday than a new bathroom’ (I) *Darcy.* A couple of women had plans to update or restore

their gardens, so they would be more low-maintenance and hence reduce mowing and landscaping costs. Some – (like Irene for example) would have liked to make changes but were constrained by lack of finances. In Irene's (*I*) case, the desired changes were relatively simple, such as replacing the carpet and installing blinds:

Irene: The carpet here is worn out. And I thought oh, 'I will just pull the carpet up and see what's underneath. Maybe I could get the boards varnished, which doesn't cost much money'. Because carpet is much more expensive. And when I pulled the carpet up, *underneath the carpet* is just – I don't know, it's *something*. Three layers of lino [linoleum] that have been *well and truly stuck down* and you can't get it up. So, I'm going to have to live with the crappy old lino look until – *I don't know until when!* So *that* would be on my bucket list. It would've been number one. And then the interior painting would probably be another, around the kitchen area. But I can live with that sort of stuff, you know – it's *not major*. I've got adequate bedding and bed coverings and I've got adequate – in general, and the kitchen is well set out for the stuff I brought with me. So, it would be the carpet and I suppose – it gets really *hot*, it's on the hill and it gets really hot in the summer, and so if I had a luxury bucket list then I would get blinds – to keep the sun out.

(CC): You don't have air conditioning there?

Irene: Well *there is*, but it doesn't work, it's really old. *The house* is really, really, old. And the people I brought it off had painted it and it looks great, but once *you sit in a place* and you *see what's not right* ... And when you try and put the air conditioner on, it doesn't work. There is a wood fire, and I *do like wood fires*.

(CC): So, you are alright in winter at least?

Irene: Yes. The *rest of the house* is freezing, but that's alright. I like a cool bedroom anyhow and I just close all the doors, so yeah. (*I*) *Irene*.

Where women (*I*) did not make any modifications to the home, this was usually because they either could not afford it and/or did not perceive it necessary – at least, *not yet*. Moreover, women (*I*) who had moved home within the last ten years had tended to purchase homes with a view to future needs anyway (for example, buying a single-storey home to avoid having problems with

stairs, or buying into a retirement village – where home modifications would not have been an issue). Most women (*I*) were generally satisfied with their choice of home, even where original choices had to be revised in view of high purchase prices and/or a lack of available properties when house-hunting: ‘When you buy, you never fulfil *all* that you need’. (*I*) *Thalia*. Few women interviewed were actively looking to relocate. Many (*I*) felt they were quite well set-up in their homes and neighbourhoods, and so would be able to sustain ageing in place for at least another 5-10 years (at which point they might have to reconsider housing options).

Nonetheless, at least half of women (*I*) had modified their own behaviours to improve manageability (PE-fit) within the home. For example, by engaging someone else to mow the lawns, and/or taking more time to accomplish tasks: ‘I’ve slowed down. I used to spend a whole day in the garden, but now I’m excited if I fill one supermarket bag with weeds. I have *lots of rests*’. (*I*) *Ursula*. Audrey and Nadine (*I*) had become more careful in their activities and how they mobilised within their homes since having falls. Nadine additionally revealed that she no longer encouraged visitors for fear of them having an accident in her home. Some women (*I*) had adapted their own behaviours and the way they utilised the home in seeking to cut energy costs. Common strategies included closing off unused areas of the home and restricting heating to a small section of living quarters, turning off electrical and gas heating (or shunning it all together), rugging up in warmer clothing, and going to bed earlier in winter. This also meant that women did not entertain visitors much in the home (if at all). Only a few women (*I*) spoke about having people such as extended family or close friends visit, and this was invariably associated with the giving or receiving of care or support (for example, while recovering from an illness or fall).

Relocating lives and home

Many women across Surveys (*SC*) wrote about moving home for a variety of reasons, including seeking or providing support and following relationship breakdown or lifestyle change. Some women (*SC*) relocated at older ages for support; women also relocated home to provide care to others, for example:

I am a single woman, who working in [capital city] after being raised in the country, came home to look after my mother. She was chronically ill with arthritis and had suffered several strokes. After her death 13 years ago, I remained on the farm to stay with my father, who is 84. I'm an only child. (*WNoC; SC1, 1996*).

For the women Survey participants (*SC*), caregiving-related moves were sometimes undertaken over considerable distances and even interstate or from overseas (intra- and inter-country migration). Moves were also undertaken at earlier ages (pre-retirement), for example, due to work or career reasons, or because of 'bad neighbours' (see next chapter). Not all moves were made voluntarily; nor desired moves able to be enacted. In some cases, (*SC*) women desired to move but lacked the resources; moreover, improvement in housing situations sometimes regressed. For example, after having received a divorce settlement and purchasing a new home, one women (*SC*) found herself in considerable debt when a subsequent relationship went sour. With no real means of paying off the debts incurred by her ex-partner, she was worried about losing the house. However, by S6 (2010) she was back on her feet (having received an inheritance from her mother which had enabled her to pay off the remaining debts); consequently, she had no further plans to relocate. In this respect, Survey comments (*SC*) showed the dynamicity of financial circumstances over time. Housing decisions were also influenced by other considerations, such as the need for ongoing maintenance and manageability of gardens and lawns.

For those women who did relocate, the move to another area often brought a new lease of life. However, one woman (*SC*) described moving multiple times in search of more fulfilling relationships and wanting to feel connected. The first move was triggered by the death of her long-term partner, but the reasoning behind subsequent moves were unclear:

Relocating myself interstate 3 times and about to embark on my 4th. During the last 3 years has been an emotional drain and very unsettling, even though all moves were my choice and decision. My GP advised me it is not uncommon during menopause to feel at a loss of where/how/with whom one belongs. In my case it was after living 20 years away from birth state and a feeling of being needed (unnecessarily, I discovered and gratefully at that) by my parents, and a desire for sibling closeness. Probably aided by being single, these moves

(including sale of house and transport of furniture) naturally disrupted new beginnings in career change, social life, and finances. However, spiritually and emotionally I feel this chapter is behind me and I look positively forward to my final re-settle (but not without all the relocation procedures). Nothing ventured, nothing gained. (*WNoC, SC3, 2001*).

This woman (*SC*) likewise moved following the tragic death of her husband, which was caused by a young woman driver answering her mobile phone:

He was my best friend and soul mate and the two and a half years have not been easy. My family have been wonderful and very supportive, I have recently relocated to [major town] with my company [state] to turn the page and start a new chapter in my life. I have a wonderful family and fantastic friends who have been very loving and supportive over the last two and a half years. I work for a very good company who are a very caring lot of people. (*WNoC, SC4, 2004*).

While she sometimes found it ‘difficult to accept and get on with life’, her family and friends were a valuable source of support, and she was engaged in work she enjoyed, albeit was sometimes lonely. By *S7* (2013), life had taken a more positive turn, as evidenced by the following comment: ‘Thoroughly enjoy my golf, my family, my friends and my life’ (*WNoC, SC7, 2013*).

In this study, women (*SC*) who moved interstate or over long distances tended *not* to have children, except for a few exceptions where women moved between states to provide care. However, for some women, moving to a new house did not always prove optimal or bring the benefits that they had hoped for. For example, buying a property out of town because it was cheaper also meant moving further away from work: ‘Now have a mortgage [and] live a fair way from where there is any work unless I drive 80 kms’. (*WNoC, SC5, 2007*). On a different note, one woman (*WNoC, SC7, 2013*) found that after moving to the country with her husband, she was left feeling isolated when the (22 years long) marriage dissolved. Although the housing and relocation experiences of women in this study (*SC*) were very diverse, most happened within the context of relationships, such as caring commitments (and often moving again once the parent had died and caring obligations ceased) and/or family breakdown. Likewise, women without children (*WNoC*) also wrote regarding housing relocations post-relationship breakdown, but their

comments were predominantly about neighbours. This might be due to the greater reliance on neighbourhood relations due to smaller family networks; consequently, the lack of neighbourhood support was felt more keenly.

Having come through a messy divorce and subsequent relationship break-up, financial problems, and family conflicts, this next woman (*SC*) was tenaciously holding onto her home and lifestyle. She had no plans to relocate:

I have a 401sq house (includes garage) plus 21 acres. I'm on a disabled pension due to an accident and arthritis. Takes me all day to do chores, i.e. lawns, gardening and home. I live 15kms from town and determined to keep my home. I eat well, cook lots of soup and eat vegies from my garden ... I don't plan on leaving here and will let you know if I do. Have my dogs and old horses and 10 canaries. I'm happy on my own and now know I can cope ... I'm always busy outside as I have a huge garden. Just hope I don't get really sick. (*WNoC, SC5, 2007*).

However, by next Survey, her goal to age in place was becoming less certain due to inevitable decline. Several other women (*SC*) likewise, indicated during Surveys that they planned to stay living in their homes for as long as possible (perhaps, even until death); a view shared by Darcy (*I*) who stated: 'I'd prefer to die in my own bed.'

Only a few women in Study B (*I*) were still residing in the town of their birth. Most had moved over the intervening years for work – or perhaps following marriage (and again post-divorce). Parental death, employment redundancy and retirement also triggered housing relocation. Several women had moved home multiple times in the last twenty years, and four had resided in their home for ten years or more. Continuity of identity and self was an important consideration. Where women did move home, they often purchased in areas where they had previously been living at other stages of their life, and/or which held strong emotional and biographical-historical meanings.

Six women (*I*) had already shifted into their preferred type of housing or relocated to socially-inclusive communities and so had no short-term plans to move, except into RAC if/when diagnosed with dementia or MND. Nadine for example, was well set-up in her current home

within a retirement village and had picked out an adjoining residential care facility that was run by the village operators. She was expecting to move to RAC in around ten years' time, depending on her health. A small number of women (*I*) ($n=3$) had moved into comparably-seized or slightly bigger homes which offered larger gardens or space for hobbies such as an artist studio. Lifestyle factors (such as the desire to relocate interstate for a more laid-back vibe or having space for an artist's studio or garden) and aesthetic considerations (attractiveness of natural environment and green spaces) featured strongly in women's housing decisions. These were more important for quality of life and wellbeing than physical (bricks and mortar) aspects of the home. Two women had moved post-retirement to areas that they had previously holidayed in or visited in the course of work or competitive sports (i.e. amenity or lifestyle migration).

While some women were experiencing garden and lawn maintenance issues, these paled in comparison to the work and costs involved with finding suitable accommodation and moving to another area – especially for women with few supports. Nadine (*I*) had relied on siblings for assistance with her move. They had measured up the dimensions of her new retirement village unit and all of her furniture, prior to the move:

We drew it all up to scale on some paper to see how everything would fit. And most of it didn't, including the piano. So, I had to throw away lots of stuff to op-shops and whatever. I had to give away lots of things when I moved in, but there was a lot that just went to the rubbish tip. I wish I could've given away more. (*I*) Nadine.

She was thus able to make the move more smoothly. However, except for three women (*I*) who had already done so, downsizing into a smaller home was not really seen as a viable option for managing ageing in place. Several women were attracted to the idea of retirement village living and, especially, the social aspects, easier lifestyle, and attached dementia care units found in some developments. However, the lack of complete pricing information to help guide decisions or make comparisons between developments was frustrating.

While some women (*I*) were adamant that they would be staying in their present home, others, such as Audrey, recognised that there would come a time when the move into more

supported living (such as a retirement village unit with care attached or RAC) became inevitable. Some had identified a timeframe of about five to 10 years for this to happen, barring any major downturns in health, physical functioning or earlier onset of dementia:

Audrey: I guess I'd *like* to go to a retirement village rather than a nursing home ... I fear nursing home is *more final*. But I don't want to live forever (long pause>). Anyway ... not like I'm likely to jump *off a cliff* or anything like that but yeah, I don't want to live that long ... When you get a bit – don't know what you're doing (long pause>) it's interesting when you say *that out loud* actually. Because it's been in my thoughts *a bit*.

(CC): Has it?

Audrey: Yeah.

(CC): And how do you feel with that? Having said it out loud?

Audrey: Oh. Okay... as I say, I've been kind of living with it a bit, and I can, well – *yeah*, I don't want to live *forever*. While I'm still able to do things, there is no problem, so ... I feel okay about saying that out loud. It's been in my thoughts, so. *Now it's out there* [chuckle]. (I) *Audrey*.

She had already identified several new senior housing developments which were underway (and which might eventually prove to be more attractive options) however, Audrey's first choice remained moving into the retirement village where some friends of hers had already relocated, and which guaranteed a continuing connection with her local Church community. Vivienne felt that if she could stay in her home for another ten years then:

I'd be done and dusted. I'd be *very* happy. I don't mean to say well, I'll die ... but just to have that ten years to ... *fulfil my dreams* ... and then I'd be happy to go and retire gracefully somewhere [laughs]. (I) *Vivienne*.

Being diagnosed with dementia and not being able to drive anymore were the main triggers women identified for moving into residential care. At the time of interviews, all the women were driving, although some had already downgraded their driving behaviours due to difficulty

navigating heavy (peak-hour) traffic and restrictive inner-urban parking. Olive (*I*) had ceased driving at night altogether, due to safety fears:

A couple of times I had a bad experience on the road with people *tailing*...and *shouting* and they wind their windows down and shout at you and they know that you *are alone* driving ... It happened a few times and since then I stopped going out at night. Unless I've got somebody with me. But now I completely don't go out at all at night time. (*I*) Olive.

Several women (*I*) spoke about the growing social isolation of women who they knew could no longer drive, and this influenced their views about different types of accommodation in later life:

I think the advantages of having support available – whether it be an emergency button if needed or the fact that they may have assistance with, you know – it depends on the [accommodation] level you go in at ... So, I guess when the time comes, those sorts of pluses would outweigh any negatives really. It is very hard to predict. If I was *still driving*, that would be *one thing*, but if I wasn't driving anymore, there may be that sense of being *unable to get out*. I *wouldn't like that very much*. But ... you can't really be sure what is going to happen. (*I*) Shirley.

A few women (*I*) had already moved to retirement villages where they could avail of the village bus service (but didn't because they thought it too inconvenient, preferring to drive instead). Those still living in non-village housing had no other strategies in place for when driving ceased (other than moving into a retirement village or RAC). Most felt that public transport was not a viable alternative to driving due to costs, inconvenient timetabling, safety concerns, and/or physical difficulty with using the services. Moreover, when public transport was used, women sometimes utilised their cars to collect other passengers on the way. The car was an important medium for maintaining social connections, independence and networks of reciprocity – aspects which were vital for successfully ageing in place. Indeed, many women felt that social aspects were what was most important in considering the move to either supported living (such as in a retirement village) or RAC. The importance of social-fit is perhaps best illustrated by Olive and Shirley's comments:

I know of two cases...one moved to a nursing home and is *very happy* because she had conflicts with her family. So, she moved to a nursing home. She is very happy because – she is *very social. A social butterfly*. Another case, he lived by himself, but he could not manage anymore, so he needed to go to nursing home and the thing is that there – his mental state deteriorated *very quickly*. And, also, *physically* deteriorated. He will never like living in a nursing home, so to me ... If possible, I don't think a nursing home is the place I want to go. (I) *Olive*.

There is also – *how* you get on with the people there and so forth. I guess you just have to hope that you will find people that you relate to, but I wouldn't want to lose contact with my *friends*. And *that's why the location* is fairly important. Because, in a sense – when you *don't* have kids, *your friends* become like your family. And so, being part of a community where the women support each other. You don't want to *lose that*, because *that's the source* of a lot of my social activities at the moment. (I) *Shirley*.

Conclusion

This chapter has presented the findings for Study A (SC) and B (I) as related to *housing and built* (or physical) aspects of PE-fit. Key themes included living arrangements, housing type, tenure, and experiences of buying a home, housing costs (frugality and making do), PE-fit (place and locational effects and home modifications) and housing relocation. For many women, the home represented independence, hard work, and sacrifice. Most were well set-up in their homes and neighbourhoods, and so anticipated ageing in place for another 5-10 years (at which point, they would review their options). Family and social contexts, including care commitments, lifestyle factors, and aesthetic considerations featured strongly in housing decisions. Those who had moved home tended to relocate to areas which held strong emotional and biographical-historical meanings, and which supported sense of identity and continuity over time. This finding pointed towards the importance of socio-relational domains of PE-fit in supporting ageing in place. The next chapter presents the findings on socio-relational (social) PE-fit and explores the influence of varying social contexts on housing satisfaction, needs, and choices as women aged.

CHAPTER 6

Social and family contexts: ‘Loneliness is a thing!’

The sociality of home

This chapter presents the findings on the socio-relational aspects of PE-fit, and its relationship to the housing satisfaction, needs, and preferences of older women in Australia. It addresses research question 2 – how might parental status, such as having children or being childless, influence the experience of ageing in place? Coulter et al. (2015) highlighted the relational and social aspects of housing in terms of *linked lives* (time and space). They found that the need to be supported by and to provide support to others, such as family, non-kin, and friends, played a key role in housing decisions to relocate or staying put. They concluded that the sociality of linked lives (interdependency) shaped women’s expectations and choices on housing and care in later life. Likewise, this study found that parental status, late-life relationships, and PE-fit played a key role in shaping ageing in place. This chapter presents the findings relating to interdependency and the socio-relational aspects of housing as follows:

- Family contexts
- Relationships in later life
- Social PE-fit

Family contexts

As shown in the previous chapter, Study A (SC) comprised 75 women who had children (WWC) and 75 women who did not (WNoC). In addition to the women in Study A, in the interview study (Study B) (I) there were 13 women who were childless, and two women who had been childless but had adopted children. Most women had extended family living in Australia (siblings, nieces

and nephews or cousins), while a few had family living overseas. One woman (*I*) had migrated with her family when a teenager, while others (*SC*)(*I*) had immigrated to Australia in early or mid-adulthood. Only a couple of women in Study A (*WNoC*)(*SC*) and Study B (*I*) had no other family resident in Australia or were lone children; once their parents died they were on their own.

Interdependency of family relationships

Family and social networks were an important part of women's lives, as indicated by the volume of comments collected via free-text survey comments (*SC*) and interviews (*I*). Women with children (*WWC*) tended to write copiously in the ALSWH surveys about their children and grandchildren, providing mixed comments. For example:

Retirement has given me a new lease of life. I am content, but not completely happy since the loss of my dear husband [date given]. However I now have three beautiful granddaughters and I am blessed to have the closeness of my (2) daughters and my son. Each day is indeed a blessing. (*WWC*; *SC7*, 2013).

Life is great. I look after my 2 year old grand-daughter a couple of days per month enabling mother to help with the family not too much. Enough to be not used. (*WWC*; *SC7*, 2013).

For one woman (*SC*), the support of her children was particularly important given that her mother and husband were deceased, and she had been diagnosed with breast cancer. In contrast, a greater number of comments (*SC*) expressed dissatisfaction at the one-sidedness of care and support. Relationships were a source of ongoing distress, due to family estrangement, lack of family support, or where relationships were perceived as unequal. This was especially the case for women with children (*WWC*), as shown by the following comments:

My emotional health is in very bad shape. I am thoroughly disappointed in my husband and have been badly let down by my son. I would be very happy if I could die today. I would not resort to suicide because I feel that I should stay around just a little longer to support my daughter. How I cope? I don't know. (*WWC*; *SC1*, 1996).

This woman commented further (20 years later, S7) about her less-than satisfactory family relationships, which suggests these had not improved over time: 'I feel very alone!! I'm there for everyone but I don't feel there is anyone for me'. (WWC; SC7, 2013). Likewise, these comments highlight the dismay felt due to lack of reciprocity from adult children:

Always have grandchildren, but no return of favours from children e.g. heavy work around house as they have 'no time' ... Feel at a loss socially as a single divorced grandmother – nothing and no help for women of my standing – no discounts, no senior's respect – as full time worker costs so much to live in house on your own. (WWC; SC7, 2013).

Another woman (SC) described the ongoing ambivalence of relationships with her husband and children. In common with the previous woman's comments, she also provided substantial support and care for grandchildren but with little reciprocal support. That so many comments (SC) were unfavourable suggests that women might have been venting their frustrations in adding free-text survey comments, or alternatively, seeking recognition and support. One woman (SC) expressed concern that the quality of mother and child relationships appeared to be influenced by the children's gender. Daughters tended to be emotionally closer than sons, who sometimes (whether intentionally or not) redirected their loyalties towards their wife's family:

The other concern I have which is not unique to me is my children (2 sons) are not close any more. Most times my contemporaries say their daughters are close but not sons as they (sons) appear to take their wives' families closer and leave the son's family on the outer. This is happening to many of the people I know. (WWC; SC7, 2013).

The preceding comments (SC) lent strength to assertions that simply having children did not guarantee that support would be available, an observation also made by several women during interviews (I), for example:

Just because you've got children it *doesn't mean* that they are there to look after you when you are old ... it's a whole different ball game today ... they have their

own world now ... the kids, they'd be like: 'we've got our lives. Do you think we are going to look after oldies?' You can hear the comments coming back. (I) (Maeve).

While recognising that the divorcees in this research (SC)(I) had been married at some point in their lives, conclusions about spousal care could not be drawn due to the sampling criteria. The study (SC) did find, however, that availability of support was often dependent on proximity to care networks, and whether carers were living in the same home or nearby.

Across Surveys (SC), women (with and without children) described a variety of co-resident care arrangements. *For those women who did have children (WWC)(SC)*, at Survey 7 (2013), six were living with an adult child (and, in some cases, grandchildren as well), for financial reasons or to provide or receive support. Some of these were longer-term arrangements that had been in place across multiple surveys. A few were comparatively short-term arrangements, for instance, one woman (SC) was living in the UK and caring for grandchildren while an adult daughter was completing university; while she enjoyed the close contact and opportunity to travel, she was looking forward to resuming her life in Australia once her daughter's studies were completed. Another woman (SC) was living with and caring for a daughter (aged 30 years) who had been diagnosed with terminal cancer. Between Surveys (S1 to S7), six other women had been co-residing with and bringing up grandchildren, for example:

The only changes with my health are problems and stress that bringing up a grandchild will bring. We have had her since age 2 and she is now 8 years of age. I find as I'm older there is sometimes less tolerance – thereby stress, that being younger would not have worried me. Also, my husband took a package from work 6 months prior to our getting our granddaughter which was a godsend to his coping with his retirement as he felt he was doing his bit. Previous to that he found it hard me going to work and he staying home, so having our grandchild gave him a purpose and focus. We had a choice about having our grandchild and feel it was in her best interest to live with us but bringing up kids today is different to when we had our kids. (WWC, SC4, 2004).

My eldest daughter was killed in a road accident the same year, so I then took in 2 and sometimes 3 of my grandchildren. The eldest is the same age as my daughter (15 years) which causes conflict between them. At the moment they haven't talked to one another for 3 weeks. *Stressful* – very. (WWC, SC3, 2001).

Several women (SC) were providing care for multiple generations (i.e., sandwich caring) (Carers UK 2012; DeRigne and Ferrante 2012) or simultaneously providing care to parents or adult children while caring for a spouse; thus highlighting the interdependence between living arrangements and care practices. In most cases (SC), women were providing care to others, rather than receiving care themselves. Across Surveys, around 25 women (SC) had been living with and/or caring for ageing parents over time, and this had often influenced choices relating to housing and life plans, as already discussed. Survey comments (SC) also highlighted the difficulty of balancing individual wants against support commitments to ageing parents, especially when no siblings were available. In a few cases (SC), interrelationships of care were quite toxic, but women felt unable to move to alternate accommodation, as shown in this next comment:

So now I move to (coastal town) to care my sick sister, I am caring for her since [date given] until now. I am her power of attorney. I have nothing as a beneficiary but am a worker in her home or house paid by the Centrelink. Sometimes...in my situation I feel like a servant within the place, I can't even look after myself. I don't have time, from gardening, cleaning, washing, around the house, shopping. I have to walk from place to place. Do you think I am worth[y] of a human being? (WNoC, SC6, 2010).

As no further comments had been provided, it was difficult to know whether this woman's (SC) situation had improved or she had relocated elsewhere (a limitation of this secondary data). In other cases (SC), living situations became strained when the relationship broke down and partners refused to leave the home. For example:

The last 3 years have been very stressful because of an unsatisfactory relationship (defacto) and his refusal to leave and my feeling unable to force the issue because of his continuing ill-health. I have just come through nursing him for 7 months after breaking his hip and having knee reconstruction, with 4 months wheelchair-

bound. The breakdown of this relationship had nothing to do with his ill-health, just his attitude towards me, other people and life in general, but his health issues forced me to continue the relationship. At the time of writing this, he has been gone 3 weeks and I feel happy and content to finally be on my own but very drained and tired and I am concerned that this stress has affected my health. (WWC; SC4, 2004).

Living arrangements and decisions about housing (SC)(I) were also shaped by external relationships. For example, housing choices might be constrained by an abusive ex-husband (SC)(I) and the drawing-out of legal divorce proceedings to such an extent that women were unable to relocate elsewhere or were forced to rent in less than opportune accommodation while awaiting financial divorce settlements. Also, one woman (SC) wrote about being in a long-distance (LAT) relationship (De Jong Gierveld 2015). When that relationship failed to progress into something more substantial she then moved in with her ageing mother:

References to partner are a stable relationship but we live 200km apart and see each other only erratically. I have always been entirely financially self-sufficient, never an option although partner's salary almost double my own. Partner didn't even wish to be married so I have (in the past 12 months) built my own house where I have moved my 90 year old mother. I have marked that I am in a de facto relationship but I don't live with my partner – and never have. Recently I started to have swollen finger joints which are quite painful – arthritis. For retirement, I have moved to my 50acre property and hope to run a small business there. (WNoC, SC4, 2004).

Maeve's (I) housing decisions, likewise, were affected, in part, by being in a long-distance relationship; however, in Maeve's case, she had already decided to move over a considerable distance and, by doing so, had placed herself geographically closer to her partner's extended family (with whom she had a positive relationship), but farther away from her partner. Other women's (SC)(I) housing arrangements were influenced by broader neighbourhood relationships, such that, where women enjoyed positive relationships with their neighbours and within their communities, they were less likely to want to move; conversely, poor neighbourhood fit tended

to encourage housing mobility. The influence of neighbourhood PE-fit on the experience of home is discussed later in this chapter.

Family estrangement

While many women (*SC*) described having close and even co-resident contact with their adult children and grandchildren, 11 (*WNoC* $n=2$; *WWC* $n=9$) wrote that they were estranged in some way from their families and/or children.

It is very difficult to answer questions re the family [as] the family unit has fallen apart ... Up until I left 18 months ago (after 21 years of marriage), I was only allowed to see one of my children and one grandchild because of their father who is very manipulating and controlling and lies. So, I am hoping in time they will come to realise. (*WWC*; *SC1*, 1996).

While this last woman (*SC*) was able to restore the relationship with one of her daughters, at later S7 (2013) she wrote that there had been ‘a big family breakup’. Hence, ‘things have been a struggle, but have pets and they keep me going’ (*WWC*; *SC7*, 2013). Another woman (*SC*) lamented over several Surveys about the ongoing problems with her daughter who had become involved with a drug addict and, subsequently, had cut ties: ‘Relationship with other family members good, daughter no ... I have since had to go through court to get access to my grandchildren which my daughter ignores’. (*WWC*; *SC6*, 2010). At later S7 (2013), she was still trying to have access to her grandchildren, but without success: ‘My daughter will not abide by the court order’. (*WWC*; *SC7*, 2013). Her comments (*SC*) highlight the disempowerment and loss of connection felt by grandparents following a family breakup; this could have ongoing effects for relationships as women aged. The devastating effects of family estrangement also extended to women who did not have children. For example, Nell (*I*) described the ongoing estrangement from her brothers and how attempts to repair the relationship, over time, had remained largely futile:

I’ve had consultations and we’ve *tried* and made phone calls but it just ends up in an argument, like I’ll say ‘just tell me what I’ve done so I can correct it,

apologise and ... explain for whatever it is that I didn't know' and he said 'oh, well you should know and if you don't know *now*, you will never know. And everybody else knows'. That's the only answer I get. *Nell (I)*.

The lack of positive resolution meant that Nell (*I*) experienced a keen sense of loss. She perceived that, once her parents died, she would be very much without a family.

Adopting children

The finding that two women (*I*) had adopted children was quite unexpected and, therefore, I was unprepared for this, as the following excerpt shows:

(CC): So now, you've indicated in the Survey that you have never had children—

Simone: Yes.

(CC): Can you tell me about that, and what it means for you, now that you are older?

Simone: Well, what happened was, when I was married – my husband ... didn't have any sperm and so we ended up adopting a child, when she was a month old.

(CC): Oh yes?

Simone: And so, that's all I've got. We adopted her when she was four weeks old. And um – that's my daughter.

(CC): Ah, right ...

Irene (*I*), likewise, had adopted children early in her marriage, but was much more open and forthcoming about her experience. This might reflect that Irene's interview was conducted following Simone's, by which time I had had time to prepare myself for anything unexpected, and, therefore, was better able to draw out her story. However, in contrast to Simone's interview (which seldom mentioned her daughter), Irene's interview (*I*) was firmly grounded in her experiences of adopting (and subsequently losing) her child.

Irene's (*I*) narrative of adopting a child (shown in Vignette 7) resonated with Dance and Farmer's (2014) assertions that adopting a child was a negotiated process between adoption

agencies and the people involved. Assessment and preparation for adoption was intensive and emotionally draining, but, according to most adoptive parents, immensely rewarding (Dance and Farmer 2014). For Irene and Simone (*I*), life post-adoption seemed to take a more positive turn. Irene spoke about how her extended family and friends had welcomed their children into their lives. There were also a lot of families with adopted children in the area, thus smoothing the transition into the local community: '[Adoption] was a *very accepted* word, it was not a thing to hide, and I never– *never once*, did not never tell'. (*I*) Irene.

Vignette 7. Irene: 'You are creating your family'

The experience of adopting a child: creating family vs. buying a life.

(CC): What do you think are some of the key challenges for women who adopt?

Irene: The key challenges for women who decide to adopt would be...one, that it was well-supported by the partner. It has to be a mutual agreement because you are *creating your family*. [It] would be very important to make sure that both parties are in agreeance and are prepared to accept terms and conditions of adoption. Because there are terms and conditions with adoption...so from one point of view, I think that is really, *really important*, to have the support of your partner– that would be the most crucial thing for me. Adoption is not too easy these days, I think a lot of people go offshore, so that adds *another layer* of difficulty – with financial constraints. Which we didn't really have, the financial constraints. I think we had to pay a fee, but it wasn't anything like \$10,000. It was – an affordable amount. But the sad thing is, you are *paying for a life*. And while I admit, it is a good thing– and when I say '*it is sad*'– *it's not* sad, but it *is* hard to accept that you are *buying a life*. So ... I think that the financial constraints might be something that needs to be well thought out before one goes down that path. To work out how you are going to manage, to balance your life, your relationship, your life and your finances. But that's a given in *any relationship*, I would think. You don't want adoption – any added *triggers* that would cause any friction in the relationship. And any baby, *any child* has the right to live in a happy, loving environment. (*I*) Irene.

For Simone, adopting a child had also worked out well, although her comments suggest the relationship was – *years later* – not *quite* as close as she desired:

Simone: Well, at times ... you know. Going through teenage years she was quite a very *angry* person, but I suppose all teenagers were like that. And she does *now* suffer from a lot of anxiety and I don't know whether – well, it *could* possibly ... [my] marriage breaking up could be a contributing factor. Also when she was eighteen, her biological mother wanted to get in contact with her, so I left the choice up to her, whether she wanted to do that ... and she has had some sort of contact with the biological mother, you know – on Facebook like everybody ... the biological *father* has *appeared too* and he's upset her a bit I think ... She's married now and lives in [city] and she's got a husband and two little children. But even so, at times she goes down the gurgler.

(CC): Do you go and help her out at various times?

Simone: Yeah –. *I offered to* but she's *never* ... taken up that offer. I think she's ... it's like a *controlling* sort of situation that – she feels that she's in control if she can handle it herself. *All I can do is offer*, and one day she may take up the offer, and ... all that *sort of thing*, but ... *yeah. (I) Simone.*

Simone's (*I*) comment showed that the relationship between adopted children and their adoptive parents in later life could be somewhat ambivalent and influenced by contact experiences with the child's biological parents. For others, the strength of the adoptive bond became immutable:

(CC): What do you think are the biggest advantages that adoption has had for you?

Irene: Well I don't see that – adoption *is a word* to me, it was *an action* that we *went through*. The day [first baby] came home, he was a total stranger, so it took a little while to love him. And a lot of people seem to say it was instant love. It wasn't for me. It was – I brought this baby home who was a total stranger and it was a *bizarre* sort of thing, but – *honest to God!* When *that love kicks in* – I couldn't understand how it would be any different for a natural child. (*I) Irene.*

Irene (*I*) recalled that her husband had experienced a hard time coming to grips with (and finally consenting to) the adoption agency's insistence that adopted children must receive a religious upbringing within that Church; this contractual obligation had proved to be a sticking-point during the adoption process. The events that would take place had a profound impact on Irene's life, her

family relationships, psychological wellbeing, and financial security. In later years, this meant she was living alone in an older-style home, with limited means and reduced social networks to support ageing in place. Likewise, Simone's expectations for older age (being supported by her adopted daughter and surrounded by grandchildren) had not worked out as hoped. Consequently, the lack of family support made planning difficult.

A mother's love

Having finally come to an agreement with the adoption agency over the children's upbringing, it was with some trepidation and excitement that Irene and her husband brought their first child home. Irene (*I*) recalled her feelings of bringing 'a total stranger' into their lives, and the surreal nature of it all, as shown in Vignette 8. Once an emotional connection had been forged, however, it was difficult to surrender. For Irene, the love she held for her adopted children and ensuing grief was to consume her life completely and, in so doing, cause the breakup of her marriage. Much of Irene's story has been withheld from this study to protect her identity and that of others involved. However, her experience raised important ethical and moral questions about the rights of adoptive parents that demand attention. The following is an edited (slightly condensed) version of the transcript:

(CC): You said there was a second strand to your experience of adoption?

Irene: Yes. The one thing that as far as the adoption goes, which I found *really difficult* from an adoptive parent –. When [son] ... I didn't realise that he'd died. He took his life, but they couldn't identify [him]. So, he was buried as an *unknown person*. During [that period] I spent all my time – *it consumed me*. I *had to find* my son. I sort of – in my heart – knew he'd come to some grief somewhere, not realising that he'd taken his life. So, I worked with police and various other people, but mainly with the police. When a body of a young person was *found deceased* – I would be asked to go and identify the body or to do statements, and so [on] ... I was asked to try and find out about his DNA and dental records ... finger prints or whatever, to identify a person ... The [adoption agency] ... said 'no, you have *no rights*'. And I said 'I'm not doing this *for myself*. I'm doing this

to try and identify my son if he is found deceased'. They still didn't budge ... So, I said 'well can you *please* get in touch with the natural mum' ... 'No! No'. I had *no rights* there at all, and I found that to be a *real grey area* in that legislation. Given my circumstance, it was an *unusual circumstance* ... But it just highlighted ... this *huge gap*, there was *no allowance* or no *policies* to allow exceptional circumstances.

(CC): Were you eventually able to identify him?

Irene: Yes, but that was [withdrawn] years after ... I'll never forget it as long as I live – [the police] ... said 'we've finally identified [name] ... It was a fingerprint match.' It was definitely [him]. But the – *gap in the system*. There's a lot of *gaps I found* ... but one of them definitely was that 'no exceptional circumstances allowed – *at all*' – in the adoption area.

(CC): It must have been quite a sense of relief to be able to get some closure.

Irene: Oh yes! I mean ... there is *so many levels*, so many *tiers* of this. So yes, you are quite right. So, then we had his body exhumed and then brought the body back up home, and had him buried and stuff like that. That was *pretty tough* ... Like, *really difficult*.

(CC): And your other son – how did he handle all this?

Irene: Well, it is *interesting* that you say that ... because everything was *too hard*. I was in tears from looking for [deceased son]. So anyhow, our relationship broke down. I sort of drew apart ... then, because he was living with his dad and I was in [another town]. And so, I *didn't really see* if he was struggling or not. I was so consumed in *my own world*. And look, to this day, there is a *bit of regret there*, but I can't *change* what I've done. (I) Irene.

Irene's (I) story highlighted the precarious legal identity that adoptive parents held within the legal and adoption system. A more positive note to this story was that Irene had since recovered a deeper connection and shared understanding with her remaining son, whom she described as 'amazing now ... *a fine young man*'. (I) Irene. The previous sections reviewed the experiences of women who had children, including those who gave birth to biological children (Study A) (SC),

and women who adopted (Study B)(I). The chapter now turns to a discussion of childless women (I), who comprised all but two of the women (n= 13) who participated in interviews (n= 15).

On being childless

The underlying reasons for women being childless in this study (I) varied²⁶. Eight women (I) indicated they were childless by choice. Although often couched in lifestyle reasons (such as having been able to travel more), the choice not to have children was also shaped by other factors. For example, one woman had not desired children herself, but her lesbian partner had. They had tried various options but when no pregnancies had eventuated, the relationship ended. Five women had chronic conditions (such as bipolar or major depression) or hereditary risks (for example, motor neurone disease). Recognising the high emotional, physical and psychological costs imposed by having these conditions, women had decided to forego having children. One woman had broken off a wedding engagement on receiving her diagnosis. These women felt that in hindsight, the choice not have children had been wise. Two women indicated that being childless was not an active choice (i.e. involuntary childlessness). For example:

I had *no choice* in that. I had endometriosis ... I couldn't – would've *loved to*. But I *couldn't*. I'd been to gynaecologists, but they were *hopeless* in those days – they just said 'well look, *it's a catch-22*. If you *could* fall pregnant, you wouldn't *have* endometriosis. But it's *that* that's stopping you getting pregnant'. So, and then another doctor had me sent into hospital to have a laparoscopy and she was good in *one sense* – she *explained exactly* what it was, and how *it works*, and she said, 'there's nothing I can about it for you'. So *that* was the end of that.
(I) Nell.

Vivienne had had a miscarriage and, subsequently, was unable to become pregnant, as shown in Vignette 8. Her husband's perceived selfishness and his refusal to abstain from sexual relations meant that her odds of getting pregnant and giving birth were extremely small. Even now, many

²⁶ Some women cited multiple reasons. One woman chose not to disclose any.

years later, the pain of his betrayal was evident throughout her interview and was not limited solely to reproductive matters.

Vignette 8. Vivienne: ‘The antibodies will fix themselves if you don’t have sex’

The experience of involuntary childlessness

Vivienne: My mother said to me ‘oh, you are getting older’ – this was the seventies. Late seventies – ‘might be an idea to go off the pill!’ So, I went off the pill and I didn’t have a period ... Anyway, I went to the doctor and had a pregnancy test and it was positive! So, I didn’t know what to make of that – it was such a shock ... A few days later – there was a little bit of blood. And so [after work] I rang the doctor ... and he said, ‘If you want to keep the baby, you will have to lie in bed for two days after you stop bleeding’. So, I did that, and kept my feet elevated. But my husband was not used to cooking and he was shitty because I wasn’t cooking, and – *I know it wasn’t a period*, because there was no period pain whatsoever. My breasts were very sore, and they had *grown*, so *I know* that I was *pregnant*. And in the end, I just passed a big clot in the toilet. And ah ... I knew that I had lost the baby ... So, I was depressed for a week, and then I had a gynaecologist in [town] and I went on a course of fertility drugs that make you ovulate every month and I had a lot of tests ... they did a test called a Hühner test, which means ‘hens’ in German. It showed that my mucus was killing his sperm – it had antibodies – and within an hour. It was decided that either we should abstain for three months or use condoms, and then you will conceive again. Well he wouldn’t do that ... So, from day two through to sixteen of my cycle – you know, when I was ovulating – I had to get him to perform into a jar and then race it into the city with a hot water bottle and they would put it above where the mucus was. Well, I went through *that* for six months and it was a *real emotional* rollercoaster ... I developed deep, *immobilising* depression. In the end I had to give it away ... And of course, they said – in three months, the antibodies will have fixed themselves if you don’t have sex. And he wouldn’t do that. He was *too selfish*. (*I*) *Irene*.

In contrast, Ursula’s childlessness was the consequence of losing her boyfriend (future fiancé) to the Vietnam War and Agent Orange (a cancer-causing chemical defoliant). He had developed leukaemia on his return home to Australia and subsequently died. She had never gotten over the experience and his loss; and so, had chosen a life of singlehood. It had also meant foregoing having children – but she did not regret her decision. Clarissa, meanwhile, found herself caught up in the sexual freedom and excitement of the sixties revolution (see Vignette 9). Looking

back at her life, Clarissa (*I*) could not help but be grateful that she had not attempted to bring an unwanted child into the world.

Vignette 9. Clarissa: ‘Looking for Prince Charming’

The swinging 60s

Clarissa: Well ... I was looking for Prince Charming and it was *the sixties*, so there was lots of sex happening and *fun*. And ... I *got pregnant* three times. But each time was like, *not appropriate*. And in actual fact, yeah ... I’m sort of very slim and I have small narrow hips and I never – I didn’t really think that my body was designed for having babies ... My mental health was such that it would not have been a good idea to bring a baby into my life. So, the three times I got pregnant, I was *not in a happy space*. And when I *did fantasize* about children I think I was *going to adopt*. So, I think the *whole idea* of giving birth, of *being pregnant* – my mother, who suffered from depression as well – I don’t think she was very happy about having had children. But I’m so ... *enriched*. I’m so, *so lucky* that I managed to get those abortions. And the potential – *the children* are so lucky that I managed to get those abortions. (*I*) *Clarissa*.

A few women pointed to the social stigma experienced by sole mothers in the late 1960s: ‘*The stigma* was around when I was growing up. So, you know. *Not being married* was a *stigma* in itself’. (*I*) *Maeve*. Social stigmas also extended beyond single women towards those who were not in a heterosexual relationship. However, social norms – and reproductive technologies – were different now:

Things have changed so much. I suppose it depends what way you look at things, being good or being bad, it was just what happens. I think things are more open today, more opportunities open for male and female ... And that I guess is what’s happening with *children*, who would ever think that *gay people* looking for a male to have a child with – buy the sperm bank. When I was growing up, you just never heard of that ... I’ve got *two friends* that have done that ... *just today*, as opposed to years ago. Things have changed a lot. (*I*) *Maeve*.

For two women, having children just ‘didn’t happen’ and they were not overly perturbed by this:

I will be honest with you, as a young person – *puppies did more* for me than children. And I think that's possibly that's still the same attitude. During the years of my marriage – I didn't get pregnant early on and I was *relieved*. And I thought 'well, I'll do something about that to make *sure I don't*'. So that's how it is ... unnatural maybe, but it's the best I can do. (I) Imogen.

It was just one of those things that *just never happened*. I suppose, I always *lived at home* and we *moved around* a lot ... ah, why am I saying that? I don't know, but –. I didn't ever get into a really *strong* relationship, where I might have had children. So, it just *never happened*. (I) Audrey.

Audrey (I) could recall very well that point – or transition in her life – when she recognised she would never have children:

I remember when I stopped having *periods*. This is *a bit personal*. I thought, 'I *can never have children now*' ... I even *remember* where I *was* in Sydney when I *had that thought!* Outside Darrell Lea's on the corner in the city in Sydney. And I thought, 'oh, I can't even *do that* now'. But (>long pause). It was sort of a bit of a *shock to the system*, but I guess *you adjust* to that because I don't think I had it too much more. (I) Audrey.

As the previous section showed, the reasons given for why women were childless were complex and varied between women. For some, being childless was a conscious decision, while others were more ambivalent. Two women had chosen to adopt children, however, this did not guarantee support would be available.

Relationships in later life

During interviews (I), women were asked to reflect on their experiences of being childless, and what this might mean for them now they were older. Women (I) were also asked whether they felt not having children had affected their relationships and the way that other people treated them (whether in the past and/or under present circumstances). Women's (I) experiences fell along a continuum between perceiving 'no difference' and 'makes a difference', with most responses suggesting a degree of contradiction or ambivalence. In this respect, whether women were treated

differently because of being childless depended on social contexts (such as the strength of their friendship ties and whether their social networks mostly comprised married or single women) and the type of situation in which the women had found themselves. It might also reflect that – at older ages – the women in Study B (*I*) had become accustomed to the fact that they did not have children and had shaped their lives accordingly.

‘I’ve never been treated *any* different’

Three women (*I*) felt that their childless state had not affected their relationships with others.

Maeve, for example, stated:

I’ve never been treated *any* different. You know (>long pause). I guess the conversation periodically comes up, and they might say ‘oh how many kids have you got?’ because it’s *an assumption* – that you *do have* children ... they [ask] ‘why not?’ ‘Well for one reason and another’. You get put on the spot a little bit – ‘I just didn’t want to have any’. And ‘besides my sister had [kids], that’s enough. I share hers’ [chuckling] ... It’s not something that – I could have them, but ... I’ve never needed that. It’s not that I *can’t* have them, I just never wanted them. (*I*) Maeve.

Maeve’s perception that being childless meant little for her relationships with others might have reflected that she also identified as lesbian; hence, her relationships and experiences of being socially excluded or accepted were more likely shaped by being a non-heterosexual woman living in a predominantly heterosexual society. Brenda, on the other hand, did not identify as lesbian, but similarly felt being childless made no difference whatsoever to how people treated her:

It [being childless] means absolutely nothing. I’ve got [nieces and nephews] and a couple of my friends’ kids, they just call me ‘Aunty’ so that’s okay. Ah ... no, I’d would rather have another puppy [chuckling]. (*I*) Brenda.

She additionally conceded, however, that she had ‘always wanted to travel. And do things like that. And I’ve always loved the animals, so ... I’ve got my dogs’. (*I*) Brenda. In this respect, childlessness was a lifestyle choice, and Brenda was very comfortable with not having had

children. However, her dogs played an important part in her life, even to the extent that her housing decisions and plans revolved around having pets. Imogen, similarly, felt that being childless did not affect her:

Not the way they *treat me*. Sometimes if you're out with friends or something and you're getting onto the grandchildren subject there is not a lot you can contribute [chuckling]. Other than that. No, I don't think so ... The only difference it [not having children] would have made was obviously I wouldn't have been able to work the way I did. I mean, I've never been particularly career-minded either. But I've always liked independence, of earning my own money and that sort of thing ... It has given me a freedom, really. Maybe that's a selfish outlook, I don't know. But ... that's what it has given me. A freedom. (I) Imogen.

For Imogen, being childless meant that – compared to her friends with grandchildren – she was not fettered by having to provide care during school holidays; she was free to socialise (and indeed did so) most days of the week – attending various social groups and activities (such as aqua aerobics) and going on day trips: 'Different things line up, I'll go out for lunch on Saturday with people or go on a bus trip on Sunday, there's all sorts of things happening'. She expressed high levels of life-satisfaction:

I don't get lonely if that's what you mean. I'm lonelier in a crowd than I am ... by myself. You know, crowds of people I don't know. But on a day-to-day basis, I am quite happy with my life in that respect. (I) Imogen.

Nell, in contrast, felt she *was* treated differently – but this was more related to the fact of not being partnered than being childless *per se*. As she explained:

Not having a partner – I feel that there's an element of respect missing. I really do feel that ... Especially my brothers and their wives ... I feel if I had a long-term partner they would totally look *differently* at me ... Um, and *some of my friends* also. (I) Nell.

Nell's experience echoed that of several women (SC) in the Surveys. They commented that single women were treated differently than those who were married or widowed, for example: 'If you're

a single woman, married women don't want you around as you're viewed as a possible threat to their relationship and security, which makes you unacceptable in mainstream society'. (WWC; SC6, 2010). These points are taken up and discussed in later sections.

Being childless *did* affect relationships

In contrast to women reporting no change in relationships, six (*I*) felt that being childless *did* make a (*not always subtle*) difference to their lives and social interactions. Vivienne for example described her childlessness as a 'great void', adding that people always wanted to know the underlying reasons why, and whether being childless was a conscious choice. Losing her baby in the first trimester of pregnancy and subsequently failing to fall pregnant again had led to a deep depression, and eventually, the demise of her marriage. It also made social situations difficult: 'I hated seeing young pregnant women who weren't married, and who you know, just don't want-. And I just didn't conceive again'. (*I*) Vivienne. Audrey likewise, perceived that her life had been very different than compared to many peers:

Well I think that – when you have children, like if *I'd had* children – you tend to mix with a different lot of people, you know? You do things with children ... from each from your friends' as well as your own. So that really hasn't happened. Because I *haven't* had children. Although I've still had the contact through my nephew's wife and her children. I've mixed a bit with taking the kids to after-school functions, cricket and ballet and ... all of that. So, I've seen a lot of children and mothers there. (*I*) Audrey.

Clarissa observed that, as she was childless, she had no sense of shared history or lifestyle that she could share. Consequently, she didn't 'click' well with other women who had children and grandchildren. This meant Clarissa found it difficult to make friendships, especially now that she was older and living in a very conservative (and mostly married) community. She acknowledged that historical struggles with social anxiety and depression had exacerbated things: 'I *was* suffering from really severe *depression* back then and finding it *really hard*. When you are really depressed, people *don't want to know you*. It's *very hard* ... unless – they *also* suffer from

depression'. (I) *Clarissa*. Notwithstanding her previous remarks, Clarissa was adamant that being childless was *not* 'in any way a sadness or something to regret'. In fact, her need to explain this point was what motivated Clarissa to be interviewed for this study:

I suppose that it was just because it [the study] was about women not having children. And it was just to say that– you know, not having children *isn't* – for this woman anyway – in any way a sadness or *something to regret*. You *actually can* – *not* have children and your life is *fine!* Because – I just remembered, there was one point twenty years ago. There were women of my generation who had got jobs and who had careers and had been putting off having a baby ... and *then* – they suddenly discovered there were no men around and they'd left it *too late!* I remember *that* in the media, you know. Women sort of saying that they regretted and felt that ... But I *never have*. So, I *just thought* I would be the *one voice* for the childless women who are *totally happy* about it. (I) *Clarissa*.

Clarissa was not the only woman interviewed who intimated that I had only reached her because the study was focused on women *who were childless* in later life. A common experience recounted by women during interviews was the need to explain or rationalise to friends, family and other acquaintances *why* they did not have children. This was particularly the case when younger. Darcy for example, explains:

I never wanted to be married. And kids shouldn't be there just to look after you. When I say to people that I've never-married and don't have children you can see the wheels are ticking – they're thinking 'what's wrong with you?' But I don't care ... I've had a few relationships, but I'm *too selfish!* I like doing my own thing. We come from a *long line* of spinsters and *we are selfish*. (I) *Darcy*.

Ursula and Thalia also perceived that being childless meant people *did* treat them differently, although there were distinct nuances in their social situations. When asked whether not having children had affected her relationships with others, Ursula replied:

Yes. Some people see you as a threat because you are single, it means that they are insecure in their relationship. So that's *their problem*, not mine really. Some people think *you are gay*, because you're single. Ah ... I've been *asked that several times* ... once they get to know you, it is okay, it is just initially they sort

of *baulk* at it. And a lot of my friends have been either widowed early or single or ... divorced. So, I'd rather – instead of being a widow or divorced, I would *rather* be single. *Less hassles* [chuckling]. (I) Ursula.

She described how at times (when asked why she had no children and/or was never married) that she felt like saying 'It's none of your bloody business', but at other times, Ursula (I) explained the reasons behind this (that her boyfriend had died following exposure to chemical warfare, and that subsequently she had not moved onto another relationship). Having not been married meant that Ursula had not been in the position to have children; however, she acknowledged that there had been benefits because of this:

I've been able to do things that a married person with kids wouldn't have been able to do. I can travel when I like, and if someone invites me out for tea I can say yes and go straight away. I don't have to come home, even to feed the dog [chuckles]. So being single does have its good points as well. It's not all bad news. (I) Ursula.

Moreover, in her professional working life Ursula (I) felt that being single and childless had enabled her to successfully prevent two suicides because she was able to dedicate the extra time needed to shepherd her younger charges through difficult times in their lives; something which she was very proud of. While Ursula often found other people (*quite mistakenly*) judged her as being lesbian (as she was single and childless), for Thalia (I) the situation differed in that she actually *did* identify as non-heterosexual. Thalia had similarly found that she was sometimes socially excluded, but this pertained more to the fact that she was a *lesbian* woman (living in a mostly heterosexual community) than because of being childless. Hence, whether being childless affected social relationships and interactions was shaped by external contexts. For these women (I), being childless meant that social relationships were quite complex, and negotiated under diverse (and often unpredictable) circumstances.

Context and ambivalence: ‘You have pockets’

One theme common across women’s interviews (*I*) was that social relationships (including exclusion and/or acceptance) were intersubjectively shaped by the social contexts and situations they found themselves in, as well as over time. Some women (*SC*) had likewise commented during surveys that their relationships with others had changed as they aged. They (*SC*) hinted at a growing separation due to ageism and being perceived as ‘too old’; as well as stigma arising from their divorced or single status and/or due to not having children. Being on low incomes and having to work full-time while providing care to parents also made socialising difficult. One woman (*SC*) had commented that it seemed so much harder to make friends compared to when she was younger– a perception shared by two women during interviews (*I*). This might be because many women’s (*I*) friends and social networks tended to be married and, also, to have children and grandchildren. Therefore, they had busy schedules shaped around extended family activities, marital, and caring commitments, and oftentimes, these took priority over friendships: ‘When everybody else is busy with their kids– and now of course, it is grandchildren for a lot of my friends– you can’t be part of that’. (*I*) Shirley. When women (*I*) were asked if they had connected to other women in similar circumstances to themselves (i.e., single and childless), only a few (like Shirley and Thalia) responded positively: ‘*Oh yes, yes. Quite a number of my friends are in the same situation*’. (*I*) Shirley. Thalia (*I*) meanwhile was firmly established within a convivial lesbian community where not only were most of the residents her age childless, but also they were unpartnered.

Nadine (*I*) on the other hand, had moved into a retirement village where she appeared to enjoy good relationships with other residents (albeit, did not appear to have formed any close friendships): ‘There’s lots of single women at the retirement village and they do include each other, it is good like that. It’s a diverse community, so no complaints. (*I*) Nadine. While her neighbours were nice, they tended to be younger and much more active. There were also more married couples (who tended to do things together), thus leaving the single women socially on the outer. This was an experience shared by many women in this study (*I*). Indeed, few had

friendship networks that did *not* comprise at least *some* married women, and/or previously married divorcees and widows. This highlights the diverse social circles that women in this study moved in. Hence, women's relationships (and their social identities) were intersubjectively and dynamically shaped by social norms and interactions.

Women (*I*) frequently surmised that the quality of social interactions depended on the social situation, and whether they were in a mixed group of women (of various marital and parental standings), or predominantly couples. Social interactions also depended on whether people they met had children (and therefore, grandchildren), in which case the conversation would often turn towards a discussion of these. When the conversation centred on grandchildren, women who did not have children were left feeling somewhat superfluous. As Imogen noted: 'Sometimes if you're out with friends or others and you're getting onto the grandchildren subject, there is not a lot you can contribute' [chuckling]. (*I*) *Imogen*. Being childless for some women (*SC*)(*I*) was perceived as isolating; but this varied according to individual circumstances. Olive (*I*) for example, was adamant that being childless had *not* affected the way that people had treated her over the years, nor her relationships in general, stating: 'No, it hasn't'. (*I*) *Olive*. However, she added that she had found social situations difficult when she was younger and mixing in groups comprised mostly of married couples. Additionally, Olive found it hard to meet new friends now she was older, although this was perhaps related to her financial situation and inability to afford many social outings.

Most women (*I*) were aware of subtle differences in interrelationships with other women who had children and extended families. Consequently, several reported during interviews (*I*) that these relationships were carefully nurtured to ensure their survival. Nell (*I*) for example, spoke of how she spread her problems between different friends to avoid overloading the friendship:

Nell: You have pockets. When you're ... oh I suppose everybody has a pocket because you can talk to one person about something, but you wouldn't talk to that same person about something else ... I mean, when you've got an intimate partner it is a different deal. You can offload and share the majority of your concerns and life matters ... But when you've got no intimate partner – I don't

like to *overload* all my friends with everything [laughing]. I kind of give one the washing, one the scrubbing, and one the cooking, if you know what I mean? [laughing].

(CC): Yeah, spread it around?

Nell: And I try to do it *lightly*, you know. I take on their – I listen to them as *much too*, but most of them have got their own families and husbands, so it's a different ball game really.

Nell's (I) comments hint at the complexity of relationships within various social networks. Depending on the circumstances, people might 'share' or *in sociological terms – construct* different aspects of their identities to suit their intended audience and to be accepted. It is also a form of social and biographical positioning (Allen et al. 2013a) in that women might adopt various identities according to the situation. These identities are also dynamic in that they might change or be discarded as women age. When Thalia was younger for example, she had pretended to *have* children to lend credence to her skills as a midwife and to promote positive relationships with the women in her care:

Thalia: Well at various stages ... because if you are *a midwife*, you are always asked if you have children. Because I work with babies so well. It's *the job*.

(CC): So, when people ask you and you explain that you don't have children, what sort of reactions do you get?

Thalia: Mostly I'll respond that I don't have children but every now and then in my career, it has popped up and I've just – *lied*, basically.

(CC): You lie about having children?

Thalia: Yes ... I have in *the past*, but *not anymore*. But when I was in my early career ... You think, it would *be easier*. Women who *have babies* want somebody who *understands* where they are at ... and that's *where it comes from*. Someone *should* be able to relate to ... and if you *haven't had a child*, then the relationship changes ... in the past, I felt that was what was happening. But that's a *long time ago*. I don't do that anymore and I *haven't* done it for many, *many years*. (I)
Thalia.

That Thalia no longer felt the need to prevaricate about not having children suggests that as an older woman (who was now mostly retired), being childless was no longer perceived as an issue. She was therefore free to be herself. Interestingly, many people assumed she *did* have children because she seemed so naturally ‘able to be with them’. (*I*) *Thalia*. Hence, her professionalism as a midwife was not questioned. This shift in perception by Thalia might also reflect rising community acceptance of women who are childless, and greater respect for the professional training that midwives and other health professionals undertake. In terms of everyday interactions and social relationships however, Thalia (*I*) felt that any ‘difference’ in how others treated or interacted towards her was tied to her identity as a lesbian, rather than the lack of any children. Finding herself increasingly isolated within a predominantly-heterosexual community, Thalia had since relocated to a more lesbian-friendly community where she could be assured of support as she aged. In common with Thalia, most women in this study (*I*) were very proactive about identifying their social needs and engaged in a range of behaviours designed to improve socio-relational PE-fit. These behaviours involved sometimes moving to new areas or into a retirement village; they also included women joining various community activities in seeking to meet other people in similar situations and to make new friends. One fear common to many women in this study was the fear of becoming too isolated in later life.

Social-fit: ‘I don’t sort of click with other women very well’

This section examines the importance of social PE-fit for optimal ageing and ageing in place, and women’s experiences of loneliness. It additionally considers various friendship-making efforts undertaken by women (*I*) in seeking to improve social connections within their communities. When asked during interviews ‘what are some of the biggest issues for women ageing today?’ nine women (*I*) identified loneliness and social isolation as among the most pressing concerns they held. Loneliness was not just limited to those living in their homes either; several women identified people living in aged-care facilities who were (quite surprisingly) very socially isolated and who received few visitors (sometimes none). Eight women (*I*) were worried about family and

community support networks (and the adequacy of these), particularly within the context of reduced government funding for aged-care services. Five women (*I*) expressed anxiety about their own or other people's lack of emotional support. Five women (including two from the previous group) were also worried about the vulnerability and safety of older women who were living alone. These findings highlight that, in *this study*, socio-relational aspects (social PE-fit) were the most important factors for supporting successful ageing in place. Indeed, many women's (*I*) plans for housing in later life revolved around social needs. Social PE-fit was a major consideration for women in decisions to relocate or downsize their home, when moving to a retirement village, and when reviewing options for residential care.

Some women (*SC*)(*I*) were lucky to have the benefit of life-long friendships to support them as they aged; these women reported being well-supported and feeling cared for. They also provided reciprocal assistance and emotional encouragement to one another. Other women however, found themselves increasingly isolated after moving home (or conversely, being constrained from moving), caregiving commitments, or due to friends either predeceasing them or transitioning into RAC. Clarissa's (*I*) experiences (shown in Vignette 10) were slightly different in that she seems to have struggled with making friendships for most of her life (and sustaining these for any length of time); moreover, she was finding it increasingly difficult to find acceptance and belonging as she aged.

As Clarissa's vignette shows, it can be very difficult for older women to fit into social environments when personal circumstances and life experiences are perceived as straying from the norm. For Thalia (*I*) it was not her childlessness *per se* that was the issue, but rather, being *lesbian* (and therefore feeling out-of-place within primarily heterosexual or homophobic communities). Olive's (*I*) limited social contact stemmed from having to cut-back on social outings (such as going to concerts and having luncheons in restaurants) due to rising costs of living and financial constraints. In contrast, Audrey, Nell and Ursula (*I*) all shared the view that their differential social treatment reflected their *unmarried* status (rather than the lack of children).

Vignette 10. Clarissa: Importance of shared *habitus* (socio-relational PE-fit)

'Men being men they might – you know... misbehave'

Clarissa: I think I sort of realised that when women ... *having children* is a very *definite thing* for women and they are in charge and they have all this responsibility and their life *dramatically changes*, you know? Because you have to make your life *around the child* and routines, and because I've never had that – I've sort of been this *fancy-free*, all-over-the-place person. Which *has* been fabulous, but I do feel – *yeah* ... I don't *sort of click* with other women very well. Now I'm in [town] and it has lots of retired people and I try to ... but they are all married *couples* with *stable lives* who have children, and ... it's just a different head space. *I don't have a shared* – well, I don't say anything about my life because it would be outside of their experience. Yeah, *I do think* it makes a difference.

(CC): Do you feel that people treat you differently at all?

Clarissa: Well, *I'll tell you*. I mean – I have social anxiety. I was excruciatingly shy as a child, so I think that just goes to the whole thing. But ... like when I lived in [town] which is a fairly *old town*, that sort of culture, *it was fine*. I'd meet people, they'd have similar backgrounds, and even whether I had children or not – it didn't make that much of a difference ... But since I've been *here*, in [town] when I got here four years ago, it was really like moving into nursing home ... There's a lot of older people in the wheelchair age, and no ... There's no *alternative culture*. It is very *conservative* and now all the baby boomers, *cached up* – are moving up from Sydney and inflating house prices and rental house prices and so ... that's sort of ... I just think people feel a *bit uncomfortable* if they are comfortable and cached up and they meet somebody who is a bit *different* – and obviously different from – the same social economic situation ... I mean *it is subtle*. Either that, or I do talk a lot. And I'm very open. And I think that could frighten people, but anyway...

(CC): So, have you been able to meet or connect with any other women in similar circumstances?

Clarissa: *I tried and tried*, but I think they are just *so conservative* here. But when others are way more conservative, which is not *particularly nice* – they sort of – *look down on people* and there's that ... or they are just really *nice* people who've got their life all worked out and you know, the *kids are doing well*, and *they've got friends* who are like themselves and have got kids. You know what I mean? And it is *not just me*, I have talked to older women ... even women in their eighties, who've said they lived somewhere with the husband and had a great social life and then the husband died. And after a month or so, the women discover that they are not being invited to the dinner parties anymore. And there *is something* about the single older women maybe, who are still vaguely – who still *have their life* and isn't *too unattractive*. I think they are *potentially threatening*. And I think you know, a lot of marriages, by the time you're in your sixties and gotten to the *comfortably numb stage* – and *men being men* they might ... *misbehave*. And I just think that's *an issue* for older women who are single. (I) *Clarissa*.

Six women (both with and without children) commented in Surveys (SC) that they felt socially excluded, for example:

Friendships – it seems harder now to have female friendships – some women seem incredibly ‘bitchy’ now whereas when I was married and younger I never experienced it so much. Social activities – were fine in earlier times of my life – now mid-aged and divorced/single they are few and far between. (WWC; SC3, 2001).

If you're a single woman, married women don't want you around as you're viewed as a possible threat to their relationship and security, which makes you unacceptable in mainstream society. (WNoC; SC6, 2010).

Friendships in later life

Most women interviewed (*I*) described having either good or very robust social networks encompassing a range of ages (both younger and older) and both long-term (dating back to school, work or university) and more recent friendships developed post-housing relocation and through various social activities. These were important given that most women were childless (apart from Irene and Simone who had adopted children) – and therefore had smaller family networks to draw on for support and companionship. A couple of women came from families with a high ratio of unmarried and childless siblings (or long lines of spinsters) so there were no nephews or nieces available and once all the siblings died, the family line would cease to exist. Many women (*I*) described various reciprocal arrangements between friends (and occasionally neighbours), except for women who were more socially isolated, such as Nadine and Clarissa.

Nadine (*I*) for example, was living in a retirement village (which she described as having a diverse community) but when asked about social networks and people she saw on a regular basis – her answers revolved around her siblings, cousins, and nieces and nephews (who she kept in touch with on a regular basis or via email). Extended family members would sometimes visit when in the area. She additionally mentioned a cleaner that visited each fortnight for half an hour. Nadine's (*I*) responses suggest that although well supported by her siblings – ‘my sister is

wonderful, better than my mum ... she makes sure I'm okay. And my brother is maybe *better* than a brother. He helps out too' – she did not appear to enjoy any strong friendships with people in her community. Clarissa (*I*) likewise described joining various social groups including the University of the Third Age (U3A) (Williamson 2000), but had had little success at making friends; albeit at the time of interview, she had just met another woman in similar circumstances to her own (i.e., single, retired, living alone) and was optimistic that their friendship would develop given time.

Darcy (*I*) on the other hand, described having several friends living in a capital city (quite some distance away) but her answers suggested she did not regularly spent time with them. While Darcy felt her friends could be relied on to provide support if needed, they tended to be busy and so she tried not to intrude time-wise. Darcy did however, go on holidays several times a year with another friend (who was living interstate); hence, while she did not appear to have friends living locally – she was not completely isolated in the way that Clarissa was. These previous examples hint at two themes in this study, namely, *distance* and *proximity* of friendships.

Distance in this respect refers to *geographical distances* and whether friends live locally, in the surrounding region, interstate, overseas, or at close quarters – for example, residing in the neighbourhood or same retirement village; *emotional distance* – the phenomenon of friends gradually growing apart or going separate ways as interests, social networks or commitments diverge (yet still managing to send annual Christmas cards); and *social distance* (where people perceive that they do not 'fit in' or have anything in common with prevailing social groups). For example, some women (*I*) professed feeling socially excluded due to being too old, not having children, being single or divorced, and/or (for example, in Thalia's case) – being lesbian. Women interviewed (*I*) also felt excluded due to financial constraints (i.e. being unable to afford social lunches or attending concerts and events), or because of personal proclivities such as not being a club or pub aficionado or pokies machine player:

I'm not a 'club person'. A *sporting* person yes, but ... I'll go to the club and have a meal or something, but I'm not a pokies machine player. I don't knock that. People get enjoyment out of that, but *I'm not* one of those. (I) *Maeve*.

See, I *don't drink*. And a lot of people drink. And I guess if you *don't* drink, well – you're kind of not in that ... group of people I suppose. (I) *Simone*.

In contrast to the first three themes, *distancing self* refers to the ways that women (I) chose to create boundaries or distance between themselves and others. Vivienne (I) for example, sought to prioritise her spare time and friendships towards people she saw as energising and not too emotionally taxing. This was her response to the demands of working in a caring-related field (where she spent a large part of her time listening to other people's problems) and the need to protect and restore her own psychological and emotional wellbeing after a difficult week at work. In this respect, Clarissa's earlier insight (that unless similarly afflicted, people avoid making friends with anyone who is too depressed) rings true. Darcy (I) also chose to distance herself from other people by repeatedly asserting that she was 'too selfish' and liked doing her 'own thing'. Further, Darcy perceived that relationships (romantic or otherwise) were too 'much hard work'. (I) *Darcy*. Irene, however, had in the past self-excluded herself from many social interactions because of the dramatic circumstances surrounding her son's death and subsequent inquest. She felt that people had only been interested in ghoulish details and gossip-mongering, rather than friendship or offering support:

For most of my life, I was [Irene]. And when [son] ... disappeared and died, I was '[son's name]–mother'. That's where I saw myself. *How I saw myself*. I always thought people wanted to talk to me because I was [son's name]–mother. Not because I was *Irene* ... That was my opinion, because ... they were people that *knew* ... people from [place] where I used to live, and I'd become (long pause>). How would I say this? *Anti-social* – and I didn't want to go into anything where people might want to talk about it. They mightn't have *even wanted* to, but that was just my thought – 'oh God! They'll be wanting to ask about what is happening with me and [son] and this, that and the other' and I didn't want to talk about it. That probably wasn't the way it was, they probably would've gone 'how're you going? Or *you know* – the *intent* that 'it's good to see

you again' or something ... But I never created that *opportunity*, I always *avoided the situation*. I *told myself* that people were wanting to talk to me as [son's name]–*mum*, and not Irene. (*I*) Irene.

Having since come to terms with how life had evolved, Irene was hoping to re-establish and extend her social networks through contacting old friends or (at the urging of her counsellor) becoming involved in a series of 'minor projects' (such as doing pruning for the garden club):

The mini project is a positive slant for my life that gets me back interacting with other people. Because there was a period of time I became very *insular* and didn't want to go out because I was [son's name]–mother. Not Irene. So, I'm getting back to *being Irene*. This is what *this* is all about ... And it is *already happening*, it is amazing. And it is a *feel-good* thing *for me* because I haven't done that for as long as I can remember! So, for here and now – *it is good* for the future. I want to continue with that. Continue the connection with my family. *And reconnect* with a lot of my friends – as *Irene again*. (*I*) Irene.

The previous example shows that *distance* is both physical and subjective and produces mixed results. The theme of *proximity* delves more deeply into this divide, having both negative and positive aspects. *Negative proximity* refers situations where people are living and carrying out their daily lives near others but choose to distance themselves in some way from social relationships and daily interactions. For example, Nadine (*I*) was living in a retirement village but discouraged other residents from visiting her unit; while this eased her anxiety about the possibility of people falling inside her home, it also (and perhaps quite unintendedly) cast her as someone who did not welcome visitors and may have served to isolate her within that community. Irene (*I*) had also imposed boundaries on her own social interactions and in doing so, had cut herself off from many of her old friends and social networks.

Negative proximity also relates to the chasm imposed by virtual networks such as Facebook, which serve to segregate people who are not active Facebook users from participating in the lives of friends, extended family, and the broader community. As Simone (*I*) exclaimed: 'Everybody's on Facebook, the world is going to *fall in – cave in* – if you're *not on Facebook!*' She had eventually succumbed to the pressure of joining Facebook: 'somehow I am *on there*,

don't ask me *how*. Because my name and technology don't go in the same sentence' (*I*) Simone. However, she was not a regular user, as she did not like the superficiality that Facebook bred: 'These *messages* [chuckling] come up and say, 'you have a *new friend*' and I think, 'what, *really*? I don't even know who they *are*.' (*I*) Simone. She preferred to meet up with people face-to-face.

Maeve similarly spoke about how members of her family were connected via Facebook and kept urging her to join. However, Maeve was not 'a computer person', and had actively resisted becoming technologically savvy in the past – something she was now trying to rectify due to the increasing push towards online banking and transactions:

I've got the head *half* out of the sand ... I had a couple of courses – I'm *not as good as I should be*. But it's one of those things that I'm not going to *beaten by* – it's a *real fact of life* now, every bill you get – there will be *no* money to spend. There will be *no* cheque books soon. *All of those* – you can see where it is going. And I might be dead and buried by the time it happens, but ... it's *just the way* it is going ... *advancement* and technology, isn't it? (*I*) Maeve.

Others, such as Imogen and Brenda (*I*), refused to join Facebook because it was 'so much rubbish' and invaded people's personal privacy; consequently, they could 'not be bothered' with using Facebook. Audrey (*I*) took a more middle-of-the-road approach, in being on Facebook but only very rarely posting or adding anything – preferring instead to remain hidden in the background. In this way she was able to maintain ties with those in her social networks and keep up-to-date with everyone's goings-on, while maintaining a virtual distance (i.e., negative proximity) and divulging little of herself. While Maeve had shifted her thinking around digital media and embraced using the mobile phone and iPad, she had (thus far) shunned joining Facebook, even though this meant missing out on family and friend's updates.

The final theme in this section is *positive proximity*, which is concerned with women's efforts to keep in touch with friends (old and new), cousins and other extended family, Church and social communities. It is also about knowing people are there (geographical, social and emotional proximity), but being happy with one's own company (i.e., positive solitude) and doing one's 'own thing', for example, as described by Darcy and Vivienne (*I*). Positive proximity

encompasses being socially active and involved in a variety of activities including charity and volunteer work, in supporting others via reciprocal relationships, and being part of a connected community. It additionally includes friendship-making behaviours aimed at increasing social networks (and hence more positive proximity with others). For the women in this study (*I*), positive proximity often meant moving to an area where there were better opportunities to establish friendship networks (such as in lesbian-intentional, cohousing or retirement communities). Shirley (*I*) for example, hoped to meet and find people that she could get along with by moving into a cohousing arrangement. Likewise, Maeve hoped that, by going into a retirement village or residential facility, she would be able to make friends there. Nadine and Audrey (*I*) both felt that retirement village living precluded loneliness. Positive proximity might also be maintained via real (or concrete) interactions (such as holidaying with friends or visiting them while on holidays) and virtual (social media) networks, as well as having contact with people of various ages– which Olive (*I*) was especially keen to bolster.

In seeking positive proximity, a variety of strategies were described. In addition to housing relocation, women tried to put themselves ‘out there’ in the social stratosphere, where they might conceivably meet and make new friends:

I try and put myself out there, you know, join things and that ... Because it's no good just sitting at home and waiting for everyone to come to you – you have got to make the effort and put yourself out there. (I) Simone.

Maeve (*I*) described participating in ‘just about anything that’s going on around the place.’ Nell and Clarissa (*I*) were actively joining various groups to try and increase social connections. Volunteering also provided an avenue for meeting other people. Ursula (*I*) was actively engaged with more than 15 groups and so was always busy, although whether she had made firm friendships as a result was unclear. However, volunteering did not always work out as well as hoped. For example, Clarissa (*I*) described her volunteering experience as very chaotic and poorly organised (even fractured), with little time to engage with or talk to anyone. Thus, she was left feeling emotionally worse and lonelier than when she started. Olive (*I*) also found volunteering

did not suit her well. She had difficulty finding a volunteer activity that she enjoyed doing, or which offered good opportunities for making friends. Simone and Clarissa (*I*) both lamented that despite their best efforts at finding and attracting friends, few people seemed to reciprocate their friendship or support. Part of the problem was that many older women were married or had families (thus providing ready-made networks); hence, women like Simone were often excluded from social occasions and activities: ‘Like I said, I *could be dead*, and no-one *would know*. Which is a bit sad, but anyway, there you go.’ (*I*) Simone. While Audrey *did* have some close friends, other relationships were not as satisfactory:

I’ve still got friends around that can *care* for me, and me *care for them*. Because the friendships are very *two-way*, I think. Ah – I wish I could make other people sometimes *see that*, but sometimes you get *tired* of making phone calls to people all the time ... You know, they don’t ring you back. (*I*) Audrey.

Consequently, Audrey perceived the need to include more activities into her (already busy) week to help alleviate the loneliness left by other people’s neglect. Indeed, in common with many women in this study (*I*) caring friendships were high on the list of things that Audrey wished for when contemplating her future. Failed attempts at finding strong social connections had led several women to ponder during interviews, ‘where do you go’ to meet people? Maeve (*I*) pointed out the difficulty felt by some women who were ‘not good’ at making friends; while Nell (*I*) conceded that it was harder for women to make friends when older, as other priorities often took precedence:

Sometimes I might see one or two [close friends] two or three times in one week and then I mightn’t see them for a couple of weeks ... because they’re *working or married* – and have got their own families. Whereas *I’m not*. I’m fully retired. (*I*) Nell.

Olive (*I*) on the other hand saw the need for more inexpensive activities, since many outlets she had identified for meeting people were too costly (such as art classes). Also, meeting people and attending organised activities invariably involved having to drive a car, hence women such as Nadine (whose mobility was restricted) were unable to attend. It was not just a simple

matter of having volunteers visit in the home, either. Olive for example, was adamant that she would rather socialise outside of her home. This might be due to anxiety about people she did not know very well entering her private abode, or alternatively, simply needing to get out of the house and desiring a change of scenery. Clarissa's attempts at meeting people had proved so dismal that she was contemplating moving to another area where people were less conservative and hopefully, more welcoming towards her.

Not all women interviewed (*I*) reported feeling lonely. They did however, mostly describe having very busy and productive lives. In trying to balance out both negative and positive proximity, women continually re-adjusted their expectations and daily routines to find a happy medium between loneliness and lack of satisfying relationships. A couple of women (*I*) had sought love and romance as an answer to alleviating social isolation. However, like friendships, love was also hard to find, as shown in Vignette 11.

Neighbourhood relationships: Place and belonging

As people age and mobility declines, they tend to spend more time at home and in their local neighbourhoods (Mackenzie et al. 2015). Even where family support is available, neighbours can play an important role in either facilitating or inhibiting ageing in place. Long-term neighbourhood relationships may also foster sense of belonging and continuity of identity through shared experiences and lives. Conversely, poor neighbourhood relationships can lead to a growing sense of dissatisfaction and isolation in the community (or poor PE-fit). Across Surveys, five women wrote (*SC*) about the effects on 'bad neighbours' on the lived experience of home, with the result that some relocated home in search of better neighbourhoods. For example:

I believe my health has suffered over the past 6 years because of my previous neighbours ... The pair of them harassed me (and some other tenants) non-stop. The wife was particularly dreadful ... I have recently been fortunate enough to be able to AFFORD to move house. (*WNoC, SC1, 1996*).

Vignette 11. Nell: ‘Where do you go at this age?’ Friendship and romance in later life

‘I think about not being alone’: The search for companionship in older age

Nell: I do try. It’s just hard, the older you get, the harder it is. And even my life-drawing group—it’s one reason why I like going there, because I’m not into ... *sports* and things and—. Where do you go at this age? You don’t want to go to pubs and bars and places and *my friends* – you know. They don’t seem to know any *single guys* they’d hook me up with. If they know any. Their friends are all married anyway. So, it’s really up to *yourself*. And I don’t have *single* friends – well I’ve got *one* single friend and [she] has two grown up [children] and is not even *interested* in meeting anybody so her socializing is different to mine. It’s just with her own *circle of friends* ... My other friend – she’s over in [interstate city] ... so it’s really hard. You can only go out and have a coffee with a girl friend who is married. You can’t go on the town, so to speak. Where do you go on the town at 66? You *can’t*! It’s *awful*! So, you just think about your own interests and develop those and ... you know, *it might happen*. But it *can’t depend on it*.

And later in the interview:

Nell: When I think about the future, I think about not being *alone*....and trying not to be sad about it (long pause>). Any suggestions?

(CC): Any *suggestions*? [Taken aback with surprise]. Oh, well certainly you going and sort of doing lots of social stuff that would probably help. I don’t know if I can give you anything. Um, *yeah* – perhaps it’s more a *rhetorical* question?

Nell: The only thing I can think of is more – well. Being in a regional area doesn’t have as many options as a capital city, where it pays to get lost in a crowd or there is more opportunities *out there*– but then you’ve got the *comforts* of what *you like* in life ... I like the open-ness of the country...the *quietness* and the fresh air and...you can’t have both worlds ... So the online ... *thing that I do*. I don’t do it offshore, but I *do it Australia-wide*, rather than just my little area in case there is someone ... and I’m heading that way – we can meet up ... you just don’t know people’s movements and thoughts and ... possibilities. (I) *Nell*.

As this woman made no further comments regarding her housing situation, it is unknown how well things had worked out for her. In contrast, this next woman (SC) described various housing relocations over a seven-year period. The first was due to negative experiences with neighbours (the effects of which still resonated many years later):

I used to be very happy and feel safe in my neighbourhood but there is now only one of the original neighbours left and the ‘neighbours from hell’ inherited

adjoining property and this has taken a toll on my health. I am now looking forward to moving to my new home in 4 weeks which hopefully will offer me an entirely different lifestyle and a push to get fitter by exercising more, making new friends and developing new interests. (*WNoC, SC4, 2004*).

By S6 (2010), she was living temporarily in her parent's home and sorting out their effects following their passing. While she was planning to move into an apartment, she had also devised an alternate plan in case things went awry: 'I am moving into an apartment within a month to see how that works, otherwise I shall move into a retirement village as bad neighbours have been a huge problem over recent years'. (*WNoC, SC6, 2010*).

For women in Study A (*SC*), in many cases, disruptive neighbours made housing situations stressful; therefore, PE-fit was quite conceivably impacted. When able to make the choice, women inevitably moved home. In contrast, one woman (*SC*) wrote that her neighbours were 'like family' as they regularly checked on her welfare and had provided support when needed (*WNoC, SC3, 2001*); hence, PE-fit was more positive. In this sense, the strength of neighbourhood relations was tied to housing decisions regarding relocation and how well older women were able to sustain ageing in place.

In contrast to women making survey comments (*SC*), women who were interviewed (*I*) reported more glowing, positive, or conversely, ambivalent feelings about their neighbours and neighbourhood relations. Interview comments themselves were quite varied. For example, Maeve (*I*) described positive relationships with her neighbours, who had provided emergency assistance following a fall. Likewise, Darcy's neighbours kept an eye out for her welfare:

Last summer we had the heatwave and it was too hot to bring the garbage bins in so I left them out for a few days and he noticed that they'd been left out. So, he brought them in for me and rang the doorbell to check I was okay. (*I*) Darcy.

Other comments (*I*) were more ambivalent. Audrey, for example, hardly ever saw her neighbours:

Look, *to be honest*, I don't really *see them*. Because I am home all the time, and a lot of them are still going off early in the morning. I see the gentlemen that lives next door who looks after his mother. I see him ... probably a couple of times a

week and we stop and admire his new car [chuckling]. But no, the other people here, I really don't see very often. (I) *Audrey*.

Several women (I) voiced a sense of loss and disconnection where neighbourhoods had experienced dramatic changes due to encroaching urban development, or pre-existing neighbourhood networks became fractured. Ursula (I) described a growing distance within the community which was exacerbated by the frequent turnover of residents moving into and out of the area:

Ursula: We have lots more houses than we used to have. The city has bloomed, blown-out of all proportions. It is *huge*!

(CC): How do you feel about that?

Ursula: Well ... I sometimes wonder why I retired here because it is just another city now. It used to be a city status, but more people knew each other, and you looked out for your neighbours, whereas *now* – you'd be lucky to know your neighbours. Or they shift more regularly than they used to. There are two of us that live in this street – that have lived in here since the 1980s. All the other houses have changed hands three or four times. (I) *Ursula*.

Audrey likewise described temporal changes in the social fabric of the neighbourhood, which has become characterised as 'more Asian' and having a large proportion of rental properties: 'So that's kind of a bit of change because people don't *quite care* as much when they *don't own* [their home]'. (I) *Audrey*. Seeing friends and neighbours transition into assisted living accommodation (such as a retirement village) and relationship breakdown often acted as triggers for women (I) thinking about their own situations and options for later life (especially where they did not have large social networks to compensate) (see next chapter). Thalia for example, spoke about the lack of community belonging previously encountered following a relationship breakdown, and the sense of abandonment and exclusion that ensued. Thalia had subsequently relocated to a more lesbian-friendly community, where she planned to spend the rest of her days (see Vignette 12).

Vignette 12. Thalia: Intentional communities: ‘They just need someone to reach out’

‘They just need someone to reach out’. On being an older lesbian.

(CC): Is there anything else you would like to add that we haven’t already discussed?

Thalia: Just a thought ... you’ve tapped into me because I said I was a single woman and also that I have never *had a child*. So, I live in a community that has a lot of lesbian women. There are *issues for us* ... that could be another thesis somewhere in there.

(CC): What sorts of issues?

Thalia: Well I’ve felt isolated *in the past*. In my *previous home*. I lived in a very *heterosexual* community and I couldn’t really *connect very well*. It’s like in the workplace when people talk about their children and their husbands ... and a lot of us don’t have children. *Some do*. But a *lot don’t*, and we *don’t have partners*. But *up here* – the networking *is strong*. And we reach out and support each other ... But that’s *this community*.

(CC): Is that why you want to stay in that area?

Thalia: Yes, it is. It’s *why* I came; and that’s why *I’m staying*.

(CC): That’s why you came? So, you found out about the community?

Thalia: Oh, *I knew* about the community, yes.

(CC): For those who *are living* in communities that *are* like yours, what sorts of things could be organised? Or for women in other areas?

Thalia: I can’t answer that one. *It’s just* – we just need *social connections*. Because we *don’t have families*, we *don’t have partners* – *a lot of us* don’t have partners. So, just thinking back to where I was ... Well *I moved*. I actually ... *that’s another reason why I moved*, was to *get into a community*. But I guess there are women living out there who just lead isolated lives. And I’m not sure *what* to do about that ... They just need someone to reach out to them.

(CC): So, some sort of social support services perhaps? When you say – someone to *reach out*? Is there information *out there* for women?

Thalia: Well, no. *Not always*, but I had a *relationship then* that ended suddenly over ten years ago. And I *stayed in that area*, thinking that I *would be* supported, but that’s when I found out I *wasn’t* supported. If I’d lived *in a city*, I could’ve *found* much more going on, but I was in a country town and the relationships were – there were spouses about. And *heterosexual relationships were always difficult*. I had support from ... special people, but I did live a *fairly isolated* life. (I) Thalia.

Paralleling Thalia’s experiences, those women (I) who had moved to a retirement village (or were planning to) were drawn to the sense of community and sociality that these intentional

communities promised. As shown in the next chapter, planning revolved around women's social networks and sustaining friendship ties of reciprocity in the face of age-related decline and decreasing mobility. Geographical proximity to friends, Church, and social networks was a key deciding factor in choosing to either stay or relocate home, and in selecting RAC facilities.

Conclusion

This chapter explored the socio-relational aspects of home and the notion of socio-relational (social) PE-fit. It considered how social-fit and, indeed, having a shared *habitus* – a common lifestyle and identity, and mutual interests and values – were important in maintaining a sense of connection and continuity in older age for the women in this study. The chapter also considered the ways that long-term friendship networks and neighbourhood relationships might promote a greater sense of safety, ontological security, and meaningfulness in life. Indeed, as the next chapter argues, many plans and decisions around housing were shaped intricately by these networks of belonging and reciprocity, and the necessity of optimising socio-relational PE-fit as women aged.

CHAPTER 7

Planning and expectations: ‘It’s a waiting game’

There’s an elephant in the room

This chapter presents the findings on the women’s (*SC*)(*I*) plans and expectations for ageing in place. It addresses research question 3,²⁷ i.e., for women who are childless, (i) what are women’s needs, choices, and expectations for ageing in place? (ii) what plans have women made for future housing and care? and (iii) what are some of the key issues facing older women in Australia today? Social and relational aspects of PE-fit, such as the importance of strengthening and developing social networks or the experience of loneliness, was a major narrative throughout many interviews, as discussed in Chapter 6. Hence, plans (*I*) were tied to existing friendships and/or the need to reduce loneliness and prevent social isolation. Five types²⁸ of planners were identified:

- Health planners ,
- Wait-and-see planners
- Avoidant planners
- Constrained planners
- Reflexive planners

In addition to women’s (*I*) plans for older age, this chapter presents the findings on the women’s hopes and expectations and experiences of the changing landscape of government services.

²⁷ Where women wrote in Study A (*SC*) about their expectations for ageing in place and future care, these comments have also been included for discussion.

²⁸ Epistemological limitations notwithstanding, these provide a useful way of looking at planning, however, women’s plans sometimes wavered and changed over time.

Complexity of planning for later life

Women (SC)(I) described a variety of plans and reflexive, accommodative and assimilative behaviours aimed at promoting independence and consequently, strength of PE-fit within their homes and communities. Of key concern was changing policy contexts over time and women's need to build and sustain strong networks of support as they aged. Several comments regarding the future were identified in Study A (SC), most dating back to S4 (2004) when women were aged between 53 and 58 years of age. For example:

It seems to me that not enough was asked about money. My age group (54) is being told that it's quite possible there will be no age pension when we reach retirement age and that we will have to provide for ourselves – an insecurity not experienced by past generations. On a limited income you can't have social or sporting activities because everything costs money. (WNoC; SC4, 2004).

I believe the question of how my age group is going to survive financially and socially in our 60's is an enormous concern. Especially if we are not secure in monetary terms for retirement. We do understand that the population of younger people has declined and therefore we shouldn't expect pensions as they are today. So what happens?? Work will be harder to find and harder to compete. I am 53 and I see already a lack of respect from the younger generation in many social situations. The concern we have for the future will impact on us medically in the end. (WWC; SC4, 2004).

Questions about retirement plans and housing adequacy were not asked until the following survey (S5) three years later, hence, that some women were already apprehensive about the future suggests a growing disquiet among women as they aged. This might have been especially the case because these women were all either single, divorced or recently widowed, and therefore, in a more precarious financial or social position. For some women (SC), tightened eligibility rules for unemployment benefits (i.e., Newstart) and the aged-care pension (Marston, McDonald and Bryson 2014a) meant that they fell between the gaps of welfare support:

Unemployed. I'm too unwell to work but not sick enough to get disability pension. Can't get Newstart because of the Assets Test. At age 65 I will be eligible for part-pension. (No-one wants to hire or employ 'not very well' 63 year old ladies). (*WNoC; SC7, 2013*).

Others (*I*) were able to access welfare support when needed but found the punitive nature of Newstart entitlements distressing. The influence of life events on ontological (Giddens 1991) and financial security is illustrated by this woman's comment written at S7 (2013), just a few years after being unexpectedly widowed: 'My main worry is how to survive from today until retirement. And then it will be a worry to survive from then on'. (*WWC; SC7, 2013*).

Thalia and Olive (*I*) both spoke at length about their imperative to keep working for as long as possible, or (in Olive's case) to find ways of creating more income and savings. The worry of meeting increasing costs of living and having enough nest-egg savings to meet future costs of care had a damaging effect on Olive's security and capacity for planning:

If you *need* help ... I suppose if you need help, you have to *spend the money*, but what I did think of lately is – when you get older, you need to have *more money* to live ... (long pause>) so it is a matter of – I *have to* think of a way to *earn more money*. *Even at this stage of my life.* (*I*) Olive.

While none of the women interviewed (*I*) described being destitute or at risk of homelessness, their financial circumstances had undoubtedly been impacted by various life events (such as divorce and work redundancy) and the life-long effects of gender gaps in wages and superannuation savings. This made planning for the future more difficult, and in some cases, constrained available options, even where women had sought to make plans. One domain where women felt they had some semblance of control was in regard to health. Keeping healthy and maintaining an active lifestyle was one of the most common strategies adopted towards meeting future expectations for ageing in place.

Health planners (keeping healthy)

Many women in both studies (SC)(I) described very busy, full and active lifestyles; and, indeed, one woman (I) was involved with over 15 different organisations and charity groups. During interviews (I), when asked about their plans, six women pointed towards health-promoting behaviours as an active strategy for prolonging ageing in place. For Audrey (I) – having already sustained multiple and debilitating injuries by falling in her home – this meant keeping fit, continuing with physiotherapy, and trying to avoid having more falls. Nadine (I) had multiple chronic conditions for which she was already receiving assistance (such as transport to medical appointments). For her, planning for later life included keeping as healthy as possible, and – in anticipation of worsening arthritis – engaging in exercises designed to reduce symptoms and help prepare for the inevitable loss of physical functioning. Simone and Imogen likewise, actively engaged in activities to promote a health mind and body, for as Imogen (I) stressed: ‘If you have good health, you have half the battle won’. Nell (I) had degenerative discs in her back and had previously suffered acute episodes of back spasm and short-term (but very debilitating) paralysis. Nell was exercising more in the hope that this would prevent further deterioration:

I suppose the biggest plan I’m doing at the moment is that health directive thing. Um (long pause >). I get *scared*. I really do, I get *sad* ... and that was another reason why I thought I’ve got to do something to shake myself out of that. And I know by exercising, going to the gym I feel better. I just go for half an hour, I don’t spend hours down there. I just work *hard*, concentrate on all that and then I come home. Or I might walk around the block. But it’s winter now. I’m not enthused very much but in summer I’m always out there walking for half an hour to an hour and then maybe the gym. Or vice versa ... sometimes I need to *push myself* and most times I *don’t*. But when I need to push myself. You really *can get down*. And as much as I’m *aware* of ... *the down*, and you know, having to *motivate* myself not to get that way. You can’t do it all the time. You’re only human – well I try to be kind to myself and say, ‘look you’re only human, you can’t keep on top all the time. You just got to have those moments and accept them’ and that’s comforting. (I) Nell.

Women sometimes had to revise their own expectations regarding what they could achieve and adjust their sense of self to become more accepting and supportive of their situation (for example, following a fall). For some women, part of this reflexive process involved comparing themselves to others who were of similar ages or even younger; this allowed women to sustain optimism and competence in the face of age-related decline. For example, Ursula (*I*) reported that her plans revolved around working on staying well, staying in her current home (actively resisting the move to residential care), and if needed eventually, getting care in the home. Much of this hinged on having a positive, youthful attitude and keeping engaged in social activities:

I have an extensive group of friends from a multitude of age groups, my friends currently would range from 97 down to about 47 years. So, ah ... I think if you keep your friends and keep active and doing things with your friends. I tell people I'm 71 and they don't believe me. They think *I'm younger*, and I think it's because I get up and *do things* and I still have my say and I'm *not* 'Mrs Meek and Mild'. And I think if you *think young*, that's half *the battle*. Like, I've got a friend who is 12 months younger than me and you'd swear she was a decade older, and she has every disease known to man! I've got one or two things too, but she wouldn't know about that because I don't talk about it all the time. You can talk yourself into a hole. Well I'm not going to do that. (*I*) Ursula.

Staying well and keeping active also depended on being proactive in seeking preventative or reconstructive surgery: 'A lot of my friends refused surgery when they were younger, and now they've left it too late and they are too old and it's too risky ... you've got to *get in there* and *do it when you can*'. (*I*) Ursula. The imperative to keep going despite age-related decline was a strong narrative during Ursula's interview:

Ursula: I'm not going to have kids to look after me, so I just get on with it. Get *on with life*, and ... maybe I'll just drop dead in my sleep one night and I won't be sick for a long time and I won't need care. So ... I just keep doing what I'm doing and staying fit and eating well ... I wish a lot of other people would do the same, because sometimes I ring up and I say 'let's go to the pictures' and oh no, they've got an ache here or a sore toe there. And I think, well bugger it. I *have too*, but I'm going [chuckling].

(CC): You don't let much stop you by the sounds of it.

Ursula: Well, what's the *point*? There's no point in stopping. Because if you stop and think about it, it is only going to get worse. Bugger that. (I) *Ursula*.

With these comments Ursula painted herself as a fiercely independent and self-sufficient woman – something that was endemic to all the women interviewed.

Wait-and-see planners

Three women (I) described having made some sort of plans for future housing and/or care, but were holding off on enacting these, choosing to adopt a 'wait and see' approach instead:

(CC): What are your hopes for the future?

Brenda: Ah ... I don't know. Maybe win Lotto – that would be good [chuckles]. No, I don't even think about the future, I just – you know. It's *just there, it may or may not* – I just *keep plodding*, and that's *fine*.

(CC): Just keep doing what you are doing?

Brenda: Yeah, you know – A *few more trips* once I pay off the kitchen. I'll save up some money and go somewhere else. That sort of thing and if I get *really* [sigh]. If I got *really poor* and needed the money I guess I'd just sell the house and go somewhere else, but I don't know *where*. And I'm now getting very severe looks from the dogs [laughs]. (I) *Brenda*.

Part of Brenda's plans revolved around the imperative of finding dog-friendly accommodation, but this was not an issue just yet. She had plans to replace her ageing dogs with younger puppies and then moving into a relocatable home village that let you keep your current pets: 'that would probably *see me out*' (I) *Brenda*. Clarissa's situation was quite different in that whereas most women in Study B owned their homes, Clarissa was renting privately. While any plans were contingent on finding affordable accommodation, she did not seem worried:

I would like to stay *here* because ... I'll just get a rental property. And for me, if it gets to the point where that becomes impossible and I am still capable of driving, I would just buy myself a nice little mobile home thing and just sort of

do that. And that of course all depends if I *can still* drive and what level of *health*, what that's doing. But I think you just cannot – I mean my parents were very conservative people who worked all their life, saved all their money, you know. They wanted to be secure and have a house and my mum died of a heart attack at seventy-two and my dad had a stroke at seventy-five and neither of them were *happy*. So ... you can *plan* everything, so you have all this security and still not have a good quality of life ... I am here for a *good time*, *not a long time* [both chuckling]. I'd just like to *feel* that I would have. If you have had a very *wealthy* sort of middle-class, comfortable type of lifestyle and *then* you ended up having to get a rental – that could be very traumatic. But because my life has always been – how can we put it? Ah, floating along, taking things as they come ... if I have a major physical health thing well, I will just sort of deal with it, when I have to. When it happens. (I) *Clarissa*.

Thalia's (I) situation also diverged from the rest of the women in the interviews in that her family had a strong genetic predisposition towards motor neurone disease (MND). This made it almost impossible to plan for later life, although there had been many discussions amongst family members as to how they would cope if any of them were diagnosed with the condition:

Thalia: Ah ... *yeah* ... there's an *elephant in the room* for the whole family. We've got a disease in the family that one of us will probably get, which is motor neurone disease. That's *not pleasant* ... And that will *completely change things*. We just kind of –. (long pause >) it's a *waiting game*. If that happens, then things could change *completely*. But it would happen with *a lot* of family discussion.

(CC): Discussion around how you were going to manage?

Thalia: Yes, it would.

While it was generally accepted that family support would be available for anyone in the event of a diagnosis of MND, the fact that Thalia was unmarried and did not have children also meant that there were fewer family available to care. While Thalia hoped her health would hold up enough to realise plans for ageing in place in the community, she had not completely discounted the possibility of entering RAC if needed:

Thalia: I will only go into residential care if I end up with motor neurone disease, but there's a lot linked to that. We won't go into too much detail with that. But otherwise, if I stay reasonably fit and well – and I *do exercise* – then the option would be to downsize from my three-bedroom home into a unit. (*I*) *Thalia*.

Thalia was adamant that whatever accommodation she ended up in, she planned to remain in her local community, which she described as being vibrant and lesbian-friendly. She also had very strong social ties and networks of support in the area, hence, promoting a positive sense of PE-fit. Many women in this study (*I*) (irrespective of sexual orientation) had negative perceptions of RAC, due to their having worked or volunteered in aged-care facilities, observed the experiences of people they had known, or seen exposés in the Australian media (discussed later in this chapter). As a result, these women (*I*) were hesitant in making plans that might involve a move into residential care.

Avoidant planners (no plans)

Five women (*I*) had made no plans at all about future housing or care. Of these, two had made no plans at all – but were equally adamant that they would *not* go into RAC: 'I think I'll *do away* with myself. I would not want to go to there *at all*'. (*I*) *Simone*. One woman said she would commit suicide rather than leave her home. Women in this category tended to either be in 'total denial' (*I*) *Vivienne*; had put planning into the 'too hard basket for now' (*I*) *Simone*; or felt they didn't need to plan because things would work themselves out over the long run:

I'm in *total denial* ... it's just that ... I don't *look my age* ... I can still do difficult [physical exercise] ... But ah, I just believe there will be people to come to the rescue. And because I cry out, or I *know* the kind of support or care I need – I *will ask*. But if I had no-one to look after me ... I would sell up and go back [to place], nearer to my sisters and my cousins. So, it is no big deal for me at the moment (*I*) *Vivienne*.

Simone (*I*) was just 'taking each day as it comes.' While Simone recognised this was akin to 'putting my head into the sand', she felt making plans was fruitless because the future was so uncertain. Imogen (*I*) also foresaw the futility in trying to plan too far ahead:

You can't really make a long-term plan on these things now because everything *changes* so much. Like the in-home care. That has had a major upheaval in recent years, and I just say, 'I'll worry about it when it happens'. I might be in denial, I don't know but ... I *mightn't live that long*. Who knows, hey? (I) Imogen.

Olive (I) was more concerned about her *immediate* financial worries and trying to generate more income to meet rising costs of living – than planning per se. Likewise, women (I) who only had very limited savings tended to be more blasé about the future, recognising that the government would (in all probability) have to pick up any costs associated with funding care. Hence, making plans was not something they took seriously. Irene differed in that while she *had* thought about her future needs, she had not progressed to making any plans for future care. Part of Irene's ambivalence was because she was still quite fit and healthy, a view shared by many women in this study:

I'm reasonably fit and I'd like to think that I could stay *here* where I am for another *ten years*. And that helps a million. And *then* – the thought was that when I get closer to that period of time, I would start to look and see what's available. I know they have waiting lists and stuff like that. But to be honest, I haven't done anything about it. I'm probably a bit remiss there that I should be exploring options and planning a bit about the future, but I haven't. (I) Irene.

Her mixed feelings about RAC were also tied to having to drastically downsize and that in doing so, she would be letting go of some deep-held part of herself. In reflecting on the need to downsize possessions and what she might take with her or leave behind, Irene (I) described a *very* strong emotional bond to two roses (*Genus: Rosa 'Remember Me' and Rosa 'Mother's Love'*) which had been given to her at significant times in her life, such as following her son's death. Consequently, it was these roses to which she felt most attached. They were ingrained in her identity, memory, and sense of historical-self to such an extent that the thought of abandoning these roses evoked an overwhelming sense of loss (as Vignette 13 shows). Consequently, she was avoiding making any plans to might involve moving from her home.

**Vignette 13: Irene. ‘Those are the things you don’t think about’: The garden as memory
and continuity in older age**

Precious things: Remember Me (Rosacea, Rosa Remember Me)

(CC): You mentioned earlier that seeing residential aged-care from the outside and actually living in there might be two different stories. How *do* you feel about going in there?

Irene: Well that’s interesting. I sort of feel *okay* about it now. But like I said, once it gets closer to the time, it might be different when I realise that I have to give up most of my – you can take a few personal possessions with you, but generally you *can’t take much*. Because the rooms aren’t that big and some of them are furnished anyhow ... So, I could say ‘oh no, I’ll be right. I could just go into an aged-care facility’ but give me another 10 or 15 years and the health starts to go and I’m thinking – no, I’ve *worked hard for all this*. I don’t want to go in and have to *get rid of it all*. Because you more or less have to *give it away* – I mean second-hand goods and chattels in a house aren’t worth much generally. So, and I mean my family would – [son] wouldn’t want it because his wife has her own tastes in what she likes. So, I think it’s *more giving up* – there’s *two things* there. It’s giving up your *independence* – I think it’s difficult and I know that because I would see mum and all her friends saying ‘Oh God! I hate this in here and I hate the meals and I hate this and I hate that’. So, you don’t have as much *choice* as you would have in your own home, like you do give up your independence. You have to live within certain time limits, you know – meals are *timed* – and that’s fair enough because they’ve got to – feed a multitude of people. And the *other thing* – there’s giving up your independence, but then there’s all your personal belongings. While you’ve still got your faculties and it might be that you’ve got a broken hip or whatever is wrong with you. But if you *haven’t got dementia* or Alzheimer’s and you are aware of what’s going on, I think that’s *really difficult* to have to part with all your precious things. And as you get older – what *I’ve observed is*, they get more and *more precious* ... Here and now – for me, I just go ‘oh no, that’ll be right. I’ll just go to an aged-care facility’. But I think I might be ... playing *tricks with myself*, because when the time comes – I won’t have that same enthusiasm [laughs].

(CC): When you say ‘your precious things’ – is there anything that you absolutely could not bear to part with?

Irene: Certain photos, but immediate family, like the kids. And ... I’ve got to have some things, they are not *big things*. But they belonged to [deceased son] ... just – memorabilia-type things ... photos. There’s not anything of any *value*. I’m not a jewellery person [so] ... mainly photos and memorabilia. The mop-the-floor-with things, and most people have an excess of those smaller things anyhow. So, it’s about deciding what you are taking and what you’re leaving. And the *leaving* – that’s the *sad part*. They’re of no value to anybody else. No-one else has the sentimental value to such a thing as I do. As would *other* people have things that are sentimental, and they treat them like memories or – *sad memories* for whatever reason.

So, I think that *for me* – it would be just certain photos and artefacts of memorabilia. But no great thing that I couldn't take with me ... one would have to *cull*.

(CC): And you said that you moved in the last few years, did you have to cull a bit when you moved?

Irene: Well no. I brought everything with me actually. I tried to have a few garage sales in [town] and I got rid of a lot of stuff, but I brought far too much with me ... I brought all my plants ... And my son said to me 'why on *earth* did you bring all these *plants*? Why didn't you give it all away before you came, mum?' And I said, 'no, they're *all precious* to me mate' ... He couldn't understand why I'd be *so attached to all these plants*. So, actually, and that's a *good point* – *I am attached* to the plants. And I couldn't take them with me [to residential care].

(CC): No, you would have to just pick one or two favourites.

Irene: Yes ... When I look at a plant, often it is a gift from something or someone and that's why I wouldn't want to leave it ... when [son] died, a very good friend of mine brought me a rose – I don't whether you know roses and names, but it was called '*Mother's Love*'. And it's just the most *beautiful rose*, it is pale pink and it is perfumed and everywhere I've gone ... I've *dug this rose up* and taken it *with me* ... So, I have *still got exactly that same rose* that my friend gave me ... The other one that I've brought with me everywhere I've gone too, is a rose called '*Remember Me*', it's twenty years old ... When you talk about if I was to go into an aged care facility – *that would break my heart* if I couldn't take the Mother's Love plant, for example. That would be really *difficult*, and I know that they'd *try* and accommodate ... they do have gardens and they try and have gardens for the *residents* ... But when you talk about things like that, *those* are the things that you *don't think about*. (I) Irene.

Constrained planners

In contrast to the Avoidant – No Plans group, two women indicated that they had made plans, but were subject to various constraints. Both Audrey and Shirley (I) were planning proactively for future housing and care needs but were constrained from being able to realise them. In Audrey's case, she had already put her name on a waiting list and paid a deposit at a retirement village that she wanted to move into, but was in a dilemma because the village did not allow pets:

I've got my *name down* and paid a small deposit at one retirement village. Ah, I have looked at three or four retirement villages, but as I say, I perhaps would even think about going into those *now* if it wasn't for the cats. (I) Audrey.

Shirley, on the other hand, was anxious to move into a nearby retirement village where some of her friends had already relocated. However, she was constrained by rising costs and the knowledge (gained through having real estate valuations done on her home and following local housing markets) that her current home would be unlikely to reach a high enough selling price to be able to afford to buy into her preferred retirement village. It also did not allow pets, and while some villages did, these were either out-of-area and remotely located from public transport or were too expensive to buy into. She was therefore reconsidering her plans, and had sought information from several villages, but the information provided was very sketchy. This hampered decision-making and future planning:

Well, I need to do some more research with this particular retirement village place. I'm going to contact the woman who is their sales or information person, and just try and get some firm figures on prices. I'm only basing my thinking on what my friend said, because she's looked into it. But I need to get some, because the prices are not in the information pack they sent me. They've got everything *but the prices*. So, I don't think that they would be worth – the *value* of those apartments would be greater than the amount I would get for this place. And that becomes a *worry then*, because this particular company is in the process of building another retirement place and they have got plans for two more. And both of those would interest me in terms of *location*, but of course [sigh] you may be able to find cases that are a bit cheaper if you go right to the outskirts of [capital city] or if you go to the country. But I don't really want to do that. (I) Shirley.

Shirley (I) had also heard of people (not all of whom were women or living alone) who were creating a cohousing community in the country. While living in a rural area was not her preferred choice, Shirley was drawn to the idea of living in a socially close-knit housing community. She was contemplating whether cohousing might be a more viable alternative to living in a retirement village, and had attended some information sessions to gather information:

But there is *a rise* in cohousing arrangements and I am certainly *very interested* in that. You know, seeing that happen, and I think that there is a *huge issue* with accommodation problems for older women. And there was something on TV –

the Women's Property Initiatives²⁹. I've been looking at that very thing and I know that they are looking at a scheme which is to help women who have *some resources* but not enough to buy a house or buy their own place, but they don't qualify for social housing. Or public housing, I mean. So, the Women's Property Initiatives were looking at sort of partnering with those women, where the women put their – *let's say* they have \$100,000. They put *their money* in, and the Women's Property Initiatives fund the rest and the place is built. I mean, we are talking probably about a block of apartments where a woman might have an apartment there. And then because the woman doesn't have *a lot* of equity in it—she has a *certain percentage* of equity, but she probably pays rent. A small amount of rent while she is there. I don't know the details, but I was at a forum about housing, where they were talking to [someone] from the Women's Property Initiatives. She was talking about *that scheme* which they are exploring at the moment. I'm not sure how advanced it is, but ...

(CC): Yes, I do think I have heard about that scheme.

Shirley: Hmm. There is *so many women* and I certainly know a number, who are living on their own and well – some are in their own homes like me, but others are perhaps maybe still renting or ... It is a *huge problem* I think.

In seeking information on cohousing communities however, one problem Shirley (and others already living in cohousing) had identified was the difficulty of ensuring people were compatible and that the community functioned well together:

(CC): What sorts of things would you be looking for if you did go into some sort of cohousing arrangement or a scheme like the Women's Housing Initiatives is doing?

Shirley: Well, I don't know how their schemes are going to operate, but I want to go into a *women-only* community. And with compatible people. You know, because cohousing – there are pluses and minuses with those too, and ... having been to a housing forum where there were several people speaking who were part of co-ops or cohousing arrangements. They can be a lot of responsibility and a

²⁹ The Women's Property Initiatives (WPI) is a women's housing project funded by the Ian Potter Foundation and the Victorian Women's Benevolent Trust in Australia. The project aims to develop a shared equity model of homeownership specifically targeted towards women who are from lower socioeconomic backgrounds and aged 55 years and over (See www.wpi.org.au for more details).

lot of work. And you can't always just do your *own thing*, either. So, once you are part of a group, you've got *meetings to attend* and everybody has to share responsibilities and so forth. You wouldn't want to have a *falling-out situation*. You wouldn't want to fall-out with the people who were in your cohousing group, and so there's a whole lot of issues around the *processes* that are put in place for selecting people to go into the cohousing group. And you want them to be people that you were *compatible* with, you know. *I mean, some* of the groups I think probably have a process where everybody has to feel comfortable about some new person coming in. But look, I don't know a lot about it. So, it is sort of a bit difficult. But a *mixture* of – it can be useful to have different ages too, because then you can have some people who are a bit younger and fitter who can do some of the – like, if you have communal gardens and grounds and things. Having some who are a little bit younger can be helpful for doing some of the things that need to be done.

Reflexive planners

Maeve's (*I*) situation was vastly different to the rest of the women in this study. She had previously made plans and relocated housing over a considerable distance with a view to living out the rest of her life with her partner (who had remained behind in a previous home while the home was being sold). However, as the years passed, Maeve was beginning to wonder whether her partner *did* still intend to relocate (or had since decided against it following the birth of grandchildren – but not told Maeve) and whether the relationship would continue. Receiving the invitation to participate in this interview study had opened the door for Maeve to examine her own feelings about the future (and their relationship), and what strategies she might adopt if the relationship ended:

When I read the [invitation] letter I thought, I *never really* given it an awful lot of thought, but I read the letter a *couple of times* before – you know, you rang to see what day you were going to interview me, and I thought well I'd better start thinking a little bit *differently*. It *has made me* think, just with the questions you have asked me, it *has made me think*. Yes. *There is* a couple of things that I do worry about and that. (*I*) Maeve.

While she had not previously thought about plans for housing and care needs (other than the sea-change post-retirement migration, which she had done already), Maeve was now acutely aware of her vulnerability and the need to plan, as the following excerpt shows:

Maeve: I suppose, as you get older – if your relationship goes a bit *pear-shaped*, well ... you're not up Pitt Street *without a paddle*, but you do need to keep in mind that these things can happen, and it can happen at any time, *to anyone*. And to be quite honest with you, that crosses my mind.

(CC): Yeah?

Maeve: But ah, you know. *You have a plan A, plan B* of what you are going to do. But as I said, I try not to worry. My sister-in-law said, 'if anything goes wrong with you and [her partner], well, *I'll look after you* for the rest of your life'. So, I've got a good sister-in-law. And I've got a good sister too, but I just couldn't live with my sister – we *do clash*, but every time I'm in [name of state] I go and see her. No, I've got a good family. But – *it's a lot of things*, when I *chose* to buy a place up here. I mean, [partner] came with me and all her family *did come with me*, but at the end of the day ... Um, [partner] had to go back to work because she hadn't finished work at that stage, and she stayed as long as she could. I just said, 'I'm going to *make a decision*, and *this* is going to be it. So, this is where I am. I do the maintenance of [the home] and I do the lawns, all that. But I've got to say that it's catching up a little bit, so I suppose (long pause>). I'm at this stage where ... *what do I do?* Not that I'm going to do anything, but health-wise – you've got to look at that too. (*I*) *Maeve*.

Her response to future planning was quite reflexive in that Maeve's strategies (Plan A, Plan B) revolved around an awareness of risk and potential catastrophe (what if?). It was also reflexive in that she had *not* previously made plans, believing that she was in a stable (albeit long-distance) relationship and that she was well set-up in terms of housing and support. Maeve (*I*) had been open about the study with her partner and raised the need to think about their plans. However, it seemed from Maeve's comments that her partner was a bit noncommittal. Maeve had since voiced her fears with her partner's family about the relationship breaking up and where this would leave her in terms of support. Despite her partner's family giving assurances to care for Maeve, she still

felt vulnerable, so was making plans (A, B, and C) proactively for what might happen if various scenarios were to eventuate. Perhaps, this was because of her previous occupational training and work experience. Contingency and, indeed, safety planning was firmly entrenched in the workplace culture, so it was relatively easy for Maeve to draw on her previous skills in evaluating risks and formulating a range of responses to them. This also spread into other areas of her life, including personal day-to-day safety practices, and contingency planning for unanticipated emergencies or threats, for example:

Maeve: I still drive. I don't like going out at night because ... risks. If I'm going to go out with people and I have to drive home by myself it's no big deal. But it makes you more aware that ... you don't know where people are going to come from. Or if anything is going to happen. And then what are you going to do if something happens? Do you have your mobile? Can you work your mobile? Yes, I can. I can press triple-O³⁰. I can get a call out. I could send a message. So, I've learnt those things and I'm more security-minded. Put it that way. My car – I get in the car and lock the doors. Doesn't matter whether or where I am going, I just press the button down. It's all automatic, so that if I'm pulled up at the lights nobody can actually pull me out of the car by opening the door. Little things like that, that I find help me.

(CC): Yes?

Maeve: Oh and of course, I am very aware of who is around me when I'm walking on the street. I've made myself more aware of that. But – my previous experience in work has made me ... all I'm doing is putting that back into practice. Work that I had. The job that I had ... It makes you aware of who is around you and it makes you – more aware. And I'm thinking 'you know, you used to do it then – start thinking about it now. Only because – you're older'. You have an escape plan. Don't go down that street because it is all dark and there's no lights ... I'm aware of who could be around and where they could possibly be. I think that way when I'm out. I try to think 'safety' all the time. My own safety. And if something went wrong here, I'm in this car park. Where do I go? Where do I run to? So ... it might sound insane, as though you are talking to a

³⁰ Triple-O (000) is the emergency phone number for fire, ambulance and police services in Australia.

loony person, but I *have to think that way* now that I'm getting old. Because I would *fight to the end* if anyone *grabbed me*. But you *just don't know* this day and age. (I) Maeve.

Like Maeve, several women (I) had already relocated for a variety of reasons, and at either post-retirement or earlier in their lives. They were thus long-term residents in their areas and had good social networks. These were key factors in women's choices and housing-related decision-making. The next section looks at the search for social connection and belonging in older age.

Facing a lonely future: The search for belonging and social connection in older age

The importance of socio-relational PE-fit was a strong narrative throughout most of these interviews – even where women did not explicitly state that they were lonely or socially isolated. As shown in this chapter and the preceding one, women (I) placed strong emphasis on the need for maintaining social networks as they aged; or where these were found to be deficient, were actively trying to develop new friendships in later life. In some cases, this entailed moving into more socially-vibrant communities such as lesbian-friendly or retirement village situations. Many women (I) focused on avenues such as voluntary and charity work (including community and aged-care visitation schemes, transport-and-shopping assistance, cultural events, English-speaking language groups); and Church activities (for example, bible study and prayer meetings, playgroups and fundraising activities). Other women (I) had joined groups such as Probus (professional businesspersons group), the Older Women's Network³¹, Senior Citizens (Rosenberg 2015), U3A (Williamson 2000), W-MAD (Women Making a Difference)³², and dog-walking communities. Hobby groups (for example, gardening, painting, life-drawing, and book clubs) also

³¹ The Older Women's Network provides advocacy, information, research, and education for older women. Its focus is on addressing older women's gender inequality, ageism, and disadvantage in Australia (<http://www.ownaustralia.org.au/> accessed 8/9/2018).

³² W-MAD is an Australian women's advocacy, social enterprise, and networking group (<https://madwoman.com.au/> accessed 8/9/2018).

provided opportunities for social interaction, however, as Olive noted, often these incurred considerable costs. The same was true for activities such as aqua aerobics, singing (choirs), dancing, and participating in day trips; hence, women with limited finances were restricted in these choices. Losing friendships (*SC*)(*I*) due to ageing (mortality, increasing poor health, and/or friends moving into aged-care) was especially hard to bear, for example:

How do you express sadness (depression? grief?) Losing very close friends, my own age, and being with others with poor prognosis? Whilst I am fit, healthy, I sometimes feel waves of loneliness/aloneness when I look to the future. Perhaps this is the stuff of life at my age, not a health issue. (*WNoC*; *SC5*, 2007).

‘I think about not being alone’

The fear of being alone loomed large on the horizon, as shown by Nell’s comment: ‘When I think about the future, I think about not being *alone* (long pause >). I don’t know how, but about not being alone ... trying not to be sad about it (long pause >). Any suggestions?’ (*I*) *Nell*. Even where women were not personally lonely or devoid of social interactions, the high incidence of older women who were living alone (and consequently, the potential for social isolation) was a major concern. When women (*I*) were asked ‘what are the biggest issues for women ageing today?’ they invariably talked about socio-relational aspects of PE-fit:

I suppose there is in a way, a *fear of isolation*, as you get older. I’m part of a visiting scheme where I actually visit somebody [details removed]. It’s a program where there are a number of us, in the volunteer role and we visit women who are elderly and isolated. And you know, there’s a *real need* for that. Again, some people are *very fortunate*. They have children and grandchildren and great-grandchildren, and they have got people coming and going all the time, and they are very involved in all the *family things*. But for those of us who *don’t have those things*, and perhaps, health issues or whatever might prevent us getting out and about as much as we’d like – it is *very easy* to get isolated ... And that’s a real concern I think, for some of us. And that’s *one* of the reasons that I would consider retirement villages – because that helps you not be isolated. (*I*) *Shirley*.

Loneliness is a big issue for women on their own, who do not have family. And it wouldn't be *all*, but I just know that – yeah, this loneliness thing. If you *do end up isolated* somewhere, because if you've got family you end up with things like grandchildren, don't you? And even if you don't particularly *get on* with your children, at least you've got your grandchildren ... yes, I think that it could be *isolation* and then you *get loneliness* pitching in ... And I suppose then – people *my age* would be worried about, you know – who is going to look after me, all that stuff. And I'm saying cavalierly that *I'm not worried*, but ... (pause) yeah ... it's the loneliness and just feeling *insecure* ... But as I say, I *don't know* that many people. And because I don't know many single women I can only *surmise*. (I) Clarissa.

Ah ... well *loneliness* would be the top one, I'd say. And women living on their own and who are lonely – I'm not sure about financial constraints but I would think that people living on their own – or even in an aged-care facility. They wouldn't necessarily have the loneliness in an aged-care facility – oh no, that's *not right!* They might have the loneliness because their families don't visit them. So I still think *loneliness* is up there. And financial constraints would be part of it ... A lot of people have been *homebodies* and so they haven't gone out in the community and joined groups and things. *Those ladies* would be more likely to be lonely if their partner had died, or if their family don't bother with them ... [if] they don't *have a car* and they're sort of isolated in their home or if they are in an aged-care facility – or the like. Then there could still be loneliness because the family don't bother with them. I think *they're the ones* mainly. (I) Irene.

These comments might reflect that these women were childless, and hence been more acutely aware of how their social situation impacted on social participation and community belonging. However, some comments were made within the context of personal experience and having worked or volunteered in aged-care or community services. Being childless and single, however, was not the only barrier women experienced. One woman wrote (SC) that having a disability was also very denigrating and socially isolating:

The frustration of being disabled and not being able to do things that you once could do ... The departure of friends and relatives from your life due to changes (forced) in one's life. I hate how ... People frequently stereotype all disabled

people and treat you like you are ‘simple’ or talk over them to the carers or ask carers to fill forms out for you. Being disabled, people think you can be treated as a ‘second class’ person. (WWC; *SC1*, 1996).

At later Surveys she wrote that she had had a morphine pump inserted and successfully acquired skills enabling her to start her own business (and thus gain some measure of control in her life). Her comment stood out as diverging from the main narratives in both studies, which tended to have women with either very few or only transient, short-term limitations (for example, due to fractures incurred during a fall). Moreover, as the woman in the previous comment (WWC, *SI*, 1996) was ageing with an existing disability, she might be expected to have different strategies and supports for ageing in place than compared to women who only experienced disability at older ages. Ageism was an additional issue encountered by several women during Surveys. For one woman, it seemed that nobody took the time to care anymore:

When you're on your own no-one really cares; you either cope or sell up and live in an old person's home! Like Red Cross want money and volunteers; mostly older ladies but who helps the old ladies, end of line – no-one! True! (WNoC; *SC7*, 2013).

Her situation was made more difficult in having become estranged from her siblings due to family conflicts following her mother’s diagnosis with dementia; this may have left her feeling even more alone than if supported by family. However, the perception that people were becoming more self-centred (i.e., only concerned about themselves) was also mentioned by two women during interviews. Notwithstanding differences in socioeconomic or social status, for most interviews, women’s (*I*) plans and hopes for later life were socially-motivated. Women invariably prioritised maintaining (sometimes tenuous) connections with the family and friends they already had, and/or moving to supported accommodation designed to promote social integration and participation.

Importance of pets for social companionship

In the absence of fulfilling social relationships, many women turned towards the comfort and company of pets for maintaining wellbeing, irrespective of parental status:

Most of my friends are older women who live alone (single, separated, divorced or widowed). All of their lives are enhanced – in different ways – by the cats and/or dogs who share it. Sometimes these creatures even provide a reason to go on living. (*WNoC; SC7, 2013*).

When my old dog died last March I found that I have reduced the exercise I do, because I am much less motivated ... As I live alone, it is quite awful to lose that 'friend'. It does affect you in more ways than just the feeding and walking aspects. Coming home to an empty house is very sad. I haven't replaced her because I like to dream that I will be able to do some travelling when I eventually retire. (*WWC; SC7, 2013*).

Several women mentioned the difficulty of having to put their dogs down due to their advanced age and deteriorating health. Under these circumstances, close bonds formed with other pet owners had enabled the sharing of grief and support:

I just adored him; he was beautiful and had him till he was twelve and a half, so ... seven and a half years with him. And he was just the best dog, he was just so lovely ... And *everyone loved him*, and ... [it's] a big dog community where I am, and we all go down to the beach and celebrate their birthdays and their passing, and we raise money for the local refuge. And ... [friend] had to put her dog down too ... so we went and had a bottle of wine down the beach. Mum, daughter and myself, and it was just beautiful. So, we have moments that we share like that, that are very close. (*I*) *Nell*.

Several women (*I*) who had previously owned pets had decided against having any others so that they could take advantage of freer opportunities for travel, and to better simplify future decisions about housing and care.

Changing landscapes of government support

During interviews (*I*), women were asked a series of questions about the adequacy of government support for older people and how they felt about the move to more consumer-orientated aged-care services. For example, 'the aged-care system has shifted more towards having people pay for their own care, i.e. user-pays – how do you feel about paying for care?', 'how do you feel

about the possibility of having to sell your home to finance your care?’ and ‘do you think the government could do more to support older people living in their homes?’.

Changes to government policies regarding pension entitlements and the introduction of CDC and user-pays market systems of aged-care services had a worrying effect for around half of women in Study B (*I*). In considering her future, one woman (*I*) pondered: ‘Have I done enough to get free care?’ Having worked hard and paid taxes all their lives, most felt they *should* be entitled to government welfare and subsidised aged-care support; but were also cognisant of the difficulty for government in balancing fiscal responsibilities against demands for health, aged-care and welfare services as the BB generation aged into their 80s and beyond:

I think because of the population, that it is getting *old*. You still have – the government can’t keep providing. So, I suppose older people if they *need care* – *I agree* that they have to pay. But it is *whether* they can afford to pay or not. I think that is the problem. (*I*) *Olive*.

As soon as you get something *for free*, *everybody* looks at how they can *flaunt the system*. So, when do you give into people? People who all have different ideas about it? I’d *like* to think that as people get older and they have worked *all their lives* or part of their life ... and the other bringing up family – they’ve done a lot *for the country* ... it’s one of those middle-of-the-road things. I’d like to think *some help* for elderly people, but where *do you draw the line*? You could have a hundred and one different options and *still not come up* with an answer that’s going to please everybody ... I think the government of the day are damned if they do, and *damned if they don’t*. I don’t know ... what should happen there, but we’ve got an *ageing population* that *do need help*, and you’ve got a lot of people that don’t want to work. I don’t know where the happy medium is. (*I*) *Maeve*.

A few women (*I*) – those working in public service or government organisations – had been forewarned by work supervisors that by the time *they* reached pensionable age, there would be few (or no) government supports available and therefore, had been actively putting money into superannuation savings across the whole of their working life³³, for example:

³³ There was also one woman (Study A, *SC*) who commented that she had been told there would be no government pension when she reached retirement-age (*WNoC*; *SC4*, 2004).

I was told when I was a kid that the pension wouldn't be around when I got to old age. That I had to organise my life, so I am a self-funded retiree ... But it has been *hard work*. There were times when I was growing old that I thought, bugger this, I'd rather have that money *now* than putting it into super. But that was automatically taken out before you even got your check, so you had no *control* over it. That was something that you knew you were going to paying for, for the rest of your life. But – we *got here!* We did it, we've *made old age*. (I) Ursula.

In this respect, most women were quite pragmatic about the need to provide for themselves in older age. Many entertained the possibility they might need to sell their home or even take out a reverse-mortgage to fund care. Others were more philosophical, for example:

(CC): What do you think of the possibility you might have to sell your home to fund your own care?

Imogen: Well that could happen. Doesn't worry me, particularly. It would hurt I guess if I was still capable of getting up the stairs and liked to live here. I wouldn't like to have to sell it to go and fund my care. But if it happens, it *happens*, I guess. Then again, I might have *spent* all my money, and someone will have to pay for me, I don't know. (I) *Imogen*.

Vivienne: Well, I know the [aged-care company] people – what they pay for. And it's not –. If I need someone to shower me, I will pay for it. I just accept that, and I will have enough income to do it. This woman, this financial advisor's sorting it out for me. (I) *Vivienne*.

Only a few women were strongly against the idea of paying for care, feeling that they had earned the right (through citizenship and paying taxes) to be supported in older age. Many – including Ursula, Darcy and Maeve – were critical of policy changes that were burdensome or unfair:

Well a lot of people I know who worked on the land – everything went back into the *farm*. They had *nothing* when they retired. Like – when they got to be old age pensioners – that was the most money they'd seen in a fortnight in their *whole life!* So, I wasn't too impressed with that [having to pay for care] ... they have paid their rates forever. Why can't it just be that you look after them and they pay a minimal amount? I *don't think* it should be free for everybody, I think

everybody needs to *contribute something*. But to contribute everything is crazy. (I) Ursula.

It [aged-care services] has been free for people in the past and I have paid my taxes and never been on welfare, so I think I should be able to get care if needed. There are a lot of people that exploit the system. They get handouts when they shouldn't. I never got the dole, have worked my whole life. (I) Darcy.

If they can afford to pay, *that's fine!* But if they *can't*, I think there's a lot of people out there that *really do* need the care of ... you know, health or health-care. And some of the costs of it is a bit unbelievable. Which forces that onto their families, so it's like you're chasing your tail a bit. I don't know where that can come in, it probably can't. I'd *like to think* I've covered the bases for myself. Because ... you don't know what's going to happen down the road. (I) Maeve.

Observations about welfare-rorting led to perceptions that 'the system' was inherently skewed, and structured in such a way as to unfairly disadvantage some people – but not others, for example:

I have a friend whose mother had absolutely *no money* and she went into a *really nice nursing* home and I think well, 'she had good treatment'. She went straight into care, you know – where she would be ... As I *said before*, it seems to work really well, if you have *no money* or *loads of money*, but maybe not for the masses in the middle. (I) Imogen.

I honestly don't think it is *fair* that people who have worked *hard all their lives* – and let's say they have a nest egg – and when it comes to going into care, it all gets eaten-up. The longer they live, the more it gets eaten-up. There must be a *fairer way* than that ... a friend of mine recently had her mother – they were caught up in a situation where the mother had a *family home*. But if they sold the family home when she went into care, [then] all that money would disappear. So, they had to leave that house *idle*. And she was in care for three years before she died. And I'm thinking, that's a *ridiculous* situation or system ... If she's got a house, she should be allowed to keep [it]. (I) Irene.

Well I've paid a *lot of tax* throughout my life and *huge* amounts of tax, when you have businesses and that and I think, you know, why pick on *old people* all the time? It's *awful*, I think ... You know, the good debts and the bad debts, and *I'm*

one of the *bad debts* [chuckling] as the government says. And ah, I think it's an obligation to look after the older people – on the government side. (I) Simone.

Around half (I) professed alarm at widespread profiteering in seniors housing markets and problems with quality delivery of care. Three women (I) mentioned recent media exposes detailing profiteering and financial abuse within the retirement village industry and the abuse of older persons in aged-care facilities. A few women (I) had previously worked in either aged-care or in-home community care services or participated in community visitation and accreditation schemes. Their observations had led to women having quite poor impressions of living in RAC and specifically, the poor levels of care sometimes provided. For example:

The nursing home is okay, I'd go there if I had to. But ... I don't like to go up there to the home because I don't think the standards are very good. I don't like seeing people calling out for help. One day someone called out they needed to go to the toilet and the staff said 'you've got a [incontinence] pad on, use that. (I) Darcy.

One place I worked in – it wasn't *too bad*, but it was worked on the thing of maximum *profit*, minimum staff, and you'd be *running, running around* looking after these poor *old things*. And if you're not putting them *into bed*, you are taking *out*, and if you're not *bathing them*, you are doing something else with them. And it was just like a – *maniac* sort of situation. The *poor things*, they haven't even got *time to think* to themselves, and I thought no, no, 'I hope I never end up in one of those places' I'd think to myself. (I) Simone.

When asked to think about the future (and what were some of the biggest issues for women ageing today), it was evident that women's (I) anxieties went beyond the simple fact of being childless, or whether their homes were supportive of ageing in place, as shown in Vignette 14.

Vignette 14: Shirley. ‘They’re all huge issues!’ Risk and uncertainty in later life

‘They’re all huge issues!’ Perceptions of risk and uncertainty in later life

I think ... it’s a combination of ... who’s going to look after me? Can I *afford to* – and even if I do have children or grandchildren to help – can I afford to buy-in the care that I need? And how do I find my way through the *absolute minefield* of all the legalities of the contracts with the owners of the retirement villages and aged-care homes and so forth. So that I don’t lose all my money and be ripped off ... in some way. And I don’t know if you saw the program on the Aveo company the other week, on Four Corners [TV current affairs show]³⁴. But that was just a little insight into some of the things that *can happen*, so I guess that. It’s that *probability* and sense of losing your independence and – *becoming frail*. That certainly *worries me*. And I mean, physically I’ve noticed that, I am not *physically-confident* any more after all the injuries and operations I’ve had. And I’m *very conscious* of that. The other *big fear* is dementia. And if I get *that* – well how will I know when I’ve got it, and who will look after me. So that is *certainly* a big one. And then there’s the issue of – will the government change the rules again and *again and again* about accessing the pension, and make it *harder and harder* to get less and less? And so, will I be forced into a lifestyle that’s, you know – to living a life that is really on the poverty line or below? I mean they’re all *huge issues!* (I) Shirley.

Gender effects on coping in later life

Simone (I) also drew attention to the ways that gender influenced outcomes in terms of housing and care, and most notably, financial security post-retirement. She felt that the government had an obligation towards women of her generation who had been disadvantaged by gendered inequality, and that consequently, additional support (of whatever kind) should be extended:

Simone: Women working in the workforce *as well*. The pay gap between men and women is *huge* and is usually quite significant, so when you come to *my age* – I wasn’t brought up the era where superannuation, well it came in later, I think in 1980. And I was still *working then*, but you know, you don’t have that big *build-up* of superannuation for when you retire so ... the women in *my age group* –

³⁴ The Aveo company’s retirement village practices were the subject of various investigations in Australia and led to calls for a government inquiries into the retirement village industry. See for example, (i) (Ferguson, Toft and Dancert 2017) (ii) (Ferguson 2017).

they don't have those big superannuation things that they can rely on so, *financially* it's pretty hard for them really.

(CC): Do you feel that perhaps there should be better *arrangements* via pensions or something to make up for that?

Simone: I *think so*, yes. Because we are a group of women that ah...didn't have that same – *opportunities* as younger women do *now* – although there's still that *gap*, there's *still a gap* and you know, when women stop and ... if they decide to have children, they are behind the eight ball *all the time*, trying to catch up. Even the gap between men and women's wages and you know, those sorts of things?

(CC): Yes.

Simone: Because the basic wage used to be calculated on *the male*– the *male* being the provider but that's all *changed* now – and I don't think governments have really kept up with the way things are. (*I*) *Simone*.

It was interesting to note that several women (*I*) talked about how gender – and being either male or female – affected older people's coping styles and how well they managed ageing, with men either being better (or much worse) than women at living on their own.

Experiences of accessing services and information

While a key premise of CDC is to give older people more choice and control about the types of aged-care services they receive, the policy transition towards marketised aged-care systems was not necessarily perceived as bringing benefits, for example:

It just seems to me from what people say is that is unnecessarily *complicated*. But that's just the natural thing that comes with there being more *choice*. It just confuses the issue and when everything is done by private companies who are in there to make a profit, I guess that's understandable that some things maybe cost more than you would think. (*I*) *Imogen*.

Furthermore, there were problems for older consumers in balancing costs against the need for quality services, especially when dealing with complex information. Imogen (*I*) recalled that some

friends who were accessing in-home care had found the process of choosing between care providers very confusing. She likened this to negotiating electricity or telephone phone plans:

Imogen: I wouldn't *mind* if it works well. But I have a couple of friends who have it [home care] and they are not too impressed ... They found that very *confusing*, and all very *commercial*. I think that is what they are sort of worried about. Everything is *big dollar now* so ... somebody is out there making a big profit. I suppose nobody is going to do it for free, but they don't feel that ... they are not *particularly* happy with it, so I wouldn't say 'yeah, race out and get it'.

(CC): But yet the whole idea [of CDC] is to give people more choice?

Imogen: Well *it is*, but I think that it is the same as everything isn't it? *Would you get more choice?* Sometimes it just makes for more confusion. Like the power companies or your telephone companies, there was sort of something simple about having *Telstra*³⁵. You didn't have to haggle [chuckling] or just one power company – and the power just came when you turned the switch on. You paid the bill and didn't worry about it. Whereas now the issue ... you think, should I be looking at something else? There is too *much choice* in a lot of things and it doesn't necessarily bring *quality* with it.

The perception of risk (and potential for catastrophe) was evident throughout half of interviews (*I*), most notably in terms of personal or market risk, or future risks involving suboptimal care in RAC facilities. Much of this was fed by the lack of trustworthy, reliable information, hence making decision-making difficult. Several women lamented the turn towards digital (virtual) portals as gateways for accessing information and services, and difficulties posed by this. Simone (*I*) had been trying unsuccessfully for some time to book an appointment with an unbiased government-appointed financial advisor as she needed advice to help decision-making and planning for future needs:

Simone: Apparently Centrelink³⁶ have a financial person you can go and talk to ... just to see if there is anything I can do ... *financially* ... to manage my money

³⁵ Telstra (previously Telecom Australia) is a telephone and internet service provider. Prior to privatisation in the 1990s, Telecom was government-owned and operated. Electricity is now also privatised.

³⁶ Centrelink is an Australian government human services agency responsible for administering welfare payments such as unemployment benefits, pensions, and family childcare benefits.

better or something ... I don't want to go to the *banks* or anything like that because they're solely interested in selling me their plans ... And they get *kick-backs* from that. I'd like to be talking to somebody who is *independent*, not out to try and ah ... *flog me stuff*, but that will benefit *them*, you know. *Independent* is what I'm trying to say. Somebody who is independent of all those sorts of things.

(CC): Yes, so get some independent advice through Centrelink?

Simone: But ... trying to *get an appointment* – because that's just the way the government is these days – it is maximum *profit*, *minimum staff* ... they've had a lot of people from those departments *cut back* so they don't have the same amount of *staff* that they used to. A couple of times I've rung up on the phone and been waiting *45 minutes* sometimes ... That's why I went *into the office* and they said 'no, no, you can't make an appointment *here*, you've got to ring up', and I thought 'oh God, how ridiculous is that?'. Anyway, that's just how they work these days ... (I) *Simone*.

Irene (I) on the other hand spoke about the difficulty of accessing information that was only available online, particularly for people who did not have access to the internet and/or who did not have children or family that could assist with navigating online portals and the internet more generally:

Irene: That's all *very well* for them to *assume*, *isn't it*? How many ladies or people *over eighty*, would look up online? How would they – that's the difficulty that I was saying – for a lady living on her own *who has no family support* or no-one to *recommend* or say, 'did you know that's there's something to help you do this, this, or this?' *They're isolated* to a degree from all the services that perhaps could help make their lives a bit easier ... Some people – *still like to get things* in the mail ... Not everyone is computer literate ... *A lot of them don't have* – like this man that got diagnosed the other day. He doesn't have *a mobile*, he *doesn't have* – neither he *nor his wife* – *a computer* ... they are the same age as me, they're seventy! And they're not into any electronic stuff and so they wouldn't be able to access *any information*, only if their kids might help them. But it's still that *independence thing*, *isn't it*? (I) *Irene*.

In this study (*I*), only half of women actively engaged with computers or sought information online. Of those women who *did* have some measure of digital-literacy, some reported only using (and owning) a mobile phone or iPad. Only six women (*I*) used Facebook or other social networking portals, preferring to maintain contact face-to-face or via telephone rather than the internet. One woman with relatives overseas was a regular user of social media including Facebook; but two others used phone or email only. Only three women (*I*) identified family members or friends that they trusted enough to ask for help with technology-related matters. Hence there appeared to be only limited uptake of digital technologies.

Conclusion

This chapter examined the Survey (*SC*) and Interview (*I*) comments regarding plans and expectations for older age. In keeping with the theoretical framework and PE-fit, the women had adopted a range of strategies for maintaining ageing in place. Most women, however, either actively refused to dwell on or plan for later life or had few plans other than just keeping healthy and active. Alternatively, some had already relocated their homes (either within the last 10 years or at earlier stages in their lives). Often housing relocation occurred in parallel with life events, such as the death of parents and cessation of caring obligations, being divorced, or employment redundancy. Women (*I*) also spoke about their expectations of government pensions and aged-care supports. Many were concerned about the volatile landscape of government welfare services and the move to consumer models of aged-care, and what affects this might have. A common refrain was that having worked hard and paid taxes, women *should* be entitled to government welfare and subsidised aged-care support; but several also recognised the challenges of population ageing for government fiscal sustainability. Many were pragmatic about having to provide for themselves, but individual capacities were challenged by the ever-changing landscape of ageing policies and lack of information available for consumers. Thus, even where concrete plans *had* been made, their eventual outcomes were uncertain. The next chapter examines these findings

with a view to placing these within the theoretical and conceptual framework, and the broader research literature.

CHAPTER 8

Discussion

This Higher Degree Research study has explored the nexus between social policy, housing, and family contexts. It has considered how family contexts such as being childless might influence older women's experiences of ageing, and their plans and expectations for ageing in place. A key argument has been that the experience of ageing is shaped profoundly by broader social relationships, structural disadvantage, and social policy contexts. In this chapter, the analytical reflection is provided and discussed with reference to the theoretical and conceptual framework (shown in Figure 1, page 9). The chapter starts with a brief overview of the research undertaken. It then examines physical (built) and socio-relational (social) aspects of PE-fit, followed by women's future expectations for housing and care.

This study comprised two stages of qualitative research. The first stage (Study A) selected and analysed free-text Survey comments (*SC*) by 150 women from the 1946 to 1951 cohort of the ALSWH. It aimed to explore what women had been writing over time about their housing, living, and social arrangements. The second, more major stage of research (Study B) consisted of in-depth interviews (*I*) with 15 women from the 1946 to 1951 cohort of the ALSWH. In both stages of research, the emphasis was on women who were not married and living alone at the time of S7 (2013); however, the second stage of research explicitly focused on women who were childless. These sampling emphases reflect the broader theoretical framework and in particular, Beck's risk society and individualisation theses (Beck 1992; Beck et al. 2002).

The focus on women who were not married and who did not have children also reflects women of the broader BB generation who grew up within the contexts of the 1960s sexual revolution and women's greater reproductive freedom and independence (Tavener et al. 2016). Choices made during early adulthood regarding marriage, career, and parenthood will have had

profound influences on women's life opportunities and outcomes, and subsequently, their needs and preferences for older age. Both thematic (Bazeley 2013; Flick 2006; King et al. 2010; Richards 2009) and thematic-narrative (Reissman 2008) methods of coding and analysis were used to tease out different themes across studies. The findings were then compared for points of convergence and reviewed as a whole to determine how family contexts might intersect with social policy and housing arenas to shape women's experiences of ageing.

Key questions included: (1) What are the housing and social circumstances of women BBs in Australia? (2) How might parental status influence the experience of ageing? (3) For women who are childless: (i) what are their needs, choices and expectations for ageing in place? (ii) what plans have women made for future housing and care? and (iii) what are some of the key issues facing older women in Australia today? These questions are discussed with reference to the built and socio-relational aspects of person-environment (PE-fit) and Beck's theoretical framework.

Framework for ageing in place

A key focus of this research was the exploration of women's needs, preferences and expectations for housing and ageing in place, and to identify which features were most important in terms of PE-fit. The findings showed that BB women's needs and preferences were aligned with both built and socio-relational aspects of PE-fit, however, socio-relational aspects (social PE-fit) appeared most important when thinking about their current and future needs. This section provides an empirical framework for understanding PE-fit and needs and preferences for ageing in place, as described by BB women in Australia. Key factors influencing built aspects of PE-fit (housing) (discussed in Chapter 5) included tenure, dwelling features, housing affordability, geographical location and place effects, aesthetic features, and the potential of the home to support valued hobbies and be income-producing. In addition to aspects already mentioned, women stressed the importance of being able to choose when to move (i.e., decisional timing and autonomy), and a lack of suitable and affordable housing alternatives in preferred areas (as shown in Table 11).

Table 11. PE-Fit (Housing and Built Environment)

Housing and Built Environment	
Dwelling features	<ul style="list-style-type: none"> ○ Number of levels (accessibility and outlook) ○ Security (alarms, security windows and door grilles, gated complex) ○ Garaging (esp. internal entry from garage-home) ○ Sheds for storage or other activities (e.g. convert shed to artist studio) ○ Size (space for hobbies, piano, storage, overnight visitors or carers) ○ Having a full-size bath ○ Aesthetics (character, style, rustic charm) ○ Design and outlook (northerly aspect, veranda or back porch, having inside walls for situating piano – preventing damage from heat differentials) ○ Gardens and landscaping (varying size and use, and low maintenance)
Affordability	<ul style="list-style-type: none"> ○ Rental costs ○ Home purchase costs ○ Market precariousness as impacting timing of decisions ○ Living costs (energy costs, maintenance, strata-fees, and insurance) ○ Fees and entry costs (e.g., Retirement Village or RAC) ○ Capacity of home to produce income (e.g., future potential as bed and breakfast accommodation; or selling artworks produced in home studio) ○ Gardens = can grow vegetables to reduce food costs (and/or sell produce) ○ Solar energy = reduced heating and cooking costs ○ Firewood = free access to firewood for heating the home
Location	<ul style="list-style-type: none"> ○ Infrastructure (public transport and footpaths) ○ Access to services (health, transport, telephone access in emergencies, shopping); transport is especially important once driving ceases ○ Access to cultural, social and educational activities (U3A, computer courses) ○ Access to care services (e.g. retirement village with attached 24/7 nursing and dementia-specific care) ○ Tenure mix (high turnover of rental tenants affects neighbourhood cohesion and feelings of safety and support)
Place	<ul style="list-style-type: none"> ○ Rural vs. urban (preference for) ○ Aesthetics (beach, bush, semi-rural outlook, and green spaces) ○ Climate (positive and negative health effects) ○ Lifestyle (e.g., more relaxed lifestyle, pet-friendly, community-oriented) ○ Peace and quiet; privacy and space from neighbours ○ Geographical proximity to family, Church, and social networks ○ Familiarity with the area and knowing your way around ○ Crime and neighbourhood safety; some places are safer than others
Other considerations	<ul style="list-style-type: none"> ○ Employer-provided accommodation (not necessarily a ‘choice’) ○ Having autonomy of choice re timing for moving into residential care ○ Not wanting to be a burden on others: recognising limitations ○ Perceived lack of alternatives or information to guide decision-making ○ Risk and uncertainty – adopt a wait-and-see approach, maintain status quo

Socio-relational aspects of PE-fit (discussed in Chapter 6) included geographical proximity to family, church and social networks, neighbourhood belonging and relationships, familiarity ('being known'), identity and shared histories, and social 'fit'. The data showed that the situational potential of different types of housing for developing and maintaining friendships also figured highly in women's decision-making processes, as shown in Table 12. This was especially important for women who reported feelings of isolation or who had experienced social exclusion in their communities.

Table 12. PE-Fit (Socio-relational Environment)

Socio-relational Environment	
Home and neighbourhood	<ul style="list-style-type: none"> ○ Maintaining proximity to family, Church and social networks ○ Identity and belonging, social-fit ○ Residential history, how long lived in the home or area ○ Neighbourhood social capital ○ Knowing the neighbours (able to rely on while keeping one's distance) ○ Familiarity with others, and 'being known' (long-term local) ○ Established networks of reciprocity, care, and support ○ Dog or pet-friendly neighbourhoods ○ Cultural and intergenerational mix (not always desired).
Identity and belonging	<ul style="list-style-type: none"> ○ Already being known to residents in the area, retirement village or aged-care facility (facilitates continuity of identity and support networks) ○ Shared histories; shared lives and interests, generational values ○ Social acceptance (being accepted or potential for acceptance in the community; past experiences of discrimination) ○ Lesbian, gay-friendly community ○ Women-only community (e.g. older women's cohousing) ○ Diverse lifestyles (at risk from class-based conservatism) ○ Religious beliefs and values (Church community) ○ Artistic, musical, and culturally-vibrant communities
Friendships and social connection	<ul style="list-style-type: none"> ○ Friendships (present and future potential for meeting and making friends) ○ Solitude as a choice (vs. social isolation) ○ Finding someone you can relate to and spend time with (either friendship or romantic relationship) ○ Social exclusion (e.g., due to not being married and childlessness) ○ Situational opportunities to develop friendships, support networks, and connections to others (e.g., cohousing community or retirement village)

The framework shown in Tables 11 and 12 provides evidence for a wide range of factors that influence ageing in place and older women's housing consumption in later life. Policy presumes that older people (as current or future consumers of housing and care) will have the financial means and individual agency to enact desired housing moves as they age. However, as shown in Chapter 7, women's choices depended on the availability of options, financial stability, and having adequate support.

PE-fit (housing and built environment)

Most women in both studies either owned or had owned their own home at some point in their lives; reflecting the high numbers of older people in Australia who are homeowners (Productivity Commission 2015). Women who transitioned out of homeownership (even temporarily) all reported having been divorced, and this concurs with research showing that women typically move out of owner-occupation following marital dissolution (McFerran 2010; Mikolai and Kulu 2018). Post-divorce, the women in this study also tended to make multiple housing moves as they adjusted to their new social and economic circumstances – this finding also concurs with (Mikolai et al. 2018).

Post-separation, the home provides an important basis for creating and developing a new identity and life (Gram-Hanssen et al. 2008). Thus housing decisions post-divorce will seek to support these needs, however, delays in receiving financial settlements and lack of affordable housing can make adjustment challenging (Gram-Hanssen et al. 2008). This study likewise found that some women became trapped in difficult housing and financial situations post-separation. Most divorcees (except for Clarissa and Vivienne) were eventually able to regain a foothold into homeownership once financial settlements were received and/or with the help of family inheritances and superannuation payouts. However, achieving homeownership often meant that women were left with little or no superannuation or savings to support themselves in older age.

Housing tenure (and particularly homeownership) played a key role in shaping PE-fit and women's expectations of ageing in place. Most women felt they were generally well-set up in

their homes and had no short-term plans to move. This finding concurs with previous research by (Mackenzie et al. 2015). Clarissa's situation differed in that she was renting privately, and therefore, whether she would be able to remain living in her home was entirely dependent on her landlord. Her experience of renting resonated with Australian research showing that many older people in private rentals were living in poorly maintained and substandard housing (Housing for the Aged Action Group 2014). Moreover, unlike Clarissa (who had approached her landlord requesting repairs to be made), Housing for the Aged Action Group (2014) found that older tenants feared eviction and/or rent rises if they complained to the landlord or real estate about repairs. Consequently, they chose to 'put up with' the situation, rather than risk homelessness. Morris (2007, 2016) found that older people made a variety of behavioural and economic adjustments in trying to sustain ageing in the home, including, for one pensioner, using super-glue to repair his broken dentures (Morris 2016). Whether they lived alone and the extent of assistance from family were important aspects of how well they managed their housing situation (Morris 2007). Moreover, many older people were pragmatic about their situations; often comparing their lot in life with those less fortunate (Morris 2016). This study likewise identified women who equated their own circumstances with other people's (i.e. biographical positioning) (Allen et al. 2013b) when describing life situations.

Although Darab, Hartman and Holdsworth's (2018) study was focused on older women who were renting, their findings strongly resonate with this research. For example, the authors found that most women had either purchased a home or were paying off a housing mortgage at some point in their lives – thus reaffirming the experiences of women in this study. Darab et al. (2018) further found that, although stability and security of tenure rated highly, women preferred housing which afforded greater independence and privacy, while simultaneously providing space for family and pets. Similar to the women interviewed for this research, few women in Darab's study were residing in the place where they were born but had migrated to the area. Perhaps because of this, women preferred housing with support networks embedded into the design (similar to cohousing) and which could facilitate socialisation with other women experiencing

similar circumstances. Darab et al. (2018) lend support to this study's findings regarding the importance of socio-relational PE-fit for promoting ageing in place (discussed later in this chapter).

Changes to the home

This study also found that around half of women had made small- to medium scale structural or landscaping changes since purchasing their home; fewer still were considering having additional modifications made. These findings concur with Lee and Vouchila's (2016) study, in which 57% of people (50+) had delayed making changes to the home. They differ however from Byles et al.'s (2014) study, which found that 70% of older homeowners had made one or more modifications to their homes over time. In this study, the lower numbers of women effecting housing modifications comparative to Byles et al. (2014) might reflect that the large proportion (84% of men; 52% of women) of married couples in Byles' study. It is possible that couples were in a better financial position to pay for home modifications than women who were living alone; couples might also be more motivated to adapt the home environment due to greater expectations of receiving spousal care. In contrast, this study found that older women living alone were more likely to adapt their own behaviours than modify the home. This finding resonates with research by Mackenzie et al. (2015), who likewise identified that older people tended to initiate behavioural changes (such as slowing down and centralising activities to one section of the home) in response to declining PE-fit.

Shifting practices of home

With regards to PE-fit, this study found that dwelling features, affordability, location, and place were key factors influencing women's housing decisions. In contrast to perceptions that older people require less space (Tulle et al. 2002), the women interviewed rated having space (spare rooms and/or sheds) for hobbies, overnight visitors or carers, and income-producing activities highly. This finding concurs with research by Morris (2016) and Percival (2002) showing that

older people make good use of additional space within the home. It is also suggestive of housing-related micro-market practices as described by Jarvis (2008). She found that within the contexts of housing unaffordability and rising costs, homeowners adopted various market practices (such as taking in paying boarders) to buffer household finances. Home-based income-producing activities identified by this research included accommodating student boarders, growing and selling garden produce, utilising excess energy produced by solar-power systems to receive financial rebates (feed-in tariffs)³⁷, running an investment portfolio (*I*) or wholesale meat business (*SC*), creating artworks for sale (artist's studio), and plans to establish a bed and breakfast enterprise. The findings of this research suggest that in the face of rising living costs, older women were exploring and enacting various strategies in generating income. It also points to potential shifts in how housing might be viewed and used by older homeowners.

Aesthetic considerations

The study also highlighted that aesthetic considerations figured highly in women's housing decisions. Aesthetic aspects of the home and neighbourhood environment were seen to support better emotional and psychological health, as well as promote communion with nature and social interaction. The women in this study were especially drawn to gardens, coastal, grass and woodland (bush) environments. Similar sentiments were identified by Mackenzie et al. (2015) and Darab et al. (2018). They likewise found that older people valued opportunities for connecting with and being at peace in natural surroundings. Older women, who had experienced disruptive housing histories, particularly valued gardens, as they helped to create a sense of privacy and permanence, though, often, this was challenged by living in private rental situations (Darab et al. 2018).

³⁷ In Australia, various schemes exist where electricity customers can feed excess solar energy generated back into the main electricity grid in return for either a direct financial payment or reduced electricity costs (<https://www.energymatters.com.au/rebates-incentives/feedintariff>).

Importance of gardens for ageing in place

One surprising finding was that attachments to gardens and natural surroundings might be prohibiting factors when considering the transition into RAC or more supportive accommodation. This was at odds with literature on PE-fit and housing migration in later life which suggested that older people's gardens (and especially lawns) tended to trigger housing relocation, due to the financial and physical burden of garden upkeep (Boldy et al. 2011; Luszc et al. 2004). While gardens and green spaces (natural landscaping) have been shown to provide enhanced quality of life and opportunities for exercise and social interaction (Scott, Masser and Pachana 2015), relatively little consideration has been given to the role gardens might play in *sustaining* ageing in place. Contrasting views regarding gardens was touched on in Bevan (2010), Luszc et al. (2004), and Judd et al. (2014), who found that gardens (in addition to home and lawn maintenance) were associated strongly with moving or downsizing the home, though sometimes downsizing related to wanting a smaller, more manageable garden rather than eliminating gardens altogether.

Bhatti and Church (2004) highlighted the active and negotiated process of home-making within uncertain contexts. Home gardens could provide filters through which risk and uncertainty might be viewed and sequestered from everyday life. Also, gardens might afford greater opportunities than the physical home for ontological security (Giddens 1991). Within the familiar spaces (rooms) of the garden, 'mundane task-scapes replete with watering cans and jobs undone ... move to the rhythms of everyday life' (Ginn 2014: 229), thus providing more tangible roots in an uncertain world. In keeping with this research, Forbes' (2011) study of older women living alone found that gardens were important parts of ageing in place, and helped sustain the meaning of home. However, home gardens could also represent tensions between privacy and sociability – particularly where garden boundaries were unclear, or neighbours' pets and dilapidated fences caused disputes (Bhatti et al. 2004). Gardens might also be perceived as an ongoing chore (wherein overgrown gardens suggest infirmity and dependence) or, conversely, evidence of an active and productive older age. Hence, the garden was 'both a place in which to hide and specific

space from which to confront and understand increasing uncertainty in the social and natural world' (Bhatti et al. 2004: 49). The findings of this study support Bhatti and Church's (2004) notion of the garden as a contested and negotiated space and filter through which risk might be viewed. Irene's practice of uprooting and transplanting her roses with each successive housing move could be seen as her attempt to create some constancy in her life, thus providing some protection against risks in the outside world.

Several authors have highlighted the importance of plants or garden spaces for older people, and their function as contemplative, meditative, and memorial devices (Bhatti 2006; Bhatti et al. 2009; Cristoforetti, Gennai and Rodeschini 2011; Mazumdar and Mazumdar 2012), thus lending support to this study's findings. Irene's story (*I*) echoed that of Franca in Cristoforetti et al.'s (2011) study, which drew parallels between the care lavished on the garden and care extended towards family members. Gardens played a key role in the construction of older women's identity, with certain plants symbolising a past, present, and future self (who, like the plants, would eventually die).

Ginn (2014) highlighted the tensions in the way that gardens and plants materialised – yet paradoxically – accentuated absence and loss. In this study, Irene's vignette hinted at the futility of continually uprooting, relocating, and transplanting the Mother's Love and Remember Me roses for, inevitably, there would come a time when she would have to surrender them. Sharing parallels with Ginn's (2014) findings, Irene's remaining son could not comprehend why she was so attached to her roses. He failed to understand that the roses were deeply entwined into his mother's identity – as a caring and loving mother (symbolised by *Mothers Love*) – and as an accomplished gardener who enjoyed a deep connection with nature (and had done so all her life). Giving up the roses memorialising her lost son, therefore, was akin to carving away deep parts of her psyche.

Cristoforetti et al. (2011) highlighted that objects with symbolic, expressive, or consumptive value, *including gardens*, acted as transitional *foci* (or symbolic showcases of the self) in older age; these facilitated and ensured positive self-identity and ontological (Giddens

1991) security. Their argument suggested these *foci* would be important when transitioning to new environments (such as a retirement village or RAC); Scott et al. (2015) concurred with this view. Identifying important objects and making room for some aspect or reminder of these could aid positive adaptation. For example, large photographs or paintings of special objects could be hung on a wall or scent infusers placed in rooms to evoke past connections and memories. Balconies or small sections of communal gardens might be set aside for growing resident's memorial plants. Older gardeners, especially, might welcome access to small garden they could make their own. As the previous discussion suggests, where this was not possible or perceived as too challenging, older people might be less willing to seek more conducive housing options, due to their fears of losing those things most important for their sense of self and wellbeing. Sometimes, this need for past, present, and future connection might extend beyond simple objects or gardens to include a pet, especially when pets had been an enduring feature of older people's lives.

Gender effects on housing

The findings of this research lent weight to previous studies detailing women's historical gender disadvantage and the effects of structural inequality on women's housing decisions and choices in later life (Darab et al. 2012; Darab et al. 2018; Tually et al. 2007). This included the historical and differential treatment of women by mortgage lenders (Smith 1990), which had made it difficult historically for single women to break into the housing market. This study shared parallels with Jones and Nystrom's (2002) account of older women seeking to purchase a home or motor vehicle. Gender even impacted on relatively mundane areas of everyday life, as illustrated by Maeve's anecdote of buying her first car. This experience had never left her and continued to shape her consumer behaviour even into older age. Gender discrimination practices

were evident in women's experiences of being passed over for promotion, which meant lower wages, and loss of employer-subsidised housing³⁸.

Where historically, housing had been supplied (often at markedly below-market rents), the savings made by not having to spend a large proportion of wages on accommodation expenses could be an important factor in saving for a deposit on a home – a goal that few older single women achieved pre-retirement (Sharam 2011). Interestingly, Sharam (2008) pointed to the 1980s' demise of employer-tied housing for teaching and nursing professions as contributing to single women's higher levels of housing precariousness, thus lending support to this study's assertion that access to employer-subsidised housing could be an important facilitator of savings accumulation and housing security. This point seemed to be obscured within contemporary housing debates; however, a number of Australian Housing and Urban Research Institute (AHURI) reports have commented that, where employer-subsidised (free) accommodation was provided, the overall wages package might be less than otherwise paid, i.e., housing costs were (effectively) still incurred (Wood and Ong 2009; Wood, Ong and Cigdem 2014). Nevertheless, it was possible that these 'costs' would remain relatively static over time; hence, when compared to renting privately in expensive, volatile markets, substantial savings might still be gained.

PE-fit (housing relocation)

A key policy assumption is that as women age and the home becomes less manageable and disability more imposing (thereby reducing PE-fit), they will either downsize or move to more supportive housing (Judd et al. 2014; Tulle et al. 2002). Tulle et al. (2002) saw this policy emphasis as inherently problematic. They attributed the policy focus on downsizing to old-age discourses and the notion that older people (having reached the limits of their economic

³⁸ Employer-subsidised housing refers to accommodation that is provided to employees of companies, government, or other agencies either rent-free or at substantially-reduced rental costs, and where that accommodation (house, home unit, mobile home or guesthouse living quarters) is their usual place of residence. These types of arrangements in Australia have traditionally been associated with agricultural, mining and tourism industries, as well as teaching and nursing professions.

usefulness) did not need space; hence, as civic-minded, rational citizens, older people would downsize their home, thus freeing up unneeded space to benefit younger families. These government discourses have been taken up by younger generations locked out the housing market (McFarlane 2003) by a lack of affordable housing and claims that BBs were holding onto houses that were excessively large for their needs. As shown in this study (*I*), several women were aware of the depth of negative community sentiments being directed towards older homeowners and felt persecuted by them. The women interviewed had all worked and saved hard to achieve homeownership. Many had contributed taxes or volunteered in their communities and, consequently, should have been able to live peacefully and without criticism in their homes.

Studies (including this HDR) continue to highlight that older people desire and make good use of additional space within their homes (Danziger and Chaudhury 2009; Judd et al. 2010; Morris 2016; Percival 2002). As older people spend more time in their homes post-retirement, availability of space to support life goals and participation is important for quality of life (Danziger et al. 2009). Calls for older people to sell their homes ignore the role that housing plays in shaping and sustaining older people's identities, autonomy and social networks of support. Housing thus becomes a simple investment and consumption good, removed from any emotional or autobiographical attachment.

The findings of this study resonated with research by Judd et al. (2014), who found that around half of their survey respondents had moved at ages 50 years and over, while just under a third had moved twice in that time. Of those who had moved, they found that people who downsized were more likely to be single, older women, who were living alone and on lower incomes (reliant on the aged-pension), thus highlighting the influence of gender and living arrangements on residential mobility. Also, downsizers were more likely to move into a retirement village or apartment/unit type situation, but still tended to reside in dwellings with two or three bedrooms. Other movers (non-downsizers) tended to relocate into dwellings that were either the same size or larger (more bedrooms and space), and were more likely to cite lifestyle and aesthetic (for example, more attractive area) reasons for moving than maintenance or financial issues (Judd

et al. 2014). The women in this study seem to fit best with Judd et al.'s typology of *other movers* in that lifestyle (such as the desire to relocate interstate for a more laid-back vibe, or having space for an artist's studio or garden) and aesthetic considerations (attractiveness of natural environment and green spaces) featured strongly in women's housing decisions.

While some women were experiencing garden and lawn maintenance issues, these paled in comparison to the work and costs involved with finding suitable accommodation, downsizing, and moving to another area. Indeed, except for women who had already done so, downsizing was not really seen as a viable option for managing ageing in place. Various reasons were cited for not downsizing, including the physical and emotional effort involved, the actual logistics of finding and relocating home, moving costs, potential loss of social networks, having too many possessions, and perceived lack of affordable or suitable (pet-friendly) alternatives in the area. The data showed that most women (*I*) were already very conveniently located with regards to shopping and service centres and did not want to lose this, hence lending support to Judd et al.'s (2014) assertion that proximity to shopping and services became more important as people aged into their mid-eighties (after which time access to services became a lesser concern). Judd et al. also found that having good neighbours, a personal history with, and close emotional attachment to, the area were also important factors in housing consumption: 22% of all movers had relocated in the same postcode area (Judd et al. 2014). The findings in this study concur with these and other findings (McDougall et al. 2017; Morris 2016; Winstanley et al. 2002).

Some women (*I*) had already moved home or made plans in anticipation of declining PE-fit, which concurred with other research findings. The Housing Decisions of Older Australians report found that, where older people sold their homes and moved into smaller (but not necessarily *cheaper*) accommodation, they did so relatively early post-retirement (Productivity Commission 2015). At ages 70 years and over, people might enact a variety of proactive and reactive housing behaviours; generally, those making proactive moves were younger, better educated, and on higher incomes (Pope et al. 2010) and might have greater capacity to exercise choice within constrained housing markets. A few women in this study had wanted to move, but found their

options constrained by financial considerations and/or due to having pets. Similar findings have been reported by Lee et al. (2016), Mackenzie et al. (2015), and Stroschein (2012), who estimated that as many as one in ten older people might be staying in the home involuntarily. Moreover, Mackenzie et al. (2015) found that, despite being aware of the need to relocate to sustain future PE-fit, few had firm plans regarding older age. This might have been due to a perceived lack of options, lack of information, or that older people had already made changes to their homes in anticipation of ageing (such as modifying bathrooms or installing ramps) (Mackenzie et al. 2015).

Generally, the older people became, the less likely they were to want to move (De Jonge et al. 2011), because, as disability increased, moving home became physically and emotionally taxing (Rowles et al. 2013). Also, people might perceive they were too old to move (Mackenzie et al. 2015; McDougall et al. 2017). It has been suggested that in older age, people become more attached to their home and belongings (Shenk, Kuwahara and Zablotsky 2004) (as touched upon by Irene during her interview). Elliott et al. (2013) saw this as proof that we were living in the risk society. Attachment to the home and residential inertia (staying put) provided tangible roots, predictability, and control for people ageing in uncertain contexts. The home and its possessions also contributed to a positive sense of self and identity as women aged.

De Medeiros et al. (2013a) contended that the experience of home for women who did not have children was likely to differ because of the historical constructs of home tied to women's reproductive roles. For older childless women, the home could represent accomplishment, generosity, service histories, and earned entitlements to residence and care. The home, and belongings like books might also represent women's past-present and hoped-for future selves (De Medeiros et al. 2013a). Parallels were identified during the interviews (*I*), as evidenced by narratives of hard work and saving for a home. One woman's house was filled almost completely with bookcases; another had a room devoted to her piano and music, which she had taught for many years. Likewise, the building of artist studios attached to the home and plans for exhibiting artworks reflected the hoped-for future selves described in De Medeiros et al.'s (2013a) research. Although in their study the women were firmly embedded in their homes, this research (*I*) found

that several women actively sought to position themselves in ways that spoke to their identities (Mallett 2004), even where this meant relocating home.

Being able to drive was vital for maintaining independence and reciprocal support arrangements, even where public transport options were available. This finding was in keeping with studies by Forbes (2011), Byles et al. (2012a), and Morris (2016). Some women in this study had purchased newer automatic vehicles to offset slower reflexes and better facilitate driving into older age. While many women interviewed were vocal about rising electricity costs, none mentioned the high costs of running, insuring and maintaining a car; possibly, having a car was a personal choice, whereas electricity costs were not. Morris (2016) found that often cars were seen as a necessity for ageing in place, especially where people had mobility-limiting health problems (such as incontinence) or public transport was lacking. This study concurs with Morris' (2016) finding.

Finally, Rowles (2000) believed the home represented a habitually traversed location; this familiarity – or 'autobiographical insideness' (Rowles 2000: 58S) – helped maintain independence in older age because daily activities and movements within the home and broader neighbourhood were engrained in routinised and largely unconscious behaviours developed over time (Lawton 1989; Rowles 2000). However, they were also interdependent with and influenced by ongoing interactions with other people and changes in the immediate environment (for example, the death of a spouse). In keeping with complexity theories and the notion of adults as complex adaptive beings, small perturbations in the fabric of daily life could produce unintended and unwanted effects. The strategies employed in accommodating and adapting to these changing contexts influenced how well older people negotiated change (Rowles 2000) and, hence, ageing in place. The women in this study appeared to have well-developed coping strategies for maintaining independence and a sense of self as they aged. Even Clarissa (who was in an insecure rental situation) had resolved cheerfully to make the best of things by adopting an optimistic wait-and-see attitude to older age.

Oswald et al. (2013) highlighted that it was not the simple accumulation of barriers in the home environment that most predicted PE-fit and housing outcomes in later life, but a sense of belonging and how strongly older people perceived their home would support their autonomy and independence. Positive perceptions (combined with a high locus of control) contributed to a greater sense of wellbeing and environmental mastery (i.e., managing in the home). This study's findings support this theory.

In adapting to changes in the home environment and physical or financial limitations (whether short-term or more permanent), the women in this study had adopted a range of accommodative and assimilative strategies (Brandtstädter 2009; Ekerdt and Koss 2016) to meet their present needs and sustain their sense of self and continuity. For some women (such as Brenda and Clarissa), this meant adopting a wait-and-see approach in the face of blocked goals and lowered expectations (i.e., accommodative or emotion-focused adjustment). Other women developed assimilative (problem-focused) behaviours, including not driving after dark, reducing energy consumption, and/or curtailing social activities to better manage rising costs of living and improve their sense of coping. This finding concurred with Stafford (2017) who likewise found that, where the home environment was experienced as challenging, older people would either modify the physical home or change their mindset to align with current realities. Stafford asserted that the latter option was the most difficult of coping adjustments because it meant changing personal values rather than modifying the physical environment. She foresaw that people might adapt by outsourcing cooking and meal preparations, engage in-home workers, and/or lower standards of housekeeping and personal cleanliness (showering every 2-3 days with the help of a paid carer) to maintain some semblance of residential normalcy; while others might use distracting thoughts to cope with and block chronic pain, or restrict activities to those they could accomplish comfortably (such as watching television) (Stafford 2017). Similarly, this study found one woman (*I*) had been forced to make similar accommodations following a traumatic and incapacitating vehicle accident. Post-hospital discharge, assimilative and accommodative adaptations had helped her to manage on her own and, therefore, work some way towards her

goals of ageing in place. Her story echoed those of other women interviewed, who had experienced reduced mobility, due to falls in their homes, and provided evidence for the dynamic processes of adaptation and non-linear changes as women aged. Similar behaviours were observed in Ekerdt and Koss' (2016) study.

The finding that most women (*I*) were still living in detached or semi-detached dwellings in the community concurred with Judd et al. (2014). Their study showed that, at ages 65 and over, Australians were increasingly likely to be living in low-density detached housing, the predominant form of housing in Australia, particularly in post-war outer-ring suburbs and regional areas. The growth in retirement villages in Australia continued to expand, but with some villages adopting higher-density multi-level (vertical) designs that combined residential and commercial properties and services. Not all older people were attracted to (or could afford) to reside in retirement villages, however – an assertion supported by findings in this study.

Elliott et al. (2013) stressed that pragmatic and aesthetic choices often overweighed other considerations. Their notion of elective belonging suggested that individuals prioritised those housing features that would most fulfil ontological (Dupuis et al. 1998) and conative (Maslow 1943) needs, though these might change over the occupancy cycle and across different contexts. Only one woman interviewed (*I*) was living in retirement village accommodation; another three (including Shirley) had expressed an interest in these (but were content to stay where they were for the time being). Paralleling Lee et al.'s (2016) findings, several women expressed fears that it would become too unaffordable to remain living in their area.

Intentional communities: Cohousing and retirement village options

Shirley exemplified many older BB women (and indeed, men) who were seeking more supportive and alternative living options for later life (Bosman 2013; Ross 2017; Urban Taskforce Australia 2013). She was considering the move to a cohousing development (Brenton 2001; Labit 2015) but recognised there was a lot of research and planning involved. In addition to identifying a suitable location and financial constraints (Boyer et al. 2018; Brenton 2001), it was not always

easy to identify a complementary or well-functioning cohousing community. While being involved in the initial design and concept of a new cohousing community could be exciting, it was also fraught with uncertainty and risk (Jacobsen et al. 2018; Scanlon and Fernandez Arrigoitia 2015). Issues might arise when selecting potential residents due to personality clashes and diverging interests. Once settled, unforeseen problems could also derail plans for a peaceful existence. Several authors stressed that feelings of belonging and community did not necessarily come pre-packaged with cohousing and other seniors housing or retirement village developments; community connectedness had to be negotiated actively – even *nurtured* – on an ongoing basis (Glass 2009; Jarvis 2015; Phillips et al. 2001; Scotthanson et al. 2005). In addition to being age-segregating, there was the question of what happened when residents were afflicted with increasing frailty or cognitive decline (Phillips et al. 2001). Hence, these type of intentional housing communities might not suit everyone.

Paralleling Thalia's experiences, those women who had moved to a retirement village (or were planning to) were drawn to the sense of community and sociality that these types of intentional communities promised. King and Cronin (2016) highlighted that older people's predominant concerns around housing in later life were not the bricks and mortar aspects but rather, the *social relationships* attached to various housing structures (such as retirement village living or cooperative housing). These could either facilitate positive social belonging, identity, and socio-relational PE-fit or constrain opportunities for building meaningful social connections and promoting ageing in place. Hence, even though individual circumstances varied widely, concerns about housing relocation were *always* socially-related. While their study focused on older LGBT populations (King et al. 2016), their findings resonated strongly with Thalia's experiences, and with most women in this research.

Pope (2013), likewise, found that women contemplating future care needs were drawn to intentional communities, such as cohousing, or sharing housing arrangements that offered greater social connection and support. Furthermore, arrangements to ensure survival of social networks was a key facet of women's planning behaviours and shaped preferences for where they would

eventually live. Much of this was influenced by observations of their own parent's older age and the social isolation that ensued (Pope 2013).

This study also highlighted the difficulty of finding information about various housing developments and connecting with other people looking for similar alternatives. Some women professed not to know how to go about researching these options (especially if they were not computer-savvy). However, the sharing of information went both ways. Walkner, Weare and Tully (2017) highlighted that most information services relied largely on word-of-mouth and this made it difficult to reach people who were isolated. Another concern identified by this study was that, where information was available, it was not always complete. For example, the absence of pricing information made it difficult to compare offerings between industry providers or make informed decisions. Similar issues have been identified by Ageing Without Children (2016), who stressed that many services suggested as potentially useful by older consumers were already operating, but few people were aware of them. They found that people wanted information on the finer details, such as how to access, set-up, and coordinate needed services, and registers of what was available in their area. A few women in this study likewise suggested that local registers of social support groups and service providers were needed. These findings lent support to Hwang and Brossoie's (2017) assertion that housing developers needed to be more responsive towards older consumer's needs and choices for supporting ageing in place. They also stressed that different types of housing developments would attract different buyers; marketing needed to be targeted towards particular interest and socioeconomic groups at particular stages of life. They found that information on retirement village living was especially sought by consumers aged 75 to 84 years of age, who were attracted to the easier lifestyle, socialisation opportunities, and amenities that villages provided (Hwang et al. 2017). Several women in this study were attracted to retirement villages as a form of late-life housing for these same reasons; however, they also expressed interest in village developments that had RAC facilities attached or offered pet-friendly (Animal Welfare League Australia 2018) and dementia-specific accommodation (Gabriel, Faulkner and Stirling 2015; Gabriel et al. 2014).

The finding that relatively few women engaged in online media when sourcing information pointed to broader structural issues. As identified by Simons, Kimberley and McColl Jones (2016), in their study of older Australians transitioning to CDC, many older people struggled to make ends meet and could not afford computers or internet data services. Given that many women in this study had ceased using any form of heating in their homes due to high energy costs, it was likely that they were priced out of using internet services (McNamara 2017; Thomas et al. 2017). Only a few women admitted to using social networking portals, such as Facebook, suggesting only limited uptake of digital technologies (Barbosa Neves, Waycott and Malta 2018). The findings of this study provided further evidence for the digital and information divide in Australia (Thomas et al. 2017).

Supportive housing: Energy costs and infrastructure

A major policy initiative in Australia and overseas, age-friendly housing (Byles et al. 2014; Byrnes et al. 2006; Clarke et al. 2009; World Health Organisation 2015), prescribed a range of built and natural features that promoted and supported healthy ageing, social inclusion, and community participation. These included the provision of age- (or elder) friendly housing and infrastructure, such as transport and footpaths, to encourage safe mobilisation and disability access within the community; green-spaces (parks, seating, and lighting) to facilitate social interaction; neighbourhood-based support services; and medical, financial, leisure, and commercial precincts (Buffel et al. 2016; Clark and Glicksman 2012; World Health Organisation 2002). Although such features were ‘likely to be important for all community residents, regardless of age’ (Alley et al. 2007: 13), age-friendly housing initiatives were aimed primarily at increasing goodness-of-fit between ageing populations and their environment, thereby supporting ageing in place. However, housing and living costs remained a key factor in how well older people could age in place. The findings in this study suggested that age-friendly housing should also be highly energy-efficient, considering older people’s reduced incomes and greater likelihood of time spent indoors. Many women struggled to meet energy costs and to warm and cool their homes

adequately. This had, in some cases, led to maladaptive behaviours, such as reducing food expenditure and social contact; similar findings have been reported by Azpitarte, Johnson and Sullivan (2015), Chester (2013), and Hansen et al. (2011). Hansen et al. (2011) found that older people failed to seek help in fuel-poverty cases and were not coping during heat-waves as they did not want to be a burden and feared placement in RAC. This placed older women living alone at increased risk of poor health outcomes and hospitalisation (Hansen et al. 2011). Other women (*SC*)(*I*) pointed to deficiencies in public transport, footpaths, or other essential infrastructure that could hamper efforts to remain living in their communities. Thus, the policy ideal of age-friendly housing has not been well supported.

The final move?

Around half of women interviewed (*I*) were adamant that they would not move from their current residence. One had indicated she would commit suicide rather than transition into RAC, lending support to studies by Cornell (2018) and Mackenzie et al. (2015). In these cases, staying put (remaining embedded in social and home environment) might provide greater surety and ontological security than relocation. Staying put might also pre-empt risks associated with living in residential care. Despite personal misgivings, however, women (*I*) also recognised that adverse health developments, such as dementia or MND, and a lack of other accommodation or care alternatives would likely force them into RAC (irrespective of choice).

The women in this study (*I*) were all living alone at the time of the interviews (in keeping with the sampling criteria). Survey data for the broader ALSWH 1946-1951 cohort ($n=9,151$ women, aged 62-67 years) showed that 19% of women were living alone at S7 (2013), and less than 4% regularly needed help with daily tasks. Therefore, most women in this cohort were unlikely to require assessment for residential care in the near future, as borne out by the findings of this research that many women did not need to engage with aged-care services *just yet*. Perhaps because of this, women professed little understanding about the processes involved, or how the Living Longer Living Better aged-care reforms might affect them in the future. What information

women in this study *did* possess about in-home and aged-care services tended to be second-hand and gleaned through various networks. This finding resonated with research conducted by the Australian Productivity Commission, which found that 80% of older Australians were unaware of changes arising from the Living Longer Living Better policy platform and fewer than 10% were well-informed about services (Productivity Commission 2015). In recognising that aged-care policy changes would undoubtedly affect older people's housing decisions, the Commission concluded that:

Specific policies that affect older Australian's housing decisions are very fragmented, and there is no strategy that recognises the spectrum of choices, and their effects on aged-care services. This patchwork of policy makes it difficult for older Australians to transition from one form of housing to another, as their care requirements change' (Productivity Commission 2015: 111).

It also increased the complexity of accessing aged-care support. Cornell's (2018) study found that older consumers of consumer-directed (CDC) home-care services experienced problems navigating the aged-care system and online access portal. Furthermore, they found the policy language used disempowering and confusing and also reported difficulty effecting home modifications. Given that many women in this study were experiencing some measure of financial stress, this might also apply here. Of most concern for some consumers in Cornell's study was how far finances would stretch to cover the costs of care or buy into supported accommodation of their choice (Cornell 2018).

This study showed that older women placed very high emphasis on aspects of socio-relational PE-fit. Hence, they felt it was important that they were able to fit into the social environment of RAC facilities and create meaningful friendships. Several had witnessed friends or acquaintances making the transition into residential care and had identified issues where people were seemingly unable to slot into the social milieu or feel comfortable in their new 'home'. This finding resonated with Butler's (2018: 91) study of older lesbians, who faced a 'triple jeopardy of ageism, sexism, and heterosexism'. Butler found that fears of discrimination in formal aged-care services or of not being accepted by other residents meant that lesbians resisted using these

services despite their needs. One woman in Butler's (2018) study had moved to a new community after caring for her mother, but was shunned by other residents because they disapproved of her lesbian lifestyle. In both Butler's (2018) and Averett and Jenkins' (2012) studies, women's ideal vision for older age was to reside in lesbian-intentional communities (or long-term, residential care) with lesbian caregivers who were sensitive to and respectful of their needs. Failing that, the ability of care workers to listen to women's needs was important for a successful carer relationship (Butler 2018). Similar concerns about acceptance, social belonging, and abuse were identified by Gabrielson (2011), Hafford-Letchfield et al. (2017), and Hughes (2009). This study likewise uncovered similar experiences and opinions.

Many older lesbians were likely to be childless, as well as never-married or divorced (Fokkema and Kuypers 2009; Gabrielson 2011). Consequently, Averett et al. (2012) suggested that as many as one in five older lesbians would not have someone to provide care. Given their limited family networks, having supportive neighbours and social and community networks (including 'families of choice') (Gabrielson 2011) could facilitate belonging and independence, and increase the capacity of older lesbians to successfully age in place (King and Dabelko-Schoeny 2009). Heaphy, Yip and Thompson (2004) highlighted that some older lesbians did *have* children, but, as in this and Doyle, Pooley and Breen's (2013) study, women espoused the view that children should not have to provide care. Furthermore, even where lesbians had partners, any care needs had to be negotiated between parties, lest their relationship become too burdensome or taken for granted. Heaphy et al. (2004) stressed that there was often an implicit policy assumption in ageing in place that friendship networks would provide care when needed; however, this belied the fact that older lesbian friendships were built on principles of relational independence, thus making it difficult to ask for assistance in matters of personal care.

Similar to Clarke and Warren's (2007) study, fears about and personal observations of RAC meant that few women actively embraced the thought of living in residential care. The fear of losing independence and being forced into RAC meant that women (in this and Clarke and Warren's study) were determined to remain independent, though recognised that the move might

become inevitable. The key sticking point in both cases appeared to be the perceived loss of choice and control that came with living in institutional environments. In contrast, Clarke et al. (2007) identified one woman who was happy to enter RAC, thus relinquishing control to staff. She was, however, financially well-off and, therefore, able to choose which care home she bought into and to fund her care. Consequently, she had not expressed worry about the future in the way that others had. Their findings highlight that different social locations and the exercise of choice and agency could produce different coping effects and have import for how well older people adapted to the transition into RAC. Where the move was perceived as a choice, the experience was likely to be more positive. To this end, Sixsmith and Sixsmith (2008) and Dalley (2002) were both critical of government policies that emphasised older people's independence and ageing in place without regard to their differential resources and social identity. This:

ideological opposition runs through all official policy. Using the term [RAC] generically (in juxtaposition to staying put in one's own home) [means that] residential care is never regarded as an open or equal option ... it is regarded as the care of last resort, and to make matters worse, ideology is underpinned by the restriction of resources ... all sorts of hurdles to entry are constructed ... financial assessments linked to the dependency criteria exclude only the poorest or impose stiff sanctions of those with moderate means. It is hardly surprising then that it is seen as care for poor and dependent people – who have signally failed their biggest test – that is, of being able to remain 'independent' in their own homes (Dalley 2002: 21).

The women's aversion to RAC in this study was symptomatic of Dalley (2002) arguments. Several women likewise referred to RAC as places of last resort. In this respect, the findings also concurred with Mackenzie et al.'s (2015) study reflecting poor perceptions of RAC. Reports of neglect and abuse in Australian aged-care facilities³⁹ were historically and (unfortunately) often accurately-founded, as evidenced by Government inquiries into the Residential Aged-Care

³⁹ See for example, (i) (Ferguson et al. 2017) (ii) (Ferguson 2017).

industry (Carnell and Paterson 2017). This posed problems in that older people might refrain from seeking help, even when PE-fit was drastically impaired.

PE-fit (socio-relational)

Penning et al. (2014: 440) asserted that ‘it is not simply the presence or absence of spouse or child that matters’ but rather the wider contexts in which older women’s lives were embedded. The findings of this research illustrated the myriad ways in which family, policy, and housing contexts coincided to shape the experience of ageing and perceptions of PE-fit and concurred with previous research by Kendig et al. (2017), King et al. (2009), Leith (2006), Mackenzie et al. (2015), Morris (2009a), and Matthews (2017). All highlighted the interdependency of social and housing contexts for ageing in place. This research found that often women’s housing decisions were made within the contexts of family relationships and caregiving commitments. Women in both studies described being exhausted and struggling (physically and emotionally) due to their care commitments and, in several cases, this had clearly affected their long-term health. This was the case both for women with children, spouses, and extended families needing care, as well as for childless women providing care for parents. A key tension within ageing-in-place policies is that often people were thrown into providing care without adequate support or training (Cash et al. 2013; Cash et al. 2016; Golant 2008), compromising their own ability to age in place.

Wenger’s (2001) study highlighted that most women who had never-married remained in the parental home with parents and/or siblings, but invariably were living alone at later ages (66 to 90 years). This study supported many of Wenger’s findings; however, differed on two respects: All the unmarried women in Wenger’s (2001) study had not moved from the areas where they were born. Also, her sample characteristics were broader (capturing both married and unmarried men and women). The relatively stable housing history of childless, unmarried women in Wenger’s study might reflect that those women belonged to an older generation (born between 1888 and 1913); hence, there might have been fewer opportunities available for unmarried women to create a life of their own outside of the parental home. It was also possible that co-residing with

parents thwarted their likelihood of marriage (Wenger 2001). In contrast, only a few women interviewed in this study were still residing in the place of their birth. Most had moved over the intervening years for work or following marriage (and again after divorce). Parental death, employment redundancy, and retirement also triggered housing moves. Hence, compared to Wenger's (2001) sample, this study found that women experienced more dynamic housing histories, which might have been related to the greater numbers of women reporting divorce.

Penning et al. (2014) found that women who were separated/divorced, younger (60-64 years of age), and living alone were least likely to own their own homes; they also reported the shortest lengths of residency than women who were married. Never-married women, on the other hand, reported having lived the longest in their current home, reminiscent of women in Wenger's (2001) study. Wenger et al. (2000) asserted that being childless also influenced household living arrangements, with greater numbers of childless women reporting living alone. This might reflect the higher incidence (>50%) of childless women in their study who had never-married. They provided evidence for the effects of marital arrangements on housing arrangements, as argued previously. The greater diversity of housing and living arrangements identified during this research reflected broader social changes in contemporary society, and elements of individualisation, such as the disembedding and (re)embedding of women within various household and social structures over time (Beck et al. 2002).

The finding that women often purchased in the same area where they had previously been living and/or which held strong emotional and biographical-historical meanings (for example, citing childhood holidays) fit with Litwak et al.'s (1987) theories of retirement migration. It also suggested reflexive (re)embedding processes. The findings resonated with Australian research undertaken by McDougall et al. (2017) that found that 26% of South Australian respondents moving to a retirement village had brought into a village less than three kilometres away; a further 21% had purchased within five to 10 kilometres of their previous homes. Hence, place (as a geographical, autobiographical, social, and emotional location) had an important influence in older people's lives. This study likewise showed the strong influence of neighbourhood

attachments and social networks on housing decisions, however these could be compromised by not having children and/or a spouse. Indeed, Gray (2009) found that social support for unpartnered women decreased over time, especially past 75 years of age, but the reasons behind this were unclear. They also questioned whether being active in social, community, and religious organisations automatically conferred greater social interaction and support or, conversely, whether women had joined these by invitation and, therefore, were more socially accepted to begin with. It is possible that Clarissa's sense of not being accepted by collective groups reflected attempts to interpose herself (uninvited) into established social cliques. If so, the findings of this study raised additional questions about *how* exactly older women might go about making friendships when moving to new areas.

The finding that housing decisions were informed by the availability and proximity of social networks and reciprocal supports resonated with studies by De Jonge et al. (2011), Lies, Kang and Sample (2017), and Mackenzie et al. (2015). It also highlighted the complex interplay between housing and social contexts. Many women (whether they had children or not) were involved in volunteering and in the giving and receiving of reciprocal support between friends and neighbours. With respect to the childless women in this study, the findings concurred with Wenger (2001), with one exception. She found that never-married childless women were almost all involved with their Church communities; in contrast, this study found very few professed any religious involvement. Childless women in both this study and Wenger's (2001) did, however, take a keen interest in other people's children – either through professional channels, such as teaching and midwifery (and even post-retirement), volunteering at a children's playgroup, or looking after grand- nieces and nephews. Hence, this study supported Wenger's (2001) assertion that being childless did not preclude women from enjoying the company of children or providing care. Albertini et al. (2017), Doyle et al. (2013), and Wenger et al. (2007) similarly showed that childless older people had regular contact with and displayed generativity towards extended family members and communities. In many cultures, this generativity extended to adopting or

fostering other people's children (Kreager et al. 2004); this was often a buffer against unmet needs for support in older age.

Relatively little research explored the experience of bonding with adopted children. However, studies suggested that, where daily stressors were balanced out by having adequate financial, physical, and emotional resources, and where parents were older and relationships more established, the transition to parenthood was more positive (McKay, Ross and Goldberg 2010; Tasker and Wood 2016). The findings of this study appeared to support this view. The findings also highlighted that adoption processes were negotiated and sometimes contentious experiences. The rigidity of rule enforcements around adoption and child-introduction processes could be disempowering and risk the experience of adoption becoming too impersonal or business-like, as touched on by Irene during her interview. In this respect, the study findings echoed those of Lewis (2018). The finding that police identification processes in the case of missing persons and unidentified human remains might be thwarted by adoption confidentiality arrangements was unexpected and saddening. It highlighted the disempowering and difficult legal and moral position that adoptive parents could find themselves in. It was also an area of research worth exploring with a view towards advocating for legal changes when adopted children went missing and there was a high probability they were deceased.

On being childless

In keeping with studies by Kreyenfeld et al. (2017), Carmicheal and Whittaker (2007), and McKay (2008), this study found that the reasons for, and experiences of, being childless were highly diverse. The findings also showed that women's views were divided as to whether having children influenced how other people related to them, and individual perceptions of social-fit. Even where women in this study claimed being childless made *no* difference whatsoever, they were still motivated to participate in a study about childlessness. This suggested that being childless *did* have some level of personal meaning in their lives. The interview participation response (53% consent rate) was much higher than originally anticipated. Rich et al. (2011)

reported similar (somewhat contradictory) findings, concluding it was not childlessness *per se* that was the personally significant or motivating factor. Instead, they postulated that participation was driven by experiences of being misunderstood and marginalised.

Possibly, McKay's (2008) earlier study had tapped into some of these same women, but at much earlier ages. Her study was quantitative in design (and any survey comments were not qualitatively analysed), hence women would have had only limited scope to voice their experiences. She also focused on joint and individual decision-making processes regarding family formation (McKay 2008). While I *was* interested in gleaning women's experiences of being childless and their underlying reasons for not having children (in as much as women were willing to talk about these), the *main scope* of my research revolved around women's *housing* and social networks now that they were older, and how social contexts (such as being single and childless) might shape *plans and choices* regarding housing and support. In this regard, *housing and future care* planning *were* highly salient issues for women at this stage of their life course, and likely also provided additional motives for being interviewed. For a few women, their rationale for participating in interviews was perhaps tied to these latter aspects.

McKay (2008) also made the point in her thesis that the broader social milieu in which women lived provided the underlying reasons for, and affected their experience of, childlessness. The findings of this research lent weight to her assertion. Following on from this, individual experiences were unique to certain birth cohorts. Two events shaping BBs women's lives during the 1960s were the Vietnam War and women's reproductive liberation (easier access to contraception and abortion) (Carmicheal et al. 2007). These events were significant in this study in shaping women's (*I*) choices regarding marriage and childbirth⁴⁰. Many had made conscious choices not to have children, citing reasons like lifestyle, being 'too selfish', having a same-sex partner, or lack of maternal feelings. In contrast, four women (in addition to those adopting) disclosed that they had been infertile or chose not to have children due to chronic health conditions

⁴⁰ As discussed in Chapter 1, the BB generation comprised two waves - early BBs (born 1946-1954) and late BBs (born 1956-1965). The life experiences and opportunities of BBs born in the 1960s differed significantly from their earlier counterparts.

(i.e., deprived choice). These findings resonated with studies by Band-Winterstein and Manchik-Rimon (2014), Cain (2001), Letherby (2002), and McKay (2008), to name a few.

The findings of this research also resonated with studies by Band-Winterstein et al. (2014), Cook (2018), Letherby (1999, 2002), and Thorpe (2018), which highlighted how internalised ageist and normative discourses shaped women's identities and experiences of ageing. This study likewise found that women actively resisted ageing discourses, as well as those that cast never-married and/or childless women as somehow deficient. However, several interview comments – such as those relating to the onset of menopause – suggested that women were not completely impervious to internalising some aspects of social conditioning. Traditionally, menopause has been seen as signalling a shift in self-identity as women's social roles transitioned from reproduction and motherhood into that of a post-reproductive (even asexual) older woman (Montemurro and Gillen 2013; Walter 2000). Audrey's perception that she couldn't 'even [reproduce] now' spoke to these socio-cultural discourses of deficiency. For women who have not had children, menopause might act as an alternate marker of life-stage transitions than compared to, for example, children leaving home or becoming a grandparent (Walter 2000).

Many women who were childless described the difficulties of juggling caregiving and work, and this was perhaps made more burdensome because they had no other source of income than their own. There also seemed to be a greater expectation that women would take on the bulk of care for ageing parents because they did not have children or a spouse. Hence, any freedom that being childless might have conferred was soon outweighed by other considerations. Only a few women spoke in terms of having enjoyed greater freedom across their lives, thus lending strength to Beck's theory that the demands of individualisation would not necessarily equate to women's greater freedom from care or work (Beck et al. 2002). Rather, any freedoms bestowed, and opportunities promised, would have to be negotiated within the contexts of the risk society and reflexive modernisation processes; these would also have profound influences on ontological (Giddens 1991) and financial security in older age. Beck stressed that:

The situations which arise are contradictory because double-faced: individual decisions are heavily dependent on outside influences. What looks like the outside world becomes the inside of an individual biography. So decisions affecting our private existence turn out to be increasingly and obviously predetermined by circumstances and decisions outside our reach. We are confronted by risks, friction and difficulties which we cannot possibly deal with ... To put it another way, our autobiography is increasingly being written by outsiders ... Official thinking and regulations still run along 'standard biography' lines, although this concept is becoming increasingly irrelevant (Beck et al. 1995: 40-42).

The influence of political ideologies could be seen in policies that placed additional emphasis on families to provide care, and in changing pension provisions in older age. This study identified several women (*SC*)(*I*) who were at risk of falling into the gaps between welfare support and, given the increased tightening of pension entitlements and drive towards user-pays in aged-care markets, this would likely intensify. Most of the women interviewed were managing well in their homes and communities; however, a few (like Clarissa, with her non-conventional lifestyle) were in more precarious positions. Beck and Beck-Gernsheim (1995: 42) might see the long-reach of the state in this, interceding 'by laying down norms, dispensing approval or punishment for anyone [deviating from] official standards, assuming certainties which now apply to a small proportion of the population. In this way official planning contrasts more and more sharply with real life'.

Loneliness and friendship

Loneliness and the risk of social isolation in later life were two key policy issues identified by this research. Frequently, these were mentioned in conjunction with driving ability (and the need to maintain driving capacity to sustain social networks). This finding supported studies by researchers like Dykstra (2006) and Walkner et al. (2017). Also, being childless at midlife has been associated with later social exclusion in Australia, especially where childlessness was a conscious choice (Turnbull, Graham and Taket 2016). However, studies by Wenger (2001),

Victor et al. (2000), and Albertini et al. (2014) stressed that generally childless women were well integrated into their communities, and did not face significantly large deficits of support. The exceptions in this study appeared to be Clarissa who, because of her gypsy-like, carefree lifestyle, found it difficult to establish friendship networks and connections in her local community. This might have been due to the adverse media that alternative lifestyles (and their followers) attracted in the late 1960s and 1970s in Australia (Sinclair 1975). Thorpe (2018) found some women in her study provoked disapproving comments because they bought their clothes in op-shops and dressed in ways that marked them as belonging to a hippy culture. It was possible this might have applied to Clarissa. Also, she might have been socially isolated due to her low income and rental tenancy in an area characterised by wealthy married homeowners with adult children and extended families living in the district.

Gray (2009) found that living in disadvantaged neighbourhoods (such as public housing) had a negative effect, thereby reducing social support. While generally older women were active in religious, social, and community organisations, she also observed variances in active participation between genders and socioeconomic classes. The findings of this study appeared to support Gray's (2009) assertion, though other extenuating circumstances might apply. In this research, both migrant and non-heterosexual women were identified and this likely influenced subjective experiences of belonging (Hughes 2009; Warburton, Bartlett and Rao 2009). Combined with lower economic status, this might have intensified social isolation. Machielse (2015) stressed that social isolation was situationally and structurally located. Indeed, Wilkens (2015) found that class had a segregating effect in her study of older lesbians, who were acutely aware that lesbians who did not originate from middleclass backgrounds lacked a shared history of childhood experiences and, therefore, made a poor 'fit' within the social group. Some working-class women had sought to join the group but perceived that they did not quite belong and hence never returned. Living in rural areas with sparser populations, and the tyranny of distance also reduced opportunities for meeting women of similar orientation; hence, some lesbians felt that living in urban areas offered better protection from social isolation (Wilkens 2015). Heaphy et al.

(2004) also found that living in urban areas, where there were greater concentrations of non-heterosexuals, helped to allay loneliness and increased access to support networks. In their study, 22% of lesbians felt isolated from other non-heterosexuals, principally due to community makeup.

At one stage of her life and post-relationship breakup, Thalia (*I*) had felt isolated in her community but had solved the issue by moving to another area with a high concentration of lesbian women (and where there were strong community support networks). Her experience resonated with research by Kottorp et al. (2016), King et al. (2016), Heaphy et al. (2004), King et al. (2009), and Hughes (2009); all highlighted the differential experience of older non-heterosexuals seeking to age in place. King et al. (2016) highlighted that social location (in this case, being lesbian) and housing consumption were related intrinsically in ways that went beyond the physical design or accessibility of the home. Home purchasers invariably sought to buy into particular neighbourhoods and social locations (Hillcoat-Nallétamby et al. 2014; King et al. 2016; Stimson et al. 2004). This was especially pertinent for older lesbians who risked being isolated otherwise. A Scandinavian study found that LGBT specific-housing (i.e., housing with a ‘special twist’) had very high appeal for older non-heterosexuals seeking to age in place (Kottorp et al. 2016).

Heaphy et al. (2004) found that older lesbians and gays placed high importance on social belonging and connectedness. Friends were often the first port of call for emotional support. To this end, 74.5% of older lesbians lived in close proximity to friendship networks (Heaphy et al. 2004), thus highlighting that support networks played an important role in residential histories. Hafford-Letchfield et al.’s (2017) study of single childless women found that feelings of ‘so-loneliness’ were characterised by isolation, stigma, and the desire for intimacy and closeness. The women in their study missed having someone to help with tasks and share decision-making and associated risks. Other aspects centred on women’s experiences of befriending others and reciprocal supports, and the creation of ‘meaningful futures’ in anticipation of emerging support needs.

Victor et al. (2000), however, highlighted that, while loneliness, social isolation, and living alone were interrelated, one did not necessarily imply the other. For example, having a large social network did not preclude loneliness. Moreover, individuals reported dynamic changes in loneliness over time and in response to life events and seasonal variations (Victor et al. 2015; Victor and Bowling 2012). However, loneliness, social isolation, and living alone have all been found to be correlated with childlessness, advancing age, and widowhood (Victor et al. 2000). Possibly, being divorced or never-married (especially when combined with not having children) produced similar effects to widowhood. Parenthood has been shown to contribute to greater social connectedness, even independent of employment and marriage effects (Dykstra 2006), however, the extent to which being childless affected social networks and integration was contentious. Childless women could have stronger non-kin ties and friendships in later life as they had invested effort into these over their adult lives (sometimes in anticipation of support) (Schnettler et al. 2016); they also had more time at their disposal to develop social and community ties (Dykstra 2006). However, it was more likely that older childless women would experience smaller social networks due to smaller family sizes (Dykstra 2006) – and for some women in this study, this definitely applied.

Band-Winterstein et al. (2014) pointed to the situated nature of loneliness and being alone. She found that single (never-married) women described their experiences as existing on a continuum between solitude (which is desired) and loneliness (which is not) (Band-Winterstein et al. 2014). Loneliness is subjective, temporally-located and relational; it is also dependent on personal expectations and biographical positioning (Stanley et al. 2010). Hence, it is possible to feel lonely, even when people have strong family and friendship networks. Situational loneliness (Band-Winterstein et al. 2014) occurs when older people perceive they have no-one with which to share their lives. In this study, Clarissa, Simone and Nell's narratives all reflected the diverse forms that loneliness can take. Beck (1995) contends that:

Life as a single person generates a deep longing to love and be loved by somebody but at the same time makes it difficult or impossible to integrate this

somebody into a life which is really ‘one’s own’ ... The kind of existence led by single people is not a peculiar side-effect of social changes; it is the archetypal existence behind a full market economy. According to the logic of the market we do not have any social ties, and the more we accept this the less we can maintain close friendships. So here there is a case of paradoxical social behaviour in which a high level of social contacts prevents the formation of deep relationships (Beck et al. 1995: 145).

The busy, community-oriented lives described by women in both studies did not preclude some feeling lonely or socially excluded (at least some of the time); thus this study’s findings concurred with Band-Winterstein et al. (2014). The neoliberal push to be economically self-sufficient and independent over women’s lives had meant that, in this study – and particularly at younger ages (*SC*) – some relationships and friendships had fallen under the knife of everyday economic necessity. The research findings underscored the difficulty of maintaining some semblance of social participation while juggling full-time work and caregiving. Larsson and Silverstein (2004) highlighted that regular social contact with friends was higher for people who were previously married (76%) or had children (77%), than compared to childless (68%) or never-married (24%) contemporaries. This might be that, in keeping with Beck’s structural individualisation thesis, never-married women needed to work longer hours to support themselves. It might also reflect claims that having children facilitated greater social participation (Dykstra 2006) – and the findings of this research tentatively support this conclusion. Some women with children had reported during Surveys that they felt socially excluded, but this tended to be women who were also divorced and whose children had left home. In comparison, at least half of women interviewed perceived that they were disadvantaged socially either by being childless and/or single and that this affected their capacity for social participation and support. Beck suggests that in the absence of children – or indeed a spouse:

Such exiting notions as friendship must be revived, friendship as a deliberately sought trusting partnership between two people involved in an honest exchange of ideas, not as fascinating and risky as love, and therefore often longer lasting ... [but] it has to be carefully protected against the centrifugal forces which

threaten all market biographies ... It has to be revived again and again by backing one another in difficult moments and ... acting as a shared lifeline to take the weight of each other's confusions and weaknesses. Acquaintanceship is the looser form, and interweaving both helps to form a safety net for individual biographies revolving round their own limitations and doubts ... one would have to form and try out what kind of close relationship fits in with living as an individual ... being simultaneously close and yet on one's own (Beck et al. 1995: 64).

The findings of this study highlighted the difficulties of finding and maintaining friendship networks as women aged. Moreover, strategies for meeting friends did not always produce the hoped-for results nor increase the size of social networks. This finding likely reflected the gendered nature of friendships, and the ways that heterosexual couple-relationships were prioritised above (and even exclude) women who were single (Cronin 2015; Sharp et al. 2011). It might also reflect findings by Dykstra (2006) that older childless people had smaller network sizes than older parents. Moreover, individuals in first marriages or who had never-married had the largest social networks (Dykstra 2006); hence, women whose marital status remained stable over time experienced more stable social networks.

Stevens and Tilburg (2011) found that older women were more likely to make new friends of the same sex and to keep friends for longer. However, individual structural location (i.e., age, education, and social class) influenced how well people were able to develop and maintain friendships as they aged. While some people were highly adept at making friends – others were not, for, as Beck points out, 'friendship does not just fall into your lap, nor does it come easy' (Beck et al. 1995: 165). Notwithstanding that choice and agency played a role, people tended to accrue friends who occupied similar social circumstances and social identities (Allan 2011). This perhaps explained why simply being in close physical proximity, such as when attending senior citizen day centres (Rosenberg 2015) or living in a retirement village (Beach 2015; McDougall et al. 2017), did not automatically equate to making friends. That Nadine had few friends in her retirement village might have been an artefact of her chronic health conditions (one of which was bipolar affective disorder) and limited mobility due to the iatrogenic effects of life-long

psychotropic medication. The lack of close friendships might also reflect findings that, in some villages, residents had reported being loathe to intrude on other people's space, or to be viewed as 'nosy parkers' (Graham et al. 2004: 186). Unspoken rules about 'good' neighbourliness and privacy might have dissuaded people from approaching Nadine uninvited (and she admitted discouraging visitors to her home). Being in a higher-level unit, Nadine might also have had fewer opportunities for serendipitous encounters with other residents; if she were in ground-level unit, people might have regularly walked past and said hello. It was also possible that there were limited social activities or communal areas for congregating in the village where she lived (McDougall et al. 2017).

The findings also resonated with women reporting depression in McLaughlin, Adams, Vegenas and Dobson's (2011) study of women from the 1921-1926 ALSWH cohort. They found that being psychologically depressed and lonely acted as a social deterrent; women who were depressed reported fewer social contacts – which was in keeping with Clarissa's experiences already described. McLaughlin et al. (2011) also posited that reductions in social network size as women aged might indicate higher emotional selectivity and women's disengagement from relationships that were perceived as too emotionally taxing or which offered little benefit. In this study, this was best illustrated by Vivienne who was adamant about prioritising friends who were uplifting, while keeping anyone emotionally draining at arm's length. This study, therefore, lent support to McLaughlin et al.'s (2011) findings. Warburton, Scharf and Walsh (2017) similarly found that some older people in rural areas of Australia actively chose isolation and solitude, highlighting the social construction and reproduction of social exclusion. This was thought to be associated with cultural notions of self-sufficiency and independence – particularly for men. It might also have reflected late-life disengagement processes (Cumming and Henry 1961). Also, in this research, many women reported reduced social networks due to the death of friends and family (particularly at older ages) echoing the findings of McLaughlin et al. (2011) and Wenger (2009). However, McLaughlin et al. (2011) noted that grief, loss, and divorce could act as catalysts for others to rally around, thus improving the quality of relationships.

The finding that transition to retirement exerted positive or negative effects on older women's social networks resonated with Barnes and Parry's (2004). However, suggestions that women would adapt to post-retirement more easily due to their other social roles (such as grandparenting) and interests outside work (Byles et al. 2012b; Everingham, Warner-Smith and Byles 2007) might not be as applicable to childless women in this study. Women who were childless and unmarried might not have experienced the additional opportunities to develop friendships that being wives or mothers conferred. Moreover, Dykstra (2006) suggested that early retirement (≤ 50 years) could have a negative effect on network size. This study found that many women retired from paid work early due to caregiving commitments (parents or spouse), poor health, or work redundancy (which made it difficult to regain employment); these factors had a likely effect on social participation. Additional factors affecting social network size identified by McLaughlin et al. (2011) were women's mobility (being able to drive or use public transport), not being Australian-born, sensory difficulties (sight and hearing), and moving house. In keeping with their findings, women in this study, who reported dynamic housing histories (moving many times and at short intervals), tended to have smaller (and often very geographically dispersed) friendship networks.

Machielse (2015) typology included a variety of socially-oriented coping behaviours by older people that reduced or intensified social isolation. It resonated with most but not all the women in this study; some women did not easily fit into any categories, while others seemed to span more than one:

- *Compensators* included those who compensated actively for small social networks through volunteering and participating in various organisations and were able to achieve meaning and purpose in their lives, as well as fulfilling their desire for companionship. In this study, Imogen, Maeve, Ursula, and Simone most represented this group (although Simone also seemed to fit with 'hopefuls').
- *Hopefuls* were characterised as having had a series of disappointing and failed relationships, but nevertheless, were optimistic of meeting new friends; they also

craved belonging. These people (in common with ‘survivors’ tended to have complex issues, including psychological illnesses). Clarissa, Simone, Audrey, and Nell, and Vivienne were most reminiscent of the Hopefuls group.

- *Survivors* displayed few social skills and found it difficult to form connections. Their complex histories and passive coping behaviours meant they had become somewhat resigned towards their situation. Among the women interviewed, Nadine seemed to best fit this category.
- *Outsiders* had difficulty forming social connections and relationships so shunned others (Machielse 2015). They were highly independent, but also more vulnerable because they lacked support networks (especially in crisis situations). Darcy appeared to best fit this category.

Many times during the interview Darcy had described herself as ‘selfish’ and said she shunned relationships. At times, she appeared to revel in this identity. I found myself becoming increasingly uncomfortable with her assertions of selfishness as the interview progressed, for it became clear that Darcy was a *caring* person. She had worked many years in hospitals and aged-care facilities and held very high standards regarding the quality of care that should be provided to patients and residents. She displayed a high level of generativity (Albertini et al. 2014) hence, her responses were conflicting. It is possible that assuming the identity-mantle of selfishness provided Darcy a shield against other people’s hurtful comments or further probing about her personal life; it might also have acted to prevent people trying to take advantage. Darcy had, at one point, shared a house with a family friend, but found the relationship strained when her housemate developed a chronic illness and expected too much of her time and support. Her comments further suggested that beyond having to rationalise her childlessness when first meeting other people, and/or people expecting too much of her (because she had no family commitments) – being childless did not drastically affect social relationships. She appeared to be well-accepted in her home community, where most people knew each other, and (although happy to continue doing her ‘own thing’) Darcy *did* describe having a good number of friends, some of whom she

regularly went travelling on holidays with. She also mentioned siblings, who provided valuable support. Hence, while she did not actively encourage close relationships (perceiving these as too much ‘work’), she was not as socially isolated as might be expected.

This research concurred with Machielse (2015), who stressed that older people’s experiences of social isolation and the coping strategies they adopted were highly diverse. This study’s themes of negative and positive proximity (discussed in Chapter 7) highlighted the way that friendships were negotiated constantly and constructed within various social contexts. Social distance was both physical (objective) and subjective. Machielse (2015) attributed social isolation to the neoliberal emphasis on citizen independence and self-reliance. This pushed older people to sometimes engage in self-defeating behaviours, thus increasing their vulnerability. Interventions to counteract social isolation – which was more concrete than loneliness – therefore, needed to be adapted to meet individual circumstances (Machielse 2015).

Support networks in later life

It has been suggested that compared to having children, being childless in later life increased vulnerability to unmet need for support (Ageing Without Children 2016; Albertini et al. 2014). However, Penning et al. (2014) refuted these claims. They found that, in some cases, having children (quite perversely) acted as a barrier to receiving outside support (but, in other cases, did not). Wu et al. (1998) likewise stressed the low percentage (10%) of childless persons in their study not receiving support from family or friends in the preceding 12 months. The findings from this study supported their assertions. Most women (*SC*)(*I*) described having received support of some kind from their extended family (mostly siblings) and various social or Church networks, or, in a couple of cases, through subsidised home-care services (for example, following a fall). Larger network size did not necessarily equate with greater levels of support. One finding of this research was that women perceived there were insufficient services providing emotional support to women in need of this type of assistance. Wu et al. (1998) also found that 75% of unmarried, childless individuals received no emotional support and this declined up until 80 years of age. In

very advanced ages, support began to increase again. Similarly, Albertini et al. (2014) found that very old childless persons were more likely to receive emotional support, thus offsetting risks of social isolation. At advanced ages, however, they were less likely to receive economic or instrumental assistance 'leaving the very old childless short of the type of support that is most needed' (Albertini et al. 2014: 348).

This study found that most women could name at least one (or several) close family members (siblings, sister-in-law, nephew) and/or friends whom they could rely on for support if needed or during an emergency. This supported findings from the ALSWH Survey S1 (1996) showing that 38% of women had one to two and 46% more than two people whom they felt close to and could depend on. However, as these networks also tended to be ageing, it was conceivable that women might lack adequate assistance in the future. Ageing Without Children (UK) found that almost all (92%) the childless persons surveyed feared having no-one to advocate or act on their behalf, while a further 65% did not have anyone they could call in an emergency (Ageing Without Children 2016). In this study, some women had already established power of attorney (POA) or advanced care arrangements suggesting that they had similar concerns and had taken steps to reduce risk or uncertainty.

Vlachantoni et al. (2015) suggested that marital status (i.e., having a spouse) was a far greater predictor for receiving care and support in older age, than parental status (and the presence or absence of children). While recognising that the divorcees in this research (*SC*)(*I*) had been married at some point, conclusions about spousal care could not be drawn due to the sampling criteria. The study did find, however, that support was often dependent on proximity to care networks, and whether carers were living in the same home or nearby. Thus, family and parental contexts play a key role in shaping ageing in place.

Several women were residing within a five to 20 kilometre radius of siblings; other women either had few relatives still alive or no extended family living in close geographical proximity. They were, therefore, more reliant on non-kin networks for support, as Margolis et al. (2017) and Wenger et al. (2000) found. The women in this study tended to have diverse support

networks – often comprising friends, extended family, siblings, and the occasional neighbour. While not always large-scale, these networks were perhaps most reminiscent of Wenger's (2000) privately restricted networks. One or two women could be classified as having a locally-contained network (i.e., small, household focused, and reliant on neighbours for support); however, their experiences differed in not having within-household (local) support. Gray (2009) found that people reporting less than daily contact with neighbours tended to score lower on receipt of social support.

On a different note, Wu et al. (1998) found that fear of crime was associated with lower levels of support. They posited that heightened concerns for safety made people less trustful of others and led to greater difficulties in establishing support networks. The interview (*I*) and Survey comments (*SC*) showed many women had disclosed current or previous fears for their personal safety; this might have worked inadvertently against them (Young et al. 2004), especially when relocating housing over considerable distances and was reminiscent of Beck's risk society and the social construction of risk (Beck 1992, 2009).

Future expectations: Planning for housing and care

The finding that most women were not making active plans resonated with data from the ALSWH (S5, 2007) (Table 2), which found that only 17% of women (aged 56-61) had made firm plans for housing post-retirement; while 14% had none. Only 30% of women (S5, 2007) had made firm plans to be financially secure post-retirement, while another 31% professed to have some. The very small percentage of women at S5 reporting no plans at all (14% housing; 7% financial security) could reflect women from disadvantage backgrounds who, as in Quine, Bernard and Kendig's (2006a) study, had fewer resources to plan around. McCallum, Maccora and Rees (2018) found that most Australians (50+) had not planned much beyond attaining homeownership. This research seemed to support this view. Five themes or typologies of future planning were identified in this study, with some women occupying more than one type.

Reflexive planning

Reflexive planning appeared closest to Beck's idea of reflexive modernity and the production of risk (Beck 1992; Powell et al. 2005). It highlighted how previous choices and strategies for ageing in place sometimes produced unintended consequences over time (Curryer et al. 2018a; Warburton et al. 2017). The findings reflected the impracticality of trying to prepare for, or foresee, future risks, particularly over the long-run and within rapidly evolving social and political contexts (Beck 1992; Beck et al. 2002). Those few women who had planned actively for retirement and accumulated substantial superannuation savings were now finding they were ineligible for government welfare and would more than likely must fund their own aged-care costs. There was a sense of frustration at the way things had worked out; this was made even more difficult by inadequate information and women's lack of preparedness for engaging with consumer-oriented market systems. While some researchers pointed to the BB generation as being more accomplished consumers than previous generations (Gilleard and Higgs 2011; Rees Jones et al. 2008), this did not seem to apply fully to the women in this study. Reflexive planning behaviours were also identified in an Australian study exploring older people's retirement preparations post-GFC (National Seniors Australia and Challenger 2018). The study found that people either shunned placing savings into banks or other investments (which they perceived as too risky), or spread their investments across diverse portfolios, trying to manage future risks and losses.

Constrained planning

Constrained planning resonated with research showing that personal circumstances, such as working history and mode of exit, prior caregiving, ill-health, and relationship breakdown, could make planning for retirement difficult, impossible, or even unattractive (Moffatt and Heaven 2017). The findings highlighted how goals and plans were often blocked by insufficient resources and/or owning pets. As in reflexive planning, constrained planning highlighted the difficulty of planning and saving for the future, especially for older women with lower incomes and assets.

Wealthier individuals and couples could exercise more choice and agency about where they lived and the types of services or care they received (Hamilton and Hamilton 2006; Quine et al. 2006a). This led Moffatt et al. (2017: 891) to conclude that ‘the *notion* of planning is culturally embedded, but ... the *practice* is constrained. Consequently, as planning for retirement takes place in the face of considerable uncertainty, plans went awry, and some desisted from planning in the first place’. Constrained planning highlighted the important influence of structure (such as social class and gender) on older women’s capacities for ageing in place; generational *habitus* could also play a role in shaping post-retirement planning (Hamilton et al. 2006; Ozanne 2009).

Most women in this study (*I*) grew up with the moral expectation that (having paid taxes and contributed to society over their lives) they would be assured of government support in older age. Even those who had been forewarned about the demise of pension arrangements were unprepared for the changes introduced under the Living Longer Living Better aged-care reforms. A few had made plans but were critical of the way government policies kept changing. They had not envisioned having to contribute financially towards the cost of care or to sell their home to fund services. Taylor-Gooby et al. (1999) reported similar findings to earlier Australian research on BBs’ preparation for retirement (Hamilton et al. 2006; Quine et al. 2006a). Quine et al. (2006a) identified a strong sense of unfairness about changes to policy entitlements in Australia. BBs felt disadvantaged because they had not had sufficient time or forewarning to amass large superannuation funds. Similarly, this study found that most women were critical of the government for bringing in the changes at such a late stage of their life, when many women had already retired from work (through choice, health, or caregiving reasons).

Beck highlighted the inherently contradictory and unresolved tensions of structural individualisation:

all of which cannot be ignored. Seen from one angle [individualisation] means freedom to choose, and from another pressure to conform to internalised demands, on the one hand being responsible for yourself and on the other being dependent on conditions which completely elude your grasp (Beck et al. 1995: 7).

The women in this study had thought that, having achieved homeownership, their future would be secure. Now, it was unclear whether preparations for older age would see them through. This finding resonated with other research showing that, of the 40% of people who had no financial plans, 18% were frequently worried and 31% occasionally worried about running out of money; almost a third of respondents aged 80+ had exhausted their savings (National Seniors Australia et al. 2018).

This study identified competing tensions in the way women argued, on the one hand, that pension support should be a universal right as they had worked, paid taxes, and contributed over their lives to the functioning of extended families and communities and, on the other, they were critical of ‘bludgers’ or the very wealthy, who did not deserve or need government support. This resonated with earlier research by Taylor-Gooby et al. (1999), Hamilton et al. (2006), and Hafford-Letchfield et al. (2017), who identified similar moralising around welfare and pension entitlements. Hafford-Letchfield et al. (2017) found that older childless women felt unfairly disadvantaged by taxation arrangements, believing they had earned the right to compensation and recognition for taxes paid and volunteer services. Hence, these feelings of injustice were not confined to Australia.

The changing policy environment and future uncertainty meant that some women in this study perceived the futility of planning too far ahead. There was also a perception that people who had worked hard and saved for their retirement were being penalised, concurring with Hamilton et al. (2006) and Quine and Carter (2006b). In reflecting on the future, most women (*I*) were thinking only in terms of five to 10 years ahead, if at all. Their responses were suggestive of the risk society and the difficulty of forward planning within volatile economic and policy contexts (National Seniors Australia et al. 2018). Ageing Without Children (2016) found that 25% of childless adults were concerned about the declining affordability of care, and the adequacy of savings to fund their needs; the women in this study expressed similar sentiments.

Girling et al. (2014) highlighted that, although two-thirds of women had taken concrete steps in planning for future care, many missed key steps or were unable to achieve their goals.

Barriers identified included low perceptions of vulnerability (for example, due to their good health), financial constraints, fears of being a burden (and hence refusing to entertain thoughts of dependency or discuss needs with family or friends), and being uninformed about the need for or steps involved in planning for future care. Moffatt et al. (2017), however, stressed that, even where plans had gone off-tangent, there was still evidence of individuals reflexively ‘thinking through’ their options post-retirement. Recognising that future uncertainty made retirement planning highly contingent, people sought to envision alternative ways of engaging with and preparing for uncertainty. This harked back to Maeve’s reflexive strategising (Plan A, Plan B, Plan C). Moffatt et al. (2017) suggested this might be a more pragmatic and practical way of planning for later life. Identifying core resources over which individuals could exercise control might assist better preparation for post-retirement. To this end, additional knowledge about support services and options for financial and housing security, together with individual capacity-building, might assist in broadening the range of options available. However, Beck contended that, under the shadow of reflexive modernisation and the risk society, more knowledge was not always helpful in mitigating risks (Beck 1992, 2009). Too much knowledge could be overwhelming and obfuscating contracts (for example, retirement village living) could be difficult for older consumers to understand, thus increasing the complexity of issues that might arise (Malta, Williams and Batchelor 2018; Petersen et al. 2017).

A few women during interviews highlighted that, within rapidly changing policy contexts, information (for example, about pension entitlements) quickly lost its relevance and accuracy. However, Trigg et al. (2018) found that, even when information was available, decision-making could be sabotaged by time factors during crises, having few options available, or lack of understanding of the information provided. Choice was, therefore, a misleading concept. Trigg et al. (2018) also found that older consumers relied on subjective opinions rather than objective indicators (Trigg et al. 2018) suggesting a low level of trust between older consumers and service providers. This study, likewise, found that perceptions of risk, not trusting

information sources, and past experiences (such as when working in aged-care industries) hampered women's decision-making and planning processes.

Avoidant planning

Avoidant planners, in keeping with findings from Hamilton et al. (2006) and Quine et al. (2006a), refused to make plans, preferring instead to 'stick their heads in the sand' and not think about the future, or leave everything to chance (even pegging their plans on winning the Lotto). Quine et al. (2006a) and McCallum et al. (2018) found that people who did not plan tended to be socially and economically disadvantaged; this provided evidence for the impact of structural factors on planning behaviour. Non-planners felt they had little control over their future lives and choices, or they were too old for planning to make any difference. Foster (2012) found that people's willingness to plan was tied to their immediate financial needs; planning was meaningless when there was no money to spare. Though the women in Foster's study were much younger (aged 18-30 years) than those in this study, the findings were similar.

McCallum et al. (2018) suggested that people with a positive view of their future self (for example, who rejected age stereotypes) were more motivated to plan. In his study, 50% of respondents had made financial preparations for later life; 35% had accommodation plans; and 46% had plans to maintain their health as they aged. These figures differed considerably from data by National Seniors (2018): 56% had financial plans in place; 54% had made accommodation arrangements; and almost 80% had plans for staying fit and healthy (National Seniors Australia et al. 2018). Both McCallum et al.'s (2018) and National Seniors' (2018) health planning groups shared similarities with six women from this study, for whom health was a major strategy for sustaining independence and ageing in place. Indeed, McCallum et al.'s findings aligned with many from this research, which found that owning a home was part of (and often the *only*) planning that people had done with regards to older age. Many women also struggled through gender disadvantage and extenuating factors (such as divorce and work redundancy); these severely curtailed women's ability to plan. However, this study differed in that travel did

not emerge as a significant factor in women's downsizing decisions. The final parallel observed between McCallum et al.'s (2018) findings and this research was the negative perceptions of RAC; this deterred many people from plans that involved transitioning into care. Heaphy, Yip and Thompson's (2004) study of older lesbians reported similar findings: 77.5% of women did not want to go into residential care; less than 20% had plans for care support during episodes of acute illness; and only 9% had planned for future care. Heaphy et al. (2004) attributed their findings to anxieties about older age and perceived threats to their identity and lifestyle in institutional settings. Price et al. (2014: 388) posited an alternative theory in which older people's aversion to RAC planning was symptomatic of broader social discourses that constructed the advanced 'fourth age' as a 'period of abjection and therefore "wasted" expenditure'; this made people's active attempts to avoid end-of-life or aged-care discussions real.

Wait-and-see planning

Thalia differed from avoidant planners in that she *had* tried to plan for her future (in as much as this was possible) adopting a *wait-and-see* approach. A pact of sorts had been arranged with her extended family for how they would cope if any family members developed MND. However, she recognised that (due to being childless and unpartnered) there was a strong likelihood she would end up in RAC. Schnettler and Wöhler (2016), likewise, showed that, even where older childless individuals had strongly developed support networks, they required on average two to three friends (or extended family) to match the predicted level of support that having children might provide. Where friends or siblings were also ageing or experiencing disability, their capacity to provide ongoing support would be impaired.

Clarissa, on the other hand, had resolved to take a wait-and-see approach because she was living in rental accommodation – and could be evicted anytime her landlord so desired. Her previous 'gypsy-like' and carefree lifestyle meant she was highly adaptable and able to ride out change; consequently, Clarissa did not foresee the future as particularly worrying. Her comments highlighted a more unique *habitus* or predisposition (Bourdieu 1986) than most BB women, who

had followed relatively conventional lifestyles. Rather, her carefree outlook harked back to the 1960s counter-culture and its shift towards unfettered, unconventional lifestyles (Sinclair 1975; Wild 1981). Undoubtedly, these divergent lifestyles would have shaped housing preferences for older age, as Darab et al. (2018) highlighted.

The findings of this study resonated with Clarke et al. (2007) finding that living in the present or taking one day at a time were common strategies in dealing with the uncertainty posed by ageing. Some people in their study were almost fatalistic or ambivalent about the future; others took the view they were living on borrowed time so chose to soldier-on and lead active, busy lives. This was their way of imposing some control over an unpredictable situation. Others in Clarke and Warren's (2007) study expressed hopes of living longer (notwithstanding poor health). These people were not necessarily in denial about ageing; they were still relatively fit and active and looked forward to the future with keen anticipation. Those with positive outlooks tended to rejoice in small achievements, such as celebrating birthdays and taking holidays. In a slightly different vein, Renaut et al. (2015) described how older people in her study adopted a 'wait and see approach' to modifying their home. They preferred to leave things as they were until they were older (at which point, a decision would be made). Some women in this study took this approach to making changes to their home. Renaut et al. (2015) attributed this behaviour to older people being confident about their ability to manage future changes when and as they arose. It also reflected their uncertainty about whether they would continue in their current home (in which case, renovations might prove pointless).

Many women (*I*) drew on alternative story lines when reflecting on their situation and plans for future care paralleling Gould et al.'s (2017) 'If/Then' scenario. They found that, when discussing plans, people would start by asserting preference for their current situation (the *status quo*), but that 'if' something changed that necessitated higher levels of care, they would 'then' opt for an alternative (such as having in-home care or moving to more supported accommodation) (Gould et al. 2017). However, this study also found instances of contradictory positioning and the 'Outsider', 'Friend', and 'Self/Identity' tropes described by Allen et al. (2013b). These helped

women make sense of their situation and come to terms with the possibility of living in residential-care.

Health planning

Health planning sometimes coexisted alongside constrained or avoidant planning, thus highlighting that different planning orientations could coincide. Health planning behaviours reflected neoliberal discourses of healthy and active ageing and old-age participation (Boudiny 2013). They placed high value on independence and productive activity, thus delaying signs of ageing. The findings of this study resonated with Townsend, Godfrey and Denby (2006), who found that individuals personifying independence, reciprocity, and perseverance cast themselves as ageing ‘heroines’, while, paradoxically, ascribing negative images to those they perceived as complaining too much or giving-in too easily to the ravages of ageing. Ursula’s comment about thinking young and not ‘talking yourself into a hole’ illustrated this; she was critical of anyone who did not adopt positive attitudes and behaviours. She had painted herself as a fiercely independent and self-sufficient woman – as did all the women interviewed, giving credence to the notion that BB women would be more independent and self-assured as a consequence of women’s greater opportunities afforded by feminist movements of the 1960s and 1970s (Gray and Boddy 2010). It might also reflect the internalisation and uptake of government policy discourses (Laliberte Rudman 2015; Townsend et al. 2006), and women’s endeavours to meet societal expectations.

This study found that discussions around health planning often led to reflections about mortality and women not wanting to be a burden on extended families or others around them. Consequently, around half of women had either considered or had implemented strategies, such as making a will or advanced care directive, or designing and paying for funerals in advance. As Clarke et al. (2007) likewise found, perceptions about burden (in death as well as life) led to proactive planning for such eventualities. However to Girling and Morgan’s (2014) study found

that fear of burdening generally tended to discourage women from making plans or discussing future care needs with preferred carers.

Conclusion

This thesis proposed an empirical framework for ageing in place encompassing built/physical and socio-relational environments, and this chapter developed this further in relation to the study's findings. Physical aspects of the home (built PE-fit) included dwelling features, tenure, and affordability (including energy costs), location, and place. Other aspects relating to housing consumption and relocation included having choice and exercising self-determination (being able to decide if, when, and where to move). Lifestyle and aesthetic considerations, gardens, income-producing potential of the home, and continuity of identity were highly valued. Moreover, contrary to policy assumptions, downsizing was not considered a viable option for ageing in place. The findings also showed that gendered practices in financial lending markets, work, and other life domains shaped women's consumer behaviours, life opportunities, and ability to plan for older age.

Socio-relational (social PE-fit) aspects of the ageing in place framework included family and social networks, neighbourhood, identity and belonging, friendships, and social connection. Being childless also shaped women's experiences of ageing in place and socio-relational PE-fit, however, childlessness often intersected with marital status and/or identifying as lesbian. Social PE-fit was also influenced by economic factors, biographical history, and a sense of shared lives. Because of this, many women were drawn to the idea of intentional communities offered *inter alia* by retirement village and cohousing environments that provided better opportunities for friendship-making and support than living alone.

Finally, regarding expectations, few women had given thought to future planning prior to this study. Having achieved their goal of homeownership, they thought they were well-set up in their homes and neighbourhoods. However, changes to government pension and aged-care arrangements meant many were unsure about whether they would be able to fund their own care

as they aged. This placed many childless women in a quandary as to how they would cope in very old age. The next and concluding chapter of this thesis reflects on the theoretical framework. It presents the main conclusions and limitations of the study before recommendation directions for policy and service development and further research.

CHAPTER 9

Conclusions and recommendations

This concluding chapter begins by reflecting on the theoretical framework and its contribution to this study's understanding of late-life childlessness, housing decision-making, and ageing in place for BB women. The main conclusions from this research are presented and discussed and, in the final section, recommendations for policy and research are made.

Reflections on the theoretical framework

This study used a synthesis of sociological and ecological (PE-fit) theory that saw older adults as complex adaptive beings (Germain et al. 1980; Germain et al. 1995; Rowles 2000) within contemporary risk society (Beck 1992, 2009). The emphasis on non-linear, dynamic transformation and change inherent in these theories supported understanding of ageing as contingent on uncertain personal, social, economic, and policy contexts and thinking about how family (including childlessness) and social connection might shape BB women's experience of ageing in place. Of Beck's trilogy of theories, structural individualisation (Beck et al. 2002) aided understanding of the effects of marital and parental status on women's lives and their plans and expectations for later life. Many themes from this study overlapped with those in Beck's writings on social and family life (Beck et al. 1995, 2002; Beck and Beck-Gernsheim 2014) and resonated with his treatise on the risk society. His theory of reflexive modernisation (and the idea of risks intensifying and rebounding or, alternatively, transforming anew in complex and unpredictable ways) (Beck et al. 2005; Lash 2003) provided another way of thinking about PE-fit and how older people negotiated ageing in the home. It highlighted that any individual action undertaken could have unpredictable effects and these would, in turn, prompt further behavioural changes to adapt

to the environment. This research showed that mostly risks occurred due to human action (including that of state functionaries) rather than the built environment.

The unpredictability of the policy environment – manufactured uncertainty – meant many women's plans and expectations for ageing in place and for care might not be achievable and new strategies for negotiating older age might be required. Even their decision to own their home was potentially risky given the changing policy context on housing and care in later life. Taylor-Gooby et al. (1999) highlighted how the withdrawal of homeowner taxation concessions and rising interest rates increased unpredictably and left homeowners feeling somewhat powerless. Consequently, they questioned the expertise of financial industries to predict risks accurately (harking back to Beck's distrust of expert knowledge) (Beck 1992). While homeowners in Taylor-Gooby's (1999) study recognised that they had to be proactive about meeting their needs and managing mortgage risks, most felt the government should help to mitigate these risks, especially since it promoted homeownership. The move towards asset-based entitlements for care in older age increased raised concerns about whether people would be able to afford care. Taylor-Gooby et al. (1999) found that people tended to overestimate risk (for example, of needing long-term care) though failed to do anything about this. Their respondents believed the government should look after older people and, for the most part, the findings from this study concurred. The notion of generational *habitus* (Gilleard et al. 2000; Milton et al. 2015) supported expectations of state welfare support in older age, as borne out by other studies of BBs' preparations and expectations for retirement and beyond (Hamilton et al. 2006; Quine et al. 2006a).

Beck contended that, under conditions of uncertainty, individuals were forced to engage in risk-management practices to reduce or mitigate future catastrophe. Studies have shown that, anticipating future support needs, older people were attracted to retirement village living because of the security these housing arrangements provided (Gardner, Browning and Kendig 2005; Graham et al. 2004; Stimson et al. 2004). In some instance, steps to enhance security have had unanticipated negative effects. Dalley et al. (2012) found that, in seeking safety, women engaged

in isolating behaviours and created artificial distances between themselves and other people. This study found instances where this occurred.

This study also showed that some women experienced dynamic housing patterns over the course of their lives and, in the process, experienced abandonment and transference in moving their possessions and giving up their previous home and way of life. In so doing, they invariably replicated previous furniture arrangements and daily routines in their new environment (Rowles et al. 2013). Consequently, these women were likely to have well-developed and practised strategies for coping with housing moves and for facilitating place-making (Rowles et al. 2013). In Beck's terms, in moving home, they disengaged (disembedded) from the previous social and physical location and (re)embedded themselves in their new homes, akin to Leith's (2006) 'placement with age' (an active process of placing and entrenching the ageing body, as the only physical constant in life, within the environment occupied at any given time). Housing relocation involved adaptive behaviours, including making autonomous decisions, rationalisation, resolution, and willingness to change, though the uncertainty of decision-making (Lash 2003) meant its outcome was impossible to predict. In this research, one participant's [Shirley (*I*)] choice to downsize her home to improve PE-fit had, in the long-run, proved unwise, as her smaller home meant she could not realise enough equity or capital gain to finance future housing options.

A strong theme of this study was that of transition and change, pointing towards dynamic, transformational processes as BB women aged. That many plans revolved around work lent support to Beck's structural individualisation and the notion that choice biographies (and even relationships) were a response to, and shaped by, broader (and often vicarious) labour markets (Beck et al. 2014). The women in this study were reminiscent of Beck's ideal worker, who was well-educated and independently functioning, free of constraints imposed by motherhood and marriage, and willing to relocate when necessary (Beck et al. 1995: 6). Women in both studies (*SC*)(*I*) described moving overseas or interstate (often multiple times) to take up employment opportunities. However, in negotiating the uncertainties posed by individualisation processes, they also sought relationships (romantic or otherwise) to lend some sense of constancy and

connection in their lives. Thus, their housing decisions centred strongly on personal, family, and social relationships. Beck suggested that, in the context of the risk society and individualisation, the very processes that drove people apart also reflexively propelled them back together, as they sought sanctuary in the company of others (Beck et al. 1995). Several women in this study (perceiving themselves outcasts due to their single status) had sought romantic partners, though with limited success. One woman had been divorced multiple times.

This study also found evidence for the influence of the risk biography and reflexive modernisation on women's life plans (Beck 1992). In negotiating ageing, many decisions were undertaken with a view to managing risk, sometimes with profound and unanticipated consequences; not all changes moved women forward in a positive manner. They sometimes took a step backwards to lay the groundwork and gain momentum for later positive transformations. Some women returned to further study to update their professional qualifications or jumpstart a new career, while others sold their home and relocated following divorce.

This study was concerned with exploring women's agency and choice, and their options for housing and support in later life. Although recognising that past studies have used Foucault's theory of governmentality (Foucault 1994) in housing and ageing research (and that other studies might), this study's emphasis on choice meant that Foucault's theory was not deemed to be suitable.

Main conclusions

This research responded to calls for more studies exploring the experiences of women who are childless, particularly at ages 65 years and over (Ageing Without Children 2016; De Medeiros et al. 2013a; DeOllos and Kapinus 2002; Dykstra et al. 2007b; Letherby 2002; McKay 2008; Umberson et al. 2010). In particular, DeOllos and Kapinus (2002) foresaw the need for studies that delved into childless women's plans for later life and their support networks in greater detail. This study also responded to calls for more research into women's housing (Darab et al. 2012; Gonyea et al. 2018; Tually et al. 2007), older people's housing (Morris 2016) (particularly from

a gendered perspective); the differential impacts of social policy on older age (Herd 2016); and the housing preferences of BBs seeking to age in place (Darab et al. 2018; Young et al. 2017). To add to knowledge in these areas, this study explored the nexus between social policy, housing, and family contexts. It sought to disentangle how various social factors, such as being single, divorced, and not having children, influenced BB women's experiences of ageing in place and their expectations of social support as they aged. This study provided evidence supporting the social and gendered construction of ageing. It highlighted that the experience of home and ageing in place was socially constructed, negotiated, relational, and highly gendered (Mallett 2004). The main conclusions were as follows:

1. Most women owned their homes; they were asset rich with most of their wealth tied up in the home and limited income or savings to support themselves in older age. Most had no plans to move for another five to 10 years, at which time they would investigate other options. Some women had already moved to more supportive housing, while others wanted to move, but found their choices constrained.
2. There were intricate links between family, social, and housing contexts. Many women's housing decisions were made within the contexts of family and social relationships, including post-divorce. Interdependencies of care shaped decision-making regarding housing, as well as other life domains.
3. Being childless *did* make a difference on how BB women negotiated ageing, their housing choices, and family and social relationships. The effects of the risk society and structural individualisation (Beck 1992; Beck et al. 2002) had unequal impacts on women's lives over time, and not all of these were related to parental status.
4. Housing decisions (and PE-fit) were strongly embedded in social relationships and the need for social belonging and attachment. BB women placed high value on environments that promoted socio-relational PE-fit and helped them feel connected to people around them.

5. Most women had not made plans for future housing or care. They saw RAC as a last resort, and something to be grappled with only if and when needed. Paradoxically, here *choice was working against planning*.
6. Key issues were financial security and who would provide care (regardless of whether the women *had* children), difficulties accessing services and information, and balancing independence against the risk of social isolation.

Most women owned their homes, and considered themselves to be well-set up (at least for the next five to 10 years)

Most women in this study owned their homes and considered themselves to be well-set up for ageing in place (barring unforeseen crises), at least for the next five to 10 years. Around half were adamant they would not relocate from their current home. Some women had wanted to move but were hamstrung by financial constraints, lack of affordable housing in their preferred areas, and, for some, having pets. Although they owned their homes, most women in this study were asset rich, but income poor, with most of their wealth tied up in their home. Moreover, having worked hard to achieve homeownership, women were highly critical of generational discourses that painted BBs as selfish and undeserving of their homes and restricting their options.

Being childless made a difference on how BB women negotiated ageing, their housing choices, and family and social relationships

Ageing in place policies relied heavily on idealistic assumptions of older people having housing that was suitable and affordable for their needs, *as well as families*, and especially *adult children*, to provide care and support. The notion of older people being supported by families (or indeed, friends and neighbours) was at odds with neoliberal policies emphasising individual responsibility and self-reliance; this created tensions in exercising choice in later life. Beyond the simple liveability of the home, and needs for shelter, safety, and security, experiences of home within wider networks of identity invariably influenced their decision-making and preferences for

housing and care. Thus, their driving motivations were at odds with CDC policies promoting individual choice and autonomy. Where families were available for support, many women did not have a 'choice' about providing care (Cash et al. 2013).

Beck contended that 'marriage has lost its stability but none of its attractiveness ... the family and loving relationships continue to be idealized on every level of society ... simultaneously disintegrating and being put on a pedestal' (Beck et al. 1995: 172-173). The social reproduction of marriage and parenthood discourses meant that women who were childless were sometimes put on the defensive in having to explain *why* they did not have children; equally, women who had never-married were also subjected to social scrutiny. This led to observations that single and divorced women (including those with children) were a threat to marital stability and they were socially ostracised because of this. Married couples tended to restrict most of their activities to socialising, caring for, and spending time with families, such that single women often had to take a backseat. The greater effort devoted to family life was reminiscent of Beck's risk society, wherein:

Forced to be mobile and often up to the eyes in work, we make the family, rather than the neighbourhood, or clan, or community into the centre of our private lives ... it is hard to escape from the fixed roles which make family life a stabilising force (Beck et al. 1995: 165).

But where did that leave women who did not have children or extended family? Women who were childless and disembedded from the traditional nuclear family (and the social milieu arising from this) were compelled to seek ontological security (Giddens 1991) and belonging through human connection.

Social relationships affected housing decisions

The housing decisions (and PE-fit) of the BB women in this study were strongly embedded in their social relationships and need for social belonging and attachment. The unequal effects of structural individualisation, reflexive modernisation, and the risk society (Beck 1992; Beck et al.

1995, 2002) were such that, for the BB women in this study, the search for social connection undoubtedly shaped their housing consumption and plans for older age. The desire for optimal socio-relational PE-fit even extended to RAC contexts. One woman had already relocated to a lesbian-friendly, intentional community in search of greater support and acceptance. Others were exploring options like retirement village living and cohousing developments, which seemed to offer more socially-cohesive environments, but, for most, RAC was a last resort, possibly the end of the line.

Most women had not planned for later life

Most women in this study had not made plans beyond homeownership and keeping the home going. Many had expected that, on reaching retirement, they would be entitled to government support but were now finding they might not be eligible. They had also not anticipated that they might have to sell their home to fund future care. This placed the women in a dilemma as to how they would manage as they aged, and whether they would be able to exercise their preferences for ageing in place. Many plans for older age were provisional, and couched in terms of If/Then (Gould et al. 2017). That is, *if I can't drive/get dementia/MND, then I'll consider relocating home or moving into RAC*. This lack of planning is potentially risky, particularly given the lack of aged-care funding and services in Australia. In 2017-2018, waiting lists to access home-based aged-care ranged between three and 12 or more months⁴¹, while the average time to access RAC was 105 days (Australian Institute of Health and Welfare 2018). Therefore, it was possible that women who deferred planning would find their choices limited or non-existent (especially during moments of crisis), which would have important implications for how well they could manage ageing in their homes.

⁴¹ In March 2018, 54,821 persons were in the National Prioritisation Queue waiting to receive home-based aged care services. Estimated wait times were 3-6 months for low-level care (L1) and 12+ months for high-level (L4). People waiting to access L4 care may be offered lower-level care in the interim (Australian Government Department of Health 2018).

Key issues were future financial security, difficulty accessing services and information, and balancing independence against the risk of social isolation

Many BB women would persist through later life with less savings and superannuation than generations following them, which would make it difficult for women to fund housing and care needs as they aged. Increases in the costs of living were a concern, given most had already retired and, therefore, had few options for supplementing pension entitlements. Where women had tried to return to work post-retirement, chronic health issues and ageism made it difficult for them to compete with younger workers. Related to this, women reported difficulties in accessing timely and impartial information and services. There was the perception, also, that market choice did not necessarily bring quality. Hence, women were anxious about reports of profiteering and abuse in retirement village and aged-care industries. Maintaining independence and health, and loneliness and the risk of social isolation were additional issues identified by this study. This was especially pertinent for older women who were living alone and no longer able to drive, and for women identifying as lesbian.

Limitations of the study

Settersten (2009: 80) stressed that ‘studying human life is a messy business. No single study or series of studies can capture everything we need or would like to include’. The nature of Higher Degree Research projects is that they are always time-limited and (apart from supervisory support and review) a solitary endeavour. Thus, it was necessary to bound the data (in terms of sample size and study scope) to keep the research manageable. Originally, I had planned to conduct a further small qualitative study, taking the findings of Study A and Study B to housing providers, and women’s and older citizen’s advocacy organisations for consultation and further development. However, I underestimated the volume of data the study would generate and the time it would take for coding and analysis.

Also, the research findings were limited by the sampling and data-handling processes (such as de-identification) employed in Study A and prior to the analysis of the Survey comments (SC). The decontextualised nature of the Survey data meant that findings from the first stage of analysis were more limited in scope than envisioned, thus making it difficult to draw firm comparisons – apart from stating the obvious. There appeared to be few differences in terms of housing and social situations between women who had children (WWC) and women who were childless (WNoC), highlighting that simply having children (or not) did not automatically confer greater benefits. As an exploratory and theoretical mapping exercise, Study A *did*, however, provide useful and interesting insights that were employed in Study B (for example, when designing interview questions and developing themes).

Another limitation was that technical glitches were encountered on numerous occasions and while conducting interviews. Disruptions to telephone networks forced several interviews to be abandoned and rescheduled (often more than once). Consequently, some questions were missed during interviews, and it is possible that these disruptions impacted on the rapport developed with participants to varying degrees. Notwithstanding this, the very personal and intimate stories that women told me (together with the depth of interview comments made) suggests that early technical glitches did not impact unduly on the quality of data overall. That the interviews ran considerably over the timeframe originally proposed suggests a good rapport was established. It is equally possible, however, that the interview schedule itself was a touch too long. With more time, the interview schedule could have been divided into two sections and conducted over two separate occasions. This would have allowed more time for backtracking to previous questions missed and seeking additional clarification.

Most women in this study were homeowners, thus many of these findings might not apply to women who were renting or living in social housing. The highly contextualised nature of qualitative research meant that findings were not generalisable to other populations. However, many parallels were found between the findings of this research and other studies undertaken with older women who are childless, as well as women with children, and women who were never-

married or divorced. This suggested that gender effects and the impact of the risk society and individualisation did have some relevance in theorising housing and support networks in similar political (neoliberal) and social contexts.

Very few researchers had explicitly adopted Beck's theoretical frameworks in exploring housing and ageing in place. Hence, one limitation of this research was the lacuna of contemporary empirical research on which to draw when theorising how the risk society, structural individualisation, and reflexive modernisation might shape women's experiences of childlessness in later life and PE-fit. The early peer-review of research papers and feedback from conference presentations helped to crystallise thinking around this.

The fields of housing, family (childlessness), and social policy research are, by their multidisciplinary and complex nature, extensive and broad-reaching. Given available time and resources, it was necessary to restrict the scope of research in terms of focus (older women) and sampling and recruitment sizes for both studies (*SC*)(*I*). Qualitative research generates copious data and managing and analysing data is time consuming. Thus, the researcher paid special attention to data handling to do justice to the data collected (Guest et al. 2013). NVivo qualitative software assisted data manageability as it offered a platform for organising and storing data and ongoing coding and analysis, aided by memos and annotations.

Study A

While the ALSWH data for Study A (*SC*) was not collected specifically for this study, the strength of this research lay in its engagement with this large body of data not previously explored within the contexts of housing in later life, and the application of fresh theoretical frameworks. Potential limitations were offset by selecting qualitatively rich and topic-relevant data for analysis (Rich et al. 2013); hence, the comments sampled fit the purpose of the study, in keeping with the research aims. While *not* generalisable to other contexts, various themes might resonate with other qualitative research and theoretical concepts (as discussed throughout this thesis). Furthermore, the qualitative toolbox provided a 'bricolage' (Denzin and Lincoln 2008: 5-8) of research

strategies and approaches for data interpretation that facilitated deep theoretical insights. Similar to the methods employed for this HDR, a combination of thematic and narrative methods had been used successfully in research exploring illness narratives from a complexity theory perspective (Heaton 2014). While Heaton's (2014) study proved valuable for informing practice and policy development, she highlighted the difficulty of working with secondary data that was not collected originally with the current study aims in mind. By carefully selecting and bounding the data during early data-collection processes (Guest et al. 2013), I was able to maximise the fit between the data being analysed and the research aims.

One measure of research quality often applied in qualitative research is that of triangulation (Silverman 2014; Tracy 2010)⁴². As a solitary researcher, the opportunities for checking data analysis and interpretation (validation via triangulation) were constrained, particularly since participant validation was not an option due to ethical data-processing protocols. As a proxy for triangulation and judging quality, trustworthiness, and credibility, the research (HDR) supervisors provided expert oversight, support, and critical review. Also, feedback to early findings (*SC*) presented at conferences and in peer-review conference papers (examined via blinded peer-review of journal manuscripts for publication [*SC*; *I*]) strengthened ongoing analyses and interpretations. Notwithstanding space and ethical (confidentiality) requirements, detailed, 'thick' descriptions have been provided and, where possible, explanations given for variances between these. The foregoing aspects are all features Bazeley (2013), Silverman (2014), and Tracy (2010), among others, contend are markers of well-designed and soundly executed qualitative research.

⁴² Some qualitative researchers question if triangulation (or the absence of triangulation measures) constitutes an adequate measure of quality (see for example, Tracy 2010). Instead, good quality research should be designed with maximising the congruence between research design (methodology, research questions/aims, and methods of data collection and analysis) and theoretical and conceptual frameworks; moreover, thick descriptions should be provided to enhance transparency about the research process.

Study B

This study overcame potential limitations of Study A data analysis by purposively sampling and collecting data from women who had indicated at the S1 (baseline, 1996) or S4 (2004) that they had never given birth. Thus, the relevance and utility of the data was maximised. Also, the scope of the interviews was informed partially by the findings from Study A and, therefore, built on knowledge being produced. Potential limitations might include bias relating to those women who agreed to participate. For example, one women invited to participate in the Substudy declined because she had since adopted a child and, therefore, did not consider herself to be childless *per se*. In contrast, two women invitees had also adopted children, yet considered themselves to be eligible for participation, even though the participant information statement (refer to Appendix B3) made clear that the study was about being childless. Although the option was there to disregard these two interviews, I chose to include them in analyses for ethical reasons, namely, that if women self-identified as childless and were willing to participate then, by excluding them, I would be asserting my position as a researcher over that of my participants, while negating their experiences. A key principle in social constructionist informed research and, indeed, feminist research, is that research participants are experts of their own stories. What they choose to tell and the identities they adopt for themselves are as ‘valid’ as mine. If anything, rather than being a limitation, these differing conceptions of ‘childlessness’ lent credence to the strength of the study, as they provided unexpected nuances that might not have been captured otherwise.

Limitations might inhere in the use the telephone (remote) interviewing methods (Block and Erskine 2012; King et al. 2010) as this might interpose a distance between researcher and participant, thus hampering rapport (Block et al. 2012; Irvine, Drew and Sainsbury 2012). However, this possibility was offset by concerns that physical attributes (including age) could impede the development of rapport and the types of answers given, particularly when discussing sensitive subjects. Previous research had shown that participants might be more open and willing to divulge details when they were anonymous to the interviewer; distance created a sense of safety not achievable in face-to-face interviews (Drabble et al. 2015). Telephone interviews could,

however, blind the interviewer to facial and body language; the interviewer could not observe whether the participant was feeling uncomfortable or silently crying, while words might belie facial expression and make interpretation difficult. The interviewer needed to listen closely for changes in tone, pauses, or other variances in speech and used frequent prompts to keep communication flowing (Holt 2010; Irvine et al. 2012). This was particularly important when the equipment malfunctioned. The researcher was well-prepared for technical glitches and successfully managed problems with interview recording (King et al. 2010). Notwithstanding these limitations, telephone interviews provided valuable data for qualitative studies (Block et al. 2012; Drabble et al. 2015; King et al. 2010) and enabled the researcher to reach and recruit participants who were geographically dispersed, in this study in urban and rural areas across five states of Australia, in widely divergent political, social, and economic contexts.

Finally, qualitative researchers, such as Silverman (2013), Richie et al. (2003), Bazeley (2013), Van Wezemael (2009), and Richards (2009), contended that very small samples of qualitative data *were* sufficient to produce insightful and theoretically-informed knowledge without recourse to large datasets. The volume of data generated across both stages of the HDR and richness of findings provided confidence for decisions made regarding sample sizes and data collection methods.

Recommendations for policy and service development

Gender effects and childlessness in later life

This study showed that greater policy attention needs to be given to older women who are ageing without the support of children or families to provide care. Many of the women in this study had contributed to society through paying taxes, caring for family members, and volunteering in their communities; consequently, they thought they had earned some measure of support in their older age. They were frustrated at changes to policy systems that threatened their efforts to be independent and successfully age in place. While recognising that older childless men might also

be experiencing similar situations, the life-course effects of gender disadvantage imposes a considerable cost for women's housing and financial security in later life.

Importance of gardens for ageing in place

Secondly, policy assumptions that older people will downsize their homes as they age have been shown, in this study (as well as others), to be misguided. Studies of downsizing usually focus on the shedding of excess furniture and possessions but have given little thought to how an older person with strong emotional and sentimental attachments might go about downsizing a garden or relocating and transplanting plants. The study highlighted the importance of gardens for promoting wellbeing and sustaining a sense of identity, ontological security (Giddens 1991), and meaningfulness.

Social connection and belonging

Thirdly, the emphasis on choice, autonomy, and independence entrenched in social discourse around ageing in place and RAC in later life overlooks findings, such as those of this study, on the importance of social connection and belonging. They also cast those who are living in supported accommodation or RAC as dependent and, therefore, having somehow 'failed'. This 'ideological opposition runs through all official policy' (Dalley 2002: 21) that frames RAC as the last resort and least-attractive or desirable choice; something to be avoided at all costs. While recognising that the goal of Australian aged-care policy is to have people ageing in their own homes and communities, for as long as possible, and to reduce demands for RAC, there needs to be a shift in how RAC is conceptualised and portrayed. Recent reviews of National Aged Care Quality Regulatory processes in Australia highlighted deficiencies in regulatory accreditation and complaints processes that were supposed to reduce risks of older consumers being abused or neglected (Carnell and Paterson 2017). As this study concluded, the Australian government announced new processes for aged-care quality accreditation and standards compliance

(Department of Health, 2018), but these will take time to implement and would likely not restore public confidence in the RAC system for some time.

Breaking down entrenched fears of RAC

Notwithstanding the Review cases, it is quite conceivable that many RAC facilities will be well-run and that residents' welfare remains at the heart of business philosophies. These facilities can (and almost certainly do) provide benefits for older people who are socially isolated, housebound, or who struggle to cope with the demands of daily living and unsupportive home environments. Interviews with older RAC residents could publicise the positive aspects of living in residential care and break down the twin ideological peaks of independence and autonomy (Dalley 2002) dominating discussions around ageing in place.

Importance of home heating and cooling for ageing in place

Following on from the previous recommendation, it is also important for consumer-oriented systems of care and support to recognise that it may not always be the first choice of older people to remain living in their current home. The interviews in this study highlighted that many women's homes posed health and social challenges, due to inadequate or non-existent heating (albeit this is sometimes related to maladaptive cost-cutting behaviours). Having a house that is freezing cold in winter or stiflingly hot in summer might deter people from encouraging visitors or care workers to come the home, thus increasing risks of isolation and unmet needs for support.

A key principle underpinning the Living Longer Living Better Aged Care reforms was the greater integration of aged-care and health-care services and supports within the home (Commonwealth Government of Australia 2012). Much of this has focused on e-health technologies, such as remote telehealth and video health conferencing (Morris et al. 2012; Wade, Cartwright and Shaw 2015). However, if the government were committed to supporting older people's choices to age in place, then there would be space for policy efforts directed at reducing energy poverty for older people living in the community (Azpitarte et al. 2015; Chester 2013).

Just as exercise and occupational therapy can offset physical decline, having a warm home in winter can have a protective effect against a range of health problems. While there are a range of subsidies available to low-income pensioner households, these are often small, time-limited, or one-off payments with set annual limits prescribing how much assistance households can receive; they are also not well advertised (Chester 2013). Additionally, older people might avoid seeking help as they do not want to be a burden and fear they will be placed into RAC. Hansen et al. (2011) found that people lacking neighbours or family to lend support during extreme weather events were most vulnerable to adverse outcomes; this might also apply to some women in this study.

Attracting and retaining aged care workers

The Senate Committee Report on the Future of Australia's aged-care workforce highlighted difficulties for providers in attracting nurses and other graduates (especially in regional and rural areas), due to historically low remuneration and competition for skilled workers between the aged-care industry, and disability and public service sectors (The Senate Community Affairs References Committee 2017). Given the shortage of affordable housing in Australia, free or highly-subsidised employer housing and accommodation might attract workers to the industry and areas suffering higher than normal shortages or turnovers of staff (Greater Minnesota Housing Fund 2014).

Directions for future research

This research highlighted areas for future research, especially an ongoing focus on women's housing experiences as they aged, and factors enabling them to age in place and maintain their independence in old age (Plath 2002).

Focus on women's late-life childlessness

There is still comparatively little research exploring the experience of women BBs who are childless, especially in Australia. Most research has been conducted overseas or is quantitative in

design and focuses on women's decision-making around family production, experiences of infertility, and/or health and psychological consequences of not having children. Future research might undertake a larger study of late-life childlessness (although more data does not necessarily guarantee greater understanding) (Guest et al. 2013). It might also combine quantitative and qualitative methods of data collection and analysis. Beyond those gaps identified in the existing research on childlessness, future research might explore the experiences of older childless men, as few studies have engaged with male populations. It is also important, given the ageing of the baby boomer generation and the needs of older childless women, that census data on older cohorts are disaggregated by age groups and marital status, and that this data continues to be made available. This will ensure that statistical data remains current and relevant.

Older women's housing preferences

There needs to be more research on older women's preferences for housing and aged-care services to support ageing in place, with a view to informing service and housing development. The greater numbers of BB women living alone puts them at considerable risk of unmet needs for care, particularly where they are not well integrated into their social communities. Smaller intentional (targeting lesbian and childless women) and/or cohousing developments, potentially, could offer a more supportive environment for these women, but there is limited qualitative research exploring these, particularly in Australia. Also, there is insufficient research on homeownership for single people (Blaauboer 2010); housing transitions for women following divorce (Gram-Hanssen et al. 2008); and the connections between housing and family contexts (Mulder 2007). Further research might explore housing relocation and accommodation options that allow incoming residents to create their own small gardens or green spaces. It is usually the case that new RAC, social housing, and retirement village developments have established gardens and homogenised landscaping already in place before the first residents arrive. Older residents who have built their identities around their gardens might miss the social opportunities, generativity, and mental stimulation gained through gardening practices.

Further research might extend this study's findings through qualitative interviews with other groups of BB women or compare how the experience of being childless varies between women born at the leading edge (1946-1951) and women born at the tail end (1960-1965) of the BB generation. Their life choices and opportunities would likely diverge, due to changes in social, economic, housing, and policy developments over that time. Future qualitative research might also seek to connect with this study's cohort of women at later stages of life, to see how their plans and expectations play out over the longer-term. As most women were still relatively fit and young enough not to need home-based CDC services, future studies could explore (at later ages) women's experiences of accessing CDC and whether, through their choices for housing and support, they were able to realise their care needs within the context of a marketised aged-care system and ongoing policy reform in Australia.

Older women's financial security

Future research might examine whether childless women – many of whom might be expected to have worked most of their lives – were financially secure post-retirement, whether they had made adequate plans for superannuation savings to support themselves in later life, and the extent to which childless women might be disadvantaged by pronatalist taxation and welfare policies (Graham et al. 2018; Mika and Czaplicki 2017; Tanturri et al. 2015). Future studies might explore single women's experiences of gender disadvantage in financial services lending, and how this might influence housing security. While anti-discrimination laws were passed in the 1970s, it is important to recognise that women of the BB generation were subjected to discriminative lending practices (Card 1980; Nguyen 1986), which made it difficult for single women to achieve homeownership and independence. Also, future research might explore older people's knowledge and experiences of accessing energy subsidies with a view to informing policy and service developments and consider how energy poverty (and its associated stresses) might influence decision-making around ageing in place and housing needs in later life.

Future research might explore the feasibility (costs, tax, and legal implications) and amenity (attractiveness and benefits to workers, families, and communities) of providing employer-assisted housing in aged-care and allied industries. It might also explore experiences of living in provider-supplied (or assisted) housing (and how this might shape people's savings, housing consumption and social networks in later life). There is potential for employer-housing schemes to offset endemic shortages of aged-care workers in home-care and RAC environments.

Social support networks

Greater research attention is needed on childless women's social support networks and how they influence women's needs and choices for housing and care in older age. Future studies might also explore and demonstrate the utility of Beck's work and ecological theory of PE-fit for understanding the influence of social networks on women's housing needs as they age. The research found that older women's choices regarding relocation to a retirement village, cohousing, or even RAC went beyond the physical design of the home or accommodation. They were centred strongly around socio-relational aspects of PE-fit highlighting that how *well* women perceived that they 'fit into' their social environments or communities was a key factor in their decisions to relocate to other housing or, alternatively, to remain living in place. Women who found themselves increasingly isolated due to friends moving into retirement villages or RAC were keen to relocate to facilities where they had a pre-existing, ready-made network of friends, and/or a church community. Their reluctance to move to other areas or facilities related to concerns that they would lose touch with their social networks, especially once they ceased driving. Hence, plans and choices for later life hinged on maintaining social relationships with treasured friends in women's lives. Whether this is a feature of women who are childless and/or lesbian (and perhaps limited in social network size, due to historical discrimination) or whether the need for social-historical-biographical connection is a consequence of the risk society and greater individualisation, is a subject for further research.

Other areas

This HDR study has shown many hidden nuances to be gained through qualitative research and interviews with older childless women regarding their daily lives, social relationships, housing, and economic circumstances, and plans and expectations for older age. Many issues were identified for further exploration, including:

- Women's experiences of looking for, financing, and purchasing a home
- The experience of adoption and its legal and social consequences
- The experiences of older women who are estranged from their families or who have no surviving children, and what this might mean for them in older age
- The experience of being an older lesbian
- Women's coping and receipt of services following life-changing accidents or acute illness
- Women's experiences of and strategies for, friendship-making and socio-relational PE-fit.

Future research might also take up where this study ended, in seeking to gauge the views of policy stakeholders, service providers, and broader groups of women. One recommendation for future research stresses the importance of keeping longitudinal data manageable, as the volume of data generated through coding processes could become overwhelming and difficult to engage with fully (depending on the project timeframe and expertise of the researcher). I found 150 women to be a good size in terms of manageability and theme generation.

Finally, this Higher Degree Research has opened the door to greater use of Beck's theories in ageing research (Curryer et al. 2018a). The research has shown that Beck's thesis of the risk society and its accompanying theories can provide unique analytical lenses for understanding biographies of ageing, late-life housing, and ageing in place. Thus, emerging and early-career researchers are urged to consider how Beck's thesis might extend usefully to their research. More qualitative research incorporating Beck's theories is indicated here. This thesis

fills a gap in research on late-life childlessness by drawing attention to the nexus between housing, social policy contexts, and ageing in place for older women who are childless. Being childless *did* make a difference on how women negotiated ageing, their housing choices, and family and social relationships. Social aspects of PE-fit are likely to figure strongly in decision-making as women age.

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APPENDIX

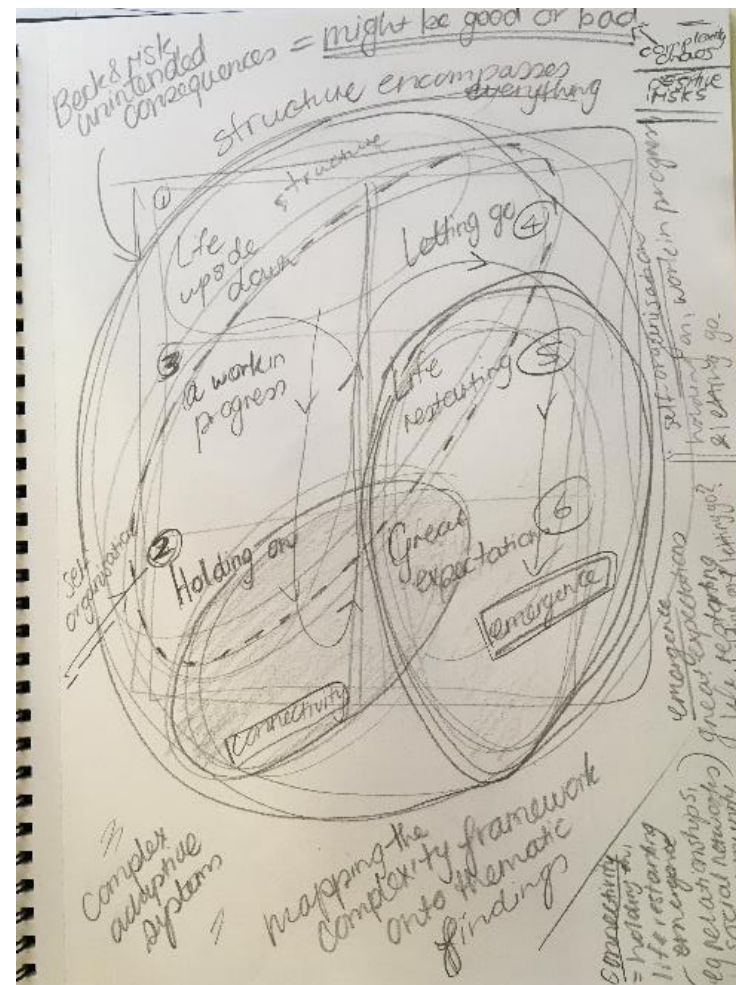
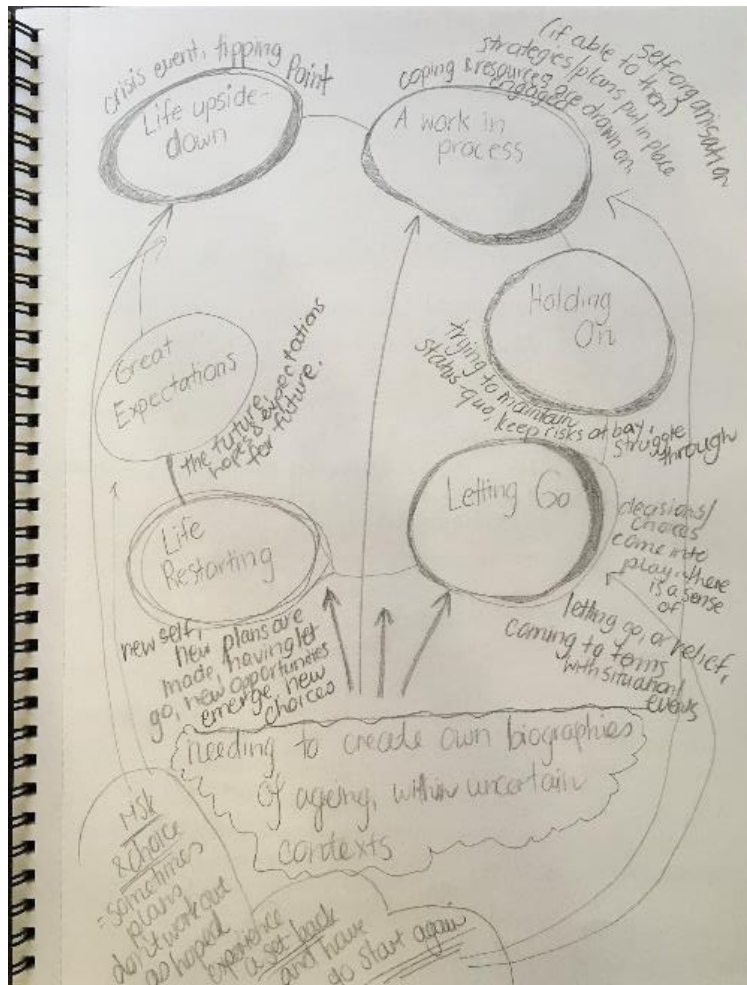
A1. Table showing hierarchal ordering of themes leading to findings chapters

	PE-fit Housing: ‘It’s my home’		PE-fit Socio-relational: ‘Loneliness is a thing’	The Future: ‘It’s a waiting game’
Higher order/ chapter theme	PE-fit (housing)	PE fit and housing relocation	PE-fit Socio-relational	The Future; Expectations, Needs and Choices
Established themes (Study A)	Housing 	Transition and Change 	Relationships; Interdependency of Care 	(Combined with Facing a lonely future): the importance of pets for social companionship 
Established themes (Study B)	Living arrangements; Housing type and tenure; Frugality and ‘making do’ 	Relationships (divorce + housing transition); Place and locational effects; Environment effects; Changes to the home; Relocating lives and home 	Interdependency of family relationships; Family estrangement; Adopting children; On being childless; Relationships in later life; Social-fit ‘I don’t sort of click with other women very well’ 	On the complexity of planning for later life; Facing a lonely future: belonging and connection; Changing landscapes of government support; Gender effects 
Initial nodes (Study A)	Housing; Transition and Change 	Transition and Change; Risk 	Transition and Change; Relationships; Interdependency of Care; Live with mother <>; Support <>; Independence <>; Care <>; Choice*; Divorce <>; Loneliness <>; Participation <>; Pets <>; Trust*; Violence, abuse*; Keeping well* <>; Stress/Anxiety* <>; Retirement*; Work* <>; Enter/return to work* 	The future* 

	PE-fit Housing: ‘It’s my home’		PE-fit Socio-relational: ‘Loneliness is a thing’	The Future: ‘It’s a waiting game’
Initial nodes (Study B)	<p>PE-fit; Current home – choices preferences < >; Current home – renting; Housing – Transport; Safety/security*; Finances – Frugality Thriftiness; Finances – Financial issues, affordability < >; Finances – Need help to pay bills major expense < >; Finances – Pension, super/savings < ></p> 	<p>PE-fit; Current home – how got there < >; Current home – changes; Current home – neighbourhood < >; How managing – Stress*; Migration (internal, overseas) < >; Lifestyle changes last 12 months < ></p> 	<p>PE-fit; Live(d) with parents < >; Shared(d) with others < >; Work and retirement*; Childless – Reasons for, and what it means now older; Childless – Impact on relationships; Childless – Adoption; Childless – Impact on choices*; Transition – No periods/menopause*; Social activities < >; Social media use < >; Social networks; Relationships with others; Loneliness is a thing; Relationships – alone < >; Family estrangement; Rely on for help < >; Reciprocity, giving receiving care < >; Health – accident fall recovery* < >; Health – seeking accessing services < >; Religion, spirituality*; Generation, activism, change* < >; Rights Legal Justice System* < ></p> 	<p>PE-fit; Housing – Future Plans; Pets – housing choices < >; Health – dementia* < >; Health – getting older decline* < >; Health – seeking accessing services* < >; Paying for care < >; Profiteering, consumer choice < >; Should government do more?; Men handle ageing better than women < >; Now it’s out there – getting older, dying* < >; Information seeking < >; Critiques other generations < >; Freedom Choice Control*; Biggest issues for ageing? < ></p> 

* Dropped node; < > Combined node.

A2. Mindmapping group metaphors and themes onto the conceptual framework



B1. Numbers available for sampling, based on specified inclusion and exclusion criteria, Study B

Eligibility	Variable condition	Remaining N
INCLUDE IF		
Born between 1946 and 1951		13,715
Completed Survey 7		9,151
AND are either (i) never-married <u>OR</u> (ii) separated/divorced at Survey 7	if M7MARITAL in (3 4 6)	1,537
AND living alone at Survey7	if M7Q101A=1	1,077
AND indicated they have not given birth to a child at either/both Survey 1 and Survey 4	if M1Q29D=0 and M4Q28NA=1	159*
AND who indicated at Survey 7 that they were moderately/very/extremely stressed about (a) living arrangements or (b) money or (c) in the last 3 years have had to move or sell their house to manage costs	if M7Q48B in (4 5 6) or M7Q48C in (4 5 6) or M7Q97A=1	37
EXCLUDE IF		
they indicate dementia at Survey 7	if M7Q32P=1 then delete;	37
they don't speak English very well	if M1Q95 in (3 4) then delete;	37

N=37

Marital status	(a) Stressed about living arrangements (last 12 months) (n = 13)	(b) Stressed about money (last 12 months) (n = 32)*	(c) Had to sell house or move to manage costs (last 3 years) (n = 6)*	(d) All of these (n = 1)
(i) Single/never-married	5	18	3	0
(ii) Separated/ divorced	8	14	3	1

* Numbers are not mutually exclusive, except for (d) all of these.

Sampling frame, final sample (n = 28)

	Sampling variable and number available for selection (n)			Total selected (n)
	(b) stressed re money (n= 32)*	(c) had to sell house or move (n= 6)*	5 th variable, not given birth (n= 159)*	
Women selected for study (n)	14	6	10	30
<i>Less deceased</i>				-2
Women invited to participate (n)				28

* For (b) and (c) equal numbers from (i) single/never-married and (ii) separated/divorced were selected.

B2. Telephone Interview Script

Introduction

[With the audio-recorder turned off]

Hello my name is Cassie Curryer. I am calling from the Women's Health Australia project at the University of Newcastle. Can I please speak to *[name of participant]*?

Is it still convenient for you to do the interview about your experiences of not having children?

The interview will take about 60 minutes to complete. Just let me know at any point if you need to stop while we are talking.

I am about to read some statements when I turn the audio recorder on to confirm that you have given written consent to participate in this project. Before I do this, do you have any questions?

I am going to **turn on the audio recorder now**.

[With the tape/audio recorder turned on]

The audio recorder is now running. I am going to ask you some questions about your willingness to take part in this interview. **I'd like you to answer either 'yes' or 'no'.**

- Do you acknowledge that you have read and kept a copy of the letter which invited you to take part in this research? *If not, then I can send another copy and call again.*
- Do you acknowledge that you have given written consent to participate in a telephone interview about your experiences of not having children?
- Do you understand that the interview is being recorded, and that information on this recording will be used for research which may be published, but that you will not be personally identified in the research or publications?
- Do you understand that you can stop the interview at any time if you do not wish to continue, or would like to take a break, and that you do not have to give any reason for doing this? You can also ask me to stop or delay the interview if you feel distressed (*just say, "stop" or "I need a break"*).

Do you have any questions before we start the interview?

Interview Schedule V.2.2.

Question	Prompt
<p>To begin with, I'd like to ask about your housing circumstances, whether you own your own home, and whether you feel that your home is suitable for your needs.</p>	<ul style="list-style-type: none"> ○ Can you tell me about how you came to be living in your current home? (e.g., lifestyle change, retirement or other life event) ○ How long have you lived there? ○ How have things worked out since the move? What impact did this have (health, financial, social networks) ○ What influenced the choice of your current home? Do you feel you had a choice about the type of housing and where you are living, or were choices limited in some way? ○ What type of housing is it? (Please describe). ○ Do you own your own home***? <ul style="list-style-type: none"> ○ <i>If renting</i> = is it your choice to rent (rather than own a home)? ○ do you currently have a rental agreement (lease)? ○ have you ever had problems with the landlord or real estate? ○ were there many choices available when you were looking for a place, or did you have to take the first thing that came along or which you could afford? ○ were you able to rent in the area you wanted? ○ Do you consider that your housing costs are affordable? ○ Have you ever had to seek help with paying the mortgage***/rent or paying other bills? ○ Have you ever had to sell your home or other belongings due to financial reasons? ○ Do you feel your current housing situation is adequate for your needs? ○ Have your housing needs and preferences changed over time? ○ Have you considered moving (for any reason)? <ul style="list-style-type: none"> ○ <i>If so</i>, where would you like to move to? What might limit your choices? ○ If you could make changes to your home, what sorts of changes would you make? <ul style="list-style-type: none"> ○ <i>If yes</i>, is anything preventing you from making changes at this time? ○ Can you also tell me about your neighbourhood? Are there any aspects you don't like?
<p>I'd also like to ask about your social circumstances and how well you feel you are managing on a day-to-day basis.</p>	<ul style="list-style-type: none"> ○ You've indicated in the survey that you have never had children. Can you tell me about that, and what that means for you now you are older? ○ Do you feel that not having children has affected relationships or the way that people treat you? ○ How has not having children influenced your choices? <i>And if so, in what way?</i> ○ Do you feel stressed about your living arrangements at the moment, or are you happy with the current situation? <i>Can you tell me more about that?</i> ○ Do you feel stressed about anything else at present? (e.g., health, money, family) ○ Are you currently working? <ul style="list-style-type: none"> ▪ <i>If so</i>, is it your choice to work? Have you any plans for retirement? ○ Have the changes to pension and assets tests this year affected you in any way? ○ If you had a major expense of any kind, would you be able to pay it? ○ Have you made any changes to your lifestyle in the past year or so?

Question	Prompt
<p>Now I'd like to ask some questions about your family and social networks.</p>	<ul style="list-style-type: none"> ○ Can you tell me about your family network? <i>For example, are there any parents still living, siblings, nieces or cousins living nearby?</i> ○ Are your family supportive? Do they help you in any way? ○ And what about social networks? Friends and such? ○ How often do you see or talk to other people? ○ Do you use social media (e.g. Facebook) to keep in touch? ○ Do you have someone that you could rely on if you needed help? Can you tell me about that person? ○ The Women's Health Survey often gets comments about pets. Do you have any pets at the moment? <i>If so, please tell me about them.</i> ○ Does owning pets influences your housing or lifestyle choices in any way?
<p><i>Just one more section to go...</i></p> <p>Switching focus now, I'd like you to reflect on the future and how life might be as you get older.</p> <p><i>If we get to 55 mins and not finished: we are almost at the allocated time, are you happy to continue?</i></p>	<ul style="list-style-type: none"> ○ Have you made any plans about housing and where you will live when you are older? <i>(say in the next 10-15 years?)</i> ○ What choices are available to you? ○ How much freedom do you have for e.g., to move house or in your life in general? ○ Have you made plans for being financially secure, for example, superannuation savings, or keeping working? ○ Have you considered downsizing or moving into share-housing to either free up capital or reduce living costs? ○ Do you feel that you have much control or choice in your life now that you are older? ○ There is greater policy emphasis these days on people looking after themselves as they get older. Do you feel you are adequately prepared for later life? ○ What sorts of services or help might you anticipate needing? ○ Have you explored options for care, or made arrangements with anyone to look after you when you are older? ○ What are your thoughts about residential aged care <i>(can you tell me about that)?</i> ○ The aged care system has also shifted more towards having people pay for their own care (user-pays). How do you feel about potentially having to pay for aged care services or to get care in your home? <i>(+ explain this more?)</i> ○ ***If owning their home: What do you think of the possibility that you might have to sell your home to fund care? <i>Do you think this is fair or equitable?</i> ○ Do you feel the government could do more to support older people to age in their home? <i>In what way/what sorts of benefits or services could be provided?</i> ○ What are your hopes for the future?
<p><i>I really appreciate the time you've given me today.</i></p>	<ul style="list-style-type: none"> ○ To finish up, what are the biggest issues for women ageing today? For yourself, or perhaps for others? ○ Is there anything that you would like to add that we haven't already discussed?

END OF INTERVIEW

CLOSING SCRIPT

I am now **turning the audio recorder off**.

[With the audio recorder turned off]

- How are you feeling after talking about your experiences?

*****If concerned that that they are feeling distressed:**

- How are you planning to spend the rest of the day?
- Is there someone that you can phone or meet to get support about what we've talked about today? *(For example, friend, clergy, or counsellor).*
- How do you usually take care of yourself when feeling sad or distressed?
- *[Acknowledges and encourages participant-initiated coping behaviours]*

I'd also like to remind you that you could call Lifeline on 131 114, or consult your GP.

- If needing support (housing/financial) you could call Mission Australia (WA, NSW, QLD) on 1800 269 672.
- Or the Salvation Army on 13 72 58.

Thank you for your time today.

I really appreciate you taking the time to talk to me.

B3. Participant Information Statement

Australian Longitudinal
Study on Women's Health



Complexity, choice, and care in later life: the housing and support networks of women without children.

Participant Information Statement

Document Version 1.1; dated 23/3/2017

Name
Address
Address
Town State PC.

Dear (Title) Name,

<Date>

Thank you for your continued participation in the Women's Health Australia project. We appreciate how many demands are placed upon your time and your continued involvement is highly valued. When you agreed to take part in the Women's Health Australia project we mentioned that you might be invited to participate in projects on a range of health issues between the main surveys. We would like to invite you to take part in an important extra study concerning women's experiences of childlessness in later life. Your responses and experiences are important and will serve to inform policy and services development and advocacy for women in Australia who do not have children to support them in their older age.

Who is conducting the study?

Researchers working on the Women's Health Australia project at the University of Newcastle are conducting this study. Particularly, for this study we are collaborating with Cassie Curryer, a Higher Research Degree (PhD Sociology/Anthropology) candidate from the School of Humanities and Social Sciences. This research will form part of Cassie's thesis on the experiences of ageing without children, housing, and social support in later life. Cassie is supervised by Professor Julie Byles, Director of the Australian Longitudinal Study on Women's Health, at the University of Newcastle, and Professor Mel Gray, from the School of Social Sciences at the University of Newcastle.

What is the study about?

This study seeks to explore the experiences of women who do not have children, and their expectations for housing and care needs in later life. Aged care policy in Australia

relies heavily on informal care being provided by children and family to support older women's independence and desire to age-in-place. What implications might this have for the increasing number of women who do not have children? Previous studies have shown that the voices of childless women are largely ignored in policy and academic research. This study aims to improve policy and service responsiveness towards the needs, preferences, and choices of women who are ageing without children.

Why was I chosen?

You were randomly selected from the Women's Health Australia participant database because you indicated in a previous survey that you do not have children (never given birth).

Who can participate in the research?

Women who were born between 1946 and 1951, who are single (never-married, divorced, or separated), and who are childless (whether voluntary, involuntary, or due to circumstance) are invited to participate. Please read this Information Statement and be sure you understand its contents before you consent to participate. You may like to **keep this information statement for future reference.**

What do I have to do?

If you **would like to participate** in this study please **complete the attached Participant Consent Form and return it in the reply paid envelope provided.**

If you have indicated your consent, then Cassie will call you in the next 2-4 weeks to confirm your eligibility to participate, and to arrange a time convenient to you in order to complete a telephone interview about your experiences. In particular, Cassie will ask you to talk about your experiences as a woman without children, your housing situation, and your expectations and choices re housing, care, and other types of support. The telephone interview will take about 60 minutes to complete and will be audio-recorded. Please note that during the interview you have the right to at any time review the recording and ask for sections to be erased. However, due to de-identification procedures and the study timeframe, there will not be an opportunity to review the transcript prior to analysis.

Do I have to participate?

Your **participation is completely voluntary.** If you do not wish to take part you are under no obligation to do so. You are entirely free to discontinue your participation at any time without reason or to decline to answer particular questions. Your decision to participate or not will have no bearing on your future participation in the Women's Health Australia project.

What if I do not want to participate in this study?

If you would **prefer not to participate**, or if you have any questions about this study, please call Women's Health Australia on our FREECALL number 1800 068 081.

Alternatively, you can email us at the following address: info@alswh.org.au or tear off the slip at the end of this letter and return it in the enclosed reply paid envelope to Women's Health Australia.

Are there any risks or benefits in participating?

We cannot promise you any benefit from participating in this research, however your contribution will help us to better understand how ageing without children might influence choices and needs for housing, care, and other supports in later life, and to lobby for improved policy and service responsiveness. While we do not expect that there will be any problems or risks associated with participating in this study, some people may become upset when talking about their life experiences. If you become upset by any of the questions you may stop the interview or decide to take a break. If needed, counselling support is available through Lifeline. They can be contacted on 131 114 (local call). Alternatively, you can consult your local GP.

How will the information be used?

Your interview will be de-identified, personally transcribed, and then analysed by Cassie to identify recurring themes. A key aim of this study is to raise awareness of the needs and choices of women consumers who do not have children. Therefore, the findings will be used to inform policy and services development through policy briefs, reports, academic papers and conference presentations. The findings will also contribute towards Cassie's PhD thesis.

How confidential is the information I give?

All the information you provide to us will remain confidential and will only be made available to the researchers. Your name and address will not be released and the results of the research will only be published in a form whereby you cannot be identified. This means that your name and other identifying information will not appear on your transcript (typed record of the interview), and extra care will be taken when transcribing your interview to remove information that might otherwise identify you. The study results will be reported in Cassie's PhD thesis, and used for publication purposes in academic journals, policy briefs, conference presentations, and reports.

All information will be stored at the University of Newcastle in locked filing cabinets or on a password protected computer database for up to five years, after which time it will be destroyed. Please note however, that the audio-recorded interviews will be destroyed at the conclusion of the study, following checks for accuracy.

How can I find out about the results of the study?

The results of the study will be published in the annual Women's Health Australia newsletter and annual report. Some results may also be published on the Women's Health Australia website or social media. However, all information will be de-identified to help preserve confidentiality.

Who can I contact about the study?

If you have any questions about the study, please call Women's Health Australia on our FREECALL number 1800 068 081. Alternatively you can contact one of the researchers.

Professor Julie Byles

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Callaghan, NSW, 2308
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Professor Mel Gray

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Email: mel.gray@newcastle.edu.au

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2016-0421. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, telephone 02 4921-6333, email Human-Ethics@newcastle.edu.au

The project has also received approval by the ALSWH Publications, Substudies and Analyses Committee, Approval W099.

Thank you for considering this invitation.

Yours sincerely,

Professor Julie Byles

Primary Supervisor
Director, ALSWH; Director, RCGHA

Ms Cassie Curryer

Higher Degree Research Candidate
(PhD Sociology/Anthropology)