

# **The Meaning and Experience of Downsizing: providers' perspectives**

September 2016

Dr Bev James (Public Policy & Research Ltd)

Report prepared as part of the Finding the Best Fit research  
programme



## CONTACT DETAILS

**Key contact:** Bev James, Director  
Public Policy & Research Ltd

**Address:** 44 Tirangi Road  
Rongotai  
Wellington 6142

**Phone:** 0272 478353

**Email:** [bevjames@xtra.co.nz](mailto:bevjames@xtra.co.nz)

## CONTENTS

	EXECUTIVE SUMMARY	i
1.	INTRODUCTION	1
2.	RESEARCH SCOPE AND DATA COLLECTION	1
2.1	PARTICIPANT PROVIDERS	2
2.2	DATA COLLECTION AND ANALYSIS	3
3.	PROVIDERS' VIEWS ON WHY OLDER PEOPLE DOWNSIZE	4
3.1	HOME MANAGEMENT	4
3.2	ON-GOING HOUSING COSTS	5
3.3	POOR PERFORMING HOMES	6
3.4	LACK OF ACCESS TO TRANSPORT	7
3.5	NEIGHBOURHOOD CHANGE	7
3.6	PRESSURE TO DOWNSIZE	8
4.	HOUSING OPTIONS	8
4.1	HOUSING TARGETED TO OLDER PEOPLE	8
4.2	BUYING AND BUILDING	10
4.3	RENTING	11
4.4	LIVING WITH FAMILY	13
4.5	'STAYING PUT'	13
5.	INFORMATION AND ADVICE	14
5.1	INFORMATION AND ADVICE NEEDS	15
5.2	AWARENESS OF THE AVAILABILITY OF INFORMATION	15
5.3	WHERE DO OLDER PEOPLE GET THEIR INFORMATION?	16
5.4	DO OLDER PEOPLE PLAN FOR THEIR FUTURE HOUSING NEEDS?	18
6.	KEY THEMES AND POLICY CONSIDERATIONS	19
6.1	KEY THEMES	19
6.2	COMPARING PROVIDERS' AND OLDER PEOPLE'S VIEWPOINTS	21
6.3	POTENTIAL POLICY AND SERVICE DIRECTIONS	22
	REFERENCES	24

## EXECUTIVE SUMMARY

This report presents data obtained from interviews and focus groups with service providers, about their contacts with older people who are thinking about their housing futures and/or wanting to downsize. Data was collected in 2014 and 2015 with 112 people involved in service provision, mainly in Marlborough, Nelson, Tauranga and Kawerau. Providers cover a wide range of services including housing, residential construction, real estate, social services, health and disability services, information and advocacy, financial services, legal services, councils and government agencies.

An overarching theme of providers' discussions is that downsizing cannot be separated from other considerations about older people's housing, care and support, and the information and advice needed by older people to continue to 'age in place' in their communities.

Providers identified a number of inter-related reasons for older people wanting to downsize. These were similar to reasons identified by older people themselves, and covered:

- Financial difficulties in managing the costs around property ownership, particularly undertaking home repairs and maintenance, but also rates and insurances.
- Health and mobility problems impacting on older people's ability to manage their home, or to live in it safely.
- Loss of a partner or spouse.
- Poor and costly house performance, particularly in relation to heating.
- Difficulties with transport affecting older people's ability to access services and their networks.
- Concerns about the changing neighbourhood environment.

Providers identified few housing options specifically targeted to older people in their communities. Those identified were council housing, retirement villages, developments targeted to older people and senior housing operated by not-for-profit housing providers. Other housing options available are on the open market and the same as those for other age groups: buying, building or renting.

Many of the providers see older people with immediate and urgent needs for housing-related information and advice. They identified a wide range of information needs, including in-home care, repairs and maintenance, home modifications, transport assistance, financial assistance and benefit entitlements, legal matters, the operation and performance of appliances and products, and housing options. They also observed that older people are often not aware of the range of information and assistance that is available, particularly the support that would enable them to stay in their own homes. Families play a key role in advising and assisting many older people to make their housing decisions, but providers pointed out that families often need information so that they can support their elder in making the decision.

Providers considered that those wanting to downsize face housing market supply and affordability barriers. They perceived a dearth of housing options for older people that are affordable, well-designed and handy to services. In particular, they pointed to four main gaps: smaller homes and sections; affordable rentals suitable for older people; affordable supported housing options; and Lifetime design and accessible features.

Providers identified potential policy and service responses to improve housing options for people as they age. In summary, those are:

- 1) Improving housing affordability.
- 2) Addressing current housing gaps in the market.
- 3) Assistance for older home owners living in older dwellings that may require upgrading and accessibility modifications.
- 4) Provision for a growing demand for affordable, secure rental housing among the older population.
- 5) Provision of relevant information and advice on housing options that help older people to remain independent for longer.
- 6) Assistance to help older people plan and manage a change to improve their housing circumstances.
- 7) Coordination and collaboration across sectors and services to provide support to older people making housing choices.
- 8) Greater focus on local government land use planning and regulations to facilitate smaller, affordable housing and multi-generational housing.

## 1. Introduction

This report presents data generated by the research programme *Finding the Best Fit: Housing, Downsizing and Older People in A Changing Society*, which looks at the practicalities of downsizing for older people. The report presents data obtained from interviews and focus groups with service providers, about their contacts with older people who are thinking about their housing futures and/or wanting to downsize.

A diverse and fragmented array of services provide for older people living independently in their communities. Collectively those services form a mosaic of information, advice, accommodation, support and care. Understanding the diverse perspectives and practices of providers enables a more detailed examination of the nature and extent of issues faced by older people thinking about downsizing. Providers' insights can be placed alongside the reportage and insights of older people themselves, to build a richer picture of the dynamics of older people's housing choices, experiences and needs.

The report is structured as follows:

- Section 2 sets out the research scope and data collection methods.
- Section 3 presents providers' perspectives on why older people downsize.
- Section 4 identifies the options that providers see for older people seeking housing solutions.
- Section 5 discusses the housing-related information and advice that older people seek from providers.
- Section 6 summarises the key themes arising from providers' interviews, compares those with themes identified by older people and comments on the service and policy implications of the findings.

## 2. Research Scope and Data Collection

We know very little about older people's experiences of housing downsizing in New Zealand. The *Finding the Best Fit* research programme aims to fill that gap by focusing on the realities, opportunities, barriers, risks and outcomes of downsizing.

This research does not assume that downsizing is inevitable, desirable or undesirable, but instead situates older people's housing experiences within current debates about older cohorts' housing assets, so-called 'under-occupation' of housing by older singles and couples, public and private anxieties over the costs of superannuation, health and care funding, and an increasing population of renters in future, not only among younger people, but also among cohorts entering retirement.

Broadly, the literature that has examined downsizing shows that it can take many forms, but in summary it is about reducing housing consumption.<sup>1</sup> Downsizing options range from reducing ownership shares with financial instruments such as reverse mortgages, to substituting larger with smaller dwellings, changing from ownership to non-ownership tenure, or substituting housing in high priced areas with housing in lower priced areas. This research uses a definition of downsizing that incorporates different aspects of downsizing:

---

<sup>1</sup> Judd *et al* 2012.

- Reduction in the size of dwelling and/or section.
- Reduction in value of the property.
- Shift in tenure from ownership to a non-ownership tenure.

## 2.1 Participant providers

Data was collected in 2014 and 2015 through 52 interviews and seven focus groups with providers. In all, 112 people were involved. Providers were mainly based in the research case study areas of Marlborough, Nelson, Tauranga and Kawerau. A few interviews were also conducted with providers in Auckland and Wellington specialising in services for older people, including financial and legal services.

Providers cover a wide range of services including:

- Older people's information, support and advocacy services, e.g. Age Concern, Grey Power, church support groups, Returned Services Association.
- Home based services, e.g. in-home care providers and home management services.
- Health and disability services, e.g. Primary Health Organisation, Māori health provider, pharmacy, needs assessment service.
- Financial services; e.g. bank, financial advisor, Family Budgeting Service.
- Legal services.
- Housing providers, e.g. councils, community housing providers, retirement villages, private landlords.
- Residential property management.
- Residential building industry, e.g. residential construction, repairs and maintenance, insulation providers, project management.
- Real estate sales.
- Local government.
- Economic development agencies.
- Government agencies.

All participating providers have some type of interaction with older people, although they differ in the range of older people they serve. Some providers specialise in servicing the older population, e.g. older people's information and advocacy services and in-home care providers. Consequently, they may have extensive involvement with a wide range of older people. Other providers engage with older people as part of their overall service provision. Such engagement may be with a narrow category of older people (e.g. home builders); or a broader cross section, such as older people who use a health service.

While individual providers may focus on a small section of the older population, collectively the providers who participated in this study come into contact with all ages, from people in their 50s to people in their 90s. They connect with older people who are well and active, as well as with those who are frail or need on-going support. Some of these providers have experience with older people who have considerable investments and assets, as well as with those who own their homes but have no or few other assets, and those who are tenants. Many of the providers engage with the families of older people.

## 2.2 Data collection and analysis

Data was collected through interviews and focus groups. Before those were conducted, providers were given summary information about the research purpose and aims, and contact details if they wanted more information. They were assured that information they provided would be anonymised and that any reporting would not identify themselves, their organisations or individual clients.

Both interviews and focus groups explored broad questions concerning:

- Why do older people want or need to downsize?
- How easy or difficult is it for people who want to downsize?
- Opportunities for and obstacles to downsizing in their community.
- Older people's information needs and questions about downsizing.
- What do people need to think about if they are considering downsizing?

Participants were also free to raise issues they considered important.

Interviews were semi-structured, using the broad questions listed above, with modifications according to the type of provider interviewed. For example, an interview with a health provider might focus on the supports an older person needs to remain living in their home, and the circumstances that might prompt an older person to consider downsizing. Questions explored with a financial advisor might focus on how older people manage their finances or use their housing assets, the financial products available to older people considering downsizing, the sorts of financial pressures facing older householders, and the financial information older people benefit from. Discussions with someone in the residential building industry or real estate might focus on the characteristics and circumstances of their older clients and whether those clients are downsizing or making some other housing choice.

The same set of questions was used in focus groups to guide discussions. Inevitably free-ranging discussions emerged and conversation topics varied according to the mix of providers represented. One focus group included representatives from different organisations in the same sector. Five focus groups comprised representatives of health and social services, as well as advocacy and information services. The seventh focus group comprised the broadest range of sectors and organisations, including housing providers and local government agencies in addition to health, social and information services. All focus groups enabled a range of perspectives to be expressed, different experiences to be examined and ideas to be shared.

Interviews and focus groups lasted from 45 minutes to 2 hours, with most running for around 1 hour, to 1.5 hours. Detailed notes were taken. First, notes were subject to content analysis based on the questions above. Second, themes emerging in relation to each question were identified and these formed a further basis for analysis. This process enabled the following to be examined:

- Providers' understandings about older people's experiences and decisions around downsizing, moving, other housing options and 'ageing in place'.
- Similarities and differences across and within themes.
- Similarities and divergences in the views and experiences of providers in relation to older people and downsizing.

### 3. Providers' Views on Why Older People Downsize

*Some are definitely coming in to talk about downsizing. They mean a tiny section where they don't have to worry about the garden, and two bedrooms instead of four. Some want some money left over after the move (financial service).*

*They don't see what's in front of them ... it's getting all too much, there's an inability to say 'hey, I need help' ... they can't cope, they've got poor health, their eating slips, the spouse can't cope, they're into survival mode ... repairs and maintenance is the last thing they can cope with ... I observe their houses are cold, they badly need maintenance, the windows are rotten, it needs painting (health service).*

Providers identified a number of reasons for older people wanting to downsize, which were often inter-related. The main reasons were:

- Financial difficulties in managing the costs around property ownership, particularly undertaking home repairs and maintenance, but also rates and insurances.
- Health and mobility problems impacting on their ability to manage their home, or to live in it safely.
- Loss of a partner or spouse.
- Poor and costly house performance, particularly in relation to heating.
- Difficulties with transport affecting their ability to access services and their networks.
- Concerns about the changing neighbourhood environment.

Providers noted that all these factors posed difficulties for those who wanted to remain in their own homes as long as possible, as well as for those who were looking to move.

#### 3.1 Home management

*A lot worry about their section and how to keep up the garden, it's a source of pride to them and they get upset if they can't manage (health service).*

*The biggest problem is the size of their sections ... small houses are on big sections (information and advocacy service).*

*When people have got a partner it's generally OK, one of them can do the jobs, but if they don't have a partner or their partner is ill, it's much more difficult. It's the little things that become hard (housing provider).*

Providers noted that older people find managing their property difficult for three main reasons: ongoing expenditure, physical limitations and inability to plan and manage the work. Providers identified that keeping up with home and garden maintenance are especially pressing and worrying issues for those on their own (who may have recently lost a spouse), those with health or mobility problems, those with limited resources, and those with limited social networks whom they could call upon for help, e.g. newcomers to the district, or those lacking family support.

Providers elaborated on the factors they see affecting the ability of older people to manage their properties:

- Because of physical limitations, such as failing eyesight, loss of hearing and loss of agility, older householders often do not see what needs fixing in their homes.
- Many older people are physically unable to carry out small jobs, and even if they are able to do them, lack the equipment required to do the work.
- Older people often do not have the energy to plan and organise for work to be done.
- Many older people do not like to complain. They do not alert others about the jobs that need to be done, nor are they willing to complain if they have had unsatisfactory work done.
- Pride prevents some older people admitting they have a problem. Older householders may feel embarrassed about the condition of their property and will not draw others' attention to maintenance and repairs needed.
- Some older residents do not realise the health and safety risks of failing to maintain their properties.
- Some older people consider expenditure on their property to be unwarranted 'at their time of life'.

Overall, providers reported that anxiety about managing the property is a major driver to move. But they also pointed out many of their older clients are self-sufficient and appear to manage their properties well. There was a view that many older residents have a better understanding than younger age groups about repairs and maintenance, including the need to budget for maintenance. Such individuals generally have repairs and maintenance skills, or cope well because they can call on friends, family or whānau for assistance.

### **3.2 On-going housing costs**

*Houses need insulating, they are quite cold. They can't afford to heat them, insulate them or upgrade their heating appliances ... some go without food to pay for power. (information and advocacy service).*

*They are working just to keep on top of things (health service).*

Providers observed that housing costs are drivers of moving. They mostly see older people on fixed incomes with modest assets living in small-to-medium sized homes, who are looking for ways to reduce their housing expenditure. Budget advisors and a Maori health provider reported increasing numbers of both home owners and renters struggling to budget for their housing expenses. Social, health and advocacy services noted that older home owners were worried about on-going expenses associated with home ownership, such as rates, maintenance, repairs and insurances. Significant increases in home, contents and car insurance costs have occurred in recent years, and providers were concerned that some older people are under-insuring their property. Services are also seeing older tenants struggling with unaffordable rents, and those in private rentals anxious about yearly rent increases.

Some older home owners are reaching retirement with a mortgage. One financial service noted that it has clients in their 50s and 60s with 20-30 year mortgages who are struggling to meet their mortgage payments. One real estate agent has noticed a growing number of retirees seeking to reduce their mortgage by moving to an area with cheaper housing:

*The main reason is financial. Often they have a significant mortgage and once they have got to 65 they don't have the capacity to service it (real estate agent).*

Providers also reported seeing both older home owners and renters who are concerned about the ongoing utilities costs of power, water rates, home heating and the landline. Particularly affected are those living on their own, trying to run a home on one income, as this provider observed:

*People become widowed and it throws out their budget, there's now only one income to cover everything. The living alone allowance doesn't cover everything, it's challenging. It's a devastating time and they are trying to sort out the money and they may not have been the money manager in the family (financial service).*

### **3.3 Poor performing homes**

*The care workers complain of cold in some homes ... older people hop into bed with their electric blanket (in-home care provider).*

*Waiting times [for modifications] are a problem. When you're old and frail, you need reassurance it's going to be done quickly – they haven't got time to wait! (information and advocacy service)*

Providers reported that some older people are foregoing heating their homes because they cannot afford it. Several providers reported that older people find it physically difficult to cope with fires, firewood is expensive in some areas and accessing it is often difficult, although some volunteer services provide free firewood. In-home care and health providers observed that occasionally clients are found in their homes suffering from hypothermia. A few older people are moved into residential care for the winter because their homes are so cold. Sometimes this starts as a temporary move and then it becomes a permanent residence. Providers also commented that often, older householders are reluctant to upgrade their form of heating to a more convenient and efficient form, partly because of unfamiliarity with the performance and operation of new appliances, and also cost.

Several services reported delays older clients experienced in assessment and funding for home modifications needed to improve mobility. Examples were given of older clients living in houses where they cannot get into their bath, there are no rails in the toilet and steps are dangerous. One provider reported poorly designed ramps that were un-useable, and others in disrepair.

Providers involved with older people buying or building homes noted a strong interest among this age group in obtaining a warm home, and in accessibility features. At least one housing developer noted an interest and growing awareness among older buyers about walk-in showers and level entry access.

### **3.4 Lack of access to transport**

*Loss of the driver's license means loss of independence. Reliance on family often doesn't work out ... lack of transport results in isolation and depression (health service).*

Providers commented that an older person's lack of access to transport or high transport costs can prompt a move to be closer to health services and shops. One provider's survey of its older clients found that poor access to transport is the main problem experienced. This is especially problematic in smaller settlements that do not have a public bus service or taxi service within the settlement, and no adequate public bus service to larger centres. Those settlements largely rely on volunteer organisations to transport older people to health services and shops. However, often older residents do not know about those volunteer services.

Providers pointed out that if older residents cannot access the services they need, then they can become isolated. One Maori health provider identified isolation as an issue facing older Maori, particularly those whose illness or physical impediments reduce their ability to get out of the home, and who do not have access to transport. Other providers noted that women who do not drive often lose contact with others after their husband's death. The loss of the traditional corner shop, and new subdivisions poorly connected to transport or shops create another group of potentially disconnected older residents. One provider commented:

*People bought sections [in a new subdivision] because there was supposed to be a shopping centre, they bought there with a view to retiring there but it's not well connected ... the decline in the local dairy is bad, they just can't go there for the essentials like bread and milk. It's an outing and exercise, they walk there and see people. Now you have to travel to a big supermarket. Some older areas have no dairies anymore (health service).*

### **3.5 Neighbourhood change**

While providers did not identify the changing neighbourhood as a major reason for downsizing, some providers did note that a few older people become increasingly concerned about the safety of their neighbourhood and this prompts them to think about moving. Sometimes worries about safety are a response to changing demographics of the area in which they have lived for many years and the loss of neighbours they know. Safety concerns can also spring from increases in local traffic and changing uses of the built environment that bring different people to the area. These providers observed some safety concerns on the part of older people thinking about moving:

*Neighbours and neighbourhoods change ... They talk about their neighbours moving away or dying, there's no-one left they know (health service).*

*They mention 'neighbour issues' ... we aim to provide a good quality of life in the subdivision. Easy care, open to street, good security aspects (residential developer).*

### 3.6 Pressure to downsize

Providers gave examples of older people experiencing pressure to downsize. Sometimes pressure came from family members, and other times from friends, or professionals such as real estate agents or doctors. Such downsizing conversations can stem from a genuine concern about the older person's safety and wellbeing. It can also indicate an expectation that older people should downsize at a certain stage of their lives, rather than consideration of individual needs and circumstances. In general, however, providers note that downsizing is sometimes not the best solution, and that:

*People are very functional in their own homes, even if they have a disability because they know their environment, they know where the steps are, so going to a new place might not be right for them (home management service).*

## 4. Housing Options

*There's not a lot of options for small sections with small 'nice' houses ... I don't believe we're building for the market that's coming (project manager).*

*Options are grim for those with few resources and they can't afford even to move away (housing provider).*

*There are not the options for either older home owners or renters. There's a very limited number of suitable and affordable homes under \$400,000 (housing provider).*

This section starts with an overview of the small number of housing options specifically targeted to older people that were identified by providers. Then discussion moves to other housing options, which are the same as those for any age group: buying, building or renting. Providers also talked about living with family as a housing option, although this was not considered to be common, or always desirable. Finally, providers commented on the challenges facing older people who want to stay in their home, rather than move.

### 4.1 Housing targeted to older people

Most providers said that, in their area, housing options specially targeted to older people are limited. This is particularly so for seniors on fixed incomes and with modest assets. The options they identified were:

- Council pensioner housing
- Retirement villages
- Developments or subdivisions targeted to older people
- Senior housing provided by not-for-profit organisations.

Traditionally, councils have been the most significant provider of rental housing for older people on limited incomes with few or no assets. In recent years some councils have divested themselves of the direct provision of housing, however, councils remain the primary source of secure, affordable housing for older people. Even though some council stock is old, and the original configurations of studio or one bedroom units are difficult to enlarge or retrofit, other councils are progressively insulating and upgrading the stock and making it more accessible with walk-in showers and level entry. Increasingly, amenities such as shelters and external power points for mobility scooters are being included in redesigned or

new council housing. Council stock tends to be in demand. There are long waits in some areas for vacancies and getting a unit could take up to two years.

Along with council housing, providers identified retirement villages as a well-known housing option for older people. Those providers familiar with the retirement village model expressed a range of views about its availability and suitability for older people. The benefits of that type of housing were summarized by one provider as including security, access to services and a smaller, easy care home:

*The elderly like the idea of a retirement village because [the unit's] small and new, and there's security. They know they can get extra care if needed. There's the attraction of the peer group, they know that their neighbours will be like them. If they move to just another house, they don't know who their neighbours will be (health service).*

However, other providers noted that retirement villages are not affordable for older people on fixed incomes and with few assets. There was also a suggestion that the generation soon to enter retirement would not necessarily choose retirement village living. These comments were typical:

*People want something affordable to downsize to, and retirement villages are too expensive (information and advocacy service)*

*There's emerging resistance to villages among baby boomers, whatever the option is, we want to be in control ... they've seen their parents go into a village and lose equity, they've seen the lack of control and the constraints under which people live there and don't want that (information and advocacy service).*

There was also a warning that retirement villages can be seen as the only solution to older people's housing needs, without full consideration of the range of needs and circumstances in the older population. This was raised in one provider focus group:

*What about those with no equity? I can't get a picture of what their future will be like. Not all here are rich ... the pervasive story is development, this ignores a lot of the elderly ... there's a real expectation that retirement villages are the solution.*

Some providers are aware of age-specific subdivisions and developments targeted to older people in their communities, which are not retirement villages. These developments cater for mainly home buyers, aged in their 50s and older. One developer identified "a gap in the market," targeting one development to householders aged 55 and over who want a newly built home with a section around 350 square metres and the house around 140 square metres. A key attraction of such developments is that they are pitched at an affordable price. Some also actively market features targeted to an ageing population, such as a walk-in shower, widened doorways and hallways, although often these features are not included in the base price but must be purchased as extras. In some designs there is attention to maximising storage space for the householder who has downsized. Some developments also provide space for motor home parking as a feature. There are various tenure arrangements, ranging from unit title, to freehold title, to the householder owning the dwelling but not the land. A few offer rental accommodation.

A very small proportion of senior housing is provided by not-for-profit organisations, some of which specialise in housing, and others that provide accommodation as part of a range of community services. One example of senior housing is the Salvation Army independent living units, rentals available for older people with few or no assets. Another example is Abbeyfield, which offers rental tenure and communal living with some support provided by a housekeeper. Kaumātua housing, operated by iwi or runanga organisations, is available in some areas. Some community housing providers in this study noted that, although they do not specifically provide housing for seniors, they are increasingly approached by older people needing housing. They are noticing more single people in the 50s and older age groups struggling to rent or buy on the open market. One housing trust noted that one third of the trust's properties, originally targeted to low-income families, are now tenanted by older people in their 50s-70s. Another housing trust commented that they have had a number of enquiries from older single women, including home owners, wanting to downsize to more affordable and better performing housing, either rental or ownership. A third housing trust has received a growing number of enquiries from older people seeking affordable rental housing, including former home owners and those seeking short-term accommodation.

## 4.2 Buying and Building

*People are looking for more affordable properties. They can end up selling their properties for a lot less than they want to (financial service).*

Selling one home and buying another is not a straightforward process for many retired people who have almost all their assets tied up in their home. Providers noted that older people looking to buy or build a home are confronted with two major issues: generating sufficient equity from the sale of their home to obtain another home; and a lack of smaller affordable homes. Providers had a perception that it is generally difficult for older people to get a bank loan if they have to complete a purchase or finance a build before their home is sold.

Providers were aware of a lack of smaller homes and sections. For example, the Western Bay of Plenty District assessment of housing stock revealed 10 percent of dwellings were 1-2 bedrooms, yet half the households in the district comprised 1-2 people.<sup>2</sup> Providers also gave examples in their areas of private subdivision covenants that require the building of houses above a minimum size and/or cost. Such restrictions on the supply of smaller, more affordable houses are often more restrictive than local council planning rules.<sup>3</sup> Consequently, those covenants limit choice for buyers or home builders.

Builders participating in this study considered that people in the 50s to early 70s age group were an important market segment. One builder commented that, in his area, the pre-retirement age group (50s to early 60s) dominate among clients. Another developer, the largest in its district, estimated that, in the previous year, over half of its clients were aged between 55 and 70 years. Older home builders appear to be a diverse group. Some are building a home for the first time, while others have built or renovated before. Some have limited funds, while others have accumulated considerable housing equity. Those in the building industry commented:

---

<sup>2</sup> Policy and Planning Group 2010.

<sup>3</sup> Mead and Ryan 2012.

*They're building as a treat to themselves. They always wanted a new house; some are first time building (residential builder).*

*It's all about budget. They are very clear on what they can afford. They are a real mix though, from those that can afford really expensive houses because they are coming off lifestyle blocks, to others with limited funds (developer).*

Older home builders are not necessarily looking to reduce the size of their home, in fact they may be looking for another bedroom or extra living space, as these providers suggested:

*[those aged] 50s-60s are building because they can afford it ... some still with children at home, some without. There's also an increase in renovation ... they are not necessarily sizing down, in fact they're sizing up (residential builder).*

*'Young-old' and pre-retirees are often upsizing rather than downsizing. They're wanting more space in the home, not necessarily a big section. There's a perception that bigger is better value for money, it's the price per square metre makes it seem cheaper (residential builder).*

### **4.3 Renting**

Typically, studies of downsizing focus on older home owners. This in part reflects the predominance of home ownership among older people. It also reflects the importance of owning housing assets, as those assets give householders the resources and choice to downsize. However, like older home-owners, older tenants may need to move to more suitable housing.

Indeed, such a move may be more pressing for older renters, as they tend to be more vulnerable to unsatisfactory and inadequate housing than older home owners. Older renters have less secure tenure, and their houses are more likely to be in poor condition than those of older owner-occupiers. Older renters are more likely to be faced with high housing costs and struggle to maintain their living standards, compared to older home owners who are mortgage-free.<sup>4</sup> Older renters are also more likely to experience long-term health conditions or mobility limitations, which may be exacerbated by inadequate housing.<sup>5</sup> They are less likely to access services, to maintain their independence, and more likely to enter residential care prematurely.<sup>6</sup>

Providers in all case study areas raised the difficulties that older renters have in finding housing suitable for their changing health and wellbeing needs as they age. Older people must compete with younger age groups for affordable accommodation in the private market. In public rental housing, older people are not priority applicants. Council housing or other purpose-built pensioner housing are preferred by older renters, being more affordable and offering greater tenure security. But that stock is limited in number and often has long waiting lists.

---

<sup>4</sup> Morris 2007; Rugg and Croucher 2010; Jones *et al* 2007.

<sup>5</sup> Saville-Smith 2013;

<sup>6</sup> Bridge *et al* 2008.

In all case study areas, older people's information and advocacy services, health services and community housing providers noted that they are increasingly seeing older tenants whose houses are unsuitable for them. Providers identified the most vulnerable renters as those without family support, and single, widowed or separated people who cannot afford their tenancy on their own. Problems encountered by older tenants include:

- Unaffordable rents.
- Poor security of tenure.
- Houses that are cold and in poor condition.
- Housing unsuitable for a person with limited mobility.

Providers commented:

*The queries we get are always about rental accommodation, affordability of rents is a major concern ... Many of the units are old, they are not accessible, they have no parking for cars or mobility scooters (information and advocacy service).*

*There's a lot of absentee landlords, they leave their property in the hands of a property manager, they're not doing maintenance, there's not nice rentals for older people (information and advocacy service).*

*I have been a property manager for many years and over that time have been responsible for managing thousands of rentals. It is interesting that only a handful of homes are actually accessible for people with mobility issues. I can only recall three with a ramp or wet shower with adapted toilet. At the moment we have no such homes in our rental portfolio (property manager).*

#### **Examples of older people seeking rental accommodation as reported by providers**

A recently widowed woman who, with only her pension, cannot afford the rental in her current house, is looking for more affordable accommodation.

An older home owner under financial stress wants to sell her home and move into a suitable rental.

An older home owner wants to rent out his home because rates and upkeep are unaffordable, and move into a small rental.

A family of three (two retirees and adult dependent daughter) seeking an affordable, wheelchair-friendly house because their current rental is being sold and they have to vacate.

A woman in her late 60s in a cold, damp flat seeking alternative accommodation because the flat is being sold.

A woman waiting for the sale of the family home due to marriage break-up is looking for a rental, possibly long-term.

One provider is increasingly seeing older people wanting short-term accommodation because they are between houses, or because they have a terminal illness.

#### **4.4 Living with family**

On the whole, providers did not regard living with family as a common option for older people. However, two examples were given. A few social and health services observed that they have older clients living with family out of necessity, not choice. Some are in sub-optimal situations, in a spare room or in a crowded house, where their own space and that of other family members is compromised.

The second example, purpose-built housing for multi-generational living, was noted by a few providers. One developer is building dwellings intended for extended family living, which includes a property sharing agreement for multiple owners. One council has been approached by householders wanting to build a dwelling that can accommodate three generations with their own living areas, or with accommodation for a live-in carer.

#### **4.5 'Staying put'**

There was a widespread view among providers that many older people want to remain in their family home. However, providers also distinguished two different groups of older people staying in their family home. Providers saw the first group as voluntarily remaining because they have a strong desire to live in their home until they die or are physically unable to care for themselves. Providers commented that there is also a second group that stay because they cannot downsize for various reasons. These householders may not be able to afford to move because they cannot release enough capital from the sale of their home to buy a suitable dwelling. Or they do not have the physical or cognitive capacity and practical support to plan and make the move. A number of providers commented that moving is very daunting and often overwhelming for an older person, particularly for singles or those with no family support.

Only a few providers were aware of older householders subdividing their property as a way of staying in their family home, or in the same location. Some in the building sector reported very few individual lots suitable for subdivision in their area and noted a tendency for subdivision to be done by developers, rather than older home owners managing the subdivision themselves. Those who had advised older householders about subdivision commented that it may carry the advantages of reducing upkeep and freeing up some capital. But, depending on the area, the cost of subdivision can be considerable and the planning and management involved in the process can be complex. Costs can include resource consent application fees, development contributions, application preparation, technical reports (e.g. geotechnical), and infrastructure costs. One project manager, who has advised a number of older people about subdivision requirements, encourages them to look at whether subdivision will be the best solution in years to come. That provider advises the older householder to think about not only subdivision costs, but also about whether their present location and access to services will suit them in future.

Very few providers were aware of older householders using a reverse mortgage to remain in their homes. One financial advisor, with over three-quarters of his clients in the 55+ age group, prefers to look at other solutions with clients. Another financial advisor commented that most of their older clients have not heard of the product, and it is not suitable for those who have debt or a mortgage.

Providers were of the view that older people need information and assistance to remain in their current home. They observed that while some older people are aware of in-home care and modifications to help them manage and stay in their homes, others are not aware of those services. They also pointed out that older housing stock poses difficulties for older residents, especially if it has not been insulated, upgraded or maintained in good repair. Other providers considered that some older people would benefit from help to de-clutter their homes, which would improve safety. As three providers commented:

*They can't manage but they don't want to leave their home (information and advocacy service).*

*They stay in the family home until they have to go to a rest home. But their house is not really suitable, it needs insulating and repairing (council).*

*A critical requirement for ageing in place is to make the place work, and if you can't do needed modifications or alterations, then you can't age in place (information and advocacy service).*

## **5. Information and Advice**

*One couple came in and wanted to talk about options. They were looking at either selling their home and buying a newer one, or doing double glazing. They wanted to know about the financial options available. They were interested in what they could potentially get from the sale of their house, they also wanted to know about the costs involved in selling and what would their mortgage be (financial service).*

Providers who work with older people are well placed to identify information and advice needs that older people have and the extent to which those needs are met. Information and advice needs can be wide ranging, not only encompassing housing, but also support and care. This section reports on the following:

- The information and advice needs of older people, as identified by providers.
- Whether older people are generally aware of sources of information and advice that are available, and how to access them.
- Where older people tend to get their information and advice.
- The extent to which older people are planning for their future housing needs.
- Providers' tips for older people wanting to explore their housing options.

### **5.1 Information and advice needs**

Providers identified a wide range of information needs that they encounter when working with older people. Some of those needs are articulated by the older person, while others have come to the notice of providers through their efforts to assist the older person. The information needs are set out in Infobox 1 below.

## Infobox 1: Information Needs of Older People as Identified by Providers

Home repairs and maintenance	<ul style="list-style-type: none"> <li>• How to obtain a repairs and maintenance service</li> <li>• How to assess an estimate or quote.</li> <li>• How to assess whether the price charged for a job is reasonable.</li> <li>• How to assess whether a quality job has been done</li> <li>• Information about financial assistance available for repairs and maintenance</li> </ul>
Home modifications	<ul style="list-style-type: none"> <li>• How to obtain a needs assessment</li> <li>• Funding available for home modifications</li> <li>• Equipment</li> <li>• Simple 'do-it-yourself' modification such as grab rails</li> <li>• How to find a provider to do the modifications</li> </ul>
Appliances	<ul style="list-style-type: none"> <li>▪ The performance of particular products</li> <li>▪ Replacement of appliances including old or inefficient heating appliances, stoves and hot water cylinders.</li> <li>▪ How to operate and maintain heat pumps, including establishing the temperature they should be run at, managing condensation and changing filters.</li> </ul>
In-home care	<ul style="list-style-type: none"> <li>• How to get assessed for in-home care</li> <li>• How to access in-home care providers</li> <li>• Respite care for the family carer</li> <li>• Information about other home-based services such as meal delivery</li> <li>• Information about the availability of extra (paid) care that can be accessed in addition to subsidised care</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• The taxi voucher scheme</li> <li>• Free local transport services for medical appointments</li> </ul>
Financial information and assistance	<ul style="list-style-type: none"> <li>• The correct tax bracket</li> <li>• Rates rebate</li> <li>• Disability allowance</li> <li>• Accommodation supplement</li> <li>• Financial assistance for caring for grandchildren</li> <li>• Financial literacy</li> </ul>
Legal	<ul style="list-style-type: none"> <li>• Power of attorney</li> <li>• Family trusts</li> <li>• Acting as guarantor</li> </ul>
Dealing with a landlord	<ul style="list-style-type: none"> <li>• Request for a support person to help them deal with their landlord.</li> </ul>
Housing options	<ul style="list-style-type: none"> <li>• Housing market information</li> <li>• The availability of rentals, particularly rentals for older tenants</li> <li>• Council housing</li> <li>• Retirement village housing</li> <li>• Rest home care</li> </ul>

### 5.2 Awareness of the availability of information

Providers working in financial, health, legal and social services commented that older people are often not aware of the range of information and assistance that is available, particularly the support that would enable them to stay in their own homes. In providers' opinion, this is because there is no single place where older people can go to access information they need. Typical comments included:

*They don't have any idea there are lots of things they can get and they don't have to leave their own home. They think their only option is a rest home and there's nothing in between. When we talk to them, they often say 'why didn't someone tell us about this? Why don't we know about this?' (health service).*

*Often they don't know what they want to do, or only have a vague idea. They don't know what information they need (health service).*

*Most don't know anything about services they can get and they don't question those in authority. They manage on their pension without asking for help (home management service).*

### **5.3 Where do older people get their information?**

Providers commented that family members are the most important confidantes and advisors for some older people. For that reason, providers consider it crucial to target information to families as well as older people. This is not only to ensure that older people and their families are working with the same information, but also to help families to become better informed about their older relative's needs, as well as about services, entitlements and eligibility requirements. Some providers noted that families are unfamiliar with services in their older relative's home location, especially if they live at a distance. Providers spoke about the importance of informing family members:

*There's nothing to help families to work through the options and put together the package of care and housing ... Where do people go for information? Real estate agents, the family lawyer, accountant, the family might do the research, but these are all bits of the equation, not the full picture (information and advocacy service).*

*What's there to help families to have the conversation with their elder about the help they need, and it could be residential care ... sometimes they won't listen to their children or spouse, and having another person in on the conversation can open up the discussions (health service).*

*Family play a big role in advising their parents, but often they don't have the right skills or are not aware of where to go for information (financial service).*

*The services are out there for them but they don't know and their children don't know (home management service).*

All providers saw family members as important supports for older people's decision-making, Nevertheless, some providers cautioned that the older person's confidentiality must be respected and they have a right not to involve their family. Other providers commented that some older people have no family, or their family is unable or unwilling to help, and in that situation a trusted alternative is needed. Two providers summed up these viewpoints:

*Families play a huge part in the decisions ... But ultimately you've got to sit down with the elderly person and find out what they want, often it's a bit of care in the home (legal service).*

*The family's overseas, or too busy, or the children can't cope, or they have no family, but they need someone to advise them (home management service).*

Providers noted that the use of professional advisors is not widespread. If older people use professional sources, it is usually their doctor, pharmacist, lawyer, or a community organisation that they are already engaged with. Those actively looking to buy or rent use real estate agents or property managers. Financial services suggested that it is relatively rare for older people to seek information about housing options from them unless it is triggered by a shock or change in their financial circumstances, or they need to fund a housing choice already made.

Some providers suggested that older people are not proactive in seeking advice; instead they are strongly self-reliant on their own work and life experience, reluctant to seek help from others, or concerned about cost. Comments included:

*Older single women, this is an age group where there is a reluctance to ask for help and a pride in being independent (housing provider).*

*They won't ask for help, they put on a happy face ... Their concerns get sorted out quickly. But if we weren't helping, they would have major problem (information and advocacy service)*

*Retirement is imminent, they have got an inheritance, or they have been made redundant, they need some advice ... but financial advisors are seen as expensive and not the immediate place to come (financial service).*

*Their first question is, 'how much is it going to cost?' (home management service).*

Other providers suggested that services need to make information available in ways and at times to suit older people's preferences for receiving information. For example:

*They like to ask for information when they are ready, they don't want to be bombarded (information and advocacy service).*

*It's important to build rapport and communication with kaumātua before they need services, to build trust with them, but building relationships is not funded for (health service).*

Two providers commented on the particular needs of people with dementia, their partners and families for information about both the services that would assist them to remain in their own homes, as well as about the residential care options available.

#### 5.4 Do older people plan for their future housing needs?

Many of the providers reported that they are seldom approached by older people wanting information to help them plan for their future housing needs. These comments illustrate this tendency not to plan:

*Some people who are over 65 are still working and they consider themselves pre-retirement and so their thinking and planning about housing is being pushed out to an even older age (information and advocacy service).*

*A lot of people haven't thought about their financial needs in retirement and have made no plans. They are on the edge in what should be their better times (financial service).*

*New Zealanders of all ages are not very good at planning their own lives financially – what are the spending priorities and when do they need the money, the long term expenses ... There is not a good understanding of how much people spend to stay in their own homes (financial service).*

Providers suggested that it was far more common for information needs to be reactive and driven by a health or financial problem, bereavement or sudden change in circumstances. Financial services, information and advocacy services, health services, property managers, real estate agents and community housing providers see older people who have an urgent need for housing-related advice. Comments included:

*Some are really stressed out, desperately trying to look for a home. They are not aware of their future, they get to 65 with a mortgage and freak (real estate).*

*It helps to get them to think about what they were like a few years ago, what they are like now, and what they will be like in a few years' time, so they can start thinking about their changing needs ... then they can do some forward planning before they are forced into a decision that they have to make quickly in a crisis (health service).*

*They don't know how to prepare themselves for moving to a smaller home. They need help ... It's important for people to make the choices for themselves, and that they do stuff to prepare themselves (information and advocacy service).*

In general, providers considered that, even when older householders have some time to plan, many do not look at the range of aspects involved in their housing needs. They are likely to be narrowly focused on financial or care imperatives. Providers made suggestions to help people think about their housing needs and preferences when they are assessing different housing options. These are presented as questions in Infobox 2 below.

## Infobox 2: Providers' Tips for Exploring Housing Options

- What do I want to do when I retire? Will my housing decision help me to do that?
- What are the financial implications of the housing options available to me?
- What services can I access with each housing option? E.g. can I get in-home care if I need it? Can I choose my own utilities provider?
- Is the house suitable for home care – e.g. can the carer get into the bathroom to shower me?
- Is there a spare bedroom so that I could have a carer stay overnight, or have friends or family to stay?
- Can I install modifications or do additions?
- Can I have a pet?
- Will I have to move in order to cope with frailty or reduced mobility? Can someone help me to assess my future mobility needs?
- Is it easy to access transport if I cannot drive?
- Is it easy to make friends; will I have companionship?
- What is the next transition? Does my choice today cut off future options or facilitate them?

## 6. Key Themes and Policy Considerations

This section firstly summarises the main themes emerging in discussions with providers about downsizing and 'ageing in place'. Secondly, themes and issues raised by providers are compared with the themes and issues raised by older people themselves in the report, *The Meaning and Experience of Downsizing: older people's perspectives*.<sup>7</sup> The section concludes with providers' suggestions for policy and service directions to improve housing options for people as they age.

### 6.1 Key Themes

An overarching theme of providers' discussions, was that downsizing cannot be separated from consideration of the adequacy of older people's housing, care and support services, and the information and advice needed by older people to continue to 'age in place' in their communities. In that context, providers questioned the term downsizing. While the term is widely used, providers did not necessarily consider it a useful or comprehensive term with which to encourage discussions about housing options for New Zealand's ageing population. Some providers preferred the term 'right sizing' while others talked about housing that suits personal needs.

There was also talk of expectations and pressure on older people to downsize, whether or not that is appropriate, feasible or practical for the individual. Providers reminded us that many older people who have lived in the same house for decades already live in modestly sized dwellings, and their housing issues are unlikely to be about an overly large house. Those older householders' concerns are more likely to be about the upkeep of a large section, as well as the maintenance, heating and accessibility of their dwelling.

---

<sup>7</sup> Available on <http://downsizing.goodhomes.co.nz/>

Helping people to think about and plan for their changing housing needs was a key theme. Many of the providers see people with immediate and urgent needs for housing information and advice. Their decisions are being driven by a shock or change in circumstances, often health or finance related. Providers noted that, while choice is critical to decision-making, some older people's housing choices are limited by financial constraints, failing health or a lack of information about services available to them.

Framing a broader view of housing is evident in providers' pervasive themes of planning and choice. Providers commented that, even when older householders do plan, many do not look at the range of aspects involved in their housing needs. Providers raised a number of matters that those entering retirement should consider alongside their housing needs, including financial planning, future care needs, connections with their family, community and networks, access to services, how they want to spend their time and money, and lifestyle aspirations.

Providers noted that older people are a very diverse group, with different needs. One of the areas of difference is in their connections with family. Families play a key role in advising and assisting many older people to make their housing decisions, but providers pointed out that families often need information so that they can support their elder in making the decision. Then there are the older people who do not have family willing or able to help; some providers asked how those people could be better supported to make the best housing choices.

Another area of difference highlighted by providers, is the increasing numbers in mid-life and older who are tenants, or who would consider renting in preference to home ownership if suitable rental housing were available. Providers raised as a consistent theme the problems older renters have in finding housing that meets their health and wellbeing needs as they age. They consider renters to be the group least acknowledged in discussions about downsizing. Yet older tenants have very few downsizing alternatives. There are few downsizing opportunities in the rental market, and tenants do not have the housing assets of home owners, which open up options.

The theme of barriers emerged in providers' discussions. Overall, providers considered that those wanting to downsize face housing market supply and affordability barriers. They perceived a dearth of housing options for older people in their communities that are affordable, well-designed and handy to services. In particular, they pointed to four main gaps:

- Smaller homes and sections.
- Affordable rentals suitable for older people.
- Affordable supported housing options, including rental.
- Lifetime design and accessible features.

Providers also noted that there are additional barriers, not only common to downsizing, but also common to 'staying put'. Those common barriers are:

- A lack of relevant information and advice to help older people make informed housing decisions.
- Difficulties older people experience in accessing available information and advice.

- Difficulties in planning and making changes – whether those changes are to improve current housing or to move.
- Difficulties in accessing needed services.

## **6.2 Comparing providers' and older people's viewpoints**

The broad themes raised by providers and the older people who participated in interviews and focus groups were similar.

Both providers and older participants were aware of the general meaning of downsizing as a reduction in house and section size. Older participants' views of downsizing also referred to lifestyle choice, life stage, adjustment to changes in personal circumstances, divesting of possessions and emotional aspects. Like the older participants, providers commented on the diverse, inter-related aspects of downsizing. Also in common with the older participants, the providers noted some pressure on older people to downsize, and they did not perceive downsizing as always positive or desirable.

There were overlaps in the drivers for downsizing that the providers and older participants identified. Among older participants the most common drivers for downsizing were: wanting to reduce maintenance of house and gardens; financial concerns; wanting a smaller home; and lifestyle improvement. Less common factors, but nevertheless important for some, were health and mobility concerns, moving to be closer to services, and to be near other family members. Providers identified similar reasons for older people wanting to downsize, including: financial and physical difficulties in managing home and garden; health-related problems; loss of a partner or spouse; on-going costs of being a home owner; poor house performance; poor access to services and support networks; and concerns about safety and changing neighbourhood environment.

It is notable that while both providers and older participants mentioned financial factors in downsizing, the intention to realise equity for investment or to increase consumption was not mentioned as a major driver of downsizing. Those providers dealing with older owner-occupiers with modest resources, as well as renters, reported the struggle to meet housing expenses as a motivator of downsizing. Among the mostly owner-occupier older participants, there were indications of debt, mortgages, and for a few, movement from home ownership to renting. Most of the older householders who commented on financial drivers of downsizing, mentioned their need to mitigate financial difficulties, rather than a desire to release capital to invest and to fund lifestyle choices.

Both providers and older participants identified similar barriers to downsizing arising from market limitations in the supply of housing suitable for older people. These include:

- A dearth of smaller sized, affordable properties.
- Lack of housing with accessible features.
- Dwellings poorly located to facilities and services.

Providers and older participants also identified limited or inadequate information as a barrier to downsizing. They identified a wide range of information needs among older people about in-home care, repairs and maintenance, home modifications, transport assistance, financial assistance and benefit entitlements, legal matters, and the operation of appliances. With regard to housing options, information was sought about the local housing market,

retirement village living, rental stock availability and rest homes. There was a common view among older participants and some providers that there is a dearth of impartial information about housing, financial support and care options suitable for older people. They also concurred that, while information may be available, often it is hard to locate and largely internet based, which is not always accessible.

### **6.3 Potential policy and service directions**

Providers identified a number of potential policy and service directions to improve housing options for people as they age. In summary, those are:

- 1) Improving housing affordability. Currently there is an ageing population entering retirement with limited resources and needing affordable housing. Key questions identified were:
  - What is the size of this population now?
  - What does this population look like?
  - What are their housing needs?
  - What are the trends?
- 2) How can current housing gaps in the market be addressed? Providers considered that there is particularly a need for small homes with age-friendly design, well connected to services, and affordable. Such homes should not just be available in 'seniors-only' developments.
- 3) Assistance for older home owners in older dwellings that may require upgrading and accessibility modifications.
- 4) Provision for a growing demand for affordable, secure rental housing among the older population. This demand is likely to stretch the resources and capability of not only traditional seniors' housing providers such as councils, but also require new housing solutions targeted to the needs of older tenants. Older renters not only include those who have never owned a home and those who have had to relinquish home-ownership, but also older home owners who choose to sell and rent instead as a downsizing strategy, as well as those who may need to rent as an interim housing solution.
- 5) Provision of relevant information and advice on housing options that help older people to remain independent for longer. Providers gave examples of the types of information needs including: home repairs and maintenance; in-home care and support options; and home modifications. Many of the providers considered that information and advice should focus on engaging with families as well as with older people.
- 6) Assistance to help older people plan and manage a change to improve their housing circumstances. This could be either focused on improving the current home, or moving. The sheer range of tasks involved in moving can be overwhelming for an older person. It can also be a challenge to make changes to the home to improve its functionality and safety. Providers gave examples of assistance needed including:

- Property management and repairs and maintenance services targeted to older householders.
  - Decluttering of the home.
  - Re-purposing rooms to improve the home's functionality.
  - Practical assistance with housing search, buying and selling.
  - Practical assistance with sorting, packing and moving possessions.
- 7) Coordination and collaboration across sectors and services to provide support in making housing choices. Providers noted that services do not necessarily link up to meet the range of needs. But they also pointed out good examples of collaboration and information sharing, such as older people's forums in many areas, which encourage services working with older people to meet regularly and share information.
- 8) Greater focus on local government land use planning and regulations to facilitate smaller, affordable housing and multi-generational housing.

## REFERENCES

- Bridge, C., Phibbs, P., Kendig, H., Mathews, M and Cooper, B., 2008, *The costs and benefits of using private housing as the 'home base' for care for older people: secondary data analysis*. AHURI, Sydney.
- Jones, A., Bell, M., Tilse, C., and Earl, G., 2007, *Rental housing provision for lower income older Australians* AHURI Final Report No. 98 Australian Housing and Urban Research Institute Queensland Research Centre
- Judd, B., Bridge, C., Davy, L., Adams, T. and Lui, E., 2012, *Downsizing amongst older Australians* AHURI Positioning Paper No. 150. Melbourne, Australian Housing and Urban Research Institute.
- Mead, D. and Ryan, B., 2012, *Restrictive Covenants – Is there a case for Public Plans to Control Private Planning Instruments in New Zealand?* Paper presented at the New Zealand Planning Institute Conference, 1-4 May 2012, Blenheim.
- Morris, A., 2007, Housing Tenure does Matter: Social Exclusion of Older Private Renters in Sydney, *Society of Heterodox Economists Working Paper*, 2007-07.
- Policy and Planning Group, 2010, *Housing Stock and Housing Affordability Western Bay of Plenty District*  
[https://www.smartgrowthbop.org.nz/media/44253/housing\\_stock\\_and\\_housing\\_affordability\\_research\\_report.pdf](https://www.smartgrowthbop.org.nz/media/44253/housing_stock_and_housing_affordability_research_report.pdf) (accessed 26 September 2016).
- Rugg, J., and Croucher, K., 2010, *Older People's Experiences of Renting Privately*, York, University of York.
- Saville-Smith, K., 2013, *Housing Assets: A Paper for the 2013 Review of Retirement Income*, Wellington, Commission for Financial Literacy and Retirement Income.