

Determinants of 'Ageing in Place' in Continental Europe

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ABSTRACT

'Ageing in place' is the widely extended and preferred residential way of ageing in western societies (Costa-Font, 2009). This concept refers to the capacity of older population to remain in their own home as long as possible despite changes in their needs (Means et al., 2008) and, normally, until some disability forces them to move to an institution. This residential feature is especially relevant due to the consequences of a longer life, as the increase in the length of time that the elderly live independently in their own dwellings (Tomassini et al., 2004; Oswald & Wahl, 2005). Even so, there is a few studies focused on explore the determinants that shape this kind of residential choice among elderly (Sabia, 2008). This paper aims to contribute to the best understanding of elderly residential preferences measuring the duration that elderly live in their own dwellings depending on socio-demographic characteristics, family composition and contacts, and dwelling conditions. Special attention is paid to the kind of support that the older households give/receive as determinant of the timing of ageing in place. The second objective is to compare the residential behavior of the elderly in some European countries in terms of stability, exploring the influence that each welfare system has on the 'ageing in place' patterns. The data for the analysis will be drawn from the Survey of Health, Ageing and Retirement in Europe, using 2004 and 2007 various waves,. This paper uses regression models to estimate how long elderly remain in their private homes and which determinants shape their decisions.

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Background

It is a fact that the preference of the vast majority of the elderly is to remain in their own private dwelling until some disability or chronic disease forces them to move to an institution (Costa-Font, 2009). This kind of residential choice has been commonly denominated as 'aging in place' (Means, 2008). The reasons why elderly prefer to remain in home are diverse. Firstly, older people have a strong emotional attachment to their homes. This emotional attachment arises from the fact that most relevant life events take place in the domestic sphere, especially in the family dimension, such as the birth of children and childbearing (Clapham, 2005). Secondly, in a psychological sense, at old ages, the dwelling symbolizes independence and autonomy which influence older people well-being (Gurney & Means, 1997). Specifically during old age, the influence of the residential context on the well-being is higher than during other life stages such as early adulthood. The reason is that elderly stay at home more compared with the rest of the population (Butler, 1986). Due to the decline of physical functions or changes in their routines after retirement, individuals tend to reduce their social networks and their daily habits to the domestic sphere.

The meaning of home is not the same throughout the life course. Each life stage involves a specific housing demand and implies a particular need of living conditions (Oswald & Wahl, 2005). Later life transformations can unleash negative effects on older people well-being in a psychological and physical sense, such as isolation, dependence on relatives or loneliness (Boyce et al., 2003). As Evans et al. (2002) have shown, housing quality has a positive effect on the perceived wealth and life satisfaction of elderly people. Nevertheless, the emotional attachment that older people have to their homes can lead to an imbalance between the living conditions needs and the real conditions of the dwelling they reside (Cortés & Laínez, 1998). This imbalance is produced due to many elderly live in dwellings acquired in previous life stages, when their needs were different. The mismatch between housing conditions and residential needs at older ages can be found in three different ways; a mismatch in the dwelling (lack of bathroom or shower, shortage of space, number of rooms), a mismatch in the building (no elevator or stairs, age of the building, number of dwellings, access), and a mismatch in the neighbourhood (noise, pollution, parks in the area) (Cortés y Laínez, 1998). In consequence, a dissatisfactory housing context can affect the well-being of older population, provoking an increase of their vulnerability and a worsening of their life quality.

At the same time, the elderly residential choices are shaped not only by the individual needs, but also they are fixed by the household or family needs (van Wissen y Dysktra, 1999). The exchange of support between family members determines their decisions about ageing in place. As noted by Mulder (2007), the fact that family is the largest care provider at older ages amplifies the dependence that elderly present of their relatives to make decisions about mobility. Moreover, this connection between household members can not only generate mobility but can also limit it.

To research on ageing in place and the time that elderly remain in their own dwellings is essential to deep in our knowledge of late life residential dynamics and the effect that residential choices have on well-being during old age.

Objectives & Research Questions

The objective of this paper is to identify the determinants that influence the 'ageing in place' choice by elderly households. For that purpose, the timing that elderly live in their private dwellings is measured depending on socio-demographic characteristics, family composition and ties, and dwelling conditions. The paper is also focused on how the support that the elderly give/receive, or if they do not receive any support or care, shapes the length of the private accommodation living. Finally, other objective of this research is to compare the residential behavior of the elderly population in some European countries in terms of stability, exploring the effect that the public policies addressed to benefit the ageing in place, or the lack of them, have on the residential choice patterns.

The questions that this paper aims to answer are namely: what do family and living context determinants make elderly remain in home? Are any difference in the 'ageing in place' choices between supported elderly and those that not? What is the effect of the welfare system of each country on the residential behaviors in later life?

Data & Methods

This analysis draws on data that come from the Survey of Health, Ageing and Retirement in Europe (SHARE), using the last two waves (2004 and 2006/07). This survey records retrospective information about diverse aspects of elderly life careers as work, family, health or residential features, which is sorted in thematic modules allowing linkages among life spheres. In the case of residential carers, this survey records information about the

dwellings where older people have lived, as the year of each dwelling change and the origin-destination residence.

The total sample is composed of 26.836 European individuals aged 50 over. The individuals of the sample come from thirteen countries, but for the analysis have been selected those regions with more mobility rates after 65, Sweden and The Netherlands, and less mobility rates among elderly, Spain and Italy. Even so, Germany and France can be included because these regions present an intermediate rate of mobility among elderly. The empirical model used is a regression model.

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