

Evaluating social environments: a case study of residential satisfaction in elderly shared-housing settings in Cape Town, South Africa

Susan Ndagire

Student no: KZTSUS001

A dissertation submitted in partial fulfilment of the requirements for the degree of Master of Science in Property Studies in the Department of Construction Economics and Management at the University of Cape Town

Supervisor: Professor Keith Cattell

January 2016

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As a universal fact of life, ageing is an inevitable process that each and every individual must succumb to in their human lifecycle (Frankental, 1979); Yet Residential care facilities for older persons remain in dire need of attention, with many older persons continuing to struggle for the right to adequate housing (Mathiso, 2011). We therefore need nothing less than a dramatic re-orientation of attitudes, ideas and policies towards ageing... (Kofi Annan, Secretary General of the United Nations, 2000.)

Acknowledgements

I dedicate this research paper to the individuals that have impacted my life from the moment I started the first line, through all the writer's blocks to the final completion of the paper. It has been a long slow road one which I would not have handled had it not been for the patience of my friends and family, for it is their silent but constant reminder to never give up that has pushed me on.

I gratefully acknowledge the contribution made by the residents and staff of the 'Neighbourhood Old Age Homes' organisation for so generously sharing their time and life stories, and for participating in the research study. To all the research supervisors, Jonathan Marks for initiating the research study, to Paul Bowen for editorial assistance, and especially to Professor Keith Cattell for the enormous research assistance, for the constant reminder of the significance of this paper and for believing in my capabilities as a researcher.

Last but not least to God for holding my hand, I know now that I am never alone.

List of abbreviations

CDC	Centres for disease control and prevention
CPOA	The Cape Peninsula Organisation for the Aged
DGMT	The DG Murray Trust
IAA	The Albertina and Walter Sisulu Institute of Ageing in Africa
MIPAA	The Madrid International Plan of Action on Ageing
NOAH	Neighbourhood Old Age Homes
NORC	Naturally Occurring Retirement Communities
NPO	Non Profit Organisations
NSHRC	National Shared Housing Resource Centre
STOP	The Sector Task Team for Older Persons
UNFPA	United Nations Population Fund

Abstract

The need for supportive non-conventional housing environments that encourage cohesion, conflict resolution, independence, self-disclosure, organisation, residential influence and physical comfort, amongst elderly residents is becoming critical, yet the evaluation of existing elderly housing settings is often overlooked. The aim of the research was to identify residents' perceptions of the social climate in shared housing settings, a non-conventional housing initiative being undertaken by non-profit organisations for the low-income elderly population group in Cape Town, South Africa. A case research study involved 45 participants living in 7 of the 13 shared houses affiliated to the Neighbourhood Old Age Homes (NOAH) organisation. Using the Sheltered Care Environmental Scale (SCES), participants answered 63 'Yes / No' questions aimed at revealing their opinions of the social climate in the shared homes. The initial findings detected overall satisfaction amongst most residents regarding interfacing social dynamics, suggesting high levels of perceived independence, self-disclosure and residential influence. Mixed results were generally observed regarding interfacing social dynamics related to levels of physical comfort, organisation in the homes, cohesion and conflict resolution. The findings suggest that the shared housing concept advanced by the NOAH Organisation has been able to successfully promote a sense of cohesion, conflict resolution, independence, self-disclosure, organisation, residential influence and physical comfort amongst residents, thereby playing a vital role in residents' experience of residential satisfaction in these homes.

Keywords: Residential satisfaction, residential social environments, shared housing settings

Contents

Plagiarism declaration: 2

Acknowledgements 3

List of abbreviations 4

Abstract 5

Chapter 1: Introduction 10

1. Background 11

1.1 Ageing in South Africa 11

1.2 The NOAH Organisation: 12

1.3 The NOAH Shared Housing concept 14

1.4 Problem statement 14

1.5 Research Aim 15

1.6 Research Question 16

1.7 Research proposition 16

1.8 Research Objectives 16

1.9 Justification of the research 16

1.10 Research Method And Strategy 17

1.11 Scope And Limitations 18

1.12 Structure Of Thesis 19

Chapter 2 Literature review 22

2. Introduction 22

2.1 Traditional elderly care methods 22

2.2 Shared housing 24

2.3 Residential Satisfaction theories 27

2.4 Predictors of Residential Satisfaction: 27

2.4.1 Social Relationship dimension 28

2.4.2 Group Cohesion 29

2.4.3	Conflict Resolution	30
2.4.4	Independence.....	30
2.4.5	Social Sharing - Self Disclosure:	32
2.4.6	Organisation:	32
2.4.7	Residential influence	33
2.4.8	Physical comfort.....	35
2.5	Housing model examples	36
2.6	Summary	38
2.7	Literature limitations	39
Chapter 3: Methodology.....		41
3.1	Background to Methodology Adopted.....	41
3.2	The Case Study Research Strategy.....	41
3.3	Research Design.....	42
3.4	Research Design appropriateness.....	43
3.5	The study context	43
3.6	Quantitative Data Collection Measures.....	46
3.7	Reliability and validity	48
3.8	Qualitative Data Collection Measures.....	48
3.9	Data Management	50
3.10	Data Analysis	50
3.11	Data Collection Limitations	51
3.12	Research Ethics Consideration.....	51
3.13	Summary	52
Chapter 4: Data Findings and Analysis.....		53
4.1	Data capturing objectives	54
4.2	Summary of findings:.....	55
4.3	Main Findings	56

4.3.1 Cohesion in The Sampled Homes	56
4.3.2 Organisation in the Sampled Homes	57
4.3.3 Conflict And Conflict Resolution In The Sampled Homes.....	58
4.3.4 Independence:.....	60
4.3.5 Self-Disclosure:	61
4.3.6 Residential Influence:.....	62
4.3.7 Physical Comfort Support Forums:.....	63
4.4 Conclusion.....	64
Chapter 5: Data analysis and findings	66
5.1 Cohesion.....	66
5.2 Conflict.....	68
5.3 Independence.....	70
5.4 Self-disclosure	71
5.5 Organisation	72
5.6 Residential influence	73
5.7 Physical comfort.....	73
Chapter 6:	75
Conclusion and recommendations	75
Chapter 7: Future suggested research areas	78
References	80
I. Appendix A: Ethics clearance.....	84
II. Appendix B: Ethics Clearance forms	85
III. Appendix C: Ethics Clearance Discussion Paper.....	86
IV. Appendix D: Informed Consent Form	87
V. Appendix E: Sheltered Care Environment Scale Form R	89

List of Tables

Table 1: Sheltered Care Environmental Scale (SCES) Subscale Description

Table 2: Distribution of Respondents in each home

Table 3: Summary of Findings from 7 homes

List of Figures:

Figure 1: Model of the relationship between program, social and personal factor

Figure 2: Length of stay and Gender distribution

Figure 3: Measure of Cohesion across all homes

Figure 4: Measure of Organisation across all homes

Figure 5: Measure of Conflict across all homes

Figure 6: Measure of Independence across all homes

Figure 7: Measure of Self Disclosure across all homes

Figure 8: Measure of Residential influence across all homes

Figure 9: Measure of Physical Comfort across all homes

List of Pictures:

Picture 1: NOAH homes; street view of homes in various residential neighborhoods

Picture 2: NOAH homes; typical shared public spaces

Picture 3: NOAH homes; typical private personalized spaces

Chapter 1: Introduction

The purpose of this research study is to examine the shared housing concept initiated by the Neighbourhood Old Age Homes (NOAH) organisation for elderly residents with the aim of exploring organisation's success levels at implementing a shared housing model and its impact on the nature of opinions developed by residents about these shared homes. By identifying the different opinions held by residents about particular known residential satisfaction attributes that include; cohesion, conflict, independence, self-disclosure, organisation, residential influence and physical comfort, it is hoped that the research will be able to provide conclusive reports on elderly residents experiences of residential satisfaction in NOAH's shared housings settings. This research report focuses on the findings of quantitative data generated from 45 participants living in the NOAH Organisation's shared houses, one of many organisations that believe that the shared housing setting. Such a focus is important in future planning, design and construct processes of suitable housing for future generations of older people, informed by the knowledge that domestic environments have the potential to be enabling settings that can support daily routines and priorities (Kahana, Lovegreen, Kahana *et al.*, 2003).

Social researchers have conceptualised residential environments for elderly people as complex, symbolic and embodied spaces that extend beyond the physical environments (Lawton, 1983; Willcocks, Peace and Kellaher, 1987; Kahana *et al.*, 2003; Makiwane and Reddy, 2013). In their studies, elderly residential environments have been theorized as one of the main elements that impact upon elderly people's general well-being (Brink, Brooks-Gunn, Duncan *et al.*, 2014). As observed by Brink *et al.* (2014), the residential setting encompasses more than a symbol of quality of life. Among other things, these settings encourage linkages between the physical and emotional aspect of a person's life, and become places where relationships between people are built. Similarly, the nature of a housing setting and its immediate environment is known to impact on the psychological well-being of elderly people, encouraging a sense of belonging, independence and security, affecting self-expression, and accounting for both mental and physical health (Ahrentzen, 2003). Consequently, the concept of housing should go beyond mere provision of affordable houses for the country's urban poverty stricken population, to understanding the issues that contribute to positive social environments.

Although studies have broadly described the physical importance of a housing setting for elderly residents, they rarely include actual experiences or observations of actual behaviour as expressed by residents (Coleman and Iso-Ahola, 1993) and this research report attempts to rectify this gap, by examining elderly residents' experiences of shared housing settings, while drawing attention to the complexities of living in a shared environment and its impact on the social wellbeing of the elderly people. As global population ageing continues to become a phenomenon, it is becoming more important to focus on reviewing the appropriateness of existing non-conventional housing options for elderly residents in meeting their social needs, while maintaining their quality of life (Adriaanse, 2007). The shared housing concept presents an opportunity to explore the social dynamics amongst residents in these settings. The evaluative process is envisioned to illustrate the social relationships that are constructed by elderly people about their physical shared housing settings, whilst also providing a broad understanding of the elderly population's current changing needs and preferences. While there can be no 'perfect' housing solution for the elderly population group, given the different cultural and social economic needs of each person, a research driven environmental assessment of the existing shared housing settings would assist in creating awareness of the dynamics that evolve as a result of living in such a setting, identifying areas where the shared housing concept might be lacking in terms of providing a supportive, safe, adaptive and accessible shared space that boosts the healthy ageing process for elderly people.

1. Background

1.1 Ageing in South Africa

According to Byrnes, Lichtenberg and Lysack (2006), one cannot shy away from acknowledging the concerns of an aging population, particularly in developing economies in sub-Saharan Africa. In this setting, the ageing phenomenon occurs amidst environments characterized by persistent poverty, limited economic growth, high unemployment levels, political instabilities, corruption and deaths from chronic disease (Ramashala, 2002). In addition, the traditional informal social security systems that were once derived from the nuclear and/or extended family support structure are rapidly disintegrating (Kalasa, 2001), leaving the elderly people to constantly experience social exclusion and alienation from their immediate families who became less willing or able to help in times of need (Age-in-Action, 2011).

Within the Southern African region, South Africa accounts for the most rapidly ageing population on the continent. It is estimated that approximately 8.4 % of South Africa's population of 54 million people are 60 years or older, with the proportion of elderly population anticipated to increase over time (Statistics South Africa, 2014). Consequently, the majority of these social pensioners reside in the urban areas of South Africa's major provinces. Having survived the country's apartheid regime, the majority of the elderly population is heavily reliant on the social old age pension for income, access to decent housing, and access to public health care facilities (Makiwane and Reddy, 2013). As Ageing in South Africa's major urban cities continues to become a reality for many people (Makiwane, Schneider and Gopane, 2004), the country's current elderly residential housing inadequacy poses a great threat to the livelihoods of low-income elderly population, compounded by conservative perceptions of dependency that provide a foundation upon which numerous elderly housing initiatives are often implemented (Statistics South Africa, 2014).

In addition, limited effort is being taken to evaluate the state of social environments in existing elderly housing settings (Republic of South Africa, 2010). It is estimated that 230,000 of the approximately 550,000 elderly people live in the Western Cape are considered to be social pensioners and the South African government only funds the accommodation of a maximum of 10,000 people in residential care settings through various organisations (The DG Murray Trust, 2012). With an already existing social housing backlog (Statistics South Africa, 2014), it is further estimated that by 2050, a significant number of elderly people will be living in poverty stricken conditions (Guzman, Pawliczko, Beales *et al.*, 2012). Consequently, as South Africa continues to face a critical deficit with regards to providing affordable, socially-supportive housing options for its low-income elderly population group (Brink *et al.*, 2014), the demand for alternative non-conventional elderly housing initiatives such as shared housing is escalating (Marindo, Groenewald and Gaisie, 2008). This housing model is gaining popularity amongst the elderly low-income population group faster than the diminishing state resources can accommodate.

1.2 The NOAH Organisation:

Against a backdrop of economic inequalities, the shortage of affordable housing options for low-income elderly people is paving the way for the introduction of an alternative shared

housing living arrangement in South Africa. The 45 elderly people whose opinions were captured in the research live in 7 of the 13 homes affiliated to the NOAH Organisation.

The NOAH Organisation is a non-profit organisation that was founded in 1981 with the aim of supporting state pensioners residing in the urban areas of the Western Cape Province. Recognising the long term benefits of provision of equal affordable housing, health and social opportunities to every elderly person, the NOAH Organisation set off to adopt a British founded innovative ‘Abbeyfield’ shared housing model that offered elderly people an opportunity to live in dignity, age actively, retain as much independence as possible, age in place in neighbourhoods that they grew up in, and become active contributors to society, whilst reducing the burden of care for families, communities and the state (The DG Murray Trust, 2012). In so doing, the organisation believes that state pensioners are able to continue to lead purposeful and contributing lives in communities they are familiar with if provided with an appropriate environment to do so.

With the help of other member organisations and corporate funding initiatives, the activities of the NOAH Organisation have spearheaded the drive to inform the Government and the general public of the various social, economic and financial issues facing the elderly population in South Africa’s urban and rural communities. The organisation’s philosophy is centred around a three pillar structure of non-discriminatory provision of home, health and happiness for every older person (The DG Murray Trust, 2012). Within these principals, the organisation supports active ageing, all homes are managed on principals of independent living, which allows able bodied residents to take full responsibility of their day to day household activities, healthy ageing that offers residents access to communal healthcare facilities and services at clinics managed by the organisation, as well as happiness, as residents gain access to social support services, peer group support services, and cultural exchange.

NOAH has to date acquired a total of 13 shared homes spread over eight community residential neighbourhoods (Woodstock, Atlantis, Rondebosch East, Athlone, Elsies River, Khayelitsha, Parow and Stellenbosch) within the Western Cape province. These homes provide affordable, safe housing for approximately 120 independent low income elderly residents, and provide a range of primary healthcare and social support services to over 700

elderly pensioners that reside in the surrounding communities in the Western Cape. It is at these community centres and clinics that the elderly gain access to companionship from their peers, and get involved in social inclusive activities.

1.3 The NOAH Shared Housing concept

Typically, the shared housing model is an '*age in place*' non-institutional housing model that focuses on the provision of affordable supportive housing for low-income elderly people in neighbourhoods that they have grown and lived in, with the aim of improving the quality of their lives (Phillips, Ajrouch and Hillcoat-Nallétamby, 2010). The model allows elderly, unrelated, residents to share both public and private residential spaces and is being embraced in both developed and developing countries (Hallman and Joseph, 1997). All the homes are located in the residential fabric of relatively safe and secure neighbourhoods. They share similar physical characteristics, regarding property sizes, sizes of rooms, as well as the number of residents accommodated. Each home accommodates up to fifteen residents of similar age who share public spaces such as the kitchen, dining, lounge spaces, bathroom and courtyard, and have access to private bedroom spaces. Generally residents in these homes can be characterised as able-bodied, low-income, elderly people who have the ability to live an independent lifestyle, though surviving off a State pension. Coupled with the housing model is the provision of various community-based social supportive services and facilities accessible to every resident, such as healthcare services, life skills training, educational programmes, wellness activities and shuttle services (The DG Murray Trust, 2012). It is in this shared housing setting that the research study seeks to focus by way of exploring the opinions developed by residents about the shared housing model, and in turn highlight experiences of residential satisfaction as expressed by elderly people making use of these housing settings.

1.4 Problem statement

Much of the focus from previous research studies about the elderly population has centred on the implications of diminishing income sources, escalating dependency and resultant projected increasing costs on the public health care system. Very little attention has been devoted to assessing and evaluating aspects of the ageing process such as housing, transforming social needs and various other factors that contribute to healthy ageing (Sivam and Karuppanan, 2008). One of the major problems confronting planners, policy makers and

organisations attempting to provide housing services to the elderly population in Africa is the absence of reliable research data about the transforming needs of the elderly population group. Due to a general lack of awareness of how individuals relate to one another forging some sense of private life in one such public space (Cutler, 2000), residential satisfaction particularly in shared housing settings is a phenomenon that has not been fully investigated in previous research studies. In settings such as nursing homes, and assisted living homes, where residential satisfaction has been investigated (Gitlin, 2003), a limited range of home environments have been sampled, and as a result, people from a wider range of socioeconomic, racial and ethnic background have been poorly represented.

Further, there is a need to critically evaluate the various principles governing the provision of housing for the elderly as well as the assessment procedures adopted. Recent trends in policy oriented research on assessment of environments such as neighbourhoods, or housing settings for the elderly, have taken a narrow focus of analysing the issues, which in turn classify problems and formulate policy (Gitlin, 2003). In other words, research studies on housing conditions have often relied on making an inventory of issues faced by the people about their residential settings or neighbourhoods, and the results have been used to dictate housing interventions, and map out urban regeneration (Adriaanse, 2007). The challenge faced with this type of assessment procedure is that it pushes for the ideals of the policy makers that are often not in line with the needs of the end users. It is therefore essential to use known factors that play a vital role in determining people's satisfaction with respect to their housing conditions, in order to evaluate the effectiveness programmes geared at provision of more cost effective residential care settings geared at encouraging socially supportive healthy ageing spaces. This study addresses that gap.

1.5 Research Aim

The main aim of the research study is to evaluate the quality of a typical shared housing model as implemented by the NOAH Organisation, based on the residential satisfaction perceptions held by the residents within these settings. Participants are required to share their opinions on levels of independence experienced within the shared housing setting, the nature of communication and conflict resolution amongst residents, levels of participation amongst residents as well as their experiences of safety, security and physical comfort within the homes. Based on the data generated from the research findings, the study aims to draw conclusions on whether the shared housing model that is advanced by the NOAH

Organisation provides socially supportive environments where elderly residents experience residential satisfaction.

1.6 Research Question

The overarching research question is:

What does the shared housing model advanced by the Neighbourhood Old Ages Homes (NOAH) Organisation offer in light of socially supportive residential environments for elderly residents?

1.7 Research proposition

The NOAH shared model mimics a conducive environment where residents experience heightened levels of cohesion, encouraged sense of independence, high levels of organisation, encouraged self-disclosure, encouraged residential influence and physical comfort coupled with low levels of conflict. Positive sentiments will be indicators of positive experiences of residential satisfaction that each resident should report irrespective of their social demographic composition.

1.8 Research Objectives

The research study identified NOAH's shared housing settings accommodating elderly residents based in Cape Town within which the study would be undertaken. Survey instruments would be supplied to willing residents to answer questions related to the seven known attributes of cohesion, conflict, independence, self-disclosure, organisation, residential influence, and physical comfort that they experience as a result of living in a shared housing setting. Based on the findings from the data collected, the study would draw conclusions on whether typical elderly shared housing setting is socially supportive environments for elderly residents.

1.9 Justification of the research

The concept of residential satisfaction in the evaluation and assessment process is not only considered an important component of an individual's livelihood, but has also been known to provide an indication of the way people respond and adapt to the residential environment (Lu, 1999). Consequently, there is an urgent need to understand and promote non-conventional housing opportunities and settings that encourage health ageing among the elderly population

in South Africa. In these settings, low-income elderly people stand a chance of experiencing active healthy ageing, while gaining access to services they would otherwise not have been able to afford. Further, previous studies have been typically needs based studies, focused on physical needs of the elderly as opposed to the emotional and social needs. As a result, implementation has been centred on provision for the physical needs, in the form of grab rails, ramps, and disabled toilets etc., based on opinions held by service providers about the needs of the elderly - opinions that may not necessarily be in line with those held by elderly people themselves.

This study is unique in that it focuses on exploring the opinions held by the residents about their residential setting. It goes beyond focusing on physical needs to assessing how various factors such as independence, communication, cohesion, safety and security, and participation affect the sense of residential satisfaction that residents experience in a typical shared housing setting. Based on the responses generated from the fieldwork, the study further embraces the notion that, although the respondents are termed 'elderly' they are still able-bodied fit and have the ability to live active lifestyles if given the appropriate platform and setting to do so.

Therefore understanding the role that residential satisfaction plays in a shared housing setting is critical when assessing the quality of existing housing settings as well as developing new appropriate and effective elderly housing strategies that encourage healthy ageing. Additionally, the study can be used as an informative tool for policy formulation and implementation of facilities for the elderly population; where these facilities would encourage a holistic approach to healthy active ageing, while reducing the need for dependency on scarce government resources. Lessons can be learnt from the shared housing concept for future provision of appropriate residential settings that encourage a lifestyle where the elderly are not isolated from the general public, settings that encourage a sense of independence and belonging.

1.10 Research Method And Strategy

The rationale for investigating the concept of residential satisfaction in a typical elderly shared housing setting as explored through the assessment of residents' appraisals of their residential setting is so that first-hand, rich data can be captured from elderly research participants' subjective appraisals of their housing settings. This research strategy has been adopted and consistently documented in the gerontological literature (Yin, 1994; Moos and Lemke, 1996;

Gitlin, 2003) and is considered an important contributor to understanding the complex nature of these settings.

A case study research strategy was adopted; involving observation and interviewing of elderly participants that were currently living in the various NOAH shared homes. The methodological framework that was adopted was primarily a quantitative theoretical approach with insights from qualitative secondary data. The primary quantitative theoretical approach involved using the Sheltered Care Environmental Scale (SCES). The instruments, focused on each particular housing setting, highlighting residents and staff characteristics, the objective characteristics of the housing unit, policies applied and services rendered to all residents. The instruments were distributed to willing participants in the various shared homes, and the participants at their own discretion were required to answer questions related to levels of cohesion, conflict, independence, self-disclosure, organisation, residential influence, and physical comfort that they each experienced. Some participants did not understand the questions posed, and in such cases the researcher was available to explain to them. Not all residents in the various homes agreed to take part in the research study, in fact some homes opted not to participate altogether for reasons they were unwilling to share.

The qualitative secondary data came from focus group interviews, where participants were requested to answer particular questions in an informal discussion. The main justification of use of this particular case study approach was to focus the research on the phenomenon of residential satisfaction in typical shared housing settings for elderly residents, a concept that has not been fully investigated in this particular housing setting. The case study approach was adopted to gain an in-depth understanding of the dynamics that evolve among residents in these settings. Further still, various scholars have made use of the mixed methods case study approach in their quest to understand the ageing phenomenon and conducive environments within which the healthy ageing process occurs (Nydegger, 1983; Aboderin, 2004). Consequently, the mixed methods approach provided the study more depth since each method was structured to accommodate for the purposes of the study while also compensating for the inherent weaknesses of the other.

1.11 Scope And Limitations

The target group was limited to fit elderly people currently making use of any one of the shared houses affiliated to NOAH, and in particular to those who still retain their physical and

cognitive capabilities and can perform minimal day to day duties unassisted. The research study therefore assumed that all the residents that willingly participated in both the focus group discussions and questionnaires were mentally and physically able to participate in the study, and had clearly understood the aims of the study. The study also assumed that the responses were true with regards to the opinions that the participants held and shared at the time of undertaking the fieldwork.

Since the NOAH shared housing model advocates for independent living, with very limited support from staff members, and the research aims were focused on residents' opinions of their residential setting, the study was limited to the elderly residents in shared housing settings with very limited focus placed on opinions held by the support staff members, or those held by residents in assisted living homes affiliated to the NOAH Organisation.

The research study was limited to assessing the housing settings purely on the basis of the subjective perceptions, feelings and attitudes held by the residents towards their dwelling unit, the neighbourhood and the factors that could possibly influence their experience of satisfaction towards their residential setting. This consideration does not undermine the importance of objective factors in the evaluation process, but rather explores the influence of these factors as experienced by the research participants themselves. It is important to note that the subjective nature of the concept of residential satisfaction often lends itself to different evaluative processes by different people due to difference in needs and aspirations, There may exist possible bias on the part of the participants with regards to the opinions that were expressed, especially when they discovered the intentions of the research. This might distort the research findings. None the less, keeping to the principles of ethics, the purposes of the research were declared to all residents and staff members.

1.12 Structure Of Thesis

Chapter One: Introduction

This chapter provides a brief introduction and background to the nature and importance of housing for the elderly population in South Africa, linking it to the concept and importance of residential satisfaction to the wellbeing of elderly people. The chapter further provides a general justification for the necessity to undertake an assessment of existing elderly shared housing settings based particularly on the opinions held by the elderly residents themselves

about their experiences of satisfaction within these settings. It formulates the core research problem and highlights key questions that are investigated and answered from data generated from qualitative and quantitative mixed methods. Finally chapter one presents the scope and limitations of the research as well as the structure of the research report.

Chapter Two: Review of Literature on Residential Satisfaction

This chapter briefly introduces the concept of residential satisfaction and its relation to the evaluation of elderly residential settings. It highlights previous literature that has been undertaken by researchers with regards to measuring satisfaction in residential settings, the approaches that have been developed, and the factors that have been considered when assessing residential settings as well as the current gaps in literature that can be addressed by the current study. Finally the review addresses the challenges that previous research studies have faced when it comes to measuring satisfaction in elderly residential settings, and provides a background for the selection of appropriate methodology for future studies in this field. The theories outlined serve as a basis upon which to explore and assess the concept of residential satisfaction in typical shared housing settings in South Africa and will be used for later empirical analysis of these settings.

Chapter Three: Research Methodology and Design

This chapter provides an in-depth explanation of the research strategy that has been applied to the research study within a particular framework and the justification of its application to the study, obtained through a review of similar studies that have adopted the strategy in question. The chapter further provides a detailed explanation of the research design processes citing how the research was conducted as well as the instruments employed to collect and analyse the empirical data.

Chapter Four: Data Presentation and Analysis

This chapter presents patterns of results and analyses them in order to deduce their relevance to the research questions. The objective of this chapter is to clearly organize the data into summary tables so that the reader can clearly identify patterns in the mass of data. This chapter presents and analyses the collected data from participants that reside in the various elderly shared housing settings. Conclusions, recommendations and areas for further research are identified in the following chapters.

Chapter Five: Discussion

In light of the data presented and analysed, this chapter evaluates the research propositions and further discusses the data, linking it to the literature reviewed in order to ascertain the data's relevance to the research question and propositions.

Chapter six and seven: Conclusion and Future Research Direction

These chapters draw conclusions in the light of the reviewed literature and field research findings. They discuss the results of the model used test effects of shared housing settings on experienced residential satisfaction as expressed by elderly residents. The chapters ends with recommendations and suggestions of areas for further research.

Chapter 2 Literature review

2. Introduction

There has been a steady progression of enquiry into residential settings for elderly people, from the era of basic descriptive studies of home arrangements, to explanatory models of adaptive behaviours (Balestra and Sultan, 2013), home environmental setups, and eventually to predictive knowledge regarding outcomes of home based interventions (Gitlin, 2003). Assessing the quality of housing settings with the aim of measuring residential satisfaction has required enquiry in assessing the social climate within these settings. In recognition that the house and neighbourhood are more than just their physical components, studies have evaluated the individual's interaction with their environment, as well as the environment's influence on the individual (Byrnes *et al.*, 2006). Many of these studies have found that the more favourable the physical and social environment, the more positive its impact on well-being (Lawton and Nahemow, 1973, 1980; Kahana *et al.*, 2003).

Further, the rationale for studying home environments for elderly residents has been based on previous studies documentation of the importance of the subjective appraisals by elderly people of their housing settings (Lawton, 1983; Lu, 1999; Kahana *et al.*, 2003; Lee, O'connor, Smith-Ray *et al.*, 2012), and its linkages to wellbeing. The importance of residents' opinions of their housing settings has gained recognition especially when related to improvement of service quality (Willcocks *et al.*, 1987). This literature review briefly discusses the main approaches that have been developed by researchers with regards to evaluating the social climate in shared housing settings, to ascertain whether shared residential settings foster residential satisfaction. The review further provides an overview of the major principals that have been considered when assessing the social climate in elderly residential settings, as well as background and context for the current study, highlighting the gaps in the literature that can be addressed in the study. For the purposes of this review, the term 'residential environments' refers to the dwelling unit (house), its inhabitants (residents) and the physical and social characteristics of the neighbourhood within which the unit is located.

2.1 Traditional elderly care methods

Prior to colonialism, indigenous African societies had relatively self-sufficient social systems developed on fundamental principles of mutual respect and intergenerational exchanges (Cattell, 1993). Traditional indigenous beliefs and cultural values spearheading the provision

of housing and social support for the elderly population (Cattell, 1993). These principals encouraged parents to take care of children who in turn would take care of them when they became elderly. Based on the mutual understanding that everyone would eventually become elderly and require assistance, the extended family household composition developed, made up of a diverse helping network of interdependent kin (Cattell, 1993). In these settings, the principal of seniority was often translated into expected respect for the elderly, expressed through provision of mutual social support from children and relatives in those times when physical frailty prevented the elderly from having the ability to fend for themselves (Peil, 1995).

Traditional communities as described by (Amole, Korboe and Tipple, 1993) common to many African cities were characterised with residential compounds that belonged to families, rather than to individuals. These residential compounds took on vibrant life of their own, with the form designed to be closely related to the people's social and cultural customs (Moughtin, 1964). A typical compound accommodated an intergenerational extended family population made up of a cluster of traditional houses, one for the polygamous male head of the homestead, his wives and children (Van Vuuren, 2011). This setup offered a greater degree of privacy when needed, with the option to engage in family or community activities when the homestead chose to. In the absence of welfare programs, a communal homestead was one of the guaranteed ways to secure accommodation for weaker family members and assistance in later life for elderly people in indigenous African societies. In addition, these compounds offered additional status for the male head, and served as a meeting ground for community political and social contact since community members often congregated at homes to engage in conflict resolution processes (Peil, 1995). Further, close relationships were maintained by children and relatives who hoped to inherit the homes and properties that their parents owned. Peil (1995) cites a few African cities such as Madina in Ghana, and Sierra Leone where the home ownership method of support for the elderly was and still is highly practiced, with properties often being acquired through inheritance from parents or grandparents.

Today these traditional setups are struggling to survive modern development and trends. Amole *et al.* (1993's) examples describe the break-up of these large family compounds with the introduction of Christianity and Islam influences that started advocating for nuclear family units. Post-colonial literature suggests that urbanisation, economic and political instabilities,

and geographic dispersion of families are some of the trends that have been considered strong contributing factors to the weakening of traditional family and community support systems for the elderly population. The corresponding intangible social elements associated with traditional communal living are also being largely eradicated. Non the less, in developing countries where state based social security systems have not been fully developed to accommodate the transforming needs of the elderly, research report that the majority of these elderly still live in multigenerational households with the extended family and community still constituting the primary source of elderly care (Apt and Gricco, 1994).

2.2 Shared housing

Defined broadly, 'Shared housing' is a term that has been used to describe a housing arrangement that combines common facilities for joint use, with shared roles and responsibilities designed to govern the use of these spaces (Procupez, 2008). The term has previously been adopted particularly when describing single family dwellings, or planned unit developments that use formalized sharing to enhance people's access to alternative affordable accommodation. Although various development regulations and principals governing the provision of housing for the elderly have restricted the support for the shared form of housing for the elderly (Cutler, 2000; Gitlin, 2003; The DG Murray Trust, 2012), the growing need for affordable housing has none the less led to the increasing development of residential structures designed to meet a population with a diverse assortment of social needs. Various shared housing models such as co-housing, congregate housing, group housing, transitional housing, have been designed to allow individuals with limited budgets possession and control of some portions of private space where in some instances residents are offered either private or shared sleeping rooms, as well as other common spaces within the dwelling unit such as the kitchen, bathroom and yard (Willcocks *et al.*, 1987; Procupez, 2008).

Previous studies have presented evidence that the concept of shared housing is not new or unique to elderly residents. A study undertaken by Gutman and Blackie (1984) highlighted a growing interest in similar living conditions among many single parent families that could not afford conventional housing arrangements, single adult families, households that take in next of kin or friends suffering social or economic hardships, as well as unemployed homeowners who wish to reduce their living costs. The shared housing model is none the less being considered across all age categories, due to its ability to provide access to good neighbourhoods for people that could not initially afford to live there (Gutman and Blackie,

1984; Ahrentzen, 2003). Gutman and Blackie (1984) further report on the flourishing of intergenerational households as a result of shared housing. Similarly, Ahrentzen (2003) also suggested that shared housing actually enhances healthy living conditions among residents.

A shared housing setting therefore aims to create some semblance of a home environment for residents (Gutman and Blackie, 1984) using the basic home environmental principles such as belonging, familiarity, convenience, comfort, safety and security etc. (Lundgren, 2000). Far more than just being a shelter from the elements, a home has been reported to provide a primary setting for an elderly person's domestic life; it grounds the sense of belonging, and sense of security (Gutman and Blackie, 1984). Similarly, the shared housing setting is reported to provide an environment that encourages social interactions, whilst being valued for its location, and proximity to amenities and services (Gutman and Blackie, 1984). For an elderly person, a housing setting and its location accounts for their comfort levels, safety and general wellbeing, considering they spend a substantial amount of their adult livelihoods in and around their residential neighbourhoods (Zaff and Devlin, 1998). Therefore based on the above mentioned positive attributes, it is anticipated that a shared housing model can replicate and enhance similar experiences of satisfaction for especially elderly residents if the same principles are introduced the housing model.

Residential satisfaction

With health being largely a product of social and physical environment, living conditions play a major role in the ageing process (Cutler, 2000). The term 'residential satisfaction' refers to the residents' appraisals of their residential environment, based on the notion that positive sentiments about a residential situation denote satisfaction, and vice versa (Lu, 1999). Satisfaction within residential settings is dependent on how well the setting fulfils the needs of its occupants (McGuinn and Mosher-Ashley, 2001) and is generally known to be a complex attitude that encompasses residents' satisfaction with the dwelling unit, and satisfaction with the neighbourhood within which the unit is located (Lawton and Nahemow, 1973; Lawton, 1983; Kahana *et al.*, 2003). This implies that high satisfaction occurs when the surrounding environment meets the individual's needs or expectations. Studies that have examined residential satisfaction and psychological wellbeing in context to older persons' housing needs have referenced their studies to residents' appraisal of various important social features of a home and its surroundings such as the comfort of a home, temperature and

lighting levels, ambiance and noise levels, décor and smell, as well as structures that facilitate social interaction such as common areas and parks (Amérigo and Aragonés, 1997). These researchers suggest that the subjective environment exerts greater influence on the evaluative outcome of residential satisfaction than does the objective environment, which in turn affects the individual's psychological wellbeing. Although a number of physical features such as level of income, tenure, home size, neighbourhood and house character and or quality (Lu, 1999), have been identified by empirical studies as either common determinants or predictors of residential satisfaction, social factors such as noise levels, location of homes, congestion, safety and security, availability and access to structures that facilitate social interaction, encourage an independent lifestyle, and foster both public and personal space have also played a vital role in the prediction of residential satisfaction (Amérigo and Aragonés, 1997). Consequently, according to Perez, Fernandez, Rivera *et al.* (2001) an unsuitable relationship between the residential environment and an elderly person's physical, social or cognitive abilities could result in a loss of independence, increased dependency, reduced productivity, isolation and, in extreme circumstances, it can result in depression and premature institutionalisation.

Therefore conceptual framework presented for the literature review summarizes how known components have the ability to influence opinions and perceptions of satisfaction amongst residents in shared housing settings. Residents' opinions and perceptions are considered the basis upon which satisfaction and, in turn, quality of a setting can be measured. Lu (1999) emphasises the importance of perception on the premise that what is important in determining individual's residential satisfaction is their perception rather than the actual physical configuration of the residential conditions. Perceptions therefore are known to offer insight on which aspects of the settings have a greater impact on overall satisfaction. The importance of residents' opinions about their neighbourhood in the evaluation process has previously been documented by various scholars such as Gans (1969), Diener and Suh (1997), and Adriaanse (2007). In this instance, the views adopted by the scholars have required inquiry into an individual's emotional and cognitive reactions to their residential setting as a basis upon which the person's wellbeing and or level of satisfaction with their residential setting can be evaluated (Adriaanse, 2007).

2.3 Residential Satisfaction theories

Various approaches have been presented that aim to understand the concept of satisfaction in elderly residential settings. Some authors such as (Oseland and Donald, 1993) have pushed for a purposive goal oriented approach that places a resident's own goals as central to the residential satisfaction evaluation process, where satisfaction is only achieved if goals are met. In this instance, the resident is the unit of analysis and case of study. Others call for a 'needs based' approach to understanding satisfaction of residents in housing settings (Carr and Marshall, 1993; Benford, Greenhalgh, Reynard *et al.*, 1998; Verbeek, Rossum, Zwakhalen *et al.*, 2009; Balestra and Sultan, 2013). This highly criticized approach emphasises that people are not only goal oriented, but that satisfaction is related to how the housing setting and neighbourhood caters for an individual's needs, competence levels and social demographic situation. This approach considers the physical features; that is the housing and neighbourhood conditions to be the units of analysis and therefore the case.

Others go further and try to identify the relationship between the objective physical components of the house and neighbourhood, and the residents' perceptions of these objective components, and by combining these objective indicators related to the house and its neighbourhood with subjective evaluations by residents, the phenomenon of residential satisfaction can be observed (Amérigo and Aragonés, 1997). In this instance, the phenomenon of residential satisfaction is considered the unit of analysis measured based on the relationship between objective and subjective indicators. The objective attributes refer to presence of physical features while subjective attributes refer to individual perceptions, feelings, opinions, attitudes towards the housing and neighbourhood setting (Amérigo and Aragonés, 1997). This integrated perspective will be considered in the evaluation of residential satisfaction in typical shared housing settings for elderly residents.

2.4 Predictors of Residential Satisfaction:

In an attempt to conceptualise residential satisfaction, certain dominant predictors of residential satisfaction have been advanced. These predictors have generally been based on identifying and understanding the basic human needs, such as need for rest, need for consumption, personal hygiene, personal space, social interaction, harm avoidance, safety and security, the need to maintain order, for protection from noise and for adequate lighting, and addressing any possible deficiencies that would pose a threat to these needs (Moos and Lemke, 1996; Amérigo and Aragonés, 1997; Chow and Bai, 2011). In contrast with previous

housing literature, the review aims to identify what has been written about residents' appraisal of their environment rather than objective information about their environment. Four main characteristics have been defined as salient attributes of a successful universal environment; supportiveness, accessibility, adaptability and safety. These attributes are examined along three dimensions that include; social relationship dimension; personal growth dimension; and systems maintenance dimension.

2.4.1 Social Relationship dimension

Cutler (2000) is of the opinion that understanding the interactions of the user and his or her environment is vital to assessing the overall quality of the residential setting. As reported by Timko and Moos (1990), every environment has a unique 'personality' that gives it unity and coherence and this 'personality' allows an individual to form opinions about the environment which, in turn, translates into either satisfaction or dissatisfaction (Timko and Moos, 1990). Similarly, shared housing settings are personality filled environments made up of people with varied personalities, values and beliefs, where opinions regarding quality of care, and nature of social environment are developed and contested. Shared housing settings have been known to adopt an ethos of social sharing, where individuals or households living in the same space take responsibility for their use of the space (Hemmens, Hoch and Carp, 1996). Consequently, the presence of healthy social relationships in settings that encourage cohesion, conflict resolution, independence, self-disclosure, organisation, residential influence and physical comfort, has been found to affect people's perceptions of a place and, in turn, affect their experience of residential satisfaction in complex ways (Kahana *et al.*, 2003). Yen, Shim, Martinez *et al.* (2012) explain for instance that during times of stress, the number and quality of social ties people have access to can directly influence their experience of social support, irrespective of whether that support is instrumental, emotional, actual or perceived. This perceived social support is hypothesised to increase a person's ability to cope with stressful events or situations (Ramashala, 2002). Studies suggest that close interpersonal relationships can provide general psychological benefits that are linked to overall health and wellbeing, preventing feelings of loneliness, depression and even suicidal tendencies (Ramashala, 2002). Consequently the nature of a typical shared housing setting is presumed to encourage both individual and group social contact and social support, which in turn provides positive effects of wellbeing (Verbeek *et al.*, 2009). The general measure of the nature of social relationships in residential settings is expressed in residents' opinions of cohesion, conflict, independence,

self-disclosure, organisation, residential influence and physical comfort, in the residential settings as further expounded on below.

2.4.2 Group Cohesion

Cohesion has been described as a tendency of people to stick together and remain united in pursuit of an agreed goal and / or for the satisfaction of member affected needs (Rahim and Bonoma, 1979). Cohesion is often reflective of participants' perceptions of individual attractions to the group task, and often involves one's affiliation with a group based on shared goals (Lee *et al.*, 2012). Popularity in group cohesion has previously been observed to increase in situations where people are encouraged to work in groups, to initiate individual roles, develop group names, solve group problems, and set group goals. Physical activities, workshops and team building exercises are some of the popular interventions where group dynamic principles have been experimented and increased levels of cohesion experienced. Lee *et al.* (2012) are of the opinion that developing group cohesion assists in attaining collective goals, increases individual identifiability and eliminates social loafing, which in turn contributes to the development of sustainable group structures, increased productivity, and individual satisfaction and / or wellbeing.

The sense of engagement of individuals in group activities has been found to directly affect residential satisfaction (Kahana *et al.*, 2003). Moos and Lemke (1996's) studies that have previously measured residents' ideal expectations of levels of cohesion in different housing settings reveal above average expectations of how involved residents should be with each other and how supportive staff members should be towards residents. In addition, a study of the dynamics that evolve in group settings indicates that such settings encourage cohesion amongst group members who often monitor each other's behaviour and can take responsibility of each other's wellbeing, sometimes offering or recommending assistance and support where needed (Yen *et al.*, 2012). These studies suggest that a strong cohesive residential environment can increase one's sense of belonging and the feeling of being valued thereby encouraging satisfaction.

2.4.3 Conflict Resolution

Conflict has been described as an inevitable process among humans, and an outcome of human interaction (Rahim, 2015). Contributions to the theory of social conflict date as far back as 427- 347 B.C when philosophers such as Plato and Aristotle started addressing ways to appropriately minimise social conflict in societies by obtaining appropriate leadership tasked to establish order (Rahim, 2000). Over time, theories on social conflict and conflict resolution have been advanced, focused on the productive potential of conflict, transformed from the traditions that considered conflict as an unpleasant form of social deviation. These new theories suggest that social conflict is an important social concept with a combination of both positive and negative consequences and that the important factor is how individuals respond to conflict situations.

Research studies that have documented the non-conventional nature of the shared housing model highlight its potential at fostering complexities such as social tensions characterised by contradictions, discomfort and compromises, as residents negotiate public and private space as well as conflicts amongst the residents as they try to define territories and mutually agree upon routines (Procupez, 2008). According to Moos and Lemke (1996's) previous studies, where elderly residents in different residential facilities were asked for their opinions of the levels of conflict in an ideal residential facility, it was found that residents preferred or expected low levels of conflict in such settings. None the less, since conflicts arise naturally in every arena of daily life, ranging from small misunderstandings to full-fledged flare-ups when personalities clash, conflict resolution processes often offer great potential to assist elderly people in resolving disputes in empowering and cost effective ways. No matter the situation, learning how to deal with conflicts, rather than avoiding them, is crucial. The process requires residents' compromise and come to terms with each other's potentially conflicting desires and personal tendencies (Procupez, 2008).

2.4.4 Independence

The concept of independent living has become central to organisations currently providing residential settings for elderly people. Previous research studies have emphasised elderly people's preference for ageing in place, often because of the perceived fear that moving to a collective or institutional living environment will inevitably mean a loss of independence

(Phillips *et al.*, 2010). Previous special needs housing ideologies have been widely criticized for viewing the receiver as needy, disabled, frail, dependent, and reliant on their surroundings for wellbeing (Oldman, 2003), and consequently providing spaces that exaggerate dependency among elderly residents because they are run as impersonal regimented living environments. These views were later replaced with the most recent underlying ‘home like’ ideologies promoted in most elderly residential facilities today, underpinned by a strong commitment to ‘independent living. Independent living suggests that older adults can live a more active lifestyle free of being labelled as dependent on either their immediate family members or the government, and that adult that can adapt to their living environments to cope with their sometimes reduced physical or mental capacity if given the adequate platform to do so.

Consequently, the association between the perceived sense of independent living and healthy ageing has been previously considered an important effect on residential satisfaction for older adults. One study, for instance, found that older adults who were capable of living independently were reported to have heightened levels of satisfaction with life (McGuinn and Mosher-Ashley, 2001). Research reveals that although independence could carry multiple meanings for elderly people, some meanings are common to all settings, regardless of the nature of the setting. Overall, the sense of independence remains linked to resources available to an individual that allows them to exercise freedom of choice and control over how to organise their lives (Hillcoat-Nallétamby, 2014). Hillcoat-Nallétamby (2014) further discusses the importance of being able to do things on one’s own, considering independence to be integral to one’s personhood and a means to self-actualisation irrespective of whether that requires some form of help along the way. Consequently, independence can be perceived in different ways, for example, in Hillcoat-Nallétamby (2014’s) research studies, some community dwellers associated the sense of independence with being given the opportunity to adapt their residential setting to their liking, while others considered independence to being given the opportunity to prioritize what activities they needed help with and which ones they could undertake on their own, whether physical or mental. Other community dwellers further understand independence to mean living in their own home and preserving a sense of private living space. While there is a clear observable move away from the dependency ideology in the provision of residential settings for the elderly, witnessed in a shared housing setting, there still remains a critical need to document the responses from the recipients to the

application of this ideology on their residential settings for monitoring and evaluation purpose.

2.4.5 Social Sharing - Self Disclosure:

Research studies have historically explored the value of talking, writing and sharing emotions amongst people, often suggesting that sharing emotions, whether positive or negative, is a natural behaviour that people do willingly (Gitlin, 2003). Verbalising an emotional memory has been associated with the promotion of physical health, subjective well-being, envisioned to create more salient bonds amongst participants involved in the interaction, thereby encouraging interpersonal relationships between participants. It was observed by Rahim (2015), for example, that when intense emotions are shared, people often resort to non-verbal forms of communication such as hugging and touching. Consistent with the findings of (Finkenauer and Rime, 1998's) studies that explored the physical effects experienced by people who shared secret emotional events experience, it was found that those people scored highly on their experiences of life satisfaction compared to their counterparts who chose not to share at least one secret emotional event. These findings suggest that the onset of an emotion triggers the need for social sharing, depending on its intensity, the individual's personality and the availability of a platform to share the emotion.

Further, social sharing has been reported to occur multiple times, involving several recipients, such as family members, close friends, inmates, spouse or companions and though it is considered good to talk about one's problems, the concept of social sharing is far more complex, and the theory that sharing brings about a transformation in people, often offering loss of a significant portion of the memory's emotional load, and in turn bringing on feelings of relief still has to be proven. None the less, self-disclosure research indicates that sharing personal information in group settings increases closeness, interpersonal relationships, intergroup understanding especially in group settings with different demographic categories.

2.4.6 Organisation:

The organisation category sets out to measure the extent to which residents know what to expect in their daily routines and the clarity of rules and procedures. Previous studies have advanced the negative consequences of rigorous organisational structures that are normally

associated with institutionalisation, where daily routines become rigid, with residents being forced to conform to rules that serve the institution rather than their own needs (Timko and Moos, 1990). In this regard, Kahana *et al.* (2003) makes reference to the importance of the 'Person – Environment Fit' congruence model to argue that the characteristics of an individual linked to the characteristics of the environment are important determinants of residential satisfaction. Kahana *et al.* (2003) further identifies three critical factors that are bound to affect individual's experiences of satisfaction in a particular environment including: (a) restrictiveness in environmental characteristics, for example institutional type housing; (b) limited degree of individual freedom experienced through decline in health or nature of management; and (c) internal perceptions of limited degrees of freedom such as perceptions of loss of control to external forces in one's environment. This is witnessed in situations where individuals are placed in unfamiliar 'institution type' settings that they did not select, where they found that the characteristics of those settings often became incompatible with the preferences of the individuals. Kahana *et al.* (2003's) model suggests that if individual characteristics are compatible to residential characteristics, satisfaction will be achieved, but where the individuals' characteristics differ from the environment's characteristics, problems are fostered, increasing chronic stress.

Consequently, the outcome of these exploratory studies has resulted in the transition of the nature of housing for the elderly from institutional type housing to independent living, where residents are encouraged to perform day-to-day activities independently. The studies suggest that well organised residential settings are those described as encompassing a more humanistic social climate, where residents have the ability to openly express and satisfy their individual preferences (Timko and Moos, 1990). Therefore, understanding interdependency of supportive attributes and residents can help predict the outcome of residential satisfaction and psychological wellbeing of individuals in various residential settings.

2.4.7 Residential influence

The residential influence dimension evaluates the degree to which residents are availed the opportunity to influence policies within a residential setting. Moos and Lemke (1996) are of the opinion that group settings that implement policies where residents are availed more choice and control of their residential facilities, express more positive sentiments about these facilities. Further, the presences of socio-psychological factors that encourage freedom of

choice and control such as participation actively provide residents with opportunities for self-expression, thereby encouraging the sense of respect, identity and belonging (Moos and Lemke, 1996). Participation, refers to the levels of engagement in recreational activities, and has previously been measured through levels of decision-making offered to residents, as well as perceived support structures available to the residents.

A supportive environment is known to encompass the physical, social, and psychological support attributes that provide suitable substitutes for either loss in functioning, or provide opportunities for residents to express themselves (Cutler, 2000). Included in supportive environments are attributes such as the characteristics of the residential setting, its location, as well as the social composition of the residents. Also consistent with the need for supportive environments, Lawton's press-competence model, for example, suggests that elderly people's choice of housing is strongly influenced by whether the physical environment supports their mobility and health needs (Lawton and Nahemow, 1980). Where limitations are experienced in either the individual's physical or social functioning, residential satisfaction is not achieved unless the demands in the residential environment are re-structured (Lawton and Nahemow, 1980). Lawton's models envisage therefore that environmental effects are stronger for individuals with relatively low levels of personal competence.

Therefore, studies undertaken by Moos and Lemke (1996) suggest that group residential settings that implement policies that provide more choice and control to residents are characterised by higher functioning residents, and consequently, satisfaction is expressed in residents' coping responses and adaptability. Indeed, different socio-demographic attributes such as age, gender, income, preferences, goals, and the nature of the relationships of residents as well as their cognitive abilities have previously been associated with people's experience of residential satisfaction (Lawton, 1983; Kahana *et al.*, 2003). In previous studies Moos and Lemke (1996) demonstrated the importance of the social composition of households and various role positions each individual in the household holds and the resultant opinions expressed about the social climate of each residential setting. Consequently, these opinions facilitated or inhibited social adjustments in the different residential settings such as nursing homes, residential care facilities, and congregate apartments. Moos and Lemke (1996's) studies revealed that residents in apartments scored higher on residential independence than did respondents in other types of facilities (Moos and Lemke, 1996).

Congregate apartments unlike all the other types of facilities, were characterised with very limited health, administrative and personal care services.

2.4.8 Physical comfort

The importance of physical comfort and the physical environment on the health and wellbeing of the elderly people is well established and has been explored by numerous research studies (Moos and Igra, 1980; Lawton, 1983; Kahana *et al.*, 2003) Previous focus on the clinical nature of the provision of housing for the elderly has advanced residential environments that are experienced as institutional and impersonal (Willcocks *et al.*, 1987). Criticism has been directed primarily towards the rational, authoritarian, technological and hierarchical manner in which elderly residential care settings have been implemented, devoid of important critically known aesthetic characteristics of a 'home-like' setting such as cosiness, familiarity, warmth, and comfort (Lundgren, 2000), characteristics normally also used to measure the quality of a housing setting. Consequently, the drive to represent and promote physical comfort in residential settings for older people as homes rather than clinical health care environments has led to the introduction of various theories such as the 'person centered care' where emphasis on the individual's experiences of ageing is promoted and support individual privacy, comfort, and integrity is stressed (Verbeek *et al.*, 2009).

The person-centred care is not about imposition and provision of services or information but rather about considering the desire and values of the individual and encouraging normalization of daily life, as well as group cohesion amongst residents (Verbeek *et al.*, 2009). Some studies have suggested that small homelike environments are beneficial for elderly people as these settings promote a more homelike milieu through open living spaces and private rooms where people exercise the choice to display personal belongings, as well as spaces that help older adults relate to the environment and maintain a sense of identity. These studies argue that facilities that are designed with an intuitive balance of safety issues with the goal of supporting the person-centred care approach often results in facilities that most effectively promote both a high quality of care and residents well-being (Lundgren, 2000).

In studies where physical comfort has been encouraged, knowing that the physical setting alone is not sufficient to create a homelike environment (Lundgren, 2000), the care concepts have incorporated physical and social organisational characteristics such as allowing residents' their own furniture or pets, encouraging opportunities for residents to get involved in decision making processes regarding the comfort of their homes, encouraging residents to

participate in household duties as far as possible, all in an attempt to make the physical environment a more familiar and appealing space for the residents (Carr and Marshall, 1993).

2.5 Housing model examples

2.5.1 Naturally occurring retirement communities (NORC)

This housing model has been described as a low cost community-level approach to facilitating health ageing in place (Masotti, Fick, Johnson-Masott *et al.*, 2006). It is characterized as a community or neighbourhood that was not originally designed to accommodate elderly people but has naturally evolved into one as residents' choose to age in place. These communities may develop as a result of migration of elderly people into a particular neighbourhood, or alternatively choose to remain in a neighbourhood that they call home as young people move out of it. The housing forms can be apartment buildings or stand-alone houses clustered in a community characterized by having a large concentration of elderly people. Various programs have been initiated in response to the needs of the elderly people in these settings. The programs are geared to maximizing the health and wellbeing of residents in these communities by offering a variety of support services such as health care, educational and recreational social services to elderly people who wish to remain in their homes / communities and 'age in place' (Masotti *et al.*, 2006).

The Naturally Occurring Retirement communities and support programs backed by social and healthcare service agencies have been implemented in various developed countries throughout Europe and America (Masotti *et al.*, 2006). Incidentally rural communities across sub Saharan Africa mimic similar characteristics to NORC's as recent statistics suggests that 60% of rural population comprises of elderly people (Makiwane and Reddy, 2013). A review of this particular housing setting highlights various benefits of living in NORCs. Masotti *et al.* (2006) are of the view that benefits to residents in these settings are environmental and case specific and depend on nature and character of the physical and social environments within which the communities are located. They further support the importance of the physical and social environments in determining the health and wellbeing of elderly people. Where greater activities are promoted, stress levels are reduced, the perception of wellbeing is enhanced. Further still, based on positive results experienced by the target group from his study, Lyons, Beverly further substantiates the theorem that an elderly person's psychological well-being can be improved as a result of the introduction of social interventions (Lyons and Magai,

2001). Recommendations were based on a need for service providers to be aware and sensitive to residents' cultural differences, and to introduce inexpensive, innovative and interesting interventions when proposing programs aimed for older minority residents.

4.2.1 Community based supportive housing

This model is a combination of senior public housing with support services offered to communities faced with economic and social challenges. It focuses on provision of subsidized rental housing for low income older adults who are in good health but do not have enough income to afford adequate housing (Kessell, Bhatia, Bamberger *et al.*, 2006). It in turn encourages independent living and ageing in place. Coupled with the housing model is provision of various community based social support services and facilities accessible to residents such as healthcare services, life skills training, education programs, meal programs, wellness activities, transportation services etc. (Kessell *et al.*, 2006). These services are either provided in residents' homes or in community locations easily accessible by all the elderly in a particular community. Also termed 'inclusionary housing' this housing model supports generational integration and encourages location of housing and services for the elderly within the general community fabric, thus encouraging mixed income, mixed generational communities (Calavita, Grimes and Mallach, 1997). The community based public supportive housing model is common throughout Europe and the United States. It dates a far back as 1950's and in the United States it is commonly known as 'section 202 projects' (Perl, 2010). The model has undergone transformation as a result of changes in needs of the end users. As people age their needs transform and they thus require more support services for their general wellbeing and authorities have to come up with new approaches to catering for the needs of the residents. It is a model that has none the less been embraced by many as a way out of potential homelessness, institutionalization and isolation. It serves those elderly people with the very lowest incomes and few options (Perl, 2010).

In South Africa, amidst various economic and social challenges, in the quest to provide 'adequate shelter' for all citizens within available state resources, various state funded social housing programs have been implemented with the help of various social housing partners such as Communicare, throughout the country. The various medium density social housing projects mostly utilize subsidized state funds although the final tenure arrangements differ in each. Some are social rental projects such as the Carr Gardens managed by Johannesburg

Housing Company (Khuzwayo, 2015) while others are instalment sale projects such as the Stock road project in Cape Town. These projects are also termed ‘gap housing’ projects all targeted to low income households whose low income levels limits their affordability of bank loans although they fall above the very poor income bracket, between R2400 - R7500. Location for any one of the various projects is highly important as household satisfaction is based on the ideal location opportunities it offers. Accessibility to major public transport systems such as train stations, taxi and bus ranks, public and social facilities as well as employment opportunities is of paramount importance to residents in these projects. Non Profit Organisations such as Communicare have a long standing history of providing well located and affordable social housing in the Western Cape for low income households and for especially the elderly or special needs category (Burns, Keswell and Leibbrandt, 2005). Although residents in Communicare properties located in Brooklyn in the Western Cape have mixed reviews about crime levels and the consequent decrease in levels of safety and security in the area. Further research needs to be undertaken with regards to the general environmental effects on pensioners in this area.

Studies done on the social housing model for elderly people acknowledge that the successes of the various sites where the model has been implemented are as a result of the resident’s access to supportive services such as on-site nursing services, mental health services, security, meals, and community centres. The outcome from a study on two housing programs, one with support services delivery programs and one without, for low income elderly in the United States, reveals that the group that had access to support services scored highly on mental health measures (anxiety, depression, loss of behavioural/emotional control and psychosocial well-being), and other measures of social well-being in comparison to the group that had no access to support services (Ficke and Berkowitz, 2000). Recommendations from various researchers to this model of housing is related to provision of assessment reports of the impact of the adequacy and appropriateness of support services for residents in this setting considering limited data exists with this regards.

2.6 Summary

The theories and studies described above have brought much needed attention to the nature of social environments for elderly people, and have further been used to develop the research question. These theories have highlighted the various areas that need to be fully addressed

when assessing the multi-dimensional aspects of the spaces and places that elderly people occupy (Byrnes *et al.*, 2006). The research question is set up to make reference to the principles that have been advanced by literature when measuring residential satisfaction in elderly residential settings, in the evaluation of the shared housing model as advanced by the NOAH Organisation. The question posed; '*What does the shared housing model advanced by the Neighbourhood Old Ages Homes (NOAH) Organisation offer in light of socially supportive residential environments for elderly residents?*' was generated after reviewing the various theoretical and practical principals as advanced to encourage residential satisfaction in elderly housing settings and the challenges that have resulted from various studies as summarised below;

With regards to promotion of residents' experience of independence and autonomy, the literature review advocated that facilities should adopt an ethos of care that encourages self-sufficiency, encourages residents' to exercise choice and enables residents to take ownership and responsibility of their care and livelihood, which in turn is envisioned to encourage positive experiences of residential satisfaction. Further the review found that residential care settings that facilitate residents' personal identification and self-actualisation also positively influence their experiences of satisfaction. This is observed through residents' active participation in tasks, increased motivation for self-expression, and a general positive attitude towards the residence. With regards to social cohesion, the review found that residential satisfaction is experienced in settings where residents are encouraged to engage with fellow residents, to participate in group activities and to maintain linkages with the community, their social networks and family. Therefore, the possibility of embracing similar principles to create socially supportive housing shared settings is what the research study aims to evaluate.

2.7 Literature limitations

Although the literature review provides positive recommendations that residential settings for elderly people should encompass in order to experience satisfaction, as highlighted by Gitlin (2003) in previous studies, a private home for elderly residents is an extremely complex behavioural unit, characterised by highly individualised, unregulated, fluid and unpredictable qualities. The concept of residential satisfaction is often challenging to measure in such settings. Kahana *et al.* (2003) further expands that in an elderly housing setting, personal preferences guide much of the internal arrangements of objects, tasks and social participation.

Consequently, although Kahana *et al.* (2003) reports that this context can create unique challenges where the concept of residential satisfaction could be hard to conceptualize or even operationalize, it provides the research study a unique opportunity to question the adaptability of people's preferences when placed in a group setting.

Further, studies that have justified residential satisfaction on the basis that adaptability of the physical environment to suit the changing needs of the ageing process encourages wellbeing and health ageing (Lawton, 1983), have largely overlooked the fact that people live in settings such as rental properties, where rules and regulations may limit their capacity to alter these settings. Many of these studies have looked, instead, to understand the ways in which the environment can be altered to support the ageing process (Lawton and Nahemow, 1980). This founding ideology is often based on a quest to understand the difficulties that elderly people confront in the environment with the intention of developing solutions to remedy these problems. This ideology has been criticised (Willcocks *et al.*, 1987), suggesting that the problem of housing for the elderly is a result of ideals advocated by service providers that seem to be far removed from the realities of the end users. Consequently, the research question attempts to go beyond a needs based assessment of elderly shared housing settings, to understanding experiences developed by elderly resident. Therefore, although the literature has highlighted theories that have been developed in support of housing that promotes independence, researchers have called for more comprehensive conceptualisations of residential satisfaction, research studies that take into account the complex interaction between persons and the environment, to guide future research (Kahana *et al.*, 2003).

Chapter 3: Methodology

3.1 Background to Methodology Adopted

The research study is primarily a mixed methods study of the convergent parallel design (Creswell and Plano Clark, 2011), which involves undertaking the qualitative and quantitative components of the research concurrently in the same phase of the research, treating them as being of equal importance, analysing them separately and combining the results in the interpretation, guided by the basic understanding that the lives and opinions of people are affected and influenced not only by each one's individual characteristics, but also by their place in the social world and by the settings within which they co-habit (Williams, 2002). Research in the context of Sociology aims to look in part beyond the individual as the cause of their satisfaction and wellbeing, to identifying how one's society influences the outcome of this satisfaction. Borrowing from the sociology paradigm and its related concerns for group settings and the social context of behaviour (Williams, 2002), a research study that seeks to investigate how residents experience satisfaction in a typical shared housing setting calls for the adoption of a case study strategy. In this regard, the NOAH Organisation was considered the main case, and the opinions of residents making use of the various homes affiliated to the organisation would form the basis upon which the assessment of satisfaction within their residence would be measured.

3.2 The Case Study Research Strategy

Case study research as defined by Yin (1994: p.13), investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident. There are various reasons why the case study strategy is considered an appropriate approach for the current study. As identified in the literature review section, the concept of residential satisfaction has been well investigated in other elderly housings settings such as nursing homes and institutional type housing settings, and yet very little research has been undertaken for a typical shared housing setting (Moos and Lemke, 1996). Consequently, since the strength of a case study approach to a research study lies in its ability to undertake an in-depth investigation into a contemporary event or issue happening within its context, in this regard, a case study of the phenomenon of residential satisfaction of residents in shared housing settings is envisioned to uncover valuable insight into why this particular form of housing would even be considered an alternative low income housing option for elderly residents. This provides an opportunity to explore the social dynamics that exist in

particularly shared housing settings, and reveal their effects on residents' wellbeing based on the opinions of the residents themselves.

Of the numerous non-profit organisations involved in provision of affordable housing for elderly low income residents in the Western Cape, the Neighbourhood Old Age Homes organisation was selected as the main case for the research study because it provided an alternative and viable shared housing model that addressed some key conditions that were deemed necessary to the research study. The research study required an organisation that was actively running and managing a shared housing model accommodating fit elderly residents living off state pension. There are two well established sister organisations currently running this unique housing model; NOAH and Abbeyfield South Africa. Both have a wide property portfolio made up of community homes located in residential neighbourhoods within easy access to community amenities for fit elderly residents. For both organisations, the model advanced aimed at encouraging independent living in a communal home, with very little staff participation in the residents' life. Therefore although both organisations fit the profile that the research study was investigating, it was the NOAH organisation that agreed to participate in the research study. NOAH Organisation offered the ideal opportunity to evaluate the concept of residential satisfaction in a non-conventional housing setting. Additionally, the use of the NOAH Organisation as the case to be studied was in line with and potentially supported the feasibility of adopting a mixed methods data capturing technique as the two methods would ideally be used to cross validate or collaborate findings within the study (Punch, 2014).

3.3 Research Design

The research study presents the proposition that elderly residents in the shared homes affiliated to the NOAH Organisation experience residential satisfaction based on their appraisals of levels of cohesion, independence, organisation, social disclosure, physical comfort and residential influence in these homes. Consequently, the research method adopted is primarily a quantitative methodological approach that embraces insights from qualitative data generated from focus group discussions. Typically, Creswell and Plano Clark (2011) describes this concurrent triangulated research method as one that makes use of two methods to cross validate findings within a study so as to overcome weaknesses in using one method with strengths of another. Consequently, the combination of data generated from the quantitative research methods with insights from qualitative data aimed to provide a more

holistic representation of the complexity of the concept of residential satisfaction as expressed by the perceptions and experience of the elderly residents in shared housing settings. Consequently, depending on the quantitative data generated with insights from the qualitative data, the research study will be able to confirm the validity of the proposition.

3.4 Research Design appropriateness

The rationale for adopting this particular approach is twofold. Firstly, as highlighted by Johnson and Onwuegbuzie (2004), each method has inherent strengths and weaknesses, and combining these two approaches often lends the study more depth, while compensating for the weaknesses of the one method with the strengths of the other method. In this instance, both qualitative and quantitative methods are structured in their strengths to accommodate for the purpose of the study. While the qualitative approach lends the study the advantage of concentrating on capturing the subjective meaning that residents place on their social experiences having lived in a shared housing setting, the strengths of a quantitative approach lies in the conversion of these subjective realities into conceptualised, measurable, tangible categories that are capable of undergoing objective analysis. The quantitative approach therefore avails the research study an opportunity undertake a comparative analysis of the different data responses from the different shared homes. In so doing, the study can monitor trends and relationships between categories and subjective perceptions to further substantiate the findings from the qualitative methods adopted, and in so doing provide depth to the study. Secondly, the adoption of the quantitative methods design approach with insights from qualitative data allows for the use of qualitative data to build upon primary quantitative results and where necessary, qualitative data results can be used to fill the gaps that quantitative measurements cannot fully explain. For example, some of the identified categories may reveal a trend in the way various residents experience satisfaction, but these quantitative results may not be able to explain why the trend exists. In this case, the qualitative data will be used to explain results from the quantitative analysis, in order to better understand the complex context of residential satisfaction in elderly shared housing settings.

3.5 The study context

For the purpose of the research study, the various shared homes affiliated to the NOAH Organisation were considered as the context within which the phenomenon of residential satisfaction and nature of interactions amongst residents was investigated. It was envisioned

that by limiting the unit of analysis to residential satisfaction in particularly shared housing settings that accommodate elderly residents, the context and participants involved in the study would help preserve the integrity, aims and objectives of the study.

The NOAH Organisation initiated and implemented the ‘elderly shared housing’ concept in the Western Cape, South Africa, where a total of 13 of the organisation’s homes accommodate over 120 independent low-income elderly residents, with populations ranging from 7 to 12 residents per home. Typically these homes are stand-alone homes in residential neighbourhoods spread over eight residential communities (Woodstock, Atlantis, Rondebosch east, Athlone, Elsies River, Khayelitsha, Parow and Stellenbosch) within the Western Cape Province. In these homes, able-bodied elderly residents, 60 years or older choose to live an independent lifestyle sharing a home with other unrelated housemates. The residential neighbourhoods in which the houses are located are considered to have a minimum level of safety and security that encourages residents to intermingle with their neighbours, participate in day to day activities and live with dignity.

The organisation’s philosophy is based on a three pillar structure of home, health, and happiness, centred around support of active ageing through provision of affordable shared homes where residents experience independence, meaning, healthcare and happiness, coupled with access to a range of healthcare and social services to not only residents, but to over 700 older persons in the communities at large. The NOAH Organisation chooses to locate these homes in ordinary streets in ordinary neighbourhoods mainly to encourage the concept of ageing in place, while emphasising the housing model’s non-institutional nature.

Picture 1: NOAH homes: Street view of homes located in various residential neighbourhoods in Cape Town



Picture 2: NOAH homes: Typical internal public shared spaces



The Study Population

The study target was limited to only able-bodied residents in the independent living shared houses affiliated to the NOAH Organisation, and though the organisation has a few assisted living households, these households were not approached, and did not form part of the research study. None the less, all those residents that did participate were of a demographically similar, low-income elderly population group. From each household, the participants initially took part in first phase informal focus group discussions and with their permission, the conversations generated from the group discussions were taped and transcribed at a later stage. For the second phase of the study each participant took part in answering a questionnaire, which formed part of data that would later be substantiated by the results from the focus group discussion. The study also later undertook further interviews of key members of each home, to further validate the findings from the two data collection phases.

The Sample Size

In the quest to get a reasonably good representative slice of the population, it had been initially anticipated that of the 120 elderly residents accommodated in the various shared houses, a minimum of 80 residents needed to take part in the research study. This sample size calculation was based on a participation rate of approximately 80% of the total residence population, however although the initial aim of the study was to attract all the residents in each independent living home, not all residents were willing or able to participate in the study. As a result, the study managed to attract a little over 80% of its targeted sample size, which sample size did not distort the data findings simply because the aim was to collect sufficiently rich data from a reasonable pool of participants, data that would be capable of deducing result from.

3.6 Quantitative Data Collection Measures

Survey Instruments

A self-administered 'Sheltered Care Environment Scale (SCES)' survey questionnaire was the means of primary data collection. Hard copies of the questionnaire were distributed to each of the 12 homes affiliated to the organisation, accompanied by a cover letter (Appendix A). Participants were requested to complete the questionnaire (Appendix B) and the questionnaires would later be picked up from each home a week later. A follow up visit to each home thereafter was done to pick up all answered questionnaires and to help any participants that required help with the filling out of their questionnaire. The visit served as a means of reminding participants to complete their surveys as well as motivating non-respondents to participate in the survey, which contributed to the likelihood of doubling the initial response rate.

The survey questionnaire was adopted from an existing 5-part Multiphasic Environmental Assessment Procedure (MEAP) developed by Moos and Lemke (1996), aimed at comprehensively assessing the social climate of residential settings for elderly people. The conceptual framework guiding this assessment procedure as illustrated in Figure 1 below, involved understanding the on-going interplay between residents objective characteristics relative to their socio-demographic characteristics which in turn influences their opinions of the setting's social climate, their coping responses and adaptation to the residential settings. When applied to various residential settings, the model helps identify the type of sentiments

held by residents, which could be either positive or negative as well as the dominant categories that should be included in a setting or program to alter its social climate.

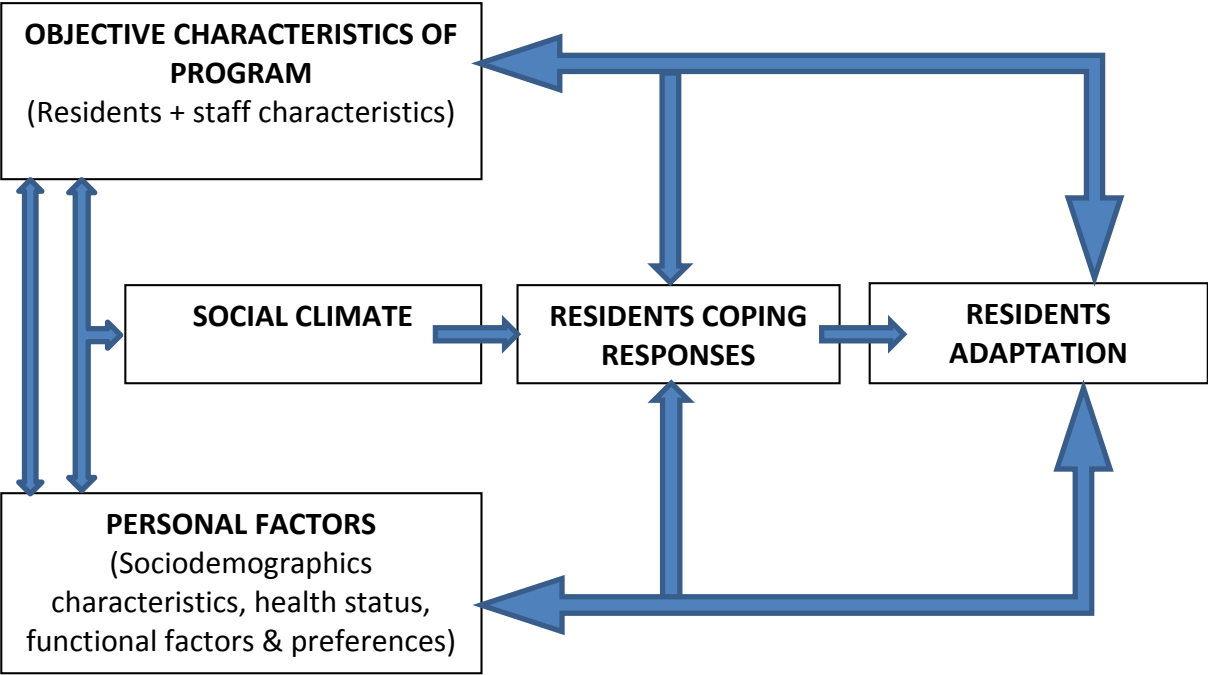


Figure 1: Typical model of relationship between program, personal and social factors Moos and Lemke (1996)

The Sheltered Care Environment Scale (SCES) is comprises 63 ‘yes/no’ questions aimed at uncovering people’s opinions of the usual patterns of behaviour in a particular setting. Seven sub-scales concentrate on three different areas of influence from which opinions could be generated, as indicated in Table 1 below.

Table 1: Sheltered Care Environmental Scale (SCES) subscale description.

Subscale	Description
	Relationship dimension
Cohesion	How involved and supportive residents are towards each other.
Conflict	The extent to which residents express anger and are critical of each other and of the facility.
	Personal growth or goal oriented dimensions
Independence	How self-sufficient residents are encouraged to be and how much responsibility they exercise
Self-disclosure	The extent to which residents openly express their feelings and personal concerns.

	Systems maintenance and change dimensions
Organisation	The extent to which residents know what to expect in their daily routines and the clarity of rules and procedures.
Resident influence	The extent to which residents can influence the facility policies and are free from restrictive regulations.
Physical comfort	The extent to which comfort, privacy, pleasant décor, and sensory satisfaction are provided by the physical environment.

Source: Moos and Lemke (1996)

3.7 Reliability and validity

Moos and Lemke (1996) demonstrated the reliability and validity of the ‘SCES’ instrument and the robustness of the scale has been reported as applied to different residential settings such as nursing homes and assisted living facilities. Proponents of the Sheltered Care Environmental Scale (SCES) instrument such as Brodsky and Marx (2001) maintain that it supports both reliability and validity with regards to adequately predicting a sense of community in a group setting, as well as predicting behaviour patterns in various cultural settings. Further, Moos and Lemke (1996) in their previous research studies aimed at evaluating elderly residential settings, confirm that the findings from this instrument have adequately contributed to the understanding of the perceived quality of living situation and residential satisfaction for elderly residents. For the purposes of this research study, this instrument was used to gain an understanding of the perceptions that residents hold about the quality of the living situation in their homes and neighbourhoods, which would also be translated into satisfaction of their living situation.

3.8 Qualitative Data Collection Measures

Focus Group Discussions

The qualitative portion of the research study concentrated on capturing residents’ perceptions of satisfaction in their shared housing settings. This phase was guided by an interpretivism ideology that involved studying the subjective meaning that people attach to experiences. Interpretivism advances a basic understanding as highlighted by Hennink, Hutter and Bailey (2011) that reality is socially constructed as people’s experiences occur within their personal, social, physical and cultural contexts. This phase of the study generally sought to understand

elderly people's lives, experiences and opinions, taking the standpoint that social reality can only be correctly viewed and interpreted by the individual themselves based on the ideological standing they possess (Dash, 2005). As a result, this phase aimed to describe the research participants' opinions of the nature of interactions within their residential settings, acknowledging that there would be numerous perspectives to the way different elderly residents experience the shared housing setting in its social context.

A non-structured focus group discussion method was adopted for this first research phase to generate data, where elderly residents in the various shared homes participated in group discussions about their housing settings, and about the nature of interactions between residents in those settings. This particular research method was considered the most appropriate approach at the time, because it allowed for each participant to openly and freely express themselves about their opinions of the existing group dynamics within the homes. Further still, it was envisioned that by adopting the focus groups discussions approach, the researcher would gain valuable information both from openly expressed opinions as well as from participants' non-verbal communication. Consequently, it was imperative that the researcher refrained from using her own understanding to interpret the opinions of the study participants, as this would distort the research findings.

The focus groups were initiated from the 1st June 2012 to the 30th June 2012. Student representatives from UCT visited each home, introduced themselves and facilitated a non-structured discussion with the residents, asking them about how they felt about living in the NOAH homes. Each participant briefly introduced themselves, stating their age, where they were born, what kind of life they lived prior to moving to NOAH homes, how long they had lived at NOAH, how they had come to find out about the homes and why they had opted to live there. The participants were encouraged to engage in an open dialogue about how their lives had changed now that they resided at NOAH, what their experiences are living in the shared homes. These discussions were taped and later transcribed, and the questions generally took on this format;

- Q. 1: Briefly introduce yourself, how old you are and how long you have lived at NOAH.
- Q. 2: Where were you living before you joined NOAH?
- Q. 3: What was the structure of your life then and how has that changed after moving to NOAH?

Q. 4: What are the social dynamics of living at NOAH? How do residents communicate and associate with one another?

Q.5: What does NOAH do to kind of initiate a positive experience for every resident in the home?

Q. 6: What activities do residents get involved in and who initiates these activities?

Q. 7: Are there any support structures that NOAH provides to help residents deal with health issues, emotional issues, social issues, and conflict in the homes?

Q. 8: Is there any other things you would like to share about living in a NOAH home?

Participants' willingness to share their life stories and experiences during the group discussions was noted and welcomed, and they were also encouraged to ask questions at the end of the discussion.

3.9 Data Management

Quantitative Data Management:

After collection of quantitative data generated from the survey instruments, the data was checked before leaving the participants in order to ensure consistency and completeness of each instrument. Thereafter, the data was coded and tabulated using frequencies and captured using Statistical Package for Social Sciences (SPSS), version 22.0.0.0.

Qualitative Data Management:

Qualitative data obtained from the focus group discussions was coded and displayed in a matrix form.

3.10 Data Analysis

Quantitative Data Analysis:

The quantitative data analysis consisted on examining the data generated from the surveys for completeness and the results were presented in tables, graphs and charts to display results with respect to each of the categories that would later respond to the research question.

Qualitative Data Analysis:

Tentative themes were identified that were related to each participant's sense of satisfaction within the home and the community. The assembly of the data generated made use of the similar categories and a report was written.

3.11 Data Collection Limitations

During the data collection phase, some participants expressed concerns with regards to the relevance, or lack thereof of some of the questions and thus had trouble answering them. Some expressed difficulty reading the questionnaires because of poor eyesight, and / or language barrier issues, since the survey questionnaire was only available in English. Therefore, some participants required assistance from the researcher with the interpretation of the questions, although no help was given with answering them. In all instances, the researcher had to sit with the subjects concerned to explain the nature and aims of the research study, as well as going through each question with them individually.

Further, although three Non-Governmental Organisations that currently run the elderly shared housing model in South Africa where all approached and requested to participate in the research study, the NOAH Organisation was the only organisation that positively responded to the request. The findings were none the less analysed in relation to the theoretical framework presented in the literature review where correlations and conflicts are highlighted and reviewed accordingly.

3.12 Research Ethics Consideration

Prior to approaching the research subjects and undertaking the required data collection, for this particular research study, a formal application for ethics clearance was submitted to the Faculty's Ethics in Research Committee (EiRC) and was approved. A copy of the informed consent form was supplied to the management from the organisation from which data would be collected for their information and a go ahead was granted to supply the research instruments to the various homes. All residents were briefed about the intentions of the research study, and procedures to be undertaken, and assured as to the voluntary, anonymous and confidential nature of the survey.

There was no harm inflicted on participants as the data collection procedures were limited to verbal conversations during the focus group discussions, and the quantitative methods required participants' involvement in answering questionnaires at their homes, in their own time and convenience. The nature and type of questions posed in both the qualitative and quantitative data collection methods did not appear to pose any harm to the study participants. In this regard, the safety and or privacy of the participants were not compromised.

The research study respected the freedom of participants to partake in the study. Consent was requested for from each participant from each home that was approached prior to proceeding with supply of the research instruments. In instances where leaders of homes opted for residents' non-participation in the research study, that decision was also respected. As the researcher, I stuck to the ethics guidelines as stipulated by my department and made sure that the research was conducted according to these guidelines.

3.13 Summary

In conclusion, the methodology chapter set out to introduce the research design that would be adopted for the study. In order to adequately address the central theme; the evaluation of residential satisfaction in elderly shared housing settings, the chapter set out to explain the selection of method, selection of case, sample selection as well as describe the procedure to be used when collecting and analysing the data. The research design method adopted required identification of a case within which the central theme would be measured and the mixed methods approach was considered most appropriate procedure used to obtain data based on its identified pros and cons, as results from the qualitative method would help validate the results from the quantitative method and vice versa. The next chapter will present and provide a detailed analysis of the data findings, which will be beneficial in drawing conclusions about the central them.

Chapter 4: Data Findings and Analysis

This chapter presents findings from the field research collected for the case study. Given the quantitative nature of the Sheltered Care Environment Scale (SCES) survey instrument, initial findings from the qualitative focus group discussions was used to confirm the findings from the survey instrument. There are approximately 77 women and 38 men who currently reside in NOAH's 12 community homes in Cape Town South Africa. Of those, the study attracted 45 participants as per table 2 below, (15 male and 30 females). The participants were of a demographically similar, low-income elderly population group and ranged in age from 60 to 86 years old. Their length of residence in a shared home spanned from 2 to 20 years. The research study took into consideration that not all residents in all the homes affiliated to the organisation were willing to participate. Two homes declined to participate; two of the homes are assisted living homes, while the other two were not easily accessible to the researcher.

Gender Distribution

Frequencies were run on the respondents to ascertain the gender distribution, age brackets as well as the number of years spent in this particular home setting. The investigation was important because the length of stay provided an indication of residents' consideration of the shared housing setting as a more permanent home as opposed to a temporary one. Further, the study would benefit tremendously from the views and opinions of the residents that had lived longer in the shared housing setting. On average, each house has 5-10 people staying there - all above 60 years of age. With regard to length of stay in these houses as well as the gender distribution, the following results were obtained as illustrated below. On average female respondents hold a higher percentage when considering length of stay across all time lines in any home in comparison to the male. On average, 60% of the female respondents had spent at least 5 to 10 years in the shared homes in comparison to 30% of their male counterparts. In total, altogether, a significant number of the respondents had stayed in this accommodation setting for more than 6 years. The data results shown in table 2 below reveal that there are generally fewer men than women in each home, and that of those that participated, the study on average attracted more female respondents than male respondents.

Table 2: Respondents

NOAH HOMES	Residents Frequency (N)	Total Male Residents	Total Female Residents	Total Couples	Percentage Participation (%)	Frequency Respondents (Male)	Frequency Respondents (Female)
Harmony House	8	2	6	2	75%	2	4
Millicent Gunn	14	2	12	2	64%	1	8
Selby Lodge	6	2	4	2	100%	2	4
Fairview Home	5	2	3	0	100%	2	3
Gill House	8	3	5	0	62%	1	4
Murray & Roberts	11	4	7	0	54%	2	4
Pothier House	10	4	6	1	80%	5	3
TOTALS	62	19	43	7	75%	15	30

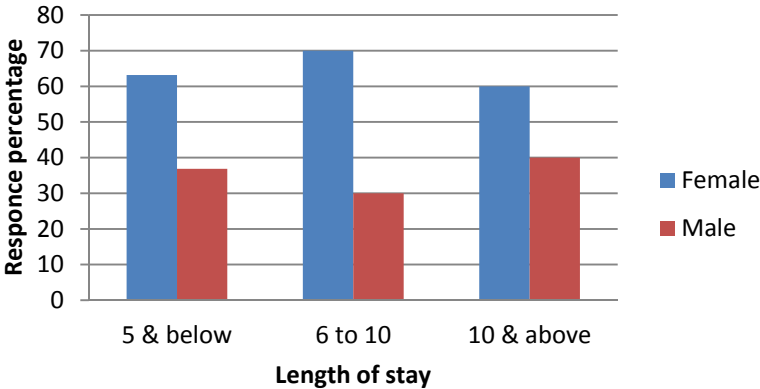


Figure 2: Length of Stay & gender

4.1 Data capturing objectives

The objective of the data capturing and analysis phase was to capture interpretations of the existing social dynamics experienced in the shared homes using residents’ opinions of particular aspects of the social climate within each home. Using the ‘Sheltered Care Environment Scale (SCES)’ survey questionnaire, three main areas of influence from which opinions could be generated were identified; relationship dimension, personal growth dimension and systems maintenance dimension. Each area of influence consisted of subscales

and the nature of responses to questions in these subscales would later reveal residents' perceptions of the social climate in each home (Table 1).

The first area of influence identified as the relationship dimension measured levels of cohesion and emotional support in the various homes indicating how helpful and supportive staff members were towards residents and how involved and supportive residents were towards one another. Levels of conflict and communication were also measured as expressed by the extent to which residents express anger and were critical of each other and of the facility. The second area of influence identified as personal growth dimension measured levels of independence as experienced by how self-sufficient residents' are encouraged to be and how much responsibility they exercise. Also measured were levels of self-disclosure, which amounted to the extent to which residents openly express their feelings. The last area of influence identified as system maintenance and change dimension was measured through identifying levels of physical comfort, privacy, pleasant décor and sensory satisfaction provided by the physical environment. Also measured was the extent to which residents influence the facility policies and are free from restrictive regulations, as well as the extent to which residents know what to expect in their daily routines and the clarity of rules and procedures. The findings were expounded on below.

4.2 Summary of findings:

Scores obtained from the seven subscales for each of the 7 homes samples are reported in Table 3 below. In this table, the responses for each subscale from each participant from each home were captured and tabulated in a 'Yes' or 'No' format with mean and standard deviation results derived thereafter. The various sub-scales each demonstrated excellent internal consistency (reliability), with alpha values of 0.87, 0.93, 0.85, 0.84, 0.84, 0.85, and 0.89, respectively. For the scale in its entirety, the alpha value was 0.89. Although the item-total correlations indicated a good internal consistency, not all questions were identified as relevant by the participants. Questions directed at staff participation in residents daily living were often left unanswered because NOAH housing is considered independent living with very limited staff participation in residents' lives. These questions were therefore discarded in the scale.

Table 3: Summary of findings from 7 homes

Subscale	Harmony House		Selby Lodge		Millicent Gunn		Fairview Home		Murray & Roberts		Gill House		Pothier house		Mean		Stand. Dev.	
Participants (N)	6		6		9		5		6		5		8		(N=7)		(N=7)	
Response	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Cohesion	11	40	12	48	37	34	27	17	24	28	26	13	36	33	25	30	10	12
Conflict	31	23	35	28	40	40	25	18	25	28	53	59	37	32	35	33	9.7	13
Independence	21	28	24	33	49	27	38	5	28	21	28	16	46	25	33	22	11	9.2
Self-disclosure	30	24	36	27	60	20	28	14	34	19	33	12	37	35	37	22	11	7.9
Organisation	17	35	19	42	55	24	34	11	23	30	25	17	44	25	31	26	14	10
Res. Influence	34	20	41	22	63	12	36	6	31	19	26	15	44	24	39	17	12	6.3
Phys. Comfort	32	21	37	25	48	32	21	22	33	20	22	23	31	40	32	26	9.1	7.3

Y = 'YES' RESPONSES

N = 'NO' RESPONSES

4.3 Main Findings

Relationships, Emotional Support and Communication in Shared Settings:

4.3.1 Cohesion in The Sampled Homes

In relation to the research study, the cohesion variable was measured on three aspects that is, access to individual attention from fellow residents, access to staff support services such as counselling services and financial constraints management. The assessment was aimed at ascertaining residents' opinions on the various emotional coping mechanisms that fellow residents portray based on the three aspects, and whether they were leaning on fellow residents as well as on management for this support. Results were obtained as illustrated in Figure 3 below.

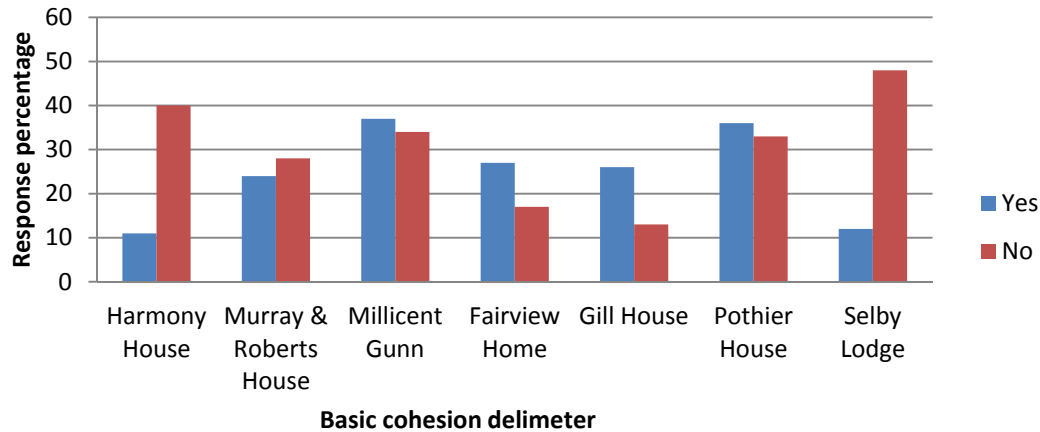


Figure 3: Measure of cohesion across all homes

A total of 9 questions were posed that dealt with ascertaining residents' opinions of cohesion in the shared homes. These questions included:

- Q.1: Do residents get a lot of individual attention?
- Q. 8: Do staff members sometimes talk down to residents?
- Q. 15: Are there a lot of social activities?
- Q. 22: Are there a lot of social activities?
- Q. 29: Do a lot of the residents just seem to be passing time here?
- Q. 36: Are requests made by residents usually taken care of right away?
- Q. 43: Do staff members sometimes criticize residents over minor things?
- Q. 50: Do residents tend to keep to themselves here?
- Q. 57: Are the discussions very interesting?

The results provided a very clear indication of residents' opinions of levels of cohesion in the different homes. According to figure 3, residents from 4 out of 7 homes (Millicent Gunn, Fairview, Gill House and Pothier House) felt that they got individual attention both from the staff and their fellow residents, while the remaining 3 homes, Harmony, Murray & Roberts and Selby Lodge felt that there was a general lack of individual attention and a lack of staff participation in residents' social life.

4.3.2 Organisation in the Sampled Homes

The organisation category set out to measure the extent to which residents knew what to expect in their daily routines and the clarity of rules and procedures. The 9 questions posed included:

- Q.5: Do residents always know when the staff will be around?
- Q. 12: Are activities for residents carefully planned?
- Q. 19: Do some residents look messy?
- Q. 26: Do things always seem to be changing around here?
- Q. 33: Do residents know what will happen to them if they break a rule?
- Q. 40: Is there a lot of confusion sometimes around here?
- Q. 47: Is this place very well organized?
- Q. 54: Are things sometimes unclear around here?
- Q. 61: Are people always changing their minds around here?

It was noted that the values observed regarding the levels of cohesion in the sampled homes were further validated when observed together with the levels of organisation in the homes (Figure 4). The homes that produced very low cohesion levels (Harmony, Murray & Roberts and Selby Lodge) also produced very low levels of organisation. Similarly, the homes that produced high levels of cohesion (Millicent Gunn, Fairview Home, Gill House and Pothier House) also produced high levels of organisation.

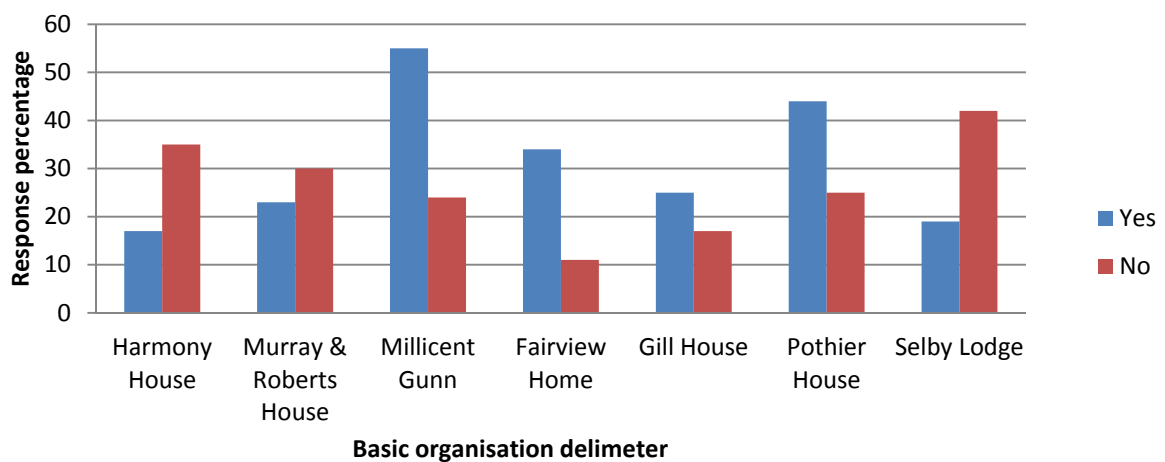


Figure 4: Measure of organisation across all homes

4.3.3 Conflict And Conflict Resolution In The Sampled Homes

The conflict category set out to measure the extent to which residents expressed anger and where critical of each other and of the facility. The 9 questions posed were:

- Q. 2: Do residents ever start arguments?
- Q. 9: Is it unusual for residents to openly express their anger?
- Q. 16: Do residents sometimes criticize or make fun of this place?

- Q. 23: Do residents usually keep their disagreements to themselves?
- Q. 30: Is it unusual for residents to complain about each other?
- Q. 37: Is it always peaceful and quiet here?
- Q. 44: Do residents often get impatient with each other?
- Q. 51: Do residents complain a lot?
- Q. 58: Do residents criticize each other a lot?

The findings from the research study depict that on average, participants described their homes as having high levels of conflict amongst residents and the sample questions related to the conflict sub-scale affirmed the general consensus amongst residents in 5 of the 7 homes (Harmony House, Millicent Gunn, Fairview Home, Pothier House and Selby Lodge) about increasing tension levels between residents (Figure 5). Results found that across all the various homes within NOAH Organisation, arguments did arise from time to time, were not limited to a specific subject matter and on occasions, would turn physical.

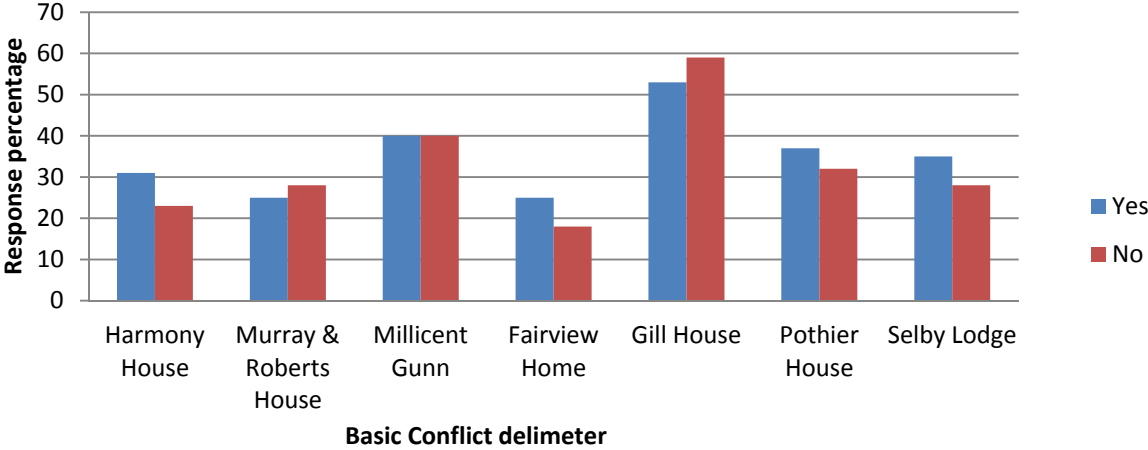


Figure 5: Measure of conflict across all homes:

Personal Growth and Goal Oriented Dimension:

Within the personal growth dimension, the independence and self-disclosure categories were identified and measured. Independence measured residents’ level of self-efficiency and levels of responsibility exercised, while self-disclosure measured extent to which residents openly expressed their feelings. The results were as follows:

4.3.4 Independence:

The independence category set out to measure the levels of self-sufficiency residents are encouraged to have and how much responsibility they exercise within the housing settings.

The 9 questions posed were:

Q. 3: Do residents usually depend on the staff to set up activities for them?

Q. 10: Do residents usually wait for staff to suggest an idea or activity?

Q. 17: Are residents taught how to deal with practical problems?

Q. 24: Are many new skills taught here?

Q. 31: Are residents learning to do more things on their own?

Q. 38: Are the residents strongly encouraged to make their own decisions?

Q. 45: Do residents sometimes take charge of activities?

Q. 52: Do residents care more about the past than the future?

Q. 59: Are some of the residents' activities really challenging?

In line with the literature reviewed, on average, high levels of resident's opinions of independence were reported amongst most participants from each home, confirming their exposure to a sense of independence as a result of living within these homes. Comparing the results across all homes as illustrated in the Figure 6 below reveals that respondents from 5 out of 7 homes felt that they are learning to do more things independently, with only 2 homes feeling otherwise. Some of the questions and responses from focus group discussions shed light on the residents' sentiments towards levels of independence in their homes. These are documented as follows:

....we are encouraged to be self-reliant....for example, we are being taught new skills and lessons that promote self-reliance. We often get some wool which we use for knitting sweater, I don't have to buy a sweater anymore..... (Selby home resident)

.....I think unlike in other homes, here I feel I am more responsible for my own decisions...for heaven's sake we are old people not children however weak we may be...' (Selby home resident)

Incidentally the two homes (Harmony House and Selby Lodge) that recorded high levels of conflict and low levels of organisation in the homes also recorded a lack of perceptions of independence within these homes as identified in the Figure 6 below.

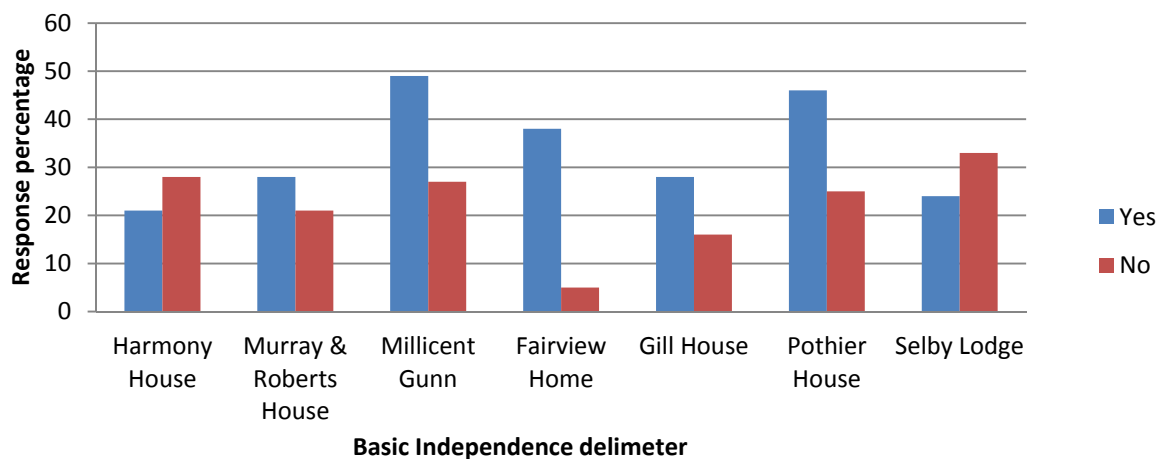


Figure 6: Measure of independence across all homes

4.3.5 Self-Disclosure:

Self-disclosure set out to measure the extent to which residents openly express their feelings.

The 9 questions posed were:

- Q. 4: Are residents careful about what they say to each other?
- Q. 11: Are personal problems openly talked about?
- Q. 18: Do residents tend to hide their feelings from one another?
- Q. 25: Do residents talk a lot about their fears?
- Q. 32: Is it hard to tell how the residents are feeling?
- Q. 39: Do residents talk a lot about their past dreams and ambitions?
- Q. 46: Do residents ever talk about illness and death?
- Q. 53: Do residents talk about their money problems?
- Q. 60: Do residents keep their personal problems to themselves?

The research findings report unanimous levels of self-disclosure across all homes, suggesting that residents are comfortable to voice their opinions and rely on one another for comfort, and emotional support.

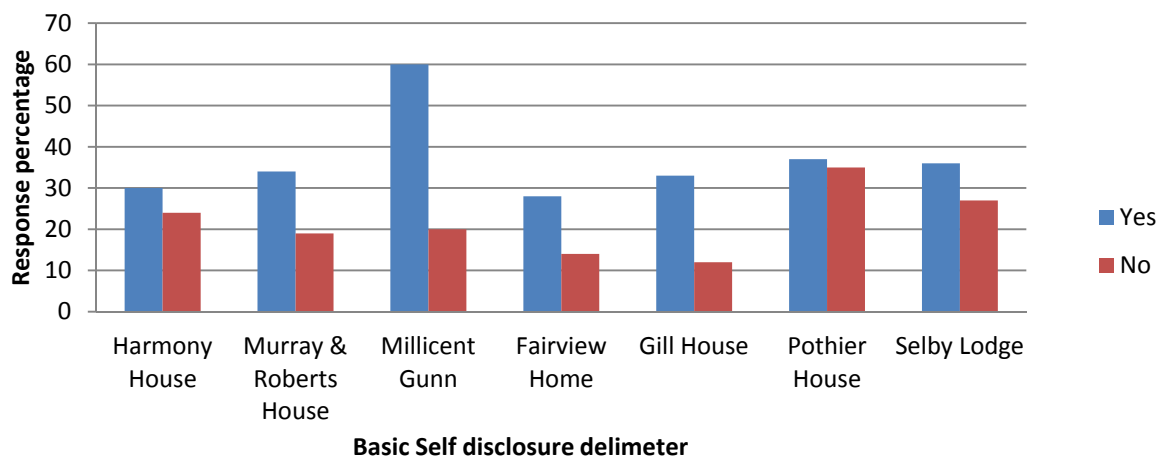


Figure 7: Measure of Self Disclosure across all homes

Systems Maintenance and Change Dimension:

This dimension explores the extent to which comfort, privacy, pleasant décor and sensory satisfaction are provided within the homes, as well as the extent to which residents freely influence the facilities policies and re free from restrictive regulations. The management of the NOAH Organisation put in place physical support forums to provide opportunities for the residents to keep physically and mentally active in addition to reducing social isolation. This dimension was further discussed in reference to the categories as highlighted below:

4.3.6 Residential Influence:

The Residential influence category set out to measure the extent to which residents were able to influence the facility policies and where free from restrictive regulations. The 9 questions posed where:

- Q. 6: Is the staff strict about rules and regulations?
- Q. 13: Are new and different ideas often tried out?
- Q. 20: If two residents fight with each other will they get into trouble?
- Q. 27: Do staff allow residents to break minor rules?
- Q. 34: Are suggestions made by the residents acted on?
- Q. 41: Do residents have any say in making the rules?
- Q. 48: Are the rules and regulations rather strictly enforced?
- Q. 55: Would a resident ever be asked to leave if he or she broke a rule?
- Q. 62: Can residents change things here if they really try?

Results generated from questions asking about levels of influence that residents have within the housings settings show a positive relationship between encouraged physical support, and

resultant mental activation and in turn reduced social isolation. Across all homes, respondents reported high desire to actively take charge of their daily living, participate in planning of activities, and try new ideas and learn new skills.

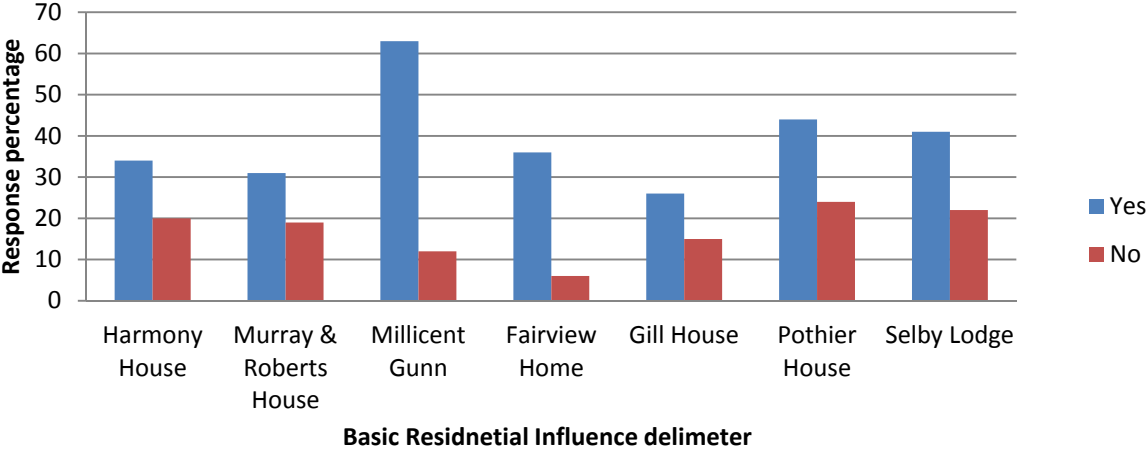


Figure 8: Measure of Residential Influence across all homes

4.3.7 Physical Comfort Support Forums:

The physical comfort category set out to measure the extent to which comfort, privacy, pleasant décor, and sensory satisfaction were provided by the physical environment. The 9 questions posed were:

- Q. 7: Is the furniture here comfortable and homey?
- Q. 14: Is it ever cold and drafty here?
- Q. 21: Can residents have privacy whenever they want?
- Q. 28: Does this place seem crowded?
- Q. 35: Is it sometimes very noisy here?
- Q. 42: Does it ever smell bad here?
- Q. 49: Is it ever hot and stuffy in here?
- Q. 56: Is the lighting very good here?
- Q. 63: Do the colours and decorations make this a warm and cheerful place?

The management of the NOAH Organisation put in place physical support forums to provide opportunities for the residents to keep physically and mentally active in addition to reducing

social isolation. As illustrated in Figure 6, 3 homes felt that more needs to be done to attain comprehensive support from existing social activities forums. However, respondents from 4 homes were happy with the provisions that were set in place for them to be actively involved with their immediate surroundings. Very few seem to think that residents pass time at the homes.

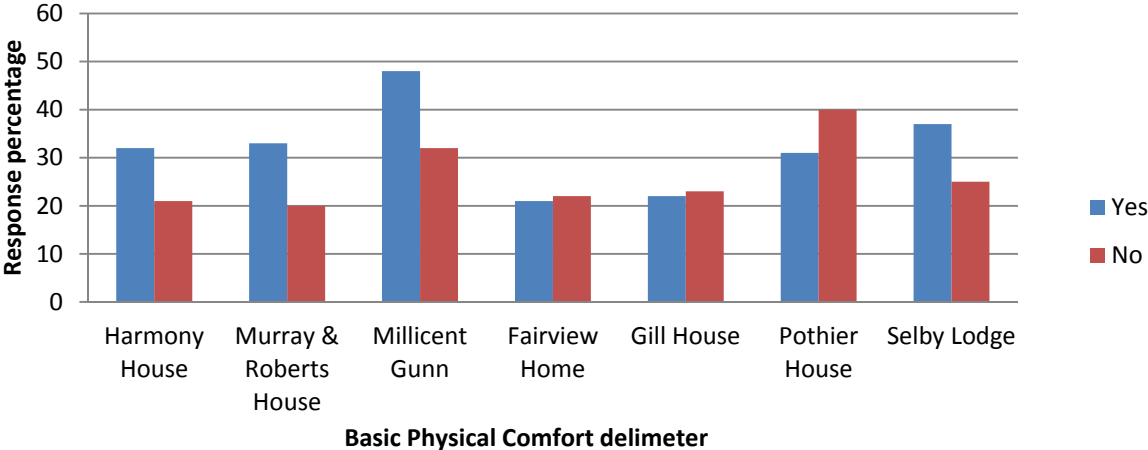


Figure 9: Measure of physical comfort across all homes

Residents from Gill House for example held mixed reviews regarding existing support forums available to them, highlighting sentiments of boredom, and general lack of activities within the home;

‘The thing is this; it becomes quite boring sometimes because the thing is this is that there is nothing really that you can be active with. The only thing there is now the garden, but the thing is this is now that over the years we had a very nice lawn in front and we were very active in the garden. I was always the one to cut the lawn and see to the garden. But since they now dug up our lawn and put pebbles – so there is nothing...’ (Gill House resident)

4.4 Conclusion

The study used seven subscales concentrated on three areas of influence to uncover residents’ opinions of their home environment in each of seven NOAH homes. These results would help highlight various areas that were effective in promoting residential satisfaction and areas that were still lacking and needed improvement in each home, as well as how each home was fairing relative to the others. To illustrate the interpretations of opinions held by the different residents in each home profile, the research study used the mean results for each category as presented in Chapter 4 also shown in Figure 10 below. As observed in Figure 10, on average,

residents across all homes felt that the shared housing concept was effective in promoting high levels of residential influence while the cohesion category needed much improvement. Pothier house and Millicent Gunn reported above average results in all categories while Harmony House reported below average results in all categories compared to all the other homes. The results indicate a strong association between the nature of the setting to the opinions held by the people making use of the setting, and this correlation is observed through each resident’s developed social coping mechanisms. For example, since this shared housing concept encourages a lifestyle of sharing both social and physical elements, it is anticipated that residents develop shared opinions about different areas of influence as experienced in the results generated from each of the different homes.

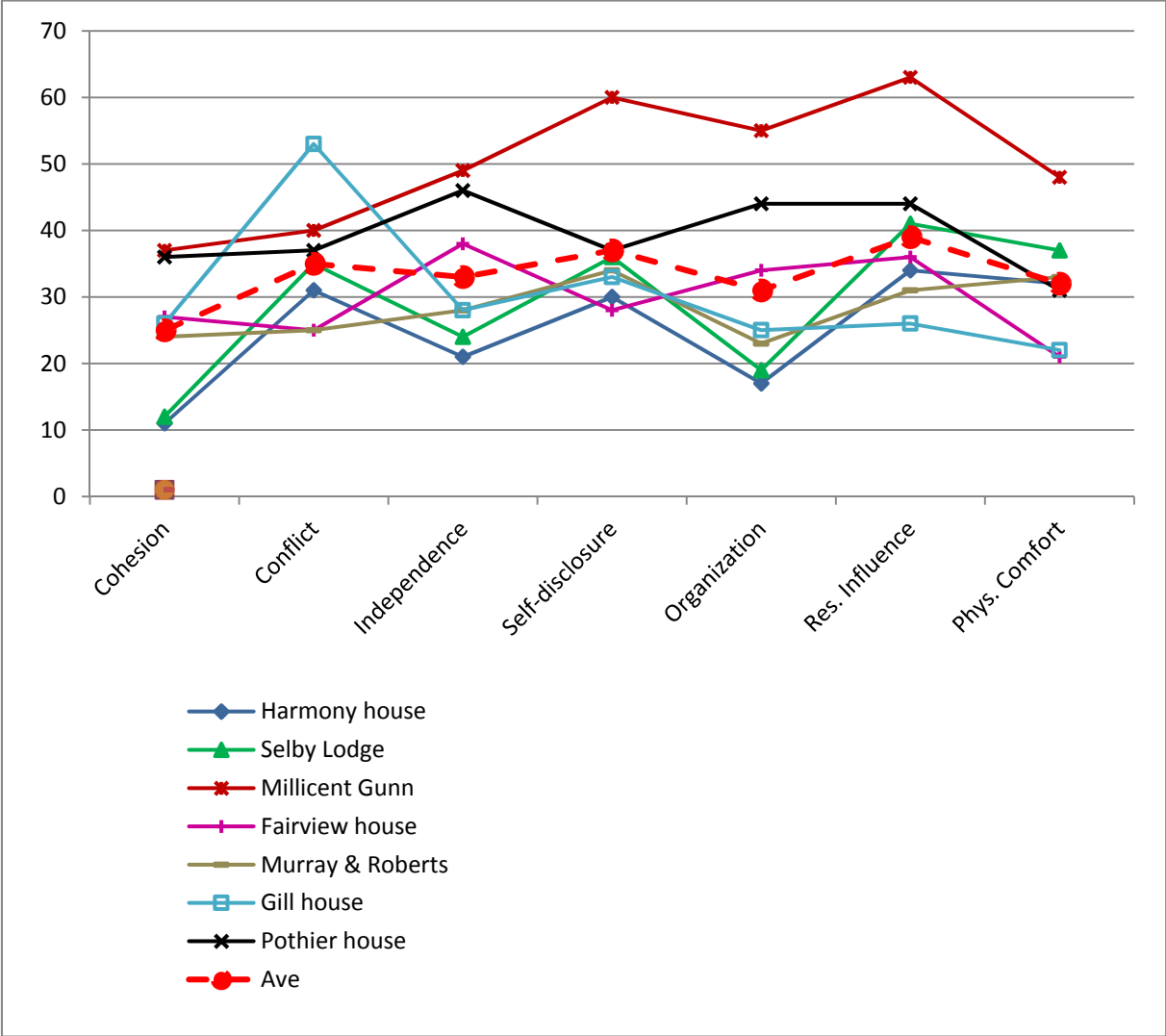


Figure 10: Mean results across all homes

Chapter 5: Data analysis and findings

The literature review summarized how known categories of independence, physical comfort, cohesion, and self-disclosure, residential influence and organisation have been used in previous studies as informative tools when evaluating different attributes such as physical settings, programs implemented by organisations, or philosophies such as residential satisfaction, and the expected outcome of the evaluative processes. These categories formed the foundation for the evaluation of the NOAH shared housing model. The research study objectives initially set out to evaluate the concept of residential satisfaction based on opinions that elderly residents held about their shared housing settings as implemented by the NOAH Organisation. Based on residents' appraisal of their experiences having lived in NOAH shared homes, the study advance the proposition that the NOAH shared housing model mimics a conducive environment where residents experience heightened levels of cohesion, encouraged sense of independence, high levels of organisation, encouraged self-disclosure, residential influence and physical comfort. In response to the question posed '*What does the shared housing model advanced by the Neighbourhood Old Ages Homes (NOAH) Organisation offer in light of socially supportive residential environments for elderly residents?*', the research findings identified various substantial similarities, as well as differences, in the theoretical constructs advanced all in line with the perceptions held by residents about the social environment in the seven homes affiliated to the NOAH Organisation. Further consistencies were observed regarding roughly similar interrelations between certain dimensions as will be further discussed below.

5.1 Cohesion

The literature demonstrated the generally accepted viewpoint that the presence of socio-psychological factors such as good communication, and cohesion amongst residents, as well as some semblance of emotional support in a housing setting and neighbourhood has a positive effect on the way people experience satisfaction of those settings (Kahana *et al.*, 2003). The theoretical models reviewed linked the experiences of cohesion and constructs of cohesive environments in shared housing settings to nature of the groups' demographic attributes. These theoretical models argued that an increase in group cohesion is typically experienced when people are encouraged to work in groups, the unanimity of which will be affected by the groups' demographic attributes, where people sharing similar attributes will

also hold cohesive opinions, values and perspectives and vice versa (Lee *et al.*, 2012). This literature argued that although increase in group cohesion is experienced when people are encouraged to work in groups, typically people that share similar demographic attributes are bound to also share similarities in opinions, values and perspectives (Phillips *et al.*, 2010) and in turn experience higher levels of cohesion in these settings. Similarly, less cohesion and lower quality interpersonal relationships should be observed among demographically dissimilar individuals. Where cohesion is measured based on expectations, the literature argued that residents' ideal cohesive housing settings are those that encourage residents' engagement where roles are initiated by residents, unity where residents remain united in pursuit of a common goal, and support of one another (Rahim and Bonoma, 1979).

The research study set out to measure levels of cohesion in each home as expressed through residents' opinions regarding emotional and physical support derived from both the staff and fellow residents, and the nature of communication amongst residents. Whilst the NOAH Organisation's principals governing cohesion are the same for each shared home, the research findings observed varied responses from participants in different homes regarding their opinions of cohesion in the different homes. It was observed that residents in 4 out of the 7 sampled homes (Pothier House, Millicent Gunn, Gill House, and Fairview Home) expressed positively heightened experiences of cohesion in their homes whilst the remaining 3 (Harmony, Murray and Roberts, and Selby Lodge) did not. Based on the literature review, this variation in opinions developed about the different shared houses can be attributed to demographic similarity of residents per home, which allows residents in each individual group settings to develop either positive or negative experiences of cohesion in a unanimous format. Although all homes accommodate non related elderly residents with similar demographic attributes such as similar age distribution, similar income levels, similar mixed gender distribution, and racial mix, the sampled homes that present positive experiences of cohesion attributed this experience to increased levels of individual attention amongst residents, good communication and increased levels of organisation within each home. In these homes, residents felt they could lean on fellow residents for support, and could easily access staff support if and when required, while those that present negative cohesion experiences also express low levels of individual attention, communication and organisation. Complaints in these homes as expressed in the focus group discussions centred on little staff participation in residents' day to day activities as well as little screening regarding the kinds of new residents'

that were introduced to the homes. That is, if each new resident were screened to ascertain that they embodied similar attributes as the current residents then perhaps cohesion would be encouraged.

In contrast to the literature the findings reveal that whilst all homes have demographically dissimilar residents from different cultural and racial backgrounds, this did not necessarily translate into reduced levels of cohesion within the majority of the shared homes. On average, more residents acknowledged moderate levels of cohesion within the homes. Further, the highlighted sentiments below from residents that participated in the focus group discussion provided an indication of residents' efforts to compromise in order to effect harmonious living, understanding that they each resident comes from different background and each has a particular personality, and identity.

'...We all comes from different homes and everybody, each home has got a different way and things like that. And sometimes we find it hard to adapt to that. But we have to just make the best of it because I mean we, like we are in need for a roof over our heads. We fully understand that they are also in the same position – so it's a give and take story, you see. But sometimes it's very hard [laughter in voice] to cross that bridge – you understand? But as I say, we will just have to bear with one another, you see.' (Gill House resident)

And say if somebody gets sick in the house, we all come together and we try to help that person, you know, until help comes, either an ambulance or is taken to the centre, to the doctor. But when the illness comes we all stand together. (Fairview Home resident)

5.2 Conflict

According to the literature reviewed, harmony within homes hinges immensely on effective communication as well as the way conflicts are resolved. If there are hindrances in achieving effective communication and conflict resolution, disharmony is experienced (Procupez, 2008). Consequently, results from the research study indicated that while the majority participants agreed that in the event of a conflict, there are consequences which could be disciplinary, however, a few felt that these consequences were ineffective to dissolve such conflicts. Consequently, negative opinions were expressed by different research participants across all homes in response to conflict resolution methods. Therefore the preference to keep

their personal opinions to themselves to avoid in-house conflicts was clearly expressed by a few of the residents during the focus group discussions.

It's got a little ups and downs, you know, sometimes people in the house, you know don't always communicate properly. But at the end of the day we're all living in a home, we all elderly people and a lot comes from respect – you have to have respect for each other, isn't that so? (Fairview Home resident)

'...And the thing I find in the houses is that people don't want to talk about it. They will tell you it's fine, 'No, it's alright, fine.' Or they'll say to me, 'You talk up, and say something.' And I don't think that's right; everybody should be able to feel free to talk up if that's how you feel....' (Selby home resident)

Further, the literature presented the productive potential of conflict and the resultant process of conflict resolution, in settings that provided opportunities for social exchange and interaction, in turn facilitating problem solving and emotional development, whilst motivating individuals to engage in more stimulating and lively experiences (Procupez, 2008). Although Moos and Lemke (1996) studies identified residents' preference for low levels of conflict in ideal residential facilities, literature theorized that conflict resolution processes often empowered participants and initiated levels of compromise in group settings (Rahim, 2015). This literature therefore suggested that, as an integral part of society, conflict in group settings need not be observed as a purely negative variable, but that response mechanisms generated in response to conflicting situations are most important (Rahim, 2015). Further, the reviewed theoretical models linked levels of conflict in group settings with positive opportunities for conflict resolution processes, envisioned to potentially empower participants and initiate opportunities for compromise and in turn encourage effective communication amongst group members. In Shared Housing settings, effective communication involves arriving at a shared understanding of a situation and in some instances a shared course of action. This requires a wide range of generic communication skills, from negotiation and listening, to goal setting and assertiveness, and being able to apply these generic skills in a variety of contexts and situations (Procupez, 2008).

In line with the theoretical models, the study revealed that although residents in all the shared homes on average experience heightened levels of conflict, these results were attributed to poor communication amongst residents as well as the limited staff to resident support. It is important to note that the ethos behind the concept of shared housing as implemented by the NOAH Organisation is to encourage independent living, with very limited staff support rendered, which therefore accounts for the low results generated from residents' opinions about staff support services across all sampled homes. The results are none the less symbolic of the fact that the shared housing setting provides opportunities for residents to develop and implement effective communication, and conflict resolution channels in each individual home. As anticipated, the high results generated from the 'conflict' sub scale is symbolic of residents' freedom of expression, considering they each come from varied walks of life, each with their own personalities, preferences, values, and belief systems. Therefore the research findings confirmed that shared residential settings accommodating demographically different residents can in fact escalate levels of conflicts as experience by residents. None the less, it also observed that residents often devise various coping mechanisms to help them deal with the different personality traits within the homes. Some opt to keep their opinions to themselves to avoid conflict, while others feel empowered to act upon and resolve the dispute.

'We all have our tiffs – everybody, I mean otherwise you wouldn't be human. - You have to understand that all of us as we sit here in the house and then we're from different backgrounds. That is the main thing – we're from different backgrounds. It is the characters in the house that makes it uncomfortable. It is the attitudes of the people that make it uncomfortable. (Selby home resident)

5.3 Independence

Independence is considered not merely a necessity but a matter of survival. Elderly people need to be supported to be more independent as a mechanism of minimizing frailty. The literature reviewed presented elderly peoples' preference for residential settings that offered them some semblance of independence, where they could live a more active lifestyle free of external perceptions of dependency (Oldman, 2003). The literature reviewed presented ideal residential settings to be those that could potentially provide residents with option to seek companionship if and when desired, privacy when desired, as well as a sense of purpose (Hillcoat-Nallétamby, 2014). In settings where residents sensed they lacked control of their

lives, or felt disempowered to change their situation, this would be expressed through fear, anger, confusion and guilt (McGuinn and Mosher-Ashley, 2001).

Further, though the perceptions that elderly people held regarding the meaning of independence were subjective, and differed from one person to another, some meanings were common to residents in all settings regardless of the nature and type of setting, such as linkages of independence to available physical, social and psychological resources, linking independence to preservation of privacy as well as independence as a means of self-actualisation as well as being self-reliant (Hillcoat-Nallétamby, 2014). Further, the theoretical constructs presented a positive relation between categories such as residential influence and independence, linking this correlation to encouraged physical support observed in levels of mental activation and in turn, reduced feelings of social isolation. Moos and Lemke (1996) in their comparison of a structured residence versus a non-structured one were of the view that the level of residents' participation in activities is dependent on degree of residents' control of those activities. Facilities that have a high level of residence control are more likely to encourage residents' participation in self-initiated activities.

In line with the literature reviewed, on average across all homes, respondents reported higher desire to actively take charge of their daily living and participate in planning of activities, in trying new ideas and learning new skills. More over most residents reported greater comfort living in the shared home that allowed them the independence factor, while others went as far as acknowledging a positive change in their mental and physical state having lived in a shared housing setting.

'You don't have to go an institution if you're body-abled; you've still got your faculties, you think the same as a young person, not so fast but you're still human.' (Gill House resident)

5.4 Self-disclosure

This category set out to measure the extent to which residents openly express their feelings and personal concerns. According to the literature review, self-disclosure is associated with promotion of physical health and subjective wellbeing, by encouraging social bonding and interactions amongst participants (Rahim, 2015). This literature suggested that emotional sharing amongst people in group settings creates salient bonds amongst participants,

increasing closeness, encouraging interpersonal relationships and inter group understanding which reverts to heightened experiences of life satisfaction (Rahim, 2015). Further, studies undertaken by Moos and Lemke (1996) suggested that ideal group residential settings are those that encourage self-disclosure amongst residents characterised by residents' willingness to openly express themselves to each other, to family members and to staff members.

The research findings reported high levels of self-disclosure amongst residents in all homes, which suggests that the shared housing concept as advanced by the NOAH Organisation has been successful at providing residential settings that encourage resident-to-resident self-disclosure. It is apparent from the findings that residents are comfortable to rely on one another for emotional support, and often share personal life stories with one another. These settings have been able to offer individuals with no family ties especially for individuals that experience loneliness or isolation having experienced a divorce, or never been married or widowed an opportunity to develop close friendships and companionship with their fellow housemates, which has in turn heightened their experience of residential satisfaction within these homes.

5.5 Organisation

The organisation category set out to measure the extent to which residents knew what to expect in their daily routines and the clarity of rules and procedures. The literature reviewed suggested that although orderly residential settings were important in the experience of satisfaction for elderly residents living in especially congregate housing, rigorous organisation could also be associated with institutionalisation, where daily routines become rigid, with residents being forced to conform to rules that serve the institution rather than their own needs (Timko and Moos, 1990). According to the literature, well organised residential settings where those described as encompassing a more humanistic social climate, where residents had the ability to openly express and satisfy their individual preferences. The review suggested that typically, nursing homes in their more intensive care endeavour to follow set rules and regulations would be characterised as less socially supportive settings in contrast to facilities that provided less intensive care such as congregate apartments (Timko and Moos, 1990).

Contrary to what was highlighted in the literature review, a few of research participants had concerns about the routines in the shared homes, especially when it came to residents-staff

social contact (Harmony House, Murray & Roberts House, Selby Lodge). Residents' experiences of order in the homes was more a matter of adjustment to existing housing situations than of unanimously suggested and developed rules and procedures over time. Residents did not participate in deciding how the residential settings where they lived should be organised and managed, except for helping out with simple domestic tasks. There is need to change the attitudes and practices of the organisation in order to enable older people to participate more fully in these settings.

5.6 Residential influence

The residential influence category set out to measure the extent to which residents influence the facility policies and are free from restrictive regulations. The literature reviewed suggested that group settings that implemented policies where residents were availed more choice and control of their residential facilities, were characterised by high functioning residents (Moos and Lemke, 1996). The literature further suggested that levels of influence in group settings were expressed in the adaptive coping responses that residents portrayed. In line with the literature reviewed, positive results were observed across all shared homes affirming the housing model's ability to provide social settings where residents took charge of their daily living and participated in the management of the various homes. In the event that the NOAH staff was required, they were easily accessible and available to the residents.

5.7 Physical comfort

The quality and aesthetic characteristics of residential environments for elderly people was advanced in literature as an important attribute to the promotion of physical comfort which in turn encouraged people's experience of residential satisfaction (Lundgren, 2000). With the drive towards the representation of alternative residential environments as 'home-like' environments, where positive experiences such as cosiness, familiarity, warmth, and comfort are encouraged, the literature review advanced the notion that positive home environments were those that considered the desires and values of the individual and encouraged normalization as opposed to those that imposed provision of services (Verbeek *et al.*, 2009). Further previous studies that explored the concept of physical comfort in elderly housing settings reported that the more actively involved people were in the decision making process

regarding the aesthetic characteristics of their housing setting, the more positive the experiences where of satisfaction (Carr and Marshall, 1993).

In comparison to the literature reviewed, the research study revealed that although the NOAH Organisation has tried to implement support forums that offer residents active involvement in transforming their immediate residential environment to what they desire, residents in 3 out of 7 homes (Fairview Home, Gill House, and Pothier house) felt that more needed to be done by the organisation with regards to comfort in their homes. The negative sentiments and expressions of boredom, time passing and general lack of activities in some of these homes as expressed in the focus group discussions was an indication to the organisation that more needed to be done to encourage more active involvement of residents in their creation of comfortable residential settings. Residents in Gill House for example expressed disappointment when the organisation dug up existing lawn garden and replaced it with pebbles. The residents felt they had lost that one chance at being actively involved in moulding their home setting into what they desired.

The correlation of categories:

It was further observed that various categories were positively interrelated and that results from one category were bound to predict results to be observed in another category. In line with Moos and Lemke (1996's) research findings, on average, the homes that experienced high levels of independence, also expressed high levels of self-disclosure, residential influence, cohesion and physical comfort. Similarly, the homes where high levels of conflict was identified, also expressed very low levels of organisation, and feelings of independence.

Chapter 6:

Conclusion and recommendations

The study observed that various in-house social dynamics play a vital role identifying the different coping mechanisms the elderly residents develop having lived in a shared housing settings, and their experience of that particular setting. Based on the feedback generated from the data findings and analysis, the question is whether this research study managed to respond to the research question posed: *What does the shared housing model advanced by the Neighbourhood Old Ages Homes (NOAH) Organisation offer in light of socially supportive residential environments for elderly residents?* The research further proposed that based elderly residents' appraisals and experiences of particular known residential satisfaction attributes that include; cohesion, independence, self-disclosure, organisation, residential influence and physical comfort, NOAH's shared model should be able to mimic a conducive environment where residents experience heightened levels of cohesion, encouraged sense of independence, high levels of organisation, encouraged self-disclosure, encouraged residential influence and physical comfort coupled with low levels of conflict.

In response to the study question and proposition, the research findings supported the proposition that the NOAH Organisation's shared housing model has been able to offer residents an environment that allows them to develop positive experiences across the seven categories. The vast majority of homes in the NOAH demographic made an attempt to include the resident in the planning and general management of their homes. This was experienced in instances where residents were encouraged to plan their preferred physical and mental activities. These activities tended to boost morale, and improve both physical and mental health of the residents. Positive sentiments from the group discussion sessions indicated that residents appreciated activities that encouraged participation, with 85% of the respondents indicating that activities were of a wholesome manner, and were well planned. In addition respondents felt that the effort made to introduce new activities was sufficient although the vast majority of them felt the need for more activities.

Based on these study results, the shared housing model has been successful at creating a socially supportive environment where residents feel that they are able to retain their independence, to perform day to day tasks on their own and control their lives unhindered by NOAH's bureaucratic rules and regulations and thereby alleviating dependency on their

relatives and or the state. This was observed in the hunger and appetite for the sense of independence that was effervescent amongst all respondents. The responses to the questions posed regarding the opinions on levels of independence and self-disclosure confirmed that the shared housing concept provides an environment of companionship especially for individuals that experience loneliness or isolation having experienced a divorce, never been married or widowed.

Based on the results generated from the conflict category, it is apparent that most residents consider the housing setting to be a high conflict setting with arguments still arising in the homes from time to time, and 75% of the respondents stating that they had been involved in or had witnessed an argument at one point in time. The study results highlighted the need for more effort by management to streamline the necessary communication lines amongst residents in order to encourage cohesion within the shared homes. Consequently the management should make all attempts to ensure that appropriate communication channels are open, between management and residents. In an attempt to make sure that conflicts do not arise too often, management should put in place measurements to ensure that residents' concerns are adequately attended to. Although platforms are available, for residents to be able to share their concerns and complaints, they feel that their concerns are often not adequately resolved. The researcher can thus conclude that given the fact that the residents in these homes are aging member of society, and from less well-off households, proper communication structures are paramount, as numerous people are coming together from diverse social and cultural backgrounds.

Further, the study also assumed that shared accommodation encourages a sense of community and belonging to elderly low income people in various ways including; the location of the homes within their neighbourhood which provides an opportunity for the elderly to remain in communities they are familiar and comfortable with; encouraging group activities and active ageing; and shifting the role of care and responsibility for the elderly people from Government and organisations back to communities by encouraging community involvement in the lives of the elderly people and in so doing, harnesses a sense of belonging in place. It further assumed that an elderly person would prefer to live in a shared house with other non-related elderly people because shared housing; avails low income residents access to decent housing in central locations, which in turn ensures a better standard of living and access to

public services, facilities that they could not otherwise have afforded individually. In line with the afore mentioned assumptions, residents expressed positive sentiments about their experiences having lived in the shared homes as documented in the focus group discussions. In these discussions, participants expressed their appreciation for the existence of the shared houses as an affordable housing alternative, and recommended it to all elderly people in need of a home.

In conclusion, what is apparent from the feedback from the data collected and analysis is that the elderly shared housing concept as implemented by the Neighbourhood Old Age Homes organisation is gradually promoting socially supportive communal living with residents generally experiencing varied levels of residential satisfaction across all categories. The results from the seven subscales reviewed provide valuable insights into residents' opinions of the nature of the social climate in typical elderly shared housing settings as experienced by residents themselves. This information is useful when assessing any residential setting, identifying residents transforming needs, and highlighting major social issues that could be present in a housing setting. The key to the success of the shared housing model is attributed not only to residents demographic attributes but also to residents' willingness and ability to take ownership of their housing situation, where through their self-generated efforts, begin to create organised cohesive, positive social housing settings and in turn experience residential satisfaction.

Chapter 7: Future suggested research areas

Other potential study areas have emerged from the research study that fall out of the scope of this study. The research study concentrated on evaluating the shared housing social environment based on residents' opinions of their housing setting. The findings revealed a need to further make enquiry into reasons why results differ from home to home and why and how demographic personalities influence developed perceptions of a shared housing setting by elderly residents.

For instance, it was observed that some homes fared better in categories such as conflict and conflict resolution procedures in comparison to others, although enquiry was not extended to why the varied results occurred. Some participants attributed the high conflict levels to poor communication between residents, others attributed it to personality clashes, and others to lack of support from management. The differing opinions warrant further investigation into the relationship between demographic characteristics of residents in the various homes and resultant opinions built that eventually affect the experience of a positive social environment in a shared housing setting.

Another potential study area that was not explicitly articulated in the findings is the effect of having a diverse ethnic cultural population group in a shared housing setting. Very limited research has been undertaken regarding racial and ethnic diversity in elderly housing settings and its effect on residential satisfaction. Although the NOAH shared houses accommodate a diverse elderly population group, this study was limited to the residents opinions of their housing settings in the South African context and did not diverge into linking opinions to individuals and to their ethnic background. With the on-going increase in migration, urbanisation, coupled with the transforming needs of a diverse population opting to age in urban cities, further investigation about residential satisfaction in elderly housing setting accommodating people from a wider range of racial and ethnic backgrounds is much needed.

Although the study contributed to the knowledge gap regarding residential satisfaction opinions held by residents in elderly shared housing settings, the opinions were still generated from a group of homes under one organisation, the NOAH Organisation, that typically presents with its particular set of management characteristics that may not be generalizable to other organisations. Irrespective, the concept of shared housing for elderly residents as implemented by the NOAH Organisation provided evidence that suggests that

residential satisfaction can be achieved in this non-conventional housing model. The results further provide tangible information about an elderly housing model that has largely lacked documented evidence to support its effectiveness as a cost effective non-conventional form of housing for the low-income elderly. Whilst the model has been successfully implemented in more developed countries around the world, the documentation of its success in the South African context for low-income elderly people was lacking in literature. This presents an opportunity to further investigate the possibility of building around the topic of elderly shared housing in the African context for future theoretical constructs.

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I. Appendix A: Ethics clearance



 Mareldia Fagodien <mareldia.fagodien@uct.ac.za>
to me, jolive001

Hi Susan

Please bind at the back of your thesis when you are ready to submit.

Regards
Mareldia

From: **Zulpha Geyer**
Sent: 20 November 2012 02:15 PM
To: Jonathan Marks
Cc: Mareldia Fagodien
Subject: Ethics application - Susan Ndagire

Goodday,

The ethics applica. on for the above student has been approved. I do not have an email address for her.

Kind regards,
-zulpha

Zulpha Geyer: Centre for Research in Engineering Educa on | Chemical Engineering Building |
Upper Campus | University of Cape Town |

Tel: [+27 021 650 4791](tel:+270216504791) | Fax: [+27 021 650 5501](tel:+270216505501) |

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II. Appendix B: Ethics Clearance forms

EBE Faculty: Assessment of Ethics in Research Projects

Any person planning to undertake research in the Faculty of Engineering and the Built Environment at the University of Cape Town is required to complete this form before collecting or analysing data. When completed it should be submitted to the supervisor (where applicable) and from there to the Head of Department. If any of the questions below have been answered YES, and the applicant is NOT a fourth year student, the Head should forward this form for approval by the Faculty EIR committee: submit to Ms Zulpha Geyer (Zulpha.Geyer@uct.ac.za; Chem Eng Building, Ph 021 650 4791). Students must include a copy of the completed form with the thesis when it is submitted for examination.

Name of Principal Researcher/Student: Susan Ndagire Department: Construction Economics

If a Student: Degree: MSC Property Studies Supervisor: Jonathan Marks

If a Research Contract indicate source of funding/sponsorship: n/a

Research Project Title: Shared accomodation for the aging population in SA: an exploratory study on the social impact of such settings

Overview of ethics issues in your research project:

Question 1: Is there a possibility that your research could cause harm to a third party (i.e. a person not involved in your project)?	YES	NO
Question 2: Is your research making use of human subjects as sources of data? If your answer is YES, please complete Addendum 2.	YES	NO
Question 3: Does your research involve the participation of or provision of services to communities? If your answer is YES, please complete Addendum 3.	YES	NO
Question 4: If your research is sponsored, is there any potential for conflicts of interest? If your answer is YES, please complete Addendum 4.	YES	NO

If you have answered YES to any of the above questions, please append a copy of your research proposal, as well as any interview schedules or questionnaires (Addendum 1) and please complete further addenda as appropriate.

I hereby undertake to carry out my research in such a way that

- there is no apparent legal objection to the nature or the method of research; and
- the research will not compromise staff or students or the other responsibilities of the University;
- the stated objective will be achieved, and the findings will have a high degree of validity;
- limitations and alternative interpretations will be considered;
- the findings could be subject to peer review and publicly available; and
- I will comply with the conventions of copyright and avoid any practice that would constitute plagiarism.

Signed by:

	Full name and signature	Date
Principal Researcher/Student:		06/09/2012

This application is approved by:

Supervisor (if applicable):		22 - 10 - 12
HOD (or delegated nominee): Final authority for all assessments with NO to all questions and for all undergraduate research.		30 October 2012
Chair: Faculty EIR Committee For applicants other than undergraduate students who have answered YES to any of the above questions.		12/NOV 2012

ADDENDUM 2: To be completed if you answered YES to Question 2:

It is assumed that you have read the UCT Code for Research involving Human Subjects (available at <http://web.uct.ac.za/depts/educate/download/uctcodeforresearchinvolvinghumansubjects.pdf>) in order to be able to answer the questions in this addendum.

2.1 Does the research discriminate against participation by individuals, or differentiate between participants, on the grounds of gender, race or ethnic group, age range, religion, income, handicap, illness or any similar classification?	YES	NO
2.2 Does the research require the participation of socially or physically vulnerable people (children, aged, disabled, etc) or legally restricted groups?	YES	NO
2.3 Will you not be able to secure the informed consent of all participants in the research? (In the case of children, will you not be able to obtain the consent of their guardians or parents?)	YES	NO
2.4 Will any confidential data be collected or will identifiable records of individuals be kept?	YES	NO
2.5 In reporting on this research is there any possibility that you will not be able to keep the identities of the individuals involved anonymous?	YES	NO
2.6 Are there any foreseeable risks of physical, psychological or social harm to participants that might occur in the course of the research?	YES	NO
2.7 Does the research include making payments or giving gifts to any participants?	YES	NO

If you have answered YES to any of these questions, please describe below how you plan to address these issues:

2.1 Age – the research is focussed upon the elderly as as such there is a need to 'discriminate' by only including elderly people in the research.

2.2 – Yes, focussed on the elderly. This will be mitigated through the agency of participating NGO's who will work with the researcher.

ADDENDUM 3: To be completed if you answered YES to Question 3:

3.1 Is the community expected to make decisions for, during or based on the research?	YES	NO
3.2 At the end of the research will any economic or social process be terminated or left unsupported, or equipment or facilities used in the research be recovered from the participants or community?	YES	NO
3.3 Will any service be provided at a level below the generally accepted standards?	YES	NO

If you have answered YES to any of these questions, please describe below how you plan to address these issues:

III. Appendix C: Ethics Clearance Discussion Paper

Application for Ethics Clearance Discussion Paper

Research title:

Shared accommodation for the aging population in South Africa: An explorative study on the social impact of such settings

A **Research Study** to be submitted to the Department of Construction Economics and Management at the University of Cape Town in Partial Fulfilment of the Requirements for the Award of the Degree of Msc. in Property Studies-University of Cape Town

Supervisor

Dr. Jonathan Marks

Senior Lecturer

Department of Construction Economics and Management

Report written by:

Susan Ndagire

Student no: kztsus001

Introduction to research study:

The research study is concerned with exploring the viability of a shared housing setting as an alternative housing option for low income elderly population in South Africa, based on the social impact of such settings on residents' wellbeing. This study considers the low income elderly population as a case study because they are a marginally prioritized yet vulnerable population group. They not only have to deal with the realities of aging such as shrinking productivity and poor health, but also have to contend with lack of basic affordable social support systems such as decent housing. Shared housing has the capacity to bridge the affordability gap while providing the much needed social setting required for active and healthy aging and yet there still remains a general lack of awareness of the social and economic opportunities that this environment can offer, especially to vulnerable low-income elderly people.

Study aims:

The study aims at exploring the social dynamics related to living in a shared housing environment in order to generate discourse with regards to its effects on elderly resident's wellbeing.

Objectives:

- To explore the social dynamics that evolves from living in a shared housing environment for elderly residents and their impact on the livelihoods of elderly residents.
- To explore the social needs that present themselves among the elderly residents in shared housing settings and how these needs are addressed.

Statement of problem:

South Africa is experiencing an increasing aging population, the majority characterized by low productivity, and increasing dependency on State funded support for daily sustenance. Since the over stretched State funds cannot accommodate this growing need, poor living conditions become a reality for the majority of elderly people, this in turn impacts on their general health and social wellbeing. Families and communities lack the capacity to provide for the needs of the elderly, state support schemes only reach a small percentage of the total elderly population and the level of state support provides very little impact in alleviating poverty conditions that this marginalised vulnerable population group has to face. This creates a need to shift focus to identify more efficient and cost effective alternative social environments, capable of providing healthy active aging for the low-income elderly, such as shared housing, which the research study addresses.

Research purpose:

There is a general lack of awareness by potential residents, general public and policy makers of the nature of the shared housing settings and its impact on the livelihoods of the residents. The purpose of the study is to explore the nature of this alternative housing setting through use information generated from structured instruments, focus groups, and later interviews in order to build a body of knowledge upon which further future research can be founded.

Research experience:

I have no prior experience with respect to this kind of research or the topic that I will be researching on or the area in which the research will be conducted but I will be guided by my Supervisor Dr. Jonathan Marks, who has abundant experience in this field and research area.

Type of data collected:

The information collected will be of both a personal and social nature collected directly from participants through use of two research instruments and data generated from focus groups.

Consent forms:

Although my supervisor is acquainted with the managerial staff at both organizations; I will request for consent to run the instruments from managerial staff of the two NGO's Neighbourhood Old Age Homes (NOAH) in Cape Town, and Abbeyfield South Africa. The staff will brief the residents of the ongoing research study, explaining clearly that partaking of the research study and answering the structured questionnaires is on a voluntary basis. **A copy of script is attached.**

The research study does not involve any minors or incapacitated participants.

Sample selection:

The sample group in this study will be individuals living in old age homes from two NGO's; Neighbourhood Old Age Homes (NOAH) in Cape Town, and Abbeyfield South Africa. The core target population is a set of all persons aged at least 60 years and specifically those that are still able to perform various basic activities with limited assistance, broadly termed 'fit elderly'.

This research acknowledges use of data generated by focus group interviews that were run by the University of Cape Town's Department of Construction and Economics students in June 2012 with residents at one of the NGO – Neighbourhood Old Age Homes (NOAH) in Cape Town.

Further still, the research will use two research instruments; the Sheltered Care Environment Scale (SCES) and the Sense of Community Index (SCI) 'structured questionnaires' to be supplied by managerial staff of the two organisations to residents and staff at the various homes.

Participant recruitment:

Participants will be recruited from the old age homes, the structured surveys will be supplied at those homes, and answering them will be on a voluntary basis. The staff will brief the residents of the ongoing research study, explaining clearly that partaking of the research study and answering the structured questionnaires is on a voluntary basis.

There is no inducement offered to any individual partaking of this research study.

The elderly people living in shared accommodation have been involved in the research study because their opinions and experiences are the informants of the study.

Participant characteristics:

A minimum of 50 people will be initially surveyed from homes in the two organizations. This sample size calculation is based on a participation rate of approximately 70 percent of the total anticipated participation number. Participants should be persons aged at least 60 and above, both genders (male and female) that are currently living in shared housing setups managed by the two Non Governmental Organisations; Neighbourhood Old Age Homes (NOAH) and Abbeyfield South Africa.

There are no factors that may increase participants' vulnerability or susceptibility to harm.

As a participant, they will be asked to answer a survey questionnaire that I or your manager / care taker will supply to them at the various homes. This is a structured questionnaire that has statements about the place that they live or work in and their answers will be in a 'YES' or 'NO' format. (Attached are copies of the two survey instruments) The surveys will be run once, and each participant gets to answer the questions only once. This will take up to 10-15 minutes of each participant's time.

This study will maintain each participant's anonymity and confidentiality; all information provided will be used strictly for academic purposes, and will not be referred back to any participant.

Participants will be removed from data at the data capturing stage

Participants will not be deceived in any way.

On completion of the proposed research, the research data will be destroyed.

There is no risk of harm that participants will experience participating in this study.

The benefits for the participants for agreeing to take part in the study are of an academic nature aimed at generating knowledge about the dynamics of living in shared housing settings further still, the participants' shared experiences forms a part of a body of work that could have potential prospects of influencing future public and private policies affecting the elderly low income group.

IV. Appendix D: Informed Consent Form

Research title:

Shared accommodation for the aging population in South Africa: An explorative study on the social impact of such settings

Good day, my name is Ndagire Susan and I am conducting research towards a Msc. Degree in Property studies at the University of Cape Town, department of Construction Economics and management.

The research study is aimed at exploring the dynamics of living in a shared housing setting as an alternative housing option for low income elderly population in South Africa, based on the social impact of such settings on residents' wellbeing. As a resident, I would like to invite you to participate in the project.

What is the project about?

I am interested in finding out about your experience living in a shared house with other unrelated elderly people. Participants that will be answering the survey instruments have to be residents in one such house. I would like to understand the issues related to living in a shared house and how these issues are addressed.

Please understand that participation in this research study is on a voluntary basis. The choice of participation is yours alone and if you choose not to participate, there will be no negative consequences. If you choose to participate but wish to withdraw at any time, you will be free to do so without any negative consequences. However I would be grateful if you would assist me by agreeing to be a part of the study.

As a participant, you will be asked to answer a survey questionnaire that I or your manager / care taker will supply to you at your home. This is a structured questionnaire that has statements about the place that you live or work in and your answers will be in a 'YES' or 'NO' format. This will take up to 10-15 minutes of your time. This study is strictly for academic purposes and therefore there is no direct benefit for you.

There is no risk of harm that you will experience participating in this study.

This study will maintain your anonymity and confidentiality; all information you provide will be used strictly for academic purposes, and will not be referred back to you. Providing your name on the questionnaires is optional.

Your participation is important and very meaningful to the study and all data generated will be used for academic purposes; going towards further understanding social issues related to living in a shared housing environment for older persons. Feedback of the outcome of this research study will be accessible via the University of Cape Town upon final successful completion of the project write-up.

Thanking you for your participation

Regards

Susan Ndagire

MSc Property Studies (UCT)

V. Appendix E: Sheltered Care Environment Scale Form R

**SHELTERED CARE
ENVIRONMENT SCALE FORM R**

Name (optional) _____ Age _____

Name of facility _____

Male

Female

How long have you lived or worked here? _____
Years Months Days

If you are a staff member, check the following box
and indicate your staff position _____

Today's date _____

There are 63 questions here. They are statements about the place in which you live or work. Based on your experience here, please answer these questions yes or no. Ask yourself which answer is generally true.

Circle yes if you think the statement is true or mostly true of this place.

Circle no if you think the statement is false or mostly false of this place.

Please be sure to answer every question. Thank you for your cooperation.

- | | | |
|---|-----|----|
| 1. Do residents get a lot of individual attention?..... | Yes | No |
| 2. Do residents ever start arguments?..... | Yes | No |
| 3. Do residents usually depend on the staff to set
up activities for them? | Yes | No |
| 4. Are residents careful about what they say to
each other? | Yes | No |
| 5. Do residents always know when the staff
will be around?..... | Yes | No |
| 6. Is the staff strict about rules and regulations? | Yes | No |
| 7. Is the furniture here comfortable and homey? | Yes | No |
| 8. Do staff members spend a lot of time with residents? | Yes | No |
| 9. Is it unusual for residents to openly express
their anger? | Yes | No |
| 10. Do residents usually wait for staff to suggest
an idea or activity? | Yes | No |
| 11. Are personal problems openly talked about?..... | Yes | No |
| 12. Are activities for residents carefully planned? | Yes | No |
| 13. Are new and different ideas often tried out? | Yes | No |
| 14. Is it ever cold and drafty here? | Yes | No |
| 15. Do staff members sometimes talk down to residents? | Yes | No |
| 16. Do residents sometimes criticize or make fun
of this place? | Yes | No |
| 17. Are residents taught how to deal with
practical problems? | Yes | No |
| 18. Do residents tend to hide their feelings
from one another?..... | Yes | No |
| 19. Do some residents look messy? | Yes | No |
| 20. If two residents fight with each other will
they get in trouble?..... | Yes | No |
| 21. Can residents have privacy whenever they want?..... | Yes | No |
| 22. Are there a lot of social activities? | Yes | No |
| 23. Do residents usually keep their disagreements
to themselves? | Yes | No |

- | | | |
|---|-----|----|
| 24. Are many new skills taught here? | Yes | No |
| 25. Do residents talk a lot about their fears? | Yes | No |
| 26. Do things always seem to be changing around here?..... | Yes | No |
| 27. Do staff allow the residents to break minor rules? | Yes | No |
| 28. Does this place seem crowded? | Yes | No |
| 29. Do a lot of the residents just seem to be
passing time here? | Yes | No |
| 30. Is it unusual for residents to complain about
each other? | Yes | No |
| 31. Are residents learning to do more things on
their own? | Yes | No |
| 32. Is it hard to tell how the residents are feeling? | Yes | No |
| 33. Do residents know what will happen to them if
they break a rule? | Yes | No |
| 34. Are suggestions made by the residents acted on?..... | Yes | No |
| 35. Is it sometimes very noisy here? | Yes | No |
| 36. Are requests made by residents usually taken care
of right away?..... | Yes | No |
| 37. Is it always peaceful and quiet here? | Yes | No |
| 38. Are the residents strongly encouraged to make
their own decisions? | Yes | No |
| 39. Do residents talk a lot about their past dreams
and ambitions? | Yes | No |
| 40. Is there a lot of confusion here at times?..... | Yes | No |
| 41. Do residents have any say in making the rules? | Yes | No |
| 42. Does it ever smell bad here? | Yes | No |
| 43. Do staff members sometimes criticize residents
over minor things? | Yes | No |
| 44. Do residents often get impatient with each other? | Yes | No |
| 45. Do residents sometimes take charge of activities? | Yes | No |
| 46. Do residents ever talk about illness and death? | Yes | No |
| 47. Is this place very well organized? | Yes | No |
| 48. Are the rules and regulations rather strictly enforced? | Yes | No |

- | | | |
|---|-----|----|
| 49. Is it ever hot and stuffy in here? | Yes | No |
| 50. Do residents tend to keep to themselves here? | Yes | No |
| 51. Do residents complain a lot? | Yes | No |
| 52. Do residents care more about the past than the future? | Yes | No |
| 53. Do residents talk about their money problems? | Yes | No |
| 54. Are things sometimes unclear around here? | Yes | No |
| 55. Would a resident ever be asked to leave if he or
she broke a rule? | Yes | No |
| 56. Is the lighting very good here? | Yes | No |
| 57. Are the discussions very interesting? | Yes | No |
| 58. Do residents criticize each other a lot? | Yes | No |
| 59. Are some of the residents' activities really
challenging? | Yes | No |
| 60. Do residents keep their personal problems to
themselves? | Yes | No |
| 61. Are people always changing their minds around here? | Yes | No |
| 62. Can residents change things here if they really try? | Yes | No |
| 63. Do the colors and decorations make this a
warm and cheerful place? | Yes | No |

**SHELTERED CARE
ENVIRONMENT SCALE (SCES)**

Several options are available for scoring the SCES; the option you choose will depend on the number of facilities evaluated, the number of questionnaires completed in each facility, and the personnel and computer time available.

When data are obtained from more than one facility or when large numbers of staff and residents complete the SCES, it is more efficient to computer score the SCES. The scoring key below lists the questions on each subscale and the scoring direction; it can be used to create a computerized scoring system.

The individual's raw score on a dimension is the percentage of questions (out of nine possible) that are answered in the scored direction. The facility's score on a given SCES dimension is the average of all individual scores.

Step-by-step hand-scoring instructions are given under Hand Scoring the SCES.

Scoring Key

<i>Item No.</i>	<i>Cohesion</i>	<i>Conflict</i>	<i>Independence</i>	<i>Self- Disclosure</i>	<i>Organization</i>	<i>Resident Influence</i>	<i>Comfort</i>
1	1Y	2Y	3N	4N	5Y	6N	7Y
2	8Y	9N	10N	11Y	12Y	13Y	14N
3	15N	16Y	17Y	18N	19N	20N	21Y
4	22Y	23N	24Y	25Y	26N	27Y	28N
5	29N	30N	31Y	32N	33Y	34Y	35N
6	36Y	37N	38Y	39Y	40N	41Y	42N
7	43N	44Y	45Y	46Y	47Y	48N	49N
8	50N	51Y	52N	53Y	54N	55N	56Y
9	57Y	58Y	59Y	60N	61N	62Y	63Y

HAND SCORING THE SCES

Hand scoring of the SCES is easier when respondents record their answers directly onto the SCES Answer Sheet (Appendix A). When the SCES is administered to residents in an interview format, the interviewer can record the answers directly onto the answer sheet. If the SCES is administered to staff, it is possible to read questions aloud to the entire group and to have respondents record their answers on this sheet. Use of the answer sheet by respondents should be monitored to ensure accuracy. When respondents have answered the SCES on the questionnaire itself, you can transfer answers from the forms to answer sheets to facilitate hand scoring with the scoring template.

- STEP 1: Discard questionnaires with more than 10 unanswered questions.
- STEP 2: If respondents have marked on the questionnaire rather than on the answer sheet, transfer answers to the answer sheet (Appendix A). A separate answer sheet should be used for each respondent.
- STEP 3: Cut out the boxes marked with an "X" on the scoring template. The columns on the template are labeled with the SCES subscale names. Each of the seven columns contains all the items used in scoring one SCES subscale (e.g., Items 1, 8, 15, 22, 29, 36, 43, 50, and 57 are on the Cohesion subscale; Items 2, 9, 16, 23, 30, 37, 44, 51, and 58 are on the Conflict subscale, etc.).
- STEP 4: Align the scoring template over an answer sheet. Obtain the raw score for Cohesion by counting the number of responses appearing in the windows of column 1.
- STEP 5: Divide the raw score by 9 (the total points possible on each subscale and multiply by 100). This is the individual's percentage score for Cohesion.
- STEP 6: Repeat Steps 4 and 5 for each of the subscales, recording the respondent's percentage scores. Score each person's SCES in this way, keeping resident and staff groups separate.
- STEP 7: To calculate facility SCES scores, average the individual percentage scores for each of the subscales. You should end up with seven facility means (one for each subscale) for the resident group and seven for the staff group.

	Cohesion	Conflict	Independence	Self-Disclosure	Organization	Resident Influence	Comfort	
	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	
	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	
Yes	X	X			X		X	Yes
No			X	X		X		No
	Item 8	Item 9	Item 10	Item 11	Item 12	Item 13	Item 14	
Yes	X			X	X	X		Yes
No		X	X				X	No
	Item 15	Item 16	Item 17	Item 18	Item 19	Item 20	Item 21	
Yes		X	X				X	Yes
No	X			X	X	X		No
	Item 22	Item 23	Item 24	Item 25	Item 26	Item 27	Item 28	
Yes	X		X	X		X		Yes
No		X			X		X	No
	Item 29	Item 30	Item 31	Item 32	Item 33	Item 34	Item 35	
Yes			X		X	X		Yes
No	X	X		X			X	No
	Item 36	Item 37	Item 38	Item 39	Item 40	Item 41	Item 42	
Yes	X		X	X		X		Yes
No		X			X		X	No
	Item 43	Item 44	Item 45	Item 46	Item 47	Item 48	Item 49	
Yes		X	X	X	X			Yes
No	X					X	X	No
	Item 50	Item 51	Item 52	Item 53	Item 54	Item 55	Item 56	
Yes		X		X			X	Yes
No	X		X		X	X		No
	Item 57	Item 58	Item 59	Item 60	Item 61	Item 62	Item 63	
Yes	X	X	X			X	X	Yes
No				X	X			No