

To Move or not to Move: The Housing Dilemmas Faced by Chinese Baby Boomer Migrants in Brisbane, Australia

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ABSTRACT

This paper analyses the key dilemmas Australian Chinese Baby Boomer Migrants (ACBBMs) face as their housing needs change, to enable service providers to develop strategies to support their needs. Housing has strong implications for health and quality-of-life. Current policies pay little attention to the upcoming baby boomers' changing housing needs. This is especially pronounced for ACBBMs, who not only experience changes to their health and socio-economic status, but also encounter family and cultural issues. This paper explores these challenges in-depth. The study used multiple qualitative data collection methods: a literature review, in-depth interviews of thirty-two ACBBMs and relevant professionals, and three focus group discussions. It identified key factors underpinning ACBBMs' decisions as to whether to move or stay in their homes including: the complexity of these considerations; insufficient information, resources and networks to enable decision-making; the inability of spouses or family members to come to decisions; constant changes in life circumstances; and a desire to live with extended family. ACBBMs need help to make timely decisions on their changing housing needs. This study recommends strategies to empower ACBBMs to make these decisions, in order to promote their quality of life and well-being.

INTRODUCTION

The Australian baby boomers, those born between 1946-1964, are facing significant changes to their lives. Baby boomers are those born between 1946-1964. They are the first generation "to face the new 'third' age: - a decade or two of relatively healthy life after retirement." However, one of the obstacles to achieving a healthy life after retirement is that as their life circumstances change, many of their houses are no longer suitable to meet their needs [1]. As such, they must make decisions about whether to downsize and move to a new house, or to stay in their own homes. If they stay, they then have to decide whether or not to renovate their house to meet their changing needs. If they do not make the decision while they still can, they may lose autonomy over the decision, resulting in their inability to achieve their preferred options for the future. The consequences of this may impact on their quality of life and well-being, or worse, place them in desperate situations of regret, leaving them unable to adapt to the greying future.

This challenging situation is particularly relevant to the baby boomers is confirmed by a study about ageing in place which found that many adults "choose to move between

the ages of 55 and 75" [2]. However, making such decisions is difficult due to the complex considerations involved, and these considerations are not well understood, particularly by services providers. Therefore, it is timely and necessary to investigate the challenges baby boomers face by considering their changing housing needs, and the support they need to make decisions for a better future. This is particularly important for Australia's non-English speaking migrant groups, who have to cope with many socio-economic and cultural issues relating to ageing in a foreign land [3-5]. Among them, Chinese migrants in particular, have the largest and growing baby boomer populations in Australia [6-8].

Literature suggests that compared with locally born Australians, Chinese elderly migrants in Australia face extra challenges in meeting their health needs because of their isolation from those in their countries of origin, and their cultural and language differences [9-14]. However, there is a paucity of information about the current bulging generation of Chinese baby boomer migrants in Australia, and there have not been any studies into their changing housing needs and the dilemmas they face in making decision for their future.

This paper examines the challenges experienced by Australian Chinese Baby Boomer Migrants (ACBBMs) in dealing with their changing housing needs. It begins by presenting the study's background, rationale and research methods. This is followed by an explanation of the reasons for the ACBBMs' changing housing needs and an analysis of the dilemmas they face in making decisions about whether to move or to stay. The paper concludes with a discussion and recommendations to inform potential strategies for service providers.

BACKGROUND AND RATIONALE

Housing impacts health and it is considered by WHO as one of the major socio-economic and environmental determinants of health [15]. Appropriate housing provides physical shelter that protects people from hazards and contributes to their physical and psychological wellbeing [16]. For older Australians and particularly baby boomers, it is also a source of wealth that can contribute to their financial security in retirement [17,18].

Australia's current housing policy is to encourage the older Australian people to age-in-place, instead of entering residential care [19]. Ageing-in-place ideally is not just about providing ageing Australians with the care and support that

suit their needs, it also helps them to connect to their neighbourhood and community, with the aim of improving their quality of life and giving them more control over their circumstances, even as their health deteriorates [20]. But there are challenges of ageing-in-place [21]. To support ageing-in-place, studies conducted by National Seniors Australia and the Australian Housing and Urban Research Institute explored older Australians' needs as they downsized [1,22]. Other studies have presented strategies relating to improving housing conditions, such as providing wheelchair access to rooms, using an aged-friendly and adapted bathroom, and preventing fall incidences. However, most studies focus on the ageing of the older generations whose members are well over seventy years old [23], while the majority of the baby boomers are either just retiring or in pre-retirement age and have different values, attitudes, needs and expectations from the "Frugal and Silent generations" before them [24,25].

A few studies have examined Australia's baby boomers and housing in response to the housing bubble created by the bulging baby boomer generation, with a focus on diffusing the housing crisis through financial planning (Glass & Kilpatrick 2006) [26-29]. Other studies have shown that Australian baby boomers are facing multiple changes in their lives [23]: declining health and disability; retirement; changing financial circumstances; children leaving their home; and relationship changes [1,22,30-32]. Any of these biological, socio-economic, and environmental changes can affect their housing needs and, ultimately, their mental health and quality of life [33]. While studies have acknowledged the potential health impacts of improper housing [34], few have looked at the changing housing needs of Australia's baby boomers, and none concerning those from Culturally and Linguistically Diverse (CALD) populations [3-5]. Studies have shown that the current Australian healthcare system has failed consumers in the CALD group because of the lack of information about their health needs [10-13,35]. Among them, the largest and fastest growing subgroup of baby boomers is the Chinese migrants. However, there is little information about their health needs, particularly relating to their changing housing needs. This paper explains why this is an important issue, which is faced by ACBBMs, warrants urgent attention.

THEORETICAL BASE, METHODOLOGY AND DATA COLLECTION METHODS

This paper emerges from a doctoral study that adopted a Comprehensive Needs Assessment (CNA) approach for an in-depth exploration of the health and social needs of ACBBMs in Brisbane, Australia [36]. The overall aim of the doctoral study is to understand the many factors that influence the ACBBMs' healthy ageing process (focussing on the socio-cultural determinants of health), in order to inform health care providers on supporting the healthy ageing of the ACBBMs, when developing future social and health services. The following will provide a brief overview of the theoretical base, methodology and data collection methods.

The theoretical base underpinning the study's approach

This research adopts WHO's concept of the 'healthy ageing' approach as the theoretical base for the methodological design. Healthy ageing is about planning health programs that promote active and healthy life stages in order to achieve healthy life expectancy. Underpinning the healthy ageing approach is the concept of 'health promotion'. WHO defines health promotion as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health" [37]. This definition highlights the importance of addressing the multi-determinants of health (that is, the multiple factors affecting health). In order to assess and mitigate the determinants of health, it is necessary to identify issues and support needs from multiple perspectives: from the community themselves, the providers and relevant stakeholders, and experience from other communities with similar circumstances. To this end, it is necessary to conduct a CNA in order to identify issues of concern, the various determinants of health, and potential solutions from different perspectives, from the users to experts and beyond.

To guide the design of data collection, and in line with the theories and concepts of health promotion, this study has adopted the comprehensive CNA methodological framework developed by Chu for health promotion program development, which has proven successful contemporary applications [38-42]. The methodological framework is based on Bradshaw's concepts of four types of needs (comparative needs, expressed needs, normative needs, and felt needs) [43], representing the inputs from literature and secondary data, policy makers,

experts, practitioners, and community members, in order to identify issues, concerns and potential strategies for health-promotion.

Methodology

This paper aims to explore, in-depth, the challenges experienced by ACBBMs in dealing with their changing housing needs, drawing from a qualitative study. Apart from an extensive literature review throughout the study, the primary data was collected from between 2013 to and December 2016 using multiple qualitative data collection methods: in-depth interviews, expert consultations, collecting existing secondary data, participant observation of program activities, and focus group discussions. The participants and informants were recruited by purposive, convenience and snow-ball sampling. The 60 to 90-minute interviews were conducted in Chinese, audio recorded, transcribed, and then translated into English.

The study setting, Brisbane, is the third largest Australian city, and was selected because the researcher lives in Brisbane with well-established social, professional and academic networks. Brisbane's ACBBMs are concentrated in ten southern suburbs: Mt. Gravatt, Sunnybank, Sunnybank Hills, Wishart, Stretton, Robertson, Calamvale, Macgregor, Eight Mile Plains, and Runcorn, and the majority of the study participants recruited live in these suburbs.

The research's participants consist of fifty-five participants in two groups: thirty-two ACBBMs and twenty-three professionals or aged carers who work with the Chinese community. The ACBBMs are Brisbane residents born overseas between 1946 - 1965, who speak Chinese as their first language. (Table 1 below gives a snapshot of the ACBBMs and Table 2 for the second group on the informants' roles and organisations they belong to). The participants were recruited by purposive, convenience and snowball or chain referral sampling technique. In addition, the researcher also invited the ACBBMs by advertisement sent to members of Chinese social and religious groups. The researcher also conducted three focus group discussions to share experience among 1) the ACBBMs, 2) the aged care professionals and carers and 3) ACBBMs' families.

Table 1: Summary profile of the study sample.

| | Gender | Year born | Place of origin | Marital status | Child-ren | Housing style | Living with |
|----|--------|-----------|-----------------|---------------------|-----------|---------------|------------------|
| 1 | F | 1946 | Macau | Never married | | Town house | Alone |
| 2 | F | 1946 | PNG | Widowed | | House 2 L | Alone |
| 3 | F | 1947 | Singapore | Married | 2 | House 2 L | Spouse |
| 4 | F | 1947 | HK | Married | 2 | House 2 | Spouse |
| 5 | M | 1947 | HK | Divorced twice | 5 | Shared room | Alone |
| 6 | F | 1948 | China | Married | 1 | Town House 2L | Spouse |
| 7 | F | 1950 | HK | Never married | | House | Sister |
| 8 | F | 1950 | HK | Married | 2 | House 2 L | Spouse |
| 9 | F | 1951 | China | Divorced | 2 | Unit | Alone |
| 10 | F | 1951 | HK | Married | 2 | House | Spouse, Family |
| 11 | F | 1952 | HK | Married | 2 | House 2 L | Spouse |
| 12 | M | 1952 | HK | Married | 2 | House 2 L | Spouse |
| 13 | M | 1952 | HK | WM | 2 | House | Spouse, Children |
| 14 | F | 1952 | Vietnam | Married | 2 | Unit | Spouse |
| 15 | F | 1953 | Macau | Married | | House | Spouse |
| 16 | F | 1954 | HK | Divorced | 1 | House 2 L | Alone |
| 17 | M | 1954 | Macau | Married | 2 | House 2 L | Spouse Children |
| 18 | M | 1954 | HK | Divorced | | House 2 L | Spouse |
| 19 | F | 1958 | China | Never married | | House | Sister |
| 20 | F | 1958 | HK | Never married | | Unit | Mother |
| 21 | F | 1959 | Vietnam | Never married | | Unit | Alone |
| 22 | F | 1959 | Vietnam | Married | 2 | House 2 L | Spouse |
| 23 | F | 1961 | HK | Married | 2 | House | Spouse Family |
| 24 | F | 1961 | Taiwan | Divorced | 2 | Unit | Alone |
| 25 | F | 1961 | HK | Divorced/re-Married | | House 2 L | Spouse |
| 26 | M | 1961 | HK | Married | 2 | Unit | Spouse Child |
| 27 | F | 1962 | Vietnam | Married | 2 | House | Spouse Children |
| 28 | F | 1962 | China | Married | 1 | House | Spouse |
| 29 | F | 1962 | Macau | Married | 2 | House 2 L | Spouse children |
| 30 | F | 1964 | China | Married | 2 | House 3 L | Spouse Children |
| 31 | F | 1965 | China | Married | | House | Spouse |
| 32 | F | 1965 | HK | Widowed | 3 | House | Children |

F-Female; M-Male; HK-Hong Kong; 2L-2 levels

Table 2: Professional carers & professionals – their roles and organisations they belong to.

| | Role of informants |
|----|---|
| 1 | Community Development Coordinator (Connect Communities to Lifestyle and Community Services) |
| 2 | Language coordinator |
| 3 | Manager |
| 4 | Health program coordinator |
| 5 | Health program presenter |
| 6 | Ex-President of U3A |
| 7 | Director of an aged care facility |
| 8 | Manager of an aged care facility |
| 9 | Manager of an aged care facility |
| 10 | Manager of an aged care facility |
| 11 | Aged carer of an aged care facility |
| 12 | Co-ordinator of a Catholic prayers group |
| 13 | Co-ordinator of a Chinese health information program |
| 14 | Manager of a Chinese aged care agency |
| 15 | Aged care carer of a Chinese aged care agency |
| 16 | Aged care carer of a Chinese aged care agency |
| 17 | Aged care nurse of a Chinese aged care agency |
| 18 | Medical consultant |
| 19 | Manager of a Chinese aged care agency |
| 20 | Director of a Chinese aged care agency |
| 21 | Health program co-ordinator of an aged care agency |
| 22 | Case manager of an aged care agency |

Data analysis conducted consisted of thematic analysis, one of the most common forms of analysis within qualitative research, which emphasises identifying, analysing and interpreting patterns of meaning (or "themes") within qualitative data [44,45]. To analyse the data collected, the researcher categorised themes and sub-themes in three sequential steps: domain, taxonomy, and component analysis in order to identify key reasons for changing housing needs and examine the various factors underpinning the dilemmas experienced by the participants.

Ethical approval: Ethic clearance for this research was obtained through the Griffith University Human Research Ethics Committee before research implementation.

FINDINGS FROM THE STUDY

The study has resulted in rich insights about the participants' experiences, social and health needs from various perspectives. There are two key areas of findings: 1) participants' experience of having to cope with physical, financial, social and health changes, and 2) issues and gaps in service-provision and programs. What has emerged from this study, which current literature overlooks, is the challenges faced by many of the ACBBMs regarding their changing housing needs. Thus, this paper focuses on this issue in order to draw urgent attention to it. The following will explain why this is a priority concern for the ACBBMs, and how it may greatly impact on their health and well-being.

Changing housing needs as a key challenge facing the ACBBMs

Of the thirty-two participants, twelve have planned to live or are already living with their extended families. Twenty face the dilemma of deciding whether to move or to stay in their current homes. While almost all prefer not to move, four are already in desperate situations, having to move for health or financial reasons. Seventeen reported that they are struggling to maintain their current homes. Almost all the participants reported that they prefer to stay in their current homes. However, due to the many changes in their lives, including their physical and financial abilities, and their family relationships and social circumstances, their housing need also change. The following will explain the key reasons why most participants' current living arrangements no longer meet their needs.

Changes with the participants' health conditions

As with Australian baby boomers, many of the participants, have found their residences age-unfriendly. For example, they contain stairs, or they are too large or too difficult to maintain (e.g. repairs, gardening, and cleaning). Deteriorations in their health have meant that they are no longer able to cope with their house. Selected examples in the following illustrate the common experiences of many participants:

Participant 3 is obese and had hip and knee replacements:

I have found getting up and down the stairs difficult.

Participant 19 has been on anti-depressant medication for decades:

I have noticed that my health is deteriorating, I cannot cope with things as I used to.

Participant 9 is overweight, has arthritis and is living in government subsidised socialhousing:

I am applying to the government for a place on the ground floor.

I cannot manage the stairs anymore.

I have had a heart attack and a kidney transplant; my husband has chronic back pain. We cannot manage our house and garden. (Participant 22)

Most found that maintaining their house has become difficult:

I can only cope with cleaning part of the house each day. It took me a week to finish cleaning my house. (Participant 4)

We close off some of the rooms that we are not using so that we do not have to clean these rooms. (Participant 18)

For some participants, house maintenance has become a health risk:

I ended up lying in bed in the hospital for couple of weeks after I fell down pruning a shrub in the garden. (Participant 14)

I cannot cope with my housework anymore. I had to get treatment (physiotherapy and acupuncture) for the pain in my legs. (Participant 16)

Many participants have lived in their homes for more than twenty years and their residences are run-down and in disrepair:

My kitchen and bathroom are falling apart. I do not know if I should renovate [my current apartment] or relocate to a new apartment. (Participant 21)

All these participants are experiencing the burden of managing their homes for various reasons.

Changes with the participants' socioeconomic circumstances

Some participants' housing needs changed when their relationships with their spouse, parents and children changed, e.g. when they became widowed, divorced, or empty nesters:

I am divorced and living alone in our family home. (Participant 16)

My mother passed away couple of years ago, then my husband died last year. This house is too big for me to live in alone. (Participant 2)

Both of my daughters left home; one got married and the other move dinter state. My husband and I are living on the ground floor of these six bedrooms, two-storey house [with kitchens and bathrooms on both levels]. We do not go upstairs. (Participant 14)

All of these participants are living in double storey palatial homes that were created for families. Now these homes are too large for a single occupant to maintain.

Sometimes the participants faced multiple changes instantaneously, causing some participants to have to relocate urgently. For example:

My wife [a non-Chinese Australian] divorced me, sold our house and kept all the proceeds. I am [broke] staying in a shared accommodation temporarily. I[desperately] need help with translation, legal aid and getting into a nursing home. (Participant 5)

A recently widowed participant, who was undergoing treatments for breast cancer and multiple chronic diseases, has found it impossible to manage her home alone due to her physical, social and financial circumstances:

My husband passed away several months ago. I have to sell my house when my money runs out. (Participant 2)

Participants 2 and 5 are prime examples of those with multiple challenges and abrupt changes in their life circumstances. Instead of being able to plan for and make desirable decisions about their changing housing needs, decisions have been forced onto them.

FACTORS UNDERPINNING THE DILEMMAS OF WHETHER TO MOVE OR TO STAY

Most of the participants who are contemplating their changing housing needs have found it very difficult to make decisions about moving or staying. The causes of the dilemmas of whether to move or to stay are multifaceted and complex

involving social and cultural factors. Key factors hindering their decision-making are the numerous considerations involved and their potential negative consequences; changes in family circumstances; the inability of spouses and family members to reach consensus; a desire to live with extended family; and a lack of information, resources, and networks to enable them to make appropriate decisions.

The challenges in making decisions while dealing with changes in family circumstances

Some of the participants have difficulties in making decisions about whether to stay or to downsize and relocate because of the constant changes to their life circumstances.

I was planning to renovate the house so that I could live downstairs while my daughter could look after me by living upstairs. However, she suddenly decided to move out. Hence, I was planning to downsize and relocate instead. In the meantime (six months later), my other married daughter came back from overseas with her family (husband and children) to stay with me, so I am not selling and relocating anymore. (Participant 3)

A lack of agreement between spouses impacted by traditional Chinese concepts regarding gender roles

Traditional Chinese values regarding gender roles and social order also hinder decision-making, creating disagreements between couples or reinforcing imbalances of power that result in wives deferring to their husbands' decisions [46]. The social order prescribed by the famous "Record of Rituals" concerning gender responsibilities saw men as largely in charge of external affairs and superior to women, exemplified by the dictum: "men rule outside, women rule inside" (nan zhuwai, nu zhunei). That is, men are in charge of and make decisions about the family's outer dealings (legal, economic, and political affairs) and women the inner ones, such as familiar relations and housework. This is reinforced by the gendered social order concepts of the "three obedience" (sancong), which prescribes that women are obedient to men: before marriage, a girl should obey her father, after marriage, her husband, and then to their sons if her husband dies. For the Chinese baby boomer generations, these values still often shape husband and wife relationships and make decisions on moving house difficult, as the participants' experiences demonstrate.

Several female participants experienced similar disagreements with their spouses regarding downsizing and moving or staying

put. The female participants prefer to downsize or relocate to lessen the burden of maintaining their homes, but their spouses will not agree because they do not share the same burdens for maintenance. The couples in the study sample all failed to reach an agreement, resulting in a stalemate. For example:

My husband and I are living on the ground floor of our two-storeys home. I would like to downsize – either relocate or renovate the house into two units. However, my husband refuses to change. (Participants 22)

A participant who looked after her ailing mother-in-law and a disabled brother-in-law for over fifteen years (until they both passed away), would prefer to downsize or enter an nursing home when she cannot look after herself. In contrast, her husband insists on staying in the current home with his extended family. Participants 4, 10 and 25 shared a similar impasse, in which the wife prefers to move back to Hong Kong, their place of origin, while the husbands want to stay:

I am only staying in Australia because he [my husband] likes it here. (Participants 25)

These female participants exemplify the gender differences in housing needs, and they cannot make decisions on what to do with their housing due to the imbalance of power within the family.

A Chinese traditional ideal desiring to age-in-extended family

A Chinese traditional ideal of a good and a fortunate life is for the extended family to have four generations living under one roof (四世同堂 *sishi tong tang*) [5,47]. Reflecting these traditional values, almost all of the participants long to age with their extended families. Many of the participants, except those without children, want to hold onto their family homes and wait for their families to come back to live with them, or to move in with or close to their extended families, even if this requires them to relocate to other cities. In Australia, it is quite common for the Chinese grandparents to help looking after the grandchildren while the parents are at work [48].

Eleven of the thirty-two participants live with their adult children or their extended families (in-laws and grandchildren), and have decided not to move because they feel secure in their own homes, with their children and extended families helping them to manage their household, as well as supporting them financially and psychologically. Participant 17

demonstrated the ideal living arrangement for a traditional Chinese family:

I am going to extend our house to accommodate my family (wife and 2 adult children), my sister [who has never been married], and my other sister and her husband [who have no children of their own]. Our children can look after [all of] us.

In return, many participants (e.g. Participant 11 and Participant 12) are supporting their children and their families by looking after their grandchildren and managing their children's household.

We [I and my spouse] are looking after our grandchildren while their parents go to work. Therefore, we will build a new house so that we can live with our daughter and her family [son-in-law and grandchildren]. (Participant 11)

Many participants are planning and anticipating that their children and their families will live with them in the future. However, participants whose children and extended families have not shared their desire to live together, seem unable to move forward in their decision-making process around what they will do with their homes.

Some have even given the autonomy of decision-making to their family members (their children and extended families), and a few are struggling to cope since their children have moved away. For example; this participant, living alone in a double storey house, does not want to downsize:

I have asked my son and his family (wife and two children) to move in with me [and live on the second floor] so that I can live on the ground level, but they never come back with an answer. (Participant 16)

Some participants are living with their spouses in their family homes:

I would like to live with my son and his family, but they cannot tell me when they will come back [to Australia from overseas] or where they will settle in Australia. (Participant 4)

I cried for weeks and needed treatment for my insomnia and pain after my daughter left [our family home]. She used to listen and talk to me, gave me massages and helped me physically and financially. I really miss her. (Participant 3)

What the participants indicate is that they wish to age-in-family more than ageing-in-place.

The complex decision-making process involved

Deciding whether to leave or stay in one's family home is a complex matter involving many layers of considerations and decisions. Many participants expressed confusion, apprehension and the feeling of being overwhelmed by too many decisions, as well as the fear of making the wrong decision and the subsequent negative consequences.

Participant 21's story of facing the dilemma of deciding whether to stay or leave her home of over thirty years, demonstrates the complexity of this process very well:

My kitchen and bathroom are falling apart. I do not know if I should renovate [my current apartment] or relocate to a new apartment. If I renovate, I must move out while the tradespeople work on my place, which would be very stressful for me because I have to move out while they renovate. Besides, I do not know a reputable builder who can help me. Alternatively, I could relocate into a new apartment in another suburb, which is further away from my workplace. I have read so many advertisements and promotion pamphlets about all these new developments [apartment buildings]. They all look great. I am not sure which one I should buy. If I buy a new place and move, I also have to decide whether to sell or rent out my current apartment. I do not know what to do.

This process of deciding whether to stay or not is challenging for Participant 21. First, she has to make the decision of whether to relocate or to stay and remodel. If she decides to stay, she must find a place to stay temporarily during remodelling. She is unsure of who to hire and how long the renovation would take as currently there is a shortage of tradespersons in the housing industry, which could prolong the remodelling work. If she decides to relocate, she could feel overwhelmed by the large number of new developments (apartments) available for her to choose from. Unfortunately, the new developments that she can afford are situated further away from her work, which means added time for her daily commute. She would also have to re-establish herself in a new neighbourhood. Furthermore, she has to decide to sell or to lease her current apartment and which real estate agent she would trust to sell or lease it out. The process is complex and challenging, both physically and financially, and she is stressed by these choices and decisions. To reach a decision she has to invest time, energy and resources exploring the pros and cons

of each option. Above all, she fears that her finances and quality of life may be negatively impacted by making the wrong decision. In fact, several participants have found the process of planning and decision-making so difficult that it is beyond what they can cope with, and thus they choose not to think about it.

Who knows what will happen in the future? I just have to wait and see. (Participant 3)

A single female participant who receives disability benefits because she has been suffering from depression for decades, and is looking after her elderly mother and her wheelchair-bound sister:

I cannot think about it (dealing with the changing housing needs) till I have to. (Participant 19)

A lack of information, resources and networks to enable decision-making

Many participants cannot make decisions about whether to move or stay in their current homes because they lack the necessary resources, information, or network/contacts that support the decision-making.

A lack of information to enable decision-making: Whether they relocate or stay, participants need advice about the options they face and their potential consequences.

If I buy a new place and move, I also have to decide whether to sell or rent out my current residence. I do not know which is financially more viable for me. (Participant 3)

Where can I stay while the workmen are renovating my home? How long do I need to stay in my temporary accommodation [the builder cannot guarantee when they will finish the renovation]? (Participant 21)

A lack of resources to acquire their desired accommodation:

Many participants with limited resources, including financial means, are reluctant to make decisions to move, even though they need to. These participants are faced with the dilemma of not being able to afford what they prefer, and do not want what they can afford. They report that they can find very few suitable housing alternatives with desirable features including affordability, privacy, and autonomy.

We contemplated moving into retirement homes or apartments, however, we have found their body corporate fees and management fees too high to maintain. (Participant 4)

We do not want to move to community living because we have to share common areas... (Participant 8)

We do not want to lose autonomy if we have to seek permission from the corporate body to do anything to our own home, such as installing a security door. (Participant 4)

A lack of networks to enable participants to acquire their desired accommodation: Many participants expressed their needs for suitable contacts to help them to find reliable agents or tradespeople to help them either relocate or renovate their existing home. Those who consider moving need a professional (real estate agent) to help them understand the property market and to find properties to buy or to rent that will suite their needs. Some participants expressed the need for professionals (accountants or financial planners) to help them to plan and decide. While such service people exist, and the internet-literate have access to them, others who are not confident with their English want such professionals to come from their networks because they believe that they are easier to communicate with and more trustworthy.

I have read so many advertisements and promotion pamphlets about all these new developments [apartment buildings]. They all look great. I am not sure which one I should buy. (Participant 21)

If I relocate, then I will need a reputable real estate agent to help me to find a suitable home. (Participant 3)

For participants whose houses are run down and in disrepair, they need to find reliable tradesmen:

If I choose to stay in my current home, I do not know a reputable builder who can help me to renovate. (Participant 1)

Some of these participants report having negative experiences dealing with tradespeople before, hence, they are very cautious and anxious about renovating and remodelling their homes. In summary, the participants have indicated that they need help to make appropriate decisions to deal with their changing housing needs.

DISCUSSION

Australia, like many English-speaking countries that host large cohorts of non-English speaking migrants, has begun to see the first wave of baby boomers entering or about to enter retirement. While numerous books, papers and policy papers discuss how the boomer generation will change the way we think about retirement and aging, they tend to overlook the experience, contributions and needs of the non-English

speaking baby boomer migrants, including the large Chinese cohort. This paper highlights the ACBBMs' changing housing needs as one of the key issues confronting the ACBBMs who have to make decisions regarding moving or staying in their current homes. The fact is that whatever they decide, there will likely be positive and negative implications to their decisions. However, there is an urgent need for the ACBBMs to make timely decisions, because decisions are best made by choice, not under duress. Failing to plan carefully and make appropriate decisions to deal with the changes can create a stressful situation for all concerned parties – the participants, their families and the community-- which may result in the participants' loss of autonomy and diminished quality of life. Hence, adopting an empowerment strategy to provide Chinese migrants with relevant information and resources that can support them to make timely and appropriate decisions would be useful [45].

It is necessary to include the ACBBMs' voices and the cultural issues that they are facing into the planning process to meet their changing housing needs. To this end, a CNA is useful to developing tailored, culturally- appropriate strategies. The needs assessment process could begin with the Chinese community's self-help groups and the Chinese community agencies conducting surveys and forums, via Chinese newspaper, radio, internet and posters, to collect information about the participants' housing needs. This could engage the participants and the Chinese community to voice their concerns and discuss the challenges they face in relation to the decisions they have to make to cope with their housing needs. In addition to identifying people's needs, this needs assessment and program planning process can provide opportunities for participants to network with each other during group discussions and forums.

Importantly, this creates networks that Chinese non-government organisations and service providers can use to provide needed information, resources and support measures for the ACBBMs. For example, the network coordinators and Chinese non-government organisations could compile a list of trustworthy tradesman, gardeners, financial consultants and real estate agencies, along with their associated cost and predicted timeframes to network members; the local Chinese newspapers could publish awareness-promoting news articles to encourage

readers to make prompt decisions about their housing needs; and ethnically appropriate radio programs can could offer aquestion- and- answer program relating to choices and types of housing available.

The responses generated from the CNA from the participants' children and extended family, and the intergenerational dynamics regarding ageing-in-family could be included in policy discussions. In short, the result of this CNA may lead to culturally-appropriate information, resources and policies that are supportive of ageing-in-family. Finally, it is important that appropriate policies are developed because a failure to address the ageing population's housing needs of the ageing population will result in unnecessary and higher costs for health and social care [49].

CONCLUSION

As ACBBMs age, their physical, mental, social and financial changes have led to changes to their housing needs. While facing the dilemma of deciding whether to move or stay in their current residence, many ACBBMs face additional challenges to non-Chinese baby boomers, with their desire to age-in-family driven by their traditional Chinese family values. Hence, it is prudent for service providers to provide timely and appropriate information, resources, and culturally-sensitive services to assist ACBBMs to transition through this difficult process. The findings from this study will inform government, business and the community of the ACBBMs' urgent need for support in making timely decisions about their housing situations, with the aim of obtaining a desirable quality of life for their future.

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