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**Everyday life in a UK retirement village:  
a mixed-methods study**

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## Abstract

This study focuses on the experiences of older people living in a UK purpose-built retirement community – Denham Garden Village (DGV). The aim was to understand more about everyday life in this particular environmental context including how the environment and organisation of the village related to residents' everyday experiences. Using a mixed methods approach, the study draws on quantitative survey data from the Longitudinal study of Ageing in a Retirement Community (LARC) and combines this with 20 in-depth qualitative interviews with residents living in DGV. Data analysis combined descriptive statistics for the quantitative data with qualitative themes. The dimensions of work-leisure, solitary-social, and community integration were used as a framework to explore how aspects of the environment and individual circumstances, attitudes and beliefs shape patterns of everyday life.

The study found that decisions to move were frequently preceded by changes in personal situations. The social and spatial separation of DGV from the wider community maintained the village as an almost exclusively age-segregated environment. Opportunities for social contact were widespread, but levels of loneliness were no lower than in the general population. The diversity in residents' situations, resources and experiences contrasted with shared community stories of the village as a community of 'choice'. In addition, norms and expectations about levels of activity and engagement served, in some cases, to prompt feelings of obligation and guilt among residents.

Findings suggest a need for more emphasis on the individuality of residents' experiences of everyday life – both in terms of representing such diversity in publicity and marketing materials, and in working towards an ethos of respect, tolerance and acceptance within communities like DGV. It is suggested that future research could focus on ways to reduce the age-segregated nature of existing developments like DGV, enabling them to function as integrated parts of the wider community.

## Acknowledgements

My research study was linked with the Longitudinal study of Ageing in a Retirement Community (LARC). In April 2007, I joined LARC as Project Administrator and then took up the role of Research Associate in September 2008, working alongside colleagues Dr Bernadette Bartlam, Professor Miriam Bernard, Professor Thomas Scharf and Professor Julius Sim. Two surveys of residents were conducted at DGV as part of the LARC study. My responsibilities as Administrator and Research Associate included recruitment for the 2007 survey, and contributing to the design, recruitment and data collection for the 2009 survey. I did not collect any quantitative data as part of my PhD study, but I carried out secondary analyses of the LARC survey data independently for my PhD study. In addition, I designed, conducted and analysed 20 qualitative interviews (and 4 pilot interviews) specifically for my PhD study, and wrote my thesis independently.

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## Chapter 1: Introduction

My thesis focuses on the experiences of older people living in a purpose-built retirement community. During the twentieth century there were dramatic changes in both the number of older people worldwide and the proportion of society they comprised. These trends look set to continue well into the twenty-first century, bringing with them similarly dramatic social, cultural, political and policy developments in response (Vincent et al., 2006). Data from the United Nations indicate that, worldwide, the number of people aged 60 and over will more than double by 2050 (United Nations, 2013). By this time, just under one in five people will be aged 60 or over and, for the first time in human history, the older population will be larger than the population of children aged 0–14.

In a UK context, the number of people of state pension age is expected to increase by 31% between 2012 and 2037, even when current legislation for increases to the state pension age is taken into consideration (ONS, 2013). By 2037 it is anticipated that there will be in excess of 3.1 million more people of state pension age than children under 16. In addition, it is predicted that the number of people aged 80 and over in the UK will more than double, reaching 6 million in 2037. By mid-2037 it is predicted that one in 12 people in the UK will be aged 80 and over.

It is argued that population ageing is a 'major force transforming relationships at various levels – in the health and social care system, in the economy, and in society as a whole' (Phillipson, 2006: xiv). This demographic impact has become increasingly prominent in relation to housing, such that 'the provision of sufficient and appropriate housing for older people has become a policy priority' (Atkinson et al., 2014: 16).

In 2015, the vast majority of older people in the UK are living in 'ordinary' housing. However, recent data suggest that about 7% of older people are living in specialist housing with lease or tenancy agreements that restrict occupation to those aged over 55, 60 or 65 (Pannell et al.,

2012). In this context, my thesis explores the experiences of older people living in one specific purpose-built development – Denham Garden Village (DGV).

## **Denham Garden Village**

DGV was opened in 1958 and run by the Licensed Victuallers' National Homes (LVNH) charity to provide retirement bungalows for ex-publicans (Elkins, 1978). In 1998 the LVNH Board decided to find alternative ways of managing its housing stock, and an agreement was reached with Anchor Trust – the largest provider of housing, care and support for older people in England – to redevelop the site. DGV was redeveloped into a purpose-built retirement village, with the first residents moving into new accommodation in January 2006, and the completion of building work taking place in October 2009.

Existing residents were relocated into new (rental) properties, and – for the first time – a substantial number of properties were available to purchase under a leasehold arrangement. The new village incorporates: 326 properties – a mix of houses, apartments and bungalows; a range of central facilities including a shop, café bar, swimming pool and hairdresser; and communal outdoor space including an area of woodland. The nursing home that was part of the village was not retained or replaced, but instead Anchor Trust established a care and support team to provide 'short-term care or longer-term assistance' and a 24-hour emergency alarm system (Anchor Trust, 2013). In addition, a health centre housing two GP practices was incorporated into the design of the new village.

Most UK studies of retirement communities have been conducted in new communities, where facilities and services were in their infancy and residents were still settling in and establishing routines, friendships and interactions. DGV was, therefore, a more established community within which to conduct research. The village was a distinctive and unique research setting given its links with the LVNH, its historical and ongoing role as a home for retired publicans, its recent re-development and its new role as a mixed-tenure retirement community. Data from the LARC study have been used to explore how the village was experienced as a community

of 'place', 'interest' and 'identity', both in its time under LVNH ownership and then after its redevelopment by Anchor Trust (Bernard et al., 2012). These findings indicate that the concepts of place, interest and identity retained importance for longstanding and new residents. Thus, DGV is a community that has distinct shared geographical, psychological and emotional meanings for its residents. My research aimed to provide an in-depth and nuanced account of the lives of residents living in this particular community setting.

With a focus on residents' experiences of everyday life, the principal research aims of my thesis were to:

- provide an overview of Denham Garden Village and its residents, including residents' recollections of their decisions to move there;
- explore how the environment and organisation of Denham Garden Village relate to residents' everyday experiences;
- explore how residents experience everyday life at Denham Garden Village;
- identify the implications of the findings from this study for policy, practice and (theoretical) understandings of retirement community living.

In order to address these aims, two types of data are used to capture experiences of everyday life at DGV. The first data set is quantitative data from two waves of a resident survey conducted at DGV in 2007 ( $n=122$ ) and 2009 ( $n=156$ ). These surveys formed part of the Longitudinal study of Ageing in a Retirement Community (LARC) undertaken at Keele University. In April 2007 I joined LARC as Project Administrator and then took up the role of Research Associate in September 2008, working alongside colleagues Dr Bernadette Bartlam, Professor Miriam Bernard, Professor Thomas Scharf and Professor Julius Sim. My responsibilities included recruitment for the 2007 survey, and contributing to the design, recruitment and data collection for the 2009 survey. LARC was designed to examine longitudinal changes within the village and, in particular, how this type of environment could respond to the changing needs of residents over time. At the point when I began work on my study, the LARC team had been given a unique opportunity to extend the research

programme to create a major longitudinal study over a ten-year period. My second data set came from 20 qualitative interviews with residents who had taken part in both the 2007 and 2009 LARC surveys. I designed and conducted these interviews specifically for my study. However, this phase of my research had to be conducted substantially earlier than I was anticipating due to news that the LARC study would be ending early, and that my fieldwork would, therefore, need to be completed by the end of July 2010.

## **Thesis structure**

My thesis consists of nine chapters. Chapter two reviews the literature related to housing and care for older people, setting the policy context and considering the historical development, and definitions, of extra care housing and retirement communities. A detailed examination of retirement community research in the UK and elsewhere is presented, covering the marketing of retirement communities as well as experiences of moving to, and living in, a retirement community. The final section of the chapter draws together some conclusions from the literature review and sets out the four research aims of my thesis.

Chapter three describes and explains the methodological approach that I adopted. The chapter highlights the dominance of mixed methods approaches in UK retirement community research, and argues that detailed discussion of how and why these methods have been mixed is missing from the retirement community research literature. The chapter concludes by outlining the rationale behind adopting a mixed methods approach to data collection and the construction of a research design with both fixed (predetermined) and emergent aspects in my study.

Chapter four provides an account of the research process, including the fieldwork that I conducted. The chapter gives details of how I mixed the two methods by, for example, using survey data to select a sample of residents for the qualitative interviews, and how I drew together both types of data at the analysis stage.

Chapters five to nine present my findings, beginning with an introduction to DGV and its residents. Chapter five gives an account of the developments that took place to transform DGV into a new purpose-built retirement village. In addition, it provides an overview of the sociodemographic characteristics of the resident population, before introducing the 20 residents who took part in qualitative interviews. The brief portraits of these individuals are intended as descriptions for the reader to refer back to, in order that particular quotations or descriptions later in the thesis can be placed in the broader context of an individual resident's biography.

Chapter six focuses on why people move to an age-segregated community like DGV, exploring the 'push' and 'pull' factors. A dialogue between the qualitative and quantitative data is created in order to consider residents' decisions from several angles. Chapters seven and eight focus on the connections between people and place, exploring what everyday life is actually like for residents once they have moved to DGV. Chapter seven examines the relationships that residents have with various aspects of environment (social, natural, psychological, spatial), drawing on residents' accounts of their experiences and connections with the village to explore how these connections shape their everyday lives. The emphasis of Chapter eight is on the individuality of residents' experiences. It introduces a framework – drawing on residents' descriptions of a typical day – to focus on the diversity of everyday experiences. The dimensions of work-leisure, solitary-social, and community integration are used to explore how aspects of the environment (e.g. social, physical, spatial, organisational) and individual circumstances, attitudes and beliefs shape patterns of individuals' everyday lives.

Chapter nine concludes the thesis, bringing together the empirical findings and discussing their relevance for policy, practice and understanding everyday life in DGV, and in UK retirement villages more generally. The chapter begins with a reminder of the research aims, and then discusses the key findings related to each aim. With a focus on 'practical knowledge generated from...everyday practices' (Schwarz, 2012: 19), specific recommendations are

made for those involved in the design and development of retirement communities. The limitations of my study are acknowledged, and suggestions are made for future studies building on the work presented in this thesis. Chapter nine closes by drawing together the main conclusions of my study.

In summary, this thesis focuses on the everyday experiences of older people living in a UK purpose-built retirement community. The aim was to understand more about everyday life in this particular environmental context: what residents' recollections were of their decisions to move to the village; how residents experience everyday life there; and how the environment and organisation of the village relate to residents' everyday experiences. My study demonstrates the centrality of DGV in the everyday lives of residents, whatever their levels of connectedness to the community. It argues for a more nuanced consideration of the diversity of residents' experiences – both in publicity and marketing materials, and in terms of working towards an ethos of respect, tolerance and acceptance within communities like DGV. It is suggested that future research could focus on ways to reduce the age-segregated nature of existing developments like DGV, enabling them to function as integrated parts of the wider community.

## Chapter 2: Literature review

### 2.1. Introduction

This chapter provides a review of the literature related to housing and care for older people, with a specific focus on retirement communities. Reviewing the literature was an extended, ongoing, process that took place between October 2009 when I began my PhD study, and the spring of 2015 when I finished the final draft. It was my intention to produce a critical review that presented, analysed and synthesised previous bodies of work, rather than a formal 'systematic review' (Grant and Booth, 2009). My aim was to produce a review that highlighted the key findings and debates in the literature related to my area of research, establishing the context and rationale for my study. As my study progressed, I kept in touch with current and relevant research in my field by performing regular electronic literature searches as well as accessing relevant publications that were cited at conferences that I attended or mentioned by colleagues.

I performed electronic searches using a range of tools and databases including EBSCO, Google Scholar, ISI Web of Science and JSTOR. The broad areas that my searches focused on were housing and care for older people, retirement communities/villages, and environmental gerontology. I employed variants of search terms in a number of combinations, starting with broad terms such as 'retirement community', 'retirement village', 'extra care', 'housing with care', 'housing', 'age-segregated housing', 'older people', 'ageing', 'age', 'elderly', 'moving', 'relocation', 'everyday life', 'daily life', 'gerontology' and 'environmental gerontology'. I chose to exclude literature that was produced for use as a marketing or promotional tool by housing developers or architects. Where possible, I drew on examples of UK research in my review because this was the specific context that my study sat within, but I also discussed other international research where this offered complementary perspectives or provided the only evidence relating to a particular issue or topic. In writing my review, I ordered the literature according to themes that I felt captured the nature and focus of previous



research, drawing in particular on themes explored in two sources that provided detailed coverage of the literature in my area of research: a literature review by Croucher et al. (2006) and a book by Evans (2009a).

My literature review therefore begins by highlighting the need for more, and better, housing options for older people as expressed in UK policy. Some of the empirical research and theory related to housing and the environment in later life is then briefly considered and the historical development of extra care housing and retirement communities and their definitions are explored. The chapter then provides an overview of some of the main characteristics of retirement communities and identifies the key UK studies that have been conducted. This is followed by a more detailed examination of retirement community research in the UK and elsewhere, covering the marketing of retirement communities, moving to a retirement community, and living in a retirement community. The final section of the chapter draws together some conclusions from the literature review and sets out the four research aims for the thesis.

## **2.2. Housing for older people – UK policy**

In 2015, the vast majority of older people in the UK are living in 'ordinary' housing. However, recent data suggest that about 7% of older people are living in specialist housing with lease or tenancy agreements that restrict occupation to those aged over 55, 60 or 65 (Pannell et al., 2012).

Specialist housing for older people has existed in Britain since Roman times, when the Roman Government built villages to house retired military officers who had distinguished service records (Karn, 1977). In the following centuries, specific housing developments for older people arose in various forms, including provision of accommodation for retired craftsmen and schemes with religious affiliations (Bernard, 2008; Bernard et al., 2012).

UK policy concerned with housing for older people largely began to develop following the Second World War (Wheeler, 1986). At this time, advice from central government emphasised the need to facilitate independent living in the community, and promoted the value of locating accommodation near amenities and the grouping of housing units together with communal facilities and a warden (sheltered housing) (Tinker, 1992). The belief that sheltered housing could provide the ideal solution for older people's housing needs was generally accepted for several decades (Wheeler, 1986), and by mid-1983 there were 323,600 sheltered accommodation units in England and Wales (House of Commons, 1984). Residential care homes were seen – both then and now – as a last resort, largely because of their institutional image and widespread reservations about their ability to support independence (Wheeler, 1986; Evans, 2009a).

In recent years, UK government policy has continued to promote and support older people living in their own homes rather than moving into residential care (Evans, 2009a). Indeed, this concept – commonly referred to as 'ageing in place' – has been strongly emphasised in policy within most developed economies, and can be seen as 'a seamless and almost endless policy commitment' in the UK (Means, 2007:67). This commitment has partly been driven by concerns about the financial cost of institutional provision (Means, 2007), but also by the belief that 'older people, particularly as they grow more frail, are able to remain more independent by, and benefit from, ageing in environments to which they are accustomed' (Rowles, 1993: 26). However, the promotion of 'ageing in place' has been challenged on the grounds that many older people are living in poor quality housing (Means, 2007; DCLG, 2006a), may be experiencing loneliness (Demakakos et al., 2006), and do not feel safe in their communities (Croucher, 2006). In addition, there are not enough appropriate services for older people who want to receive care at home (Evans, 2009a).

By the 1980s, traditional forms of sheltered housing were increasingly being criticised as over-providing for people with low levels of need, and under-providing for people with high levels of need (Butler et al., 1983; Middleton, 1987). As a consequence, and reflecting the fact that

sheltered housing was increasingly 'failing to meet the aspirations of the current generation of older people' (Evans, 2009a: 31), recent UK policy around housing and older people has largely focused on several key themes. These themes include: the importance of integrating housing and care; building environments that can meet changing needs as people age and that support and promote the independence, participation and well-being of older people; and encouraging the development of innovative and specialised housing options. The continuity of these themes is demonstrated by their presence throughout the policy documents and strategies from recent years, summarised in Appendix 1.

Some of these documents, such as the National Service Framework (NSF) for Older People (DoH, 2001), are documents focusing on ageing and older people that have implications for housing, or include housing as an area for consideration. Others focus on housing, but acknowledge that consideration of the implications of demographic changes is essential, such as 'Homes for the future: More affordable, more sustainable' (DCLG, 2007). Though fewer in numbers, some others specifically address issues around housing and older people, for example the 'Lifetime Homes, Lifetime Neighbourhoods' national strategy (DCLG, DoH and DWP, 2008) and the HAPPI reports (2009; 2012).

Alongside these policy developments, notable initiatives in recent years have included £147 million from the Department of Health (DoH) between 2004 and 2008 to fund 72 'extra care housing' projects and an additional £80 million between 2008 and 2010 available to local authorities and housing partners for 'extra care' housing schemes. In 2013, the DoH announced funding of £300 million for building projects to produce 3,544 homes that support older and disabled people to live independently – a contribution that, despite its relatively small impact in terms of numbers of homes, demonstrated continuing government commitment to extra care housing as an option for older people. In addition, there has been an increasing policy focus on developing 'age-friendly' communities (World Health Organization (WHO), 2007) in order to facilitate 'active ageing', which is defined as 'the process of optimizing

opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002:12).

These policy documents and initiatives reflect an 'increasing emphasis, verging on an obsession' (Rowles and Bernard, 2013: 8) on 'independence' as the main valued and desirable status for older people to maintain or achieve. This emphasis is combined with a tendency to neglect consideration of the importance of other relational statuses such as interdependence. There are a few cases where examples of interdependence – such as 'home sharing' (APPLGG, 2008) – are promoted as advantageous for society, but in the majority of recent UK policy documents, 'independence' dominates as the focus and desired outcome. In addition, government policy makers have adopted various terms to denote the types, or pathways, of ageing they believe people should aspire to. Beginning with the idea of 'activity' as key to a good experience of ageing, the phrase 'active ageing' is used in documents like 'Opportunity Age' (DWP, 2005) and by the WHO (2002), as mentioned earlier, whereas 'A New Ambition for Old Age' (DoH, 2006a) talks about 'healthy ageing' and other reports focus on 'living well in later life' (CHAI, 2006). There is little recognition that some people may not wish to age 'actively', or that for others, 'healthy ageing' may not be a possibility no matter how supportive their environment.

Furthermore, UK policy has yet to focus substantively on issues around housing and care for older people. Few standards have been incorporated into UK building regulations to improve the accessibility and flexibility of homes as people grow older (Hanson, 2001), and although the Care Act 2014 acknowledges that care and support should be delivered in an integrated way (including consideration of housing), DoH initiatives have focused on new extra care housing rather than better integration of existing housing and care services. Emphasis on the development of new innovative housing options, and on concepts such as independence and active ageing, has perhaps outweighed consideration of more basic requirements for housing and care that have not yet been met, such as integrated provision and sufficient affordable care services for those who wish to receive care at home.

To summarise, UK policy documents and initiatives clearly articulate a desire for environments that: support independence and participation; can meet changing needs; and integrate housing with care. They call for 'new and creative proposals' (DWP, 2009) and 'flagship developments' (DCLG, 2007) to provide more, and better, housing options for older people. Extra care housing and retirement communities in particular are suggested as housing options that can meet the needs of an ageing population. This emphasis in UK policy on providing better housing options is also supported by research evidence about the importance of housing and the home environment in later life.

### **2.3. Housing and the environment in later life – research**

Peace (2006: 184–5) notes that the 'condition and dimensions of all forms of housing impact upon lifestyle and well-being', and that for older people especially, the home environment can be particularly important because daily routines 'may become more confined within the home'. There is a wealth of literature linking housing and the environment with health and well-being. Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries, and poor mental health (Krieger and Higgins, 2002), and thermally inefficient housing has been linked to increases in winter deaths in older age groups (Institute of Public Care, 2012). A study involving older people in Wales found that owner occupiers report fewer housing problems and better health than those in rented properties (Windle et al., 2006). The authors suggest that characteristics of the home environment may explain these links between tenure and health because poorer health status was predicted by housing problems, being cold, and hours spent at home.

Housing quality has also been associated with psychological well-being for older people (Evans et al., 2002) and independence (Oswald et al., 2007). This latter study found that people who lived in accessible homes, and who perceived their homes as useful for performing activities, were more independent in daily activities and had a greater sense of well-being than people who did not.

The wider home environment and neighbourhood are also important. Kweon et al. (1998) suggest that outdoor common spaces can play a role in the formation and maintenance of social relationships among older people in inner-city neighbourhoods. Their study showed that the use of green outdoor common spaces by older people predicted their sense of community and the strength of their social ties within the neighbourhood. Peace et al. (2005a) argue that engagement with the physical and social dimensions of neighbourhoods is essential to well-being and self-identity for many older people. Another study showed that older people who reported neighbourhood problems, such as excessive noise, poor lighting, and heavy traffic, had a greater risk of deterioration in their physical functioning than those in better neighbourhoods (Balfour and Kaplan, 2002).

## **2.4. Housing and later life – theoretical perspectives**

Much of the research looking at the home environment and later life has been theoretically driven by developments in the field of environmental gerontology. Since the late 1950s, consideration of the environment and ageing has played an increasingly important role in theory, research and practice within the field of gerontology, such that it is argued that environmental gerontology is now positioned as a 'subfield in its own right' (Wahl and Weisman, 2003: 616). The evolution of environmental gerontology has been attributed to several key developments both within gerontology and within other traditions such as psychology (Rowles and Bernard, 2013). In particular, Wahl and Weisman (2003) identify the emergence of a social science perspective in gerontology in the late 1940s as paving the way for the new field of social gerontology. This perspective promoted the consideration of social influences such as family, housing and economic circumstances on ageing (Peace et al., 2007).

Three key theoretical approaches in environmental gerontology are commonly employed to offer explanations for how, and why, housing and the wider community environment impact on

the lives of older people: the press-competence model; the person-environment fit (or congruence) model; and place attachment concepts.

### **Press-competence model**

The press-competence model was first proposed by Lawton and Nahemow (1973), based on the two main assumptions that ageing often results in reduced competence and that the environment can be seen as comprising neutral forces, or 'environmental press', that evoke a response in the person interacting with them. Whether 'environmental press' evokes a positive or negative response depends on the individual's competence. Examples of 'competence' could include individual levels of physical mobility, sensory status or cognitive ability, while 'environmental press' might be housing standards, neighbourhood conditions or public transport (Wahl, 2006; Peace et al., 2007). The mechanism for the negative impact of 'environmental press' on the everyday behaviour and well-being of individuals with lower competence comes from the 'environmental docility hypothesis' (Lawton and Simon, 1968), which states that the less competent an individual is, the more his or her behaviour is susceptible to being influenced by environmental factors (Peace et al., 2007). Peace et al. (2007) note that due to criticism of the press-competence model's depiction of older people as lacking control over their environmental situations, the concept of 'environmental proactivity' was introduced (Lawton, 1985), which could allow 'environmental multiplexy' where older people maintain autonomy on one level while accepting support on another level. In addition, the idea of 'environmental richness' which individuals can proactively make use of, for example in terms of physical environmental resources, was also introduced (Lawton, 1998; Oswald et al., 2011).

Despite the prevalence of the press-competence model as a theoretical approach within environmental gerontology, it can be argued that the model's emphasis on individual competence or abilities means that it does not take sufficient account of individual differences in needs or preferred lifestyles. Moreover, a competence-based approach focuses on whether an individual *has* particular abilities or *can* function in a certain way, rather than whether they

actually *use* or *want* to use these abilities in their everyday life. In addition, lack of 'competence' is often at the heart of societal stereotypes of older people (Krampe and McInnes, 2007). Despite more recent notions of 'everyday competence' as an interaction between the individual and the environment rather than an attribute that resides exclusively in the individual (Diehl and Willis, 2003), using a model where ageing is primarily incorporated through the idea of 'competence' does little to challenge stereotypes about older people's competencies.

### **Person-environment fit model**

In contrast, 'matches' and 'mismatches' – the key to understanding the relationship between the individual and the environment in the person-environment fit model (also known as the person-environment congruence model) – are perhaps less likely to reinforce widespread negative beliefs about ageing and older people. The model characterises the relationship between person and environment in relatively objective terms in that it seeks to describe how the availability of resources, or options, in the environment impacts on the extent to which needs can be met, or in other words how individuals function (Kahana, 1982). According to the model, people search for the environments that best meet their needs. Their satisfaction and contentment in their environment depends on the extent to which there is a match between their needs and the ability of the environment to satisfy these needs. If there is a mismatch between needs and the environmental options to fulfil these needs, an individual will have lowered behavioural functioning and well-being (Wahl, 2006; Peace et al., 2007). Carp and Carp (1984) suggested a distinction between basic and higher-order needs as a way of explaining the impact on behavioural and mental functioning and well-being. Matches or mismatches between basic needs (such as walking ability) and environmental options have an impact on behavioural autonomy. In contrast, matches or mismatches between higher-order needs (such as privacy) and the ability of the environment to fulfil these needs, impact on emotional well-being and mental health.



## Place attachment concepts

While the press-competence and person-environment fit models focus mainly on the objective environment, in place attachment approaches there is a greater emphasis on the subjective individual and psychological aspects of the environment. Such approaches focus on the processes operating when individuals form affective, cognitive and behavioural ties to the environment around them (Peace et al., 2006). In his discussion of the concept of 'home', Rowles (1993) highlights this separation between perspectives such as person-environment fit that define home more objectively in terms of functional use of the environment, and perspectives such as those considering place attachment and meaning, that define home as a subjective experience. When older people have lived for most of their lives in a particular location, or even in the same home, they often have strong attachments to place (Rowles, 1993). Findings about place attachment – and the resulting arguments that older people 'are able to remain more independent by, and benefit from, aging in environments to which they are accustomed' (Rowles, 1993: 26) – are fundamental to understanding why the concept of 'ageing in place' has attracted so much research and policy attention.

In his earlier work, Rowles (1978) identified four interlinked categories of experience: 'action' relates to physical movement, including every day activities; 'orientation' is an awareness of space and the form of the environment that is achieved through mental representations; 'feeling' refers to feelings associated with place; and 'fantasy' is the ability of individuals to experience places from the past, or places other than the one in which they are currently located, through the use of memory and imagination. Rowles suggests that over time, experience adjusts as both the person's physical and psychological status and the physical environment change. In addition, he hypothesises that as people get older, the emphasis within their experience changes as 'constriction in the realm of action...is accompanied by an expansion of the role of fantasy' (Rowles, 1978: 202). Rowles (1978; 1983) uses the concept of 'insideness of place' to explain different elements of place attachment. 'Social insideness' arises from integration within a community and social exchange in everyday life over long

periods of time, whereas 'physical insideness' is rooted in routines and familiarities within a particular setting such as the home. 'Autobiographical insideness' comes from memories linked with a place that provides a sense of identity.

Another model explaining the psycho-social processes involved in place attachment was developed by Rubinstein (1989). Within this model, 'social-centred processes' relate to social norms and relationships, 'person-centred processes' relate to how the lifecourse is expressed in features of the environment, and 'body-centred processes' include the relationship between the body and features of the environment. Subsequently, Rubinstein and Parmelee (1992) argued that place attachment in later life comprises three elements – geographic behaviour, identity and interdependence – that exist both at an individual level in terms of personal beliefs and experiences, and at a collective level through meanings that are shared by members of a particular culture. More recently, Smith (2009) has argued the case for considering three new environmental categories – comfort, management and distress – when exploring the relationship between place and ageing, and Oswald and Wahl (2013) adopt a strongly psychological perspective emphasising belonging and agency in their theoretical framework for housing in later life.

It has also been suggested that place attachment may become more significant in maintaining identity as people become older (Rubinstein, 1989). Stevens-Ratchford and Diaz (2003: 20) go so far as to advise that 'relocation should only be considered as a last resort, after functional and environmental adaptations have been explored'. However, arguments for the importance of ageing in place often fail to consider the diversity of older people's situations and preferences. Place attachment can be detrimental if it prevents someone from improving their circumstances or well-being (Fried, 2000). In addition, in his later work, Rowles (1993) highlights that for many people 'ageing in place' is a priority for practical reasons, rather than as a consequence of strong attachment to place. Consequently, Means (2007:81) argues that ageing in place 'should be seen as one option rather than the only option'.

Environmental gerontology has, though, been dominated by American research (Phillips et al., 2010) and by psychological approaches. UK researchers have argued for greater consideration of different dimensions of the environment. For example, Peace et al. (2006) suggest that a broad interpretation of 'environment' is required to include the macro and micro, as well as the social, natural and psychological environment and the consideration of public, private and personal space. Others suggest that the links between the social and physical environment in particular are often neglected (Phillips et al., 2010). Greater theoretical consideration of the person-environment relationship, and also of concepts such as place attachment and ageing in place, has, of course, led to research looking at specific environmental contexts, including housing developments cited in policy as suitable models to meet the needs of older people. Earlier in this chapter it was noted that 'extra care housing' and 'retirement communities' have been suggested in UK policy as two examples of such developments.

## **2.5. Extra care housing and retirement communities**

According to Evans (2009a: 35), extra care housing first emerged in the 1980s, when 'housing providers adapted traditional sheltered housing to include additional facilities and services'. Known at first as 'very sheltered housing', it gained increasing recognition in the 1990s as the sought-after alternative to sheltered housing and residential care homes. Defining the relationship between 'extra care housing' and 'retirement villages' or 'retirement communities' has been complex, not least because, as Evans (2009a: 33) summarised, 'both are evolving rapidly as models with a wide range of variants, making it difficult to offer generic descriptions'. In 2009, Evans identified two key ways in which these developments generally differed: care provision and scale. Both types of development offered housing and a range of care options, but whereas many people living in retirement villages received no care at all, most living in extra care housing had some form of care package (Evans, 2009a). In addition, he concluded that while extra care schemes could comprise anything between a handful of properties to

over 50, retirement villages in the UK generally comprised over 100 properties (Evans, 2009a).

However, it is also important to note that the label 'extra care housing' is now often used more generally 'to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living' (HLIN, 2015), resulting in the classification of retirement villages as simply one form of extra care housing (Riseborough and Fletcher, 2008). This categorisation appears to have been increasingly adopted over recent years, perhaps in part motivated by its use within the bidding guidance and resources for DoH extra care funding initiatives described earlier in this chapter (DoH, 2008). The definition of extra care housing used in these documents – 'purpose built accommodation in which varying amounts of care and support can be offered and where some facilities and services are shared' (DoH, 2008:8) – certainly does not preclude housing within retirement villages being designated as 'extra care housing'. In addition, it can be argued that the broad use of 'extra care' as an umbrella term applied to many models of housing and different levels of service provision discussed within government policy over the last few decades has also influenced its use as a 'concept rather than a housing type' (Riseborough and Fletcher, 2008: 1).

## **2.6. Definitions and historical development of retirement communities**

As mentioned previously, early forms of retirement villages have existed in the UK since Roman times (Bernard, 2008). One of the first 'modern' equivalents was built by the Licensed Victuallers National Homes<sup>1</sup> (LVNH) in Camberwell, London, between 1828 and 1834, and provided 176 terraced homes 'where aged, infirm and decayed members of the Trade [licensed victuallers] might find refuge, and be enabled to pass the evening of life, though in

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<sup>1</sup> The term 'Licensed Victualler' refers to the landlord of a public house or similar licensed establishment.

humble, yet in respectable retirement' (Elkins, 1978: 60). The development – now Grade II Listed – included a board room and chapel. Residents at this, and a subsequent development built at Peckham, were 'cared for thoughtfully and sympathetically, provided with nursing attendance, coal and electricity free of charge, and also with domestic help when necessary' (Elkins, 1978: 62).

Similar developments also existed in North America and Europe in the early 1900s, where various fraternal and religious organisations were keen to create supportive living environments for their retiring members, such as Moosehaven (established by the Loyal Order of Moose) in Florida (Marans et al., 1984). In the UK, further villages of privately owned accommodation for older people were constructed in the 1900s (Evans, 2009a). These included Whiteley Village, built between 1914 and 1921 in Surrey on the bequest of William Whiteley who founded Whiteley's department store in London (Whiteley Village, 2014), but it was in the US, and particularly Florida, where a proliferation of retirement communities was seen during this decade (Marans et al., 1984).

The growth in numbers of retirement communities in the US was accompanied by a new wave of research focused on this phenomenon but, as Marans et al. (1984) noted, the term 'retirement community' assumed different meanings among researchers. One of the first attempts to systematically classify retirement communities was by Webber and Osterbind (1961), who focused on the degree to which retirement housing involved congregated, segregated or institutional living. In this context, a retirement village was defined as:

*a small community relatively independent, segregated, and non-institutional, whose population was mostly older people, separated more or less completely from their regular or career occupations in gainful or non-paid employment (Webber and Osterbind, 1961: 4).*

Of course, other definitions followed (e.g. Barker, 1966; Heintz, 1976; Lawton, 1980; Longino, 1980), many of which shared an emphasis on the degree of age-segregation imposed, the

relatively high levels of health and physical activity amongst residents, and the concept of the community being planned or intended for older people<sup>2</sup> (Marans et al., 1984). More recently, Glass and Skinner (2013) have offered a new definition in an attempt to address the issue that past definitions had often each focused on different elements of retirement communities. They propose that:

*A retirement community is an aggregation of housing units within clearly demarcated geographic boundaries, intentionally planned for older people, that offers some level of common services or leisure amenities. Residents must meet age restrictions, voluntarily relocate to the community, and some, or all, will be retired or partially retired. The community must contain some type of shared common space to promote interaction and may offer some supportive services, such as light housekeeping, but does not offer personal care. Finally, every unit must have a kitchen or kitchenette.*

(Glass and Skinner, 2013: 68)

Alongside attempts to define retirement communities there has been a focus on developing classification systems or typologies in order to describe the attributes of such communities. Features such as location, size, financial arrangements, architecture, resident characteristics, services, and provision for leisure activities are variously used to categorise retirement communities. Marans et al. (1984) used a combination of these features to identify five types of US retirement communities: retirement new towns; retirement villages; retirement subdivisions; retirement residences; and continuing-care retirement centres. While the concept of retirement communities has changed and expanded over the last 30 years, making it unlikely that these five types would fit the current range of options available, it is pertinent to note Marans et al.'s (1984) assertion that retirement communities were dynamic environments,

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<sup>2</sup> This last point is generally used to distinguish between retirement communities that occur naturally (NORCs) through in-migration of older people to particular neighbourhoods or geographic areas, the ageing of a local population and the out-migration of younger people, and those that are formally organised (FORCs), or planned and constructed specifically for older people (Phillips et al., 2001). This review focuses on the latter.

and that it was, therefore, essential for any classification or typology to take into account the changing nature of attributes within a community.

In contrast to US terminology, Glass and Skinner (2013) note that the term 'retirement village' has commonly been adopted to refer to UK retirement communities (in common with Canada and other countries). The growth of retirement villages in the UK has been slow in comparison to the US, but in recent years their numbers have increased dramatically, giving rise to new definitions and typologies specific to their UK context. Phillips et al. (2001: 190) suggested that the majority of UK retirement communities combined: a 'retirement element'; a 'community element'; a 'degree of collectivity' within the community; and a 'sense of autonomy with security'. As noted earlier, Evans (2009a) also identifies scale and care provision as the two ways in which retirement villages differ from other forms of extra care housing. He offers a more recent description of retirement villages as:

*usually self-contained developments that offer housing, care and support in an environment that aims to promote independence and offers a range of social and leisure activities. A range of tenures are commonly provided, including rental, outright purchase and shared ownership. Flexible care packages can be purchased by residents to meet their changing needs, and some retirement villages have onsite care homes (Evans, 2009a: 47).*

Unlike that of Glass and Skinner (2013), Evans' definition includes the offer of some level of care provision as a fundamental element within UK retirement villages. Pacione (2012) suggests a further key distinction in the UK as being between private market developments (PMD) and social and/or mixed tenure developments (SMTD). In the UK, private developers have largely focused on the luxury end of the market, implementing 100% ownership models, while not-for-profit organisations often develop mixed-tenure models (Evans, 2009a).

## 2.8. Characteristics of retirement communities

There are now over 2,100 retirement villages in the US, with up to 12% of older people there living in purpose-built retirement communities (Evans, 2009a; Webster, 2002; Somers, 1993). This model of housing is also well established in countries, such as Australia and New Zealand, and is now growing within other countries around the world, including Spain, Germany, Italy and the Philippines (Evans, 2009a). A wide range of models have developed in the US, including: those focussed on 'active lifestyles', 'continuing care', 'luxury' and 'golf'; those affiliated with universities; those for lesbian, gay, bisexual and transgender (LGBT) older people; and those for people with shared faith or religious beliefs (Evans, 2009a; Glass and Skinner, 2013). Specialist models like these are also emerging in Australia and other countries. For example, continuing care retirement communities (CCRCs) have been established in the UK. These can provide a full range of care and support ranging from 'independent living' to 24-hour nursing care (Rogers, 2011). An example is Hartrigg Oaks in Yorkshire, where payments from each resident are pooled to fund care and support for all residents in order that individual fees are independent of the levels of care provided. Extra care housing has also been suggested as one possible solution to meeting the housing needs of black and minority ethnic (BME) older people (Jones, 2008).

Making a comparable assessment of the number of retirement villages/communities in the UK is difficult due to the definitional issues identified earlier, but also because of the lack of nationally collated statistics. One estimate can be taken from a UK directory of 'retirement villages, retirement communities and care villages' managed by the Elderly Accommodation Council (EAC), which currently lists 110 such developments, including five in Scotland and two in Wales (EAC, 2015a). The EAC website states that there were approximately 80 retirement villages in the UK in 2009 (EAC, 2015b), indicating a rise of around 38% over the last six years.



UK retirement villages tend to include over 100 homes, and their size allows them to offer a wider range of facilities than other extra care housing schemes (Croucher et al., 2006). One example is Bourneville Gardens in Birmingham (opening 2015) with 212 properties, a hairdressing and beauty salon, and fitness suite. The facilities within UK retirement villages are usually located either in a central building surrounded by accommodation, or dispersed across the site around smaller units of accommodation (Evans, 2009a). Retirement communities in the US tend to be much larger, both in physical size and population, than those in the UK. According to Evans (2009a), this is partly a consequence of restrictions due to available space, as well as those imposed by UK planning regulations. Streib (2002) points out that many US retirement communities have population sizes greater than cities. The largest so-called retirement 'community' in the US is 'The Villages' in Florida, which straddles parts of three counties (Glass and Skinner, 2013), covers over 20,000 acres (Evans, 2009a) and is currently home to over 107,000 residents (Orlando Sentinel, 2014).

## 2.9. UK retirement community research studies

As noted earlier, research interest in retirement communities in the US has developed along with the growth in numbers of such developments. Research in the UK has also increased over the last 10 years or so, and to date there have been seven published studies of primary research conducted within individual UK retirement communities: Hartrigg Oaks, York, England (Croucher et al., 2003); Berryhill, Staffordshire, England (Bernard et al., 2004; Bernard et al., 2007); Westbury Fields, Bristol, England (Evans and Means, 2007; Evans, 2009a; Evans 2009b); Hartfields, Hartlepool, England (Croucher and Bevan, 2010); Firhall, Morayshire, Scotland (Pacione, 2012); Denham Garden Village, Buckinghamshire, England (Bernard et al., 2012; Sim et al., 2012; Bartlam et al., 2013; Liddle et al., 2014) ; and Willicombe Park and Mote House, Kent, England (Chandler and Robinson, 2014).<sup>3</sup>

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<sup>3</sup> Electronic searches were performed using a range of tools and databases including Google Scholar, EBSCO, ISI Web of Science and JSTOR. Variants of search terms were employed in a number of combinations, and included 'retirement community', 'retirement village', 'extra care', 'housing and care', 'later life', 'older', 'elderly' and 'age'.

Of the seven studies of individual UK retirement communities, several have focused on specific topics such as community (Westbury Fields and Firhall), organisational decisions and challenges (Hartfields), wellbeing (Willicombe Park and Mote House) and the role and operation of the Village Management Trust (Firhall). Other studies had a broader focus in terms of data collection, but publications have focused individually on several specific topics such as community, moving within the community, and the creation of 'home' (Denham Garden Village).

Three studies examined aspects of retirement community living as part of larger studies of extra care housing: a study of a retirement community and three day centres (Biggs et al., 2000; Kingston et al., 2001); a study of seven housing with care schemes including two villages (Croucher et al., 2007); and a study of 19 extra care housing settings including three villages (various publications including Darton et al., 2008; Darton et al., 2011; Bäumker et al 2012).

The next sections of this chapter look across studies to examine the various themes that are reported in retirement community research literature, organised under three areas: the marketing of retirement communities; moving to a retirement community; and living in a retirement community. Each section draws on evidence from both the existing UK studies listed above and from other UK and international research.

## **2.10. Marketing of retirement communities**

The increasing popularity of retirement communities is likely to result, at least in part, from the marketing strategies employed to promote them. Evans (2009a: 200) notes that:

*In marketing terms, retirement communities sell an image of a positive lifestyle for older people with elements of the concepts of 'successful ageing' and 'active retirement'. They also claim to offer opportunities for companionship and privacy, and*

*a relatively worry-free environment. These concepts are reflected in marketing campaigns that portray new lifestyles in older age.*

Lucas (2004) identified three key features prevalent in the promotional brochures for retirement communities in Canada that also seem applicable to retirement communities in other countries: descriptions of the physical features and amenities (including accommodation characteristics and the community location and separateness from its surrounding area) are most prevalent; positive images supporting the idea of healthy, active ageing are used frequently; and references to physical or mental decline occur infrequently. In particular, Lucas (2004: 457) suggests that the explicit association of positive images of ageing with the 'well-defined bounded spaces of retirement communities' suggest that it is only possible to enjoy the activities and lifestyle depicted by moving into a retirement community. Biggs et al. (2000) also note the representation of one particular UK retirement community as a positive alternative to other forms of accommodation, with a brochure that even includes statistical information about the improvements residents experience on various activity and mobility scores. McHugh (2003: 169) describes how such positive depictions are also employed by the retirement industry in the US, offering 'a most alluring mask, the ageless self located in idyllic settings outside time and change'. He goes further, arguing that such place-based images and text should be viewed and interpreted not only as marketing materials, but also as 'mould and mirror of ageist attitudes and cultural values' (McHugh, 2003: 166).

Notwithstanding criticisms around both the source and the effects of retirement community marketing strategies, there appears to be a great deal of consistency in the images they attempt to create. As Lucas (2004: 450) describes:

*residents of retirement communities are depicted as healthy, physically active, busy individuals enjoying various social and recreational pursuits with considerable financial resources at their disposal.*

Even so, some have highlighted the conflicting concepts present in marketing materials (Biggs et al., 2000; Streib, 2002). Carder (2002) found that the dominant theme within marketing materials for 63 developments in the US was supporting 'independence', but that the materials also emphasised that these establishments would provide services for people who required assistance with aspects of daily living. Unlike the findings from Lucas's study above, Carder reported that the majority of the materials addressed issues related to mental and/or physical decline, such as incontinence and cognitive impairment, though the analysis was looking at 'assisted living facilities' – often described as developments for residents who require support with some everyday tasks – rather than retirement communities specifically.

The marketing of retirement communities is only one factor that may influence people's decisions about whether to move there or not. The next sections go on to explore other key factors present in the research literature.

## **2.11. Moving to a retirement community**

Moving home was described by Schulz and Brenner (1977: 323) as 'a life event which represents a major change in the lives of most individuals'. While, as discussed earlier, 'ageing in place' has been a strong policy theme in the UK and other developed economies (Means, 2007), older people who have moved to a retirement community have chosen to age in a new place. If Rowles' concept of 'insideness of place' is considered, these individuals may be leaving situations where they had achieved social, physical and autobiographical insideness. In the literature, this abandonment of place has frequently been suggested as having negative consequences, including an association with increased mortality (Danermark and Ekstrom, 1990; Stevens-Ratchford and Diaz, 2003). However, taking factors such as increased geographic mobility into consideration, people may not even have a sense of attachment to one particular place, or in an increasingly global society they may experience attachment to place through more generic places in different environments. In the context of

retirement communities it may be helpful to consider more emphasis on the role and meaning of place in older people's experiences.

The process of moving has been described as comprising several stages: the decision to move; preparing for, and anticipating, the move; the physical move itself; and settling in and adjusting after the move (Kasl, 1972; Young, 1998).

### **The decision to move**

In the research literature, factors affecting people's reasons for moving are commonly divided into 'push' factors (that prompt the decision to move) and 'pull' factors (that explain the choice to move to a specific setting) (Lee, 1966). However, as noted by Bekhet et al. (2009), push and pull factors often coincide, this coincidence constituting the reason for moving. It is also important to note that some studies of people planning to move to retirement communities (e.g. Groger and Kinney, 2007; Sheehan, 1995) have been conducted with people intending to move – in some cases on waiting lists – but there is no data on whether these people did actually leave their current homes and move to a retirement community. Research that has examined reasons for moving to extra care housing or retirement communities has identified a range of factors associated with these moves, summarised in Table 2.1.

**Table 2.1: Factors contributing to the decision to move**

<b>Reasons for moving</b>
<p><b>Health</b></p> <p>e.g. Gardner, 1994; Stimson and McCrea, 2004; Bernard et al., 2007; Evans and Means, 2007; Evans and Vallely, 2007; Groger and Kinney, 2007; Bekhet et al., 2009; Bäumker et al., 2012.</p>
<p><b>Care and support needs</b></p> <p>e.g. Kichen and Roche, 1990; Sheehan, 1995; Cohen et al., 1988; Kingston et al., 2001; Krout et al., 2002; Mochis et al., 2003.</p>
<p><b>Care and support service provision</b></p> <p>e.g. Krout et al., 2002; Croucher et al., 2003; Mochis et al., 2003; Evans and Means, 2007; Groger and Kinney, 2007; Darton et al., 2008.</p>
<p><b>Home and garden maintenance</b></p> <p>e.g. Sheehan, 1995; Krout et al., 2002; Croucher et al., 2003; Mochis et al., 2003; Stimson and McCrea, 2004; Evans and Means, 2007; Groger and Kinney, 2007; Darton et al., 2008; Bekhet et al., 2009; Bäumker et al., 2012.</p>
<p><b>Safety and security concerns</b></p> <p>e.g. Cohen et al., 1988; Kingston et al., 2001; Bernard et al., 2007; Darton et al., 2008; Croucher and Bevan, 2010; Bäumker et al., 2012</p>
<p><b>Planning for the future</b></p> <p>e.g. Cohen et al., 1988; Pinquart and Sorensen, 2002; Groger and Kinney, 2007.</p>
<p><b>Location</b></p> <p>e.g. Svart, 1976; Krout et al., 2002; Croucher et al., 2003; Rodriguez et al., 2004; Groger and Kinney, 2007; Bekhet et al., 2009; Burns, 2014.</p>
<p><b>Design features of developments</b></p> <p>e.g. Croucher et al., 2003; Evans and Means, 2007; Darton et al., 2008.</p>
<p><b>Social activities and amenities</b></p> <p>e.g. Mochis et al., 2003; Evans and Means, 2007; Groger and Kinney, 2007; Darton et al., 2008; Croucher and Bevan, 2010.</p>
<p><b>Perceived security of developments</b></p> <p>e.g. Kingston et al., 2001; Darton et al., 2008; Bekhet et al., 2009.</p>

In addition to the more common reasons identified in Table 2.1, a variety of other factors have arisen in the research literature. These include, but are not limited to, widowhood (Gardner, 1994), living alone and/or having no children living nearby (Silverstein and Zablotsky, 1996), loneliness (Bekhet et al., 2009) and (the fear of) social isolation (Stimson and McCrea, 2004; Croucher et al., 2003), fears of becoming dependent and unable to continue driving (Croucher et al., 2003), and pressure from family, friends or health professionals (Evans and Means, 2007). Early studies in the US found that living in an age-segregated community was an attraction for some residents (e.g. Cohen et al., 1988), and the restricted age profile was seen as a positive feature by some residents of Westbury Fields in the UK (Evans, 2009b). However, other residents felt that the limited age range inhibited the development of a 'real' community.

Research looking at older people and relocation more generally has found that people are more likely to move reactively in later life for reasons such as a crisis or change in health, rather than planning for relocation in advance (Löfqvist et al., 2013; Pope and Kang, 2010). However, Kingston et al. (2001) proposed that people often choose to move to retirement communities during periods of stable health. They suggested that health status may play a different role for residents moving to retirement communities compared to other types of facilities such as nursing homes, where moves are often crisis-driven. Darton et al. (2008) also found that, predominantly, moves to extra care housing were not triggered by acute health problems, but that concerns about future health issues were more important in the decision to move. Studies such as these suggest that retirement community residents are often 'planners', meaning that they are more often 'pulled' on the basis of anticipated future issues rather than 'pushed' into moving because of existing issues or crises (Croucher et al., 2003; Bäumker et al., 2012). In a US context, Erickson and Krout (2001) point out that CCRCs will often only accept new residents who are able to live independently at the time of moving, meaning that individuals must make a conscious decision to move to a CCRC while they are in relatively good health, and before they need its care services.

Motivations in the decision process have been noted to vary according to individual characteristics such as gender, marital status and age. Krout et al. (2002) noted that continuing care was more important to married couples than to single women. Another study found that care and support was mentioned more frequently by married women than by unmarried women (Darton et al., 2008) and this was suggested to reflect both a wish not to become a burden on their spouses, and a desire for reassurance that their spouse would be cared for if they were unable to provide that care. The same study also found that female residents who did not have care needs were more likely to say that they moved because of the social facilities than male residents. Croucher et al. (2003) also found that women were more likely to mention social activities than men, and that people living with partners were less likely to mention social activities than those living alone. People aged over 80 were more likely to focus on the care services, whereas people under 70 still emphasised care, but were also more likely to mention social activities and location as important. Krout et al. (2002) also found that people aged under 77 moving to a CCRC valued access to cultural activities and gave this as a reason for moving there, while men were more likely to be attracted by the size and design of accommodation.

### **Alternative options**

There is little published evidence around the other housing options that people consider before moving to a UK retirement community, but existing research suggests that the evaluation of other options does not play a large role in the decision process. Darton et al. (2008) found that before moving, 89% of residents, and 74% of their families, had visited the development that they chose to move to, whereas only 20% had visited a similar development and only 10% had visited a care home. The authors note that this is perhaps surprising given the importance of the decision being made, but suggest that residents may already have a specific scheme in mind before considering a move to extra care housing. Similarly, over half of the residents at Hartrigg Oaks had not considered another option (Croucher et al., 2003). Those who had looked into other options had thought about downsizing, moving to sheltered housing, moving



to a different retirement community, staying with relatives or arranging care services at home. Such alternatives were often viewed in negative terms by residents, and Hartrigg Oaks was seen as the best alternative available. Interestingly, Croucher et al. (2003) concluded, from interview data, that many residents had not been actively thinking about moving or options for later life until they heard about Hartrigg Oaks. Similar findings are reported by Erickson and Krout (2001) from a US context where only 13% of movers had considered a range of other housing options. The authors assert that it was likely that the publicity about the CCRC (and in some cases having friends who were moving there) prompted some people to think about moving there even though they had not previously been considering moving at all. These findings suggest that simply becoming aware of one realistic housing option may be an important influence in initiating a decision to move.

### **Where people move from**

Several UK studies have looked at where people were living before they moved to a retirement community, and findings across these studies suggest that residents do move from a range of distances, but that many may move from the local area. Evans and Means (2007) reported that residents of Westbury Fields moved from a variety of accommodation types, including houses, flats and sheltered housing. The majority had moved from urban areas either local to Westbury Fields or in other parts of the country, although some had moved from rural locations. The majority of residents who had moved to Hartrigg Oaks had previously lived in their own homes for over a decade (Croucher et al., 2003). A large proportion (71%) had moved from the local area or county, while the others had moved from other parts of the UK or had returned to the UK from living overseas. Residents at Firhall Village in Scotland had also moved from a range of distances (Pacione, 2012). A quarter came from within 10 miles of the village, while just under half came from other parts of Scotland, a small number from overseas, and the rest from elsewhere in the UK. In contrast, all residents who were interviewed at Berryhill had moved from no more than 10 miles away, and over one third had moved from the housing estates surrounding the village (Bernard et al., 2007). The majority

had been in accommodation rented from the local council, while just under one third were home owners.

### **The experience of moving to a retirement community**

Research focusing on older people moving to retirement communities has mainly focused on the decision stage of the relocation process. There is less literature about the other stages, i.e. preparation and anticipation; the move itself; settling and adjusting. However, a relatively large body of work addresses the overall impact of residential decisions and relocation on older people. As Peace et al. (2007) point out, initially this research was largely driven by the 'relocation trauma hypothesis', which highlighted the negative impact on health of relocation to institutional settings (Coffman, 1981). Later research has done more to uncover, and consider the mechanisms behind, different outcomes of relocation. For example, Litwak and Longino (1987) suggested distinguishing between first, second and third moves in later life; Golant (1998) considered the coping resources available to individuals; while Holland (2001) and Peace et al. (2006) explored housing histories to look at change and stability across the lifecourse. In addition, Borup (1981) highlighted that willingness to move may be more fundamental than whether relocation is voluntary or involuntary, and Schultz and Brenner (1977) argue that control and predictability are important factors in the process. Castle (2001) attempted to draw some of these factors together and identified potentially important moderating factors in the relocation of older people as: the individual characteristics of people moving; the nature of the relocation process; the type of relocation; and the characteristics of the new setting.

In general, most residents of UK retirement communities report that they are satisfied after moving (Bernard et al., 2007; Croucher et al., 2003; Evans and Means, 2007; Croucher and Bevan, 2010; Liddle et al., 2014). However, Darton et al. (2008) found that two thirds of residents moving to a variety of extra care housing types described the move itself as quite, or very, stressful. Stressful moves were also linked with physical health declines. Interestingly, the authors noted that residents with care needs were more likely to find the move not at all

stressful than did residents without care needs, and residents with care needs were also more likely to report that the move had no negative impact on their physical health. Darton et al. suggest that the size of the housing development, and/or the distance residents were moving from, may have been contributory factors. The majority of residents felt in control of the move itself, and also that their moves were well organised and staff were helpful. Croucher et al. (2003) also identify differences between the experiences of 'pioneer' residents (who were the first to move into a new development) and those who moved later and consequently found themselves arriving into a more settled environment. Those who were among the first to move to the development were more likely to describe 'trauma' associated with moving.

Sim et al. (2012) conducted research with residents who moved within DGV retirement community during its redevelopment. First viewings of the new properties appeared to be an important feature of the preparation and adjustment stage of moving, particularly for those residents who were less keen to move. Viewing the property provided an opportunity to form a connection with the new environment and facilitated making plans. The study reported no significant differences in quantitative data relating to health, quality of life, or loneliness between movers and non-movers. However, qualitative data suggested that a variety of factors such as lifestyle and daily routine, bereavement, socio-spatial factors and access to nature, mediated the effects of relocation. In addition, several residents believed that the move caused negative effects on their health, in contrast with what the aggregate quantitative data indicated.

## **2.12. Living in a retirement community**

The next sections of this chapter cover topics related to residents' experiences of life in a retirement community after moving from their previous homes. The first section looks at findings related to the socio-demographic profiles of retirement communities, and the following sections go on to examine findings about other aspects of life, including social relationships,

home-making, activities and leisure, health and well-being, care and support, the physical environment, age segregation, and community.

### **2.12.1. Resident characteristics**

Research in North American retirement communities has demonstrated that their residents tend to be white and relatively affluent, are likely to have no children, or no children living nearby, and also have disproportionately high levels of self-reported health, education and occupational backgrounds (Bultena and Wood, 1969; Duff and Hong, 1995; Silverstein and Zablotsky, 1996; Sherwood et al., 1997; Streib, 2002; Croucher et al., 2006; Coe and Boyle, 2013). Such findings have led to criticisms of the excluding nature of retirement communities. Glass and Skinner (2013: 76) note the 'somewhat uncomfortable perception that some of these communities...are places for the wealthy to cluster with like-minded others, safe behind the walls, and with little concern for the larger community'. Similarly, Phillipson (2007: 336) suggests that there are 'significant inequalities within the older population: most notably between those able to make conscious decisions about where and with whom to live, and those who feel marginalised and alienated by changes in the communities in which they have "aged in place"'. Others have gone even further, describing retirement communities as 'playpens for the old' (Kuhn, 1977).

UK research presents a more mixed picture, with some privately run communities showing similar patterns to those found in North American communities (e.g. Pacione, 2012), and others (frequently run by public or not-for-profit organisations) housing residents who are generally white, but have often moved from nearby geographical regions and may have lower levels of health and education, fewer financial resources, and come from a wider range of social classes (Biggs et al., 2000; Croucher et al., 2003; Bernard et al., 2007; Evans and Means, 2007; Croucher and Bevan, 2010). The entry age for moving into a UK retirement community is typically around 55 or 60, but the average age of residents is often much higher (Evans, 2009a). UK developments tend to accommodate more women than men, and high proportions of residents who are widowed and/or living alone (Biggs et al., 2000; Croucher et

al., 2006; Croucher et al., 2007; Bernard et al., 2007; Evans and Means, 2007; Darton et al., 2008). There does not appear to be evidence from a UK context that retirement community residents are less likely to have had children than those living in ordinary housing.

### **2.12.2. Social relationships**

UK retirement villages generally accommodate several hundred residents. Relatively large communities like these can offer a wide pool of people as potential friends and companions for residents (Croucher, 2006). It would, therefore, be expected that such environments might support the development of friendships between residents. Bernard et al. (2012) report that many residents at DGV felt there were plenty of opportunities to make friends, in common with other UK studies (Bernard et al., 2004; Croucher et al., 2003; Croucher et al., 2007; Evans and Means, 2007). One study showed that over 90% of residents had made friends since moving to a retirement community (Kingston et al., 2001). On the other hand, these studies also noted that some residents were limited in the extent to which they could interact socially with other residents because of issues such as mobility, health or financial resources, and this resulted in feelings of loneliness in some cases. Hong and Duff (1994) cite their own earlier work showing that while life satisfaction was related to social activities and participation in the community, being married was a stronger predictor of life satisfaction. Adams et al. (2004) go further to suggest that it is not participation per se that affects loneliness. They found that loneliness was associated with smaller social networks, recent bereavement, and receiving fewer visitors, but was unrelated to activity. The authors also concluded that loneliness was a potential risk factor for depression for people living in retirement communities, and accordingly suggested that preventing loneliness may also indirectly help to prevent other mental health consequences like depression.

Despite the apparent abundance of opportunities for social interaction and friendship formation within retirement communities, most studies have found that residents also maintain links with friends and family members outside. For example, Buys (2001) reported that residents of an Australian retirement village saw friends within the village regularly, but also maintained

regular telephone contact with friends outside the village. Older residents did, however, have fewer friends living outside the CCRC than younger residents. Gardner et al. (2005) also found that the majority of residents maintained or increased their social participation after moving to an Australian retirement village, and that they had a balance of friendships within and outside the village.

Evidence suggests that there may be differences between the types of friendships residents form with each other, compared to their relationships with others outside retirement communities. Stacey-Konnert and Pynoos (1992) reported that although residents relied primarily on other residents within a CCRC for regular social activities, family members were their preferred confidants. Croucher (2006) concluded that this was the case for many residents of retirement communities – their more intimate relationships were often with family or friends outside, or with people inside with whom they had been friends before moving in. An Australian study also reported that close friendships within a retirement village were fewer, and qualitatively poorer than has often been reported in the literature from other countries such as the US (McDonald, 1996). One potential implication of these findings can be taken from a study by Potts (1997). Data from the study showed that although the quantity of social support from friends within a retirement community was high, it did not have a significant effect on depression, whereas social support from friends living elsewhere predicted low levels of depression (Potts, 1997), suggesting that these two types of support were of a different type or quality. In addition, Abbott et al. (2000) observed that residents in sheltered housing and other residential care settings had more realistic expectations than staff about friendship, recognising that shared location was not a guarantee of shared interests or outlooks. Most residents accepted that having to ‘tolerate each other’ was an inevitable aspect of living together in a community (Abbott et al., 2000: 333). Furthermore, Phillips et al. (2013) found that despite residents in extra care reporting more friends and more opportunities to socialise than residents in residential care, there was little evidence that residents in extra care were developing new friendships.

The formation of new social relationships may also be challenging for people moving into an established retirement community. Beckman (1969) found that some residents were able to make friends within a few months, whereas others said they had not made close friends for several years. Interestingly, another study found that people moving longer distances to a CCRC were more likely to make friends within the community than those who were moving locally (Heisler et al., 2003). There is evidence to suggest that cliques of residents often develop in retirement communities (Croucher et al., 2006; Chandler and Robinson, 2014), creating tension between different groups and impeding incoming residents in making new friends. It has been suggested that the operation of cliques within retirement villages could even impact on well-being, particularly for new residents or those with mental health problems such as anxiety or depression (Bernard et al., 2004). Conversely, residents interviewed by Darton et al. (2008) felt that where cliques had developed, they were simply a result of similar people forming friendships and groups, and did not have negative effects on others.

Another factor identified in the research literature as impacting on the formation of social relationships is the perceived mental and physical health status of residents. Bernard et al. (2004) described how some residents at Berryhill openly voiced negative views about other residents whom they saw as less independent. Some believed that it was important for all residents to fit with the concept of 'active retirement', and that obvious physical or mental health issues were not compatible with this. Negative views were expressed towards residents who were frail, used physical aids such as wheelchairs, or received support from staff or other residents. In addition, the behaviours of residents with illnesses such as dementia may be particularly challenging for both staff and residents (Croucher et al., 2006). While there is some limited evidence that people's attitudes towards disability within retirement communities may become more positive over time (Croucher et al., 2006; Croucher et al., 2003), longitudinal evidence from these environments is needed to document and explore any potential change over time.

Changing personal circumstances can also have an impact on social relationships. Van den Hoonaard (2002) writes about the difficulties faced by many widowed residents in a Florida retirement community. While married residents reported that widowed residents simply preferred to socialise with other widowed residents, people who had lost their spouses said that they were disappointed to find that their previously close friends stopped involving them in social activities, and seemed to no longer wish to spend time with them. Darton et al. (2008) also reported that some residents who lived alone did not like going along to social events on their own. However, in other cases women who were widowed or had never married reported that retirement communities provided opportunities to make new friends (Kupke, 2000; Madigan et al., 1996; Siegenthaler and Vaughan, 1998). Changing health status is another factor that appears to impact on relationships within retirement communities. While friendship is desired and valued, residents in better health may wish to distance themselves from those whose health has deteriorated, especially if they are perceived as displaying signs of dementia (Williams and Guendouzi, 2000).

### **2.12.3. Home-making**

Retirement community research often considers whether the home environment is accessible or usable but, with the exception of Bartlam et al. (2013), has less often explicitly explored the meaning of home for residents. Bartlam et al. (2013) examined the extent to which the visions of those who were involved in developing and managing a retirement community translated into an environment that allowed residents to engage in the process of home-making. They suggest that good environmental design and sensitive management, i.e. ensuring that residents feel valued and respected, fosters confidence and autonomy, which in turn increase residents' capacity to re-create home when they move to such communities. Failure to address these issues can lead to residents being severely limited in their ability to create a sense of home. Similarly, Croucher et al. (2006) reported that self-contained accommodation changed the dynamic of residents' relationships with care staff, creating a sense of being 'at home' rather than being 'in a home'.



#### **2.12.4. Activities and leisure**

The social and leisure opportunities within retirement communities are often strongly promoted within their marketing materials. There is 'always an interesting mix of social, cultural and physical activities on offer' according to the website for DGV in Buckinghamshire (Anchor Trust, 2014), while Millbrook Village in Devon 'offers the active, independent lifestyle we know is so treasured by each one of our residents' with properties 'centered around a stylish private Club House featuring a bar, restaurant, pool, gym and many more hotel-style facilities for residents to enjoy' (Millbrook Village, 2014).

Gardner et al. (2005) argue that retirement villages can offer activities that are unavailable, or inaccessible, to older people living in ordinary housing. In addition, their size allows for the development of facilities and activities that would not be financially viable in smaller developments (Croucher, 2006). UK studies have often reported high levels of satisfaction with activities on offer in retirement communities, and participation has been shown to be an important means of maintaining identity, health and well-being (Bernard et al., 2004; Croucher et al., 2003; Bernard et al., 2007; Bernard et al., 2012). Residents at Berryhill particularly valued the fact that they did not have to go out of the village to take part in activities (Bernard et al., 2007), while activities at DGV offered opportunities for friendships to form (Bernard et al., 2012). Evans and Means (2007) noted that much of the social interaction between residents took place in communal areas of Westbury Fields rather than in their homes, suggesting that the provision of these facilities, and the activities taking place within them, were important. However, some residents also highlighted the importance of less formal activities, for example playing scrabble at home with others.

Croucher et al. (2007) reported that extra care residents valued their independence in terms of the lack of pressure to be involved in activities, and strongly believed it was up to individuals to choose whether to take part or not. Similar findings were reported by Barnes et al. (2012), who noted that non-participation was as important as participation to some residents living in extra care schemes, while others prioritised the maintenance of activities they had done before

moving, in order to retain independence. However, the research by Croucher et al. (2007) also found that some factors possibly restricted these 'choices'. For example, some men felt unable to attend certain activities if they knew they would be the only man there. Bernard et al. (2004) also found that involvement and participation were related to characteristics such as gender and health. In particular, those residents without friends sometimes felt unable to participate, and residents who reported loneliness were also less involved, although the causal relationships between lack of friends or loneliness and reduced participation are unknown. Residents consulted by Barnes et al. (2012) felt that the provision of activities was limited for people with disabilities. The distances between residents' homes and facilities where activities take place have also been reported as problematic for some residents with mobility issues, deterring or preventing them from taking part (Evans and Means, 2007; Phillips et al., 2001). Callaghan (2008) emphasises the importance of user-led approaches in order to ensure that the activities on offer reflect the preferences of residents. Retirement villages do often provide a wider range of resident-led activities than smaller extra care schemes (Croucher et al., 2006) but, while this approach works well for many residents, some studies indicate that residents would have preferred more staff-organised activities (Croucher et al., 2003; Bernard et al., 2004). In addition, research by Bernard et al. (2012) demonstrated that in some cases, despite their best efforts, residents were unable to pursue the activities they would like to because there was not enough commitment or interest from other residents. However, Darton et al. (2008) presented evidence that residents recognised that activities could serve a social purpose even if the activity itself was not to their taste. In addition, some residents attended activities that they were unable to fully participate in, just for the enjoyment of the company.

#### **2.12.5. Health, well-being and quality of life**

Studies have found that residents consider factors present in retirement communities, such as mutual support and friendship, the attitudes of other residents and participation in events and activities, as important for mental health and well-being (Biggs et al., 2000; Croucher, 2006; Croucher et al., 2006; Phillips et al., 2001). Abbott et al. (2000) interviewed residents in

sheltered housing and other residential care settings, and found that most believed that social participation was beneficial as a way of avoiding loneliness and depression. In addition, the concept of social well-being has been explored by Evans and Vallelly (2007). They identified several factors that could maximise this for residents: opportunities for social interaction; connections with the wider community; good location and design; the involvement of family carers; staff training and culture of care; and the provision of appropriate facilities. However, Chandler and Robinson (2014) suggest that while well-being (purpose in life, personal growth, autonomy, self-acceptance, environmental mastery, and positive relations) is facilitated by living in a retirement village, people also experience challenges to their well-being on the same dimensions, resulting in a dialectical tension.

Early studies suggested that retirement communities were indeed beneficial for various aspects of physical and mental health (Hochschild, 1973; Osgood, 1982). More recent studies have confirmed that, often in spite of poor health, many residents report enjoying a good quality of life, and/or say that they feel better and have better physical functioning living in retirement communities or extra care housing than they did living outside (Biggs et al., 2000; Bernard et al., 2007; Evans and Means, 2007; Burns, 2014). High levels of perceived safety have also commonly been reported (Biggs et al., 2000; Croucher et al., 2006), and the contribution of social interaction to quality of life has been demonstrated (Evans, 2009a; Grant, 2007). Kneale (2011) found that people living in extra care housing were about half as likely to move to institutional accommodation as those living in ordinary housing and receiving domiciliary care. In addition, extra care housing was associated with a lower likelihood of admission to a hospital overnight and a lower than expected number of falls, as well as improvements in health and associated decreases in social care needs for a quarter of residents. Biggs et al. (2000) also report data from the brochure of one UK development showing measureable improvements in mobility, functions of daily living, quality of life, and reductions in the use of medication. The data also showed that a quarter of residents lived longer than expected and rates of illness were lower than usual for the sector for a quarter of residents. However, some of these comparisons were made with residents in traditional care

homes, which raises questions about how residents would have compared with others in ordinary housing.

In contrast, for certain groups of residents, retirement communities have consistently been cited as less favourable living environments. These residents include those with physical disabilities or mobility issues, and mental-health problems such as dementia, anxiety and depression (Croucher et al., 2003; Croucher et al., 2006; Bernard et al., 2007; Evans and Vallely, 2007; Bernard et al., 2012). In some cases, problems, including isolation and loneliness, have arisen as a result of the attitudes of other residents towards, for example, people using physical aids such as wheelchairs (Bernard et al., 2007; Croucher et al., 2006). Croucher et al. (2006) suggest that the reluctance of residents to engage with those who have visible health issues may result from their determination to preserve self-identity and represent themselves as mentally and physically competent. In other cases, problems have been related to the physical design (e.g. sloping terrain, long distances between properties and central facilities) impeding residents' ability to participate in community life (Phillips et al., 2001; Bernard et al., 2007; Evans and Means, 2007; Bernard et al., 2012).

#### **2.12.6. Care and support**

Atkinson et al. (2014) identify a paucity of literature focusing specifically on care and support for older people living in housing-with-care settings. As noted earlier, some retirement communities (CCRCs) can provide a full range of care and support ranging from 'independent living' to 24-hour nursing care (Rogers, 2011). However, others do not offer the same range, meaning that residents would have to move out or make (and pay for) their own private arrangements if they needed more care than the community was capable of providing. Bernard et al. (2007) report the challenges faced by organisations trying to meet the needs of people with physical and mental health needs. Such future health and care needs were a concern for Berryhill residents, and one in five residents could envisage circumstances in which the village might no longer be a suitable home for them. Darton et al. (2012) also

question the extent to which extra care can provide an alternative to residential care i.e. a home for life.

A particular issue that has been observed in various studies is that residents' assumptions or expectations about the type or extent of care and support provided were not in line with the actual services on offer. Croucher et al. (2003) note that their own research did not examine whether such expectations about support were due to residents' interpretations of sales information, or due to ambiguous information. However, Wright et al. (2010) highlighted that the lack of available information about care provision and types of services makes it difficult for people to assess the viability of extra care housing as an option for themselves or others. Bartlam et al. (2013) report that residents at DGV were generally aware of the fact that the village could not necessarily provide a home for life, particularly for those with high levels of physical or mental decline, but it is unclear whether they had this knowledge before moving to the village.

Staff at extra care developments have also highlighted the difficulty in knowing what to expect when developments are first opening, and talk about services being stretched to capacity with large numbers of residents moving in all at once, as well as the need for low-level domestic help being underestimated (Croucher et al., 2003). Some residents at DGV articulated concerns about staffing levels, believing that staff were overstretched (Bartlam et al., 2013). Increases in the care needs of only a few residents can quickly stretch the care services within smaller schemes (Croucher, 2006). Financial pressures mean that many local authorities can only fund people with considerable care and support needs, resulting in particular challenges for those schemes where local authorities have nomination rights (Atkinson et al., 2014). In addition, funders may be unwilling to pay for increasing levels of care for individuals, or residents who are self-funding may be unable to pay for additional care to meet their needs. At Berryhill, 27 per cent of residents felt that they could not afford support (Bernard et al., 2004).

In contrast, the flexibility of care and support and the on-site health interventions (e.g. exercise classes) at Westbury Fields were fundamental to maintaining independence for some

residents (Evans and Means, 2007). Residents were able to purchase ad hoc care or domestic support for a few days when they were ill (either for themselves or for a partner whom they usually cared for), if they experienced fluctuations in their physical health, or were returning home from a stay in hospital. Furthermore, the availability of respite care in the care home on site was an essential resource for some people who were normally the main carer for their partner or spouse. Croucher (2006) notes that flexibility of care is harder to achieve in smaller schemes, and these schemes may also find it difficult to cover staff sickness absences, as well as being more dependent on agency staff than larger schemes. Casual staffing means it is not as easy for residents to build relationships of trust with care staff, and small staff numbers may also result in residents having little choice of carers.

In fact, Croucher et al. (2006) observe that, regardless of scheme size, there is little indication from UK studies that people exercised choices about where their care came from, or how and when it was delivered, despite the fact that care services were often praised by residents. Other studies have noted the vulnerability of residents, particularly in terms of being able to discuss concerns and exercise control and autonomy over the delivery of support (Bartlam et al., 2013). Being in receipt of care services at Berryhill was perceived by residents as denoting dependency, rather than supporting their independence (Bernard et al., 2007). Even so, most residents reported being very positive about the support they received, and those residents who were not formally receiving support still felt a sense of being supported by the village staff.

Other issues have arisen due to the inconsistency of support and care delivered, particularly when developments were first opened and before procedures had become established (Croucher et al., 2003). In the case of Hartrigg Oaks, staff believed that these inconsistencies had fuelled rumours and, therefore, shaped residents' perceptions of services early on. Over time, however, most concerns raised by residents were resolved. The authors report that the organisation had reorientated itself to the actual, rather than anticipated, needs of the

population, including providing a higher level of low-level domestic support than had originally been envisioned as necessary.

The research literature also documents the support being provided by family and neighbours. In fact, Keating et al. (2001) highlight the recognition of family contributions as a key factor in improving client-centred care, along with appropriate staffing levels and training, and having choices about models of care. Croucher et al. (2003) report that 11% of residents had neighbours who were providing them with low-level support and 12% received support from children or other residents, while 44% of those living with someone else were receiving support or care from that person. At Berryhill, nearly three quarters of residents felt that family members were their main source of help (Bernard et al., 2007), although these residents were predominantly local and likely to have family living close by. In addition, the support of peers was highly valued, and particularly so at times of illness. Stacey-Konnert and Pynoos (1992) also report that well residents living in a CCRC provided support to more frail residents.

### **2.12.7. Physical environment**

Research evidence suggests that the built environment plays an important role in the everyday lives of residents in retirement villages. The design of buildings and spaces can enable residents to remain independent and build relationships with each other and residents are generally satisfied with their own personal living space (Bernard et al., 2004; Evans and Means, 2007; Burns, 2014). Croucher et al. (2006) report that some residents were able to do more for themselves than before moving (e.g. having a shower without assistance) because of the better design of the environment. Self-contained accommodation with its own front door, and the privacy and autonomy that this facilitated, was important in creating a sense of being 'at home' (Croucher et al., 2006). Bartlam et al. (2013) report that some residents went to great lengths to redesign their homes, including converting two adjacent houses or apartments into one, removing internal walls, building conservatories, and converting the use of one room to another (e.g. a bedroom into a study).

Outdoor space has often been reported as important for residents in retirement communities (Burns, 2014; Croucher et al., 2003; Bartlam et al., 2013), and also more generally in terms of contributing to homemaking (Bhatti and Church, 2000). Residents at Hartrigg Oaks valued their manageable gardens and the distinct boundaries between properties (Croucher et al., 2003). Some residents at DGV had begun to take unofficial ownership of communal green spaces by gardening in the flowerbeds (Bartlam et al., 2013). The importance of clearly defined territory is also demonstrated by findings that residents who lived in rented properties without well-defined or fenced-in gardens tended to delineate boundaries with trellising, sheds or other physical markers (Bernard et al., 2012; Bartlam et al., 2013).

In addition to various snagging problems with plumbing and heating systems when villages first opened, there are certain design aspects that present problems or decrease independence for some residents, such as their inability to reach high cupboards or dials on ovens, or to use baths fitted in their properties (Evans and Means, 2007; Croucher et al., 2003; Barnes et al., 2012). A lack of space within properties, and storage space especially, has commonly been reported by residents (Bernard et al., 2004; Bernard et al., 2007; Croucher et al., 2007; Barnes et al., 2012; Bartlam et al., 2013; Chandler and Robinson, 2014), although residents at Westbury Fields and Hartrigg Oaks praised the amount of space within their properties (Evans and Means, 2007; Croucher et al., 2003). Croucher et al. (2007) assert that many prospective residents were put off by the limited size of extra care accommodation they were offered, but were prepared to accept this in return for other things they personally prioritised, such as feeling safe, having a garden or being able to have a dog. Likewise, Bartlam et al. (2013) note the tensions that planners and developers have to negotiate between older people's needs or desires to downsize and their requirements for sufficient space to create 'home'. In addition to necessitating disposal of possessions, daily lives and activities like entertaining visitors and maintaining hobbies can also be highly constrained by a lack of living space (Croucher et al., 2007; Chandler and Robinson, 2014).



More recently developed retirement villages may have addressed some design issues with the adoption of 'Lifetime Homes' standards. The standards aim to ensure that homes are designed to meet changing needs as people grow older, and incorporate sixteen design recommendations covering issues such as access to the home, ease of mobility within the home, personal hygiene and operation of environmental controls such as windows and sockets (Hanson, 2001). However, such problems have still been reported with accessibility even in Lifetime Homes standard bungalows (Croucher et al., 2003) and, as Hanson (2001:40) notes, 'living in a Lifetime Home has a limited capacity to improve older people's home lives unless appropriate levels of health and personal care are simultaneously provided'. In addition, only a few of the standards have been incorporated into UK building regulations (Hanson, 2001) so there is no guarantee that future retirement villages will be built to meet anything but the mandatory standards, particularly where there are cost implications for developers. Torrington (2006) suggests that a more creative approach to management of buildings, such as creating spaces with unambiguous meanings, could improve well-being.

There is some evidence that communal spaces in retirement communities such as gyms and computer rooms are not always used to a great extent (Bernard et al., 2004; Bernard et al., 2007; Evans and Means, 2007). Environmental factors such as the temperature of shared spaces may play a role, although some residents report feeling unable to use communal facilities because they do not know anyone (Evans and Means, 2007; Phillips et al., 2001; Burns, 2014). In addition, the acoustics and ambient noise in communal areas have been reported as causing problems for people who use hearing aids (Bernard et al., 2007). Many retirement villages such as Westbury Fields, are new developments, so the use and benefit of facilities may become clearer as these communities develop and change over time.

Nonetheless, other facilities such as shops and restaurants are used regularly (Bernard et al., 2004; Evans and Means, 2007; Croucher et al., 2003) and their omission from developments has been reported as a barrier to independence (Evans and Means, 2007). In addition, Evans and Means (2007) report that social spaces, rather than residents' homes, were most utilised as venues for socialising, and light, airy and bright indoor spaces were valued by residents for

this purpose. Residents at Berryhill appreciated being able to take part in activities within the village – and particularly so at night – rather than having to go outside (Bernard et al., 2007).

Challenges inherent in the built environment – such as the distances residents have to negotiate within their homes, within the village or between the village and the local community – may also have negative impacts on residents in terms of their ability to participate in village life (Phillips et al., 2001; Bernard et al., 2007; Evans and Means, 2007; Bernard et al., 2012). However, problems with noise have been reported in developments where accommodation is located close to other facilities (Croucher and Bevan, 2010). The design of buildings may also have a negative impact on those with mental health problems. Professionals at Berryhill noted that the long corridors and design of the building appeared to exacerbate problems for residents with tendencies towards disorientation or confusion (Bernard et al., 2004; Bernard et al., 2007).

Being able to travel out of the village is also an important factor in the maintenance of independence for many residents. Flexible village buses (and the consideration shown by drivers) and shopping trips were appreciated by many residents although these could be problematic for some residents in terms of physically getting to the bus stop, getting on and off buses and dealing with the limited availability of spaces for wheelchair users (Evans and Means, 2007). Consequently, owning a car has been reported as vital for many residents, particularly as retirement villages are not necessarily close to family and friends (Evans and Means, 2007). Croucher et al. (2003) report that some residents were concerned about reapplying for driving licences and their ability to continue to drive because they believed that not having access to a car would have a detrimental impact on their quality of life. Indeed, residents without cars living in relatively isolated developments have described feeling 'marooned' or 'cut off' (Croucher et al., 2007). Furthermore, despite the important role that driving plays for many people in maintaining independence, a lack of parking provision for residents and their visitors has been an issue in several developments (Croucher et al., 2007; Bernard et al., 2012).

### 2.12.8. Community

Crow and Allan (1994:1) suggest that community 'stands as a convenient shorthand term for the broad realm of local social arrangements beyond the private sphere of home and family but more familiar to us than the impersonal institutions of the wider society'. It has since been suggested that the idea of 'home beyond the house' describes a zone between the physical home and the surrounding community that can blur the distinction between home and community (Cloutier-Fisher and Harvey, 2009). Theories of community commonly focus on shared location, interest, identity and occupation, while others try to pin down what it means to experience a 'sense of community' (Wilmott, 1986; Evans, 2009b; Crow and Allan, 1994; McMillan and Chavis, 1986). In the UK literature, several studies have specifically explored the concept of community in relation to retirement villages (e.g. Evans, 2009a; Evans 2009b; Bernard et al., 2012; Liddle et al., 2014). For example, Bernard et al. (2012) looked at how community has evolved over time at DGV, and noted the strong bonds between residents who shared occupational backgrounds. Evans (2009a) used the concept of 'community in place' to position the built environment as a central component in developing and sustaining a sense of community within retirement communities.

Barnes et al. (2012) found that many residents commented on feelings of support and community spirit within extra care schemes. A study of one UK CCRC reported that the majority of residents interpreted 'community' in relation to having good neighbours and opportunities for social interaction, but without pressure to participate (Croucher et al., 2003). Darton et al. (2008) observed that a sense of community was developing in extra care schemes during the first few months after opening. Residents and staff emphasised growing neighbourliness as one sign of this, although they recognised that it took time for a sense of community to develop. In contrast, a systematic review of international literature on gated communities found that neighbourliness was not a high priority for residents (Blandy et al., 2003). Another UK study showed that the development of friendships, social interaction, common interests and the built environment had an impact on residents' sense of community

(Evans, 2009b). Croucher and Bevan's work highlights the subjective nature of 'community' in that individuals may value different elements. They reported a 'clash of cultures' between residents at Hartfield about the role of the retirement community and the extent to which it could, or should, support residents' social lives (Croucher and Bevan, 2010).

If good neighbours and social interaction are important for experiences of community, Croucher et al. (2006) report that UK residents find these in retirement communities, often describing them as 'friendly' environments, or reporting 'neighbourly' behaviour. Lawrence and Schiller Schigelone (2002) identified some of these 'neighbourly' or supportive behaviours as 'communal support', where problems arising from issues such as physical disability are seen as shared problems for which the community is responsible. Residents help each other and work together to benefit others in the community, reinforcing a sense of community. Several other studies indicate that commitment and identifying with a community is expressed in neighbourliness and volunteering (Bernard et al., 2004; Biggs et al., 2000; Croucher et al., 2003). However, as mentioned earlier in this chapter, other research has found that residents with health problems or other issues can be limited in the extent to which they can participate in community life (Bernard et al., 2007), which does not seem to support Lawrence and Schiller Schigelone's (2002) idea of physical disability being seen as a shared problem in these particular environments. In fact, Evans and Means (2007) reported that some residents at Westbury Fields felt that intolerance of those with physical frailty was a barrier to the development of 'community'. Simpson (2007) argues that residents' resistance to those who did not fit their expectations around responsibilities and behaviour points to the underlying norms that define membership of the community. In the community she studied, the idea of being active influenced beliefs about the purpose of the village as well as the responsibilities and expectations associated with membership. It is possible that in some cases, residents' attempts to reinforce these norms arise not only from desires to maintain community identity or exercise power, but also because engaging in community conflict is a form of 'recreation' for them (Streib and Metsch, 2002: 83). While residents may not label their own behaviour in this way, Streib and Metsch argue that for some, 'concern with local controversies is a way of

filling recreational time, keeping them busy, active, and “alive”. In addition, Bernard et al. (2012: 125) conclude that a community where there is complete consensus is an unrealistic ideal, and one that would ‘in all likelihood be oppressive, conformist and intolerant of differences’.

Over the past decade, mixed-tenure housing developments have been advocated in policy (e.g. DCLG, 2008) as supporting diversity and social interaction. The role of community in mixed-tenure retirement villages has been explored in a small number of UK studies, but evidence of their success in promoting relationships between residents of different tenures is limited. Darton et al. (2008) suggest that mixed tenure developments may need careful management, and report that scheme managers had described the challenges of facilitating the integration of those who owned with those who rented their properties. Evans (2009b) noted that some residents of a retirement village found it easier to make friends there than in other places, but that relationships between residents of different tenures were based on casual, everyday interactions whereas more established relationships generally occurred between residents of the same tenure. Evidence from the US suggests that the spatial proximity of properties is an important moderating factor in the creation of relationships – being physically closer increases the likelihood of friendships forming – while using community facilities does not facilitate relationships between residents of different tenures (Kleit, 2005). The physical separation of residents according to tenure is consequently argued to restrict the formation of mixed communities, because residents have more contact with their nearest neighbours (Kearns and Mason, 2007).

Community responses to new residents are also relevant to consider in the context of retirement villages. Established communities have been known to systematically, and deliberately, exclude incomers, in some cases for many years (Crow and Allan, 1994). Existing residents often expect new residents to conform to the norms and beliefs of the community, and old and new residents may stereotype each other. Most UK studies of retirement communities have been conducted in new developments, meaning that there were

not yet any longstanding residents. By contrast, some residents had lived at DGV for many years and, while many residents got along well with each other, Bernard et al. (2012) noted some divisions between old and new residents. The authors also observed that divisions were not limited to this issue, but were 'rooted in a complex mixture of class, tenure, age, health status and size of the village', and were expressed, for example, 'in participation or non-participation, engagement or non-engagement with what is happening' (Bernard et al., 2012: 120). Croucher et al. (2003) also previously reported some residents finding it difficult to join networks of established residents, and researchers in the US have similarly noted the difficulties faced by new residents. One in particular observed the contrast between the early days of a retirement community when residents were all in the same position, starting a new life together, compared to later newcomers who entered a community where existing residents were not actively seeking new friends (van den Hoonaard, 2002). Other studies described by Crow and Allan (1994) identified that communities were able to allow some outsiders to become accepted as part of the community, particularly if they did not appear to be threatening its identity. This appeared to be the case for some residents joining DGV who had worked in the pub trade, and shared an occupational background with many existing residents (Bernard et al., 2012).

#### **2.11.9. Age segregation**

Early studies showed that older people often chose to live in retirement communities in order to be with people of similar ages, to 'get away from noisy children and destructive teenagers', as well as to give themselves the opportunity to live their lives away from society's expectations about how older people should behave (Osgood, 1982: 262). Croucher et al. (2007) observed that while residents felt a need to keep in contact with the outside world, living in the retirement community gave them the opportunity to do this on their own terms rather than being forced into interaction with the wider community. However, residents who were frail or had disabilities were less likely to be active outside the developments they lived in because going out was difficult. In fact, age-segregation per se has been argued as cutting

across all other variables (e.g. community size, socio-demographic characteristics of residents) to provide the major basis for social integration in retirement communities (Osgood, 1982). Residents of retirement communities have been found to appreciate the solidarity and shared understanding they experience there (Croucher et al., 2007).

On the other hand, (age-)segregated housing and gated communities are often criticised for exacerbating segregation and polarisation in society (Blakely and Snyder, 1997). Low (2001) argues that fear of violence and crime is used to legitimise and rationalise class-based exclusion strategies and residential segregation. For some, age-segregated housing and retirement communities are considered to be inherently ageist in that they separate older people from other age groups (Fisk, 1999; Croucher et al., 2007). While the age gap between the youngest and oldest residents in retirement communities can be around 40 years, studies have shown that some residents do specifically miss the presence of children and younger people (Croucher et al., 2003; Croucher et al., 2006), and that this type of intergenerational contact is often missing in retirement communities (Phillips et al., 2001). Residents at Westbury Fields felt that the limited age range prevented their village from feeling like a real community (Evans and Means, 2007), while Peace, Holland and Kellaheer (2011: 747) found that older people generally expressed a reluctance to consider living in age-segregated communities because they were 'seen as one step away from "normal" life in the general community'.

Croucher et al. (2006) argue that there is little evidence that moving to a retirement community reduces opportunities for contact with people and activities outside. However, the relationships between different age-segregated communities and the wider communities in which they are located depends, in part, on whether residents moved from the local area or from further afield (Croucher et al., 2007). While some residents saw moving to a new area as offering many opportunities, others thought it was difficult for newcomers to establish social networks (Croucher et al., 2003). Furthermore, in some retirement communities the facilities and services are open to both residents and outsiders, with the intention of improving integration

into the 'wider community' (Croucher et al., 2006). This has led to tensions between residents in some cases, with some preferring developments to be closed to outsiders and others appreciating the links with the wider community outside (Croucher and Bevan, 2010).

Some studies have shown that age-segregation risks creating high levels of death anxiety, for example residents in a Florida community felt anxious about the health of their friends and neighbours when they heard emergency sirens (Osgood, 1982). However, other research suggests that people living in 'older' communities are not more likely to have high death anxiety than those living in younger communities, although attendance at religious services is associated with lower death anxiety (Duff and Hong, 1995). Nonetheless, the heightened presence of death was seen by residents at Berryhill, their family members and friends, as a disadvantage of living in an age-segregated environment (Bernard et al., 2007). Over a period of two and a half years, 37 residents at Berryhill died – an average of more than one a month. Staff were concerned that they were not well-equipped or trained to provide comfort and support following these deaths, although residents did feel that there were some advantages to living in the community at a time of bereavement in terms of support from other residents. Lawrence and Schiller-Schigelone (2002) also report such 'communal support' as helping to buffer common stressors of ageing.

More recent research suggests that resistance to living in an age-segregated environment is a barrier to living in a retirement community, but that older people feel there are currently not enough alternative options for older people to choose from (Erickson and Krout, 2001; Bazalgette and Salter, 2013). Erickson and Krout (2001) found that even among people planning to move to an age-segregated development, most reported that they would rather live in an environment with people of all ages. However, other research reports that older people do not mind living in an age-segregated environment, do not see these environments as ageist, and do not feel excluded from community life (Croucher, 2006; Croucher et al., 2007).



## 2.14. Conclusions

Retirement communities are becoming increasingly common in the UK and are supported by policy documents and initiatives as providing new, and better, housing options for older people. To date there have been seven published studies of primary research conducted within individual UK retirement communities that, together, begin to provide indications of what retirement community living is like. However, as Evans (2009a) notes, UK research into retirement villages is still in its infancy. Common findings suggest that residents are generally white, often display a wider range of socio-demographic characteristics than residents in North American communities (particularly in developments run by public or not-for-profit organisations), and may have moved from nearby geographical regions. UK developments also tend to accommodate more women than men, and high proportions of residents who are widowed and/or living alone.

Only two UK studies report on the other housing options that people considered before moving to a retirement community (Darton et al., 2008; Croucher et al., 2003), but both suggest that the evaluation of other options did not play a big role in the decision process. However, the existing research literature provides a relatively clear summary of the concepts and ideas that are prevalent in the marketing materials for retirement communities: in general, promotional materials portray residents as healthy, physically active and engaged in various social and recreational activities (Lucas, 2004; Biggs et al., 2000). The materials present retirement communities as positive alternatives to other forms of accommodation (Biggs et al., 2000), or indeed the only options that offer the activities and lifestyles depicted (Lucas, 2004), but several conflicting concepts are often highlighted, such as a focus on 'independence' alongside a focus on the provision of 'help' and 'support' services (Biggs et al., 2000; Carder, 2002; Streib, 2002).

Based on the marketing materials for retirement communities, it can be argued that they purport to create environments for older people that optimise every aspect of the person-

environment relationship, which in turn is intended to have a positive impact on the experience of growing older, or to facilitate 'successful', 'active' or 'optimal' ageing. As discussed earlier in the chapter, this basic notion – of the environment having an impact on ageing – is at the heart of environmental gerontology, which focuses on describing, understanding, and explaining the relationships between older people and their environments. If, as it is argued here, purpose-built retirement villages aim (or claim) to optimise the person-environment relationship, they can effectively be described as aiming to maximise person-environment fit. Models focusing on the 'fit' or 'congruence' in the person-environment relationship are limited in their capacity to include some of the more subjective elements. In the case of living in a retirement village, such models could be useful in exploring the extent to which there was a match between individuals' needs and environmental options, and could allow an examination of *what* perceptions were held, but would not explicitly consider *how people felt* about living there – their *experiences* of feeling discontent, having unsatisfied needs and/or feeling disconnected, or their experiences of feeling content, satisfied, and/or attached to a particular place.

Emphasis on these individual subjective experiences or meanings can be found in approaches based on 'place' which, as discussed earlier in this chapter, focus more on the processes involved in forming affective, cognitive and behavioural ties to the environment (Peace et al., 2006). However, there is also a need to consider other elements of environment, such as the social, natural and spatial (Laws, 1997; Peace et al., 2006, Phillips et al., 2010). An approach that draws together several concepts within environmental gerontology is, therefore, perhaps a better way to explore the person-environment relationship for residents living in a retirement community, and how these impact on their everyday experiences.

There has also been a shift in some (gerontological) research towards a focus on understanding the familiar and the ordinary: the experiences, meanings, activities, choices, decisions and social contexts in people's everyday lives (e.g. Martin, 2014; Bornat and Bytheway, 2012; Christiansen et al., 1995; Bundgaard, 2005; Peace et al., 2006). Schwarz (2012: 19) proposes that:

*If we want to make environmental gerontology relevant...research should focus on practical activity and practical knowledge that are generated from actual, everyday practices. It needs to focus on case studies, precedents, and exemplars that should not be disconnected from [sic] their contexts, and it should function on the basis of practical rationality and judgement.*

This focus on the ordinary and practical aspects of daily living, and the day-to-day activities and experiences that are embedded within older people's lives, has not been a specific focus of research examining retirement community living in the UK. US research indicates that residents create different types of roles and lifestyles for themselves, such as organisers, joiners, socialisers, recreationalists, humanitarians and retirees (Osgood, 1982), but as outlined earlier in this chapter, several of the UK studies have focused on one specific aspect of a retirement community rather than exploring the interrelated aspects of everyday life within the same community. While this gives a fairly broad picture of the different aspects of retirement community living (such as health, social relationships, activities) when looking across all studies, with the exception of Croucher et al. (2003) and Bernard et al. (2004; 2007), there is still limited UK research that closely examines the everyday lives of residents within individual communities.

While satisfaction with life in UK retirement communities tends to be high, there has often been little opportunity for in-depth exploration of the diversity of residents' experiences of everyday life – both among those who are satisfied and among those who have been identified as having less favourable experiences (e.g. those with mental/physical disabilities or mobility issues). Furthermore, limited attention has been paid to how residents' everyday lives fit with the concepts and themes being used to publicise and 'sell' these developments to people. Similarly, there has been little focus on how residents' experiences of everyday life relate to the resident profile of the community they live in (for example its socio-demographic profile and age-segregated nature), or to other environmental and organisational factors.

In addition, most UK studies have been conducted in new communities, where facilities and services were in their infancy and residents were still settling in and establishing routines, friendships and interactions. Moreover, not all studies were in mixed-tenure developments. Of those studies in mixed-tenure developments, the tenure division was often varied according to type of accommodation, between, for example, bungalows and a care home (Croucher et al., 2003) rather than a range of property types being available under more than one tenure arrangement. There is still limited UK research that takes a broad view of everyday life for residents within an individual, more established, mixed-tenure retirement community.

Arising from the limitations of existing retirement community literature that have been identified throughout this chapter, this thesis focusses on residents' experiences of everyday life in a UK retirement community (Denham Garden Village). More specifically, it aims to:

1. provide an overview of Denham Garden Village and its residents, including residents' recollections of their decisions to move there;
2. explore how the environment and organisation of Denham Garden Village relate to residents' everyday experiences;
3. explore how residents experience everyday life at Denham Garden Village;
4. identify the implications of the findings from this study for policy, practice and (theoretical) understandings of retirement community living.

The next chapter of this thesis (Chapter 3) covers the methodological considerations relevant to addressing these four research aims stated above, and argues the case for adoption of a mixed methods approach.

## Chapter 3: Methodology

As noted in Chapter two (literature review), research in environmental gerontology has often focused on the objective environment (Lawton and Nahemow, 1973; Kahana, 1982). While other research has highlighted the importance of perspectives focusing on subjective or psychological experiences, such as feeling 'at home' or attached to a particular place (Rowles, 1993), Chapter two identified a need to better link these two approaches and/or to move beyond restricted views of the person-environment relationship in order to incorporate micro and macro analyses of other dimensions (e.g. social, natural, psychological, spatial) (Peace et al., 2006; Phillips et al., 2010). In particular, it was necessary to adopt an approach for this study that allowed for a broad interpretation of 'environment' and in-depth exploration of the diversity of residents' experiences of everyday life, but that also produced detailed information about the village environment as a whole in order to contextualise individual residents' experiences.

Thus, this chapter describes and explains the methodological approach that was adopted for this study in order to address the research aims identified at the end of Chapter two. It first highlights the dominance of mixed methods approaches in UK retirement community research, and argues that detailed discussion of how and why these methods have been mixed is missing from the retirement community research literature. The chapter then outlines the rationale behind adopting a mixed methods approach to data collection and the construction of a research design with both fixed and emergent aspects in my study. The actual research process, fieldwork and methods are then detailed and discussed in Chapter four.

### **3.1. Methods used in previous UK retirement community research**

The literature review in Chapter two identified seven published studies of primary research conducted within individual UK retirement communities. Of these, six included more than one

type of method. Most of the studies integrated qualitative and quantitative methods (referred to in this chapter as 'mixed methods') such as qualitative interviews or focus groups and quantitative surveys, while Croucher and Bevan (2010) combined several qualitative methods (documentary materials, qualitative interviews and focus groups) in their study of Hartfields. The study by Croucher and Bevan (2010) focused on tracking the development of a new retirement village so there was a strong emphasis throughout the study on analysis of documentary materials in order to identify key strategies, plans, decisions and drivers in the process. In contrast, discussion of findings from interviews, focus groups and surveys appear most prominently in the published outputs of other UK studies, even where additional methods were employed. In some cases this may have been due to difficulties in recruiting residents to participate in methods such as photography and diary-keeping, as reported by Croucher and Bevan (2010). Alternatively, it may be that the data from such methods were less useful in addressing the research questions of the studies.

The use of resident surveys as a method of data collection in previous UK retirement village research has demonstrated their value in describing characteristics of the resident population and providing context for detailed qualitative data. Such surveys have often included measures utilised in other similar studies as well as in large scale surveys, such as the English Longitudinal Study of Ageing (ELSA). In theory, this permits broad comparisons to be made between individual retirement communities as well as with national data, although there is limited evidence of this occurring. However, it was noted in Chapter two that most UK studies have been conducted in new retirement communities and some were in single-tenure developments. Of the studies in mixed-tenure communities, one (Hartfields) did not include a quantitative survey, and the another (Denham Garden Village) included two surveys but, to date, the published data derived from them have only been used selectively to look at the impact of moving within the village (Sim et al., 2012) and the extent to which the village can be considered an age-friendly environment (Liddle et al., 2014).

All seven of the studies listed in Chapter two have used individual in-depth interviewing and have demonstrated that it works practically and can be an effective method in such settings. Most studies have used semi-structured interview schedules consisting of a series of open-ended questions (e.g. Croucher et al., 2003; Evans and Means, 2007). In-depth interviews have also been employed in cognate housing research that explicitly focussed on 'listening to older people speaking about the fine grain of day-to-day experience encompassing environment in its widest definition' (Peace et al., 2006: 24). In this case, however, a slightly different approach was adopted: following discussions with older people, the researchers developed and employed a 'facets of life wheel' that was used as a research tool to prompt discussion. There has not yet been a published evaluation of the tool, so any assessment of its potential value is necessarily based on limited information in other publications arising from the study. According to Peace et al. (2006), the tool gave respondents greater control in the discussion by prioritising the topics that interested them, determining the order in which these were discussed, adding topics that they thought were relevant and ignoring those that they did not feel were important. The authors suggest that the use of this tool also enhanced interviewees' confidence in engaging in discussions.

Mixed-methods approaches have clearly been dominant in UK retirement community research, with findings from surveys and interviews appearing most prominently in published outputs. However, while publications arising from UK retirement community research have documented the mix of methods employed to collect data, the published outputs from these studies do not incorporate much discussion of the reasons for focusing more on the data produced from some methods (interviews, focus groups, surveys) than on those from others (diaries, photographic and observational methods). Nor do they describe in detail the specific ways in which methods and data were mixed in order to draw conclusions from the studies. Potential weaknesses of mixed-methods research more generally include: the assumption (if unwarranted) that mixed methods result in an end product that is more than the sum of the individual quantitative and qualitative parts; practical difficulties (e.g. financial, time) in collecting both quantitative and qualitative data; and synthesising the findings from the two

approaches (Gray, 2009). One way in which it is possible to address some of these potential issues is to ensure that a clear rationale for combining qualitative and quantitative methods is used to inform the selection of methods and analysis and the synthesis of findings.

The selection of methods for my own study required consideration of the types of data (qualitative, quantitative, or both) that would be most useful for addressing the research aims listed at the start of this chapter. In brief, qualitative research is concerned with social processes, context and meanings – the nature of phenomena being studied – rather than measurement of these in terms of quantity, amount, intensity or frequency (Dey, 1993; Denzin and Lincoln, 1994; Lewis and Ritchie, 2003; Mason, 2006a; Merriam, 2009). Qualitative researchers attempt to ‘make sense of, or interpret, phenomena in terms of the meanings people bring to them’ (Denzin and Lincoln, 1994: 2). Consequently, Mason (2006a: 16) argues that a broadly inductive logic informs much qualitative work, meaning that qualitative methods involve ‘exploring as fully as possible the situational contours and contexts of social processes, and then making strategic and theoretically driven comparisons with similar processes in other contexts, or similar contexts where different processes occur, to generate explanations’. Denzin and Lincoln (1994) argue that this process of exploration and explanation is shaped by the personal history, biography, gender, social class and ethnicity of the researcher and also of the individuals involved in the research. The product of, or outputs from, qualitative research can, therefore, be seen as representing ‘the researcher’s images, understandings, and interpretations of the world or phenomenon under analysis’ (Denzin and Lincoln, 1994: 3). In contrast, quantitative research focuses on measuring or predicting patterns, associations and changes in social phenomena. This means that quantitative methods can be used to collect substantial amounts of structured data from large population samples, providing detailed and quantified descriptions (Sapsford, 2006; Gray, 2009).

Having provided an overview of the methods used in previous UK retirement community studies, the next section of this chapter explains the rationale behind the use of mixed methods (qualitative and quantitative) in my own study.



### 3.2. Rationale for a mixed-methods approach

'Mixed-methods research' has become increasingly prominent as the preferred term for research that integrates quantitative and qualitative methods within a single project (Bryman, 2012). Notwithstanding the growing body of literature discussing how, and at what stages in the research process mixing occurs, Creswell and Garrett (2008) observe the trend towards considering mixed methods as a means of collecting, analysing, and using both qualitative and quantitative data within a research design – a classification that will be adopted in this study.

Much has also been written about the so called 'paradigm wars' between quantitative and qualitative purists (Johnson and Onwuegbuzie, 2004), resulting in two research cultures with 'one professing the superiority of "deep, rich observational data" and the other the virtues of "hard, generalizable"...data' (Sieber, 1973: 1335). Creswell and Garrett (2008: 322) note that 'despite substantial developments in mixed methods, the field of study is plagued by early growing pains such as debates and disagreements about core issues such as its essential nature'. Nonetheless, Bazeley (2004) states that mixed-methods research has more recently gained both acceptability and popularity. Others go further, suggesting that the paradigm wars are in decline (Brannen, 2009). While many research methods have historically been linked with certain epistemological and ontological positions, there is now a focus on approaches to mixing methods that move 'beyond paradigm wars and theoretical stalemates to find "effective ways of proceeding" and of facilitating creative and innovatory research that transforms our ways of seeing, and enhances our capacities for asking compelling questions about the social world' (Mason, 2006a: 22).

Rather than prioritising either qualitative or quantitative methods, the plan for my study was that the selection of methods would be driven by the research questions (Creswell, 2003; Punch, 2006; Allwood, 2012) and informed and contextualised by existing retirement community research. My research aims required both micro and macro consideration of multiple dimensions of individual experience, and of environment, in order to avoid the narrow

interpretations of personal experience and environment used previously in some environmental gerontological work. This multi-dimensional and multi-level approach to addressing the research aims also draws on two more general premises that are clearly articulated by Mason (2006a). She argues, first, that 'social (and multi-dimensional) lives are lived, experienced and enacted simultaneously on macro and micro scales' and, second, that 'social experience and lived realities are multi-dimensional and that our understandings are impoverished and may be inadequate if we view these phenomena only along a single dimension' (Mason, 2006a: 12;10). For example, residents' decisions to move to the village could be explored along many dimensions including, but not limited to: temporal aspects (the timings of the decision and the move); why the decision was made (what social, physical/spatial, psychological and emotional factors were important); and who else was involved. Contextual data (such as average distances that residents had moved; proportions of residents who rented or owned their new properties) were particularly important because of the mixed-tenure nature of DGV and the fact that there was little broad descriptive data published about this specific type of environment (i.e. a UK mixed tenure retirement community), and limited data from single tenure communities – particularly established ones.

Bryman (2006) notes that there are at least 16 rationales for combining quantitative and qualitative research, of which two – 'context' and 'completeness' – captured aspects of my rationale for mixing methods. Context describes the way in which one type of research can provide contextual understanding for the other (Bryman, 2012). In this study, quantitative data were intended to provide contextual information about the village environment at a community level, while qualitative data about individual residents' day-to-day routines and experiences and reasons for moving to the village were envisaged as providing a more individualised perspective. Completeness (similar to that described by Morgan (1998) and others as 'complementarity') refers to the idea that combining qualitative and quantitative research can provide a more comprehensive account than would be possible using just one type of data (Bryman, 2012). Even so, combining methods does not preclude them from being used to examine overlapping, as well as different, elements of a phenomenon (Gray, 2009: 213). In

my study, for example, residents' reasons for moving to the retirement village were explored using both qualitative and quantitative data. However, it can be argued that Bryman's notions of completeness and context are perhaps too simplistic to fully represent the rationale(s) for mixing methods in my study, particularly as they do not explicitly consider how the different understandings (resulting from multiple types of data) are combined.

It was contended earlier that this study required a multi-dimensional and multi-level approach in order to consider the complex interrelated dimensions of experience and environment at both micro and macro levels. On this basis, Mason's (2006b:9) strategy for mixing methods using a 'multi-dimensional logic' seemed to provide better rationale(s) for mixing methods in this study than any combination of those described by Bryman (2006). This fitted with taking a broad perspective on 'environment' that included both subjective and objective aspects as well as different dimensions such as social, natural and psychological. According to Mason (2006b:9), recognising the multi-dimensional nature of the social world and the often 'uneasy or messy tension' between different dimensions, is key to this approach. A multi-dimensional approach involves researchers having:

*the capacity and inclination to see beyond disciplinary, epistemological and ontological distinctions, without simply wishing to critique all others from the perspective of only one, or to subsume all others into one. (Mason, 2006b:10)*

This approach aims for explanations or discussions of mixed-methods research findings to be multi-nodal and dialogic, 'based on the dynamic relation of more than one way of seeing and researching' (Mason, 2006b:10). A multi-nodal account would draw on each source of data to explain different dimensions of experience, or different aspects of these dimensions. For example, quantitative methods could be used to measure levels of satisfaction with different aspects of the built environment, whereas qualitative data could provide insight into emotional and social experiences related to the built environment. Neither of these findings would be viewed as more important or more valid than the other but instead, a dialogue between them would be created. Each would be discussed in terms of how they differed or related to each

other, and how these differences and intersections could be explained and interpreted. Further details of operationalising this type of dialogic multi-nodal approach are given in Chapter four.

To summarise, the rationale for the use of mixed methods in this study was that a multi-dimensional, multi-level approach was required to address the research aims. This approach recognises the tensions between different dimensions, but aims to develop 'multi-dimensional ways of understanding, and deploying a creative range of methods in the process' (Mason, 2006b:10). The next section of this chapter considers the design that was used to guide the use of mixed methods (qualitative interviews and quantitative survey data) in this study.

### **3.3. Research design**

The research design of a study describes its overall plan and structure and 'can be regarded as the framework into which particular methods are fitted' (Sim and Wright, 2000:7). Sim and Wright (2000) list three basic types of research design as experimental, quasi-experimental and non-experimental. Previous research in UK retirement villages has mainly been non-experimental, in natural settings, using a mix of methods but, as stated earlier, there has been no in-depth discussion of research design in published reports and articles. More generally, a great deal of attention has been devoted to classification of mixed-methods research designs (Niglas, 2009), and some scholars now argue for the consideration of mixed-methods research as a separate research design in the social sciences (Creswell et al., 2003).

Currently, there is no consensus on the names or types of mixed-methods designs that exist or on how they should be represented visually to demonstrate the flow of research activities (Creswell et al., 2003). Configuring a procedure, or design, to guide the use of mixed methods requires consideration of several factors including: the level of emphasis placed on each method; the ordering of the qualitative and quantitative phases; and at what stage(s) mixing occurs (Morgan, 1998; Tashakkori and Teddlie, 1998; Johnson and Onwuegbuzie, 2004; Creswell et al., 2003).

According to Creswell and Plano Clark (2011), approaches to design that consider and interrelate multiple components of research design rather than placing emphasis on selecting a design from an existing typology, are best described as 'dynamic approaches'. In addition, designs can be fixed or emergent (or somewhere in the middle) depending on the extent to which the use of qualitative and quantitative methods is predetermined at the start of the process, and the extent to which this plan is implemented in practice (Creswell and Plano Clark, 2011). The use of mixed methods may change in response to issues or opportunities that arise during the research process. This can then result in differences between the planned and implemented design, meaning that the rationales given by researchers for adopting a mixed-methods approach to data collection and/or analysis are often not the same as the ways in which they actually combine the research in practice (Bryman, 2006).

A dynamic approach to research design, with both fixed and emergent aspects, was adopted for my study. This description is used in order to genuinely reflect the original (and unanticipated) plans for combining qualitative and quantitative methods, and to minimise the disparity between rationale and practice that Bryman (2012) identifies as occurring frequently in mixed-methods research. The approach was dynamic, in that the design was not selected from an existing typology and, as will be seen below, some aspects were fixed at the start of the study while other aspects were emergent. Secondary analysis of existing survey data and qualitative interviews are examples of fixed aspects of the design. Sampling was an emergent aspect, in that qualitative and quantitative methods and data were used in a way that had not been explicitly considered at the beginning of the study. Once specific qualitative and quantitative methods had been chosen (see later in this chapter for details), it became apparent that a sampling strategy based on quantitative data would be useful to identify residents who were likely to have a wide range of experiences and attitudes for the qualitative element of the study. Chapter four describes this process in detail.

Given that secondary analysis of existing survey data formed part of this study, and that these quantitative data were used in sampling for the qualitative method, some type of sequential

design was required. However, although the two types of data were collected at two different time points, the aim was not to use these data to look at change over time. Any focus on past issues was, therefore, based on individuals' retrospective accounts. In terms of structural features, this study can be described as having a non-experimental, longitudinal design and it was conducted within a natural context (research setting).

The specific methods selected for this study were in-depth qualitative interviews and quantitative surveys. The next section of this chapter will examine the appropriateness of using these two methods in the study.

### **3.4. Selection of research methods**

#### **3.4.1. Quantitative surveys**

Surveys involve the structured collection of data. They can be described as detailed and quantified descriptions of populations (Sapsford, 2006) or systems for collecting information in order to describe, to compare, or to explain knowledge, attitudes and behaviours (Fink, 2002). They allow for the collection of substantial amounts of data derived from large populations using questionnaires, structured observations or structured interviews (Gray, 2009).

As noted earlier in the chapter, both time and financial resources can present practical difficulties in mixed-methods studies. Platt (1996) argues that methodological choices are often steered by practical considerations rather than fundamental theoretical assumptions. Such practical considerations meant that it would not be possible to conduct a new survey of residents living in the retirement community as well as conducting qualitative interviews and drawing together both sets of data. Two surveys of residents had already been conducted at Denham Garden Village in 2007 and 2009 as part of the Longitudinal study of Ageing in a Retirement Community (LARC). Primary analysis of the quantitative data from these surveys was intended by the research team in relation to the impact on residents of moving within the village during redevelopment (Sim et al., 2012), and the age-friendliness of the environment

(Liddle et al., 2014). No other analyses of the survey data were intended, providing the opportunity for secondary analysis in this study.

Lewis (2003:76) describes secondary analysis as 'returning to a data set which was collected for one set of purposes, to re-examine it with a slightly different set of objectives'. It is recognised that there can be a number of issues associated with conducting secondary analyses because the research questions being explored are unlikely to have been central to the original methodology, and can therefore limit the depth of secondary analysis (Lewis, 2003). There may also be issues in terms of the information available about the original data collection, or the quality of this collection (Lewis, 2003). In addition, Bryman (2012) identifies a lack of familiarity with data as a limitation of secondary analysis of quantitative data. However, in this case the researcher was part of the LARC research team and therefore had a detailed knowledge of the methods used in collecting the original data, the questions asked in the survey, as well as familiarity with the data itself.

Details of the survey design and data collection were evidenced in the detailed technical reports produced by the LARC study team (see Appendix 2). Design of the questionnaires drew on: the previous work undertaken in UK retirement communities discussed in Chapter two (e.g. Bernard et al., 2004; Bernard et al., 2007; Croucher et al., 2003; Croucher et al., 2006; Darton et al., 2008; Evans and Valletly, 2007); work with older people living in other environmental settings (e.g. Phillipson et al., 2001; Scharf et al., 2002; Smith et al., 2004); wider surveys of older people (e.g. ELSA); and accepted validated measures and tools (e.g. the CASP-19 and CES-D 10). The questionnaire was piloted with a focus on identifying and resolving any issues with: the flow or format of questions; the time taken to complete the questionnaire; respondent interest and attention; questions that appeared to make the respondent feel uncomfortable; questions that had to be repeated or appeared to be misinterpreted; sections where respondents seemed to want to provide more detail. Further details of the original survey design and data collection are provided in Chapter four.

### 3.4.3. Qualitative interviews

Qualitative methods can be divided into those that focus on naturally occurring data (such as observation or documentary analysis) and those that generate data through the research methods (such as interviews or focus groups) (Ritchie, 2003). Interviews are one of the main methods used to generate data in qualitative research, and the personal accounts that they elicit are valued because of their power in 'helping people to make explicit things that have hitherto been implicit – to articulate their tacit perceptions, feelings and understandings' (Arksey and Knight, 1999:32). In other words, qualitative interviews take advantage of the way in which language can shed light on meaning (Legard et al., 2003).

My research aims outlined in Chapter two focus on understanding residents' experiences, suggesting that a method was needed that captured residents' own accounts of their attitudes, beliefs and behaviours, as well as their reflections on their lives in the village. While there were several methods that could potentially generate this type of data, including focus group discussions, a key feature of one-to-one interviews is that they provide an 'undiluted focus on the individual' (Ritchie, 2003: 36).

In-depth interviews are intended to combine structure with flexibility (Legard et al., 2003). Arthur and Nazroo (2003) note that the extent to which the structure and coverage of data collection can be envisaged or planned in advance is a factor that varies across studies. In some studies there will be a strong sense in advance of the issues that need to be explored, so there will be a broad set of issues or areas about which people's experiences and thoughts are sought. The interview 'will involve in-depth probing and questioning that is responsive to participants and...their individual experiences and context' across key areas, but there will still be 'scope for participants to move on to these areas spontaneously, and the researcher will still be open to unanticipated issues raised by participants' (Arthur and Nazroo, 2003: 110). The literature review for this study (Chapter 2) highlighted the need for further research in a UK context that focused on everyday life. Drawing together findings from previous research in retirement communities for this review gave a relatively clear picture of the key topics that



were relevant to discussions about everyday life, such as health and well-being, social relationships and participation. This suggested that the interviews should focus on individual experiences and contexts across these key areas, while not ruling out the possibility that others may arise.

Various issues are important to consider when designing and conducting interviews, including appraising their quality. Transparency is particularly relevant to considering the quality of interviews, but is often an issue because reports are unclear in terms of what the researcher did and how he or she analysed the data and arrived at particular conclusions (Bryman, 2012). Despite this being a common problem, the solution is relatively simple, in that it requires researchers to describe all aspects of the research process in detail, including how participants were selected, and the way in which data analysis was conducted. Such details relating to my study are presented in Chapter four.

Issues around power and control in interviews are also important to consider. Different theoretical perspectives have led to different interpretations of, and approaches to, addressing such issues in relation to research methods (Legard et al., 2003; Olesen, 2000). Features common to many emancipatory approaches include a focus on reflexive and interactive interviewing that attempts to avoid objectifying the participant by lessening the distinction between the roles of researcher and participant (Legard et al., 2003). Interviews are viewed as collaborations with shared negotiation of coverage, language and understanding. In addition, the researchers are able to express their own feelings and give information about themselves rather than maintaining a constant role of the neutral questioner. These features are exemplified by feminist approaches, among others, that have advocated critical consideration of interactions within interviews in terms of power and control (e.g. Oakley, 1981; Finch, 1984). Chapter four considers these issues further in terms of the impact of interviewer characteristics and approach on the form and quality of interviews in this study.

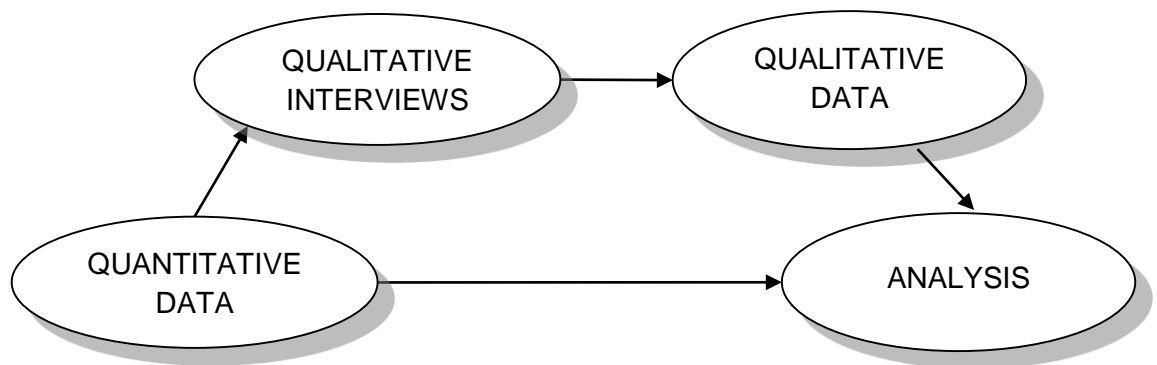
### **3.5. Conclusions**

This chapter has outlined the rationale behind adopting a mixed-methods and dynamic approach to constructing a research design and data collection methods for my study, which allows for fixed and emergent aspects. Such an approach supports the emphasis on a broad understanding of 'environment', and in-depth exploration of residents' experiences of everyday life in the context of the wider community. A key feature of survey data is to provide descriptions of groups or populations, while a focus on individuals in qualitative interview data provides the complementary in-depth understanding of the personal experience and context. The implementation of this methodological approach, including specific details of the fieldwork undertaken and how the methods and data were mixed, are discussed in the next chapter.

## Chapter 4: Methods

Chapter three described the reasoning behind the adoption of a mixed-methods approach, combining quantitative survey data and qualitative interviews, to address the research aims in this study. Chapter three also highlighted the importance of transparency in allowing the quality of research to be assessed, demonstrating the need for researchers to describe all aspects of the research process in detail. This chapter, therefore, provides an account of the research process, including the fieldwork that was undertaken and how the methods and data were mixed and analysed.

To set my approach and choice of methods in context, it is important to note that my PhD study was affected by changes in plans for the LARC study at DGV. At the start of my study it was anticipated that the LARC team would be given the opportunity to extend the research programme to create a major longitudinal study over a ten-year period. However, the funding for this opportunity was withdrawn and the research team were requested to complete all fieldwork at DGV by the end of July 2010. Given that I had no separate formal agreement with DGV for my PhD study, the change in arrangements for LARC meant that, in practical terms, I needed to employ a method of data collection that I could implement and complete quickly. While I had already decided on a mixed-methods approach, I would potentially have considered more innovative data collection methods such as a 'go-along' approach (e.g. Kusenbach, 2003) if I had not been limited by time. On reflection, the experience of such an unanticipated impact is a reminder to myself and other researchers in a similar position to consider 'protecting' or formalising arrangements for studies that are associated with a wider programme of work. Nonetheless, as outlined in this (and the previous) chapter, I believe that using a more conventional method – qualitative interviews – did enable me to collect the type and quality of data that I required to address my research questions. As noted in Chapter three, visual representations of mixed-methods research designs are commonly produced to display the overall flow of research activities (Creswell et al., 2003). Figure 4.1 presents the flow of research activities in my study. Arrows are used to indicate the sequence of activities.

**Figure 4.1: Model of study research design**

To summarise, existing quantitative survey data influenced the development of the qualitative method (in-depth interviews). Initial analyses of the quantitative data informed the selection of topic areas for the qualitative interviews, and were also used to select the sample of residents who were invited to take part in interviews. Quantitative data were also used to produce background contextual information about interviewees in order to remove the need to duplicate previous discussions with residents during the subsequent qualitative interviews. Both qualitative and quantitative data were then drawn together at the analysis stage. The following sections of this chapter discuss these research activities outlined in Figure 4.1 in more detail.

#### **4.1. Quantitative data**

Quantitative data were not collected as part of my study, but were drawn from two surveys conducted as part of the Longitudinal study of Ageing in a Retirement Community (LARC). LARC was a mixed-methods study that used a range of methodological approaches including two quantitative surveys and various qualitative methods including observation, diaries, interviews, directed writing and photographic/audio-visual work. The wave 1 survey took place in 2007 and provided data from 73% (122) of all eligible residents who were living in Denham Garden Village at the time. The wave 2 survey was conducted in 2009 and collected data from 63% (156) of all eligible residents. Although these surveys were not conducted as part of my

PhD study, I was involved in the recruitment and data input for the wave 1 survey, and in the design, data collection and data input and cleaning for the wave 2 survey as part of my role as Research Associate on the LARC study.

The broad topic areas in the LARC surveys were:

- Socio-demographic information (including age, sex, ethnicity, marital status, household composition, education and training, housing tenure and length of residence at DGV)
- Work and employment history
- Housing (including previous housing history and reasons for moving to DGV)
- Mobility within and beyond DGV
- Satisfaction with facilities at DGV
- Physical health, mental health and well-being
- Social and civic activities
- Family and social relationships
- Help, care and support
- Income and wealth
- Future expectations

Measures and tools incorporated into the surveys included:

- CASP-19 Quality of Life measure (Hyde et al., 2003)
- CES-D 10 Center for Epidemiologic Studies Short Depression Scale (Radloff, 1977)
- De Jong Gierveld Loneliness Scale (De Jong Gierveld and Kamphuis, 1985)
- SF12 Health measure (Ware, Kosinski and Keller, 1996)
- SWLS – Satisfaction With Life Scale (Diener et al., 1985)
- HOOP – Housing Options for Older People (Heywood et al., 1999)
- NCI – Neighbourhood Cohesion Instrument (Buckner, 1988)
- PANT – Practitioner Assessment of Network Type (Wenger, 1995)

In most cases the full measures were included in the LARC surveys, but in some instances only individual questions from a particular measure or tool were incorporated.

All questionnaires were completed in face-to-face interviews with residents in their own homes. Most interviews lasted for at least an hour, though in some cases they were considerably longer. Members of the LARC research team administered the wave 1 questionnaires between mid-April and mid-June 2007. The wave 2 questionnaires were administered by myself and other members of the LARC research team between the end of April and the beginning of August 2009. I administered 52 (33%) of the total number of questionnaires at wave 2. Further details of the survey design and data collection are available in Appendix 2.

## **4.2. In-depth qualitative interviews**

### **Sampling**

The selection of participants for qualitative interviews in my study was purposive, in that members of the sample were 'chosen with a "purpose" to represent a location or type in relation to a key criterion' (Ritchie et al., 2003a:79). The sample of residents at DGV could have been chosen based on many different socio-demographic characteristics such as age, gender, living arrangements, accommodation type, length of residency, tenure, membership of the Licensed Victuallers Association, or health and well-being. My intention was to interview a relatively small number of residents in-depth (around 20), and so while it was important to capture this diversity in the sample, it would have been difficult to develop a recruitment strategy based on such a broad range of characteristics. The aim of the interviews was not to look specifically at any one of these individual characteristics, but to gather data from a range of residents about their lifestyles and day-to-day activities and experiences.

In order to maintain the focus on residents' experiences, and to conduct interviews with residents who were living different lifestyles at DGV, I decided to use Quality of Life (QoL) scores from the surveys to select residents to invite for interview. QoL was not thereby a

central theoretical strand in my study, but provided a basis for sampling. Previous research indicates connections between many aspects of everyday life and QoL, and factors such as social relationships and roles, activities, the home environment, psychological outlook, health and finances, all of which are suggested as central to older people's perceptions of QoL (e.g. Bowling et al., 2003; Walker and Hagan Hennessy, 2004; Bowling, 2005). It has also been identified that a range of factors are associated with changes in older people's QoL, for example changes in: age; marital status; depressive symptoms; disability in relation to activities of daily living; social networks; caring for grandchildren; and employment (McCrorry et al., 2014). Based on these connections I believed that residents who had different scores from each other, or whose scores had changed in different directions between the two surveys, were most likely to have a range of attitudes and day-to-day experiences. The CASP-19 scale was developed to measure the QoL of older people (Hyde et al., 2003) and is a summative scale with 19 items (see Appendix 3). Each item is scored between 0 and 3 depending on the respondent's answer ('often', 'sometimes', 'not often' or 'never'), giving a possible range of scores of 0-57, with higher scores indicating better quality of life. CASP-19 QoL scores had been collected in 2007 and 2009 in the LARC wave 1 and wave 2 surveys (wave 1:  $n=122$ ; wave 2:  $n=156$ ). These scores were available from both waves for 62 residents.

I initially divided the 62 residents into thirds according to tertiles on their CASP-19 scores from the wave 1 LARC survey. This resulted in three groups with scores of 19-39, 40-46 and 47-57. I used these ranges as the basis for determining whether individual residents' scores at each wave were 'low' (19-39), 'mid' (40-46) or 'high' (47-57) on the scale in relation to other residents. I then categorised each of the 62 residents according to whether their CASP-19 scores at waves 1 and 2 of the LARC survey were in the same band (low, mid or high), or had changed bands. This resulted in five groups of residents:

1. 'high' at wave 1 and 'high' at wave 2 (nine residents)
2. 'low' at wave 1 and 'low' at wave 2 (15 residents)

3. change of band – lower to higher ('low' to 'mid'; 'low' to 'high'; 'mid' to 'high') (eight residents)
4. change of band – higher to lower ('high' to 'mid'; 'high' to 'low'; 'mid' to 'low') (20 residents)
5. 'mid' at wave 1 and 'mid' at wave 2 (ten residents)

My aim was to interview five residents from each of the first four groups ( $n=52$ ), and to conduct pilot interviews with four residents in the fifth group because I considered this group to be potentially the least likely to yield rich insights in the main interviews. This phase of my research had to be conducted substantially earlier than I was anticipating due to news that the LARC study itself would be ending early, and that my fieldwork would, therefore, need to be completed by the end of July 2010.

### **Development of the interview guide**

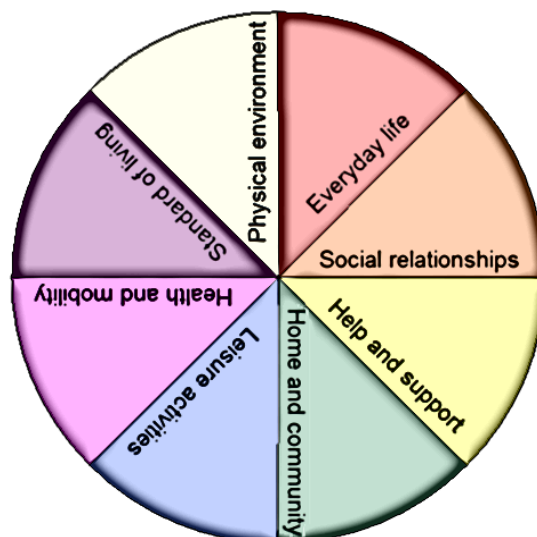
I developed a semi-structured qualitative interview guide, drawing on the 'facets of life' approach employed by Peace et al. (2006), discussed in Chapter three. Peace et al. (2006) designed the approach as a way of looking at the person-environment relationship in relation to housing and quality of life through an exploration of the day-to-day experiences of older people. The residents who took part in their study were living in a variety of housing types, including mainstream housing, sheltered housing schemes and residential care homes (Peace et al., 2006). Peace et al. (2006) used a wheel with sections representing different topics and prompts associated with these topics. Respondents could rotate the wheel to control the order of the interview content and to prioritise the order of topics as they wished to. The sections of the wheel were: the past; self; home; staying indoors; living arrangements; getting out and about; neighbourhood; what else? More structured questions were also used to collect data on other aspects such as age, housing, health, finances, quality of life and personality characteristics.

This approach enabled Peace et al. (2006) to underpin their research with a broad interpretation of 'environment', and also aimed to engage interviewees in actively contributing



to the direction of the interview – two features that were discussed in Chapter three and that I wished to incorporate in my own study. Potentially, the tool appeared to offer a way of prioritising these features within my interviews. However, the tool had originally been designed to work in a variety of housing contexts, and with a particular focus on environment and identity. All participants in my study were living in the same retirement community, albeit in differing housing and tenure types. The mixed-methods nature of my research also meant that I wanted to ensure that my qualitative data would fit broadly with the topics covered in the existing LARC surveys. Before piloting, I therefore adapted the wheel to create my own version (Figure 4.2), along with an interview guide containing a list of prompts that would map onto the areas covered by the LARC surveys (Appendix 2). The facets of life wheel has since been adapted by other researchers to match segments of the wheel to particular aspects of life or issues that were relevant to their own research aims (Katz et al., 2011; Blood et al., 2012), but this research had not been published at the time I was designing my study. The categories I incorporated were: everyday life; social relationships; help and support; home and community; leisure activities; health and mobility; standard of living; physical environment.

**Figure 4.2: Adapted version of the ‘facets of life’ tool**



### **Piloting the interview guide**

I piloted the interview guide with four residents whose CASP-19 scores placed them in the fifth group of residents (those with mid scores at waves 1 and 2). For these pilot interviews I intended to approach as many residents in the fifth group as necessary, until I had recruited four. However, the first four potential interviewees all agreed to take part so it was not necessary to contact others in the fifth group. These interviews took place in June 2010 in residents' homes. After each interview, I made notes about my reflections on the interview process. I then made some fairly minimal amendments to my interview guide based on my reflections. For example, I had noted that it was difficult to maintain the flow of conversation in the interview at the same time as referring to the guide to check for key prompts or topics. In order to try and help with this issue, I reduced the length of some of the sentences/bullet points on the guide, and split the text within the guide so that each topic on the wheel related to a separate page of the interview guide. I hoped that cutting down the amount of text in the guide would encourage me to take a more flexible approach to the interview rather than reading verbatim from the guide.

The main outcome of my pilot interviews was that I realised I needed to think more about how I was going to conduct the interviews in order to get good quality data and elicit meaningful responses. My interviewing experience before this point had largely come from conducting face-to-face quantitative surveys with residents. In addition, all of the residents with whom I was hoping to conduct qualitative interviews had also experienced taking part in this method of data collection. The LARC survey interviews had taken place in residents' homes – like my qualitative interviews would do – and due to their quantitative nature, they had followed a quick question and answer format, where very few questions were open-ended and residents had to select many of their responses from a predetermined list of answers. After the first two pilot interviews I felt that due to the recency, location and context of the LARC survey interviews, both myself and the residents I was interviewing were still interacting too much in

the style and format of the survey interviews. I realised that I needed to change my approach in order to create the feeling of a different type of interview for residents, and to elicit richer, more detailed qualitative responses from them.

I revisited notes that I had made on qualitative interviewing techniques, particularly those around not being afraid to leave silences in the interview and remembering to focus on listening to what residents were saying, or were not saying, and following this up with further prompts where necessary (Legard et al., 2003). I wrote some brief reminders for myself on the top of my interview guide in order to help me to focus on these points throughout my second set of pilot interviews.

The second set of two pilot interviews seemed to flow more naturally as I became less concerned about the need to cover every point in the topic guide. I felt that my interviewing skills also improved as a result of focusing on following up with prompts rather than moving on to the next topic, and began to become less dependent on the topic guide. However, I wondered if the interviews were duplicating too much structured information that had already been recorded in the LARC surveys. This not only added to the length of the interview, but I was also concerned that it had the potential to leave residents feeling that their previous contribution to the survey had not been necessary or valuable.

I decided to compile a list of basic socio-demographic data for each interviewee based on their responses to the LARC surveys, which I could take with me to the interview as an aide-mémoire. An example is included in Table 4.1.

**Table 4.1: Example aide-mémoire**

Background	<p>86, English</p> <p>Married, lives alone (wife in nursing home)</p> <p>Leaseholder, non-LVNH</p> <p>Retired from paid work (Civil servant, Ministry of Defence)</p> <p>QoL 'very good' (Wave 1 'good')</p> <p>Leaves village at least once a week (W1 once a day)</p>
Social relationships	<p>2 children (6-15miles) sees and phone weekly</p> <p>(W1 – children see/phone 2/3 times week, and distance 1-5miles)</p> <p>Friends in village (sees weekly), none outside</p> <p>(W1 no friends inside or outside village)</p> <p>Chats to neighbours weekly</p>
Help and support	<p>Help with housekeeping and laundry from DGV staff</p> <p>'very satisfied' with help from staff</p> <p>Feels more support would be available if needed</p>
Home and community	<p>Lived in DGV for nearly 4 years</p> <p>Previously living in Kent for 25 years, own 3-bed house (23 years), then 2-bed flat (2 years)</p> <p>Main reasons for leaving – health of wife and difficult to see daughter</p> <p>Reasons for choosing DGV – meeting care needs of wife and closer to family</p> <p>Would be 'happy' if had to move away</p>
Leisure activities	<p>Swims, indoor bowls/table tennis/snooker, golf, bridge/whist/chess/rummikub, restaurant/café, coach trip to Uxbridge, forum meetings</p> <p>(Wave 1 – 'never' for activities – wife's health, but went to Probis talks/lectures)</p>
Health and mobility	<p>Has a car</p> <p>No LIs, no problems with eyesight, problems with hearing</p> <p>Rates health as 'very good', 'somewhat worse' now than year ago (Wave 1 – 'excellent', no probs with hearing)</p> <p>'not sure' if DGV would still suit if health was worse (W1 yes)</p>

**Table 4.1 cont.**

Standard of living	'Living comfortably', 'can pay without problem'
Physical environment	Uses shop, café bar, hall, swimming pool, activity room

The aim of the aide-mémoire was to provide myself with some contextual information about residents' lives, and also to facilitate me in asking residents about their everyday lives in relation to specific individual characteristics that might impact on their views and experiences of living in DGV. I also made a note of any changes in residents' responses between the wave 1 and wave 2 surveys that it might be useful to be aware of and/or to explore further in interviews. For example, Table 4.1 shows that that this resident was perhaps having less contact with his children than he had previously, and that he seemed to have started taking part in activities that he was not participating in at wave 1.

### **Recruitment of the sample**

My aim was to conduct my interviews with five residents from each of groups 1-4 ( $n=52$ ). I prioritised the residents within these groups according to their CASP-19 scores: for groups 1 and 2, I chose the residents with the highest and lowest scores first; and for groups 3 and 4, I chose those residents whose scores had increased or decreased by the largest amounts between the two waves of the survey. Three of the 52 residents had died or moved out of DGV since the wave 2 LARC survey – all were in group 2. All the residents I was hoping to interview had been involved in the LARC study over several years, and many of them knew me through my role as Research Assistant for LARC. For these reasons, I felt that it would be appropriate to contact residents by telephone.

I telephoned each resident I was hoping to interview and explained the purpose of the interviews. I explained that the interviews were for my PhD, which was linked with the broader LARC project. If they agreed to take part, I then set an interview date with them and posted

them a copy of the general information sheet about LARC (Appendix 4), and an appointment card as a reminder (Appendix 5). In total I contacted 23 of the remaining 49 residents. Two did not wish to take part – one from group 2 because of health reasons and one from group 1 who was 'not interested'. All the other residents I spoke to agreed to participate, although one from group 4 was subsequently unable to do so because she became ill and was taken into hospital the day before the interview. The resulting sample appeared to comprise residents with a broad range of socio-demographic characteristics, and these are described in detail in Chapter five.

### **Conducting the interviews**

The interviews took place in residents' homes in June and July 2010. When I arrived at each property, I explained again who I was and checked that residents were still willing to take part in interviews. I also showed my University ID badge when arriving at residents' houses to confirm my identity. I ensured that I let residents decide where we sat in their homes, but turned to face them if we were not sat opposite each other. I asked all residents if they had received the information sheet, briefly explained what the purpose of the interview was, and asked if they had any questions before we started. I confirmed that they were aware that I would be recording the interview but that the data would be typed up and anonymised. I then asked all residents to read and sign a consent form (Appendix 6).

In most cases the interviews were one-on-one, but in a few cases there was another family member present. Each interview lasted between 1 and 1 ¾ hours. I used a digital recorder to record the interviews, and told residents when I was starting and stopping the recorder. At the end of each interview I thanked residents for taking part, checked that they were happy for me to use the recordings, and asked if they had any further questions. I also sent a notecard to each resident in the post after the interview to thank them again for participating.

After each interview I wrote down my thoughts and reflections about the interview in a short descriptive paragraph. This generally included my perceptions of each resident's demeanour

at the time of the interview, the physical surroundings of the location in which the interview took place, and any other factors that seemed prominent to me at the time. I typed up these notes to be included with the transcripts of the interviews. The aim of writing notes was to provide me with additional contextual information when I was analysing the data and subsequently writing up the analysis.

Although successful use has subsequently been reported by others (Katz et al., 2011; Blood et al., 2012), one of my main observations about the interviews generally was that I did not feel the topic wheel particularly worked well in the context I was using it in. Residents tended either to dismiss the wheel and tell me that they would prefer me to ask the questions, or to state that they wished to use it in a systematic way and take each topic in order – usually going round the wheel in a clockwise direction. However, a few residents did choose to cover the topics in a different order – usually starting with one that they described as being ‘easy’ or one that they perceived had positive aspects in their lives.

### **Transcription of interview recordings**

I transcribed six of the interviews in full myself, and the remaining interviews were fully transcribed by a transcription company that complied with the necessary ethical requirements (see data management and storage section for more detail). I then checked each transcript carefully against the recording to correct any errors, and read through the transcripts again to anonymise the names of any residents, family members, friends or staff mentioned in the interviews. Consequently, all resident names used throughout this thesis are pseudonyms.

## **4.3. Research ethics**

The next sections of this chapter provide an account of the guidelines, methods and processes that I adopted to address ethical issues when carrying out my study, including those around power and control discussed in Chapter three.

### **Formal ethics approval**

My PhD research formed part of the broader LARC study, which had received ethical approval from the University. The LARC team (including myself) had all undergone criminal records bureau (CRB) checks. I received confirmation from the Chair of the University Research Ethics Committee that my role as Research Associate on LARC meant that I was not required to go through the ethics approval process again for my PhD (see Appendix 7).

### **Ethics guidelines**

My research was guided by the British Society of Gerontology (BSG)'s (2008) 'Guidelines on Ethical Research with Human Participants' and the Social Research Association (SRA)'s (2001) 'Code of Practice for the Safety of Social Researchers'. Throughout my research I endeavoured to ensure that I was behaving in a way that was in line with the ethical principles guiding this type of work (as listed in the BSG guidelines), including treating participants with respect and dignity and respecting the assurances given to participants for example regarding confidentiality. I was also able to benefit from the support and advice of the LARC research team (which also included my PhD supervisors) throughout my fieldwork. While I undertook the research on my own as an individual researcher, regular contact with my supervisors and meetings with the LARC team ensured that I did not feel isolated and had a group of experienced researchers to act as a sounding board when any issues arose in my fieldwork.

### **Power and control**

In line with the BSG (2008) guidelines, I was careful not to put pressure on individuals who were unsure about taking part in an interview with me. I was fortunate that most of the residents I approached were willing to participate, but I made it clear that they had the option of changing their mind at any time. When I arrived to conduct the interviews I checked again that residents were still happy to take part, and ensured that they were aware they did not have to answer any questions or talk about any issues that they felt uncomfortable speaking about. As noted earlier, all participants were asked to sign a consent form confirming their



agreement to take part. This form incorporated items suggested by Denscombe (2003), including a brief statement about the purpose and methods of the study, what the participant's role would be, and what would happen to the data collected. In order to provide residents with the option of changing their minds about taking part or raising any issues about me or the research, all those who agreed to take part were sent an appointment card and information sheet, which listed the contact details for myself and for the LARC research team. This procedure also sought to ensure the safety of participants in terms of reinforcing my name and my arrival time, and had the added benefit of increasing the likelihood that they would be at home at the time of the scheduled interviews.

My pilot interviews included questions (at the end) to residents about whether I had asked them anything surprising or anything that they felt uncomfortable with. This would have provided me with the opportunity to review my interview schedule or my interviewing style if necessary, although no issues were raised by residents. However, despite taking all the necessary steps to minimise the risk to participants, there were occasions where residents became visibly upset during interviews, for example when talking about the recent loss of a partner. I endeavoured to exercise my professional judgement in these situations, and always explicitly offered residents the option of stopping or postponing the interview.

During interviews I attempted to avoid contributing to any perceived power imbalances by using a conversational style of interviewing to lessen the distinction between myself as researcher and residents as participants (Hawes, 1994; Legard et al., 2003). However, it was also important to balance this with managing the interview process in terms of timing and staying focused on the research topics (Legard et al., 2003). I was also aware that my own characteristics would impact on my relationships with residents and how they felt and behaved during the interview (Lewis, 2003), particularly given that I was substantially younger than all participants and was likely to differ from residents on other socio-demographic factors. While some argue that matching researcher and participants on key criteria is helpful to ensure affinity and credibility, and to reduce power imbalances (Oakley, 1981; Finch, 1984), this

argument is contested by others on the grounds that assumptions about shared experiences can lead to participants giving less detailed accounts, and interviewers seeking less explanation or clarification of these accounts (Hammersley and Atkinson, 1995; Thompson, 2000). Either way, it was not possible for matching to take place in my study as I was the sole researcher. However, as Lewis (2003:66) points out, 'ultimately, matching is no substitute for developing high quality fieldwork skills, having empathy and respect for participants, being reflective about participants' social worlds as well as one's own, and being able to listen and understand'.

### **Interviewer safety**

I also took steps to ensure that my personal safety was not compromised during the research. I was already familiar with the research site at DGV prior to beginning my research because of my work on the LARC study, so this removed the need for me to spend time visiting the area to establish spatial and visual familiarity with the village. I ensured that I informed the LARC team administrator of the date, time and location of all interviews I arranged with residents, and I telephoned the LARC office after each interview to confirm that I had finished. The SRA (2001) guidelines recommend that account is taken of the effects of intensive spells of fieldwork on researchers. I was limited in the timeframe for conducting my interviews because of issues related to the broader LARC project end date, but attempted to ensure that I did not schedule more than four interviews in one day.

### **Data management and storage**

All data from my research were anonymised and then stored electronically on the Keele University Blackboard system in accordance with the UK Data Protection Act (1998). The files could only be accessed by members of the LARC team and key IT personnel. Participants were given unique identifiers and pseudonyms to ensure confidentiality of their identities. Data were password protected and stored separately from the list of resident identifiers and contact information (also password protected) to maintain anonymity.

The transcription company I used was one of the University's approved suppliers of transcription services. Before sending any recordings to the transcription company, I contacted them to find out about their policies on data management and storage. They confirmed that they could send and receive encrypted documents and transcripts to ensure that data was sent securely. In addition, their policy was to store any content sent to them for transcription for no more than 30 days. Their terms and conditions stated that their transcribers had all signed confidentiality agreements with the company.

Once I had anonymised the interview transcripts, I checked each one for accuracy against the original recordings. I made any necessary changes to the text before saving these transcripts as the final versions that would be used for analysis.

#### **4.4. Data analysis**

My rationale for adopting a multi-dimensional logic for mixing methods (Mason, 2006a; 2006b) was described in Chapter three. Thus, my approach to data analysis was shaped by Mason's (2006a) ideas about linking data to develop multi-nodal explanations, rather than attempting to integrate data to produce one consistent account or explanation. On this basis, my initial analyses of both sets of data (qualitative and quantitative) were conducted in parallel to ascertain what findings and explanations would arise from each. While these two processes of analysis were concurrent, the sections below describe the detail of each separately. The mixing of my data sources occurred at the stage when I began writing up and interpreting my findings.

##### **Initial quantitative data analysis**

The first step in my secondary analysis of the quantitative survey data was to read through the wave 2 survey questionnaire and identify single questions (or sets of questions comprising standardised measures) that I believed were relevant to my research aims. The questions and measures I identified broadly fell into three categories: questions about sociodemographic characteristics; questions about the types and frequencies of activities that residents

participated in; and questions about residents' satisfaction with aspects of their everyday lives. I then used SPSS statistical software to produce descriptive statistics for each of these survey questions.

Some questions required combining data from both the wave 1 and wave 2 surveys. For example, Chapter six explores residents' reasons for moving to DGV. Residents who took part in the LARC surveys were first asked to select the reason(s) why they left their last home, and then to narrow this list down to one main reason. Residents could choose from a list of options as well as giving additional reasons in an 'other' category. Residents who completed both the wave 1 and wave 2 questionnaires did not complete the questions about moving to DGV again at wave 2. In Chapter six, I combined data from the 84 residents who only took part at wave 2 with data from 122 residents who took part at wave 1, to give an overall picture of residents' reasons for moving ( $n=206$ ).

Analysis of the quantitative data also involved calculating residents' scores for several measures – the CESD-10 depression scale, the CASP-19 quality of life scale and the de Jong Gierveld and Kamphuis loneliness scale. For each of these scales I calculated overall mean scores and standard deviations using SPSS, as well as looking at the range of scores. For the CESD-10 and loneliness scales, I also calculated the numbers and percentages of residents whose scores lay within each category or above the cut-off score. People respond to the CESD-10 by rating each item in terms of the frequency with which they have experienced the mood or symptom during the past week, using a four-point scale ranging from zero (none of the time) to three (most of the time) (Radloff, 1977). A score is calculated by totalling all item scores (after reversing positive mood items).

Scores on the de Jong Gierveld and Kamphuis loneliness scale range from 0 to 11. It is recommended that scores of 0-2 categorise people as not lonely, scores of 3-8 indicate moderate loneliness, scores of 9-10 represent severe loneliness and scores of 11 indicate that someone is very severely lonely (de Jong Gierveld and Kamphuis, 1985). The scale can also be split to indicate the type of loneliness – social or emotional – where higher scores indicate

higher levels of loneliness. Emotional loneliness scores can range from 0 to 6 and social loneliness scores can range from 0 to 5. Social loneliness occurs when a person has fewer relationships with friends than they desire, whereas emotional loneliness refers to a situation where someone does not have the intimate, close relationships or emotional attachments that they desire, such as from a partner or best friend (Weiss, 1973).

Scores on the CESD-10 depression scale can range from 0 to 30, and it is recommended that a score of 10 is used as a cut-off point to indicate depressive symptomatology (Andresen et al., 1994). While the tool is a screening measure not a diagnostic tool, it identifies depressive symptoms, and higher scores indicate higher levels of depression. Scores on the CASP-19 scale can range from 0 to 57, with higher scores indicating better quality of life (Hyde et al., 2003). Each of the 19 items is scored on a four point scale ranging from zero (never) to three (often), and these scores are totalled to give an overall score for quality of life.

### **Initial qualitative data analysis**

My initial approach to qualitative data analysis was thematic, in that I sought to identify, examine and report patterns and themes within my data. I mainly drew on procedures for thematic analysis outlined by Braun and Clarke (2006), but also on those described by Dey (1993) and Ritchie et al. (2003b) as forming the basic core of most qualitative analytic approaches. These procedures include reading and annotating, categorising, and making connections.

The specific process I used for analysis of my qualitative data began with reading the transcripts several times in order to achieve familiarity with the data (Ritchie et al., 2003b; Braun and Clarke, 2006). This stage of analysis also involved noting down features of the data that stood out to me as interesting or unexpected. While there are advantages to using computer software during qualitative data analysis procedures, I chose to complete the first few stages of my analysis using paper and pen. My past experience was that this was helpful both for ease of reading the data and for quickly noting down my thoughts. I worked

systematically through all my transcripts, labelling segments of data. Many different terms are commonly used to describe this process, so I have chosen to refer to these labels as 'codes', and to this stage of analysis as 'coding' my data. Ritchie et al. (2003b) point out that these codes may refer to features in the data such as attitudes, behaviours, motivations or views. At this stage of my analysis, examples of my codes included 'feeling lucky', 'involvement of others in decision to move' and 'perceived inconsistency of care services'. Once I had coded my data on paper, I used NVivo 8 computer software to tag and name each section of text in my transcripts with the code(s) I had developed, in order that I would be able to easily access and review all data extracts relating to each individual code.

The next stage of analysis was to organise my codes under broader themes (Braun and Clarke, 2006). My development of these themes involved considering how different codes could be combined to form overarching themes and sub-themes though, as Braun and Clarke (2006) highlight, some initial codes became themes themselves rather than codes within a broader theme. Chapter six contains a thematic map of the seven themes and sub-themes that I developed (Figure 6.1) and Chapters six to eight provide the supporting data and detailed discussion of these themes and sub-themes.

Once themes have been developed and refined, Braun and Clarke (2006) suggest that a detailed analysis of each individual theme should be conducted and written up (see Chapters six to eight). My experience accorded with Braun and Clarke's (2006:15) view that 'writing is an integral part of analysis, not something that takes place at the end'. This was particularly the case since it was at this this stage that I also began to mix my qualitative and quantitative data together. In a sense, therefore, Chapters six to eight contain further analyses as well other discussion that highlights the main findings.

### **Mixing quantitative and qualitative data**

In mixing my qualitative and quantitative data at the writing stage, I attempted to operationalise Mason's (2006b) concept of 'multi-nodal dialogic' explanation. I focused on considering what the data could say about multiple dimensions of experience (such as physical, social and

emotional) to achieve a multi-nodal account. In order to make these explanations dialogic, I incorporated discussion of how my qualitative and quantitative findings differed or related to each other, and looked at different ways of explaining and interpreting these differences and intersections. So, for example, high scores for satisfaction with DGV in the survey data may, in part, derive from the vicarious experiences residents shared through community stories and philosophies about choice and activity. In addition, qualitative data around perceptions of the village as isolated from the surrounding community were useful in understanding why residents may have reported in the survey that the neighbourhood outside DGV was unfamiliar to them, despite the majority of them also reporting going outside the village frequently.

I did not attempt to balance the quantity of qualitative and quantitative data within each section of my writing, but focused on using each where I felt it to be most useful or relevant, resulting in some sections that relied more on one source than the other. I organised my written analysis of the data into four chapters, each focusing on a different aspect of everyday life. Chapters five and six relate to my first research aim, and give an overview of DGV and its residents, exploring the themes of moving as an environmental solution, origins of the decision to move, and moving as compromise. Chapter seven mainly relates to my second research aim and considers how residents' everyday experiences are related to the environment and organisation of DGV, drawing on the themes of everyday life in the house and home, connectedness, and living in a 'managed' environment. Finally, Chapter eight relates to my third research aim and explores the individuality of residents' experiences of everyday life, drawing on data organised under the theme that I have described as individual attitudes and patterns of daily life. Where extracts of qualitative data are presented in these chapters, ellipses within parentheses ([...]) are used to indicate sections of the text that I have omitted and ellipses without parentheses (...) are used where the participant's speech tailed off resulting in an incomplete sentence or phrase.

## **4.5. Conclusions**

In this chapter I have provided an account of the research process for my study, describing the research design, preparation of research tools, fieldwork and research ethics. I have then outlined how I carried out my data analysis and developed themes from the qualitative data. In Chapters five to eight I elaborate on these themes and provide a detailed analysis and discussion of them, incorporating the quantitative data. Chapter nine then considers the broader implications of these findings in relation to my research aims.



## **Chapter 5: The Place and the People**

This chapter introduces Denham Garden Village (DGV) and its residents, setting the context for the next three findings chapters. First, it provides some of the historical background to the village, and then explains the developments that took place to transform the village into a new purpose-built retirement village. Second, it considers the types of people living in DGV by providing an overview of the resident population, including its makeup in terms of various sociodemographic features. Finally, the 20 residents from this population who took part in qualitative interviews are introduced, providing an alternative perspective focussed on individuality.

### **5.1. The history and development of DGV**

DGV occupies a 30-acre sloping site including an expanse of woodland (Nightingale woods) to the north (see Figure 5.1). The A412 (North Orbital Road) is on its east, the village of Denham Green and Denham railway station to the south, and Newstead wood and Denham aerodrome to the West. The nearest town is Uxbridge – just over 4 miles away – and Denham railway station is just over half a mile away. The village of Denham is located just under a mile and a half away from DGV.

**Figure 5.1: DGV and surrounding area<sup>4</sup>**

DGV was opened in December 1958 by HRH Queen Elizabeth the Queen Mother. It was built by the Licensed Victuallers' National Homes (LVNH) charity to provide retirement bungalows for ex-publicans who had 'difficulty, for one reason or another, in buying homes of their own when they give up their pubs' (Elkins, 1978: 59). Applicants had to provide their bank statements from the previous two years, and were interviewed by a Welfare Officer to decide whether their circumstances justified a move to the village. At this time, any licensees could pay £21 a year to become members of the LVNH. This entitled them to be considered for retirement housing at DGV or elsewhere, and a pension from the LVNH if they required it later in their lives. The headquarters of the LVNH were at DGV, and the retirement village was the location of an annual garden party for British licensees, many of whom travelled long distances to attend and catch up with friends.

In 1958, the village had 168 one- and two-bedroom bungalows and a nursing home (see Figures 5.2 and 5.3) that could accommodate up to 17 residents on four wards (extended to 37 beds – 11 wards – in 1972). In addition, the four wards of the nursing home were also

<sup>4</sup> Images include photographs taken by members of the LARC research team and historical images provided by residents and DGV staff. Identifiable individuals have given their consent for photographs to be used in documents and publications associated with the LARC study.

linked to 23 self-contained bed-sitters with their own front doors opening into a corridor. These were designed to give frail residents privacy in their own homes, in close proximity to the nursing staff.

**Figure 5.2: The nursing home (right) and extension (left) at DGV**



**Figure 5.3: Inside the nursing home**



The nursing home was 'regarded as the "medical centre" for the village, and run by Matron, four staff and a night nurse' (Elkins, 1978: 90). It had its own bar located in a corner of the patients' dining room. The fact that the nursing home was located within DGV was thought to



be particularly important in promoting social interaction. Mrs Win O'Brien, Matron at DGV, was convinced of the benefits to those living in the nursing home:

*People know each other from years back, and visitors from inside our village are constantly welcomed in, they potter around and go errands, doing so much to prevent loneliness affecting the patients (Elkins, 1978: 92)*

Even in 1958, all bungalows in the village (see Figures 5.4 and 5.5) had central heating, and were maintained by a maintenance department. Laundry was done centrally, and staff members were available to do odd jobs such as replacing light bulbs. The bungalows had an intercom and bell linked to the Nursing Home.

**Figure 5.4 and Figure 5.5: Bungalows in the old village**

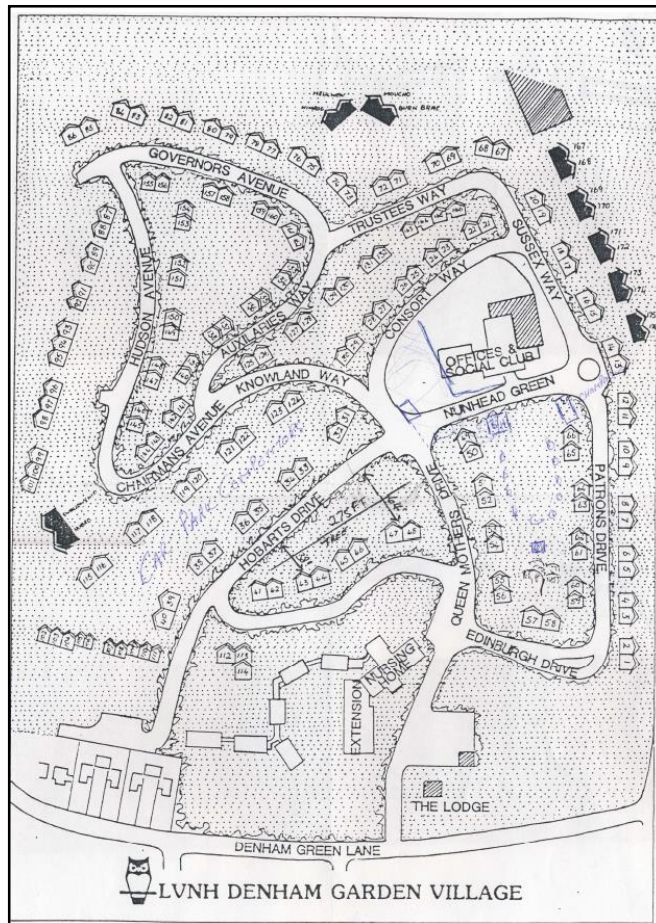


Bungalows were surrounded by large communal green areas (see Figures 5.6 and 5.7) and the curving roads in the village, which divided these spaces (see Figures 5.8 and 5.9), were named in tribute to those who had raised money for the village, as well as its Royal patrons.

Figure 5.6 and Figure 5.7: Communal green areas in the old village



Figure 5.8: Layout of the old village



**Figure 5.9: Aerial view of the old village**



Facilities in the village included 'The Owl' pub (See Figures 5.10 and 5.11) and a social club with a snooker room, bar, kitchen and a concert hall, which was used as a dining room (for those who chose to eat there rather than cook at home) during the day, and a space for dancing and social activities in the evenings. Arrangements were made for residents to go on trips to nearby towns, such as Uxbridge, or to the local hairdressers. Other social outings and visits were also arranged regularly for residents.



**Figure 5.10 and Figure 5.11: Inside the Owl Pub**



During the 1980s and 1990s, funding for the LVNH decreased dramatically. Changes in the licensing trade impacted on landlords who had to reduce the resources they put into raising money for the charity. In addition, the breweries were also under financial pressure and reduced their funding to the LVNH. During a period when demand for properties at DGV declined, the financial circumstances of the LVNH resulted in some residents who were not members of the LVNH moving to DGV through a process of nomination agreed with Local Authorities. These residents made up approximately two per cent of the resident population in 1996.

In 1998, the LVNH Board decided to find alternative ways of managing its housing stock and residents. The Board approached 12 housing providers and invited them to submit proposals for a redevelopment of DGV and modernisation of all LVNH properties across the UK. An agreement for this was reached in 2001 with Anchor Trust – the largest provider of housing, care and support for older people in England. Anchor Trust agreed to redevelop the site, but also to accommodate all the existing residents as well as continuing to admit a fixed number of new licensed victuallers each year into rented accommodation should they require places.

Following DGV's change of ownership in 2001, it was redeveloped into a purpose-built retirement village by Anchor Trust (see Figures 5.12 and 5.13). The development was completed in three phases, with the first residents moving into new accommodation in January 2006, and the completion of building work taking place in October 2009 (see Figures 5.14 and 5.15).

**Figure 5.12 and Figure 5.13: Main entrance to DGV before and after the redevelopment**





**Figure 5.14: Demolition of old village buildings**



**Figure 5.15: Construction of new apartments**



The new village incorporates 326 properties – a mix of houses, apartments and bungalows (see Figures 5.16, 5.17 and 5.18). For the first time since the village was opened in 1958, a substantial number of properties in DGV were available to purchase under a leasehold arrangement. Around 140 of the new homes were allocated to be rental properties and approximately 186 were leasehold. When fieldwork for LARC finished in July 2010, there were approximately 368 residents living in the village with some new properties yet to be occupied.

**Figure 5.16: New houses**



**Figure 5.17: New apartments**



**Figure 5.18: New bungalows**



The DGV promotional materials (website and brochure) describe the village as offering potential residents 'the freedom to create a lifestyle you will cherish'. They suggest that 'if you are someone who is over 55 but wants to continue to have an active lifestyle, then Denham Garden Village has everything you need', and emphasise that the village has been designed to 'ensure that you can be involved when you want to or opt out when you don't' (Anchor Trust, 2011; 2013).

The redeveloped village has a range of central facilities including a shop, café bar, library, village hall, winter garden, laundry rooms, and a health spa (including a gym, swimming pool and hairdresser). Many of the new facilities such as the gym and café bar are open to members of the public as well as residents. The village also offers 'an interesting mix of social, cultural and physical activities' (Anchor Trust, 2011), with a weekly timetable of activities available on the village notice boards. A weekly coach trip to the nearby town of Uxbridge takes place on Fridays (Figure 5.19). The village has an active Residents' Association, and the committee also organises coach trips and social events for residents (see Figure 5.20).

**Figure 5.19: Residents queuing for the coach to Uxbridge**



**Figure 5.20: Residents preparing for an ‘afternoon tea’ event in the village hall**



Anchor Trust did not replace the old nursing home, but instead established a care and support team to provide ‘short-term care or longer-term assistance’, and incorporated a health centre housing two GP practices into the design of the new village (Anchor Trust, 2013). In 2009 there were 12 full-time and around 30 part-time members of staff working at DGV. These included care and support staff, maintenance staff and catering staff. The team of staff was led by a full-time General Manager supported by a part-time receptionist, a full-time Finance Manager and a full-time Customer Support Officer.

The DGV promotional materials state that ‘access is a priority, so we’ve provided easy level access to all parts of the village as well as conveniently located parking spaces throughout’ (Anchor Trust, 2011). The properties in the village have been designed to Lifetime Homes standards (British Standards Institute, 2007) with the intention of ensuring that ‘whatever your age or level of fitness, the doorways, fixtures, controls etc. are all easy to manage and the homes can be easily adapted if your needs change’ (Anchor Trust, 2011). A team of staff are available to do minor repairs and maintenance. In addition, the brochure states that ‘storage has been carefully considered’ and that all properties include security features such as intruder alarms and 24-hour emergency alarm systems that enable contact with members of the care and support team (Anchor Trust, 2011).

### 5.3. Overview of the resident population

I turn now to a consideration of the types of people living in the village in terms of their sociodemographic characteristics, levels of health, and living arrangements. Data from the wave 2 survey are used to give a general picture of the characteristics of residents living in DGV in 2009, just under a year before the 20 qualitative interviews were conducted with residents. All data are for the 156 residents who took part in the wave 2 survey unless stated otherwise. Where n equals less than 156, this is due to some individuals being excluded from analysis due to 'not applicable' responses or data missing in their responses to particular items or scales.

Table 5.1 shows that around two thirds of residents living in DGV were female. The minimum age for entry into DGV is 55 (or one member of a couple must be at least 55) but, as the table shows, the average age of residents was 75. Reflecting national patterns, female residents were more likely to be widowed than male residents, and male residents were more likely to be married. However, the proportions of both women (53%) and men (22%) who were widowed at DGV were higher than at a national level. Data collected in 2010-11 for the English Longitudinal Study of Ageing (ELSA) – a nationally representative survey of people aged 50 and over – indicated that around 23% of women, and 8% of men, were widowed (Nazroo and Jivraj, 2012). Female residents were more likely to be living alone and, of those residents who were living with one other person, this was usually their husband/wife or partner. The majority of residents were living in apartments, reflecting the balance of property types built in the village, and more residents were renting their properties than leasing them. Around half of residents had entered DGV as part of the LVNH scheme because of their links with the pub trade. Residents were also asked if they felt that they belonged to a particular social class. Of the 70 residents who answered 'yes', 'middle class' was the most common response. The 'other' social class categories reported by residents comprised 'professional class' and 'upper class'.



**Table 5.1: Resident characteristics – age, gender, marital status, LVNH membership, accommodation, living arrangements, social class and education**

	Male	Female	Total <sup>5</sup>	
<b>Gender n (%)</b>	51 (32.7)	105 (67.3)	156 (100.0)	
<b>Age (years)</b>				
Range	53-97	45-94	45-97	
Mean (sd)	73.9 (8.5)	75.3 (9.3)	74.8 (9.0)	
<b>Nationality n (%)</b>				
English	43 (27.6)	83 (53.2)	126 (80.8)	
Other British	8 (5.1)	17 (10.9)	25 (16.0)	
Irish	-	3 (1.9)	3 (1.9)	
Other white	-	2 (1.3)	2 (1.3)	
Total			156 (100.0)	
<b>Marital Status n (%)</b>				<b>Mean (sd) in years</b>
Married	34 (21.8)	38 (24.4)	72 (46.2)	46.0 (8.2)
Living with partner	3 (1.9)	3 (1.9)	6 (3.8)	14.7 (12.0)
Widowed	11 (7.1)	56 (35.9)	67 (42.9)	12.3 (9.3)
Divorced/separated	3 (1.9)	4 (2.6)	7 (4.5)	18.8 (8.1)
Never married	-	4 (2.6)	4 (2.6)	N/A
Total			156 (100.0)	
<b>LVNH member n (%)</b>				
Yes	28 (17.9)	51 (32.7)	79 (50.6)	
No	23 (14.7)	54 (34.6)	77 (49.4)	
Total			156 (100.0)	
<b>Living arrangements n (%)</b>				
Living alone	15 (9.6)	61 (39.1)	76 (48.7)	
Live with another person	35 (22.4)	42 (26.9)	77 (49.4)	
Live with >1 other person	1 (0.6)	2 (1.3)	3 (1.9)	
Total			156 (100.0)	
<b>Accommodation type n (%)</b>				
3-bedroom house	3 (1.9)	8 (5.1)	11 (7.1)	
2-bedroom house	3 (1.9)	9 (5.8)	12 (7.7)	
2-bedroom apartment	28 (17.9)	54 (34.6)	82 (52.6)	
1-bedroom apartment	6 (3.8)	12 (7.7)	18 (11.5)	
3-bedroom bungalow	1 (0.6)	1 (0.6)	2 (1.3)	
2-bedroom bungalow	10 (6.4)	21 (13.5)	31 (19.9)	
Total			156 (100.1)	
<b>Tenure n (%)</b>				
Leasehold	19 (12.2)	45 (28.8)	64 (41.0)	
Rental	32 (20.5)	60 (38.5)	92 (59.0)	
Total			156 (100.0)	

<sup>5</sup> Some percentages do not sum to 100 due to rounding errors.

Table 5.1 cont.

	Male	Female	Total
<b>Social class n (%)</b>			
Middle class	15 (9.6)	27 (17.3)	42 (26.9)
Working class	13 (8.3)	11 (7.1)	24 (15.4)
Other	2 (1.3)	2 (1.3)	4 (2.6)
None	21 (13.5)	65 (41.7)	86 (55.1)
Total			156 (100.0)
<b>Age first left full-time education (years)</b>			
Range	13-28	13-24	13-28
Mean (sd)	16.0 (2.6)	15.8 (1.8)	15.9 (2.1)

The majority of residents were retired from paid work and, of these, just under half had reached normal retirement age (Table 5.2). However, 30 residents had retired early for other reasons. These other reasons included retiring to care for a partner, retiring to finish work at the same time as a spouse was retiring, and several female residents stated that they had not returned to work after having children or getting married. When asked about their financial situations, the majority of residents felt that they were 'living comfortably' or 'doing all right' financially. However, 32 residents reported that they were finding things more challenging ('just about getting by' or 'finding it difficult'). Just under two thirds of residents had been on holiday in the last 12 months, but around a third of residents stated that they tended not to go on holiday at all in a typical year. National figures from ELSA in 2010-11 show that around 70% of people aged 50 and over had taken a holiday in the last 12 months (Nazroo and Jivraj, 2012), indicating that residents at DGV were slightly less likely to take holidays than other people aged 50 and over in England.

**Table 5.2: Resident characteristics – work status, reasons for retirement, financial situation and holidays**

	Male	Female	Total <sup>6</sup>
<b>Work status n (%)</b>			
Retired from paid work	40 (25.6)	95 (60.9)	135 (86.5)
In paid work	5 (3.2)	6 (3.8)	11 (7.1)
Unable to work	5 (3.2)	2 (1.3)	7 (4.5)
Looking after family/dependents	-	2 (1.3)	2 (1.3)
Unemployed	1 (0.6)	-	1 (0.6)
Total			156 (100.0)
<b>Reason for retirement n (%)</b>			
Reached normal retirement age	20 (14.8)	39 (28.9)	59 (43.7)
Chose to take early retirement	7 (5.2)	15 (11.1)	22 (16.3)
Retired on health grounds	7 (5.2)	11 (8.1)	18 (13.3)
Made redundant	1 (0.7)	5 (3.7)	6 (4.4)
Other	5 (3.7)	25 (18.5)	30 (22.2)
Total			135 (99.9)
<b>Financial situation n (%)</b>			
'Living comfortably'	16 (10.4)	45 (29.2)	61 (39.6)
'Doing all right'	19 (12.3)	42 (27.3)	61 (39.6)
'Just about getting by'	13 (8.4)	14 (9.1)	27 (17.5)
'Finding it difficult'	3 (1.9)	2 (1.3)	5 (3.2)
Total			154 (99.9)
<b>Been on holiday in last 12 months n (%)</b>			
Yes	33 (21.6)	60 (39.2)	93 (60.8)
No	17 (11.1)	43 (28.1)	60 (39.2)
Total			153 (100.0)
<b>Holiday in a typical year n (%)</b>			
1 to 2 weeks	22 (14.5)	29 (19.1)	51 (33.6)
3 to 4 weeks	13 (8.6)	24 (15.8)	37 (24.3)
5 to 6 weeks	1 (0.7)	6 (3.9)	7 (4.6)
More than 6 weeks	4 (2.6)	4 (2.6)	8 (5.3)
Tend not to go away	10 (6.6)	39 (25.7)	49 (32.2)
Total			152 (100.0)

In general, the majority of residents described their health as 'good' (see Table 5.3). Higher proportions of men reported their health as poor (10% of men) or fair (24% of men) compared to women (6% of women and 17% of women respectively). Consequently, higher proportions of women than men rated their health as good, very good and excellent. These gender differences were not as evident in national data from 2010-11, which showed that 9% men and

<sup>6</sup> Some percentages do not sum to 100 due to rounding errors.



9% of women rated their health as poor, and 18% of men and 20% of women rated their health as fair (Zaninotto and Steptoe, 2012).

The majority of residents believed that their health was about the same as one year ago (Table 5.3). Over two thirds of residents reported at least one long-standing illness. Of these residents, 76% felt that they were limited by their illness(es), whereas 24% did not feel that their illness(es) limited them in any way. 80% of men had a long-standing illness compared to 70% of women. These figures are considerably higher than those from a national sample in 2010-11, where 33% of women and 38% of men reported at least one limiting long-standing illness (Zaninotto and Steptoe, 2012).

Data from 147 residents were available for the CESD-10 depression scale (Table 5.3). As reported in Chapter four, scores on the 10-item version of the scale can range from 0 to 30, and it is recommended that a score of 10 is used as a cut-off point to indicate depressive symptomatology. A higher proportion of women (32%, 32) than men (17%, 8) scored 11 or above on the scale. These data are broadly comparable with national data collected in the English Longitudinal Study of Ageing (ELSA) in 2010-11 (Steptoe et al., 2012). A higher proportion of women (18%) than men (13%) had depressive symptoms above or equal to the threshold of 4 on the 8-item version of the CES-D scale used in ELSA, although the proportions of women and men with depressive symptoms nationally appear to be slightly lower than the proportions at DGV. Data from the Health Survey for England in 2005 showed 22% of men and 28% of women aged 65 or over were affected by depression (Craig and Mindell, 2007), and these figures are closer to those found at DGV.

Data from 136 residents were available for the CASP-19 quality of life scale (Table 5.3). Data for some or all of the 19 individual items were missing for 20 residents. Chapter four outlined the scoring system for the scale, which results in a possible range of 0-57 for scores where higher scores represent better quality of life. The mean score for residents at DGV of 41.5 was just above that of 41.1 obtained in the ELSA national sample of people aged 50 and above in 2006 (Tomaszewski and Barnes, 2008).

**Table 5.3: Resident characteristics – health and quality of life**

	Male	Female	Total
<b>Self-rated health n (%)</b>			
Excellent	3 (1.9)	9 (5.8)	12 (7.7)
Very good	13 (8.3)	31 (19.9)	44 (28.2)
Good	18 (11.5)	41 (26.3)	59 (37.8)
Fair	12 (7.7)	18 (11.5)	30 (19.2)
Poor	5 (3.2)	6 (3.8)	11 (7.1)
Total			156 (100.0)
<b>Long-standing illness n (%)</b>			
Yes	41 (26.3)	73 (46.8)	114 (73.1)
No	10 (6.4)	32 (20.5)	42 (26.9)
Total			156 (100.0)
<b>Limited by long-standing illness(es) n (%)</b>			
No	8 (7.0)	19 (16.7)	27 (23.7)
Yes	33 (28.9)	54 (47.4)	87 (76.3)
Total			114 (100.0)
<b>Health status compared to 1 year ago n (%)</b>			
Much better	5 (3.2)	8 (5.2)	13 (8.4)
Somewhat better	5 (3.2)	16 (10.3)	21 (13.5)
About the same	22 (14.2)	55 (35.5)	77 (49.7)
Somewhat worse	16 (10.3)	24 (15.5)	40 (25.8)
Much worse	3 (1.9)	1 (0.6)	4 (2.6)
Total			155 (100.0)
<b>CESD-10</b>			
Mean (sd)	6.3 (4.8)	7.7 (5.8)	7.3 (5.5)
Score range	0-20	0-24	0-24
Score ≥ 10 n (%)	8 (5.4)	32 (21.8)	40 (27.2)
Score ≤ 9 n (%)	38 (25.9)	69 (46.9)	107 (72.8)
<b>CASP-19</b>			
Mean (sd)	41.1 (7.4)	41.7 (7.9)	41.5 (7.8)
Score range	24-56	23-57	23-57

Residents were asked various questions about whether their lives had changed since moving to DGV. The majority of residents perceived that their lives had improved, or stayed about the same overall (Table 5.4). This was also the case for their social lives and involvement in activities, and the majority of residents felt that they had friends who lived inside DGV, as well as friends who lived outside the village. Most residents had living children, 71% (108) of residents had living siblings ( $n=153$ ), and 86% (132) of residents had other living relatives

( $n=154$ ). The majority of residents saw one or more of their children at least once a month, and spoke on the phone with one of their children at least once a week. The majority of residents stated that the main person who helped them was their partner or spouse, or another family member.

**Table 5.4: Resident characteristics – life changes, family, friends and support**

	Male	Female	Total <sup>7</sup>
<b>Involvement in activities since moving to DGV n (%)</b>			
Involved in more activities	12 (14.5)	23 (27.7)	35 (42.2)
About the same	12 (14.5)	11 (13.3)	23 (27.7)
Involved in fewer activities	7 (8.4)	18 (21.7)	25 (30.1)
Total			83 (100.0)
<b>Social life since moving to DGV n (%)</b>			
Social life has improved	12 (14.5)	21 (25.3)	33 (39.8)
About the same	14 (16.9)	25 (30.1)	39 (47.0)
Social life has worsened	5 (6.0)	6 (7.2)	11 (13.3)
Total			83 (100.1)
<b>Overall life since moving to DGV n (%)</b>			
Much better	10 (12.0)	14 (16.9)	24 (28.9)
Somewhat better	7 (8.4)	15 (18.1)	22 (26.5)
No better nor worse	9 (10.9)	20 (24.1)	29 (34.9)
Somewhat worse	5 (6.0)	3 (3.6)	8 (9.6)
Much worse	-	-	-
Total			83 (99.9)
<b>Children n (%)</b>			
Yes	47 (30.5)	93 (60.4)	140 (90.9)
Yes, but no living children	1 (0.6)	2 (1.3)	3 (1.9)
No	3 (1.9)	8 (5.2)	11 (7.1)
Total			154 (99.9)
<b>Distance from nearest child's home n (%)</b>			
Same house	1 (0.7)	2 (1.4)	3 (2.1)
Within 1 mile	1 (0.7)	7 (5.0)	8 (5.7)
1 to 5 miles	11 (7.9)	16 (11.4)	27 (19.3)
6 to 15 miles	17 (12.1)	34 (24.3)	51 (36.4)
16-50 miles	7 (5.0)	18 (12.9)	25 (17.9)
51+ miles	10 (7.1)	16 (11.4)	26 (18.6)
Total			140 (100.0)
<b>Main source of help n (%)</b>			
Partner or spouse	29 (21.8)	28 (21.1)	57 (42.9)
Other member of family	7 (5.3)	47 (35.3)	54 (40.6)
Friends in DGV	3 (2.3)	9 (6.8)	12 (9.0)
DGV staff	5 (3.8)	5 (3.8)	10 (7.5)
Total			133 (100.0)
<b>Friends at DGV n (%)</b>			
Yes	43 (27.9)	89 (57.8)	132 (85.7)
No	8 (5.2)	14 (9.1)	22 (14.3)
Total			154 (100.0)
<b>Friends outside DGV n (%)</b>			
Yes	45 (29.2)	94 (61.0)	139 (90.3)
No	6 (3.9)	9 (5.8)	15 (9.7)
Total			154 (100.0)

<sup>7</sup> Some percentages do not sum to 100 due to rounding errors

At a population level, the quantitative data in the preceding section of this chapter have demonstrated that, apart from its mixed-tenure nature, DGV is broadly similar to other UK retirement communities: the average age of residents is 77; the village accommodates more women than men; high proportions of residents are widowed and/or living alone; residents come from a range of social classes; and some residents report experiencing challenging financial situations (Biggs et al., 2000; Croucher et al., 2006; Croucher et al., 2007; Bernard et al., 2007; Evans and Means, 2007; Darton et al., 2008). The findings do not support those from the North American literature that residents are likely to have no children or no children living nearby, or disproportionately high levels of self-reported health (Bultena and Wood, 1969; Silverstein and Zablotsky, 1996). The majority of DGV residents had children – many living within 15 miles of the village. Male residents at DGV seemed to have poorer health than female residents, although women were more likely than men to have depressive symptoms. High proportions of residents reported long-standing illnesses, and these illnesses limited the activities of over two thirds of these residents. However, despite reports of limiting long-standing illness being considerably higher than those in a national sample (Zaninotto and Steptoe, 2012), the average (mean) score for residents' quality of life was just above that from a national sample (Tomaszewski and Barnes, 2008).

#### **5.4. Introduction to 20 individual residents**

This chapter concludes with an introduction to the 20 residents I interviewed about their experiences of living in DGV, moving the focus at this point in the chapter from the village population to the individual. Table 5.5 provides a summary of these residents' characteristics. Brief portraits of these individuals then aim to bring them to life, setting the context for the findings about residents' experiences and everyday lives presented in subsequent chapters. These portraits also enable the quotations and the descriptions of experience (that come later in this thesis), to be interpreted in the broader context of an individual resident's biography. It is, therefore, intended that the reader refer back to these portraits, as and when necessary. The portraits outline individual residents' characteristics and, in some cases, illustrate how these shape their daily lives.

Table 5.5: Characteristics of 20 resident interviewees

Name	Age at interview	Marital status/ living arrangements	Tenure	Length of time living in DGV	Access/ ability to drive a car	Self-rated health/ health issues	Frequency of going outside DGV
Nora Adams	64	Widowed (2 years)  Lives alone	Rental	3.5 years	No	Very good  High blood pressure	At least once a day
Gladys Ashton	79	Single (never married)  Lives alone	Leasehold	5 years	No	Fair  Problems with eyesight	At least once a week
Rose Cross	64	Married (45 years)  Lives with husband	Leasehold	4.5 years	Yes	Excellent	At least once a week
Violet Dixon	88	Widowed (8 years)  Lives alone	Leasehold	4.5 years	No	Very good  Very limited vision; high blood pressure; osteoporosis	At least once a week
Enid Foster	69	Widowed (3 months)  Lives alone	Rental	12 years	Yes	Fair  Irregular heartbeat; ulcerative colitis; arthritis; IBS	At least once a week

<b>Name</b>	<b>Age at interview</b>	<b>Marital status/ living arrangements</b>	<b>Tenure</b>	<b>Length of time living in DGV</b>	<b>Access/ ability to drive a car</b>	<b>Self-rated health/ health issues</b>	<b>Frequency of going outside DGV</b>
Gloria Franklin	72	Divorced (29 years)  Lives alone	Rental	29 years	No	Good  Asthma; arthritis	At least once a week
Ed Heath	75	Long-term partner (12 years)  Lives with partner (Helen Willis)	Rental	15 years	Yes	Excellent	At least once a day
George Hughes	73	Married (31 years)  Lives with wife	Rental	3.5 years	Yes	Very good  High blood pressure	At least once a day
Nancy Jones	80	Married (57 years)  Lives with husband	Leasehold	4 years	Yes	Good  Spondylitis; high blood pressure; arthritis – limited walking.	At least once a week
Joan Kelly	77	Married (54 years)  Lives with husband	Leasehold	4 years	Yes	Good  Arthritis in spine – limited walking	At least once a week

Name	Age at interview	Marital status/ living arrangements	Tenure	Length of time living in DGV	Access/ ability to drive a car	Self-rated health/ health issues	Frequency of going outside DGV
Susan King	60	Married (40 years)  Lives with husband	Rental	3.5 years	Yes	Fair  Angina; asthma	At least once a day
Clive Lane	86	Widowed (8 months)  Lives alone	Leasehold	4 years	Yes	Very good  Hearing problems	At least once a week
Mildred Lewis	90	Widowed (3 years)  Lives alone	Rental	13 years	No	Good  Fluid on lung; gallstones - limited walking and sleeping	Around once a month
Judy Mills	72	Widowed (4 years)  Lives alone	Leasehold	4 years	Yes	Excellent	At least once a week
Marjory Newman	80	Married (57 years)  Lives with husband	Rental	14 years	No	Fair  High BP; prolapsed bladder; skin problems. Limited walking	At least once a week



Name	Age at interview	Marital status/ living arrangements	Tenure	Length of time living in DGV	Access/ ability to drive a car	Self-rated health/ health issues	Frequency of going outside DGV
Henry Nicholson	85	Widowed (15 years)  Lives alone	Rental	13 years	No	Very good  Pain from arthritis; hearing problems	At least once a day
Freda Parker	78	Widowed (25 years)  Lives alone	Rental	4 years	No	Fair  Diverticulitis; COPD; problems with heart. Difficulty walking and lifting. Used mobility scooter	At least once a week
Rosa Scott	86	Widowed (9 years)  Lives alone	Rental	11 years	Yes	Good  Difficulty walking	At least once a day
Helen Willis	67	Long-term partner (12 years)  Lives with partner (Ed Heath)	Rental	13 years	No	Very good	At least once a day
Betsy Wilson	72	Widowed (12 years)  Lives alone	Rental	3.5 years	No	Very good	At least once a week

Of the 20 residents who took part in interviews: four were male and 16 were female; all were aged between 60 and 90 (mean age 75); ten were widowed, six were married, two were living together as long-term partners, one was divorced and one had never married (see Table 5.5). Consequently, eight residents were living with a partner/spouse and 12 were living alone. The lengths of residency at DGV for these residents were between 3.5 and 29 years (mean 8.4 years). 13 residents were renting their properties and seven were leaseholders. Half the residents had access to a car and were able to drive. Three residents rated their health in the 2009 survey as 'excellent', seven as 'very good', five as 'good' and five as 'fair'. Seven residents went outside DGV at least once a day, 12 residents went out slightly less often, but at least once a week, and one resident (Mildred Lewis) went out around once a month.

The following portraits introduce each resident and give a flavour of their living situation and day-to-day life.

### **Nora Adams**

Nora was 64 and lived in a rented property with her dog. She came across as chatty and sincere, with a lot of concern for other people. She had retired from her job as a nurse and had been living in DGV for three and a half years after leaving her previous home because of concerns about her husband's health. She had moved to the village with her husband but he had died shortly after they moved in. She had two children whom she didn't see often, but phoned a few times a week. She also took care of her young great granddaughter regularly, and in fact she was looking after her during our interview. Nora described it as 'a long day' as she had been looking after her since 8.30am and said that she would be picked up at 7pm. Nora did not feel that she had friends living in DGV, but she did have friends outside the village whom she saw most weeks. She did not take part in organised activities in the village, but she had set up a scheme to provide informal support to other residents. Nora did not have a car, which she felt limited her activities. For example, if she wished to buy items at a garden centre she would have to pay for delivery. Financially Nora felt that she was 'doing all right'. She rated her health as 'very good' and 'much better' than a year ago, although she stated

that her high blood pressure prevented her from exercising in the gym. Nora did not feel confident that DGV would suit her if her health deteriorated because the village did not have a nursing home or provide nursing care. She did not believe that more support would be available if she needed it, and she was unsure about whether DGV would be her home for the rest of her life because of her concerns about the suitability of the village and support if her health was worse.

### **Gladys Ashton**

Gladys was a formidable 79-year-old who lived with her two cats in the property she owned. She appeared to have a high level of self-confidence, a stoical attitude, and was assertive in her dealings with other people. Her property had geraniums in tubs outside the door, and a handwritten notice warning visitors to be careful of the cats behind the door when they entered. Gladys had relatives living nearby whom she saw a few times a month. She had never married and had no children. Gladys met up with friends who lived outside DGV most days, and saw friends living in DGV several times a week. Gladys did not have a car and felt that this limited her because she could not walk far and so could not just 'get out and go' whenever she wanted. She received help with housework and shopping from DGV staff, and had made a private arrangement for help with transport. Gladys had lived in her previous home for 73 years and had decided to move to DGV five years ago because she wanted a change of lifestyle. She took part in various activities in the village and used facilities such as the hairdressers regularly. Financially, she reported that she was 'living comfortably'. Gladys did not report any longstanding illnesses, but did have some problems with her eyesight. She rated her health as 'fair' and 'somewhat worse' than a year ago. Gladys did not believe that the village would still suit her if her health was worse, or that more support would be available if she needed it. For these reasons, she anticipated that DGV would not be her home for the rest of her life because the next stage would be a move to a nursing home.

### **Rose Cross**

Rose was 64 and lived with her husband in the property they owned. She had retired from her job in Social Services and had been living in DGV for four and a half years after moving from her previous home of 20 years because of concerns about her husband's health. Rose had two children whom she saw most weeks. She also met up with friends living in DGV most weeks, but saw friends living outside the village less often. Financially she stated that she was 'living comfortably'. She did not take part in any group activities in the village but went swimming regularly and used other facilities such as the gym. She was also very involved with the Residents' Association Committee. Rose had a private arrangement with another resident who did some housework for her. Rose had a car and she provided support to other residents, neighbours and family with transport, shopping and childcare. Rose did not report having any health issues that limited her. She rated her health as 'excellent' and 'about the same' as a year ago. She believed that the village would still suit her if her own or her husband's health deteriorated, and that more support would be available if she needed it. However, she did not see her current property as being her home for the rest of her life because she anticipated moving to an apartment or into residential care when she was older if anything happened to her husband.

### **Violet Dixon**

Violet was 88 and living alone in the property that she owned. She was extremely smiley with a gentle manner, and striking blue eyes. We sat side by side on a sofa to do the interview, at her request, and she looked very closely at my face throughout. She had lived in her previous home for 25 years and had worked as a shorthand typist before she retired. Violet had moved to DGV because of concerns about her own health, and had been living there for four and a half years. Violet had children living nearby whom she saw regularly, and met up with friends living in DGV two or three times a week. She also had friends living outside DGV whom she saw most weeks. Violet did not have a car and said that this limited her because she could not go out when she wanted to. She took part in various activities in the village and went

swimming regularly. Violet felt that she was 'living comfortably' financially and could pay her bills etc. without problem. She had various health problems including very limited eyesight, which prevented her from driving and had caused her to fall quite a few times, most recently tripping over her back door sill and cutting her leg. She rated her health as 'very good' and 'about the same' as a year ago. Violet received help with housekeeping but was not sure if more support would be available in DGV if she needed it. However, she did think that the village would suit her if her health was worse and thought that it would be her home for the rest of her life.

### **Enid Foster**

Enid had worked as an hotelier earlier in her life. She was 69, and living alone in her rented property. Her husband had died just over two months before the interview. She had originally moved to DGV because of concerns about her husband's health, and they had lived there together for 12 years before he died. Enid was dressed very smartly and sat elegantly in her chair. She was friendly but subdued. Enid had four children whom she saw regularly, and she spoke on the phone to them every day. Prior to her husband's death she had not taken part in activities in the village, but had since attended a few events. Looking after her husband had meant that Enid did not leave her house often, but she had a car and had gone outside DGV once a week when a neighbour came to sit with her husband. She was not receiving any formal support from DGV staff at the time of interview, but had been using their services to help meet her husband's care needs. Enid felt that she was 'living comfortably' financially. She had various health issues that, on some days, limited her activities and meant that she could not leave the house. She rated her health as 'fair' and felt that it was 'somewhat worse' than a year ago. She thought that DGV would be her home for the rest of her life.

### **Gloria Franklin**

Gloria appeared to be relatively outgoing and chatty. She was 72 and lived alone in a rented bungalow. We sat at a wooden table and chairs for the interview, and Gloria had drawn all the blinds and curtains in order to try and keep the house cool so the lighting in the room was

quite dim. She had brought the carpets from her old property to use in this house, but there were noticeable gaps at both ends where the carpet was not big enough for the room. She had worked as a nursing auxiliary at DGV before she retired, and had lived in the village for 29 years. She had six children living nearby whom she saw most days, and she also saw friends in the village every day. She did not have friends living outside DGV. She regularly used facilities such as the hairdresser and sauna in DGV, and went swimming. Gloria did not have a car, but said that this did not impact on her because she had never owned a car. However, she did find it difficult to get to places outside DGV such as local shops or a cash point, and her family provided help with transport and shopping. Financially, Gloria reported that she was 'doing all right', but she struggled to afford maintaining her property and taking part in social activities. Gloria rated her health as 'good' and 'somewhat worse' than a year ago. She was a heavy smoker and had asthma and arthritis, which affected her ability to walk and made activities like dancing difficult for her. Her fingers were visibly swollen from her arthritis. She thought that DGV would still suit her if her health got worse and that more support would be available if she required it. She anticipated that DGV would be her home for the rest of her life.

### **Ed Heath**

Ed came across as a confident, talkative and energetic person. He was engaged in the interview and answered questions thoughtfully. He was 75 and lived with his partner, Helen Willis, in a rented apartment. Ed had a physically active life, using the gym and swimming pool on a daily basis, and going outside the village at least once a day. He had worked as a technical advisor within a large company for 20 years, following which he had been self-employed. He underwent a major operation in 2008 and did not return to work after that. He had two children living nearby whom he saw and spoke to on the phone regularly. Ed saw friends living outside DGV at least once a month, and chatted to neighbours on a daily basis, but did not have friends living in DGV. He had his own car, and regularly provided help to other residents, such as driving them to hospital appointments. Ed had lived in DGV for 15 years, and sold his previous property when his former wife's health changed and she required

nursing care. He rated his own financial situation less favourably in 2009 than he did in 2007. In the 2009 survey he rated his health as 'excellent' and 'much better' than a year ago. However, he was also less confident in 2009 than he had been in 2007 about the availability of support at DGV in the future, and about the suitability of the village if either his own or his partner's health deteriorated. Nonetheless, he did anticipate that DGV would be his home for the rest of his life.

### **George Hughes**

George was 73 and lived with his wife in a rented property in DGV. He came across as cheerful and positive. He was a member of the Licensed Victuallers National Homes as he had previously worked as a chef and licensee. He had two children whom he spoke to several times a week and saw a few times a month. George and his wife had lived in DGV for three and a half years, and had moved there because his wife was having difficulty with the stairs and the property needed work doing to it. George had friends inside and outside the village whom he saw daily, and he also chatted with his neighbours on a daily basis. He took part in many of the activities in the village and had also set up and was running one of the groups. George had a car and went outside DGV at least once a day. George felt that he was 'doing all right' financially, but there were several items that he stated he could 'just about afford' in contrast to two years previously when he had stated he could 'pay without problem'. He had no major health problems that affected him in any way. In fact, he rated his health as 'somewhat better than a year ago' and described it as 'very good'. George felt confident that DGV would still suit him and his wife if their health deteriorated and that more support would be available if they required it. He saw DGV as being his home for the rest of his life.

### **Nancy Jones**

Nancy was 80 years old and living with her husband in the property they owned in DGV. She had a friendly but slightly tentative manner, and wanted reassurance about anonymisation because she was concerned about people knowing what she had said to me. She had moved from her previous home of over 30 years because it was becoming too difficult to run. Nancy

and her husband had been living in DGV for four years. She had one child living nearby whom she spoke to every day and saw once a week. She saw friends living in DGV most days and also saw friends living outside the village a few times a month. Nancy took part in many of the activities in the village, such as bingo and quizzes, and attended the Residents' Forum meetings. Nancy stated that she was 'living comfortably' financially, and could 'just about afford' to pay for items such as gas bills. Nancy had a car, but had several health problems that limited her mobility and activities, mainly because she could not walk very far. She rated her health as 'good' and 'about the same' as a year ago, but had rated her health as 'very good' two years previously. She felt that DGV would still be suitable if her own or her husband's health was worse, but was unsure about whether more support would be available if they needed it. Nancy believed that DGV would be her home for the rest of her life.

### **Joan Kelly**

Joan was 77 and had been living in DGV with her husband for four years in the apartment they owned. Joan had worked as a secretary in her husband's business before she retired. They had lived in their previous home for 26 years but had moved because running it was becoming too much for them. Joan had two children whom she saw a few times a month and spoke to on a weekly basis. She saw her friends and neighbours in the village every day, and saw friends living outside DGV about once a week. Joan had a car and stated that she was 'doing all right' financially, although she had previously stated that she was 'living comfortably' two years before. Joan went on the weekly coach trip to Uxbridge, and also to activities in the village such as bingo, but had arthritis in her spine that affected her walking and prevented her taking part in activities she had previously done, such as swimming and gardening. She rated her health as 'good' but 'somewhat worse' than a year ago. She felt that more support would be available if she needed it, and that DGV would still suit her and her husband if either her own, or his health deteriorated. Joan saw the village as being her home for the rest of her life.



### **Susan King**

Susan was living in a rented apartment with her husband. She was 60 years old and had been living in DGV for three and a half years after moving from her previous home for financial reasons. Susan was retired, but had previously worked as a publican and in catering. Susan took part in many of the social activities in the village and was also involved in an organising committee. She saw her friends in the village every day and also met up with friends living outside DGV on a weekly basis. She and her husband were going out for dinner with friends later on in the day that we did the interview. Susan had three children living relatively close by, whom she saw several times a week and talked to on the telephone most days. Susan had a car, and provided support to other people with transport and shopping. Susan reported that she was 'doing all right' financially, but struggled to afford her council tax and could 'just about afford' some other items. She said that she found it hard to afford 'luxuries' such as 'going out for the evening'. Two years ago she had reported that she was 'doing all right' financially, and could pay for most items without problem. She reported having angina and asthma and rated her own health as 'fair' and 'about the same' as a year ago. Two years previously she had rated her health as 'good'. Susan felt that the village would still suit her and her husband if their health deteriorated, and believed that more support would be available if she needed it. She anticipated that DGV would be her home for the rest of her life.

### **Clive Lane**

Clive appeared to be calm and slightly reserved. Before retiring, he had worked as a Civil Servant. He was 86 and had been living in the property he owned in DGV for four years. He had moved to DGV because of his wife's health and to be nearer to family, but he had been living alone since his wife died just under a year ago. He had recently met a 'lady friend' in DGV with whom he was spending a lot of time. Clive had two children living nearby whom he saw and spoke to at least once a week. He also saw his friends in the village at least once a week, but did not have any friends outside DGV. Clive took part in various activities in the village including swimming, bowls, snooker and bridge. He had his own car and was 'living

comfortably' financially. He was receiving help with housekeeping from DGV staff. Clive reported no health problems apart from some difficulty with his hearing. He rated his health as 'very good', but 'somewhat worse' than a year ago. He was unsure whether DGV would still suit him if his health was worse, but he felt that more support would be available if he needed it. Clive saw DGV as being his home for the rest of his life.

### **Mildred Lewis**

Mildred was 90 and living alone in a rented apartment. We sat in front of the open doors to her balcony. Mildred had a bunch of roses on the table at one end of her living room. She said that she always put flowers on her shopping list 'as a treat' because she did not like to be without them. Before she retired she had worked as a housekeeper. Her one child was no longer alive and although she had other relatives living nearby, she did not see them often. Mildred did not consider herself to have any friends in the village but she did see friends who lived outside the village once or twice a month. She was receiving help with housekeeping from DGV staff, and financial support and help with her laundry from other people. Mildred had been living in DGV for 13 years, and moved there because she had no other alternative at the time due to a difficult situation with members of her family. She had no car and found it difficult to get to places like the bank, supermarket and hospital. Financially she was 'just about getting by', but 'struggled to afford' her gas bills. Mildred did not take part in any of the activities in the village and spent a lot of her time reading in her apartment. She went outside DGV around once a month. Mildred had various health problems that affected her walking and her sleeping in particular. She rated her health as 'good' and 'somewhat worse' than a year ago. She felt that the village would suit her if her health was worse, and that she would be able to access more support. She believed that DGV would be her home for the rest of her life.

### **Judy Mills**

Judy was 72 and had been living in the property she owned in DGV for four years, after moving from her previous home where the garden was becoming too much work for her. She was friendly, cheerful and enthusiastic. Her apartment was extremely clean and tidy. She had

a tank with a few fish in, which she told me came from the pond in her previous home. She liked having them there because of their connection with her previous home and the fact that her late husband used to like their fish. Judy had three children and had previously worked in an administrative role before retirement. She saw her children on a weekly basis, and spoke on the phone with them every day. She had friends living both inside and outside the village whom she saw several times a week. Judy often spent the first part of her day in her pyjamas doing 'bits and bobs' before having a bath because she did not like to do things once she was dressed and 'ready' to go out. Financially, she felt she was 'living comfortably' with no particular financial worries. Judy had a car. She took part in many of the activities in the village such as swimming, and bowls and bingo as well as attending a social club outside the village. She also had a voluntary role as a librarian for the village library. Judy did not report any health problems, rating her health as 'excellent', and felt that the village would still suit her if her health deteriorated. She felt that more support would be available for her at DGV if she needed it, and saw the village as being her home for the rest of her life.

### **Marjory Newman**

Marjory was 80 years old and lived with her husband in their rented property. She had lived in her previous home for 42 years and had worked in a clerical role before retiring. She had moved to DGV 14 years ago because running their previous home was becoming too much to manage. Marjory had one child who had died, and another child who lived some distance away that she did not see often, but they spoke on the phone most weeks. She saw other relatives who lived locally more regularly, but did not have friends living in DGV, although she chatted to neighbours a few times a week. Marjory also saw friends living outside DGV several times a month. She did take part in some of the activities in the village like bingo and quizzes. However, she felt that her mobility was limited because of the infrequent bus service, which she relied on due to not having a car. She was also anxious about using buses and travelling outside the village on her own without her husband, which she had been obliged to do a few times recently. Marjory received help with housekeeping and believed that more support would

be available if she needed it. Financially, Marjory thought that she was 'living comfortably' and could 'pay without problem' for most items. However, she stated that she could only 'just about afford' to pay for gas, electricity and water bills, house insurance and refurbishing the house. She had various health problems that prevented her from swimming or walking very far, and rated her health as 'fair' and 'somewhat worse' than a year ago. She felt that DGV would still suit her if her own or her husband's health were worse. Marjory believed that DGV would be her home for the rest of her life.

### **Henry Nicholson**

Henry was quietly spoken, hesitant and self-effacing. He expressed his amazement at the end of the interview about the fact that I had wanted to speak to him. He was 85 and living alone in a rented property, which was furnished very modestly with little visible furniture or possessions. He was sunbathing on his patio outside when I arrived. Henry had worked as a pub landlord before he retired, and had moved to DGV 13 years ago – mainly because of financial reasons. He had three children who lived some distance away, but he spoke to them about once a week and they came to visit him roughly once a month. He did not have any friends and did not speak to his neighbours very often. Henry did not own a car, but did a lot of walking to and from places outside DGV. Financially, he was 'just about getting by' but could not afford 'better food' or 'better clothes' and could not afford to travel or go abroad on holiday. He did not take part in any activities, or use any of the facilities in DGV apart from occasionally going to the shop. Henry had some problems with pain from arthritis, and difficulty with his hearing, but rated his health as 'very good' in the 2009 survey. Henry felt that more support would be available to him at DGV if he needed it, although he was not sure if DGV would still suit him in the future if his health was worse. He expected that DGV would be his home for the rest of his life.

### **Freda Parker**

Freda had worked as the manageress of a canteen before she retired. She was 78 years old and lived alone in a rented apartment. Freda had several hanging baskets with brightly

coloured flowers on her balcony and many photos of family members on the walls inside her property. She had moved to DGV four years ago because she wanted a different type of lifestyle. Freda saw her four children most weeks and spoke to them on the phone every day. She also met up with friends living in the village every day, and had friends living outside DGV whom she saw a few times a week. Freda used the swimming pool in the village and occasionally took part in social events such as music nights and quizzes. She also compiled a monthly newsletter for residents – the content of which had created some tensions between her and staff in the village. Freda used a mobility scooter to get around, but did not have a car. She reported that this limited her mobility – for example it made it difficult for her to travel to hospital – because the bus services were not frequent enough, and taxis were expensive. Freda received help with household chores from her family, and also received support with transport and shopping. Financially Freda was ‘doing all right’, although she stated that she could ‘just about afford’ to pay for the service charge for her property and taking part in social activities and trips. She had various health issues including diverticulitis, chronic lung disease and problems with her heart. She had difficulty walking and lifting heavy items, and felt tired most of the time. Freda rated her health as ‘fair’ and ‘much worse’ than a year ago. She was also unsure if more support would be available if she needed it because she believed that higher staffing levels would be required. She felt that the village would still suit her if her health was worse, but did not see DGV as her home for the rest of her life because she believed she would have to move if her health deteriorated significantly.

### **Rosa Scott**

Rosa was 86 and living alone in a rented bungalow. She had used fencing and plants to make her patio area more private to sit out on, and had a large brightly coloured sun umbrella with a table and chairs set out. Rosa was a member of the LVNH as she had previously been a licensee of a pub. She used the swimming pool in the village and also took part in several activities such as bowls. Rosa had three children who lived some distance away, but she spoke with them several times a week. She saw friends living in DGV every day and chatted

with neighbours regularly, but did not have any friends living outside DGV. Rosa had been living in DGV for 11 years after moving from abroad where she had lived for some time. She had moved because she was worried about her husband's health at the time. Rosa received help with her housekeeping, but this was something she had organised privately rather than using the DGV service. Financially, Rosa reported that she was 'just about getting by', but that she struggled to afford her rent and service charge, and also had difficulty paying for her car insurance and the general upkeep of her car. Rosa reported no major health problems but did have difficulty with her hearing, and was using a hearing aid during the interview. She rated her health as 'good' and 'much better' than a year ago. She did not believe that more support would be available if she needed it because there was no provision of nursing care at DGV. This also meant that she did not think the village would suit her if her health was worse. She was unsure if DGV would be her home for the rest of her life.

### **Helen Willis**

Helen Willis was initially reserved, but then became quite animated and emotional, particularly when talking about her family and going to church. She was 67 and lived in a rented property with her partner, Ed Heath. She had not yet retired from paid work, and worked in catering. Helen had two children whom she saw a few times a month and spoke to daily. She had lived in Iraq for much of her life before moving to England. Helen had lived in DGV for 13 years and had moved into the village to live with Ed when her previous accommodation was no longer available. Helen did not consider herself to have any friends living in DGV, but she met up with friends living outside the village once or twice a month. She said that residents in the village called her 'that foreigner' and ignored her and did not speak to her unless she was with her partner. She did not drive, so relied on her partner to give her lifts to and from work which caused problems if he was ill and unable to drive her. Financially she was 'just about getting by' and there were things that she struggled to afford. Her financial situation limited her in terms of going out to the cinema or eating out. Helen rated her health as 'very good' and did not report any health problems, although she felt that her health was 'somewhat worse' than a

year ago. Helen felt that DGV would still suit her and her partner if either of their health needs changed, and that more support would be available if she needed it. She thought that DGV would be her home for the rest of her life.

### **Betsy Wilson**

Betsy was friendly but gave somewhat minimal answers to some questions. She wore gold jewellery, scarlet nail varnish and high heels. Betsy was 72 and lived alone in a rented apartment. Her apartment looked like a show home and was decorated in cream and gold with heavy curtains and lots of fur rugs. She had only recently given up a part-time job selling clothes and jewellery. Betsy had lived in DGV for three and a half years, and had moved from her previous property because she felt lonely there. She had one son whom she relied on for transport as she did not have a car, and saw him several times a week as well as speaking on the phone to him every day. She met up with friends inside and outside the village regularly, and chatted to her neighbours a couple of times a week. Betsy did not take part in any of the group activities in the village, but did go along to events such as music nights in the bar, and she often visited the café bar. She rated herself as 'living comfortably' in terms of her financial situation. Betsy did not report any health problems and rated her health as 'very good'. She thought that more support would be available if she needed it, and that the village would still suit her if her health changed. Betsy saw DGV as being her home for the rest of her life.

## **5.5. Conclusions**

This chapter has described the historical background of DGV, including its origins as a development run by the LVNH to house retired ex-publicans, and its recent redevelopment into a new purpose-built retirement village by Anchor Trust. Brief portraits of the 20 residents who took part in interviews focus on the individuality of residents' biographies, circumstances and characteristics, while survey data offers a perspective on the village population at an aggregate level. The average age of residents living in DGV at the time of the 2009 survey was 75 - much higher than the minimum required entry age of 55. The majority of residents

identified themselves as White, middle class and of British nationality, and around two thirds of residents were female. The proportions of both male and female residents who were widowed at DGV were noticeably higher than those of a comparable age at a national level (Nazroo and Jivraj, 2012), but female residents were more likely to be widowed and living alone than male residents. Only a minority of residents had not had children (7%), or had no living children (2%). More than half of all residents were renting their properties rather than leasing them, reflecting the village's longstanding links with the LVNH. However, the redevelopment had also led to the introduction of residents from other backgrounds, many of whom owned their properties rather than renting them. The differences between these two groups of residents will be explored further in the next chapter, which examines the reasons why residents moved to DGV, and how these varied according to key sociodemographic characteristics.



## Chapter 6: Moving to DGV

This chapter explores the factors that prompted residents to consider moving in the first place – the ‘push’ factors – as well as the factors that led them to select DGV as the location to move to once they had decided to relocate – the ‘pull’ factors. In doing so, the chapter creates a dialogue between the qualitative and quantitative data, exploring how each can contribute to understanding residents’ reasons for moving to DGV.

Figure 6.1 displays a thematic map of the seven themes and sub-themes that I developed from the qualitative data. While the concepts of ‘push’ and ‘pull’ are used to structure the findings and to facilitate integration of qualitative and quantitative data in this chapter, the chapter also discusses three key themes from the qualitative data (origins of the decision to move; the move as offering environmental solutions; moving as compromise) that offer an alternative angle from which to consider residents’ decisions to move to DGV.

**Figure 6.1: Thematic map**

**Perception of move as offering environmental solutions**

- Specific design features & property types
- Care services/nursing home
- Influence of family & friends
- Location in relation to family

**Origins of the decision to move**

- Moving for potential future benefit
- Changes in life situation
- Interconnecting factors

**Moving as compromise**

- Emotional attachments
- Age-segregation
- Lack of suitable/viable alternatives

**Everyday life in the house and home**

- Impact of design on tasks & activities
- Adapting the house
- Replacing/exchanging environmental barriers
- Personalising space
- Permanence & stability
- Context of accommodation within larger development
- Wider connections

**Social, physical and emotional connectedness**

- Using and sharing spaces & facilities
- Divisions/cliques
- Being a newcomer
- Companionship
- Going outside the village
- Safety & security
- Choice, commitment and conformity

**Living in a 'managed' environment**

- Implications for autonomy
- Adequacy of formal support
- Lack of 'care'
- Uncertainty about future

**Individual attitudes and patterns of daily life**

- Environmental locations
- 'Work' activities
- Leisure activities
- Solitary activities
- Social activities
- Level of integration
- Choice & control
- Attitudes

## 6.1 Deciding to move

### The 'push' factors

Residents who took part in the LARC surveys were first asked to select the reason(s) why they left their last home (Table 6.1), and then to narrow this list down to one main reason (Table 6.2). Residents could choose from a list of options as well as giving additional reasons in an 'other' category. In this chapter, data from 84 residents who only took part at wave 2 are combined with data from 122 residents who took part at wave 1, to give an overall picture of residents' reasons for moving ( $n=206$ ).

**Table 6.1: Residents' reasons for leaving their previous accommodation (in descending order of frequency)**

<b>Reasons for leaving previous home</b>	<b>Number (%)<sup>8</sup> of residents stating this reason (n=206)</b>
Maintaining garden becoming too much	65 (32)
Worried about partner's health	55 (27)
Running old home becoming too much	52 (25)
Wanted to stay as independent as possible	45 (22)
To be closer to family	40 (19)
Worried about own health	39 (19)
Not wanting to put pressure on family	32 (16)
To feel safer from crime	30 (15)
Wanted different type of lifestyle	27 (13)
Loss of family member	22 (11)
Wanted company of own age	22 (11)
Financial reasons	20 (10)
Retirement	18 (9)
Was lonely	17 (8)
Was bored	4 (2)
Other	73 (35)

The 'other' category included reasons such as 'wanted support', 'lack of social life', 'wife wanted to move', 'son moved away and no close family left around', 'was costing a lot', 'wife diagnosed with Alzheimer's' and 'had to retire at 65 and flat was linked to job'.

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<sup>8</sup> residents could state multiple reasons so percentages do not sum to 100

**Table 6.2: Residents' main reason for leaving their previous accommodation**

<b>Main reasons for leaving previous home</b>	<b>Number (%) of residents stating this reason</b>
Worried about partner's health	40 (20)
Worried about own health	23 (11)
Running old home becoming too much	21 (10)
To be closer to family	19 (9)
Financial reasons	12 (6)
Wanted different type of lifestyle	11 (5)
Loss of family member	10 (5)
Maintaining garden becoming too much	6 (3)
Wanted to stay as independent as possible	6 (3)
Retirement	6 (3)
Wanted company of own age	5 (2)
Not wanting to put pressure on family	4 (2)
Was lonely	2 (1)
To feel safer from crime	1 (1)
Other	38 (19)
Total	204 <sup>9</sup> (100)

Table 6.1 shows that 'maintaining my old garden was becoming too much for me' was the most commonly cited reason for residents deciding to move from their previous homes. Other reasons in the top five were being worried about a partner's health, feeling that running their home was becoming too much for them, wanting to stay as independent as possible, and

<sup>9</sup> Data were missing for 2 residents.

wanting to be nearer to family. The least commonly selected reasons for moving were the loss of a family member, wanting company of their own age, financial reasons, retirement, loneliness and boredom (see Table 6.1). While these data give an indication of the extent to which residents had similar reasons for moving, they do not say anything about the relative importance of each reason in the decision making process. In fact, when residents were asked to select which of these reasons they would say was their main reason for deciding to move (Table 6.2), concerns about health – their own or a partner’s – appear to be important to the largest proportion of residents, followed by running their homes becoming too much. Being closer to family and financial reasons also featured in the top five reasons. Retirement, wanting company of their own age and loneliness remained in the bottom five reasons. The top reasons within the DGV sample are broadly similar to reasons identified in previous UK studies (Bäumker et al., 2012; Darton et al., 2008; Evans and Means, 2007; Evans and Vallely, 2007; Croucher, Pleace and Bevan, 2003) although garden maintenance, being closer to family and financial reasons have featured less in previous studies. Fear of crime has previously been reported as an important push factor (Bäumker et al., 2012; Croucher and Bevan, 2010; Bernard et al., 2007; Kingston et al., 2001; Cohen et al., 1988) but this was not a major driver for the majority of DGV residents.

## Gender

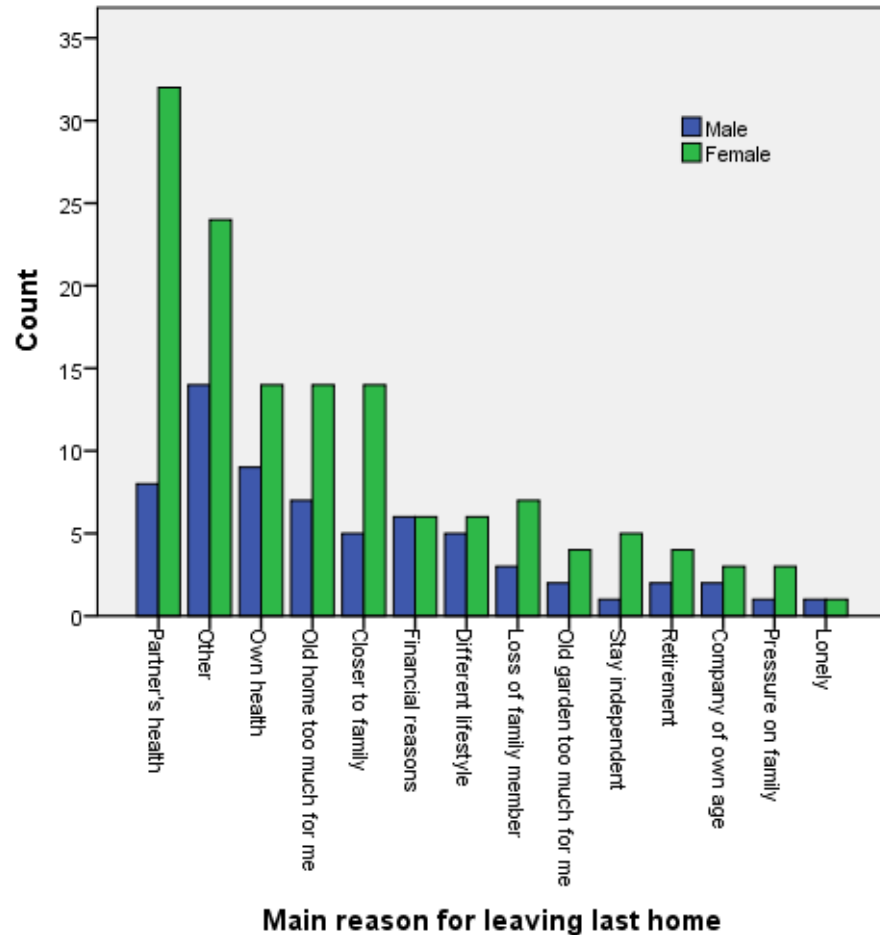
The quantitative data also provide information about broad differences in residents’ reasons for moving according to their sociodemographic characteristics. Figure 6.2 shows the main reasons for moving given by male and female residents<sup>10</sup>. The most common main reason for moving given by women (32 women, 23%) was concerns about their partner’s health. The most common main reason given by men was concerns about their own health – reported by 9 men (14%) – followed closely by concerns about their partner’s health (12%). Overall, the reasons on which male and female residents’ responses differed most were concerns about a

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<sup>10</sup> 67 men (32.5%) and 139 women (67.5%) took part in at least one of the two LARC surveys. Data about main reasons for moving were missing for one male and one female resident.

partner's or own health, being closer to family, financial reasons, a desire to stay independent, and wanting a different lifestyle.

**Figure 6.2: Male and female residents' main reasons for leaving their previous homes**



### Age at moving

Residents' ages at the time they moved to DGV were calculated (their age at the time of completing a LARC questionnaire minus the time they had been living in the village). Their ages when they moved to DGV were between 25<sup>11</sup> and 94 years (mean age: 70.6 years) ( $n=206$ ). The majority of residents were in their 60s or 70s (146 residents: 72%) when they moved to DGV ( $n=204$ ). The highest number of residents moved between the ages of 70 and 79 (79 residents: 39%). Table 6.3 shows the seven most frequently selected main reasons for

<sup>11</sup> One resident originally worked at DGV and occupied a staff bungalow, but continued to live in the village when she retired.

moving and the average ages of residents who selected these reasons. Those who moved because of their partner's health, for financial reasons, or because they wanted a different type of lifestyle tended to be slightly younger, while those who chose to move because of the loss of a family member were slightly older.

**Table 6.3: Age at moving and main reason for leaving previous home**

<b>Main reason for leaving previous home</b> (for reasons where number of respondents $\geq 10$ )	<b>Mean age (sd) at moving</b>
Financial reasons	67.8 (9.9)
Wanted different type of lifestyle	68.0 (8.4)
Worried about partner's health	68.2 (9.0)
Worried about own health	72.4 (9.2)
To be closer to family	74.7 (5.9)
Running old home becoming too much	75.8 (6.6)
Loss of family member	77.4 (7.4)

The most common main reason moving for residents in their 50s (7 residents: 47%) and 60s (17 residents: 25%) was concerns about their partner's health, whereas for residents in their 70s at the time of moving, being closer to family (12 residents: 15%) and concerns about their partner's health (11 residents: 14%) were the most frequently selected reasons. The most common main reason given by residents in their 80s was that running their home was becoming too much (8 residents: 22%). The highest number of residents who selected 'retirement' as a reason for moving was in the 60-69 age group (4 residents: 6%). While this would be expected because of the ages at which most people retire, the proportion of people that selected this reason within that age group (6%) is low, suggesting that retirement was not a main 'push' factor for this age group. However, while it was not necessarily the most



influential push factor, the qualitative data later in this chapter indicates that it did feature in residents' accounts as prompting them to consider moving.

### **Length of residency in previous home**

Residents had been living in their previous homes (where they were living immediately before moving to DGV) for between 5 months and 73 years (mean: 18.3 years) ( $n=205$ ). Just under half of all residents had been living in their previous homes for between 0 and 10 years (see Table 6.4). Concern about a partner's health was the most frequently selected main reason for these residents, followed by wanting to be closer to family. Residents who had been living in their previous homes for 11–20 years also selected concern about their partner's health most frequently as a main reason, but concern about their own health was the next most frequently selected main reason. Difficulty in running a home appeared to be a more common reason given by those who had been living in their homes for longer amounts of time.

**Table 6.4: Time living in previous home and main reason for moving**

<b>Main reason for leaving previous home</b> (for reasons where number of respondents $\geq$ 10)	<b>Number (%) of residents in each group stating this as their main reason (<math>n=203</math>)<sup>12</sup></b>					
	0–10 years	11–20 years	21–30 years	31–40 years	41–50 years	51+ years
<b>Worried about partner's health</b>	18 (21)	12 (29)	6 (17)	2 (10)	2 (13)	-
<b>Worried about own health</b>	8 (9)	5 (12)	6 (17)	2 (10)	2 (13)	-
<b>Running old home becoming too much</b>	5 (6)	1 (2)	6 (17)	5 (24)	2 (13)	1 (25)
<b>To be closer to family</b>	10 (12)	4 (10)	3 (8)	2 (10)	-	-
<b>Financial reasons</b>	8 (9)	-	1 (3)	-	2 (13)	1 (25)
<b>Wanted different type of lifestyle</b>	4 (5)	4 (10)	1 (3)	1 (5)	-	1 (25)
<b>Loss of family member</b>	4 (5)	2 (5)	1 (3)	2 (10)	1 (6)	-
Total Number	57	28	24	14	9	3

## Tenure

79 residents (38%) owned their properties at DGV and 127 residents (62%) were renting them ( $n=206$ ). Running their old homes becoming too much, was the main reason for moving given most frequently by those who bought properties at DGV (Table 6.5), whereas the most frequent main reason given by those who were renting their accommodation in DGV was concern about their partner's health. Those who owned their properties were more likely to select concern about their own health, the loss of a family member, or difficulties in maintaining their garden as their main reason for moving. In contrast, those renting their

<sup>12</sup> Data were missing for three residents.

properties were more likely to say that financial reasons, wanting a different type of lifestyle, or retirement were their main reason for moving. House and garden maintenance may not, of course, have been issues for residents who were renting if they were also renting before moving to DGV, since it is likely that they were not responsible for these tasks.

**Table 6.5: Tenure at DGV and main reason for leaving previous home**

<b>Main reason for leaving previous home</b> (for reasons endorsed by ten or more respondents)	<b>Number (%) of residents in each tenure category stating this as their main reason (n=204)<sup>13</sup></b>	
	<b>Accommodation owned</b>	<b>Accommodation rented</b>
<b>Worried about partner's health</b>	9 (12)	31 (24)
<b>Worried about own health</b>	12 (16)	11 (9)
<b>Running old home becoming too much</b>	18 (23)	3 (2)
<b>To be closer to family</b>	7 (9)	12 (10)
<b>Financial reasons</b>	2 (3)	10 (8)
<b>Wanted different type of lifestyle</b>	3 (4)	8 (6)
<b>Loss of family member</b>	5 (7)	5 (4)
Total Number	56	80

The quantitative data discussed so far in this chapter indicate that the most compelling reasons for moving were concerns about health, running the home and being closer to family, although garden maintenance was a reason shared by the largest proportion of residents. Exploring push factors according to residents' sociodemographic characteristics revealed that women were more likely to be concerned about their partners' health, while men were more likely to have had concerns about their own health. The majority of residents were around

<sup>13</sup> Data were missing for two residents who owned their properties at DGV.

retirement age (in their 60s or 70s) when they moved to DGV, yet only a small proportion of this group of residents identified retirement itself as a major push factor. Differences in push factors according to length of residency in previous homes may also have been related to age, as those who had been living in their previous homes for longer were also likely to have been older. Differences according to tenure may reflect levels of responsibility in previous homes for property maintenance, and also the availability of accommodation after retirement for those working in the pub trade – an issue that will be discussed later in this chapter.

Analysis of the qualitative data offers a different perspective on reasons for moving, highlighting what factors were important in the decision and how these individual factors are connected. The next section introduces a theme (and sub-themes) developed to categorise the qualitative data relating to the decision to move.

### **Origins of the decision to move**

This theme – origins of the decision to move – captures both the reasons that residents gave for moving as well as the experiences that prompted them to consider moving, which ultimately led to the decision. Three sub-themes (interconnecting factors; moving for potential future benefit; changes in life situation) are used to describe central ideas within the qualitative data. Each of these sub-themes is discussed below and illustrated with data excerpts.

### **Interconnecting factors**

Residents' accounts in their interviews of what prompted them to move from their previous homes capture some of the complexity in the decision making process that is not as obvious in the quantitative data. For example, identification of garden maintenance as a push factor in the quantitative data suggests a physical environmental dimension, but does not indicate what aspect(s) of garden maintenance (e.g. the physical activity, financial costs, time, organising others to complete the task, etc) were problematic. The qualitative data suggests that both physical limitations, and residents' emotional responses to these, played a part. Residents

described how being unable to cope with the physical tasks in their gardens had a negative psychological impact on them:

*I had a two thirds of an acre garden and I couldn't cope with it and that used to upset me. I couldn't do things, you know. (Freda Parker)*

*That's one thing that got us down. When all the acorns and all that were... we used to bend down to pick up bags full of leaves. And we couldn't... it got that we couldn't do it anymore... and mowing the lawn and all this. (Joan Kelly)*

In addition to giving more detail about what aspect(s) of a particular issue prompted residents to consider moving, the qualitative data also provide information about connections between push factors. Most residents described multiple push factors that existed alongside each other. For example, Clive Lane felt that his wife's health and travelling to see their daughter were both reasons for moving. In addition, while multiple factors were individually important in decisions about moving – which can also be seen in the quantitative data presented earlier – these factors were also often related, such as someone having health problems that also caused issues in getting out and about.

Moving because of concerns about health (own or a partner's) was associated with two push factors in the qualitative data. The first was, in common with garden maintenance, that physical features of the environment were causing problems. This was the case for Nancy Jones, and for Rosa Scott's husband:

*We really wanted to move to a bungalow... because of everything on a level, you know. I was thinking that, well, I was suffering with arthritis and everything at that time and though it wasn't too bad, I was thinking about going upstairs all the time. (Nancy Jones)*

*[My] husband had undiagnosed diabetes... he'd got this gangrene in the foot which meant he lost his leg. Which meant that our home... was not convenient for his disability. (Rosa Scott)*

The second factor was related to care and support needs – either immediate or anticipated – related to changes in health. Residents wanted to ensure that these could be met adequately, and close to where they were living. For several residents, changes in health were linked to a desire to live closer to family. Residents who had moved to be nearer to family were usually, though not exclusively, moving to be nearer to their children in particular:

*I went out into the garden and there was [husband] – he'd collapsed. And really he was poorly from then onwards... we got given a Council place so we had a little bit of money, but it just disappears in the end, and so when [husband] became really ill I applied here... [my husband]'s family are [local] people and, and I thought it was so right that he should be here and I thought he secretly wanted to. But on reflection perhaps he didn't, I don't know. (Nora Adams)*

*Well, my daughter, of course – that was why we moved here when my wife was ill – and... she [daughter] lives close... When she [wife] was becoming a bit frail... we used to come and see my daughter although it was getting a bit, a bit of a problem going round the M25. (Clive Lane)*

Nora Adams' account above identifies that she felt that physical proximity would improve her husband's emotional connectedness. For Clive Lane, making the journey to see his daughter was also becoming more difficult. In reality, residents' decisions to move were influenced by a whole range of (connected) factors, each of which had an effect on their everyday lives. For example, concerns about health per se did not in themselves prompt a decision to move, but instead it was specific concerns related to the implications that changes in health were having, or might have, on other aspects of everyday life such as residents' abilities to move around the

home environment, complete physical tasks, and engage in social contact with relatives. In turn, such barriers in everyday life had emotional as well as practical implications for residents.

### **Moving for potential future benefit**

This sub-theme captures the aspects of residents' decisions that focused on the potential future benefit that they could gain from moving before their needs changed, rather than those that related to their immediate needs. As has been evident in earlier quotations in this chapter, some of the reasons residents gave for moving – such as concerns about health (own or a partner's), being closer to family, and wanting to stay as independent as possible – were related to their expectations about the future, and trying to plan for these possibilities. Gladys Ashton felt that her house would not have been suitable if her health had changed:

*[The house] was 100 years old and it needed a lot of updating. I didn't have central heating in it because none of us liked central heating at the time, and so it was never put in... it really wasn't suitable for, for if you got in, if you were... if your health broke down, it wasn't suitable. [my brothers and sister] died before it got to the stage where their health wasn't, you know, we didn't have to convert the house, try and convert the house to fit their illnesses. And I realised then that there was no use in me staying on.*

Rose Cross explained that she did not believe that the environment they were living in would be able to support her husband in the future if his health deteriorated, and also felt that it was important to move before they were unable to get to see their children easily:

*That was one of the whole reasons for us moving... to this side of the country. Because we knew we'd lose contact [with family]... As life changed for us, we wouldn't be able to do the three-hour drive between the two [places]... I knew, realistically, that we couldn't have stayed there. It just would not have been the right environment for us... I had a fairly good idea of what the future could hold... And I anticipated that from the onset of his illness to about ten years, he would be a lot worse than he actually*

*is... And I sort of thought, well, we can't, definitely can't stay. We've got to go, we've got to move on.*

On this basis, residents' decisions to move often had a preventative element, because they believed that moving was the best way to enable them to maintain their current lifestyle. Expectations and particular fears and concerns about remaining in an existing environment, were key drivers for residents making these preventative decisions. So, for example, someone may have been happy with his or her current levels of contact with family members, but was concerned about a reduction in contact if unable to make the journey to visit family.

Chapter two (section 2.10) noted the debate about whether retirement community residents more often make decisions on the basis of anticipated future needs, or are forced into moving because of crises. While this sub-theme of moving for potential future benefit suggests that some DGV residents were indeed 'planners' (Croucher et al., 2003; Bäumker et al., 2012), the next sub-theme highlights that for some there were other existing issues or changes in life situations that – although not necessarily forcing a move – certainly preceded this planning behaviour.

### **Changes in life situation**

Looking across the examples given so far of the interconnecting factors that influenced or prompted residents' decisions about moving, also highlights that the move was often caused by, or coincided with, other major changes in people's life situations. In some cases, residents did not identify these changes as reasons for moving when they completed the LARC survey questionnaires, but nonetheless, when they talked about why they decided to move, they preceded their statements with information about these types of life changes – providing the background information or context within which they made the decision to move. Often this included the recent loss of a partner (illustrated by later quotations) but it also included retirement.



For those residents who had been working in the pub trade, retirement and moving were linked for two reasons that did not apply to most of the other DGV residents, or to respondents in other studies discussed in Chapter two. Firstly, many of them were living in tied or rented accommodation attached to the pub they were working in. Retirement therefore necessitated a move to alternative accommodation. Secondly, those residents who were members of the LVA and had paid into this throughout their working lives had done so in anticipation that they would, or could, move to one of the LVNH schemes when they retired. Susan King felt that it was mainly financial reasons that prompted her and her husband to move, but describes the expectation that she had of eventually moving to DGV, and how the decision was linked to their retirement from work:

*SK We downsized in the house... and we decided, we always thought we would come to Denham, because of the old Licensed Victuallers place. And when we came here to visit somebody who just moved in... and we were pretty impressed... we decided that we needed to move... where we were, we weren't that happy in the area, in that particular place and so we thought, well...*

*JL What sort of things were you not happy about?*

*SK Um, just the price of everything was going up, everything where we were. The little job that we were holding, that we had, was coming to an end – we knew it was coming to an end. We wanted to get ourselves settled for the rest of our lives, really.*

As Susan's last comment above indicates, for some, retirement was an event that prompted consideration of the future and what it might hold. Rose Cross wanted to ensure that her husband's health needs would be met in the future but, in addition, she felt that they would 'stagnate' if they stayed living where they were once she retired. Susan King also decided that it was time to move because she wanted to make the most of her retirement. She anticipated that she would not be able to do this to the same extent in the future when she was older:

*We decided that perhaps we should come in [to DGV] earlier rather than later to enjoy everything that's here. Because I think it's no good you coming in here when you're 80 and you can't enjoy what you've got... So, we decided let's – we might as well get there and get sorted out now.*

Along with retirement, living alone was prominent in the qualitative data as a life situation that was linked to the decision to move. In most cases, living alone was linked with the recent loss of a partner or family member, as Gladys and then Judy describe:

*I lived with two brothers and a sister... and I was on my own by this time, you know. There was nobody else living in the house with me and I thought, you know, I'm going to get left here and I've outgrown the house. And I think two deaths, or three deaths, all related to the house and that puts you off in the end. (Gladys Ashton)*

*I'd lost my husband about a year before, and um, just tentatively, not looking properly, but just tentatively said to my children that I didn't want to stay in the house – I've never liked being in the house on my own – and I'd look for a flat... around where [daughter] lives. (Judy Mills)*

However, for some residents like Betsy Wilson, the decision followed a longer period of time living alone after the loss of a partner. In the LARC survey questionnaire she said that her main reason for leaving her previous home was loneliness, and she found winter a particularly difficult time, in terms of feeling both isolated and less safe in her home:

*I think I, I got to the stage where I'd been on my own for, well, 11 years in that house... I didn't like the winters, because it was dark and, and you know... you never know... who knows who's about at night in these towns?... And of course, you don't see, in the winter in a sort of house, with loads of, well, of rows, cars going by and all that. I mean, you don't see people.*

Moving appeared to be seen as a way of changing some of the emotional or social issues associated with living alone, such as feeling unsafe, lonely or isolated. While Rosa Scott acknowledged that moving did not eliminate the loneliness she felt after losing her partner, or change the fact that she was living alone, her comments suggested that she believed where she lived would affect her experience of living alone:

*I get lonely, don't kid you, you know... but I'm here, not weeping and wailing or anything like that, but I do get lonely, and, ah, everybody does, because you're so used to always having somebody to turn to and discuss on the television, "what did you think of that"... living alone is a lonely position. But I'd rather be alone here than alone outside.*

One of the other push factors related to changes in life situations that the qualitative data can give some insight into is the stories behind why some residents were forced to leave the accommodation they were living in. Helen Willis went away to stay with a friend for a few days and returned to find that the locks on the accommodation she was renting had been changed, and her possessions had been removed:

*So I went to my room... [laughs and mimes putting a key into a lock]... different! I knocked [on] the door, someone opened it. I said, "what are you doing here?" He said, "[this is] my room". I said, "what about me? Where shall I go?"... So I went straightaway to [the owners]. They said, yes, someone told us you are not there... so they give me two bin bags, you know, my things. [I said] "Where is my duvet? Where is my things?" But [they said] "oh we don't know".*

Mildred Lewis also found herself needing to leave her accommodation after relationships with family members who owned the property that she and her husband were renting deteriorated, while Henry Nicholson was forced to leave his accommodation for financial reasons:

*I just couldn't pay the mortgage, I couldn't get any help from [the] Town Council, so I applied to come here. So you could say I'm an economic refugee.*

Changes in circumstances that constitute a *need* to look for alternative accommodation obviously differ from circumstances that prompt residents to *consider* a move. However, in either case, residents who intended moving then had to decide where to move to. Section 6.2 of this chapter now explores how and why residents decided to move to DGV specifically.

## 6.2 Moving to DGV

When reading residents' accounts of their decisions to move to DGV, two strong themes throughout were that the move was perceived as offering environmental solutions, and that moving was a compromise rather than a universally acceptable or attractive prospect. Residents' reasons for choosing DGV focused on specific design features and property types, the care services available, and the location of DGV in relation to their family. On this basis, it is argued that residents were attempting to identify environmental barriers that were (or could potentially end up) preventing their needs from being met, and searching for solutions to these barriers in a new environment. Family and friends also appeared to encourage moving, presumably because they also believed in the ability of a new environment to meet the needs of the individual concerned. However, three sub-themes related to compromise were particularly noticeable. These were emotional attachments to the current (pre-move) environment, a lack of desire for age-segregated living, and a lack of suitable or viable alternatives. In order to facilitate a dialogic discussion of qualitative and quantitative data in the remaining sections of this chapter, data will not be grouped and discussed under these headings, but the themes and sub-themes described here are instead threaded throughout.

### Finding out about DGV and alternative options

Leaving aside those residents who knew about DGV through their links with the LVA, the qualitative data suggest that one of the most frequent ways that residents became aware of the existence of DGV was by friends or family passing on information to them. Judy, Joan and Gladys were just three of the residents whose paths to DGV began with a suggestion from friends or family who had seen flyers or brochures for DGV and thought that they might be

interested.

Not only were friends and family often important in providing the initial information about DGV, but they seemed also to play a key role in the decision about whether residents moved there or not. This does not substantiate Cohen et al.'s (1988) claim that the role children played in encouraging their parents to move to a retirement community was diminishing over time, but instead supports more recent evidence from the UK that families are involved in the decision to move (Darton et al., 2008; Croucher et al., 2003). Some residents described how their family had strongly encouraged them to consider moving nearer to them:

*The boys insisted then – the last bout of pneumonia I had – the boys insisted then that I'd got to come back [to live nearer to them]. (Freda Parker)*

Other residents consciously made the decision not to move closer to their children. Marjory Newman was aware that she and her husband would not have family nearby if they stayed living where they were, because her son had made a decision to move to a different location. Despite this being Marjory's main reason for deciding to move somewhere else, she did not want to follow her son to live close to him.

*MN My son and my daughter-in-law were moving... so I thought, well, they're going to be miles away from us, aren't they?... so I thought, I'm nowhere, there's nobody around me that's near and close...*

*JL Did you consider moving nearer...?*

*MN No, I wouldn't go near the children. I'm not, not because I've anything against them, but children move on, they do... and so I didn't want to, you know, the children to have to worry about us, that's what I didn't want.*

Judy described how she had consulted family members when making the decision:

*I think we came about the Wednesday, Thursday, with [daughter], and then I came*

*back with my son and my daughter on the Saturday, and they all sort of said, "oh mum, go for it"... they were just... quite happy for me to go for this, and I think they all felt that I'd be more secure here, and etc. etc. (Judy Mills)*

However, Rose Cross felt that in some cases, residents' families had been too influential in the process:

*I've known some families dump relatives here and they're very unhappy... I mean, the lady across the road who's a typical example, who's very, very lonely, who was dumped here, basically, poor old thing.*

In common with findings from the US (Groger and Kinney, 2007), personal recommendations from people who knew DGV well, or lived there themselves, were the reasons behind why other residents considered moving to DGV. This was the case for both Ed Heath and Betsy Wilson:

*I was going to move to another property in the same locality... And one of the girls [I knew] was the secretary to the old Denham Garden Village. And she knew my circumstances. And she said to me "Ed, why don't you come into the village?", you know, I said "well, why do you say?", she said "well we've got" – they had the nursing home there – "your wife could even move into the nursing home and, you know, so you'd be right on the doorstep. And, you know, you could rent a property and that would be it"... She kept on and on and on. In fact she really was quite dogmatic about it 'cause I was a bit, sort of, didn't really think much about it, you know... and I thought in the end, well it's not a bad idea. (Ed Heath)*

*I came to see Victor and Agnes [residents living in DGV] and they said I should put my name down, which I did, and [my husband] was a member of the LVA for years, so I put my name down and I got a letter and that was it. (Betsy Wilson)*

Only 58 residents (28%) said that they had considered other accommodation options before deciding to move to DGV ( $n=206$ ), supporting the suggestion in Chapter two that the evaluation of other housing options does not play a large role in the decision process. Those residents were then asked to select from a list all the types of accommodation that they had considered, and to state any additional types under an 'other' option (see Table 6.6). Unlike findings from previous UK studies (e.g. Croucher et al., 2004), no residents had considered moving in with relatives or staying in their own home with care services. The options considered by the highest proportions of residents were private retirement communities similar to DGV, and downsizing – moving to a smaller property. 'Other' options considered included 'council housing', and buying or renting properties that were not part of sheltered housing or care developments.

**Table 6.6: Alternative accommodation options considered**

Type of accommodation considered	Count (%) of residents (n=58)
Private retirement community	16 (29)
Downsizing	13 (23)
Renting sheltered housing with a warden	6 (11)
Buying sheltered housing with a warden	5 (9)
Renting sheltered housing with care services	4 (7)
Buying sheltered housing with care services	3 (5)
Residential care	2 (4)
Other	23 (41)

A lack of suitable or viable alternatives was apparent in some residents' decisions to move to DGV. Gladys Ashton described why she decided against moving to the private retirement development that she had been considering:

*I started looking for retirement places... I was going to go down to one of these old houses, huge houses, converted into compartments, in its own grounds... but really it would have been completely unsuitable... because it had a huge drive up to the property. Well, I wouldn't have been able to walk up and down, and since I don't drive, well, I suppose I could have bought a buggy but, you know... it was very remote... I mean, when you were in there... they looked after the grounds beautifully and then, of course, you had all your meals made for you and you went down to breakfast, and you went down to lunch and you went down for dinner... a lot of them [residents] were older than I was and, really, the whole thing would not have been suitable.*

Her main concerns were around the location of the development and the types of residents living there. Location was also important to Rose Cross. Rose wanted to ensure access to the



NHS and other health services, so decided against moving abroad, but was then disappointed with the property available in the area around where her family were living (which happened to be near DGV):

*It was quite funny, because we decided to go to [abroad] on holiday and I said to Harry [husband] one day, well, what happens if we decide to buy somewhere [abroad] where we've got nice sunshine, etc, etc?... We decided rather than going [abroad] where we wouldn't get the health service that we could get here, etc. we would come this side of the country... So we came down and we'd organised that we would go and see about 12 houses [near DGV], and all around the area, to see if we could find something that we liked to buy. And they were dreadful, some of them were absolutely awful and I just couldn't envisage living in any of them.*

So far, this chapter has demonstrated that, in common with residents of other UK retirement villages (e.g. Croucher et al., 2003), many DGV residents had not been actively thinking about moving until they heard about the village. Family and friends were important in providing the initial information about DGV that prompted some residents to think about moving there even when they had not previously been considering moving at all. Less than a third of residents had considered alternative housing options, and the qualitative data suggest that some residents believed there to be a lack of suitable alternatives, particularly in the locations they were interested in moving to. The next section of this chapter discusses what specific factors attracted residents to DGV.

### **The 'pull' of DGV**

Residents who took part in the LARC surveys were asked about the reasons why they specifically chose to move to DGV. They could choose from a list of options as well as giving additional reasons in an 'other' category. The data in Table 6.7 indicate that, just as it was important to Gladys and Rose, location was the reason for moving to DGV given most frequently by residents. Just under half of all residents selected this as one of their reasons,

reflecting the prominence of this reason in previous studies (Krout et al., 2002; Croucher et al., 2003; Groger and Kinney, 2007; Burns, 2014). The ability to live independently but with support, the quality of the accommodation, the wide range of amenities and being closer to family were also in the top five most frequently selected reasons for choosing the village. 'Other' included reasons such as 'attracted by the whole package', 'allowed pets' and 'husband chose it'.

Previous studies have suggested that design features have been important pull factors (Croucher et al., 2003; Evans and Means, 2007; Darton et al., 2008). The qualitative data indicate that when residents selected the 'quality of accommodation' as a reason in the LARC surveys, it was often the types of properties (e.g. bungalows) available that they were referring to, as well as particular features within them that could meet their needs. Joan Kelly's priorities (and those of her husband) related to specific aspects of the design of properties:

*We wanted to get rid of stairs, which we have, and just walk in and around really. Not a lot of housework [laughs], quick flit round, you know, in an hour or so you've done everything... But what made it for us coming here, we probably would've said no, we'd been used to having a bathroom each at our other house. And when there was another toilet, two toilets – that did it. Norman [husband] said, yes okay. Because everywhere we'd looked at had never had two toilets before. And that, and that's what did it... Because if it only had the bathroom, I know Norman would've said no.*

**Table 6.7: Residents' reasons for moving to DGV**

<b>Reason for Moving to DGV</b>	<b>No. (%) of all residents (n=206) stating this reason<sup>14</sup></b>
<b>Location of DGV</b>	90 (44)
<b>Ability to live independently but with support</b>	82 (40)
<b>Quality of the accommodation</b>	81 (39)
<b>Wide range of amenities</b>	79 (38)
<b>To be closer to family</b>	74 (36)
<b>Wide range of social activities</b>	68 (33)
<b>Safe environment of DGV</b>	67 (33)
<b>Care services available on site</b>	61 (30)
<b>Design and layout of the community</b>	55 (27)
<b>Because of the LVA/LVNH scheme</b>	52 (25)
<b>Environment containing like-minded people</b>	49 (24)
<b>To ensure partner's care needs would be met</b>	44 (21)
<b>To ensure own care needs would be met</b>	43 (21)
<b>Exclusive environment of DGV</b>	43 (21)
<b>Care home formerly at DGV (pre-Anchor)</b>	28 (14)
<b>On the advice of others</b>	28 (14)
<b>DGV was the most value-for-money alternative</b>	27 (13)
<b>No alternative accommodation at the time</b>	16 (8)

<sup>14</sup> residents could state multiple reasons so percentages do not sum to 100

**Table 6.7 cont.**

<b>Financial packages on offer at DGV</b>	10 (5)
<b>Other</b>	36 (18)

When residents were asked what their one main reason for moving to DGV was, being closer to family was the most common reason given (see Table 6.8). The second most common reason clearly demonstrated the historical link between DGV and the LVA. As discussed earlier, the move to DGV was an expected step in the lives of some residents who were LVA members – and therefore often the main reason for them choosing to move there. However, others who ended up moving to DGV because of their links with the LVA had not shared this expectation during their working lives, as George Hughes explained:

*We were within the licensed trade and we joined the Licensed Victuallers National Homes, 30, 40 years ago now I suppose. Just because – around that time there was no intention of, you know, looking for accommodation... But we joined it as, A, it was a social occasion and B, it was fund raising and it was also an aid to business. Um, and then things changed. We had to retire through my wife's ill health early which put a hold on one or two things. Um, and we finished up renting. Because we were living in the pub, of course and we had to get out of there. We finished up renting privately, um, then we applied to the homes, um, which at that time they told us they were in the process of selling it to Anchor.*

Gloria Franklin's move would have been to council housing when she retired, had she not also had a connection with DGV through her work:

*We used to have a nursing home here. Well, I worked in there for 17 years, and I had a staff bungalow along the back there... I retired in 1997... I was on the housing list [council housing]... only ex-publicans were allowed to live here. And then all of a sudden they started to take in non-publicans, for some reason... So I said, to Matron,*

*“well why can't I come here when I retire?” So she said, “well, you'll have to go before the board, the same as everyone else”, which I did. And I was fortunate they gave me a bungalow, so I was very lucky, wasn't I?*

The ability to live independently but with support, and the location of DGV remained in the top five reasons given (Table 6.8). However, ensuring that a partner's care needs would be met – which was 12<sup>th</sup> in the list of reasons given most frequently when residents could select more than one (Table 6.7) – was in the top five reasons given by residents as their main reason for choosing DGV. Care and support services have previously been cited as attracting residents to UK retirement villages (Croucher et al., 2003; Evans and Means, 2007; Darton et al., 2008). Despite concerns about their own health and financial reasons being in the top five main reasons for moving in the first place (Table 6.2), these were among the least frequently selected main reasons for residents choosing DGV (Table 6.8).

Table 6.8: Residents' main reasons for moving to DGV

<b>Main reason for moving to DGV</b>	<b>No. (%) of all residents stating this reason<sup>15</sup></b>
<b>To be closer to family</b>	34 (17)
<b>Because of the LVA/LVNH scheme</b>	19 (10)
<b>Ability to live independently but with support</b>	17 (9)
<b>Location of DGV</b>	15 (8)
<b>To ensure partner's care needs would be met</b>	13 (7)
<b>Quality of the accommodation</b>	10 (5)
<b>Care home formerly at DGV (pre-Anchor)</b>	10 (5)
<b>Care services available on site</b>	10 (5)
<b>Safe environment of DGV</b>	8 (4)
<b>Design and layout of the community</b>	7 (4)
<b>On the advice of others</b>	7 (4)
<b>Wide range of amenities</b>	6 (3)
<b>Wide range of social activities</b>	5 (3)
<b>Exclusive environment of DGV</b>	5 (3)
<b>No alternative accommodation at the time</b>	4 (2)
<b>DGV was the most value-for-money alternative</b>	3 (2)
<b>Environment containing like-minded people</b>	2 (1)
<b>To ensure own care needs would be met</b>	2 (1)
<b>Financial packages on offer at DGV</b>	2 (1)
<b>Other</b>	21 (11)

<sup>15</sup> Data were missing for 6 residents.

Early studies in the US indicated that living in an age-segregated community was an attraction for residents (e.g. Cohen et al., 1988), but there has been a more mixed response from UK residents in recent studies (e.g. Evans, 2009b). A desire for company of one's own age was not specifically asked about as a pull factor in the LARC survey, but neither was it mentioned by residents in the 'other' category. In addition, no residents talked in their interviews about wanting company of their own age being a pull factor for moving to DGV. However, some residents maintained strongly that this was not something they were wanting, demonstrating an element of compromise in the decision to move to DGV:

*I never ever would have entertained [the idea of moving to] an old people's thing [development]... I just wanted a flat, but with other people, young people, children, you name it, and that's what I was looking for. (Judy Mills)*

*It's unnatural, for a start, all these old people. It's unnatural; it's not the way we are.*

*There's meant to be generations and a mix. (Nora Adams)*

Further indications of such compromises are present in the sections below that discuss differences in pull factors selected by residents in relation to their sociodemographic characteristics.

## **Gender**

64 male residents and 136 female residents answered questions in the LARC survey about their main reasons for moving to DGV<sup>16</sup>. As Figure 6.3 shows, the most common pull factor for both male (16%) and female residents (17%) was being closer to family. Higher proportions of male than female residents stated that their main reason for choosing DGV was because of the LVNH scheme (13% compared to 7% of female residents), their partner's care needs (8% compared to 6% of female residents), the design and layout of the community (5% compared to 3% of female residents), and because there was no alternative accommodation for them at the time (3% compared to 1% of female residents). Those residents who perceived that there

<sup>16</sup> Data were missing for 3 male and 3 female residents.

was no alternative accommodation for them at the time were mainly obliged to move because their old accommodation was no longer available. For these residents, DGV appeared to be somewhat a last resort because the other options they had considered were not viable:

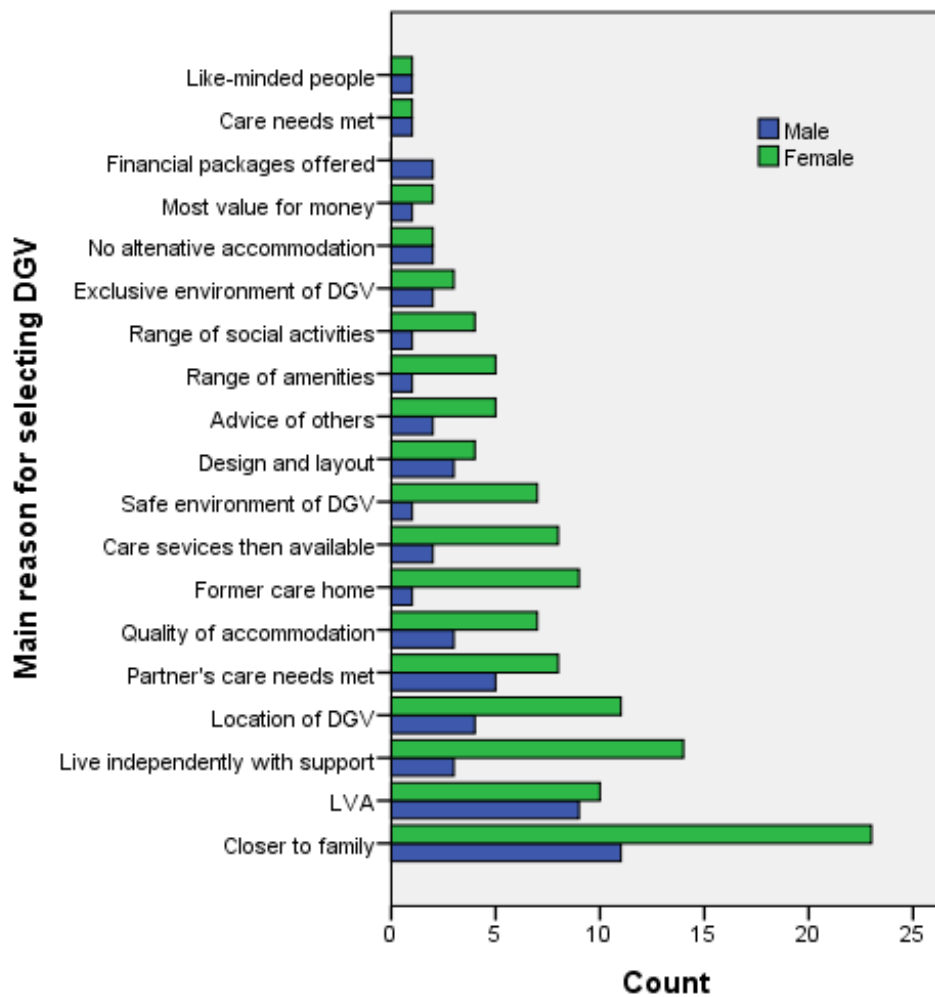
*So I'd been there [at an accommodation office] for two days from eight o'clock till five o'clock sitting there waiting – nothing. Then in the end, he [a friend living in DGV who is now Helen's partner] said, "forget it.... Come with me; stay with me". (Helen Willis)*

*Well, we tried to get somewhere to live. The council wouldn't accept us, so, someone said why didn't we try here? We'd never thought of trying here. So, we tried, and we had to come for several interviews, but as luck would have it, they'd got seven empty, at the time, seven bungalows... And so we were lucky we got one. (Mildred Lewis)*

While two male residents (3%) said that their main reason for moving to DGV was because of the financial packages on offer, no female residents gave this as their main reason. Higher proportions of female residents than male residents said that their main reasons for choosing DGV was because of the ability to live independently with support (10% compared to 5% of male residents), the care home that used to be on site (7% compared to 2%), and the safety of the environment (5% compared to 2%). It appears that female residents were also more attracted than male residents by the location (8% compared to 6%), the care services available (6% compared to 3%) and the range of amenities (4% compared to 2%). The leisure facilities were what ultimately convinced Judy Mills to move to DGV:

*It was the swimming pool and the gym, if I'm honest, they were the things that made me think, well, that – I was going to [another] gym at the time, on a regular basis, and their swimming pool – so I thought, ooh, that sounded quite good... We came and had a look, and as soon as I saw it I liked it straight away, looked at all the plans, all what there was.*



**Figure 6.3: Male and female residents' main reasons for moving to DGV**

## Age

Table 6.9 shows the seven most frequently selected main reasons for choosing DGV, and the average ages of residents who selected these reasons. Croucher et al. (2003) found that people aged over 80 were more likely to focus on care services, whereas those under 70 were more likely to report social activities and location as important. However, this pattern does not appear to be present in data from DGV. The most common main reason for moving to DGV for residents in their 50s was to ensure that their partner's care needs would be met (3 residents: 20%), although this was followed closely by several other reasons, such as moving to DGV because of the LVNH scheme. For residents in their 60s, the LVNH scheme was the most frequently given main reason (9 residents: 14%). Being closer to family was the main reason

for the highest proportion of residents in their 80s (12 residents: 32%) ( $n=200$ ). The location of DGV was a main reason for higher proportions of residents in their 70s and 80s than in other age groups. The care home formerly at DGV, the design and layout of the community, and the range of amenities were more frequently selected as main reasons for moving to DGV by residents who were in their 50s (when they moved) than residents in other age groups.

Being able to live in the same community as a partner or spouse who needs care has previously been reported as important (Croucher et al., 2003; Evans and Means, 2007). Enid Foster, who was herself in her 50s when she moved to DGV, expressed her views about how important the nursing home was, not just because it could provide care for her husband if he needed it, but also because it was close by – within walking distance of their home – so she could visit whenever she wanted:

*Yes, the nursing home, yes down at the main entrance there. Yes, that was the main reason, because we thought, if he became ill again, we're on site. He's only there, I can wander in and out, you know, and see him, because that was a great loss when that went. That was really an awful blow when the nursing home went, because it was just so good, you know? And, that was our reason for moving here really.*

**Table 6.9: Age at moving and main reason for moving to DGV**

<b>Main reason for moving to DGV</b> (for reasons endorsed by ten or more respondents)	<b>Mean age (sd) at moving</b>
To ensure partner's care needs would be met	65.8 (7.7)
Because of the LVA/LVNH scheme	67.6 (7.6)
Care home formerly at DGV (pre-Anchor)	68.4 (9.0)
Quality of the accommodation	70.0 (7.1)
Care services available on site	72.7 (6.3)
Location of DGV	75.0 (7.7)
To be closer to family	75.7 (8.4)
Ability to live independently but with support	75.9 (7.4)

Around one in ten residents stated that the LVNH scheme was their main reason for moving to DGV ( $n=200$ ). However, a much larger proportion – just over half of all residents – entered DGV under the LVNH scheme (91 residents: 54%) ( $n=169$ ). While the age and tenure profiles of residents who moved to DGV under the LVNH scheme differed from those who did not, such analyses are beyond the scope of this study. Similarly, differences in reasons for moving given by residents moving before and after the redevelopment of DGV by Anchor Trust have also been excluded from reported data analyses.

### **Tenure**

The most frequently selected main reason for moving to DGV for those who owned their current properties was to be nearer to family (see Table 6.10). For those renting their properties, the most common main reason was the LVNH scheme. Higher proportions of owners than renters gave reasons such as the location of DGV, and the ability to live

independently with support. A larger proportion of residents who were renting than of those who owned their properties selected meeting their partner's care needs as a main reason.

**Table 6.10: Tenure at DGV and main reason for moving to DGV**

Main reason for moving to DGV (for reasons endorsed by ten or more respondents)	Count (%) of residents in each tenure category stating this as their main reason ( <i>n</i> =179) <sup>17</sup>	
	Accommodation owned	Accommodation rented
To be closer to family	20 (27)	14 (11)
Because of the LVA/LVNH scheme	N/A	19 (15)
Ability to live independently but with support	14 (19)	3 (2)
Location of DGV	9 (12)	6 (5)
To ensure partner's care needs would be met	2 (3)	11 (9)
Quality of the accommodation	5 (7)	5 (4)
Care home formerly at DGV (pre-Anchor)	N/A	10 (8)
Care services available on site	3 (4)	7 (6)
<b>Total Number</b>	<b>53</b>	<b>75</b>

To summarise, DGV's strongest pull factors appeared to be its location (particularly in terms of proximity to family members), its links with the LVA, its ability to support independent living, and its potential to meet a partner's care needs. These support the theme in the qualitative data of the move being perceived as offering environmental solutions in terms of property features, care services and access to family. Exploring factors according to residents'

<sup>17</sup> Data were missing for 4 residents who owned their properties and 2 residents who rented them. 21 residents who selected 'other' have not been included.

sociodemographic characteristics indicates that women were more concerned about being able to live independently with support, while men were influenced by their links with the LVA. Interestingly, it was reported earlier that a partner's health was more likely to be a factor that pushed women to consider moving, yet men were more likely than women to choose DGV because of their partner's care needs. This perhaps represents a difference between residents who were anticipating future needs, and those who were responding to current needs. Younger residents were also more likely to be moving to ensure that their partner's current or future care needs would be met, while older residents were more likely to be moving to be closer to family. DGV's ownership history was clearly reflected in the reasons given by residents of different tenures, with LVA membership a distinguishing factor for many of those residents renting their properties. Compromises in terms of age-segregation and a lack of suitable alternatives were evident in the qualitative data. The next section discusses the psychological and emotional experiences of moving, and the additional compromises that this sometimes entailed.

### **The experience of leaving a previous home and moving to DGV**

In their interviews, residents were asked how they felt about moving and leaving their previous homes. Like several other residents, Violet Dixon and Enid Foster both found the experience challenging, but also talked about how their families helped them to cope:

*Oh, I was, torn apart really [laughs]. Yes, it was jolly difficult to leave. But, [daughter] was there and she, she helped a lot... She was very, very supportive, and well, she took over really, yes [laughs]. (Violet Dixon)*

*[I was] really upset. Really you know, dreadfully upset, but the children all came along, you know, and uh, my daughter-in-laws all came along... I mean, it wasn't easy. (Enid Foster)*

In contrast, Henry Nicholson said that he was glad to leave, and did not find moving difficult.

For many residents, moving created tensions between rational and emotional considerations, meaning that compromise was inevitable. Residents acknowledged that their decision to move was generally based more on practical, rather than emotional factors, but that it frequently necessitated leaving behind memories, places and people. Clive Lane described how, in his case, practicalities took priority over his preferences for living near the coast, while Judy Mills had 'mixed feelings' about moving because it meant leaving her home and other places that were associated with memories of the past:

*I was sad to leave the sea: I loved the long walks along the promenade. But here you are, you know, that, it was obviously going to be more suitable for my wife, living here, with all the care that was available. (Clive Lane)*

*It's where I had the children, and where the children grew up, so it was um, a bit mixed that I was leaving their home, if you like, as much as mine, and all their memories we were leaving behind. (Judy Mills)*

In contrast, some of the residents who entered DGV under the LVNH scheme felt that they were moving to a place that already held memories for them. Rosa Scott was not only relieved to be moving to somewhere where she would have more help caring for her husband, but she also felt that she knew what her life in DGV would be like, given the connection with DGV that she had resulting from her membership of the LVA:

*It was a relief for me because I was able to get help with my husband's illness... I'd no qualms at all [about moving], because I knew what I was coming to, I was coming to care and attention, because I'd worked for this, this establishment for so long [fundraising] that I was... I felt a privilege to be able to come and live here, to be honest. I know I might sound a bit soppy about it, but it really was. We were looked after so well...*

Other Licensed Victuallers felt an even stronger attachment to the village before moving:

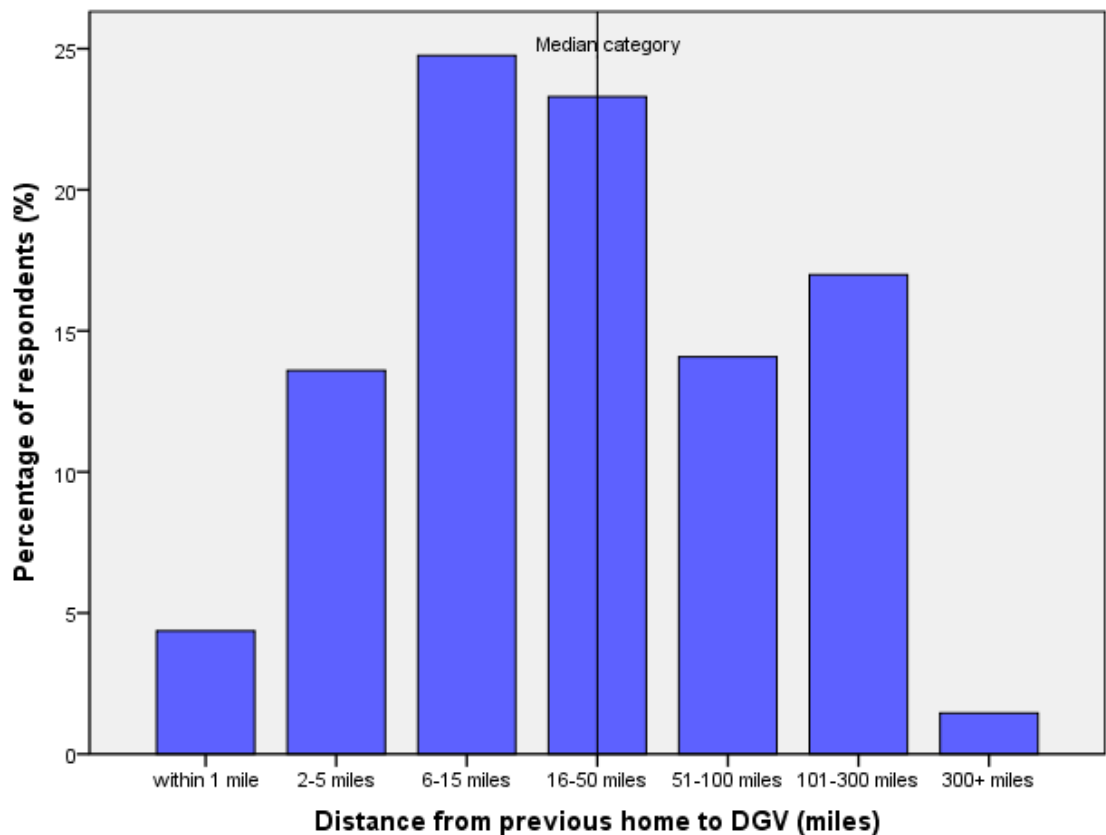
*We supported it when it was the old LVNH. I was chairlady here in '98 and, um, for years, ten years before that we used to come to functions here, raise money for them, that sort of thing... I still think of it as – because being a chairman here – I feel it's my Denham... A lot of people come in now and it's just anything. It's just a block, but... it does mean a lot to you because it was our ground. You know, we fought to keep it going, we tried to keep it going... and so you do think of it as being our Denham.*

(Susan King)

A range of other factors were perceived by residents as impacting on their experience of moving away from their previous homes. The distance that residents were moving was seen by some as influencing their experience of moving. These distances ranged from 0.2 miles to 5,900 miles<sup>18</sup>. The average (median) distance moved was 22 miles. Three residents moved to DGV from outside the UK. The largest number of residents (51 residents: 25%) moved between 6 and 15 miles (see Figure 6.4) ( $n=203$ ). 88 residents (43%) were living 15 miles or less away from DGV before they moved, supporting previous findings that many residents move to retirement communities from the local area (Bernard et al., 2007; Croucher et al., 2007). 77 residents (38%) had moved between 16 and 100 miles, and 38 residents (19%) had moved more than 100 miles to the village.

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<sup>18</sup> The survey asked residents about where they were living immediately before moving to DGV, and so the data do not represent the true distances that may have been moved by a small number of residents who had been living with family or other accommodation on a short-term basis before moving to DGV – either after moving from, or selling, their previous home elsewhere in the UK, or after moving from abroad.

**Figure 6.4: Distances residents moved from their previous homes to DGV**

Mildred Lewis moved only a short distance to DGV. When she was asked how she felt about moving, she replied 'I didn't mind because it wasn't far, you know'. Freda Parker felt that it was harder for residents who were moving from further away because they did not have the same local connections:

*Nearly all these people [residents] come from round... well loads and loads of people do, come from this area, you know, all round Marlow and Henley... and then there's all Uxbridge and Pinner and Ealing. They come from all round here so it's just nice for them actually... I don't come from this area... Well I mean they [residents moving from the local area] go into Uxbridge. They meet up with people they already know, have known for years. They [their local friends] come here and visit or they come and get them and take them out so I think that makes a big difference.*



Several residents thought that the length of time they had been living in their previous homes would affect their experience of moving. Marjory Newman said that she felt 'sick to the stomach' for months before moving, because she had been living in her house for 42 years. However, Nancy Jones, who had also been living in her previous home for 30-40 years, was surprised at not finding the experience as difficult as she was expecting it to be:

*Well, strangely enough, it wasn't too bad really. I was a bit... I was dreading it really... But I knew that it came to the question that it had to be done... So it wasn't as bad as I thought it was going to be.*

Residents' past experiences of moving also appeared to play a part in how they experienced the move to DGV. Some residents had moved recently before moving again to DGV. Clive Lane had moved to a flat as it suited him and his wife better after she had a stroke; other residents had moved back to England after living abroad; and several residents who had been in the pub trade, like Henry Nicholson, had moved many times during their lives:

*For thirty nine years I was a publican. I moved from pub to pub to pub, you know. I've had about eight or nine pubs in those thirty nine years.*

This made the move a less momentous occasion than it was for residents who had not moved many times before. For Gladys Ashton, who had lived in her previous home for over 70 years, moving to DGV was her first ever experience of moving:

*It was a traumatic move for me, in as much as I'd never moved in my life before... I was there all my life. I was born in the house.*

While moving was a significant change for Gladys, she described how visiting her previous property (after she had moved to DGV) marked an end point for her:

*I went back... and we went down and looked at the house and they'd changed the colour of the door, because we always had green doors on. And, they changed it to white and it hit me and I said to [family member], "oh come on, I don't want to see any*

*more here”, and just, that was it and I haven’t gone back... I just decided that, you know, the whole thing was, you know, that was it over. I don’t want to go back.*

Other residents did not feel the same attachment to their properties in the first place. Susan King, who had been living in her previous property for four years, explained that not owning her property made it easier to leave it behind because she felt ‘it was never ours really’. While none of the other residents mentioned this specifically in their interviews, it is likely that not owning their properties may have been a reason why some of those residents who had only been living in their properties for a short time before moving to DGV found it relatively easy to leave their previous homes.

### **6.3 Conclusions**

The findings in this chapter have highlighted some of the reasons behind people’s decisions to move to an age-segregated community like DGV, and how these varied according to characteristics like age and gender. Top reasons for moving included concerns about health, running the home and maintaining the garden, and being closer to family, while reasons for selecting DGV included its location, its ability to support independent living and to meet a partner’s care needs, as well as its links with the LVA. However, as noted by Bekhet et al. (2009), push and pull factors often overlap. Indeed, analysis of the qualitative data offers a different perspective on reasons for moving, highlighting specific factors or details that were important, and illustrating the connections between reasons. Changes in life situation were argued as being of fundamental importance in prompting the decision to consider moving, and it was sometimes perhaps these changes that meant that residents were receptive to the idea of moving to DGV when it was introduced to them by family or friends.

It is also argued that moving was seen as offering environmental solutions to current needs, or to potential future needs, particularly in terms of property features, care services and access to family. However, DGV was sometimes seen as the one viable option rather than being chosen as the preferred environment from a range of suitable options. In addition, the decision to

move was generally based on practical rather than emotional factors, meaning that compromise in terms of emotional attachments and age-segregation was necessary. The next chapter moves on to explore what residents' lives were like once they had moved to DGV. It examines the factors that influenced residents' everyday lives there, including their initial experiences of settling in and joining an existing community after their moves to the village.

## **Chapter 7: Everyday life: the environmental context**

Chapters five and six introduced DGV and its residents, and explored residents' reasons for moving to the village. In many cases, people were moving to DGV following major life events or changes in their personal circumstances. It was proposed in Chapter six that by moving to DGV, people believed that they would be moving to live in an environment with fewer physical barriers, and with increased practical and/or emotional support and interaction.

This chapter (Chapter 7) and the subsequent chapter (Chapter 8) follow on from findings on residents' journeys to DGV. They explore what everyday life is actually like for residents once they have moved to DGV, with a particular focus on the connections between people and place. The current chapter examines the relationships that residents have with the environment. It considers the physical environment of DGV, in terms of both how residents operate physically in the village, and also how they feel about their levels or types of interactions with the environment. The chapter also looks at other aspects of environment (e.g. social, natural, psychological, spatial) drawing on residents' accounts of their psychological, emotional and social experiences and connections within the village, and how these shape their everyday lives.

The emphasis of the following chapter (Chapter 8) will be on the individuality of residents' experiences of everyday life and how this is influenced by some of the connections between people and place that are highlighted in the current chapter. It will introduce a framework for considering the everyday lives of individuals, which focuses on what people do with their time, where they spend their time, who they spend it with, and the extent to which they are integrated within the DGV community.

The quantitative data in the current chapter are from the LARC wave 2 survey. Where denominator n values differ, this is due to missing responses from individual residents to those survey items. The chapter is structured around three overarching themes resulting from initial

qualitative data analysis – everyday life in the house and home; social, physical and emotional connectedness; and living in a ‘managed’ environment.

## **7.1. Everyday life in the house and home**

One of the seven key themes resulting from the qualitative data analysis was ‘everyday life in the house and home’. This theme encapsulates residents’ experiences of living in and using their properties, both in terms of the practical and physical aspects as well as the emotional and social dimensions of house and home. Residents talked about how the design of their properties impacted on everyday tasks and activities, and described some new, unanticipated, environmental barriers that they had faced after moving to DGV. In some cases residents had tackled particular issues by adapting their properties, but others lacked the resources to do so. Being able to personalise space, feeling a sense of permanence and stability, and having connections to the wider community, were all important in creating a sense of home. In contrast, being located within a larger development gave some residents a sense that they were living in an institutional environment rather than a home. Three aspects of everyday life – properties at DGV, outdoor space, and experiences of feeling ‘at home’ – are now used to illustrate these sub-themes.

### **Properties at DGV**

UK retirement community residents are generally satisfied with their own living space (Bernard et al., 2004; Evans and Means, 2007; Burns, 2014), and residents at DGV were no different – indicating that this type of living environment is working well in many ways for older people. Chapter five (section 5.1) described the property types available at DGV (apartments, bungalows and houses). In the survey, the majority of residents who took part liked their property and were happy with the number and size of rooms (see Table 7.1). Residents were asked to give an overall score to their property out of 10 (where 10 was perfect and 0 was terrible). Scores ranged between 2 and 10 with an average (mean) score of 8 out of 10.

While most residents were happy with their properties, the qualitative data revealed a variety of design features that were seen as being unsatisfactory. These included a perceived lack of storage space and lack of privacy. Echoing these qualitative findings, the survey data show that the majority of residents disagreed or strongly disagreed with the statement 'I have enough space for storage' (see Table 7.1). The lack of storage space appears to be a common problem in UK retirement communities (Bernard et al., 2004; Bernard et al., 2007; Croucher et al., 2007; Barnes et al., 2012; Chandler and Robinson, 2014), yet comments from residents suggest that the need for adequate storage had not successfully been addressed by those designing properties at DGV. Residents may have removed the environmental barrier of maintaining a larger house and/or garden, but this resulted in a new barrier in terms of storage.

**Table 7.1: Satisfaction with property**

	<b>n (%)<sup>19</sup></b>
<b>All things considered, I like the house/flat</b>	
Strongly agree	80 (51)
Agree	73 (47)
Disagree	3 (2)
Strongly disagree	-
Total	156 (100)
<b>I am happy with the number of rooms in the house/flat</b>	
Strongly agree	75 (48)
Agree	65 (42)
Disagree	12 (8)
Strongly disagree	4 (3)
Total	156 (101)
<b>I am happy with the size of the rooms in the house/flat</b>	
Strongly agree	67 (43)
Agree	76 (49)
Disagree	9 (8)
Strongly disagree	4 (3)
Total	156 (103)
<b>I have enough space for storage</b>	
Strongly agree	12 (8)
Agree	28 (18)
Disagree	64 (41)
Strongly disagree	52 (33)
Total	156 (100)

Bathrooms were also frequently mentioned in interviews as being less than ideal, impacting on the ease of completing cleaning tasks and the enjoyment of bathing. Specific issues included: the design of (and difficulty of cleaning) drainage areas (see Figures 7.6 and 7.7 later in chapter) and the provision of curtains (which were harder to keep clean) rather than glass screens in shower areas; individual residents' preferences for the inclusion of baths over showers or vice versa; and the perceived poor quality of the sanitary ware. These issues had led to a number of those residents who owned their properties adapting and/or refurbishing their bathrooms, as Rose Cross described:

<sup>19</sup> Some percentages do not sum to 100 due to rounding errors.

*We revamped the en suite bathroom and the main bathroom [...] Harry's [husband's] bathroom, he couldn't get in and out of the bath very well, so we've put a big shower in there. He's got a stool in there and he has a big shower in there, so that's for him [...] And the shower room in the main bedroom [...] the concept of it was fine, and I'd love to talk to the architect at some stage and say, you know, "yes, that's fine for a young person who..." Because they have these grilles; you've probably seen them in places. But, you know, taking those up, bringing them downstairs, jet-washing them to keep them clean – it was a nightmare. Um, and then you had a curtain which, obviously, needed washing every week [...] So we retiled the en suite and put in a whole new shower tray and glass partition which is easier to manage, basically. I mean, why they put some of the stuff in these houses that they did, for older people, just is beyond me.*

These findings suggest that although residents were satisfied with their properties, some of the design features did not improve their everyday lives, and in fact may have created issues or environmental barriers (e.g. storage and cleaning) that they had not experienced in their previous homes.

### **Outdoor space**

Chapter six identified that difficulties with garden maintenance were mentioned by most residents as a reason for moving. However, this did not translate into residents no longer wanting access to gardens or outdoor space at DGV. Indeed, outdoor space was an important feature of home for many residents, as has been reported in previous studies (Burns, 2014; Croucher et al., 2003). For Gloria Franklin, outdoor space was so important that she prioritised it over all other aspects of the property, including privacy and location within the village:

*I accepted an apartment over the bar [...] I was extremely happy there. I was on the top floor over the bar. It was so quiet and private up there [...] It was absolutely lovely.*



*But I had no balcony, nowhere to sit out. I only had like a Juliet<sup>20</sup> [balcony], where you open a door. And so I said to [a member of DGV staff], “ah, if... any chance of a move?” She says, “I thought you liked it up there?” I said, “I do.” “What do you want to move for?” “Nowhere to sit out”. She said, “well, there's six people on the internal moving list in front of you, so you'll have to wait, but you can have one”. I said, “right”. A few weeks later, she called me over. She said, “ah, do you mind what area you go?” I said, “no, not as long as it's got a patio, I don't mind”.*

For most residents, the desire for outdoor space either arose from wanting to sit outside their property, or was because they wished to personalise the space by using it for tubs and other plants. Susan King and George Hughes described how they used their outdoor space for socialising:

*We've got a very good neighbour down, down the bottom next-door so we tend to sit out there and chat [...] Last night we had eight people around for a barbeque [...] just burgers and sausages, but we sat out there from one o'clock till eight, nine o'clock with them all, and because they've only got balconies, so to them, it's nice. (Susan King)*

*We sit out in our back and we have a bottle of wine with them [neighbours] – “oh do you want a glass?” as they go by. And they come and they join us. (George Hughes)*

However, other residents felt that they lacked sufficient outdoor space, or that outdoor areas had not been designed to maximise useful space or to offer sufficient privacy. Helen Willis did not make use of her balcony because she felt that it was too overlooked, while Ed Heath pointed out that some apartments had swing doors, rather than sliding doors, opening onto their balconies. These swing doors precluded the use of a large proportion of the space on the balcony.

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<sup>20</sup> A Juliet balcony does not protrude out of a building, but comprises a decorative or protective railing in front of the lower part of an outside doorway or window on the upper floor of a building.

The quantitative data indicate that 117 residents (75%) agreed or strongly agreed that their property had sufficient outdoor space ( $n=155$ ). However, this meant that a quarter of all residents who took part in the survey disagreed or strongly disagreed that they had sufficient outdoor space attached to their property. The importance of outdoor space in homemaking has previously been reported (Bhatti and Church, 2000), and some residents had requested permission from the village management to extend their patios by a few rows of paving slabs – adapting the environment in order to give them sufficient space for their desired activities. However, while Ed Heath was satisfied with the amount of outdoor space he had, his consideration of other residents meant that he was still limited in using space in the way he wished to because he was in a ground floor apartment below other properties:

*EH I can't have a barbeque here. [...] When we lived here before [the village was redeveloped] we literally lived outside. You know, a barbeque to us was nothing. I mean we didn't have barbeques specifically and invite friends in. We just looked in the fridge, nice evening, looked in the fridge, "have we got any sausages or have we got...? Right". And we had a barbeque. So we lived out, out of doors all the time and that was great. Here you can't have a barbeque. Well, you could, but everyone would be screaming, you know, about the smoke [...] smoke rises so everybody's going to get it.*

Rose Cross felt that more thought should have been put into the location of properties within the natural physical environment of the village:

*We've got the issue of the trees [...] As you can see, my windows are absolutely disgusting because it's the sap comes down from the trees. [...] there's 18 of the things down the road, so it's quite a lot [...] these houses are far too near the edge. They should have moved everything over a lot more [...] There's aspects of it [the design of the village] that are lovely [...] There's some beautiful, little bungalows up at the top, and some of the apartments are great because they have a great view and everything else. Some of them I wouldn't touch - they're down in hollows and they're*

*in, near the woods and they're going to be dark. Whoever buys those, well, they've got my blessing because I wouldn't want to live down there. It's too dark and too claustrophobic feeling. I think they've done that badly.*

Aside from the location of properties within the natural landscape of the village, the issues that residents talked about in relation to outdoor space and gardens at DGV were usually to do with a lack or insufficiency of individual, private space. No residents talked about having any particular issues with the shared outdoor spaces that the village design included, but these were clearly not seen as replacing the function of, or their desire for, private outdoor spaces.

Given that the maintenance of previous gardens was a key reason for residents moving to DGV, these findings show that removing or reducing private outdoor space replaced one environmental barrier with another one that impacted on everyday life in a different way. Residents no longer had issues with garden maintenance, but instead they could not all access the type of outdoor space that they wanted to, or use existing spaces in the ways that they wished to.

### **Feeling 'at home'**

Most residents reported feeling emotionally connected, or 'at home', in DGV. Rosa Scott's description of what made her property a 'home' reflected many residents' views about their own properties. She said:

*Well, every four walls is a person's home. It's what they make it. You can go into every bungalow, every apartment on this estate and I bet there's not two, you've not been in one that looks like another one. Every one is different because that's the person that lives in it. It's their nest and they do it as they want it. And, although every one is the same make and the same height and everything, every house is different, and that's because the person living in it, it's their personality.*

Rosa's comments suggest, to some extent, that she saw individuals as part of the home environment, not just living in the environment. Psychological traits such as personality, together with the decisions people made about furnishing and decorating the home environment, created its individuality and personalised nature.

For some residents, particular aspects of their properties were important in creating a sense of home. Highlighting again the importance of outdoor space, Rosa Scott's own individual outdoor space, combined with the privacy of the gardens outside her own and her neighbours' properties, created an atmosphere that she enjoyed and allowed her to add her own personal touches:

*This little corner here is lovely [...] We're very secluded, and we're very kind of, homely. We've all got our own little umbrellas and our own little patches.*

Other residents explained that their experience of home derived not only from their own individual property, but also from other characteristics of the village. It has previously been reported that self-contained accommodation gave residents a sense of being 'at home' rather than being 'in a home' (Croucher et al., 2006). Despite the fact that one of the design concepts for DGV had been to introduce features like atria and the winter garden to avoid an institutional feel (Hynds, 2007), residents like Mildred felt that the overall design of the buildings did give the village an institutional feel, rather than one of 'home':

*It's not homely for one thing, is it? One, someone I had come [to visit], they said "it's like coming into a prison", you know, because you're in and you're shut in, and that's it, you know, you're in your cell. (Mildred Lewis)*

Susan King described how living with residents who were less mobile than herself and how seeing evidence of their disabilities gave her a sense of living in an institutional environment:

*There was a lot of disabled people around that area [...] so everywhere was wheelchairs and that made us feel quite... old [...] I think because of all the*

*wheelchairs everywhere because they, they park them outside and everywhere you went it was wheelchairs and you... over there you felt as if you were in a nursing home rather than a residential home.*

For other residents, the sense of feeling at home primarily originated from their connections with people in a geographical area that stretched beyond the boundaries of DGV. George Hughes felt that being part of the outside community was one way of making himself feel at home in the area:

*JL Do you feel at home in the village?*

*GH Ah, yeah, I think it's because I make, make myself feel at home. It's like the coffee morning I do for Macmillan. I support the two in the village [outside DGV] and we have ours [in DGV] on a Thursday. They have theirs on the Fridays; one in higher Denham and one in lower, down the road here. So they come up to see me. Well, come up to see the thing here and I go down to theirs. And so consequently I know two people in the village, two other organisers of Macmillan things. We go to a meeting... I go to most of the neighbourhood watch meetings, whether it's here [DGV] or down the village [outside DGV].*

The feeling of permanence, or stability, in their place of residence that residents experienced also made a key contribution to their sense of home. This link was explicitly made by some residents in their accounts about how they saw the village as the place they would be living in for the rest of their lives:

*[I] definitely [feel] more at home here because I know this is where I shall... next time I move from here will be taking me out in a box. (Susan King)*

*When you talk of home you feel [it is] somewhere where you're settled, you know, for the rest of life. And I've never sort of felt that until now. And I feel this is sort of, well the*

*end of the road, you know. This is, I think I'll peg out here, you know.* (Henry Nicholson)

While feelings of 'home' were clearly something that residents often created themselves through personalising their own properties and outdoor spaces, and making connections with people in DGV and the wider community, other environmental factors – for example, features of the built environment over which they did not have any control – also played a part in the extent to which DGV felt like 'home'.

## **7.2. Social, physical and emotional connectedness**

Moving from a focus on the home environment, this section considers residents' experiences of the community environment. The section focuses on another key theme from the qualitative analysis, drawing together findings about residents' social, physical and emotional connections to, within, and beyond, the DGV community, and exploring the impact of these connections on their everyday lives. The sub-sections that follow illustrate how being in an unfamiliar neighbourhood with barriers to accessing services and resources outside DGV reduced some residents' connectedness with communities outside. This, in turn, may have resulted in DGV feeling like a safe sanctuary away from the unknown neighbourhood outside. Using and sharing spaces and facilities brought with it a sense of connection, but also divided residents and created tensions when resources, such as parking, were stretched, or sometimes when new residents joined in. The choices residents made were also related to, and sometimes restricted by, their commitment to being part of the community and conforming to its norms. Such conformity, or similarity, likely contributed to the development of friendships and residents described DGV as providing a wealth of social opportunities and informal support, yet measurements of social loneliness were no lower than in national data.

## Location of DGV

Chapter six highlighted location as a key factor in residents' decisions to move to DGV, but the qualitative data indicated that it was often DGV's location in relation to family that was important to residents at that stage. Once they were living in DGV, other aspects of location appeared to be emphasised more by residents – perhaps because any needs in terms of proximity to family had been met. Chapter five (section 5.1) described the location of DGV and its neighbouring roads, places and environmental features. Residents like George Hughes felt that DGV was in a convenient location:

*It's so central. You know, we can be in Birmingham [...] in less than an hour. Jump in the car, straight up the M4 – there [...] Where we're sited is such easy access to anywhere in Britain really. You're right on a main motorway link through to the West Country, North, South, airport.*

However, the village was seen by other residents as being in quite an isolated location. This did not, however, appear to affect how often the majority of residents went to places outside DGV. Most residents (94%; 144) who took part in the survey stated that they went outside DGV at least once a week or more frequently. However, one resident stated that she tended not to leave the village at all, and three residents said that they left the village less than once a month ( $n=154$ ). Despite the fact that the majority of residents left the village at least once a week, 30% (46) of residents disagreed or strongly disagreed with the statement 'the neighbourhood outside the village is familiar to me' ( $n=152$ ). Unfamiliarity is not always synonymous with not accessing a place (Phillips et al., 2011). The lack of familiarity may reflect a variety of factors including the types of activities that residents were doing outside DGV, the accessibility of the environment (discussed later), or it may be because when residents leave the village they tend to travel further afield rather than spending time in the local neighbourhood.

There were noticeable gender differences in how much time residents spent outside DGV. Male residents were more likely to state that they went outside DGV at least once a day (47%; 24) compared to female residents (27%; 28). Residents who were living with other people were also likely to leave the village more often than residents who were living alone. A total of 31 residents (66%) who did not have a car stated that this limited their mobility ( $n=47$ ). Access to cars may explain the difference between male and female residents. Overall, 43 residents (28%) stated that neither they, nor anyone else in their household, had regular use of a car ( $n=156$ ), but more female residents were living in households without cars (36% of female residents; 38 of 105) than male residents (10% of male residents; 5 of 51). Since, as described in section 5.2 of Chapter five, female residents at DGV were more likely to be living alone than male residents, the relationship between gender and access to cars may also explain why residents living alone tended to leave the village less often than those living with others.

Most residents who had access to a car did not report any problems with getting to places outside DGV. Nonetheless, the survey data show that 44 residents (29%) found it 'quite' or 'very' difficult to get to a bank or cash point outside DGV using their usual forms of transport ( $n=153$ ). This percentage is higher than national figures from 2010–2011, which show that 5% of men and 9% of women found it difficult to get to a bank or cash point (Nazroo and Jivraj, 2012). Residents who lived alone at DGV were particularly likely to find this an issue – 40% (30 residents) of those residents who lived alone stated that they found it 'very' or 'quite' difficult to get to a bank or cash point. Those residents who had rated their health as 'poor' were also more likely to state that it would be 'very difficult' for them to get to a bank or cash point (four out of ten selected this answer) compared to those who rated their health as 'fair', 'good', 'very good' or 'excellent'.

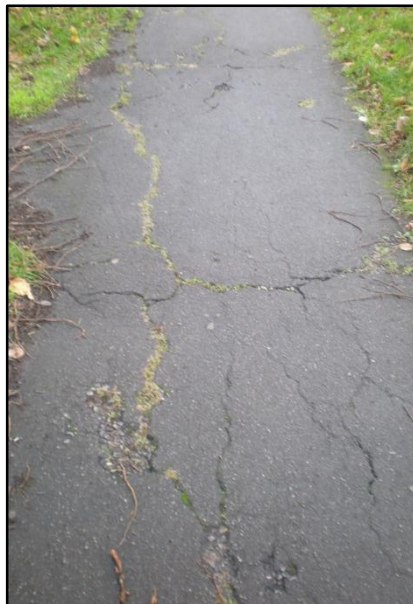
Forty residents (28%) stated that they would find it 'very' or 'quite' difficult to get to the hospital using their usual forms of transport ( $n=144$ ). Women were more likely to state that they would find this journey 'very' or 'quite' difficult (34%; 33 of 98 female residents) compared to men



(15%; 7 of 46 male residents). These percentages, again, are higher than national figures from 2010–11, which show that 17% of women and 13% of men found it difficult to get to a hospital (Nazroo and Jivraj, 2012). Those residents who were living alone at DGV were more likely to state that they would find it difficult to get to hospital compared to those who were living with at least one other person.

Travelling between DGV and the local shops and amenities outside the village was challenging for some residents. Thirty-four residents (22%) stated that they would find it 'very' or 'quite' difficult to get to local shops outside DGV using their usual form of transport ( $n=154$ ). The overall proportions of residents at DGV finding it difficult to get to local shops are higher than for people aged 50 and over in England generally. Figures for 2010–2011 show that around 6% of men and 8% of women found it difficult to get to their local corner shop (Nazroo and Jivraj, 2012). Findings from the LARC study have indicated that the condition of pavements outside DGV caused problems for some residents travelling outside the village on foot or using mobility scooters (Liddle et al., 2014). This issue, combined with the fact that getting to the nearest local shops on foot involved walking for at least 10 minutes and crossing a busy main road (the A412), is likely to explain some of the difficulties residents faced getting to local shops (see Figures 7.1, 7.2 and 7.3).

**Figure 7.1, Figure 7.2 and Figure 7.3: Main road and pavements on the route from DGV to nearest local shops**



These data about getting to specific places outside DGV seem to show that certain groups of residents were more affected than others. Women, residents living alone (who were also more likely to be female), and those in poorer health were more likely to find it challenging to get to necessary services outside DGV. That these proportions were also generally higher than those in national data suggests that features of the environment at DGV and/or resident characteristics impact on the ease with which residents can travel outside the boundaries of the village. Given that residents had moved later in life, in most cases away from places that

had become familiar to them over many years, they could no longer use their past knowledge about the areas surrounding them, routes to nearby places, and transport options. Although they could acquire new knowledge about the area they had moved to, it is likely that it would take some time to build up an equivalent level of knowledge, which may have impacted on their confidence to go outside the village, or their perceptions of how difficult it was. In addition, Phillips et al. (2011) describe how the aesthetics and usability of an environment can contribute to people's attachment to a place. Negative first impressions and/or pavements and other features making accessibility difficult (due to their poor condition) (see Figures 7.1, 7.2 and 7.3), may have led to DGV residents feeling detached from the local neighbourhood.

Even if living in a more unfamiliar neighbourhood impacted on the actual or perceived difficulty of getting to places outside DGV, it is also clear that the restricted mobility of some residents – and particularly those residents who could not walk far and/or relied on public transport – was exacerbated by the limited transport links:

*Here I feel it's far too big and we're on an island. We're surrounded by a motorway. You can't go anywhere unless you've got a vehicle. Some, I mean the younger element coming in, have mostly got vehicles but there are loads and loads of us that haven't and, you know, you have to rely on that little bus which comes in for the last time about three o'clock in the afternoon [...] it's not serviced enough, you know.*  
(Freda Parker)

Indeed, even residents with cars were very aware that they might face difficulties with getting to places outside DGV if they could no longer use their cars.

While some residents were happy with the existing public transport options, the perception of others in the village was that the services were not frequent enough, did not include many destinations, and did not run until late enough in the day. These are not uncommon problems for people of any age living outside the main cities in the UK (Social Exclusion Unit, 2003), but it is then questionable whether the location of DGV can really offer the 'balance of tranquil

rural surroundings and good transport links by road and rail' described in the DGV brochure (Anchor Trust, 2011), particularly for residents who do not have access to cars. In addition, the fact that the proportions of residents finding it difficult to get to necessary services outside DGV were generally higher than those in national data is perhaps surprising, given that residents were living in an environment supposedly designed for older people, and to promote 'independent living'.

### **Links with communities outside DGV**

Not only was the village perceived as physically isolated from the surrounding community, but the village community also appeared to be socially isolated from the wider community outside. Most of the residents who took part in interviews did not see themselves as being integrated in the outside community. While some did have a little social contact with non-residents (or 'outsiders', as they are commonly known by residents) who used facilities in the village, or whom they met in local shops outside the village, this was very minimal and did not seem to have resulted in friendships being formed. This was Susan King's perception of the extent to which she mixed with non-residents living in the wider community:

*I don't have much to do with them. If I go in the spa we talk to them, if we go swimming, we talk... if we're in the bar we talk to them, but because we really don't go downstairs much at night, we don't really mix with them. But when we go down the shops they all know where you're, you know, who you are if you're from here [DGV]. If you go down to the butchers and that and you mix with them like that, you know, and you get on the buses to go into Uxbridge and if everybody else is on it and they all say, "oh, cor aren't you lucky living in there", you know, and all that, sort of thing so, you mix like that but you don't really mix with them.*

Some residents from the Residents' Committee had tried to develop links with a local school outside DGV, but this initiative did not appear to have gathered much momentum, or to have developed any discernibly stronger connections between DGV and the local community. One

member of the Residents' Committee stated that other than the attempt to make a link with the local school, there was 'no other community activity around here that I'm aware of that people [residents] are involved with'. This view was shared by over two thirds (107 residents, 71%) of DGV residents, who disagreed or strongly disagreed with the statement 'I feel people know me in the neighbourhood outside the village' ( $n=151$ ).

This lack of social integration with the wider community appeared to be due in part to resident choice. It also perhaps explained, or was exacerbated by, the fact that non-residents were often blamed for issues relating to space in the village, whether that was parking space or space in communal facilities. For example, while Joan Kelly said that she did not have a problem with non-residents using the facilities in the village, she noted that some residents felt that 'outsiders' were taking over the space and leaving no room for residents:

*The other complaint is [...] you probably have had other people who say that when you get a lot of, as we call them, outsiders in the restaurant, which they've got to do to keep the restaurant going, you know [...] a lot of people feel that they can't get in there because there's all the outsiders like, you know [...] it doesn't worry us, to be quite honest, you know, but, you know, other people do, you know, feel it more, but it doesn't bother us really because we're never there, are we?*

Susan King expressed her opinion that the residential areas of the village should have been gated and restricted to residents only. Instead of concerns about lack of space, Susan's comments centred around her fears about safety:

*I think the village itself, they should have had the doctors' surgery down the front, the bar down the front, and the swimming pool down the front, and then for the private accommodation there should be a gate. So that nothing could come further so where all those, you know, as you come in all those... down there, everything should be down up until the crossroads. And then after the crossroads should be, like, gated so that you are protected. Um, people can't get in, um, because you do see vans going*

*around here and you don't know who they are and that, and everything should be at one end; then you wouldn't have the problem with the noise that people moan about and that, sort of, thing but that hasn't, hasn't affected me.*

Although Susan's views were based on the potential for 'outsiders' to cause trouble, other residents went further, and expressed their discontent about the actual behaviour of members of the public using the outdoor spaces and facilities in the village. Clive's comments seemed particularly to be directed at younger people:

*I think there are an awful lot of younger local residents who've joined the health club [...] The young men tear around on their motorcycles [...] A lot of the people who live near the health club do complain about the noise that goes on [...] I'm not keen on it [non-residents using the facilities]. I think that if you move into a retirement village it should be a retirement village. I think they've got it wrong, actually. (Clive Lane)*

On the other hand, there were residents who approved of non-residents using the village, and particularly welcomed the presence of younger people:

*From our point of view it's nice to see people from outside [...] younger people too, because that was the idea of it, we weren't just an old people's home. (Joan Kelly)*

*I love seeing youngsters here, but you know, you get other people that say, "oh, we don't want outsiders in the village, and we don't want children here" [...] and that's a little bit sad. (Judy Mills)*

Despite the fact that, as was described in chapter six, no residents reported that they had moved to DGV because of its age-segregated nature, Judy's comment above demonstrates the tension between the few residents who believed that a retirement village should be age-segregated, and those who did not see age-segregation as a desirable feature of life in a retirement community.

## The built environment

The shortage of parking in the village was a widespread complaint, and demand seemed to have been greatly underestimated by those designing the village. Rose Cross felt that the professionals who had designed the village had not anticipated that so many residents would have cars, or would have more than one car per household. This was arguably a correct interpretation, as the provision in the plans for the development was for 'low car usage with 0.75 spaces per dwelling plus communal parking' (Hynds, 2007).

The lack of parking spaces often led to non-resident visitors parking outside designated parking areas, on pavements, and in areas designed as 'shared spaces' with no kerbs, causing problems for pedestrians and those using mobility scooters:

*There seem to be cars everywhere [...] When you walk out and you go up to the doctors, they park on the path [...] We went there last week one day, and we had to literally walk in the road because there was two cars, they really parked [across] the whole of the pavement so you couldn't get either way, so you had to go in the road, which is quite bad really, isn't it? (Marjory Newman)*

The quantitative data support the qualitative findings that parking was an issue for some residents. Residents who rented their properties were more likely to disagree or strongly disagree (41% of renters; 31 residents) that parking close to their property was easy, than leaseholders (20% of leaseholders; 9 residents) ( $n=120$ ). This is likely to be due to leaseholders having access to specific allocated parking spaces, which those renting their properties did not have. Unlike some other mixed-tenure developments in the UK, most aspects of life in the village, such as residents' meetings and access to facilities and activities, were not separated according to tenure. However, despite the overall lack of division at DGV, the different parking arrangements for leaseholders and renters was a source of tension between residents, as will be seen later in this chapter.

In terms of other aspects of the built environment, some residents likened life in DGV to being on a permanent holiday. Joan Kelly's friends had described the village as being like a holiday resort because of the facilities and activities that were available, and she agreed with this comparison herself:

*JK      Lots of people we know that I write to and speak to on the phone, I tell them everything we've got, you know. And everything going on, and they say, "cor it's like a... a big holiday complex all year round", you know.*

*JL      And is that what you feel?*

*JK      Yes, really.*

Other residents were particularly pleased with the proximity and accessibility of other communal features, like the outdoor spaces in the village such as the woodland, and felt that these had a positive impact on their everyday lives. However, some residents commented that they believed the facilities in the village were not appropriate, or adequate for the size of the community. For example, the village hall was not big enough to accommodate even half of the total number of residents, which limited the number of people who could attend events and meetings, and in Susan's opinion, possibly made it harder for some residents to get involved:

*The hall will only take 100 people and so, if you're doing a function [...] it's got to be the first 100 people to buy a ticket and it's always the same 100 people because they're active, they can get in first. And you can't be seen putting tickets by for people so it's quite awkward. (Susan King)*

The design of the café bar was another contentious issue, in that it was commonly described as having no 'atmosphere', or 'no soul', particularly by the residents who had worked in the pub trade, or had been familiar with the 'Owl Bar' that had previously existed in DGV.

Residents like Marjory Newman, who relied on using communal laundry facilities in the village, sometimes found it difficult to transport their washing to and from the laundry rooms, or to find



a time when there were machines available. Marjory found this particularly challenging because her property was not located in the same building as the laundry rooms. She described having to 'drag' her heavy washing over to the laundry facilities and then sometimes found that there were no machines available. Residents in smaller properties, and particularly those who were renting, appreciated having access to laundry rooms because they did not have room for dryers and/or washing machines in their properties. However, although these residents had no expectations about having space in their own properties for laundry appliances, the decision to not incorporate space for them in the design of all properties was not necessarily best in terms of maximising the ease of everyday tasks. It was also another aspect – as was the case for car parking – where the physical environment was designed with fewer potential barriers for those who owned their properties than for those who were renting. Ed Heath's opinion was that the activities and facilities in the village were most valuable for those residents with limited mobility. He described how he and his partner did not use the village for their social or leisure activities because they preferred to go out in the car to local places such as nearby pubs. He viewed attending events in the village as potentially providing a substitute for his preferred way of life in the future, should his circumstances change:

*I mean there's so much going on in the village, if I was at the point where I couldn't use the car and I had to, sort of, stay at home more, I would use it. But I don't at the moment. I'm still very active, you know.*

Susan King expressed similar views to Ed's, but she perceived the difference to be more about age than mobility:

*SK We, we don't get involved with the evening entertainment here. You know, all the Bingo and things like that, we don't get involved in that yet.*

*JL Why is that?*

*SK I still feel a little bit too young for a lot of it. You know, we, we, we feel that we're younger than them and I think if I get caught into that, going to Bingo regular and all the things that they do, I... no, not yet [laughs]. Maybe in the future.*

However, Mildred Lewis, who did not have a car and spent most of her time in her apartment, expressed the exact opposite view. She felt that the village did not suit older people who were less mobile, but said that she thought it might suit younger people who were closer to the minimum age (55) for living in the village than she was.

### **Safety and security**

While some residents did not find the location or design of DGV to be ideal for them, as discussed earlier in the chapter, others did appreciate the isolation and bounded nature of the village in terms of the feelings of safety and security that it evoked – particularly in comparison with places outside the village. Although resident perceptions about safety inside versus outside the village may not have been accurate, the quantitative data indicate that the village was seen by most residents as safer than the outside community, particularly at night. Most residents (143; 94%) felt safe outside their properties within the village ( $n=152$ ). However, while again most residents (76; 88%) felt safe in the neighbourhood outside DGV in the day ( $n=135$ ), only just under half of all residents (41; 46%) felt safe in the neighbourhood outside DGV after dark ( $n=90$ ).

The perception that DGV was a safe environment to live in appeared to be part of the overall philosophy that residents shared about the DGV way of life. Rose Cross said 'it's a very safe feeling when you walk around here [...] you forget what the real world is like out there', and residents talked about how feeling safe contributed to their overall well-being and feelings of attachment to the village.

The feelings of safety experienced by residents appeared partly to be linked with the fact that they felt other residents were watchful and would notice anything untoward that occurred in the village. Susan King made this connection with feelings of safety in her interview:

*You watch out for every... you know, you feel very safe here. Everyone watches out for you and you watch out for them, so, you know, if I ever, you know [...] saw anybody looking in their [next door neighbour's] windows, I'll be chasing them.*

However, Gloria Franklin discussed the fact that some people might find this aspect of DGV community life undesirable:

*My friend said to me [...] "it must be like living in a goldfish bowl". It is, actually, thinking about it [...] Everybody knows what everybody's doing. But it's never bothered me. But wouldn't suit everybody, would it? [...] I never think anything of it, really [...] No, I don't feel that people are watching me all the time [...] But it is like living in a goldfish bowl [...] when you sit outside the café bar having a cup of coffee, everybody seems to know what everybody else is doing, but I said, "well, if people want to watch what I do, let them get on with it".*

### **Informal support**

Residents in general seemed to perceive the community as a supportive place to live in. This seemed, in no small part, to be due to the informal support provided by residents, such as the watchfulness described in the previous section. While being watchful could be described more as a mind-set that did not necessarily (or often) require intervention or action, in some cases, support was provided in a more direct fashion. Susan King gave an example of another resident who had experienced this type of support:

*Just this morning I was talking to someone [...] she said that she came here because she needed help with her husband [...] and she said she found that when her husband was very ill at Christmas, everybody phoned her, "can we do anything", "can we get you anything" and everyone rallied around and she said she wouldn't have got that outside. So, yes, support on, on site is very good, I think.*

In addition to one-off events like this in residents' lives eliciting support from other residents, informal support was being provided much more regularly in other instances. Violet Dixon described how her neighbours frequently helped her out with day-to-day issues:

*JL And, how do you find out what's going on in The Village?*

*VD Oh, I have to rely on people to tell me. Yes. I can't read the noticeboard or anything. I can't [laughs] read anything. Yes [...] People tell me, yes, yes. Yes, Rose [Cross] will come down [...] she's my big support.*

*JL What type of...?*

*VD [...] What type of things? Oh, well, of course not being able to see I switch off things that I shouldn't switch off, and I can't manage the, um, I couldn't manage the remote control on my television and sometimes I switch the wrong button and [laughs], and lose all my pictures, and they [Rose and her husband] do [that for me]. And, if, you know, if I, well I used to cook a lot, a lot for myself. I used to like cooking and of course I've burnt pans and, and, er, and, but Rose would come and, sort it clean it up for me [laughs]. She does all sorts of things, yes [...]. She has been very supportive.*

In addition, nearly all residents (96%; 149) who took part in the survey agreed or strongly agreed with the statement 'I believe my neighbours would help me in an emergency' ( $n=156$ ). The interdependence and reciprocity in these supportive relationships between residents in the community was mentioned by Susan King and George Hughes. While Susan focused on physical aspects, George emphasised the social and emotional aspects:

*It's just a favour, you know, if someone needs it then you help. Hopefully when I need it, they'll be there for me [...] We're all [neighbours] out there and in and out, help each other out, water each other's flowers, that sort of thing, look after each other's garden.*  
(Susan King)

*Well I think by them [other residents] being there. I think we get... They might not be offering you support, but by, talking to you, they are supporting you. And in the same way they're only talking to you... A lot of them are only talking to you because they are looking for support from you. So I think that you do help each other. Yeah, and I think that's quite... it's quite important actually. (George Hughes)*

In addition, Susan felt that helping others had benefits for herself:

*It keeps me out of trouble, [laughs]. I think, I think if you keep active you got to feel all right and, you know, like today I took somebody shopping because they wanted to get some things for the afternoon tea on Thursday [...] so I took her out to do that [...] I suppose it makes me feel a bit better to do something for somebody. If you can do something for everyone every day it's nice, isn't it?*

However, even though many residents felt that there was a good level of informal support in the village, others seemed unsure about how residents at risk of social isolation, or with increasing health needs, could best be supported since there was no formal strategy in the village to deal with this issue. Judy Mills highlighted the fact that there was no level of support below the formal services provided, and no outreach to those who might welcome some additional support:

*I think it's supportive if you go looking for support, but I don't think support's here otherwise. I think you would have to go and say, "I need support". We don't get anybody, not that I want anybody knocking, but we don't have any social network where people check up to see if people are all right. You know, I mean [...] the gentleman I'm friendly with down here, that's quite, quite poorly at the moment, and he has a carer in now, but I don't think anybody actually goes to see how he's doing. There's no social network that just taps his door and says, how are you today and, can I get anything for you? So, we haven't got that in our, in our community, which probably we could do with [...] I'm sure if you need the care, they're here to support us.*

*But there's nothing in between [...] there must be so many people that perhaps just could do with somebody just to call in and say hello to them. I'm not sure if we get that here. Probably we're all a bit selfish, seeing to our own lives, I'd say.*

One of the residents I interviewed described how she had felt so strongly about the lack of support to help new residents to feel at home and settle in, that she had set up a 'good neighbours' scheme:

*... because on the bus a lady just sat and wept, how unhappy she was without her husband. She'd been here 18 months and hadn't unpacked. She'd brought along her clothes, but not belongings to make her apartment home. And she was distraught about this. And that really moved me and I thought she can't be alone. So I went to [DGV management staff] and I said [...] "is there any way I could put a welcome card in or even take a cake, I mean anything to make... And then I could help them as to how to get to their nearest DIY store or Marks [and Spencer] or what bus would be easiest if they didn't have transport and that sort of thing". And she said well, she couldn't really, because of data protection, and at a similar time [another resident] had gone to [the staff member] with similar thoughts. So we got, sort of, married up at your do [a LARC project event for residents in DGV]. And literally within weeks we had everything up and running from finding out from mobile dentist to meals on wheels, and getting them all in place for people. (Female resident)*

However, many other residents were worried either about getting themselves over-involved or over-committed to helping others, or about making approaches that would not be welcomed by those they were trying to support. Betsy Wilson had particular concerns about a resident she knew, but felt that she was in a difficult situation:

*There's a gentleman I sit and have lunch with, and he's so lovely [...] He's charming. But I've seen a deterioration in him in the last, say, a couple of months [...] but I said to him today, because he goes, "oh dear, oh dear", and I said, "what is wrong?" And he*

*said, "well, I don't know whether life's worth living". And I said, "just forget it. We'll do the crossword", because we do it together. And he's really, I mean, he has deteriorated, bless him [...] he needs his family to sort more, or if somebody can go and sit with him in the afternoon for a little while [...] I think possibly there are two ladies, I think, that do go around helping if somebody, but of course he probably wouldn't know about that and... it's difficult, you don't like to interfere, because his son might sort of think, "oh gosh", you know, "nosy old..." [...] But I think he needs a lot more attention than he gets.*

However, Betsy's description of the resident in question could also be likened to Hochschild's (1973) argument that designation of other residents as 'poor dears' communicated their status within a shared community system of ranking (according to health or good fortune).

While residents appreciated help and support from each other, and were mostly happy to help others out when needed, the quotation above in particular demonstrates the challenges in identifying the boundaries between the support that residents could, and should be expected to, provide for each other, and the support needs that fall outside this category. Given that this issue had not been addressed formally within the village, residents were not only unsure what the formal services or staff in the village could provide in certain situations, but they were also unsure about what situations they should bring to the attention of someone else, and who that person might be.

### **Social relationships**

In addition to its informal supportive features, the social nature of the DGV community was also recognised and appreciated by many residents. The majority (86%) of residents who took part in the survey said that they had friends living in the village ( $n=154$ ), although those renting their properties were more likely to answer 'no' (20%; 16 of 79 residents) than those who owned their properties (9%; 4 of 45 residents).

Betsy Wilson described the contrast between living in the village and living in her previous home:

*Oh, it's, it's not so lonely as what I... when I was in [previous home] [...] here, it's just wonderful, because you can go... if you want to go down and have a little drink or just socialise down there [...] usually there's someone you can chat to if you want to. So that's good.*

Similarly, Susan King expressed how different the level of social contact was when she was staying outside the village in her daughter's house, and that socialising in the village was something she recognised as contributing to her feelings of being at home in DGV:

*It's quite funny because when we, I occasionally house-sit for my daughter and we go there, and sometimes we're there two, three, four, five days, we might not see a soul. We go to the shop, he [husband] gets the paper but apart from that we don't see a soul all day, we don't really speak to anybody. Well, as soon as you get back here, you're talking to everybody [...] it's lovely to come home; can't wait to come home, really.*

Violet Dixon went a step further by saying that she felt that the social aspect of life in DGV was having a positive impact on her health:

*Well, I see a lot more people [than where I lived before]. Yes, I, a day doesn't go by when I, you know, somebody will say "hello Violet" and, you know, at least half a dozen every day, and sometimes many more [...] I think, you know [...] socialising more and trying, to, endeavouring to keep cheerful is much better for my health isn't it.*

92% (144) of residents who took part in the survey agreed or strongly agreed with the statement 'I often stop and talk with people in the village' ( $n=156$ ). The constant availability of opportunities for social interaction in the village was an observation echoed by many residents, but despite this perception, there were some residents who felt that they had less social contact than they desired. In the survey, 28 residents (18%) stated that there were



times when they felt isolated in terms of their social relationships ( $n=154$ ). 28% (21) of those living alone reported that they felt isolated in terms of their social relationships at times, compared to 9% (7) of those who were living with other people. The explanations that residents gave in the survey for feeling isolated included factors such as: being housebound or not very mobile; not being able to get out of the village to meet people; the existence of 'cliques' in the village that made it harder to feel accepted; having different interests from other residents; not participating in activities, so being unsure how to meet people; living alone; being 'self-conscious', 'reticent' or 'shy' about talking to people or joining in; the design of the village not being conducive to interacting with neighbours; and bad weather.

Freda Parker experienced a change in informal social contact when she moved from a one-bedroom apartment to a two-bedroom apartment in a different part of the village in order to give her the space for her family to stay when they visited:

*I had a one bedroom flat [...] you could be on your balcony and somebody would walk along there and, "hello Freda, hello", but of course you can't here because it's... and it's quite lonely up here [...] people are walking past but half the time I can't see who they are [...] If I'm out there and I'm looking they wave but, you know, it's that contact, and I find it quite lonely up here actually.*

Of course, isolation does not necessarily equate to loneliness. Some residents were both isolated and lonely, while Clive Lane's comments demonstrate that in some instances, residents may feel lonely regardless of how sociable an environment the village is:

*When my wife died, actually, which was last October, for a time I found it quite lonely, really. I mean, I know there's all these activities still going, but the fact is that, you're on your own a lot.*

Chapter six showed that loneliness itself was one of the least often selected reasons for moving to DGV, but loneliness and isolation were highlighted in the qualitative data as two of the issues connected with living alone that residents hoped moving might improve. However,

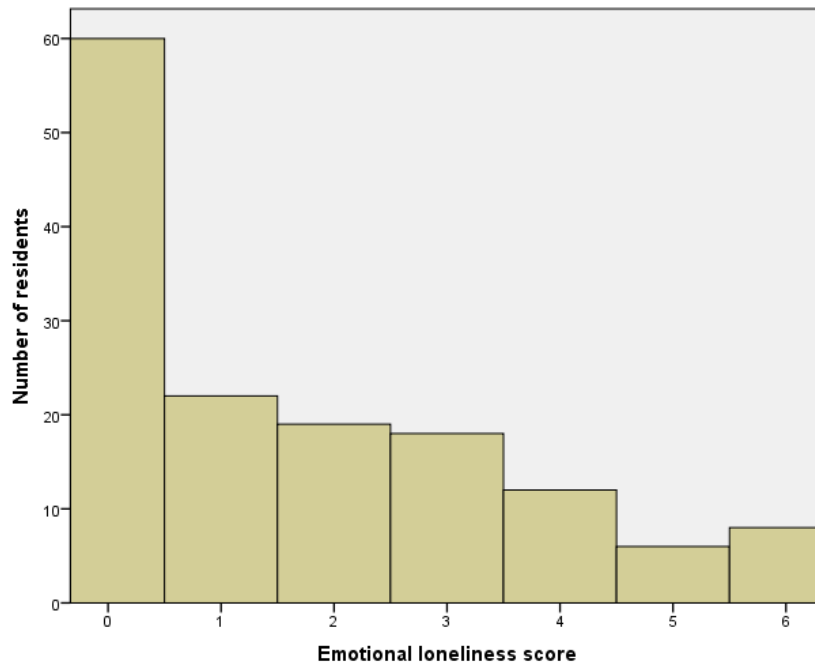
from the quantitative data presented here, it can be suggested that the proportion of residents who were lonely at DGV was the same, if not higher, than in the older UK population generally. Using the De Jong Gierveld and Kamphuis (1985) loneliness scale, just under half of all residents were categorised as not lonely, and just under half were also categorised as moderately lonely (Table 7.2). 8% of residents were categorised as severely lonely and 2% were extremely, or very severely, lonely. Similar proportions of men (43% of 46 men) and women (46% of 98 women) were identified as not lonely, or moderately lonely (52% of men, 42% of women), but 9% of women were severely lonely compared to 4% of men, and the three residents who were severely lonely were all female (3% of women). Comparing with other national data, Victor et al. (2005) reported around a third of older people as sometimes lonely, and 7% as often, or always lonely. More recent data for 2009-10 from ELSA identified 66% of people aged over 52 as never or hardly ever feeling lonely, 25% as feeling lonely sometimes, and 9% as feeling lonely often (Beaumont, 2013). Higher proportions of women than men reported feeling lonely some of the time or often in the ELSA survey.

Chapter four (section 4.4) explained that the loneliness scores can also be grouped to give emotional and social loneliness scores, where higher scores indicate higher levels of loneliness. Social loneliness occurs when individuals have fewer relationships with friends than they desire, and emotional loneliness refers to situations where individuals do not have the intimate, confidant relationships that they desire. Table 7.2 and Figures 7.4 and 7.5 show residents' scores for emotional and social loneliness. A higher proportion of residents scored 0 for emotional loneliness than for social loneliness. In addition, a higher proportion of residents scored the maximum score for social loneliness than for emotional loneliness, and the number of residents scoring the maximum score for social loneliness is higher than the number of residents who were identified as either severely or very severely lonely on the overall (total) loneliness scale. Those residents scoring the maximum score on social loneliness comprised 13% of female residents and 7% of male residents.

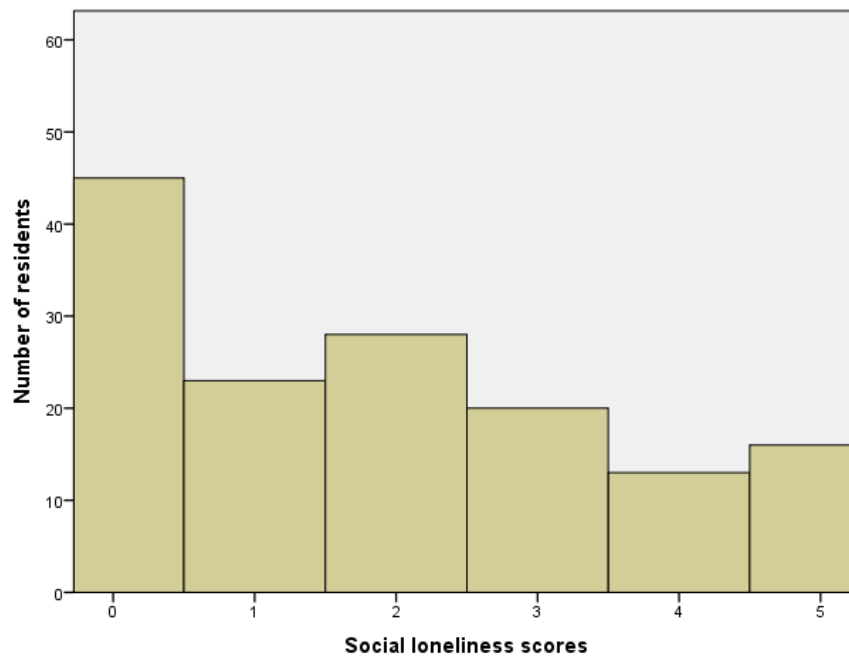
**Table 7.2: Scores on the de Jong Gierveld and Kamphuis loneliness scale**

	Male	Female	Total
<b>Overall score</b>			
Mean (sd)	3.1 (2.8)	3.7 (3.2)	3.5 (3.1)
Range	0-10	0-11	0-11
0-2 'not lonely' n (%)	20 (14)	45 (31)	65 (45)
3-8 'moderately lonely' n (%)	24 (17)	41 (28)	65 (45)
9-10 'severely lonely' n (%)	2 (1)	9 (6)	11 (8)
11 'very severely lonely' n (%)	-	3 (2)	3 (2)
<b>Emotional loneliness score</b>			
Mean (sd)	1.4 (1.7)	1.8 (1.9)	1.7 (1.8)
0 n (%)	20 (14)	49 (34)	60 (41)
1 n (%)	11 (8)	11 (8)	22 (15)
2 n (%)	3 (2)	16 (11)	19 (13)
3 n (%)	6 (4)	12 (8)	18 (12)
4 n (%)	3 (2)	9 (6)	12 (8)
5 n (%)	2 (1)	4 (3)	6 (4)
6 n (%)	1 (1)	7 (5)	8 (6)
<b>Social loneliness score</b>			
Mean (sd)	1.8 (1.6)	1.9 (1.8)	1.9 (1.7)
0 n (%)	14 (10)	31 (21)	45 (31)
1 n (%)	7 (5)	16 (11)	23 (16)
2 n (%)	11 (8)	17 (12)	28 (19)
3 n (%)	7 (5)	13 (9)	20 (14)
4 n (%)	4 (3)	9 (6)	13 (9)
5 n (%)	3 (2)	13 (9)	16 (11)

**Figure 7.4: Emotional loneliness scores**



**Figure 7.5: Social loneliness scores**



The finding that more residents were socially lonely, than emotionally lonely, is interesting to bear in mind when individual residents' everyday lives are examined in more depth in Chapter eight, and it is apparent that even some residents who apparently had a lot of social

interaction with other residents felt that much of this was at a superficial level, with acquaintances rather than true friends.

Those residents who were happy with their levels of social interaction commonly felt that similarity was one factor that connected residents:

*We've most of us got the same problems in some, one way or the other. You know, if you've got something wrong with you and they say "well my doctor says this to me and I've got this" and you go to your doctor, my own doctor and I say "I've got this wrong with me, one of your other patients had this, do you think it would do me any good?" and anything like that. So, you know, that is a sort of comradeship. (George Hughes)*

*Everybody's here in the same boat, everybody's the same age [...] everyone's needs are the same, very friendly, lots going on. (Susan King)*

While Susan King's description is clearly a generalisation, it does sum up the view of many residents that their social connectedness was rooted in shared experiences and characteristics. Indeed, Chapter five showed that the majority of residents living in DGV were White, middle class, and of British or Irish nationality, and in the survey, 120 residents (77%) agreed or strongly agreed with the statement 'I like to think of myself as similar to the other residents who live in the village' ( $n=156$ ). However, it is possible that the lack of diversity at DGV in terms of socio-demographic (or other) characteristics has meant that where diversity does exist, its significance is magnified and seen as a sign of not fitting in with the shared community identity of the majority. In addition, the promotional material for the village specifically describes it as a community of 'like-minded people' (Anchor Trust, 2011), creating or reinforcing residents' expectations that they would be living in a homogeneous community.

In some cases it appears that rather than valuing or embracing diversity, residents have perceived those who are different from the majority as outsiders. This seems particularly noticeable for residents such as Helen Willis, who – as described in the portrait in Chapter five – felt that she was excluded because she was perceived as 'a foreigner'. It is also

demonstrated by Susan King's attitude towards living in an environment where signs of disability such as wheelchairs and mobility scooters are present, which was mentioned earlier in this chapter.

Once again, the data in this section suggest that certain groups of residents tend to have less positive views of their social relationships in the village than others. In addition, DGV may offer high levels of social interaction, but this has not resulted in lower than average levels of loneliness in the community.

### **Integration of new residents**

Those residents who had moved into DGV during or after the redevelopment had the experience of moving into an existing community. Some, like Susan King, found this an easy transition and described making friends as being a straightforward process:

*Everyone that moves in, you just say hello. Everyone answers you. Which is nice because you're, you all know that you're the same here, you're all equal here, um, everyone, you know, they... you know you live here so everyone just speaks [...] you just see someone move in and you'll see them coming out of the door and say hello to them and tell them who you are, where you live and everything and that's how, you know. (Susan King)*

Other residents who were licensed victuallers, like Rosa Scott, described experiencing particularly warm welcomes:

*You're just welcome as one of the family, you know [...] It's always been open arms as far as I'm concerned.*

Even Gladys Ashton, who had lived in her previous home for over 70 years and had never moved house before, found that she settled in easily:

*It was a traumatic move for me, in as much as I'd never moved in my life before [...] they [the existing residents] were very kind to me. I mean, they took me in and, you know, welcomed me and they didn't have any animosity [...] I just sort of settled in, you know, like a duck took to water, so we say.*

In contrast, other residents, like Helen Willis, did not appear to have made these connections with the existing community. She spoke about how residents ignored her when she was on her own, because she was a 'foreigner', even after over ten years living in the village. As mentioned earlier in the chapter, it is possible that Helen felt, and/or was being, excluded and treated as an outsider by other residents because she had a noticeably different background from the majority of residents. She said that she missed her 'home' and her culture, and explained how she felt other residents treated her:

*When I am by myself to say "hello", nobody answer me, but if I am with others, they say, "hello Helen" [...] I find it strange [...] So I say "hello", nobody answer me or they don't even... they ignore me anyway [...] You know, why? I'm [the] same person. I haven't changed. What's it mean [if my partner is] with me or not with me? I'm same person [...] Sometimes I say to them... "good weather, nice weather", something like that only [...] you know, [to] make them a little bit feel accepted from my side [...] Just [...] to give them, you know, that I'm a friendly person.*

Many residents talked about how the community had changed over time, and how they felt existing and new residents were getting on better as time went by. Of those residents who had initially had problems integrating into the community, unlike Helen Willis, the majority had found that these issues were diminished once they had been living there for a while. While resident opinion was often that the community itself had changed, and was still changing, George Hughes summed up the way several residents seemed to feel about settling in to the village:

*Of course, you're adjusting, doesn't matter who you are, you are adjusting to both the surroundings and, and the people. So I think it, it's like growing into, to it, you know.*

However, Nancy Jones described how challenging she still found the experience of going along to events in the village:

*NJ Going into the hall is a bit frightening though really. I really like to get in there first of all, and I hate walking into a place where there are lots of people and I'm standing there and [...] if there was anything going on in the village, sort of thing, hall, as I say, I'm a bit daunted [...] But then some people seem to walk into a place and they, you know, they breeze in, don't they? They don't seem to mind, do they? And I go in there and I see this room full and I'm absolutely petrified, even though I've been here all this time [...] where shall I sit? and all this, then, of course, it puts me off more when you go in there and they say to me "you can't sit there. So-and-so's sitting there, you can't sit there" [...] You feel like saying "oh, bother, I'm off".*

*JL Does that happen a lot?*

*NJ Yeah, they're a bit cliquy here. That is the only thing here is they are a bit cliquy, yeah. And you go and sit at their tables and all that [...] I mean, it's not as bad because I don't go down to lunch that often, but when I do, I normally sit away from it. They all seem to have their, their different tables. But, then again, if they go down there every day and they have friends, then, naturally, they will sit at the same... you've got to think of it that way. Yeah, and they, they can, that is the only thing, it could be a bit cliquy, yeah.*

Nancy's feelings about attending events and activities were not unique. Earlier in this chapter, similar explanations were given by residents about why they were isolated or did not have enough company. However, although Nancy did not feel that her confidence had increased over time, Violet explained how going along to events with other people had enabled her to conquer her anxiety:



*I used to go [to activities] with [my neighbours] and they would look after me but, I suppose I was a bit apprehensive but they made me feel very welcome and [...] I went along with them, yes [...] I don't now, you know, I go on my own now. (Violet Dixon)*

Violet lived alone, and had developed friendships with her neighbours. However, for other residents living alone, the challenge of going along to activities for the first time on their own may have been insurmountable.

### **Divisions in the community**

Residents often highlighted various positive characteristics, like the strong sense of community, that they seemed to perceive as being typical of, and distinctive about, the DGV way of life, despite the fact that they were often describing very different situations or scenarios from the ones they described themselves as experiencing personally. Many of these characteristics appeared to form parts of a shared community story about everyday life in the village, which was retold among residents and staff, and also conveyed to outsiders.

As the extracts at the end of the previous section on social relationships demonstrate, Nancy and Violet felt that their experiences were partly affected by the behaviour of some of the other residents. However, Nancy, and some other residents, tended to qualify their criticisms. This was possibly in an effort to present themselves in a good light by demonstrating that they were able to see both sides of the situation, but could also perhaps have been a way of ensuring that they did not distance themselves too much from those whom they were criticising, either in order to maintain their individual sense of community, or to ensure that they could still legitimately present the strong sense of community to outsiders as a key characteristic of DGV.

Despite the apparent philosophy of positively endorsing various aspects of life in DGV, Nancy was not the only resident to talk about the existence of cliques in the village. Freda and Joan were both put off attending activities because of this issue, and Rose Cross had made a conscious decision not to make any close friends in the village:

*I don't go down in the evenings even because I'm not, it's really very cliquey here I find [...] it's difficult to infiltrate the groups, you know, of people. (Freda Parker)*

*I don't go to the film on Monday. I went once but [...] Well, it got a bit elitist. The people that was already there before us sort of had their own group and that, and you felt that you were in, you know, a new one and sat on somebody else's seat and all that, you know. Yeah, little cliques of groups and that. I mean, they'll welcome you [...] they'd soon join you in once you get used to it, but you feel as if you're pushing in, like, you know, and that, so I don't do that. (Joan Kelly)*

*I made a conscious decision not to get involved with anyone on a... on a personal, social basis here, because I decided that there was an awful lot of tittle-tattle, um, and back-biting. Ah, and I thought, no, I don't want to be part of any of that if I can help it [...] I've got enough on my plate without actually trying to build a personal, social relationship with, maybe, another couple or another person. Um, I'm friendly with people, don't get me wrong, but I've enough going on without... [...] I mean, I've consciously not got into a group here or into a clique or anything like that. I don't want it. (Rose Cross)*

The survey data also indicate the existence of divisions in the village community. 53 residents (34%) who took part in the survey agreed or strongly agreed with the statement 'if residents in the village were planning something, I'd think of it as something "they" were doing rather than "we" were doing' ( $n=155$ ). One of these divides was discernible through the tensions that existed between some of the longstanding residents and those who had moved in during or after the development. George Hughes described his experience of beginning to integrate into the community:

*To begin with it was difficult. Well because I think a classic instance was, we were in the bar, Molly [wife] and I, one evening, and we're sitting there with old [male resident], who's dead and gone now, and he just turned to us and he said "are you one of us or*

*one of them?” And my reply was “well I’m certainly not one of them” and that was it. It broke the ice and there was that, us and them, which there still is [...] But I found that was the hardest [...] was getting accepted by the older [established] people.*

He felt that going on a trip away with some of these residents was the important turning point in his relationships with existing residents:

*Early in our stay, I think it was October time, we went... there was a vacancy on a coach outing for a weekend break which we went on and that was a good thing, because it wasn't from here – it was organised from outside. So there were outsiders and people from the village and by being away in a different environment we were mixing together. So by the time we came back from that weekend break we were seeing people who'd ignored us previously, but then realised we were on a similar sort of wavelength. And it certainly made a difference [...] a few days away makes all the difference to the spirit.*

George's account appears to demonstrate that some of the divisions in the community were due to residents being wary of 'outsiders', or holding preconceived ideas about them, and shows that it was possible to deal with or improve these divisions given the right circumstances.

### **Choice, commitment and conformity**

A common view among residents was that the village provided everything that someone could want in their everyday life. Declarations by residents along these lines were also usually combined with statements about the freedom of choice with regard to participating in village life. For example, Freda Parker said 'there's everything here if you want it, and if you don't it's up to you'.

The prominence of 'choice' in residents' accounts of life in DGV accords with the concept of the village as 'a "lifestyle choice" offered to residents' that those designing the village had

focussed on (Hynds, 2007). From the point of view of many residents, this principle applied to all aspects of life in DGV, including events and activities, social interaction and the use of facilities. The village was often portrayed as suiting all personalities and lifestyle choices, despite the fact that this contradicted the idea that DGV was a community of similarity:

*If you want to interact with everybody you can, if you want to be a recluse you can be. And that's absolutely true. If you want to sit inside and watch your TV and you don't want to integrate, fine. You can do that. It's easier to do that. If you really want to get to know people, you've got everything to be able to do just that. (Ed Heath)*

This philosophy around choice appeared partly to be strengthened by residents championing aspects of village life. Residents often talked passionately about the fact that they had facilities like the gym and swimming pool available to them should they choose to use them, regardless of whether they used the facilities themselves or not.

Despite the widespread comments about residents having choice about the way they led their lives in the village, some residents expressed the view that individual residents had a duty or responsibility to engage with village life. This was often mentioned in relation to making friends, as is evident in Judy Mills' comments:

*I mean I don't think it's fair to sit back and think everyone's going to knock on your door and say, "do you want to come out?" You've got to go out and join in to start with and meet the people and get to know people, and, and then your friendships come from there, don't they? [...] it probably could be quite lonely here for some people if they don't come out and make friendships.*

In fact, Susan King went as far as to say:

*You come in here because you want to mix with people and if you don't want to mix, really, you shouldn't come in here, should you, really?*

The comments made by quite a few residents appeared to indicate that living in the village had influenced their thoughts about their own lifestyles. Nancy Jones directly expressed this link:

*Living here, it makes you feel you've got to improve yourself, keep up with things, sort of thing.*

However, while other residents did not verbalise this connection, it can be inferred from their use of words such as 'should' and 'supposed to' when talking about what they did and did not do in their lives. For example, some residents' comments indicated that perhaps the inclusion of facilities like the gym and swimming pool in the village, along with their widespread endorsement by residents, stimulated feelings of ambition, obligation or guilt among residents about the need to live physically active lifestyles. Enid Foster described how she knew that the steep paths in some areas of the village were 'supposed to be' good exercise but that she would prefer to have a flatter walking route round the village. Gladys Ashton appeared to be reproaching herself for not making the most of the facilities that were available to her, but at the same time she acknowledged that other residents were behaving in a similar way to her:

*I should be using the gym [...] I'm a bit lazy on that. I should be doing that more.*

*There's a good few other people there, and they are doing the same thing as I'm doing – opting out where they should be opting in [laughs] [...] I mean, it's there and I should be using it. It's a shame really, because it's there.*

Judy Mills also stated that she 'should be going to the gym' and 'challenging' her body.

However, when asked about why she no longer went, it emerged that her reasons for stopping were not due to the physical activity itself:

*I found it embarrassing [...] I used to like going down swimming, and then a few times I went, and there was only one or two of us in the pool, and I don't know, I just feel as though you haven't got any privacy, if you like [...] I'm quite self-conscious [...] so I stopped, and the same as the gym. I used to go to the gym, and I found there I started feeling quite uncomfortable, so again, if there was a lot more people in there, you*

*could get lost in the crowd, but when there's only two or three of you in there, you just feel as though you're being watched all the time, and I, it wasn't for me, so I just stopped going – but I should go, I know I should, but [laughter] I haven't.*

Other residents also expressed similar reservations about using the gym or swimming pool, such as being embarrassed to be seen wearing a swimsuit. However, despite their personal preferences and feelings about these experiences, residents still appeared to feel that they 'should' be taking part in these activities, as Judy's quotation above demonstrates.

Some of the other aspects of residents' lives appeared to be influenced by their commitment to being part of a community. Some residents felt that they should be helping to sustain facilities or services. For example, Joan Kelly felt there was an onus on residents to support the village shop, but was reluctant to do this when she believed that it was much more expensive than shopping in a supermarket. Susan King described feeling a need to try to fit in with the lifestyles of her neighbours, and being aware of their dissatisfaction if she did not do this:

*You sit out there [on the patio] until 12 o'clock and all of a sudden you think, oh, God, it's 12 o'clock, we should go in [...] All the lights are out, everyone's in bed at 9:30pm but us and next door, we're the ones that seem to be always sitting out until late, you know, and always in trouble [laughs]. There's always, you know, "oh, they're out there again".*

The choices that residents made about their everyday lives were, in some cases, clearly influenced by their commitment to being part of the community, but in other cases may have been affected by the pressure they felt to conform to community norms and expectations. Those residents who chose not to conform, or could not because of their individual characteristics or circumstances, may have been the ones who felt less positive about aspects of their lives in DGV such as their social relationships.

## 7.4. Living in a ‘managed’ environment

As the section above described, despite the proclamations from residents about their individual freedom of choice in the village, there were various instances in which residents’ thoughts or behaviours appeared to be influenced by being part of the community in DGV. The theme of ‘living in a managed environment’ represents one of the most striking differences between the situations of many residents before, in comparison to after, they moved to DGV. The next sections describe how, in some cases, residents felt that their ability to make their own decisions was restricted by organisational control over how the village was managed and run. In addition, the organisation had the potential to remove (perceived) barriers in terms of care and support needs that residents had (or anticipated) before moving, but provision did not always seem to meet residents’ expectations and/or needs. In addition, uncertainty about such provision contributed to residents feeling a sense of uncertainty about the future. Maintaining independence, and removing environmental barriers, were key to residents’ decisions to move to DGV, so these organisational (and community) influences were not necessarily all in line with such aspirations.

### Resident autonomy versus organisational control

The first example of organisational control relates to the ability of residents to change features of their properties that they were not satisfied with. As highlighted earlier, some residents who owned their properties had made changes such as refurbishing their bathrooms. However, residents who rented their properties did not have the same freedom to make modifications because of the conditions in their rental agreements. Henry Nicholson had issues with cleaning his shower (see Figures 7.6 and 7.7), but was resigned to living with the situation:

*There’s a walk in shower and there are metal slats on the bottom. And about every three weeks or a month they get absolutely black or covered with, more or less slime [...] so you’ve got to lift them up. I bring them out here [gestures to grass outside property] and I scrub them with bleach and water, with a heavy scrubbing brush.*

*Because it's like an algae. You know, it sticks to the underside of the metal [...] But it keeps me occupied for a couple of hours, you know, scrubbing away there [...] You can't have everything, can you.*

**Figure 7.6 and Figure 7.7: Metal slats in shower**



Nora Adams and Gloria Franklin both also rented their properties, which were fitted with showers rather than baths. Nora was told by DGV staff that she could not have a bath installed due to 'health and safety', which she felt was inequitable when residents who owned their properties had baths in them. While Nora felt annoyed that she was not permitted to put a bath in her property, and was insulted when it was suggested that she could use the DGV assisted bathroom, Gloria was delighted with this idea and it provided an ideal solution for her:

*There's an assisted bath here [...] I use it occasionally, because [...] I hate a shower. I do not like showers. I like to stretch out in the bath... I can get in a bath and sit down easily. Can't get out of it [...] Anyway, I said to [a staff member] [...] "can anyone use that assisted bath?" She said, "yes, why?" I said, "well, I don't need assistance. I can bath myself", I said, "but I've been in and looked at it, and you just press it and it goes down like [...]" I said, "I'll be able to get out fine"... She said "I want you to sign something to say if you do fall, you won't hold us responsible". I said, "well of course I won't". So I signed that, and occasionally it's lovely to be able to go and have a bath [...] I can't understand why more people don't use it, because it is so easy. And it's a*



*long bath, and a wide bath [...] it's marvellous to get in the bath [...] I just don't like a shower. It's not the same. (Gloria Franklin)*

The second example of organisational decisions impacting on how residents felt about the choices they had was in relation to the involvement of staff in advising or instructing residents about their relationships with other residents. For example, some residents reported that they had been advised by staff not to remain too involved in supporting other residents. Joan Kelly gave the following example of this occurring to her and her husband, but indicated that in a way, it had been advice that they had welcomed:

*When we first come here, we started to give a lot of help to support the older ladies but we were told [by DGV staff] we mustn't [...] Well Norman [husband] used to help an old lady over there and she used to have her tablets and that delivered and that. She's almost blind and that, you know, and she asked Norman to help her and they [DGV staff] said "you mustn't" because if she had taken an overdose or not done the right thing, you know, it could come back on us [...] we were told, no, we had to leave her alone [...] We weren't very happy about it, but then on the other hand, some people if you try to help them, they take liberties, because then she wanted us to start running her to the doctor and this, there and everywhere, you know, and you felt you couldn't say no, but it wasn't always convenient, so I mean in, in a way [...] it's relieved us a bit by not being too involved.*

Freda Parker believed that there had been an increase in the level of control maintained by the organisation:

*FP They seem lately to be getting more and more rules. When I first came it was very relaxed but now there seem to be rules, "you can't do this and you can't do that", all down to health and safety I think.*

*JL What sort of rules are you thinking about?*

*FP Well, you know, we used to put all our pots and everything outside and we're not allowed to do that now.*

Issues like those described above, which related to residents' levels of control and autonomy in the village, were perhaps especially relevant to residents who were renting their properties. Data from one of the survey questions give some indication of the extent to which residents felt that they had control or input into the decisions that were made in the village, for example about what changes they could make in their homes. Around a third (52; 33%) of the residents who took part in the survey agreed or strongly agreed with the statement 'residents have little say in how the village is run'. There did seem to be a difference in how renters and leaseholders felt: 36% of those residents who rented their properties (29 of the 80 renters) agreed or strongly agreed with the statement in comparison to 22% of residents who were leaseholders (10 of the 45 leaseholders).

### **Formal support**

In addition to overall organisational decisions about which issues residents were permitted to retain complete control over, and which issues were within the remit of management staff, the third main way in which residents were affected by organisational decisions and processes was if they were receiving help or support from DGV staff.

112 residents (76%) reported that they were 'satisfied' or 'very satisfied' with the help they received from DGV staff. However, 20 residents (14%) reported that they were 'dissatisfied' or 'very dissatisfied'. 10% of residents were 'neither satisfied nor dissatisfied' ( $n=147$ ). In their interviews, residents also expressed contrasting views about the formal support available in the village. Some, like Gladys Ashton, were happy with the support they received:

*I get them to clean my house every week for the last five years [...] they do it perfectly all right, and I'm quite satisfied [...] They come and feed my cats when I'm away on holiday, and that's worked perfectly all right, thank goodness. So, I haven't needed to*

*put them into a cattery, which is a great help to me. Yes, both those services I find, at the moment, is working perfectly all right for me.*

However, other residents did not feel that the standard or level of provision was adequate, and of these, a few had resorted to arranging their own support privately from organisations or individuals outside the village. Others had turned to their family for help at times when they had experienced major health issues. Violet Dixon's comments below demonstrate how several of the services provided within the village had not lived up to her expectations:

*I don't think much of their alarm system, I expect somebody else has told you that. They say, oh I forget what they say now, but they say "hold on, your, your call is, will be answered as soon as possible" and they go on and on and it goes on for ever [unclear] [laughs] I could be dying or bleeding to death by now [...] It takes a long time for them to respond.*

*When I first came they said "would you like us to ring up every day and see if you're all right", and I said "oh yes" [laughs], and they did for a couple of days, but after that... [they did not ring again]*

*I did at first have them [DGV housekeeping staff] but I didn't think they were very good [...] they came and didn't do anything much. She used to stand and look out of the window and put the cleaner round like this [demonstrates a half-hearted vacuuming action] and she never moved anything [...] And I thought well this isn't very good, I could do that myself [laughs].*

Mildred Lewis had experienced a similarly disappointing level of service, but seemed more accepting and resigned to the situation:

*They haven't got time to do anything like you do it yourself, you know. They only just Hoover the middle, nothing's moved, you know. So, that, that worried me at first, but then I thought why should I worry? It's not as bad as all that.*

One of the main issues that Enid Foster experienced when her husband was receiving care, was the variability in the quality of support. The standard particularly appeared to depend on which individual carers visited. She described how distressing this was for her and her husband at times:

*At one stage I had difficulty that if my husband needed to go to the bathroom [...] they couldn't always send someone down to help me, which was very distressing to him, because it meant using the pad, which he hated [...] I think perhaps it was whoever was on call really. There were a couple that were on call that I wasn't really too mad about, if you like, doing anything extra. You know, they were sort of not here between two and five, or they were with somebody else, which I can appreciate. Don't get me wrong, I can understand that, but I was also in a position where I couldn't help my husband, so it was, oh, it was frightening really, I found that very difficult. Very, very difficult for him, very difficult for me, and it's a normal bodily function, you know, and not to have that back up when you ask for it was very difficult. It really was, that was one of my huge, major problems.*

Some residents felt that the charges for support were disproportionate to the tasks being carried out, as Freda Parker asserted:

*A lady rang me up and asked me if I'd take her down for Sunday lunch every week because she's fed up with paying the carer. I mean this carer takes her down, pushes her up to the table and goes away. Comes back about an hour or two hours later, however long whenever she says, picks her up and takes her back and it costs her something like £12.50. It's terribly out of order.*

The concerns of other residents were specifically around the mentality and attitudes of staff. The lack of 'care' was mentioned by several residents as being disappointing. In all cases, residents appeared to be referring to 'care' in affective terms, rather than in the sense of providing physical support. Nancy Jones struggled to put her perception of this into words:

*I'm not so sure about the carers here [...] They don't seem to be, um, they don't seem to have that appeal that they should have to do things [...] they don't seem to somehow have that feeling they should have, I think really [...] you wouldn't feel confident in talking to them or anything somehow really, yeah [...] two or three of them, without mentioning any names, are okay, they're fine [...] But the others, they've never been rude or anything to me, but they're just, sort of, don't seem to have that same kind of, what's the word I'm looking for? Feeling that you think they're carers. Yeah, and as I say, they haven't got that caring feeling.*

Susan King felt that this genuine care for residents had been present in the village when it was run by the LVNH, but that it had been lost after the redevelopment:

*If you've got a problem here it's, "okay, take a note, okay that's it. I've took a note", and you'll think, "oh, that won't get done" or, you know, "that will take a little while", whereas you knew in the old situation that it would get done instantly. You know, you were a person, not just a number. You weren't [house number and road] you were, Susan King and you needed a job done and it would be done, which you don't get now.*

Susan particularly emphasised the personal approach that she felt was missing from staff in the village. In part, this came from her own experience of running pubs, and she felt that the lack of respect was due to the age of the staff working in the village in comparison to that of the resident population. She described why she felt that age was an important factor:

*[In the old bar] they knew your names, they were older people [...] The people that were behind the counter were older, they'd had pubs of their own. Yeah, I just think that the people in there, being a little bit older, you got a little bit more respect [...] Now, when I had my pub [...] I would always have older people because I think if you, when you come in, like, especially a lot of publicans, and people, you know, people that aren't publicans go in, you want a little bit of respect. You want to be addressed as*

*who you are, but you go in there [the new DGV bar] and they're always playing about and it's not a young, it's not a youngsters bar, you see, is it? When you've got an over 55 [development] you should have older people there. It would be fine if it was all the 30 plus mark but it's not. It's over 55s and they, they just don't give it the right, you know, the right respect. That's all, I just feel that they need someone older.*

However, Rose Cross had a 'good rapport' with staff in the village and recognised that some of them had very pressurised roles and were 'slightly overburdened with certain things'. This may also explain why other residents, like Enid Foster, seemed to be accepting of the fact that support dropped off once her husband had died:

*I mean, when my husband first passed away, then the carers were calling in and everything, but I don't see anybody now, at this stage. It will be three months [...] since he passed away, and it's still early days, but I feel, I'm sure that if I phoned down, they would come and see me, so I don't feel I'm abandoned, you know? Um, I suppose they feel I'm okay health wise, so I'm coping, but I don't know really.*

Enid's last comment perhaps demonstrates the lack of 'care' that other residents referred to. While her husband was alive she was formally receiving support from DGV staff, but all contact ended immediately when that service was no longer required, and none of the carers thought, or had the flexibility in their work, to visit her informally to see how she was doing after the death of her husband, and there was no official follow-up process in place for these types of circumstances either.

### **Future thoughts about living in DGV**

While the impact of some organisational decisions and rules on residents was relatively clear cut in that it determined whether or not they could, for example, make certain changes to their properties, or the level or quality of care and support they were receiving, other influences were slightly more complex. This appeared to be the case when looking at the relationship between residents' thoughts about their future lives in DGV and the information they had, or

their beliefs, about the extent to which the organisation would provide them with support in the future, if required.

136 residents (88%) answered 'yes' to the questions 'do you envisage that DGV will be your home for the rest of your life?'. Seven residents (5%) answered 'no', and 11 residents (7%) were unsure ( $n=154$ ). Those residents who owned their properties were more likely to answer that they were unsure (13% of owners) than those who were renting (4% of renters). For those residents who were more doubtful about whether the move to DGV would be their final move, their uncertainty about the future came mainly from their thoughts about the extent to which the village would be able to support them if their needs changed:

*I think if you get too bad that you need proper care, then you have to go into a nursing home or something like that. (Joan Kelly)*

*The point is, of course, that if you become too, um, you need too much care, I think then this... you would probably have to move from here because I don't think they cater – I mean, they didn't really want to cater for my wife once she became doubly incontinent [...] I suppose I really don't know where the limit is, but I think there's a limit to the care you could get here [...] it's not to the grave, that's a certainty. (Clive Lane)*

*I anticipate being here until either I go out in a box or, um, I go into a nursing home, whatever, whichever comes first. [Laughs] [...] I think the only time I would probably have to leave here is if you've got a terminal illness and you couldn't have the nursing care here, or Alzheimer's or something like that where you have to go into a home. (Rose Cross)*

Ed Heath expressed his views that the village could only support people who were relatively healthy, and that the village developers would be unlikely to adapt service provision to meet increasing needs of residents:

*I, like everybody else, would like to think that I'm going to die here. I really do. But you don't know what's round the corner [...] I only think that the village is good for people that have got sixty percent of their normal health. I think once it drops below that sixty percent I don't think the village is where you should be [...] If dementia really takes over, the village would never cope with that. No. I mean it wouldn't. I mean there's lots of people here that have got dementia. I believe anyway. But they're obviously people at the very, very beginning of dementia and it really hasn't taken over [...] Because they haven't got the facilities for it. They're not even geared for that. That's Anchor again, see they won't, they won't bend with the wind, they're only going to give a care service and that's it.*

For some residents, this uncertainty appeared to be something that they were relatively comfortable with, whereas for others it was a major fear and/or an issue that they had thought about considerably. Where a sense of stability was central to feeling at home (as described earlier in this chapter), uncertainty about the future in itself presumably impacted on well-being. Others, though, were more concerned about the alternative environments they would need to resort to if they could not continue living at DGV:

*Well, I just want to keep healthy so I don't have to go into a home. I just want to drop down dead, and I don't want to... I don't want to have to go in a... into a home and sit in a chair and everything drop down around me, you know, that kind of thing. That's the only fear I've got. (Rosa Scott)*

Gladys Ashton had put a lot of thought into what she would do in the future should the village be unable to support her. She also highlighted the point that she was at an advantage compared to some residents in terms of the options open to her, because of her financial situation. In her interview she said:

*Well, as we all get older, are they going to be able to keep up with the number of carers that are needed for us all? That's going to be interesting [...] My solicitor [...]*



*said, "of course, if you get too old, you can always get a carer to come in and live in your house". And I said, "well", I said, "that's a possibility I haven't even thought of that". But, um, so I suppose it is – it will save me going to a nursing home, you know. Provide your own carer to come in and live in the house, I can do that because I've got two en suite bedrooms and the carer could cook meals for me in the house here [...]. But the other thing is, if you can't get enough carers here and you're not well, what do you do? Do you go to a nursing, a residential nursing home? That's the next stage. I mean, both Pat [another resident] and I are prepared for that eventuality. We've spoken about it quite openly together. I mean, I'm okay. I'm sort of in the situation where I could be able to do it, but there are people who probably, financially, aren't able to do it. So, that's another aspect to it all.*

When I subsequently spoke to Gladys a few weeks after the interview, she told me that she and a friend were planning to go later that week to view some residential nursing homes in the local area to get a better idea of what their options might be. However, Gladys was the only resident I interviewed who talked about planning or preparing for future living arrangements to this extent.

Gladys and other residents also highlighted the potential issue of residents' needs changing as they grew older. The survey data indicate that most residents believed that they were living in a good environment in which to age. 130 residents (83%) agreed or strongly agreed with the statement 'the village is a good place to grow old in' ( $n=156$ ). However, yet again, more residents living alone (16%; 12/76) disagreed or strongly disagreed with the statement compared to residents who were not living alone (3%; 2/77). In addition, 10% of those who rented their properties (8/80) disagreed or strongly disagreed with the statement in comparison to 2% of those who were leaseholders (1/45).

## 7.6. Conclusions

This chapter has explored the connections that residents have with the physical, emotional and social environments at DGV. It considered how residents' lives are influenced and shaped by these connections – both psychologically in terms of their feelings about them, but also in their behaviours and actions. In particular, it has drawn out factors contributing to a sense of home, such as the feeling of permanence and stability. The data has indicated the extent to which – having moved to an (often) unfamiliar environment – many residents have not gained familiarity or formed connections with the wider community outside DGV. It has also highlighted some of the shared community stories that promote the idea of DGV as a community of similarity, and one that can offer everything an individual might want, and demonstrated how this shared philosophy influenced residents' feelings about life in DGV as well as the choices and commitments they made. However, the chapter has also highlighted instances where behaviour by residents and/or staff and organisational decisions contradict these notions.

Chapter six argued that moving to DGV was seen as offering environmental solutions to current needs, or to potential future needs. The data in this chapter have demonstrated that moving to DGV removed some environmental barriers, but also created new barriers. In many cases, residents living alone, residents who were renting their properties, and female residents were likely to have less positive views and experiences of everyday life in the village than other residents. Often this was because they had not been able to make changes to improve aspects of life in DGV that they were not happy with. Residents' abilities to make such changes appeared to be determined by their (financial) resources, mental attitude (e.g. acceptance or desire to try and change) and the extent to which organisational control could be, and was, employed. On top of this, a few aspects of the physical environment had been designed with fewer potential issues, or barriers, for those who owned their properties than for those who were renting and, in some cases, this had possibly led to increased feelings of division within the community.

The next chapter will move on to look more closely at the individuality of residents' everyday lives, and how these are influenced by some of the connections between person and environment that have been discussed in the current chapter. For example, it will explore how residents' individual characteristics impact on the way they spend their time. The chapter will introduce a framework for considering the everyday lives of individuals, which focuses on what people do with their time, where they spend their time, who they spend it with, and the extent to which they are integrated within the DGV community.

## Chapter 8: Everyday life: the individual experience

*I usually get up quite early, that's before seven, and make myself a cup of tea and have some breakfast. And then, until I hurt my leg I've been going swimming quite a lot [laughs]. I go about nine o'clock to have my swim. I swim quite strongly for about 20 minutes to half an hour. And, I enjoy that and I've made quite a few friends up there. And, I come back and, I spend the rest of the morning with my feet up listening to the radio [laughs], Woman's Hour and that sort of thing. I enjoy the radio because there's, you know, not, not much I can do really [because of limited vision]. At lunch time I, I go and have lunch with a couple of friends most days. Sometimes I get the little bus to, that comes, the country bus that takes me into Uxbridge, and I can manage to walk around Uxbridge because it's all precinct and on the level. And, I like doing that because the people on the bus are very friendly. I enjoy that. [In] the afternoon I sit and listen to the radio or some music. And, at six o'clock I might make myself a little meal, make something quite light and I have, fruit and yoghurt. And then, listen to the television, the soaps mainly because I can understand those [laughs] and I go to bed, oh, before ten. Sometimes I wait up until ten if I'm watching a programme but I'm usually in bed at ten o'clock [laughs]. That's my day [laughs]. (Violet Dixon)*

Chapter seven explored the relationships that residents have with the physical, emotional and social environments at DGV. It highlighted factors such as the shared philosophy that exists in the village, and the influences that these had on residents' experiences of, and feelings about, their everyday lives and the choices and commitments they made. Resident, staff and organisational decisions and behaviours that contradicted shared community stories were also described. It was argued in Chapter seven that moving to DGV had, in some cases, created new environmental barriers. Residents who were living alone, female, and/or renting their properties often seemed to have less positive experiences than other groups of residents. This was partly due to the level of control they had over the extent to which environmental barriers were removed or minimised. Design features that did not work well generally in the village (such as parking) somehow became the cause, or focus of, tensions between different resident groups. Similarly, the creation of a community identity and philosophy based around

similarity and choice meant that there would necessarily be residents who stood out as being different in some way, or did not choose to conform to community norms.

The current chapter seeks to move on from examining the environmental context of DGV as a community, to instead look at the individuality of residents' day-to-day lives. The chapter first outlines a framework for considering individual patterns and features of everyday life – a theme developed as part of the qualitative data analysis. It then examines how some of the connections and experiences detailed in the previous chapter, such as choice and control, translate into day-to-day living for individual residents, and impact on the content, quality and structure of their everyday experiences.

### **8.1. A framework for exploring everyday life**

As is illustrated above in Violet's description of a typical day, the qualitative data relating to residents' accounts of their everyday lives included information about: what they were physically doing with their time; whether this time was spent doing leisure activities, jobs (paid or otherwise), or socialising; and whether they were doing these activities inside or outside DGV, alone or with others. The data also included residents' reflections and thoughts about the reasons for spending their time as they did, and how they felt about this.

As part of my initial analysis of the qualitative data (see Chapter four) I developed the following themes from my coded data:

- environmental locations
- 'work' activities
- leisure activities
- solitary activities
- social activities
- level of integration

- choice and control
- attitudes

I then organised these sub-themes under the broad theme of 'individual attitudes and patterns of daily life' (see Figure 6.1 in Chapter 6). It seemed to me that these sub-themes offered a useful way of considering everyday life and building up a picture of individuals' everyday life patterns. An alternative would have been to use the topics on the 'facets of life wheel' used in interviews with residents (described in Chapter 4). However, these separated out factors that my findings (presented in Chapters 5–8) suggested were closely linked such as health and mobility and social relationships. Examining these factors individually and sequentially also made it difficult to build up a picture of an individual's everyday life.

In order to look at the individuality of residents' experiences I have organised the sub-themes into three dimensions of everyday life (described below), each of which takes account of: what residents were doing; who they spent their time with; and whether they were involved in activities and social relationships within and/or outside DGV and felt part of these communities or not. Although these dimensions still clearly relate to each other, they give much greater scope to create a more nuanced picture of an individual's life and what the key influences are within each dimension.

1. The first dimension is *work-leisure*, where 'work' is a broad term used to include activities that were considered by residents as not forming part of their leisure time. For example, these might include housework or caring responsibilities as well as paid employment.
2. The second is the *solitary-social* dimension. This indicates the extent to which an individual is engaged in social contact with other people, including friends, family and people in the wider community. However, it does not necessarily equate to the individual's disposition to be sociable, or their desired levels of social contact.
3. The third dimension is *community integration*. This is the extent to which an individual is involved in, influenced by, and feels part of, a community. The community may be the

physical location in which the person lives (e.g. DGV), the wider community in the surrounding area, or another type of community such as a church, or an online virtual community.

These three dimensions also need to be considered in relation to the two other sub-themes within the 'individual attitudes and patterns of daily life' theme: the choice and control individuals believe that they have about these dimensions of their lives; and individuals' attitudes about their everyday life (e.g. acceptance, desire to change etc). The importance of these attributes was also highlighted in Chapter seven. Chapter six identified that in moving to DGV, many residents were hoping to find an environment with fewer physical barriers and increased practical and/or emotional support and interaction. The extent to which individuals are satisfied with these dimensions of their everyday lives, i.e. how well their current experience matches their ideal or desired situation, is also explored. Table 8.1 summarises these three dimensions for each resident who participated in an interview for my study. Table 5.5 and the portraits of individuals in Chapter five can also be referred to for additional information.

Looking first at the **work-leisure dimension**, many residents' lives were leisure-focused – according with the shared community story and concept of DGV as a 'lifestyle choice' described in section 7.2 of Chapter seven. Several residents even went so far as to describe themselves as having 'lazy' lifestyles. However, residents' choices were not entirely unrestricted, as they felt that the way in which they spent their time was affected by factors such as their financial situations, mobility or health issues. Gloria Franklin's interview clearly illustrated this point. While the majority of residents with leisure-focused lives had chosen these, Gloria would have preferred to continue working but was unable to do so for health reasons.

Those residents whose daily lives were more work- than leisure-oriented were participating in a range of 'work' roles, from paid work to caring for their partners or other family members. Those who were in paid employment were mainly doing this for financial reasons, but Helen

Willis also chose to work to avoid loneliness. Residents who were supporting their partners, or whose partners had health issues, sometimes felt restricted or overwhelmed by this aspect of life, in that it could dominate all areas of their everyday lives. Many residents were involved in voluntary roles either formally – for example organising activities in the village – or on an informal basis helping out friends and neighbours with tasks such as shopping or gardening.

On the **solitary-social dimension**, many residents had very social lives formed around activities with friends in DGV, and also family members. However, some residents' social activities were based entirely outside DGV, or were mainly family-focused, as described in Chapter seven. Indeed, Rose Cross and George Hughes described how they had made conscious decisions not to become too socially or emotionally involved with other residents in the village. Even some residents who apparently had a lot of social interaction with other residents felt that much of this was at a superficial level, with acquaintances rather than true friends.

Other residents, like Helen Willis, had largely solitary lives. For most of them, this was not their ideal preference and they missed, or desired more, social contact. In several cases, these residents felt that their background had a big impact because they saw themselves as different from other residents, and had also experienced feelings of exclusion when they had tried to join in with activities. For example, Mildred Lewis described how she was not used to spending her time socialising, but also felt unwelcome when she attended an event with her husband; Nora Adams did not feel comfortable in pubs or bars, and did not see herself as a joiner-in; and Helen Willis came from a different ethnic and cultural background from the majority of residents and, as described in Chapter seven, felt that this contributed to her exclusion. However, Henry Nicholson did not desire more social contact and preferred his own company, demonstrating the importance of looking at people's individual situations in relation to their preferences. The fact that Gladys Ashton talked about the importance of her two cats suggests that other residents may have also valued the companionship of pets in addition to their social relationships with friends and family.



In terms of **community integration**, table 8.1 demonstrates that residents were not all part of the DGV community in the same way. For some residents, DGV was simply a place to live, whereas for others, living in DGV had become their whole way of life and the focus of all their activity. Most residents who were involved in social or leisure activities in the village felt a sense of attachment or belonging to the village, as discussed in Chapter seven. However, while there seemed to be some links between integration in terms of activity, and integration in terms of emotional connections, levels of involvement by no means predicted whether residents felt connected to the village. For example, Henry Nicholson had no involvement in village life but felt 'at home' there, while George Hughes was involved in various activities but did not feel an emotional connection to the village. Some residents, like Judy Mills, had strong connections with groups in the wider community outside DGV, but as discussed in Chapter seven, the majority of residents did not feel that they were integrated in the community outside DGV, and were not involved in outside community activities or social events.

Looking at the other sub-themes (residents' **perceptions about their levels of choice and control**, their **satisfaction** with dimensions of their lives and their **overall attitudes**) can perhaps explain why some residents felt content despite difficult circumstances, whereas others felt dissatisfied. Table 8.1 shows that one of the most common feelings to be articulated by residents was that of feeling 'lucky' to be living in the village. This was even expressed by some residents who felt that they were living in DGV out of necessity rather than choice. For some residents, feeling lucky was related to perceptions of having such a good life in DGV, whereas for others the feeling stemmed from making unfavourable comparisons with what their alternative living arrangements might be. Feeling lucky to be living in DGV appeared to be used as both a way of expressing satisfaction, and as a way of sustaining or boosting satisfaction despite other difficult circumstances.

Several residents expressed resigned or stoical attitudes, particularly in relation to their health or financial situations. Others maintained more positive, optimistic attitudes, even in the face of difficulties. Residents like Betsy Wilson appeared to manage their levels of satisfaction and

retain positive attitudes by blocking out thoughts about negative, or difficult issues. However, residents like Mildred Lewis who expressed the most dissatisfaction with their lives in DGV, were more likely to focus on these negative thoughts.

Freda Parker, Marjory Newman and Rosa Scott believed that getting older had an impact on their lives in terms of what they were able to do (physically and financially) and their health. This was an influence over which they felt little control. It is possible that by attributing restrictions to age rather than other factors, they felt less pressure to try and change their situations, or felt less discouraged if they tried and were unable to make improvements. Marjory Newman appeared to feel the need to justify spending her time doing 'ordinary things', and did this by linking it with her age and financial resources, which were both factors she perceived to be out of her control. Other residents were affected by the control that they felt DGV management had, particularly when this affected the day-to-day activities that they wanted to perform as discussed in Chapter seven. For example, Freda Parker felt that there were too many rules in place relating to trivial aspects of day-to-day life. However, other residents like Gladys Ashton felt a strong sense of control over most aspects of their lives, and asserted, or fought to maintain, this control when necessary.

**Table 8.1: Positions of residents within the everyday life framework**

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Nora Adams</p> <p>64</p> <p>Widowed</p> <p>Lives alone</p> <p>Renter</p> <p>3.5 years in DGV</p> <p>No car</p>	<p>Some leisure, some work – does voluntary work in DGV and cares for her great granddaughter regularly.</p> <p>Describes her life as <i>'quite boring'</i></p>	<p>Feels that she does not have much of a social life apart from with family. Believes that being a widow makes a difference to how other people perceive her.</p> <p>Described her contact with other residents as <i>'interacting'</i> but not social.</p> <p>Is friendly with one other resident in DGV.</p> <p>Believes that her background – brought up in a convent and then a Quaker children's home – impacts on her because she is not comfortable in environments like pubs or bars.</p>	<p>Believes that DGV is a <i>'horrible'</i> place to live in, and that there are <i>'horrible people'</i> there.</p> <p>She has not gone to any of the activities in the village because she is not a <i>'let's girls together'</i> sort of person, but also because of her limited finances.</p> <p>Does not feel at home in the village.</p> <p>Some connections with the local community outside DGV – feels that a few people in the neighbourhood outside the village know her.</p>
	<p>Not satisfied with where she is living, but cannot afford to move. Plays the lottery every week because it is the only way she could ever <i>'get out'</i>.</p> <p>Takes ownership of the decisions she has made about her role as carer and volunteer – talks about them being the roles she made for herself.</p> <p>Has a stoical attitude towards her situation. Does not feel that she can change it.</p> <p>Looks back on past experiences of a <i>'lovely lifestyle'</i> to counterbalance her less positive feelings about her current lifestyle.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Gladys Ashton</p> <p>79</p> <p>Single (never married)</p> <p>Lives alone</p> <p>Leaseholder</p> <p>5 years in DGV</p>	<p>Leisure, but with '<i>structure</i>' e.g. lunch every day in café bar.</p> <p>Limited by mobility both in terms of types of activities and the proximity of their location in relation to her home.</p>	<p>Semi-social but with strong sense of independence.</p> <p>Speaks on phone to old school friend (who lives outside DGV) every morning and evening.</p> <p>Socialising in DGV seems to be as a result of participation in activities and use of facilities, rather than meeting people for purely social reasons.</p> <p>Lives alone and values her two cats.</p>	<p>Feels her attachment has developed through being part of committee.</p> <p>Sometimes feels less content with environment, but feels that having short breaks away resolves this issue.</p> <p>No involvement in the local community outside DGV.</p>
<p>No car</p>	<p>Appears to be satisfied with living in DGV. Is able to moderate her occasional dissatisfaction with the environment by having short breaks away.</p> <p>Recognises that her financial situation puts her in a better position than some other residents.</p> <p>Strong sense of independence and perceived control over her life – demonstrated by her certainty about intent, and need, to plan for future, particularly in terms of potential care needs.</p> <p>Pushes to change things she is not happy with e.g. got her solicitor involved when she was in dispute with DGV management, and resolved situation.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Rose Cross</p> <p>64</p> <p>Married</p> <p>Lives with husband</p> <p>Leaseholder</p> <p>4.5 years in DGV</p> <p>Has a car</p>	<p>Mainly leisure, but has a lot of commitments to other people e.g. voluntary roles in the village, caring for grandchildren. How she spends her time is also often determined by her husband's health. She has to <i>'follow his lead'</i> which <i>'can be wearing'</i>. This has been less of an issue recently due to new medication he has started taking.</p>	<p>Spends a lot of time with family. Family rather than friendship oriented social life.</p> <p>Describes herself as being <i>'friendly'</i> with other residents, but made a conscious decision not to get involved with anyone on a personal, social basis.</p>	<p>Feels an attachment to DGV because of her role on the residents' committee. Also feels a level of responsibility, but also guilt about not doing more for the community.</p> <p>Had some links with the wider community outside DGV in terms of publicising trips organised within DGV to non-residents, but no regular involvement with the local community outside DGV mentioned.</p>
<p>Describes herself as a <i>'positive person'</i>. Believes in focusing on the positives and how <i>'lucky'</i> she is.</p> <p>Sometimes feels too busy, but feels that this is her choice and that she has the ability to decide to do things differently if she wants to.</p>			

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Violet Dixon 88 Widowed Lives alone Leaseholder 4.5 years in DGV No car	Leisure.  Choices restricted by visual impairment e.g. listens to the radio a lot.	Likes to be sociable, but limited by visual impairment.  Believes that living in DGV means that her visual impairment restricts her social life less than it would if she lived outside.	Feels that she belongs to the DGV community.  Has some links with the community outside DGV. Regularly attends a club in the local community. Used to attend a local church outside DGV. Feels that some people in the neighbourhood outside DGV know her.
	Describes herself as ' <i>outgoing</i> '. Support from other residents helps her to maintain her independence and reduces the impact of some issues related to her visual impairment.		
	Feels ' <i>lucky</i> ' living in DGV. Satisfied with living in DGV and believes her life is better there than it would be living outside.		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Enid Foster</p> <p>69</p> <p>Widowed (3 months)</p> <p>Lives alone</p> <p>Renter</p> <p>12 years in DGV</p> <p>Has a car</p>	<p>In transition from work role as full-time carer to more flexible, choice and leisure focused lifestyle. Leisure aspects of life influenced by financial situation e.g. could not afford a holiday.</p> <p>Experiencing diminished feelings of strength and confidence, but partly embracing idea of having less responsibility.</p>	<p>Largely solitary over last three years but still in touch with friends and neighbours. Expressed intention to begin to socialise more. Anticipated that this would also be facilitated by recent improvements in various health problems.</p> <p>Had never lived alone before, and was finding the experience difficult.</p>	<p>Felt an attachment to the village but it was some time since she had been regularly engaged in village life. She was finding the process of increasing her involvement in the community challenging.</p> <p>Felt that people in the neighbourhood outside DGV knew her, demonstrating some level of integration with the outside community.</p>
<p>Outwardly maintained a sense of optimism about the future, and gratitude about her situation, despite currently feeling a lack of strength and confidence. Tended to minimise her troubles and frequently expressed how '<i>lucky</i>' she felt.</p>			

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Gloria Franklin  72  Divorced  Lives alone  Renter	Leisure – appreciates freedom of retirement.  Would have liked to continue working after 60, but her health prevented her from doing this.	Social, but less than in the past – puts this down to changes in her preferences for going out.  Several friends had died, but she still had friends who she was in touch with and chats to people in the village.  Spends time with family.	Strong emotional attachment. ‘Content’ and ‘happy’ in the village and would not want to live anywhere else.  Not connected with the local community outside DGV.
29 years in DGV  No car	Stoical and resigned attitude to her health situation. Sees living in DGV as a ‘way of life’ that she has to ‘get on with’.  Feels ‘lucky’ to be able to rent a property in DGV.  Accepting of limited financial resources – states that she has never had a lot of money so as long as she has enough for food and her bills she does not mind. Looks back on past experiences she has enjoyed e.g. holidays rather than focussing on what she cannot afford to do now.		



Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Ed Heath  75  Long-term partner  Lives with partner (Helen Willis)  Renter  15 years in DGV  Has a car	Work- rather than leisure-oriented lifestyle; partly due to personal choice, but partly obligatory due to financial situation.          Resigned, stoical attitude to life circumstances e.g. financial situation, but belief in own ability to manage difficult situations. Feels some lifestyle choices are restricted e.g. unable to have barbeques because of location of property.	Social at a superficial level, but distances himself from other residents.	Integrated through 'work' role, but not in terms of leisure or social life. Has emotional connection with community and his lifestyle (physical activity) is influenced by the environment.    No involvement in the local community outside DGV.

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>George Hughes</p> <p>73</p> <p>Married</p> <p>Lives with wife</p> <p>Renter</p> <p>3.5 years in DGV</p> <p>Has a car</p>	<p>Leisure – making the most of opportunities to take part in activities he had always wanted to do.</p> <p>Financially, he stated that he cannot do the things he did when in full-time employment, but that he believes that one adjusts to that difference in lifestyle.</p>	<p>Spends a lot of time with other residents e.g. at activities and events. Has regular contact with his children. Also spends majority of time with his wife and stated that they do virtually everything together.</p>	<p>Does not feel that he has an emotional connection to the village because he has travelled around a lot in his life and never had a fixed base. Does not see being involved as automatically resulting in an attachment to the community – he has always believed that he had to get involved in community activities to ensure that his business (in the pub trade) was successful.</p> <p>Made a conscious decision not to get too involved, but recognises that has become quite involved.</p> <p>Very involved in the wider community outside DGV e.g. charity coffee mornings.</p> <p>Feels he leads a more active, healthier lifestyle because of living in the village.</p>
<p>Feels <i>'grateful'</i> that he is living in DGV.</p> <p>Placed emphasis on the fact that people adjust to their surroundings and the other people there. Described this as <i>'growing'</i> into it.</p>			

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Nancy Jones</p> <p>80</p> <p>Married</p> <p>Lives with husband</p> <p>Leaseholder</p> <p>4 years in DGV</p>	<p>Part leisure, but spending increasing amounts of time sorting and attending hospital appointments for her husband. Describes hospital as taking over what they do, and being part of their life.</p> <p>States that her whole life is focussed around her husband's health issues and that she cannot get away from that now.</p>	<p>Feels that she '<i>should</i>' be socialising more, but feels that the level matches her desire although medical appointments etc have an impact on what she can or wants to do.</p> <p>Sees son regularly and has friends in the village.</p>	<p>Feels attached to the people in the village.</p> <p>The '<i>companionship</i>' contributes to her sense of feeling at home.</p> <p>Takes part in activities partly because she came to the village to '<i>enjoy life</i>' and partly to keep her '<i>brain ticking</i>'.</p> <p>Not involved in the community outside DGV.</p>
<p>Has a car</p>	<p>Believes that staying at home too much and not socialising enough is not good for the brain.</p> <p>Described herself as shy in terms of joining in. This led to her not feeling very comfortable in some social situations where there were lots of people. Feels '<i>daunted</i>' and finds it difficult to chat because she is not a '<i>gossipy person</i>'.</p> <p>Accepts the situation she is in regarding her husband's health, but admits that it affects her and sometimes gets on top of her.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Joan Kelly  77  Married  Lives with husband  Leaseholder  4 years in DGV	Leisure – Emphasises the choice she has about what she wants to do.  Had to give up various physically active leisure activities because of health.  Increasingly finding it difficult to get away on holidays because of limited mobility (own and husband's).	Describes herself as naturally quite reserved. Finds socialising challenging but socialises with other residents at activities and events, and goes on coach trips etc.  Also spends a lot of time with her husband, and describes them as ' <i>self-sufficient</i> '.  Family do not play a role in social life.  Spends a lot of time engaged in solitary leisure activities like reading.	Unsure about whether she feels an attachment to the DGV community, but values the ' <i>togetherness</i> ' and would not like to move away.  No connections with the local community outside DGV.
Has a car	Did not express her own views as distinct from her role as half of a couple. Focussed much more on their joint views, or her husband's activities and feelings etc than her own.  Feels ' <i>lucky</i> ' to live in the village.		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Susan King</p> <p>60</p> <p>Married</p> <p>Lives with husband</p> <p>Renter</p> <p>3.5 years in DGV</p> <p>Has a car</p>	<p>Leisure.</p> <p>Choices restricted slightly by financial situation.</p> <p>Describes her life in DGV as like being '<i>on holiday</i>'.</p>	<p>Feels she has a good social life – other residents and family also play a big part.</p> <p>States that the reason her social life is based in DGV rather than going outside is due to financial reasons.</p>	<p>Involved in the residents' committee. Likes getting involved e.g. in putting on events in DGV. Feels '<i>too young</i>' to get involved in some activities.</p> <p>Feels an emotional attachment to DGV because of her longstanding links with the village through the LVA.</p> <p>Feels at home in DGV.</p> <p>Does not see any need to be involved in the local community outside DGV.</p>
	<p>Believes it is good to '<i>keep active</i>'.</p> <p>Describes herself as '<i>lucky</i>' in terms of her social life.</p> <p>Does not like spending too much time with older residents because it makes her feel '<i>old</i>'.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Clive Lane  86  Widowed (8 months)  Lives alone  Leaseholder  4 years in DGV  Has a car	Leisure – stated that the days ‘ <i>slide by</i> ’.	Life has become much more social. Was spending majority of time with wife, but after she died he had more leisure time and met a female companion in the village which has also ‘ <i>enhanced</i> ’ his circle of friends. Finds it ‘ <i>easy</i> ’ to make friends.	Takes part in various social and leisure activities.  Beginning to feel attached now, which he attributes to the length time he has now been living in the village for.  Also involved in activities in wider community outside DGV, but does not feel that people in the neighbourhood outside the village know him.
	Feels ‘ <i>lucky</i> ’.  Appears to feel increasingly satisfied with life in DGV due to improvements in his social life and the extent to which he feels part of the community.		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Mildred Lewis</p> <p>90</p> <p>Widowed</p> <p>Lives alone</p> <p>Renter</p> <p>13 year in DGV</p> <p>No car</p>	<p>Leisure, but feels unfulfilled because her life is the same every day.</p> <p>All activities she does are in her home, and most are not physically active e.g. reading, sewing, watching tv.</p> <p>Finds it difficult to plan anything due to the lack of control she feels over her health – she never knows how she is going to feel.</p>	<p>Spends the majority of her time alone at home and does not see many other people.</p> <p>Feels that she has no social life. Used to have a few friends in the village but they have died or moved away.</p> <p>Has one person who visits to check she is ok.</p> <p>Has been very lonely since her husband died five years ago.</p> <p>Stated that social gatherings did not interest her and that she keeps to herself, but when probed talked about how she had gone along to some and felt excluded.</p>	<p>Feels that she and her husband were never accepted by the other residents when they moved to DGV.</p> <p>Does not feel part of the community or any attachment to the village. Does not feel at home.</p> <p>No involvement in the local community outside DGV.</p>
	<p>Perceives herself as having had a different life to other residents – she never had time for socialising due to her work and caring roles.</p> <p>Finds it difficult to accept her situation and role now, particularly in terms of having to ask people for help as it was always her 'job' to do that in the past.</p> <p>Describes herself as '<i>just plodding along</i>'.</p> <p>Plays down financial situation – states that she has 'enough'</p> <p>Dissatisfied with most aspects of her life, but did not indicate any desire/intent to change these.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Judy Mills  72  Widowed  Lives alone  Leaseholder	Leisure – ‘lazy’ lifestyle.	Social, focussed around family and friends.	Integrated in community life in terms of activities and friendships, but also has strong connections with other groups etc in the wider community outside DGV.  Strong attachment to DGV community, but despite connections with local community groups outside DGV, did not feel that people in the local community knew her.
4 years in DGV  Has a car	‘Bright outlook’ on life. Focuses on positives and expressed feeling ‘lucky’ to live in DGV.  Satisfied with most aspects of life in DGV.		



Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Marjory Newman</p> <p>80</p> <p>Married</p> <p>Lives with husband</p> <p>Renter</p> <p>14 years in DGV</p> <p>No car</p>	<p>Part leisure, part work due to time she spends supporting her husband.</p> <p>She also supports her neighbours in various ways; e.g. maintaining their outside tubs.</p> <p>Feels that her age and financial resources limit her to just doing '<i>ordinary things</i>' in her leisure time.</p>	<p>Social, but not DGV-focused.</p> <p>Feels that she only has '<i>acquaintances</i>' not '<i>true friends</i>' in the village. Has friends who live outside DGV. However, she feels that she can always have a chat to somebody if she is out in the village.</p> <p>Family are not very involved in social life due to living some distance away.</p>	<p>Attends a local community group outside DGV and enjoys the fact that she mixes with '<i>different company</i>' rather than other residents.</p> <p>Attends a local church outside DGV.</p> <p>Feels part of the community in DGV because she knows a lot of people.</p> <p>Does not get involved in some things because she is '<i>that bit older</i>'.</p> <p>Some level of integration in outside community through links with local groups and church, but does not feel that people in the neighbourhood outside DGV know her.</p>
	<p>Believes that her age, and getting older, significantly impacts on her life. Associates her health problems with ageing.</p> <p>Believes in trying to keep busy.</p> <p>Her life has not turned out how she anticipated – did not expect to be caring for her husband at this point in her life.</p> <p>Stoical attitude – talked about getting through things somehow, and having to manage and go along with things.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Henry Nicholson  85  Widowed  Lives alone	Lifestyle of leisure, but limited by financial situation.	Solitary. Preferred own company and had no friends.  Values solitary leisure activities e.g. reading.	Was not integrated in DGV community life at all in terms of participation. Did not have a strong attachment, but felt ' <i>at home</i> ' in the village.  No involvement in the local community outside DGV, but feels that a few people in the local community know him.
Renter  13 years in DGV  No car	Resigned attitude to his situation, particularly his financial circumstances, but played down the impact of these on his life.  Dismissed or blocked thoughts about potential deterioration to health in future.  Relatively satisfied with life in DGV, but would rather be living in a warmer climate abroad.		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Freda Parker</p> <p>78</p> <p>Widowed</p> <p>Lives alone</p> <p>Renter</p> <p>4 years in DGV</p> <p>No car</p>	<p>Lifestyle of leisure, but feels freedom is slightly restricted by some of the village rules.</p> <p>Also limited by health (physical activities are difficult) and financial situation – cannot afford to <i>'throw money around'</i>.</p>	<p>Has friends in DGV she socialises with. And has quite a lot of contact with her children.</p> <p>Would prefer her property to be in a more sociable location – feels it is <i>'lonely'</i> where she is.</p>	<p>Does not take part in organised activities – not a <i>'clubby person'</i> – but health problems also limit participation in some activities that she would like to take part in.</p> <p>Contributes to events by giving her time and making cakes etc.</p> <p>Not involved in the local community outside DGV. Has attempted to make some links between the village and the local community but felt that this was unsuccessful due to a lack of interest on the part of outside community groups.</p>
<p>Resigned attitude to her situation – out of choice would not live in DGV – but also expressed being <i>'lucky'</i> to be there.</p> <p>Believes that one has to <i>'accept'</i> changes in life situations as one gets older.</p>			

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Rosa Scott  86  Widowed  Lives alone  Renter  11 years in DGV	Mainly leisure but does a few voluntary tasks for others e.g. shopping for a neighbour.  Spends more time resting than when she was younger – believes she is limited by her age.  Feels more restricted in the winter months due to the weather preventing her from going out as much.	Makes an effort to socialise in the village rather than spending all her time alone.  Sees family regularly. Keeps in touch with friends from where she previously lived (abroad).  Believes that capabilities in terms of having a social life decrease with age.  Finds living alone a lonely experience.	Feels at home and part of the DGV community. Attachment to the DGV site because of her past links with the village and the LVA.  No links with the local community outside DGV mentioned.
Has a car	Describes herself as ' <i>old</i> '. Believes that people have to adapt to doing less, but do not ' <i>need</i> ' to spend as much in terms of food and other resources as they get older.  Feels ' <i>grateful</i> ', ' <i>lucky</i> ' and ' <i>privileged</i> ' that she lives in DGV.		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
<p>Helen Willis</p> <p>67</p> <p>Long-term partner</p> <p>Lives with partner (Ed Heath)</p> <p>Renter</p> <p>13 years in DGV</p> <p>No car</p>	<p>Work – working full-time, mainly because she does not want to be <i>'lonely'</i>, but also to increase her financial resources.</p> <p>Limited in activities by dependence on her partner for lifts in his car.</p> <p>Would like to go on more holidays with partner (Ed Heath), but he cannot afford to do this with her.</p>	<p>Solitary, but would like to have a more social lifestyle and misses this aspect.</p> <p>Does not have friends in the village because she has not got time, but when probed, she also feels rejected and ignored by other residents because of her ethnic/cultural background.</p> <p>Distances herself and emphasises differences between herself and other residents, for example describing herself as <i>'more active than them'</i>.</p> <p>Has friends <i>'back home'</i> who she speaks to on the phone.</p>	<p>Not integrated in terms of participation, use of facilities or friendships. Does not feel part of the community.</p> <p>Timing of activities and events do not fit in with her working hours.</p> <p>Has links with other communities outside DGV e.g. a church where she values people speaking and praying in her first language rather than in English, but does not feel that people in the local community outside DGV know her.</p> <p>Was forced to leave her community in her home country because of her religion. She is not happy about this, but strongly believes that she <i>'can't go back'</i>.</p>
	<p>Does not like to think about the future and what is going to happen to her. Prefers to think about her life in the past.</p> <p>States that she does not care about being ignored by other residents, but this appears to be a way of dealing with the situation rather than a true reflection of her feelings.</p>		

Resident	Work-leisure dimension	Solitary-social dimension	Community integration dimension
Betsy Wilson  72  Widowed  Lives alone  Renter	Leisure – ‘ <i>lazy</i> ’ lifestyle.  When asked about leisure activities, she stated that there was no point in discussing the topic because she did not do anything.	Social, but places importance on time alone and likes her own space.	Feels attached to the village – was connected with it through pub trade over many years.  Organised activities do not appeal, so participation in community life is more through chatting with friends over drinks.  Not involved in the local community outside DGV.
3.5 years in DGV  No car	‘ <i>So lucky</i> ’ to live in DGV.  Unwillingness to engage in discussions of a serious nature. Appeared to prefer to remain at a more superficial, light-hearted level.  Feels that one should remain positive about life to avoid becoming ‘ <i>miserable</i> ’.		

## 8.2. Connections between dimensions of everyday life at an individual level

Now that some of the similarities and differences among residents' everyday lives have been broadly examined above in relation to the dimensions of the framework, four examples will be used to illustrate the relationships within the framework in more detail. These four individuals were chosen as examples because not only do they demonstrate a range of different experiences, but their interview accounts were particularly rich in terms of the levels of detail relating to each of the three dimensions (work-leisure; solitary-social; community integration) as well as the three influencing factors (choice and control; levels of satisfaction; overall attitudes).

### Ed Heath: "I'm an extrovert, I like to show off"

Despite describing himself as an extrovert, and explaining that most people in the village knew who he was, Ed did not feel that he had any friends in the village. He tended to distance himself from other residents, who he felt were different from and less independent than him. He said:

*I treat everybody as a friend [...] but they're not close friends [...] I'm not a great lover of old people [...] socially I would like to be with younger people.*

On the **solitary-social dimension**, Ed led a sociable but separate life in the village due to the distance he placed between himself and other residents. The large amount of social contact he had appeared to be mainly of a casual or functional nature, and he did not have close friendships with other residents. He described his relationships with other residents as being 'on a very light scale'. He did not join in with any of the activities in the village, in part because he had never enjoyed group activities and preferred activities where the focus of attention was on him as an individual, rather than being part of a team. Even so, when looking at the dimension of **community integration**, Ed described the village as being like a 'family' or a

'club', and felt that this gave him an emotional connection to the village. He also recognised that living in the village had an impact on his life in terms of his use of the facilities. He said 'I walk up the hill and I'm in the gym. If I had to get into a car and drive three miles down the road I don't think I'd be quite so responsive.'

In terms of the **work-leisure dimension**, most of Ed's time was organised around other people, some of whom he described as being dependent on him. He described how these commitments impacted on how he spent his time:

*Well, I don't get a lot of leisure time to be honest during the day. Cos I've got all these things that I do [...] I'm always doing something, you know, whatever it is. So my leisure activities are really limited to the evenings.*

Ed spent a lot of his time helping other residents in the village – sometimes in paid roles and other times on a voluntary basis – and stated that these tasks limited his leisure time. For example, he often drove other residents to hospital appointments and transported them around the village. Ed also explained that his financial situation was having a negative impact on his life, and that some of the time he spent working was for financial reasons. Ed felt that two life events in particular had led to his current situation:

*Well at the moment I'm skint [...] I struggle now, to be perfectly honest. I had this operation, this heart problem [...] I suppose it must've taken me about six months really to get over it, although I probably got over it quicker than that in the medical sense. But you know to really sort of get back to some sort of normality of what I was before. Because I wasn't unwell. I mean when someone said I'd got a heart attack I was absolutely devastated. What, me? You know. I'd been so active all my life [...] I must have been about seventy three, so I didn't go back to work. Cos I worked for myself. And of course that made a tremendous difference because my earnings at that time were quite considerable, so all of a sudden, bingo, money's gone. And I've been drawing off my capital for so many years now it's gone down and down and down. [...]*



*So I am sort of feeling the pinch now [...] I used to go all over the world for my holidays, I can't afford it now [...] it affects me actually completely because I can't eat out as I used to. I used to go out quite regularly. Can't do that now because my income and my outgoings, I'm two hundred pounds a month down [...] I do this little taxi thing and try make it up that way. So yeah that has affected me tremendously. Really, really has.*

*I had property but when my wife had, she had a brain haemorrhage and I put her into a home, which was seven hundred pound a week [...] And don't, I don't regret it at all, not one bit [...] But it, it certainly, I mean you just see your money, it's like a hole in a bucket. Seven hundred pound a week, you can imagine it [...] It just goes 'vroom', it's gone [...] So, so that's my reasons for being, you know, on the breadline now.*

Ed's role as a volunteer and helper in the village appeared to fulfil his need to 'show off' and be recognised and visible within the community, but his day-to-day life was also influenced by his financial situation, both in terms of working, and being less able to spend his leisure time doing activities with a cost attached, such as going on holiday or eating out. Ed's attitude to his life was very much one of acknowledgement and resignation about the situation he was in, but he also appeared to believe that he had the ability to manage and deal with any difficulties.

For example, when talking about his financial situation he said:

*It's just an accepted thing of life, isn't it? What else can I do? You know [...] But I'm not moaning. No. We'll overcome it, one way or the other*

Overall, Ed's daily life was work-oriented, with a large amount of superficial social contact but not many deep connections with other people. His work appeared to have led to a strong emotional connection with the village, but his integration was entirely through work-based roles rather than leisure activities. He had been affected by several major life events, particularly in terms of his financial situation, which still impacted on the level of choice he had as to how he

spent his time. However, he had a resigned, stoical attitude to his situation and believed that he was able to manage it as necessary.

**Enid Foster: “I was always the strong character [...] but suddenly everything [goes] whoosh and you don’t feel the confidence or the strength”**

Enid’s husband had died just a few weeks before her interview. She described how she was feeling ‘very vulnerable, very small, very very lonely and very worried’, and was also experiencing diminished feelings of strength:

*I was always the strong character. We were in business, you know, always in charge, always total autonomy, all that sort of thing, but you know, suddenly everything [goes]whoosh and you don’t feel the confidence or the strength, or the mental strength as well as the physical strength to, sort of, do it all anymore, you know, but that will come. That’s in time.*

Enid was obviously still grieving for her husband, and said, ‘it’s like you’ve lost half your body, you know. Lost your leg and your arm and half your mind with it almost’. Even so, as the final section of the quotation above demonstrates, she still maintained, at least outwardly, a sense of optimism about the future.

Enid’s life at DGV over the last three years had been spent caring for her husband. Although she had received help with some aspects of his care, he required 24-hour care and support. She described what a typical day had been like for her:

*EF I’d probably get up about two in the morning, see him to the bathroom, get up again about five, see him to the bathroom, maybe once more before eight, through the night, then in the morning again about nine I’d get up. Maybe I would see to his catheter, all that sort of thing. Then the carers would come in and see to him. Meanwhile I’d dish out all his medication for him, because it was about 29 tablets a day plus inhalers, all sorts of things. Then I do breakfast, then give him his medication.*

*Be with him, talk to him, they'd come at half past one to put him to bed. I would do tea at four in bed for him, and then they'd get him up at five, and I'd do dinner about seven, more medication, and then they'd come at half past nine and put him to bed [...] so that was the whole sort of, you know, three years really more or less, yes.*

*JL And, were you able, sort of, in that time, to get out at all?*

*EF I was, in as much as social services paid for three hours on a Wednesday and three hours on a Friday for me to get out. And the carers from Anchor would come and sit with him, at that time which was always a mad dash, but towards the end, I used to only get out once a week, because he hated me leaving him on his own. He just got very panicky and everything, so um, that, that sort of thing in general really. You have no life. Your whole life is in a cocoon here at home, you know?*

Enid's everyday life over this period appeared to be almost entirely composed of the 'work' element of the **work-leisure dimension**. Although Enid had chosen for her husband to remain at home, she felt that this choice was her only option, because her husband moving into residential care 'would have killed me or killed him'. Becoming the sole main carer for her husband had clearly made a considerable impact on Enid's life. She described how it had affected her physically and emotionally:

*My quality of life certainly was nil over the last three years, because of my darling dear husband, you're emotionally involved as well as physically and watching the man suffer the way he did, it affected me. I mean, I was stressed, I was not on my knees, I was on my elbows mentally and physically, because it just broke my heart totally to see him like that [...] the last three years have been extremely, extremely stressful. Anxious, worrying, no sleep, you know, just the whole parcel of 24 hours a day care really, and just the sadness and everything, you know? Off to hospital, back from hospital, and you know, all that goes with it, really so many times, you know? [...] It's*

*not easy being a carer, for your loved ones at home, you know? It's a very huge responsibility, and very anxious and very concerning, you know?*

Enid explained how she was at a transitional point in her life, and was adapting to a different style of living where she did not have the same role as a full-time carer. Despite feeling that her strength and confidence had both decreased, she was embracing certain aspects of this new way of life, including the choices she could now make about her everyday life:

*My son is sort of saying, "do get a dog", and I said, "darling, I don't... I've had so much responsibility over these years, that I don't want the responsibility now". I want no responsibility. I just want to, you know, now I can lock the door and go out, before I couldn't, it was a huge preparation.*

On the **solitary-social dimension**, Enid had spent much of her time in a solitary situation with little social contact with other people. Despite the fact that Enid had not had much time for socialising, or for high levels of social contact with people other than her husband during the past three years, she did not feel that she had lost touch with friends and neighbours, who had supported her:

*One friend pops in to see me, next-door neighbours have been brilliant [...] when I had my knee replacement a year ago [...] the lady opposite [...] brought me over a cottage pie [...] my friend next door, Trixie, all the times she took me and brought me home from [the] hospital. It was just incredible [...] so I haven't lost touch with them as such, just not been able to socialise with them.*

However, Enid described how she had never been entirely on her own before, and was finding it a difficult experience to cope with:

*You see, I've never lived on my own, from the minute I was born, I was never on my own, and when I was in boarding school, there was the girls in the dormitory, and then I got married, and there was home, and I hate the dark, hate being on my own, so all*

*of a sudden, I got both things in one foul [sic] swoop, so to speak which was very hard to deal with [...] now the doctor has given me antidepressants, and suggested counselling, because I'm not coming to terms with it very easily, especially after 52 years. It's awfully hard.*

Enid was also trying to deal with this situation by spending time with family.

In terms of **community integration**, while Enid felt an attachment to the village, it was some time since she had been regularly engaged in village life. She had been along to some social events in the village recently, and intended to increase her social activities when she felt stronger, but explained how difficult she was finding the process of increasing her involvement:

*I had lost my social skills, I have to admit. I did, and the first quiz night I went to, which was a month after Ron [husband] passed away, I think, and it was a nightmare. I phoned my friend [...] she was a friend of Ron's and mine as well [...] and I said "I'm frightened of going to this quiz night" [...] She said, "Enid, it's family. It's [your son]'s in laws, it's your son, your grandson and your daughter-in-law. What are you frightened of?" I said, "well, I don't know". I just really was frightened to go. And, I'm still getting that. I'm not as bad, but I'm still, I have to think a lot about everything.*

Even before her husband's illness, Enid herself had experienced various health problems that impacted on her ability to take part in some social activities. She anticipated that now these health problems were under control, they would no longer be an issue for her, again ending her account on an optimistic note:

*I never used to go on coach outings before, because of my tummy problem. Now that that's more stable, I feel I would be able to, the worst thing is needing the loo. You were totally limited. Any journey you went on, you had to know where there was a toilet, whether it be a pub, a hospital or whatever. You know, public, so that limited me*

*a lot for a lot of my life, you know? So, now that that's more stable, it's not cleared, I would be able to do that, you know? Hopefully on a good day.*

One of Enid's other main concerns at this point in her life, was her financial situation. However, this was also something about which she seemed relatively accepting and uncomplaining – for example by playing down the importance of being able to afford a holiday, and making a more philosophical observation (in the form of the popular aphorism 'cut your cloth accordingly') to temper the concerns she had just mentioned:

*EF You have to be very, very careful about your finances, and now that my husband is gone, I've lost £200 a week from him, plus an annual annuity, which was very handy [...] so yes, that was a major worry, and is a bit of a worry, I mean, but you just have to cut your cloth accordingly, really you know? You just have to go on carefully, so that was a huge chunk a week, out of our money, you know, gone. Yes.*

*JL Are there things that you feel you have to go without?*

*EF Yes, in as much as I really don't think I could afford a holiday, which is no big deal, because it's lovely here anyway, and we had plenty of holidays. I do have to target and budget very carefully. Manage to keep my car going for how long, I don't know, because God forbid anything major happens with that. That will be it, you know? So, yes, you just have to be very careful, you know.*

Enid's everyday life was at a transitional point as she adjusted from a full-time work (caring) role to a life with more freedom in terms of how she spent her time. She had been at the solitary end of the solitary-social dimension, but was increasing her social contact gradually and moving to a more social position. Her husband's illness and recent death, in the context of her financial situation, were both impacting on her ability to make choices about her life, but throughout her interview, Enid tended to minimise her troubles, to be accepting of her situation, and to follow up her accounts of difficult situations or experiences with statements

about how lucky she was. Indeed, her overall attitude about her life often seemed to be one of acceptance and gratitude.

**Henry Nicholson: “I’m a bit of a loner [...] I’m quite happy with my own company”**

Henry portrayed his everyday life as comprising walking, drinking, reading and sitting in the sun. On the **work-leisure dimension**, Henry’s day-to-day life appeared to comprise mainly leisure activities, apart from everyday tasks such as cleaning and shopping. However, the choices he had about how he spent this leisure time seemed to be restricted by his financial situation. He did not go to the bar in DGV because it was more expensive than the one in a nearby town, and he could not afford to go away on holiday. Henry appeared to be resigned to this situation: *I’m pretty poor I would think, yeah [...] Nothing I can do about it.*

Henry’s resignation was possibly partly due to his perception that he was lacking in the two areas that he felt were essential for doing well in life:

*There are two things in life you should have, one is money, two is education. If you’ve got those two, the world’s yours [...] If you’re not born rich, forget it.*

However, Henry also played down the effect that his financial situation had on him – in fact using the same maxim as Enid – but also emphasised that he had enough:

*You’ve got to cut your cloth according to what you can afford [...] Well, you know, you don’t need as much, you know. All you need is a clean shirt every day, a pair of trousers and a jacket. You know, you don’t, you don’t sort of, you’re not dressing up to go to work or doing any activities that require you to... you know, I can spend most of my money, as I told you, on food and booze and that’s... books, that’s about all, you know [...] I’ve got used to it now, you know.*

Henry led a very solitary life – one of the most extreme on the **solitary-social dimension** compared to other residents. He lived alone, did not spend much time with family members,

and did not have any friends either inside or outside the village. However, unlike Ed, who had a lot of social contact with other people through the voluntary role he had in the village, Henry spent most of his time in his own company. This way of life was, to a large extent, Henry's preferred way of living. He described himself as being 'quite happy' with his own company. However, when probed in the interview, he then went on to talk about some of the reasons behind his preference for being alone:

*HN I do have difficulty, you know, meeting people and, sort of, getting to know them and... I do have great difficulty in doing that. That's why I'm a loner [...] I think probably in my case it's probably due to, due to lack of education I think. That what I would... I've been thinking about this a lot lately, you know, why, why don't I mix? And I think it's probably, yeah, I only went to a council school, you know. Left school at fourteen, started work on a poultry farm and I worked there until I was called up into the army, so, you know, you don't get much education in the army, do you?*

*JL And what difference do you think education makes?*

*HN Well, you know, it sort of gives you a confidence and a, you know, an outgoing personality. Which, you know, I'm sort of lacking in that. I sort of, if I go anywhere I sort of sit in the corner. I don't, I don't go to the front [laughs]. You know, I want to hide myself away, you know. And I think it's all due to lack of schooling, you know.*

On one level, Henry's **integration in the community** was fairly weak. He did not take part in any of the activities or socialise in any way with other residents. However, he did describe the village as being convenient for meeting his basic needs:

*Everything's sort of handy, if I run out of milk or something I've got a shop down there, a hundred yards away [...] There's a bus stops outside, I can nip on the bus.*

Henry's attachment to the village was also fairly minimal, in that he described how he would move abroad to a warmer climate if he had the choice to do so, and that he would 'leave



tomorrow' if he won the lottery and 'certainly wouldn't come back'. However, as noted in Chapter seven, Henry also described how he felt settled and at home in the village:

*For thirty nine years I was a publican. I moved from pub to pub to pub. I've had about eight or nine pubs. So, when you talk of home you feel somewhere where you're settled for the rest of life. And I've never sort of felt that until now. I think I'll peg out here.*

While Henry appeared to be resigned to some aspects of his situation, he also appeared to dismiss or block thoughts or reflections about issues that were concerning him. He stated in his interview 'I don't sort of think of bad things, you know' when talking about life in DGV. He also employed this approach when talking about future possibilities. This was particularly noticeable during a discussion about his health, which he appeared to feel uncomfortable talking about and in fact eventually asked to move on from:

*JL And are there any circumstances in which you feel changes in your health might mean the village wouldn't suit you as well?*

*HN Oh well, I don't know. I daren't, I daren't think of that. For instance, if I should go into hospital or anything like that I don't know. I don't know what would happen.*

*JL You mean in terms of when you came back or...?*

*HN Well, yeah, I don't know. Well, it's one of those things, you know, I try not to think about. I wake up in the morning and as long as I feel well, that's it, you know, I try not to, I try not to think about the future, you know.*

*JL So if you had problems with mental health, like memory loss or dementia...*

*HN Oh Lord yeah, I dread to think anything like that, oh god. Yeah.*

*JL Do you think the village would still suit you then?*

*HN I know, I know I'm going downhill now, because I get very forgetful. You know, I wander in to the bathroom and I say "what have I come in here for", you know. Then I wander in the kitchen, you know, your brain does start to go. I dread it really, you know. That's why I try and get exercise and I try and read quite a lot, you know. Yeah.*

*JL And do you think that the village would still suit you if, if that sort of became an issue?*

*HN Oh if I, if I went gaga, oh I don't know. I don't know, they'd probably put you in a bloody home, wouldn't they. Yeah. Oh god, don't mention it [...] I couldn't stand living in a home. But then if your, if your brain's gone you wouldn't notice, would you [...] No. Oh God. Bloody hell. Can we pass on to something else?*

However, despite saying that he tried not to think about the future, Henry had obviously made some conscious decisions to try and influence his future situation. For example, in the quotation above he talked about trying to exercise and read to maintain his health, indicating that he had considered the future and felt that he could have at least some control or influence over this aspect of his life.

Henry's life was largely solitary, but unlike some other residents, this was his choice and his preferred way of life. This preference for solitude appeared somewhat at odds with Henry's previous occupation as a publican – which presumably required at least some engagement with customers. However, Henry did explain how he felt that some of the events in his past, such as his perceived lack of education, had led to this situation. He had little involvement in the village and did not feel attached to a great extent, but did feel an emotional connection in terms of feeling at home there – mainly because he believed it was where he would be living for the rest of his life. Henry was resigned and accepting of some aspects of his situation, such as his limited financial resources, but dealt with other aspects by blocking out thoughts about issues that he found difficult to cope with.

**Judy Mills: “I’m quite a leisurely person [...] my outlook is quite bright”**

Judy described herself as being a ‘leisurely’, ‘happy’, and ‘bright’ person. She appeared to feel a sense of control over how she spent her time, and her choices reflected her descriptions of her own characteristics. On the **solitary-social dimension**, her life seemed to be focused substantially around leisure – a lot of which involved social interaction:

*JM I’ve got two typical days, one when I’m out all the time, and one when I’m in all day [...] I get up, generally wander around for hours in my pyjamas; I like my pyjamas. I always make a cup of tea, my first thing, clean my teeth etc, and then the days I go out I get bathed, because I have a bath – I’m not into showers. I get bathed and I get ready and I go out, and my days out are usually either, shopping with my friend, which I’ve been to today, which is nearly always Watford, or I go to some clubs where we have outings to the seaside, and then obviously we’re on a coach outing all day. But mostly, typical, I’m probably out shopping with my friend, or [at] a garden centre with my daughter and with my grandchildren. So, that’s more or less my days out. My days in are quite lazy. I stay in my pyjamas sometimes ‘til lunchtime because I’m too lazy to have my bath, and I poodle [sic] around, I’ll sit on the balcony and have my tea and my toast, because I’m quite a leisurely person. And, I love going on the internet, I’m... I’m very much into photographs, I’m very much into videos and camcorders and my grandchildren, so I watch a lot of those if I’m staying in, particularly in the winter months. That’s probably roughly it; that is my day.*

*JL Okay, and what about in the evenings, what do you tend to do?*

*JM I... probably mostly television or on the internet, except for the... I go one night a week to bingo downstairs, but that’s probably my only evening that I go out, unless I’m out with my family, and if I’m out with my family, then I’m usually out for the day and the evening as well. I don’t very often go out just for the evening. Been to a few concerts and a few shows, but that’s not typical, that’s just now and again.*

Judy's day-to-day life of leisure was paired with a high level of social interaction. Compared to other residents, she appeared to be closer to the social extreme of the **solitary-social dimension**. However, while she felt that she had increased the amount of time she spent socialising with friends since she had moved to DGV, she did not feel that she had made a large number of new close friendships:

*I think socially it's nice here. I wouldn't say I've made lots of friends, I know lots of people, but probably my real, real friendships are probably down to about a dozen people, and probably all the rest are just nodding acquaintances, people I like, people I get on with, but not people I actually go out with.*

Since moving to DGV four years ago, Judy had maintained social relationships with friends in a local social club outside the village that she went to regularly. She said that she 'probably could go out and make a lot more friends' in DGV if she wanted to, but that because she did 'so much' in the wider community outside DGV, she was happy with the smaller group of friends that she had made in DGV. A substantial portion of Judy's life was based outside DGV because her social life included a lot of time with her family. They went on holidays together and out for meals. In particular, Judy valued the time she spent with her grandchildren and had recently been on a trip to America with her granddaughter. She described how she regularly spent time with her grandchildren either in person, or by phone or internet:

*I met my grandson when I went to Watford today, because he's got his prom [...] so I got to get him a new suit, or a suit – he's never had a suit, so he's got to have a suit for his prom, so he went in Next and he, came out and showed it me, and "very, very nice" [...] So, I still do lots of things like that with them, and you know, they'll phone me up and say, "oh, nan, what do you think so-and so, so-and so", or, we email a lot, you know, talk on messenger and that, so I, I spend a lot of time either with the children or talking to them etc, so yes, it's nice, nice. Very lucky aren't I?*

Judy appeared to be **integrated into the DGV community**. She said that she was 'quite good at joining and mixing with people', and she took part in many of the village activities such as bowls and bingo. She described how she wanted to be part of the community and endeavoured to achieve this through her participation:

*I always attend any meeting that we have here, because I like to be part of the village and knowing what's going on here. You get it second-hand from other people, but it's not quite the same as going yourself. So I try to participate in everything that there is.*

Taking part in activities and being on first name terms with other residents were two of the factors that Judy identified as making the village feel like a home to her, rather than just a place to live:

*[it feels like home] because of the activities that I do. Everybody's friendly, everybody's on first name terms. When I, when I was in the house [previous home], my neighbours, when I moved in, were all quite a lot older than me, and in those days everybody called themselves Mr and Mrs, so even though I knew my neighbours for 40 odd years, I still called her Mrs Smith and I called him Mr Smith. And when she spoke about him, his name was Peter, but she didn't say, "oh, Peter's working in the garden", she'd say, "oh, Mr Smith's working in the garden". I found that hysterical [...] And that's what I like here, everybody is on first name terms. I don't know hardly anybody's surnames here, because whoever you meet, they say, "oh, I'm Christine", "I'm so-and-so", "I'm Barbara", and that's what makes it a, a home, if you like. That's what makes it, to me, more like, well, just more friendly and just more homely.*

However, despite Judy's confidence about participating in activities, and her outgoing and social nature, there were aspects of DGV life in which she felt less comfortable about participating on her own. For example, she described why she had not used the café bar recently since one of the friends she used to go with had been unwell:

*I don't tend to go down on my own. As much as I'm quite outward going, and I'm quite good at joining and mixing with people, I don't like eating on my own, so I, I would never go down there just to go by myself, so, only if somebody is here.*

Judy's involvement in the community was matched by her attachment to the village. She explained how this translated into feelings of defensiveness if other people criticised DGV:

*I am quite attached to it, and I'm quite, um, on the defence if anybody runs it down, because I can't understand, you know, when you do get the people moaning, I can't understand what anybody's got to moan about. Because I think we're just, I just think we're so lucky here, you know; we've got everything we want [...] so I am probably a little bit... although I don't argue with anybody, I never ever argue, I tend to be quiet, but I want to say to people, "for God's sake", you know, "what more do you want, it's brilliant here". But, there we go [laughter].*

She also felt her levels of physical activity had been influenced by living in the community. She said that when she lived in her previous home she was surrounded by houses and there were not any open spaces so she never walked anywhere, whereas since moving to the village she walks to places, or walks to catch the bus rather than going out in her car. However, living in DGV did appear to have created some feelings of guilt for Judy about not using the gym or swimming pool, despite the fact that she felt uncomfortable in these facilities.

Judy had a very positive view of DGV overall, but there were aspects of living in the community that she was less happy with. She felt that she had been misled and 'told quite a lot of lies' about various issues, including the privacy of her apartment. Judy had bought her property before the redevelopment of the village was complete, and had been told that the buildings immediately behind her property would be bungalows, which would have been below the level of her property. It later emerged that this was not the case, and another block of apartments was built there. She described how this had a direct impact on her day-to-day life:

*If people are on their balcony or looking out their window, I don't feel I've got any privacy in here anymore [...] whereas before, I was completely private here [...] so if the phone rung, I could wrap my towel around me and run and answer the phone – I don't feel I can do that anymore because I don't know who can see me now.*

Judy felt disappointment and a lack of satisfaction about some issues such as the privacy of her property, but she had been able to make decisions that she was pleased with about other physical design features, such as installing a bath instead of the shower, and replacing the original worktops and hob.

Judy believed that having a 'bright' outlook on life and not spending too much time on her own helped to keep her feeling healthy:

*I think if you're, to some extent enjoying your life, you just hope that, because my outlook is quite bright, that it sort of, keeps my body bright, but I don't know [...] I hope, like, just general-wise, you know, if you have a little ache, aches and pains, if you spend a lot of time on your own, you could perhaps dwell on that and make yourself worse. Whereas, because I don't and I'm quite bright, I can, if I do have a little ache and pain I can just shake it off. So, probably my outlook's a little bit, I hope, you know, that I am a sort of, fairly bright person, you know.*

Like Enid Foster and a number of other residents, Judy also expressed her feeling of being 'lucky' to live in the village and to have the lifestyle that she did. She stated that this was something that she reminded herself of and focused on in her day-to-day life, rather than dwelling on less positive aspects:

*I know, sadly, we're all going to die, but I never think about that. I always think about, like, today, and what a wonderful life I'm having.*

Unlike Henry Nicholson though, Judy did not appear to be afraid to think about the future, but was still attempting to focus on the positive aspects of her life. She strongly believed in maintaining a 'bright' outlook.

Judy was one of the more sociable residents at DGV and, unusually, her social life was located both inside and outside the village. In some ways, she was similar to Ed, in that she described a lot of her social interaction with other residents as being at the level of acquaintances, rather than friendships. However, unlike Ed, she did have a network of strong friendships as well. She felt a strong attachment to the village, and maintained her positive views about it, and her life, despite the issues she had experienced with her property and the impact that these had had on her day-to-day life at home.

### **8.3. Conclusions**

This chapter has shown how the individual patterns of residents' everyday lives – how they spend their time, whom they spend it with, and how involved they feel with the community at DGV or other groups outside – are not only influenced by aspects of the environment at DGV described in Chapter seven, but are also constrained or facilitated by a variety of individual characteristics. These include residents' own financial and mental resources, their status as part of a couple or someone living alone, relationships with other family members, responsibilities that arise as a result of life events such as major illness, and the choices they make according to their preferences. Individuals' experiences of everyday life were differentially affected by their individual characteristics and the environmental context: certain environmental or individual characteristics had more significance for particular individuals than others did; and some environmental features suited some residents but had a negative impact for others. As a result, and in contrast with the marketing material mentioned in Chapters five and seven, and the corresponding shared community stories about everyday life, the village did not suit all personalities, and the majority of residents did not have complete choice about the way they lived their everyday lives.



Chapter seven illustrated some of the factors that impacted on everyday life for residents, such as the ability to make desired changes to improve the physical environment. It also indicated that residents who were living alone, and/or renting their properties, were less likely to have positive experiences of life in DGV. Looking at the individual experience of everyday life in this chapter provides a greater understanding of how these characteristics actually make a difference in residents' day-to-day lives. For example, residents who were renting their properties were more likely to talk about the impact that limited financial resources had on them. Financial resources appeared to be particularly important in determining whether residents could spend time away from DGV if they wanted to, as well as the extent to which they felt secure about their futures. Gladys Ashton felt that her satisfaction with DGV could be maintained by short breaks away, and recognised that her financial position put her in a better situation than other residents because it gave her more potential options should she have increased care needs in the future, whereas residents like Ed Heath and Henry Nicholson could not afford the holidays they desired. Ed also had to spend more of his time in a 'work' role in order to improve his financial situation.

Some residents who lived alone had less socially active lives than they desired. The data in this chapter suggest that there are two factors that may have resulted in these residents feeling less satisfied about this aspect of their lives. First, residents talked about how the social relationships they had were not necessarily deep friendships, or that they had more acquaintances than friends. For residents living as couples, these types of less intimate relationships may have been sufficient because they had each other to rely on and confide in, whereas residents living alone may have been seeking more from their friendships with other residents. Second, residents talked about how they found it difficult to go along to activities or events on their own. Perhaps surprisingly, this was even the case for more outgoing and sociable residents like Judy Mills. Residents living alone may have had to deal with this issue to a greater extent than those living in couples, because residents living in couples often seemed to spend the majority of their time with their partners/spouses – either at home or at activities in the village. Close relationships, and spending time with family members living

nearby, may have also compensated for a lack of adequate social relationships within DGV for some residents.

Life events also had a big impact on how residents spent their time. For some residents, this was due to the financial implications that occurred as a consequence. However, Enid Foster found herself with little choice about how to spend her time because of the caring responsibilities she took on when her husband became ill. Similarly, Marjory Newman and Rose Cross felt that how they spent their time was often determined by their husbands' health and care needs, while Mildred Lewis felt that she was restricted by her own health. The fact that some female residents' lives were influenced to such an extent by their husbands' health may be another contributory factor in their lower levels of satisfaction about aspects of their everyday lives as described in Chapter seven.

Throughout this chapter, it can be seen that individual attitudes and beliefs appear to mediate everyday experiences. In some cases, residents maintained very positive attitudes about their lives even in the face of difficult circumstances. However, although many residents were accepting of – or displayed resigned attitudes towards – their financial situations, their levels of social interaction or other aspects of their lives that did not match their desired situations, this did not mean that they felt content with them. Similarly, while residents often reported feeling lucky to live in the village, this was sometimes as a response to their beliefs about where they would have to live if they were not at DGV, rather than because they particularly enjoyed living at DGV. Again, residents who had limited financial resources were more likely to feel that they had fewer, or no other, options in terms of places to live.

Looking at the individual experience demonstrates how important it is to look at individual preferences, as well as needs, in the person-environment relationship. For example, although Henry Nicholson talked positively in his interview about there being 'all sorts of activities if you want ever to take part in them' at DGV, he did not personally value these activities so this aspect of the environment, therefore, made no difference to his levels of satisfaction about his everyday life.

This chapter highlights the importance of considering individuals, as well as groups or communities of people, when looking at person-environment relationships in particular settings. It demonstrates the role that individual circumstances, attitudes and beliefs have in determining the quality of different aspects of the person-environment relationship, and how this relationship shapes the patterns of individuals' everyday lives. Chapter nine draws together the findings from the current chapter with those from other chapters and the literature review, to explore how they contribute to existing knowledge and understandings of everyday life in DGV, and in UK retirement villages more generally.

## Chapter 9: Discussion and conclusions

This thesis has focused on residents' experiences of everyday life in Denham Garden Village – a UK retirement community. As Evans (2009a) notes, research into UK retirement villages is still in its infancy. Chapter two identified various opportunities for increasing our understanding of these environmental contexts including exploring: the options people consider before moving to a retirement village; life in a more established, mixed tenure village; multiple dimensions of environment, including natural, social and physical aspects; the familiar and ordinary experiences of everyday life and the diversity in these experiences; and how residents' lives fit with the concepts and themes being used to publicise and 'sell' these developments. Chapter two highlighted that research has, both historically and recently, often focused on the community per se, rather than on residents living in the community. The conclusions of this thesis bring together suggestions that retirement community research should focus on 'more detailed and systematic examination' of the people living in retirement communities, and their rationales for being there (Marans et al., 1984: 91) and that gerontological research should focus on practical knowledge and everyday practices (Schwarz, 2012).

Arising from the opportunities to increase understanding of retirement village living that are identified above, the specific aims of this thesis were to:

1. provide an overview of Denham Garden Village and its residents, including residents' recollections of their decisions to move there;
2. explore how the environment and organisation of Denham Garden Village relate to residents' everyday experiences;
3. explore how residents experience everyday life at Denham Garden Village;
4. identify the implications of the findings from this study for policy, practice and (theoretical) understandings of retirement community living.

The following sections of this chapter will explore each of these aims in turn, identifying how the findings contribute to existing knowledge and understandings of everyday life in DGV, and in UK retirement villages more generally.

## **9.1. Overview of DGV and its residents, including residents' decisions to move there**

### **Resident profile**

As is generally the case in UK retirement villages (Evans, 2009a), the average ages of residents when they moved to DGV (71) and at the time of the 2009 survey (75) were much higher than the minimum required entry age of 55. The majority of residents living in DGV identified themselves as White, middle class and of British nationality, and around two thirds of residents were female. Again reflecting patterns from UK retirement community research (Biggs et al., 2000; Croucher et al., 2006; Croucher et al., 2007; Bernard et al., 2007; Evans and Means, 2007; Darton et al., 2008), the proportions of both male and female residents who were widowed at DGV were noticeably higher than those of a comparable age at a national level (Nazroo and Jivraj, 2012). Female residents were more likely to be widowed and living alone than male residents at DGV. Only a minority of residents had not had children (7%), or had no living children (2%). Unlike in many of the newer, privately run retirement villages in the UK and elsewhere (Evans, 2009a), many residents at DGV – in fact more than half – were renting their properties rather than leasing them, reflecting the village's longstanding links with the LVNH.

On the whole, findings about the resident profile at DGV are consistent with those from other UK retirement communities, though DGV's links with the LVNH have influenced its tenure profile and, perhaps, the socio-demographic characteristics of the current resident population. Comparisons with national data are useful in indicating that widowhood is more common among DGV residents than among people of a similar age in England more generally – a theme that will be explored later in this chapter. The fact that residents generally move to DGV

at older ages than the minimum required entry age raises questions about why these environments impose a minimum age requirement for all properties. I would argue that greater consideration is required about whether this age restriction is necessarily an unavoidable consequence of, or requirement for, providing purpose-built housing, services and facilities that are attractive and realistic options for meeting the needs of older people.

### **Moving to DGV**

A number of UK studies have looked at why people choose to move to age-segregated communities like DGV (Bernard et al., 2007; Bäumker et al., 2011; Croucher et al., 2003; Croucher et al., 2007; Croucher and Bevan, 2010; Evans and Means, 2007; Evans and Vallely, 2007; Kingston et al., 2001; Pacione, 2012). There is a larger body of North American and Australian literature, but these studies were not always conducted with people who had actually chosen to move to such developments. 'Push' and 'pull' factors related to moving that have previously been identified in the literature (see section 2.10, Chapter 2) include social contact and activities, access to care services, house maintenance or housework, loss of a spouse, health issues, public transport and proximity to family, friends and resources such as shops. The factors identified by DGV residents were broadly similar to the research discussed previously in Chapter two, such as being worried about a partner's health, wanting to stay independent, wanting to be nearer to family, and finding household tasks and maintenance difficult. However, Chapter six demonstrated that there were differences in the level of importance residents attached to these reasons. One noticeable contrast with previous studies was the importance placed on garden maintenance. The difficulty of maintaining gardens was mentioned by most DGV residents as a reason for moving, perhaps reflecting the types of housing that residents were previously living in, as well as their socioeconomic status. This particular reason also illustrated how residents' decisions were influenced by their emotional responses to the impact of physical limitations, as well as the limitations themselves.

The qualitative data, in particular, highlight the complexities of the decision-making processes that residents went through. For example, they often talked about the role that family and

friends played in the process, and also the desire to plan for the future – influences that residents did not necessarily mention in open ‘other’ response options in the quantitative survey. Indeed, multiple, and often related, factors appeared to have initiated residents’ thoughts of moving from their previous homes. These factors were frequently preceded by changes in personal circumstances or other major life events. The prominence of ‘living alone’ as a reason for moving, drawn from the qualitative data, is central to understanding why the loss of a spouse was among the reasons least commonly selected by residents in the survey despite the fact that higher proportions of residents living at DGV were widowed than in the national population (Nazroo and Jivraj, 2012). The findings from my study indicate that it is the experience of living alone after the death of a spouse, rather than the loss itself, that is most influential in the decision to move. For some people, living alone following the loss of a partner changed their relationship with their environment dramatically. These changes included a loss of companionship and having someone to share the burden of household tasks and maintenance with, and concerns about safety and security, as well as changes in individual circumstances such as financial resources. While Peace et al. (2011) note that living alone can have both positive and negative aspects in terms of its potential to contribute to independence and loneliness, living alone at DGV seems to have been perceived, prior to moving, as preferable to living alone in other environments.

As discussed, concerns about health feature strongly in the literature as a reason for moving, and were also identified as important by DGV residents. The qualitative data show that these concerns were particularly associated with physical features of the environment and with care and support needs. For several residents, the desire to live closer to their children was also linked to changes in health. Along with the perception that living alone would be a better experience at DGV than elsewhere, these patterns seem to suggest that in moving to DGV, residents were seeking to find an environment with fewer physical barriers, and increased practical and/or emotional support and interaction. In addition, my study highlights the limitations of considering individual push or pull factors as independent of one another (Bekhet et al., 2009). For example, several push factors may be the result, or cause, of the same

overarching issue (e.g. poor health and living alone may both cause problems with household tasks), and push factors are likely to be linked with pull factors (as with health and the desire to live closer to children, as described above).

In contrast to older people moving later in life more generally – which is likely to be reactive, in response to a crisis or change in health (Löfqvist et al., 2013; Pope and Kang, 2010) – it has been argued that many people choose to move to UK retirement communities during periods of stable health rather than a move being triggered by acute health problems (Kingston et al., 2001; Darton et al., 2008). It has been suggested that this is because retirement community residents are often ‘planners’ moving on the basis of anticipated future issues rather than because of existing issues or crises (Croucher et al., 2003; Baumker et al., 2012). However, the findings from my study suggest that while planning for the future plays an important part in the decision to move, major changes in circumstances or health (even if not ‘crises’ as such) often prompt, or increase receptivity to, the initial idea of moving.

The desire to move to a new environment not only resonates with Kahana’s (1982) theory that people search for the environments that best meet their needs, but also indicates that the prompts for this searching were often major changes in people’s circumstances, rather than a longstanding dissatisfaction with their environment that they finally decided to address. In particular, this may explain why retirement was not one of the main reasons for residents moving – because, in itself, it did not change people’s satisfaction with their environment. This contrasts with consumer studies described by Croucher et al. (2006) that indicated retirement was a key point at which most residents of retirement housing had begun looking to move. However, for some DGV residents, retirement may have been the catalyst that led to them thinking more about their future needs and planning for these – a reason that some residents gave for moving to DGV despite having no major issues in their previous homes. For residents who had been working in the pub trade, retirement – and more specifically the option to move to DGV – may have been the first opportunity that they had to move to an environment of their choice, and one that would better meet their needs.



Location and being closer to family, which were often intrinsically linked, were the reasons residents most frequently selected for moving to DGV. It is likely that the move to be closer to family was, at the time, thought likely to improve multiple aspects of person-environment fit (the match between needs and the environmental options to fulfil these needs), such as increased social interaction and support with day-to-day tasks. However, other residents consciously made the decision not to move closer to their children. For those residents moving because of the LVNH scheme, the reason that location was less of a 'pull' factor was probably because they were unlikely to have any reason for wanting to move to Buckinghamshire specifically, but had to move there if they wanted to live in the retirement village.

The importance of location and distance from family – combined with the other factors mentioned above, such as living alone – does not support a case for residents particularly wanting to move to a retirement community per se. Instead, these factors indicate only that residents felt the need to change aspects of their person-environment relationships. In fact, more specifically, emphasis was on changing the 'environmental' rather than 'person' factors. It appears that moving to a community like DGV was perceived by people as the only option available to them that might achieve these changes. Further evidence for this line of reasoning comes from the findings discussed in Chapter six that showed only a few residents had considered other accommodation options before deciding to move to DGV, and of these, most had considered other retirement communities like DGV or downsizing.

For many residents, moving was a momentous decision, and one to be considered with great care. It can be argued that the majority of residents did not consider other options not through blind determination to move to a retirement community, but simply because realistic or potentially acceptable alternatives did not exist. Previous research has similarly found that the evaluation of options does not play a large role in the decision process (Erickson and Krout, 2001; Croucher et al., 2003; Darton et al., 2008), and that residents search for a fairly short time, relying on children as sources of information and guidance (Gibler et al., 1998). In addition, older people wanting to move often feel restricted by a lack of suitable housing

options (Wood, 2013). Beyond specialist housing provision such as retirement villages and extra-care schemes, there has been little progress in developing a more expansive range of housing options for older people (Pannell et al., 2012). This position is reinforced again, by the findings in my study about residents' feelings about age-segregated living.

Despite DGV residents having moved to an age-segregated community, the desire for age-segregation did not seem to have been a strong push or pull factor for them. This is unsurprising when considered in the context of the initial factors that were likely to have prompted them to consider moving, but raises questions about the rationale behind developing housing options restricted to, and targeted at, older people. Some previous UK studies have shown that for a small proportion of residents, part of the attraction of living in a retirement community was the idea of living in an environment with no permanently resident children (e.g. Pacione, 2012). However, as appeared to be the case at DGV, this has generally been a minority view within these communities. Age-segregation is a prominent feature of DGV (with homogeneity is emphasised in its marketing literature), and yet did not appear to have been a factor drawing the majority of residents there. It is likely that many residents living in DGV elected to move to an age-segregated environment not because of, but in some cases despite, its older population. They believed that, of the options potentially available to them, DGV would provide them with the best person-environment fit. In fact, some residents expressed strong feelings that they had not wanted to move to an age-segregated environment. While most of the people at DGV apparently did not dislike age-segregation enough to prevent them from moving there, it seems an unnecessary and/or unwanted component of everyday life there.

If a desire to improve person-environment fit, rather than age-segregation, is key to older people moving to retirement villages like DGV, it is pertinent to note that even before moving, residents were aware that DGV could not offer them improvements in all areas.

Notwithstanding the fact that some residents had strong attachments to the village prior to moving there, the one aspect of person-environment fit that many residents felt they had to

potentially be prepared to reduce by moving to the village, was their emotional attachment to place. In fact, it appears that a process of prioritising frequently occurred, and that practical considerations – such as the need for care services or living in a property without stairs – often took priority over emotional factors, such as the desire to remain living in a familiar place associated with memories of the past. In contrast to Rowles' (1993) suggestion that for many people, ageing in place is a priority due to practical reasons rather than as a consequence of a strong sense of attachment, for these residents, practical issues took priority over ageing in the place they were living in at the time. For other residents though, such as some of those who had worked in the pub trade, the move to DGV was actually seen as an opportunity to age in place. They perceived that they would live in DGV until the end of their lives, giving them a sense of permanency that they had not experienced until that point in their life course.

The findings from my study suggest that ageing in place needs to be seen more as a relative concept. Its meaning depends on people's previous history, how much time they have spent living in a particular place, and the extent to which they feel attached to it. For some people, living in a retirement community will be seen as offering the opportunity to age in place, whereas others will regard ageing in place as being possible only by continuing their residency in the home they have already been living in for many years.

Improving current and/or future person-environment fit appears to be the connecting factor between all DGV residents' decisions to move, irrespective of socio-demographic characteristics or previous experiences. In some cases their expectations were that the village itself was the environmental setting that would improve their everyday lives, whereas in other cases it was the location of the village in relation to resources in the wider community such as family or health services that they hoped to access more easily. In the context of this overarching driver, the next section of this chapter explores how the environment and organisation of DGV related to residents' experiences of everyday life once they had moved to the village.

## **9.2. How do the environment and organisation of Denham Garden Village relate to residents' everyday experiences?**

Findings in Chapters five to eight about residents' everyday experiences related to many aspects of environment, including physical, spatial, social, psychological and emotional factors. This focus on environment contributes, in particular, to understanding more about: the consequences of decisions about design; social and spatial connectedness within DGV and between the village and the outside neighbourhood; informal support; community norms and expectations; and the implications for independence and autonomy of living in a 'managed' environment.

### **Consequences of decisions about design**

Overall resident satisfaction with properties at DGV was high. Interestingly, one of the key aspects residents were not happy with was their perceived lack of storage space – a design aspect that the brochure for DGV states 'has been carefully considered' (Anchor Trust, 2011). This indicates that while those marketing and designing DGV were aware that storage was an important issue, and one worth highlighting to potential residents, their concept of how much storage would be required was either inaccurate, or was not fulfilled in the design of properties. The drive to encourage older people to downsize and move to retirement housing in order to 'free up' larger homes for families (DCLG, 2011) is based on the assumption that this type of housing can provide the space that older people need and desire.

Previous research has shown the value and importance of space in later life (Kellaher, 2002) and demonstrates that few older people living in 'ordinary' housing consider that they have too much space (Peace et al., 2005b). Quite apart from the fact that focusing on downsizing as a strategy just for older people is an ageist approach (Kneale, 2013), and one based on generalised assumptions about people's needs and wishes for space, it appears that even purpose-built retirement housing is often lacking in space. Developers of DGV clearly did not

manage to achieve congruence between the storage spaces they designed, and residents' needs and desires.

The shortage of parking in the village was another widespread complaint, and demand seemed to have been underestimated in the design of the village, with provision for 'low car usage with 0.75 spaces per dwelling' (Hynds, 2007). Similar findings have been reported elsewhere, demonstrating tensions between planning aspirations around public transport use and the desire for car ownership among older people (King and Mills, 2005; Croucher and Bevan, 2010). Parking is an example of a design feature that had, presumably, unexpected consequences for relationships both within the resident community, and between residents and 'outsiders', due to tensions over lack of space. The design of other elements of properties, such as shower drainage areas, also demonstrated a lack of insight into the extent these features would work in practice for people, particularly older people.

As with other issues, problems with design generally had a disproportionate impact depending on tenure. Those residents who owned their properties not only had autonomy over decisions about their property, but were also more likely to have the financial resources to change things with which they were unhappy. Those renting were not in the same position, meaning that they had to live with the consequences of any design flaws or issues.

The findings about residents' desires for outdoor space in Chapters five and seven present another challenge for developers of retirement villages. While most residents identified difficulties with garden maintenance as a reason for moving, this did not translate into their no longer wanting access to outdoor space at DGV. In fact, residents not only wanted access to outdoor space, but they also wanted this space to give them a sense of privacy – communal spaces did not seem to suffice. Around a quarter of all residents were not satisfied with the amount of outdoor space attached to their properties, and privacy in outdoor spaces, as well as within properties, was a key factor that impacted on residents' feelings of being emotionally connected or 'at home' in DGV.

## **Social and spatial connectedness**

The location of DGV was perceived by many residents as quite isolated. The majority of residents went outside the village at least once a week, but whether they had access to a car or not made a big difference to how difficult getting to places outside DGV was perceived to be. Poor transport links were also relevant – particularly for those without cars. Women, residents living alone (who were also more likely to be female), and those in poorer health, were more likely to find it challenging to get to necessary services outside DGV. The fact that the proportions of people finding it difficult were generally higher than those in national data (Nazroo and Jivraj, 2012) is perhaps surprising, given that these people were living in an environment supposedly designed for older people, and conceived to promote ‘independent living’. This also raises questions about the extent to which developers are genuinely attempting to offer people environments that meet their needs (e.g. easy access to services near their homes) versus attempting to persuade people that environments can do so without attempting to establish if this is likely to be the case in reality.

There may also be tensions between the motivations (which are likely profit-based) of those individuals and organisations wanting to win contracts for designing, building and marketing housing for older people, and the motivations of those individuals and organisations wanting to provide housing that meets the needs of residents. Given that frequency and timing of transport services and limited choice of destinations are not uncommon problems for people of any age living outside the main cities in the UK (Social Exclusion Unit, 2003), it is questionable whether the location of DGV can really offer the ‘balance of tranquil rural surroundings and good transport links by road and rail’ described in the DGV brochure (Anchor Trust, 2011), particularly for residents who do not have access to cars.

The design of the village as a community with clearly defined boundaries likely contributed to, or at least certainly did not ameliorate, the social isolation of DGV residents from the wider community. Phillips et al. (2011) suggest that the radius of movement may become much smaller when relocation results in experiences of unfamiliar places. However, the findings from

my study suggest that such unfamiliarity did not necessarily restrict the radius of movement within the unfamiliar environment (most residents frequently went outside DGV) but, instead, restricted the radius of attachment – and particularly social insideness (Rowles, 1978) – to the familiar environment of DGV. When a sense of meaning and attachment are not experienced or developed in an unfamiliar environment, fear and a lack of confidence are likely consequences (Phillips et al, 2011).

Moving to a community within an unfamiliar neighbourhood may have impacted on some residents' confidence about getting involved with people or events outside DGV. Others probably saw no reason or need to expand their social networks or activities beyond DGV. However, this perhaps contributed to the tensions between residents and 'outsiders' using DGV facilities and parking, as the social and spatial division reinforced stereotypical or ageist views about what people living outside DGV were like, and how they behaved. The social and spatial separation of DGV from the wider community also maintained DGV as an almost exclusively age-segregated environment, rather than an age-friendly environment that was home to people aged 55 and over.

Even though people were free to mix with people of other ages in the outside community, it is clear that features of the social or built environment within DGV either discouraged most residents from looking, or at best did not encourage them to look beyond their immediate community, for social contact. So far, this seems a common issue in UK retirement communities. Even those, like DGV, that incorporate facilities to be used by people living outside the community, do not appear to be environments that are socially linked with the wider community. Pacione (2012) found that despite 70% of residents' friendships being with people outside their Scottish retirement village, almost two thirds of residents felt that there were no links between the village and the outside community.

Despite the lack of social links between retirement villages and their neighbouring communities, several previous studies have demonstrated that retirement villages increase opportunities for social interaction (Kingston et al., 2001; Bernard et al., 2004; Croucher et al.,

2003; Croucher et al., 2007; Evans and Means, 2007), in some cases facilitated by the homogeneity of backgrounds and similar interests shared by residents (Evans, 2009a). As Chapter seven has shown, many residents at DGV also felt that there were abundant options for socialising available to them – suggesting a high level of person-environment congruence for those who had a ‘need’ for plenty of social interaction. Chapter seven presented evidence that the majority of residents felt that they had friends living at DGV, though a slightly larger proportion had friends living outside. However, data in Chapter seven also indicated that just under one fifth of residents felt isolated in terms of their social relationships at times. Chapter six showed that loneliness itself was one of the least often selected reasons for moving to DGV, but loneliness and isolation were highlighted in the qualitative data as two of the issues connected with living alone that residents hoped moving might improve. Yet, the data presented in Chapter seven shows that the proportion of residents who were lonely at DGV was the same, if not higher, than in the older UK population generally (Victor et al., 2005; Beaumont, 2013). The data cannot indicate whether people moving to DGV were experiencing higher than average levels of loneliness before they moved. However, levels of loneliness at DGV do not suggest that it was an environment that provided resources sufficient to eliminate loneliness, or even to reduce it to a lower level than in the wider community.

### **Informal support**

In contrast to the loneliness or isolation experienced by some residents, many residents felt that they were living in a supportive environment. Croucher (2006:11) emphasises that the ‘support of co-residents is a vital and overlooked resource’. She suggests that communities can ‘respond collectively to the shared experience and challenges of ageing’, and this appeared to be the case at DGV. The congruence between people’s needs for, or their desires to provide, support, and the opportunities to meet these needs, appeared well matched in many cases. Residents talked about helping out other residents with regular tasks like gardening or shopping, as well as at times of crisis or difficulty. In many cases, residents valued and thought more highly of the support from other residents than they did the formal



support available from staff at DGV, although they were, in some cases, unsure where the line should be drawn between circumstances that required provision of informal versus formal support. One of the issues that appeared to influence some residents' less positive views of the formal support services in DGV was their perceptions of staff attitudes. When they received support from other residents, they believed that these residents wanted to help and were expressing genuine care, whereas they often felt that staff did not have the emotional involvement or investment in their 'caring' roles. Others, though, recognised the burden on staff and the pressurised roles that some of them were in.

### **Community norms and expectations**

Another key way in which residents' everyday lives were related to specific environmental characteristics of DGV was through connections taking the form of shared community norms and expectations. The idea of DGV as an environment of 'choice' is prevalent not only in its marketing materials, but also in residents' accounts of their lives there, as discussed in Chapter seven. Despite the prominence of 'choice' in both types of these representations of the village, there appeared to be strong community norms and expectations about aspects of everyday life that influenced the choices residents made. These shared meanings could also be described as elements of place attachment at a collective level (Rubinstein and Parmelee, 1992). One possibility is that the shared community stories about everyday life at DGV being based on choice, and suiting all personalities and preferences, were a way for residents to vicariously live the lifestyle that they imagined they would inhabit when moving to DGV. In other words, they may have been improving their person-environment congruence by increasing the status of the imagined environment when evaluating their experiences and situations. Rowles (1978: 202) suggests that geographical 'fantasy' is the ability of individuals to experience places other than the one in which they are currently located through the use of memory and imagination, and that as people get older and their physical movement and everyday activities are constricted, there is 'an expansion in the role of geographical fantasy'. This type of fantasy may have enabled residents to maintain a sense of continuity between

their pre-move expectations and their post-move experiences, as well as allowing them to create and experience the lifestyle of their choice as sold to them in the publicity for DGV.

An alternative view is that the social norms within DGV were caused by, as well as contributing to maintaining, unintentional ageism. McHugh (2003:166) argues that marketing strategies for retirement communities can be interpreted as the 'mould and mirror of ageist attitudes and cultural values'. He puts forward the view that 'institutional representations and images of successful anti-ageing, such as those promoted in active retirement living, are insidious in that they cultivate and parade an impossible ideal' (McHugh, 2003:180). Many residents at DGV felt that they had a responsibility to engage with village life, and expressed feelings of ambition, obligation or guilt about the need to live social and physically active lifestyles. These community norms and pressures perhaps result from a 'fear of failure' (Cole, 1992: 239) that is 'projected outward in the form of disdain and disgust for "old" people who do not "measure up" and who tumble down the spiral of "bad" old age' (McHugh, 2003: 180-181). Those who chose not to conform to these unwritten rules at DGV were labelled by themselves and/or other residents using words with negative connotations such as 'loner' and 'recluse'. This use of language indicated the perceived status of such individuals as atypical residents who were not ageing successfully, despite there being a wide range of levels of community involvement in the village, as described in Chapter eight.

The importance of similarity as a bonding force in (retirement) communities was highlighted in Chapter two (e.g. McMillan, 1996; Croucher et al., 2007; Evans, 2009a; Evans 2009b). It is therefore not surprising that residents had developed shared norms and expectations about behaviour. In addition, the promotional material for the village specifically described it as a community of 'like-minded people' (Anchor Trust, 2011), creating or reinforcing residents' expectations that they would be living in a homogeneous community. Echoing previous findings (e.g. Osgood, 1982; Croucher et al., 2007), many residents recognised that the age profile of the DGV community, for example, had benefits and played a part in creating a sense of community and providing a starting point for developing friendships. The connection

between similarity, and experiences of social connection and community at DGV, is a key link between residents' individual characteristics and their experiences of the (social) environment at DGV. McMillan (1996: 321) argues that similarity also provides support for individuals' sense of self because 'if one can find people with similar ways of looking, feeling, thinking and being, then it is assumed that one has found a place where one can safely be oneself'.

Expectations about similarity and conformity also seemed to extend to socio-demographic characteristics such as ethnicity and tenure. In terms of ethnicity, it is likely that the lack of diversity at DGV meant that where diversity did exist, its significance was magnified and meant that some residents were perceived (by themselves or others) as not fitting in with the majority. In some cases it appears that rather than valuing or embracing diversity, residents perceived those who were different from the majority as outsiders. This seems particularly noticeable for residents such as Helen Willis, who – as described in Chapter seven – felt that she was excluded because she was perceived as 'a foreigner', but is also demonstrated by other residents' attitudes towards living in an environment where signs of disability such as wheelchairs and mobility scooters were present. Of course, not all residents shared these views and some welcomed friendships with residents who were distinctly different from themselves in background or other ways.

Unlike in many of the newer, privately run retirement villages in the UK and elsewhere, many residents at DGV – in fact more than half – were renting their properties rather than leasing them, reflecting the village's longstanding links with the LVNH. Other studies (Darton et al., 2008; Evans, 2009b) have shown that socio-economic diversity – or at least its visible and social effects – can create divisions within retirement communities. It has been argued that residents of different tenures tend not to form relationships with each other, owing to both physical separation and differences in lifestyle preferences (Kleit, 2005; Kearns and Mason, 2007; Evans, 2009b). Most properties at DGV are not physically located or separated

according to tenure<sup>21</sup>. Findings in Chapter seven indicate that some residents do perceive tensions between those who rent and those who own their properties, in common with previous studies. However, the findings from my study offer two key contributions to understanding the impact of tenure and/or socio-economic differences in communities like DGV.

First, many residents felt that divisions in the community had improved over time, and one resident highlighted how a trip away had played an important part in his experience by providing the opportunity to mix with residents in a different environment, resulting in the realisation that they were 'on a similar wavelength'. Though the data in this study are cross-sectional, in common with most other UK studies of retirement communities, their difference lies in the source environment being a (semi-)established community rather than one that had only just begun to form. Reductions in community divisions or tensions may not have been visible in other UK retirement communities such as Westbury Fields (Evans and Means, 2007), owing to their status as new, emerging communities rather than communities that had developed and grown over time.

Second, while the developers of DGV made a conscious decision not to physically separate properties according to tenure, other aspects of the design and management of DGV were still creating differences between residents of different tenures. For example, as discussed earlier in this chapter, different parking arrangements and rules about modifications to properties applied to renters and leaseholders. At DGV it appeared that these differences, rather than tenure or socio-economic characteristics per se, were the cause of tensions. The implications of these findings relating to tenure and community divisions will be discussed later in the chapter.

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<sup>21</sup> The relatively small number of houses (approximately 25 out of 326 properties) are all leasehold and located together.

### **Living in a 'managed' environment – independence and autonomy**

In addition to pressures within the resident community, residents also sometimes felt that their freedom to make their own decisions was restricted by organisational control and management of the village, as discussed in Chapters seven and eight. In some cases, these restrictions would likely have been in place for residents even if they were not living in DGV. For example, residents renting their properties would have faced similar issues if wanting to make modifications to their homes. However, outside DGV, residents would not have been subject to staff intervening in their relationships with other people, as was discussed in Chapter seven. Joan Kelly and her husband, for example, were advised not to remain involved in supporting another resident who (was visually impaired) with everyday tasks. This issue raises the question of whether people moving to an environment like DGV are fully aware of the implications of deciding to live in an environment that introduces a new social structure into their day-to-day lives. Future research could usefully explore the effects of this in more depth, and consider the extent to which people consider the implications of living in a managed environment before moving.

Many studies have shown that independence is important in older people's housing preferences (e.g. Boaz et al., 1999) and, as discussed in Chapter six, wanting to stay as independent as long as possible was one of the top reasons residents gave for leaving their previous homes and moving to DGV. For some, living in an environment governed by a social institution may remove some barriers to that independence, such as relieving them from physical tasks like garden and property maintenance. Independence, however, is a complex concept that has different meanings to different people. While professionals often define independence in terms of skills and performance of activities (Oliver, 1989), some older people distinguish between the process of making decisions and the ability to implement these decisions independently (Collopy, 1995). It is clear that while living at DGV might increase some elements of independence for residents, there is also likely to be a reduction in their decisional autonomy in relation to some matters in their day-to-day lives.

In particular, the apparent unpredictability and unreliability of formal support services had a dramatic impact on some residents' lives. Some residents who were reliant on these services for support for themselves or their partners described how they had little control over when they could access this support. This created additional stress and concern at a time when they were already under huge strain. It is unclear if this trade-off between autonomy and other factors such as help with physical tasks, security or companionship, was anticipated by residents and, if it was, whether they were choosing to 'compromise current independence for future independence' (Rabiee, 2013: 884) or whether they felt that there were no realistic alternatives. In Chapter six it was proposed that many of the reasons residents gave for moving were related to their thoughts and expectations about the future, and their desire to plan for these possibilities, suggesting that their focus was on future, rather than current, independence. Either way, while DGV may be an environment of 'choice' to some extent, it seems likely that at least some of these choices are trade-offs between autonomy and independence in different aspects, or at different temporal stages, of everyday life.

If residents were moving to DGV with the aim of maintaining their independence in the future, it is interesting that they often seemed unclear about the extent to which the organisation would provide them with future support if they needed it. More specifically, they did not feel that the 'choice' about whether or not they spent the rest of their lives at DGV was entirely within their control. Some people had thought about this issue considerably, but others did not seem willing to contemplate the possibility of their needs changing dramatically. Several residents had concerns that the village would not be able to support them if they needed high levels of care or support, and in some cases these perceptions were based on the experiences of others they knew. Uncertainty about the future is to some extent inevitable, but the capacity to support ageing in place is clearly identified in the WHO's concept of an age-friendly environment (WHO, 2007), and has not yet been addressed, or adequately articulated, by the management at DGV or many other UK retirement villages. The age-friendly movement was only beginning to develop when my study was conceived. However, future research could examine environments like DGV through the lens of age-friendliness, both for residents living

within the community, as well as for those (of any age) who might want to go into the village to work, socialise and/or access its services.

At DGV, uncertainty about the future not only created anxiety and confusion for residents, but could also potentially have stopped them feeling able to ask for support if they needed it for themselves or their partners – either because they were unsure whether it could be provided, or because they were worried that they might alert staff to an issue that would result in them being told they needed to move out of DGV. Regardless of whether the organisation felt that information about care and support – and about the limits of these services – were readily available to residents or not, residents did not perceive that they had easy access to the information and could make informed choices based on that information.

As White Riley et al. (1999: 336) highlight:

*Lives and structures rarely, if ever, fit together. Imbalances arise between what people of given ages need and expect in their lives and what structures have to offer. These imbalances exert strains on both the people and the social institutions involved, creating pressures for further change.*

These imbalances were perhaps most obvious for residents at times of transition, such as changes in health, losses, and bereavement, and when first moving to the village. These were also features of everyday life that DGV did not appear to have any formal policies to address. Systems and procedures were based on continuity rather than change, so for example, while residents may have been receiving regular support in the context of a partner's health needs, when their partner died – as was the case for Enid Foster described in Chapter eight – this support ended suddenly and nothing was in place to ensure that she had adequate support during the next few weeks or months.

It appears that for most residents, imbalances between what they needed and expected and what DGV could offer were very much present in their everyday lives, but that they had chosen – be it intentionally or inadvertently – to accept those imbalances, presumably

because they believed that they would experience improvements in other aspects of the person-environment relationship. Rabiee (2013) argues that the relationship between choice and independence is often complex, and choices can involve trade-offs between different outcomes. These trade-offs can be short-term or long-term, and choices can sometimes have unexpected consequences for independence in one area of life, even if they help to achieve independence in another.

### **9.3. How do residents experience everyday life at Denham Garden Village?**

The previous sections of this chapter have contributed to understanding how the specific environmental context of DGV, including its resident profile, relates to residents' experiences of everyday life. This section now presents a more detailed discussion of the findings relating to the individuality of residents' experiences of everyday life. This focus on individuals offers several insights into everyday life in a retirement community, including findings about social relationships and personal circumstances and resources.

#### **Social relationships**

Earlier in this chapter, the prevalence of opportunities for social interaction at DGV, and in other UK retirement communities, was highlighted. However, the findings in Chapter eight indicated that residents often felt that the social relationships they had within DGV were not necessarily deep friendships, or that they had more acquaintances than friends. Previous UK research has found that residents' more intimate relationships were often with family or longstanding friends, even though they relied primarily on other residents within the community for social activities (Croucher, 2006). It has been argued that fleeting everyday interactions are just as important as established friendships in creating feelings of belonging, stability and attachment (Robertson et al., 2008), so the importance of these types of friendships should not be minimised. Nonetheless, it seems that many residents at DGV had not developed close, or deeper types of friendships with other residents.



Focusing on the individuality of residents' experiences, Chapter eight argued that a lack of deep friendships may have been particularly significant for some residents living alone, as they did not have a partner to rely on and/or confide in, meaning that they may have been seeking more from their friendships. Their person-environment congruence in terms of social interaction would potentially have been lower. Other residents had social lives focused around family members living nearby, which reduced their need for, or time to invest in, friendships within DGV, while a few were happy in their own company and did not wish to make friends. These findings demonstrate the key point that, while living in a retirement village like DGV may increase opportunities for social interaction, this does not guarantee the development of close friendships. Improvements in the social dimension of person-environment congruence may be constrained by the types of relationships that are likely to form in such communities.

Several factors drawn from previous chapters go some way to explaining why some residents felt isolated or lonely despite the apparent abundance of opportunities for social interaction, i.e. why person-environment congruence was not greater on this dimension. Chapters seven and eight highlighted how financial resources, health, mobility and caring responsibilities could often prevent, or constrain, residents' daily activities – impacting on their ability to make use of opportunities for social interaction. Exclusion as a result of perceptions of 'difference' – be that physical or cultural – may also contribute. In addition, personality and mental resources seem to play an important role. Lopata (1993:381) argues that when social involvement of adults is mainly dependent on their own initiative, it can be a problem for people who are 'not originally socialized into such initiative behaviour or who do not have... the self-confidence to enter new social relationships and social roles'. Several residents – and even some of those who led socially active lives – talked about finding it difficult to go along to social activities and events, particularly on their own. As suggested in Chapter eight, residents living alone may have experienced this issue to a greater extent than those living in couples, because those living in couples often seemed to spend the majority of their time with their partners/spouses – either at home or at activities in the village.

Not all residents were unhappy living in an environment that appeared to contrast dramatically with their own preferences for levels of social interaction and activity, but others felt uncomfortable about their perceived status and the community pressure to 'join in'. However, my study provides an additional contribution to understanding why some residents had not formed deep friendships with other residents. A few residents appeared to have deliberately created roles for themselves in the village that clearly and publicly displayed their commitment to village life – such as being an organising member of a group or committee – while at the same time allowing them to separate such identities from their social lives, which were focused mainly outside DGV. These residents appeared able to optimise person-environment congruence through conscious decisions about how to balance community pressures with their own needs and desires. A few other residents had simply opted out of the community entirely, seeing DGV purely as a physical place to live. Others were happy to conform to community norms as these seemed to fit well with their own needs and preferences, but many other residents had experienced tensions around the issue of choice, suggesting that the community environment was not entirely congruent with their personal views and/or preferences.

### **Personal circumstances and resources**

In addition to pressure as a result of community norms and organisational influences, the other factors that impacted residents' choice over how they spent their time were their personal circumstances and resources. Chapter eight revealed that although many residents' lives were leisure-focused and accorded with the shared community story and norms around DGV as a 'lifestyle choice', other residents' lives were impacted by factors such as financial resources, mobility or health issues, and caring responsibilities. These factors, perhaps more than any others, seemed to bring the greatest diversity to the ways residents lived their everyday lives in the village, with those residents who had good financial resources and few health issues or caring responsibilities being more likely to live lifestyles like those portrayed as typical of DGV residents – leisure-focussed, social and with high community involvement. Retirement villages

are commonly seen as enclaves for privileged groups in society – such as those who are white, affluent, and have high levels of education (Phillipson, 2007; Coe and Boyle, 2013; Glass and Skinner, 2013) – but even for those who are living there, full and unrestricted access to all that they offer is by no means guaranteed, and certain groups are disadvantaged.

Although residents with fewer financial resources, more health issues and/or greater caring responsibilities were likely to describe very different patterns in their day-to-day lives, this did not mean that they were necessarily dissatisfied with life at DGV. As shown in Chapter eight, their perceived levels of choice and overall attitudes appeared to mediate their everyday experiences. Residents who were renting their properties often had less positive experiences of life in DGV, which is likely to be due, in part, to their perceived levels of choice – demonstrated in particular by their lack of autonomy over decisions about their properties, and also their perceptions of the extent to which residents had a say in how the village was run, as discussed in Chapter seven. Some were accepting of – or displayed resigned attitudes towards – their situation. However, the mediating effects of attitude and perceived choice meant that, in some cases, residents remained satisfied with their lives even in the face of difficult circumstances. This demonstrates the importance of considering residents' desires, as well as their needs, in the person-environment relationship. Residents who began with fewer or less substantial desires, or adapted their expectations and wishes in accordance with what the environment was likely able to provide, would essentially experience increased congruence compared to other residents with greater disparity between their desired experience and what the environment could offer.

Residents frequently expressed how 'lucky' they were to be living in DGV, but it is unclear whether this was due to genuine feelings of good fortune, or represented a psychological strategy to remain positive by reminding themselves that their situation could be worse. In some cases at least, the latter was true, as a few residents felt that they had no choice but to live in DGV because alternative options were non-existent or dramatically more unappealing,

especially for residents with limited financial resources. Nora Adams described how she played the lottery every week because she perceived it to be the only way she could ever 'get out' of DGV. This finding conflicts with Pacione's argument about retirement communities that 'residents unable to achieve satisfaction...can exercise the right to leave the community' (Pacione, 2012: 164), as it appears that at least some DGV residents felt that this option was not available to them. Others though, like Susan King, felt genuinely pleased to have the opportunity to live in DGV and would not wish to leave even if they won the lottery.

#### **9.4. Implications for policy, practice and (theoretical) understandings of retirement community living**

Having explored findings related to everyday life at DGV, this section will now consider the implications of my study findings for policy, practice and understandings of retirement community living. It offers contributions around: creating a culture of respect, tolerance and acceptance in such environments; social relationships and loneliness; age-segregation; moving in later life; and environmental gerontology. Further suggestions for future research are made, and specific recommendations for those involved in the design and development of housing for older people are highlighted.

##### **Creating a culture of respect, tolerance and acceptance**

Community divisions or exclusion based on characteristics such as sexual orientation, gender, disability or religion and/or belief are likely to exist in communities like DGV, but the main findings from my study centred around issues of ethnicity, tenure, and being an incomer to an existing community.

The ethnic homogeneity of the resident population at DGV is a feature common to life in most UK retirement communities, although this does not always take the form of a White majority (Evans, 2009a). As Evans (2009a) points out, there are few UK housing developments that have successfully achieved ethnic diversity within one development, even when this has been

a specific aim. Aiming to create greater ethnic diversity in order to tick boxes seems futile in the context of retirement communities, particularly given the findings from this and other studies (e.g. Evans and Means, 2007; Bernard et al., 2012) that similarity is a key element in maintaining a sense of community and belonging. However, it is important that where diversity does exist, it is acknowledged within such communities as a valid part of the community identity, and that retirement communities do not become crucibles for negative stereotypes to be formed and maintained.

Findings from my study suggest that the lack of diversity sometimes meant that residents who did differ in ethnicity (or indeed lifestyle preferences) were seen by themselves and others as not fitting in. Creating a culture of respect, tolerance and acceptance is important in order that those who differ from the majority are not excluded. Likewise, in some ways it does not matter if people of different (ethnic) backgrounds do not create close relationships with each other, as long as they are able to live comfortably alongside each other. Croucher and Bevan (2012: 38) argue that while all members of a community have a collective responsibility in shaping the nature of the community, organisations can 'set the tone' and work towards the ethos to which they aspire. Croucher and Bevan (2012) document a variety of steps that have been taken by organisations to achieve a culture of respect, tolerance and acceptance, such as approaches tailored to the needs of specific groups of people with dementia or sight loss. The findings from my study in relation to tenure provide some insight into some additional influences that require consideration.

According to Evans (2009a), much of the research so far in UK retirement communities has focused on single-tenure schemes. The study by Evans and Means (2007) is one exception, and showed that social interaction generally took place between residents of the same tenure. However, accommodation in that community was segregated according to tenure – a fact that the researchers believed was contributing to the social divide. Two features at DGV – the lack of tenure segregation, along with the fact that the community was at a later stage of development than the newly opened development studied by Evans and Means – appear to

have gone some way towards softening the tenure divide in the village. The first of these was the result of a conscious decision by developers. However, other aspects of the design and management were still creating difficulties between residents of different tenures (e.g. different parking arrangements and rules about modifications to properties applied to renters and leaseholders). At DGV it appeared that it was these differences, rather than tenure or socio-economic characteristics per se, that were the cause of tensions – further highlighting the importance of design and management decisions made by developers on community cohesion.

***Recommendation for architects:*** *Housing and associated facilities (such as parking) in mixed-tenure developments should not be differentially designed or located according to tenure.*

***Recommendation for on-site management staff:*** *Autonomy should be maximised wherever possible for individuals who rent properties, including permitting modification of properties to facilitate freedom of choice around preferences for fixtures and fittings such as baths/showers, or maximising useable space.*

The second feature – that the community had been developing for some time and was no longer ‘new’ – appeared to have resulted in reduced divisions. Moving into the community was an easy transition for some residents, particularly those who already had links with the village or other residents. Other residents found it more difficult to integrate, although over time, most felt that any issues they had experienced were diminished. However, even if improvements naturally occur over time, it may be beneficial for those managing retirement communities (including resident groups) to consider actively working to facilitate and accelerate this process. As described earlier in this chapter and in Chapter seven, one resident highlighted how a trip away with other residents had played an important role in allowing him to see past their differences. This demonstrates that, given the right circumstances, it is possible to improve divisions and relationships in a retirement community. Initiatives that gently encourage residents into situations where they are likely to interact with residents with whom

they would not otherwise spend time can clearly make a difference in reducing preconceptions or uncertainty about incomers or people who initially appear 'different', and can create a more tolerant community. While it is a popular selling point, reducing the emphasis on 'similarity' in the publicity materials for retirement communities may also help to create more realistic expectations for residents about who will be living in the community they join.

***Recommendation for resident committees, management staff and activity coordinators:*** *Organisations and resident groups should take an active role in developing initiatives to break down divisions in retirement communities and facilitate the integration of new residents. Opportunities for residents to interact in environments outside the community environment (such as holidays or coach trips) may encourage residents to focus on their similarities.*

### **Social relationships and loneliness**

It seems clear that communities like DGV do offer many opportunities for social interaction. This is likely to be of particular benefit to residents who remain in contact with close friends and family members, but also desire a high level of sociability in their day-to-day lives. However, environments like DGV certainly cannot meet everyone's needs. Some people may not enjoy the types of activities or level of social interaction on offer, and others may find it difficult to join in. The latter is an issue that could be addressed better in such communities. Often the responsibility for integration is left entirely in the individual's hands. While maintaining independence and freedom of choice is of course important, this should not be used as an excuse for not offering support or considering how the process could be facilitated. That some residents may simply not feel comfortable with the types of activities or interaction on offer is not a 'failure' of the environment, but does lead to questions around why these environments are promoted and marketed as suiting everyone, when this is extremely unlikely to be the case. In addition, some residents may be happy to live in retirement communities without taking part, but the images of these environments as places for active, sociable

people, can contribute to social norms and pressures to conform, resulting in feelings of inadequacy for those who do not.

***Recommendation for marketing teams and housing providers:*** *Publicity materials for retirement communities should be developed with consideration of the impact they may have on residents' expectations about life in a community, rather than simply focusing on 'selling' the idea of an ideal environment. Such environments will not be right for everyone, so a more balanced view incorporating both potential positive and negative aspects would enable people to make a more informed choice about moving.*

***Recommendation for management staff and resident committees:*** *Staff could arrange to visit new residents after a few weeks to check how residents are settling in, and whether there is any support that would help them to join in with activities of their choice. In addition, resident groups or committees could arrange and offer a buddying scheme to new residents – providing an opportunity for volunteering among existing residents, and support for new residents.*

In addition, social relationships formed within DGV often appeared to be casual, rather than close, friendships. This was sufficient for some residents – particularly those who maintained strong relationships with friends and family outside DGV. However, some residents felt they did not have the types of friendships that they desired. Again, the potential of environments like DGV to meet all the needs of every person is not unlimited, and this could be better reflected in their promotional materials.

As mentioned earlier, levels of loneliness at DGV do not suggest that such environments currently reduce levels of loneliness to below those in the wider community. In addition, social loneliness (lack of friendships) appeared to be more prevalent than emotional loneliness (lack of close or intimate relationships). This perhaps reflects residents' comments about social relationships being of the acquaintance, or casual and superficial, type rather than what they saw as true friendships. The loneliness of older people is currently a strong theme in the



media and research, with various initiatives being launched that aim to tackle the issue, such as the Campaign to End Loneliness (2015). Findings from my study suggest the need for a greater critical lens on approaches that advocate increasing opportunities for social interaction as an appropriate response.

DGV provides a wealth of such opportunities, yet the formation of true friendships is often difficult and levels of loneliness remain similar to those in the general population. The focus on new social relationships to combat loneliness is perhaps unfounded. Adams et al. (2004: 483) suggest that established relationships with friends and close family members living outside retirement communities may do more to prevent loneliness than simply living in an environment with other older adults. They argue that specific strategies within retirement communities to 'encourage maintenance of relationships with friends and family members residing outside... may help alleviate some of the loneliness... particularly among those who are recently bereaved or living alone'.

***Recommendation for management staff and resident committees:*** *Staff and/or residents could arrange regular events designed to provide an opportunity for residents to invite existing friends and family into the village without the pressure of tasks such as cleaning/making space/preparing food or refreshments etc. These could be regular or one-off events such as weekly quiz or film evenings, craft sessions, concerts, carnivals or fetes.*

### **Age-segregation**

My study offers an important contribution to debates about the role of age-segregated housing in the UK. Findings demonstrate that the desire to live in an age-segregated environment did not feature strongly. It was not a key factor prompting residents to leave their previous homes, nor for choosing to live at DGV specifically. Some residents did feel that the age profile of residents gave them a common bond, but this was expressed as a positive outcome of age-segregation rather than a reason for choosing to live at DGV. In fact, for some residents, age-segregation was an off-putting feature of DGV.

Claims that environments like DGV are designed to combat age-segregation by including facilities open to members of the public assume that such use results in social mixing. So far, this has not been the case at DGV. Design features have led to some tensions over the use of facilities and parking between residents and local people, which has certainly not helped to increase (positive) interactions between residents and 'outsiders'. Residents were free to mix with people of other ages in the outside community, but it is clear that features of the social or built environment did not encourage them to look beyond their immediate community for social contact. DGV remains an almost exclusively age-segregated environment, rather than an age-friendly environment that happens to be home to a group of older people. In the words of one individual involved in the redevelopment of DGV, successful integration with the wider community would be achieved if:

*At some point you reach a stage where this is just another part of the local community: it's another set of roads, another set of houses, that are part of the local community, and it happens to have these great facilities in there so people, sort of, come and go, because it is part of the community. (Bernard et al., 2012: 124)*

Future research could usefully explore the factors that do contribute to blurring the social boundaries between retirement communities and their neighbouring environments, and encourage residents to integrate better within the wider neighbourhood as well as maximising the potential of service provision (located within retirement communities) to meet the needs of those individuals living outside.

***Recommendation for architects and local planning authorities/parish***

***councils/community groups involved in neighbourhood planning:*** *Closer attention to the places that neighbour retirement communities, and investment in their useability and attractiveness (see, for example Phillips, 2013) through collaboration with Local Authorities and resident groups, could reduce the segregation of retirement communities from the wider communities they are located within.*

While my study, and others (e.g. Bernard et al., 2007; Bernard et al., 2012; Evans, 2009a; Evans, 2009b; Streib, 2002), have shown some positive outcomes of age-segregated living, the concept is challenging to justify in the context of inequalities within the older population that inevitably impact on individuals' decisions and choices about where and with whom to live (Phillipson, 2007). Age-segregated living is also challenging in the context of its position as both a cause and a reflection of ageism (McHugh and Larson-Keagy, 2005). It has been argued in the past that 'the vehicle that provides escape should not be condemned, but rather the general societal patterns which make such escape desirable today for many older persons' (Bultena and Wood, 1969: 216). A few DGV residents expressed negative stereotypical views about 'younger' people living outside DGV, but promoting age-segregation as a response to stereotypical ageist views (towards older or younger people) does nothing to tackle these prejudices, or any factors that contribute to perpetuating them.

If retirement communities are operating as a means of escaping a larger social system, then the focus of housing developers and policy makers might be better directed at promoting the creation of new housing options and community initiatives that improve older people's experiences of living in mainstream society. The World Health Organization (WHO)'s promotion of age-friendly environments as including the integration of different generations and their capacity to support people to age in place (WHO, 2007), does go some way towards this. There is still a policy emphasis, though, on the idea that extra care housing provides a good solution for people whose needs are not met in their existing housing and/or communities (DWP, 2005; DCLG, 2007; DoH, 2008). Not only that, but there does not appear to be much evidence that the majority of older people – and even those living in age-segregated communities like DGV – desire, or are seeking, an age-segregated environment. Likewise, other research has suggested that age-segregated living is not seen as comparable, or preferable, to 'normal' life in the general community (Evans and Means, 2007; Peace et al., 2011; Bazalgette and Salter, 2013).

Based on the findings from my study, it can be argued that those involved in decisions and designs to improve housing options for older people might need to focus on more innovative, non-age-segregated options. For example, few standards have been incorporated into UK building regulations to improve the accessibility and flexibility of homes as people grow older (Hanson, 2001). There is no need for an inexorable tie between age-segregation and the creation of desirable housing or community initiatives that provide the resources that older people need for everyday life. At present, there is no sign that age-segregated developments are decreasing in popularity, so finding ways to genuinely improve integration of residents living in these communities within the wider community, and with people of other ages, would also be beneficial until other housing options are available. In addition, greater emphasis is needed on challenging assumptions about the importance of space for older people. For some reason, age appears to have been used as justification for developing properties with fewer (smaller) rooms and insufficient storage and outdoor space, despite evidence that challenges this approach (Kellaher, 2002; Peace et al., 2005b; Kneale, 2013).

***Recommendation for policy-makers, local authorities and groups involved in***

***neighbourhood planning:*** *There is a need for more non-age-segregated housing options and services that can meet the needs of older people. Such housing could be better designed to provide sufficient space for (older) people to socialise, carry out daily activities and hobbies, and store their possessions.*

**Moving in later life**

Residents' reasons for moving were discussed earlier in this chapter and in Chapter six. It was argued that residents wanted to move to improve their person-environment congruence, and that DGV was seen as the best available option to meet their needs. However, the location of DGV – particularly its proximity to residents' children – was a particularly important factor in why they chose to move there specifically. It was argued that residents' reasons for moving, along with the fact that most of them did not consider any alternative housing options, do not support the idea the residents particularly wanted to move to a retirement community per se.

Indeed, they often felt the need to compromise, and practical considerations were prioritised at the expense of emotional factors (such as place attachment). Consequently, the fact that retirement communities are growing in numbers in the UK, i.e. that people are choosing to move there, should not be seen as evidence that they are the optimal solution for older people. Neither should this be seen as a reason not to develop a more expansive range of housing options.

My study has also demonstrated the value of qualitative data in understanding people's decisions to move to a retirement community; for example, its role in beginning to unravel major changes in life circumstance, such as living alone, as underlying factors in people's decisions. These influences have illustrated the blurred boundaries between 'push' and 'pull' factors, and indicated that it may be helpful to look at decision-making as a process with multiple influences. In addition, Bekhet et al. (2009) call for future studies to examine the trade-offs related to relocation. My study provides in-depth consideration of such compromises that were made by residents. It also suggests that the introduction of a new social structure (i.e. living in a 'managed' environment) is another potential trade-off, in terms of independence, that requires further consideration.

### **Implications for environmental gerontology**

The findings discussed earlier in this chapter suggest that some residents felt that they had to compromise on emotional factors, or place attachment, in order to improve their physical relationship with the environment. This is relevant to understanding two key concepts in environmental gerontology – *ageing in place* and *person-environment congruence*.

The findings from my study suggest that ageing in place needs to be seen as a relative concept. Its meaning depends very much on people's previous history, how much time they have spent living in a particular place, and the extent to which they feel attached to it. Ageing in place is often seen as a key concern when considering housing options for older people, but what this concept means differs from person to person. For some older people, it may equate

to remaining in the same property and/or area where they currently live, but for others, it may mean making changes (or moving) in order to gain a sense of permanency and know where they will be living for the rest of their life. Either way, the idea of stability and continued residence (i.e. remaining there for life) seem important. My study also shows, however, that many residents at DGV felt that practical decisions had to take priority over staying put, even though this may have been an unwelcome choice.

Throughout this chapter, it has been argued that improving person-environment congruence was central to residents' decisions to move to DGV. Once residents were living at DGV, their experiences of everyday life were differentially affected by their individual characteristics and the environmental context: certain environmental or individual characteristics had more significance for particular individuals than others did, and some environmental features suited some residents but had a negative impact for others. In particular, this demonstrates the importance of looking at individual preferences (e.g. whether people want to socialise), as well as needs (whether they have the environmental or personal resources to enable them to socialise), in the person-environment relationship. It also highlights the complexity of achieving congruence. Not only is it unfeasible that one environment could suit all personalities and meet all needs and desires, but such needs and preferences may also change over time.

Achieving congruence at one point in time (e.g. deciding to move to DGV) may involve a process of matching and decisions about which areas to compromise on. However, achieving congruence over time requires flexibility from the person and/or environment due to changes that take place in life situations, preferences or the environment. Oswald and Wahl (2013: 54) argue that this process of adaptation to maintain stability of the living situation for as long as possible is a 'developmental task for people across the lifespan'. Oswald and Wahl's (2013) account of this adaptation emphasises the importance of agency, particularly in terms of housing-related control beliefs. Such beliefs 'explain home-related occurrences and experiences as people age, either as contingent upon one's own behaviour (internal control), or upon luck, chance, fate, or powerful others (external control)' (Oswald and Wahl, 2013: 59).

Low external control beliefs were associated with higher well-being. While my study did not specifically examine these control beliefs, Chapter eight described the prevalence of expressions of 'luck' in residents' accounts of living in DGV. Earlier in this chapter it was suggested that this language may be a result of feelings of good fortune, or a psychological strategy to remain positive by remembering that their situation could be worse. However, it could also indicate high external control beliefs about everyday life in DGV. Future research could explore these concepts in more detail to ascertain whether such environments unintentionally lower some residents' beliefs of internal control, particularly given that previous studies have also documented the prevalence of expressions of luck and gratefulness (e.g. Croucher et al., 2007).

At DGV, it has been demonstrated that there is only a certain amount of flexibility within the environment and its managing organisation, so the majority of flexibility has to come from residents, if they wish to maintain levels of congruence. Peace et al. (2011) use the phrase 'option recognition' to describe the process of 'assessment, calibration and adjustment'. My study demonstrates that this process is easier for some people than for others. Resources of all kinds – psychological, cognitive, social, financial etc. – all impact on how flexible people are able, or choose, to be. Perhaps the key factor affecting individual residents' experiences of person-environment congruence in an environment like DGV is whether they have the flexibility to assess, calibrate and adjust. If residents have the resources that enable them to respond to change – be that by modifying their expectations, or by paying to improve the design of their property – they are likely to have more control in managing their levels of congruence. If they do not, and particularly in dimensions where there is little or no environmental flexibility to respond to changes in their circumstances or needs, they will have less chance of maintaining congruence. Improving and enabling environmental flexibility at organisational and management levels is therefore a key issue for those developing housing options for older people. Without this flexibility, people with changing needs and/or poor resources to enable them to individually respond to these changes, will remain at a disadvantage.

However, while concepts such as person-environment congruence can be helpful in understanding some of the common processes operating within the complex person-environment relationship, they are often used with a focus on measurement, particularly in terms of psychological constructs such as belonging and agency (see, for example Oswald and Wahl, 2013). In addition, the influence of psychological aspects such as attachment on the person-environment relationship is important to understand, but there is an argument for a more nuanced appreciation of the processes and factors involved in both moving to, and living in, environmental settings like DGV. A focus on the diversity and individuality of ordinary everyday life experiences in particular environmental contexts is important.

My study offers a distinctive contribution to this area by developing and using a framework drawing on older people's own descriptions of their everyday lives to operationalise the concept of person-environment fit (Lawton and Nahemow, 1973; Kahana, 1982) at DGV. In doing so, my study contributes to the growing body of environmental gerontological work in the UK. In contrast with Lawton and Nahemow's (1973) model, my framework emphasises individual needs or preferences rather than issues of competence, drawing on the suggestions of other UK researchers to address gaps in previous research on person-environment fit by incorporating a broad interpretation of environment (Laws, 1997; Peace et al., 2006, Phillips et al., 2010). In addition, my framework places a particular emphasis on understanding the familiar and the ordinary: the experiences, meanings, activities, choices, decisions and social contexts in people's everyday lives (e.g. Martin, 2014; Bornat and Bytheway, 2012; Christiansen et al., 1995; Bundgaard, 2005; Peace et al., 2006). The framework's three dimensions of work-leisure, solitary-social, and community integration are used to explore how aspects of the environment (e.g. social, physical, spatial, organisational) and individual circumstances, attitudes and beliefs shape patterns of individuals' everyday lives. Moreover, consideration of temporal aspects (how, why and where residents spend their time) is an explicit underpinning of the framework applied in Chapter eight, offering opportunities for a dynamic consideration of the person-environment relationship and the changing circumstances and roles of residents.



The temporal aspects of everyday life are indicated as impacting on relationships and tensions within the community in Chapter seven, and suggested (earlier in the current chapter) as affecting the choices or trade-offs that residents make about issues such as independence. In addition, time is discussed in terms of the impact of residents' past experiences (e.g. longstanding connections with DGV) and thoughts about the future (e.g. a desire to remain living at DGV), as well as suggestions that the passing of time will lead to personal growth (e.g. George Hughes' description of settling into DGV in Chapter seven) and outcomes of resilience (e.g. Enid Foster's thoughts about her future mental and physical 'strength' in Chapter eight). Time could also be seen as having implications and/or creating pressure in terms of residents' expectations about their interactions with the environment and the ways in which they measure themselves against others (e.g. in Chapter seven, Nancy Jones uses the phrase 'even though I've been here all this time' when describing the challenges she experienced in attending village events). However, while this thesis looks, to some extent, at the relationships residents have with the environment over time, this consideration is retrospective and the thesis does not explore temporal issues prospectively.

Uncertainties, tensions and contradictions in residents' lives are revealed by the findings reported throughout this thesis – in many cases also related to temporal factors. For example, lack of knowledge about potential future care options and provision, combined with the unpredictability and impossibility of knowing about their own or a partner's future physical and/or mental status, could create strong feelings of uncertainty for residents. There were tensions resulting from residents' expectations about the environment, such as for those residents who found they were unable to get to local shops easily without access to a car. Residents also experienced tensions with 'outsiders', with other residents, and with the managing organisation around the use of space. Achieving a balance between the perceived safety and support that resulted from residents 'watching out' for each other, and the desire for privacy and unwanted aspects of 'living in a goldfish bowl' (as described by Gloria Franklin, Chapter seven), was another apparent tension. Residents' accounts of their everyday lives and behaviours often contradicted the notions of similarity and choice that they ascribed to the

community. In addition, there were sometimes contradictions in the attributes that residents suggested were contributing to their attachment or integration in the community. Susan King described a lack of attachment to her previous home as relating to the fact that she did not own it, despite the fact that she rented her property at DGV and felt attached to the community. This suggests that the relationship between tenure and attachment was moderated by other factors such as Susan's ongoing connection to DGV through the LVNH, but also highlights the complexity in looking at the reasons behind residents' decisions and perceptions.

### **9.5. Limitations of the study**

Before concluding this chapter and my thesis, this section discusses some of the main limitations of my study, focusing on the distinctive and unique research setting, the selection of residents, the retrospective nature of residents' accounts, consideration of staff and management views, and conducting mixed-method analysis.

DGV was a unique research setting: its historical foundation was as a LVNH retirement village; the community held distinctive shared experiences and meanings for residents; and the village had recently undergone re-development that had also led to a changing resident population. As such, findings from the study are particularly relevant to other communities of interest/identity but may have less applicability in other settings. However, according to Lincoln and Guba (1985), taking account of the factors that make a particular setting unique can allow judgements to be made about the transferability of findings to another setting. Similarly, Williams (2000) argues that researchers may attempt to capture the nuances and characteristics of a particular social environment, but aspects of such situations or experiences can be seen as instances of a recognisable set of features within a wider social context. By providing sufficiently detailed descriptions of the research context and findings, it is hoped that others can assess the applicability of the findings from this study to other settings.

My study relied on residents who had agreed to take part in the LARC surveys, meaning that the voices of those residents who did not take part – and may have other characteristics and dimensions of experience not captured in my sample – are not represented. However, whilst my study aimed to provide an in-depth account of the diversity of residents' experiences of everyday life in a particular environmental context, it does not claim to include all such diversity within this account.

In addition, the findings from my study are all drawn from residents' retrospective accounts of moving to DGV, which makes it difficult to determine the extent to which the views they express: a) match those they held before moving; and b) are a result of attempts to justify their decisions and situations to themselves and others. Previous research has shown that residents of a retirement community reported significantly more reasons for selecting the community than those on the waiting list (Sheehan, 1995), indicating that post-move rationalisation and justification does occur. The shared community stories about the positive aspects of life in DGV may, in some cases, illustrate the process of this justification occurring.

Another clear limitation of this study is that it did not include the perspectives of those 'managing' the environment to explore their views on how, and the extent to which, the organisational environment impacts on everyday life for residents. Various studies have documented the decisions and philosophy behind the development of new retirement communities, but in-depth qualitative exploration of staff experiences of working in an established retirement community would likely provide interesting similarities and contrasts.

Finally, my study aimed to produce dialogic and multi-dimensional analysis combining quantitative and qualitative data. The extent to which this was possible was, to some extent, restricted by the narrow time frame for design and collection of qualitative data (due to issues affecting the LARC study, with which my study was linked). In addition, my experience as a qualitative interviewer and analysis was limited at the point at which data collection and analysis was completed. However, the combination of qualitative and quantitative data did

produce interesting contrasts to consider, and moved beyond parallel analysis and separate discussion of the two data types.

## **9.6. Conclusions**

My study has provided an in-depth exploration of everyday life for residents living in Denham Garden Village – a purpose-built UK retirement village. While multiple, often related, factors initiated thoughts about moving, I argue that these factors were frequently preceded by major changes in personal situations or circumstances such as the loss of a partner or spouse. In moving to DGV, residents were seeking an environment with fewer physical barriers, and increased practical and/or emotional support and interaction. Moving nearer to children was seen as one way of achieving this aim. In particular, there was a perception that living alone would be a better experience at DGV than elsewhere. However, even before moving, residents were aware that DGV could not offer them improvements in all aspects of everyday life, with practical considerations being prioritised over emotional considerations.

The focus on environment in Chapter seven contributes, in particular to understanding more about the consequences of decisions about design. Some design decisions (such as storage space and shower drainage areas) impacted on activities in the home and demonstrated a lack of insight into how these features would work for older people. Such problems with design generally had a disproportionate impact depending on tenure, as residents who owned their properties had more autonomy over decisions and were also likely to have the financial resources to make improvements. In addition, using and sharing spaces and facilities brought a sense of connection within the resident community, but also divided residents and created tensions (sometimes with those outside the village) when resources, such as parking, were stretched, or sometimes when new residents joined in. The social and spatial separation of DGV from the wider community also maintained the village as an almost exclusively age-segregated environment.

While opportunities for social contact were prevalent, some residents reported that they had many acquaintances or superficial friendships in DGV rather than equivalents of the true friendships they had previously experienced, or maintained, with people outside DGV. This finding goes some way to explaining why loneliness was no lower than in the general population, and that social loneliness seemed more dominant than emotional loneliness. However, the individuality of residents' experiences in Chapter eight demonstrates the wide variation in preferences for social contact both within, and outside the village. The diversity in residents' situations, resources and experiences contrasts markedly with shared community stories of the village as a community of choice and leisure. In addition, norms and expectations about levels of activity and engagement served, in some cases, to prompt feelings of obligation and guilt among residents whose preferences did not accord with these norms. Other residents had balanced community pressures with their own individual needs and desires by creating roles for themselves that clearly and publicly displayed their commitment to village life, while allowing them to separate these identities from their non-DGV-focused social lives.

Another aspect of the DGV environment that was important in residents' everyday lives was the informal support they provided to each other. Many residents were involved in voluntary roles either formally – for example organising activities in the village – or on an informal basis by helping out friends and neighbours with tasks such as shopping or gardening. The motivations behind this informal support, and the affective quality of the 'care' which support was seen to represent, were contrasted with the lack of care (in affective terms) that was received from formal organisational support services run by DGV. In addition, the ability of formal services to meet the changing needs of residents, such as at times of transition or loss, was highlighted as an aspect of environmental inflexibility that impacted on residents' everyday experiences. Another implication of living in a 'managed' environment was that residents did not feel the 'choice' about whether or not they spent the rest of their lives at DGV was entirely within their control.

While my study focussed on 'practical knowledge generated from...everyday practices' (Schwarz, 2012: 19), it also makes contributions to theoretical understandings of everyday life in a specific environmental context. My findings emphasise the relative nature of 'ageing in place' as a theoretical construct. The data I present indicate the importance of a sense of permanency or stability, drawn from a potential for continued residence, which might be achieved through moving or staying put in life. In addition, while I explore my findings in relation to existing gerontological concepts such as person-environment congruence, I have also introduced a framework – drawing on older people's own descriptions of their everyday lives – and used this to focus on the diversity and individuality of everyday life experiences. The dimensions of work-leisure, solitary-social, and community integration were used to explore how aspects of the environment (e.g. social, physical, spatial, organisational) and individual circumstances, attitudes and beliefs shape patterns of individuals' everyday lives.

Finally, based on the findings from this study, I argue that the increasing numbers of retirement communities in the UK are not supported by a demand for this specific type of age-segregated living environment but, instead, their popularity can be seen a result of the limited options available to older people wishing to change or improve their environmental situations. There is a need to move on from the long-standing association between age-segregation and the creation of desirable housing that provides resources that meet the needs of older people. However, until the range of housing options increases, finding ways to improve the integration of age-segregated communities within their wider neighbourhoods would be beneficial. I present specific recommendations to this effect earlier in this chapter.

My study clearly demonstrates the centrality of DGV in the everyday lives of residents, whatever their levels social and emotional connectedness to the community. In Chapter two I argued that UK policy clearly articulates a desire for environments that: can support participation and independence; can meet changing needs; and integrate housing with care. An in-depth understanding of the connections between specific environmental contexts like DGV, and the diversity and individuality of the everyday lives of older people, is important in

moving towards this goal. My study is one contribution to generating the knowledge which underpins this ambition.

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# Appendices

## Appendix 1: Housing and care policy documents and strategies

- National Service Framework (NSF) for Older People (DoH, 2001)

This framework set out the government's standards for health and social care services for older people, with emphasis on bringing together health, social services, housing agencies, other wider partners and older people, to implement local initiatives. It included a focus on access to community facilities to facilitate the participation of older people, and stated that the NHS and social care agencies should 'collaborate with local community safety partnerships and other community-based activities' in order to improve older people's perceptions of neighbourhood safety.

- Quality and choice for older people's housing: a strategic framework (DETR and DoH, 2001)

This was the first framework designed to 'address the many problems and opportunities for older people in securing decent, affordable and suitable housing and adequate and appropriate support and care for the 21<sup>st</sup> century'. Its objectives were to ensure older people could 'secure and sustain their independence' and to 'support older people to make active and informed choices about their accommodation'.

- Preparing Older People's Strategies – Linking Housing to Health, Social Care and Other Local Strategies (DoH, 2003)

This document emphasised the important role of housing across all standards identified in the NSF, and outlined guidance to facilitate more 'joined up' approaches to developing strategies for older people.

- Sustainable Communities: Building for the future (ODPM, 2003)

This programme set out policies and resources aimed to develop 'successful, thriving and inclusive' sustainable rural and urban communities. Prioritising sustainability by considering, and investing in, wider community needs as well as housing, is a prominent feature of the programme. The document includes plans to tackle housing supply and demand issues, and improve the quality of public spaces.

- Older people – a changing approach (Audit Commission, 2004)

This document makes the case for accelerating the shift from an approach to older people that focuses on dependency and responding to crises, to one that promotes well-being and independence – 'keeping people healthy, active and able to participate for as long as possible'.

- Opportunity Age: Meeting the challenges of ageing in the 21<sup>st</sup> century (DWP, 2005)

This was the first cross-government strategy to look specifically the opportunities and challenges arising from the UK's ageing population. It promotes older people participating in their families and communities ('active ageing in the community') and cites 'poor housing' as one barrier to this that central government and local authorities should work together to remove. The strategy also highlighted the role of extra care housing in enabling people to stay independent and remain living in their own homes with a range of support.

- Independence, Well-being and Choice: Our vision for the future of social care for adults in England (DoH, 2005)

This Green Paper outlined radical reforms to adult social care, including the introduction of direct payments and individual budgets for older people to choose and buy the care and services they need.

- A Sure Start to Later Life: Ending inequalities for older people (SEU, 2006)

The report detailed plans to tackle the exclusion, poverty and isolation experienced by older people by drawing on the Sure Start model created for children and families.

- Our Health, Our Care, Our Say: A new direction for community services (DoH, 2006b)

This white paper proposed a shift in the way health and care services are delivered in order to: provide better prevention; increase choice for people; tackle inequalities; improve access to community services; better support people with long-term needs.

- Living Well in Later Life (CHAI, 2006)

This report aimed to assess what progress had been made towards standards set out in the NSF to improve health, social care and local council services for older people. It identified: discrimination resulting from ageist attitudes; ensuring all the standards in the Framework are met; and improving partnership working between agencies that provide services for older people, as three key issues that required further action.

- A New Ambition for Old Age: Next steps in implementing the National Service Framework (NSF) for Older People (DoH, 2006a)

Set out priorities for the second phase of the 10 year NSF under the themes: dignity in care; joined up care; and healthy ageing.

- Strong and Prosperous Communities (DCLG, 2006b)

This white paper aimed to change the relationship between central government, local government and local people, giving local people and communities more influence and power.

- PSA Delivery Agreement 17: Tackle Poverty and Promote Greater Independence and Well-being in Later Life (DWP, 2007)

This Public Service Agreement aims to ensure that the needs of the older population are specifically prioritised in order to promote independence and well-being.

- Homes for the future: More affordable, more sustainable (DCLG, 2007)

This green paper outlined plans for delivering the 3 million new homes by 2020, announced by the Prime Minister. It stated the intention for more 'greener homes and flagship developments', and for new housing and its surrounding infrastructure to reflect demographic changes.

- Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society (DCLG, DoH and DWP, 2008)

This was a cross-government housing strategy that emphasised the importance of integrating housing with care. It focused on providing better homes for older people by increasing housing options beyond care homes and sheltered housing, and listed extra care housing and

retirement communities as examples of this. It also outlined proposals to help older people live independently in their own homes, including new rapid repairs and adaptation services. The strategy stated that all publicly funded homes would have to be built to Lifetime Homes Standards (LTHS) by 2011, and all new homes built to LTHS by 2013, in order to ensure homes can meet changing needs as people grow older. It also promoted the idea of lifetime neighbourhoods in order that 'transport, good shops, green spaces, decent toilets, and benches, are consciously planned for people of all ages and conditions'.

- Don't Stop Me Now: Preparing for an Ageing Population (AC, 2008)

This review of local government services for older people suggested that councils should do more to age-proof services, tackle social isolation, support independent living, and create environments 'in which people thrive as they age'.

- Never Too Late for Living : Inquiry into services for older people (APPLGG, 2008)

This report states the need for a 'more rational approach to preventing ill health in older people and supporting their independence – which means giving priority to a holistic range of services that keep people active and involved in their communities, rather than having to have acute treatment or residential care. It also argues the need to make it easier for older people to move homes or stay in their own homes by adapting them. The report points out that housing has 'often been marginalised', but that it is key to mental and physical health and retaining independence. It argued that councils need to plan a wider range of housing options, considering more 'imaginative' schemes such as cooperative housing or home sharing.

- The Strategy for Older People in Wales 2008-2013 (WAG, 2008)

This strategy focuses on addressing the economic status, well-being and independence of older people in Wales, and highlights high quality social care and housing services as key to improving the health and well-being of older people. It acknowledges the importance of the environment on health and well-being, and states that the needs of older people 'have to be taken into account as the planning process shapes land use and the built environment'. The strategy states that the Welsh Assembly Government will 'promote a new vision of future housing options for older people' and highlights Extra Care housing as offering more support and greater independence than traditional sheltered housing.

- Building a Society for All Ages (DWP, 2009)

This strategy sets out a vision for a 'society for all ages'. It promotes the idea of building better links between people of different generations, and highlights a £5.5 million Generations Together programme to fund intergenerational projects across the country. The strategy also notes the appointment of a 'new innovation panel of top architects and specialists' to 'gather good practice from across Europe, putting together new and creative proposals to help put us at the forefront of housing for older people' and to ensure that housing meets the needs of the ageing population.

- Housing our Ageing Population: Panel for Innovation (HAPPI) Final Report (HCA, 2009)

This report outlines the findings and recommendations of the HAPPI panel, focusing on ensuring that new build specialised housing meets the needs and aspirations of older people in the future. The panel identify 10 design recommendations for new housing, including an emphasis on design features such as light, space, flexible layouts, adaptability, shared and multi-purpose spaces and nurturing the natural environment. The report also recommends that 'more support is given not only extra care housing but to retirement villages and continuing-

care retirement communities that cater for a wide age range, with a tenure mix and economies of scale that make possible extensive facilities for healthy living and social activity in sustainable places’.

- A Vision for Adult Social Care: Capable Communities and Active Citizens (DoH, 2010)

This report demonstrates the new coalition (Conservatives and Liberal Democrats) government’s prioritisation of personalisation by including it as one of its six principles. It emphasises that individuals, not institutions, should be in control of care. Another of the six principles focuses on partnerships between individuals, communities, the voluntary and private sectors, the NHS, councils, and housing services, in delivering care and support. Diverse service provision (to meet diverse needs) is also highlighted.

- Laying the Foundations: A Housing Strategy for England (DCLG, 2011)

This was the new coalition government’s housing strategy, which highlights ‘neighbourhood planning’ and ‘community right to build’ as key to giving communities power to make decisions about development. The strategy states that local councils should plan for a mix of housing based on demographic trends and the needs of different groups, including older people. It also outlines a commitment to reduce carbon emissions by delivering the Zero Carbon Homes standard for all new homes from 2016.

- Housing our Ageing Population: Plan for Implementation (HAPPI) (All Party Parliamentary Group on Housing and Care for Older People, 2012)

This plan sets out key actions to boost the adoption of recommendations in the 2009 HAPPI report, particularly in the light of changes in the economic context. The report includes a recommendation that house builders and housing associations ‘use their entrepreneurial and marketing skills to accelerate the trend toward retirement housing as a lifestyle choice’, and for Local Planning Authorities to ‘encourage private and social providers to bring forward HAPPO-style projects’.

- Ready for Ageing? (House of Lords Committee on Public Service and Demographic Change, 2013)

This report documents evidence on how well the UK government and public services are prepared for the needs of an ageing population. It concludes that radical change is needed in the way health and social care services are provided, and that there is a need for planning an adequate supply of appropriate housing for both younger and older people.

- The Strategy for Older People in Wales 2013-2023 (WG, 2013)

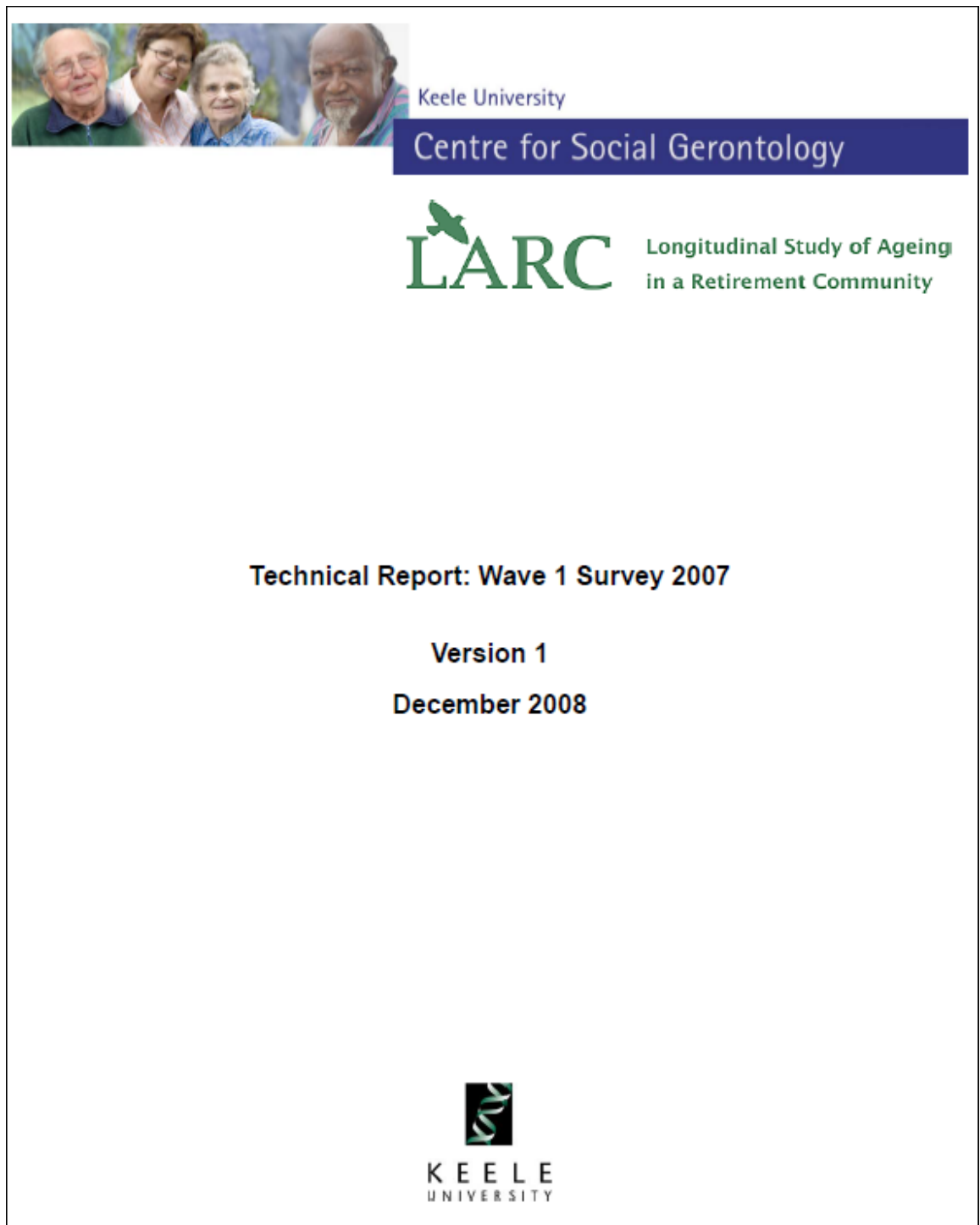
This strategy builds on the first strategy for 2008-2013 and identifies three main priority areas for action: social resources; environmental resources; and financial resources. One of the key outcomes the strategy aims to achieve by 2023 is for older people to ‘have access housing and services that supports their needs and promotes independence’.

- The Care Act (TSO, 2014)

The suitability of accommodation in meeting the care and support needs of older people is a fundamental component of this Act. The Act and accompanying regulations and guidance outline local implementation requirements including: the consideration of housing not to be limited to ‘bricks and mortar’ but to include related support and/or services; housing to be considered as part of an assessment process that may prevent, reduce or delay adult social

care needs; information and advice to reflect housing options as part of a universal service offer; and care and support to be delivered in an integrated way with cooperation with partner bodies, including housing.

## Appendix 2: LARC survey technical reports (2007, 2009)





## Longitudinal Study of Ageing in a Retirement Community (LARC)

The initial three-year phase of LARC began in June 2006 with the aim of exploring the development and implications of the new purpose-built retirement community at Denham Garden Village (DGV), Buckinghamshire. More broadly, the study is designed to examine longitudinal changes within the Village and responses to this new form of care and accommodation for ageing populations. It does so using a range of methodological approaches, including biannual surveys of the resident population of DGV alongside qualitative methods involving observation, diary-keeping, interviews and photographic/audio-visual work.

LARC is funded by the Anchor Trust.

Working papers are available on the website:

[www.keele.ac.uk/larc](http://www.keele.ac.uk/larc)

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## Introduction

In this technical report, the focus is on the first (baseline) survey of residents conducted in 2007 (Wave 1). The technical report describes the survey design, sampling, data collection and fieldwork procedures, and the processing of the survey data.

## Survey design

The LARC Wave 1 survey was designed to collect a range of information from the residents of DGV at a point when the retirement community was still being developed. At the time of data collection (April–June 2007), the resident population was comprised of two main groups:

- Longstanding residents who had lived in DGV through the change in ownership of the Village from the Licensed Victuallers National Homes (LVNH) to Anchor Trust; and
- Recently arrived residents who had moved into DGV subsequent to Anchor Trust assuming ownership of the site.

The survey was designed to capture information relating to each of these sub-groups, and to establish a baseline against which comparisons could be made in future surveys. The survey was also influenced by the need to generate data that could inform, and be informed by, other types of data collection (described elsewhere).

The survey took the form of a structured questionnaire, administered in face-to-face interviews by members of the research team at Keele University. The questionnaire was designed to provide data that were relevant both to the particular circumstances of DGV and to a wider population of older people. In this context, the questionnaire drew upon material arising from:

- Previous work undertaken in purpose-built retirement communities by members of the research team (for example, Bernard et al. 2004, Bernard et al. 2007);
- Previous and current work being undertaken in purpose-built retirement communities by other research teams (for example, Croucher et al. 2003, Croucher et al. 2006, Darton et al. 2005, Dawson et al. 2006, Evans and Valletly 2007, Valletly et al. 2006);
- Previous and current work undertaken by members of the research team in other geographic settings (for example, Phillipson et al. 2001, Scharf et al. 2002, Smith et al. 2004);
- Wider surveys of the older population (for example, English Longitudinal Study of Ageing); and
- Analyses of key social phenomena of relevance in later life (for example, measures of well-being, loneliness, and social support networks).

The questionnaire thus incorporated a combination of established questions and measures that permit comparison between DGV and other settings, as well as questions that are likely to be relevant only to the particular situation at DGV. Moreover, bearing in mind the longitudinal nature of the LARC project, the questionnaire included items that would allow comparisons to be drawn over time as the study progresses.

## Questionnaire content

The key topics covered in the questionnaire were:

- Socio-demographic data (including age, sex, ethnicity, marital status, household composition, education and training, housing tenure and length of residence at DGV);
- Work and employment (identifying the main occupations of the respondent and, where relevant, spouses/partners during their working lives, and providing a measure of socio-economic status);
- Housing (including previous housing history, reasons for moving to DGV, and satisfaction with accommodation and DGV as a place to live);
- Mobility within and beyond DGV (including access to and use of a car, and other means of getting around, and ease of access to and frequency of use of facilities within and beyond DGV);
- Satisfaction with facilities at DGV;
- Physical health, mental health and well-being (encompassing broad measures of respondents' health and well-being, as well as data about specific medical conditions and use of primary care services);
- Social and civic activities (participation in a range of social, civic and leisure activities within and beyond DGV);
- Family and social relationships (including social network composition, proximity of family and friends, frequency and form of contact with family, friends and neighbours, and loneliness);
- Help, care and support (identifying the nature and sources of any help or support that is needed, and satisfaction with such support);
- Income and wealth (addressing the sources and types of personal income available, ability to manage on finances, and the relative affordability of DGV); and
- Future expectations (including the extent to which DGV represents a 'home for life').

Details of the sources of the questions and measures used in the questionnaire, and of some of the other studies in which they have been used, are appended to this report (see Appendix 1).

The questionnaire ended with a series of questions for the interviewer. These addressed the circumstances of the interview, including who was present at the interview, and characteristics that might have affected the course of the interview (such as the respondent's ability to read the showcards).

Interviewers were encouraged to write additional comments relevant to the interview on a blank page of the questionnaire.

## **Pilot work**

In order to test a draft of the questionnaire, and to anticipate potential difficulties during the main phase of data collection, a small pilot study was undertaken at a retirement community in Essex. Interviews were conducted with 9 people on 2 March 2007.

Drawing on De Vaus (1996), the pilot questionnaire sought to establish:

- Whether the questions flowed smoothly, and that the transition from one section to the next occurred naturally.
- Where filter questions were used, whether the skip patterns were appropriate and easy to follow.
- The duration of each section of the questionnaire, to help in any potential decisions about whether to cut questions.
- Whether respondents' interest and attention could be maintained throughout the interview process.

Two members of the research team were involved in the pilot work. Each made notes about questions that made respondents uncomfortable, had to be repeated, were misinterpreted or were difficult to read. Sections of the questionnaire that appeared to drag or where respondents wanted to say more were also noted.

As a result of piloting, only minor amendments were made to the questionnaire ahead of the main phase of data collection.

## **Main data collection and fieldwork procedures**

### *Contacting respondents*

Members of the research team attempted contact by telephone with all residents named on the list supplied by staff at DGV. All members of the research team followed a guideline document (Appendix 2) when telephoning residents. In response to informal advice from residents and DGV staff, residents were telephoned after 10am whenever possible, unless an earlier time had specifically been requested in a previous conversation.

Each resident was telephoned on several occasions until one of the following occurred:

- An interview was arranged;
- The resident refused an interview;
- A minimum of 10 unanswered calls had been made; or
- The research team were advised by the resident's partner or staff at DGV that the resident was ineligible.



Other measures taken to inform residents of the on-going fieldwork included the use of posters on noticeboards in public areas of DGV and the use of calling cards to let residents know that an interviewer had called while they were out.

#### *Data collection*

Fieldwork took place between 16 April and 19 June 2007. Face-to-face interviews were conducted by the six members of the LARC research team. Previous experience of administering self-completion questionnaires to a similar population had revealed an undesirably high level of missing data, and this approach was not therefore adopted for this study. Moreover, owing to the longitudinal nature of the study, minimizing item non-response was considered a priority.

Residents who had agreed to participate were asked to sign a consent form (Appendix 3). All residents that took part in the survey were sent a card thanking them for their participation.

#### *Length of interview*

Most interviews took at least half an hour to complete, though some took considerably longer.

#### *Response*

The sampling frame for the survey was the list of residents ( $n=186$ ) supplied to the research team by staff at DGV. Given the focus on the study on individuals rather than households, all named residents were potentially eligible for interview. However, some individuals were deemed ineligible because they had not yet moved into DGV, were away for the entire fieldwork period, had significant (mental) health problems, or had died.

Table 1 summarises the response to the LARC Wave 1 survey. Of the 168 eligible individuals, 122 (73 per cent) were interviewed. The 48 individuals who were not interviewed consisted of 34 residents (20 per cent) who refused to take part in the survey and 12 residents (7 per cent) who indicated a willingness to take part in the survey, but who for one reason or another were subsequently not available for interview (for example, because they were at work, or about to move house or go on holiday). The most commonly given reasons for refusing to take part in the survey were related to individuals' or their partners' state of health ( $n=10$ ) and to a lack of interest in the study ( $n=7$ ).

**Table 1**  
Response to LARC Wave 1 survey

	Number of individuals	Percentage of total sample	Percentage of eligible sample
<b>Selected individuals</b>	<b>186</b>	<b>100.0</b>	
Ineligible			
not traceable	4	2.2	
away for entire fieldwork period	2	1.1	
not yet moved in	2	1.1	
significant health problem	6	3.2	
deceased	4	2.2	
<b>Total ineligible</b>	<b>18</b>	<b>9.7</b>	
<b>Total eligible individuals</b>	<b>168</b>	<b>90.3</b>	
<b>Interviews achieved</b>	<b>122</b>		<b>72.6</b>
Contactable, but not available for interview	12		7.1
Refusals	34		20.2
<b>Total refusals/not available</b>	<b>46</b>		<b>27.4</b>

## Ethical issues

An important aspect of LARC – both for the initial three-year study and for any longer project – is obtaining appropriate ethical and access permissions and respecting the privacy of residents, staff and others involved in the research. Ethical issues are likely to arise throughout the course of any research project and relate both to the roles and responsibilities of the research team, and to the ways in which the study is conducted. LARC as a whole is guided by a number of ethical codes of practice, including:

- The Economic and Social Research Council's (ESRC) Research Ethics Framework (REF). See: [http://www.esrc.ac.uk/ESRCInfoCentre/opportunities/research\\_ethics\\_framework/index.aspx?ComponentId=11292&SourcePageId=19165](http://www.esrc.ac.uk/ESRCInfoCentre/opportunities/research_ethics_framework/index.aspx?ComponentId=11292&SourcePageId=19165)
- The British Society of Gerontology's (2008) 'Guidelines on Ethical Research with Human Participants'. See: <http://www.britishgerontology.org/index.asp?CatName=Resources/Publications&PageID=102>

- The Social Research Association's 'Code of Practice for the Safety of Social Researchers'. See: [http://www.the-sra.org.uk/staying\\_safe.htm](http://www.the-sra.org.uk/staying_safe.htm)
- The Research Institute for Life Course Studies' (Keele University) policy on 'lone working'. See: <http://www.keele.ac.uk/research/lcs/membership/docs/Lone%20Working%20Policy.pdf>

The work falls under the scrutiny of the Faculty Research Ethics Committee at Keele University. The committee in turn reports to the University's Research Ethics Committee. The study undergoes periodic ethical review through these Committees as necessary. In addition, the members of the research team have all undergone a criminal records bureau check.

All residents (both existing and new) receive a welcome letter and written information about the study. Every attempt is also made to bring the presence of the researchers to the attention of residents and staff, including the wearing of identification badges. In accordance with accepted ethical practice and with the Data Protection Act (1998), participants' individual consent is sought, in writing, prior to their involvement in the different aspects of the study. They are informed that quotations from them may be used in reports or presentations, but that their identity – and that of anyone they might refer to – will be concealed.

All residents are given unique identifiers. These are substituted for real names in all documents, unless individuals request otherwise. All documents are archived electronically on Keele University's storage facility (Blackboard), to which only LARC researchers and key IT support personnel have access. The list detailing the unique identifiers and real names is stored separately from other documentation and is second password protected. In addition, it is a policy of the research team not to use email to send any material that might inappropriately identify residents or staff. Any material that might be considered sensitive in terms of data protection is uploaded to Blackboard (which can be accessed off site by the research team), and thereafter only stored there.

In these ways, the LARC team attempts to adhere to the principles of sound ethical research practice and governance, to minimise the risks entailed in empirical work of this nature, and to exercise appropriate professional judgement if and when presented with specific ethical dilemmas.

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Keele University

Centre for Social Gerontology



Longitudinal Study of Ageing  
in a Retirement Community

**Technical Report: Wave 2 Survey 2009**

**Version 1**

**October 2009**



**K E E L E**  
UNIVERSITY

## Longitudinal Study of Ageing in a Retirement Community (LARC)

The initial three-year phase of LARC began in June 2006 with the aim of exploring the development and implications of the new purpose-built retirement community at Denham Garden Village (DGV), Buckinghamshire. More broadly, the study is designed to examine longitudinal changes within the Village and responses to this new form of care and accommodation for ageing populations. It does so using a range of methodological approaches, including biannual surveys of the resident population of DGV alongside qualitative methods involving observation, diary-keeping, interviews and photographic/audio-visual work.

Summary findings are available on the website: [www.keele.ac.uk/larc](http://www.keele.ac.uk/larc)

 LARC is funded by the Anchor Trust.

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© The LARC research team (Bernadette Bartlam, Miriam Bernard,  
Jennifer Liddle, Thomas Scharf and Julius Sim)  
October 2009

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## Introduction

In this technical report, the focus is on the second survey of residents conducted in 2009 (Wave 2). The technical report describes the survey design, sampling, data collection and fieldwork procedures, and the processing of the survey data.

## Survey design

The LARC Wave 2 survey was designed to collect a range of information from the residents of DGV at a point when the retirement community was still being developed. At the time of data collection (April–August 2009), the resident population was comprised of two main groups:

- Longstanding residents who had lived in DGV through the change in ownership of the Village from the Licensed Victuallers National Homes (LVNH) to Anchor Trust; and
- More recently arrived residents who had moved into DGV subsequent to Anchor Trust assuming ownership of the site.

A baseline survey in 2007 captured information relating to each of these sub-groups, but was completed at a point when a relatively small number of new residents had moved into the village. The Wave 2 survey was developed to collect data from residents who had moved into the village since the baseline survey took place and, in some cases, from longstanding residents who chose not to take part in the initial survey. In addition, the survey provided an opportunity to collect data from residents who took part in the Wave 1 survey, to allow comparisons to be drawn over time at both the individual and the community level.

The survey took the form of a structured questionnaire, administered in face-to-face interviews by researchers from Keele University. The questionnaire was based on the questionnaire used for the Wave 1 survey (see LARC Wave 1 survey technical report), and was designed to provide data that were relevant both to the particular circumstances of DGV and to a wider population of older people. In this context, the questionnaire drew upon material arising from:

- Previous work undertaken in purpose-built retirement communities by members of the research team (for example, Bernard et al. 2004, Bernard et al. 2007);
- Previous and current work being undertaken in purpose-built retirement communities by other research teams (for example, Croucher et al. 2003, Croucher et al. 2006, Darton et al. 2005, Dawson et al. 2006, Evans and Valletly 2007, Valletly et al. 2006);
- Previous and current work undertaken by members of the research team in other geographic settings (for example, Phillipson et al. 2001, Scharf et al. 2002, Smith et al. 2004);

- Wider surveys of the older population (for example, English Longitudinal Study of Ageing); and
- Analyses of key social phenomena of relevance in later life (for example, measures of well-being, loneliness, and social support networks).

The questionnaire thus incorporated a combination of established questions and measures that permit comparison between DGV and other settings, as well as questions that are likely to be relevant only to the particular situation at DGV. Moreover, bearing in mind the longitudinal nature of the LARC project, the questionnaire included items that would allow comparisons to be drawn over time.

### **Questionnaire content**

The key topics covered in the questionnaire were:

- Socio-demographic data (including age, sex, ethnicity, marital status, household composition, education and training, housing tenure and length of residence at DGV);
- Work and employment (identifying the main occupations of the respondent and, where relevant, spouses/partners during their working lives, and providing a measure of socio-economic status);
- Housing (including previous housing history, reasons for moving to DGV, and satisfaction with accommodation and DGV as a place to live);
- Mobility within and beyond DGV (including access to and use of a car, and other means of getting around, and ease of access to and frequency of use of facilities within and beyond DGV);
- Satisfaction with facilities at DGV;
- Physical health, mental health and well-being (encompassing broad measures of respondents' health and well-being, as well as data about specific medical conditions and use of primary care services);
- Social and civic activities (participation in a range of social, civic and leisure activities within and beyond DGV);
- Family and social relationships (including social network composition, proximity of family and friends, frequency and form of contact with family, friends and neighbours, and loneliness);
- Help, care and support (identifying the nature and sources of any help or support that is needed, and satisfaction with such support);
- Income and wealth (addressing the sources and types of personal income available, ability to manage on finances, and the relative affordability of DGV); and
- Future expectations (including the extent to which DGV represents a 'home for life').

Details of the sources of the questions and measures used in the questionnaire are appended to this report (see Appendix 1).

The questionnaire ended with a series of questions for the interviewer. These addressed the circumstances of the interview, including who was present at the interview, and characteristics that might have affected the course of the interview (such as the respondent's ability to read the showcards). Interviewers were encouraged to write additional comments relevant to the interview on a blank page of the questionnaire.

The Wave 1 questionnaire was originally piloted and amended ahead of data collection in 2007 (see Wave 1 technical report). However, a number of changes were made to this questionnaire for the Wave 2 survey. Additional questions were added in several sections of the questionnaire to collect more information around certain topics. In particular, a stronger focus was placed on social activities and care and support. A few questions were modified to improve their flow, or their applicability to residents living in a retirement village.

In order to limit the burden placed on residents and maintain response rates, the research team felt it important that the time required to administer the Wave 2 questionnaire was not increased substantially. The inclusion of additional questions therefore necessitated prioritising other questions in order to make decisions about which questions to cut. In addition, two versions of the questionnaire were developed in order to remove the need for previous respondents to answer some sociodemographic questions again.

The main changes to the questionnaire following Wave 1 data collection were:

**Socio-demographic data**

- Removal of question about presence of pets
- Insertion of question relating to LVNH scheme

**Work and employment**

- Insertion of question about reasons for retirement

**Living in Denham**

- Insertion of questions about outdoor space and parking
- Insertion of question about desired changes to property
- Insertion of question about relationships between residents who have bought and those who are renting their properties
- Removal of question about mixing of people with differing states of health
- Insertion of questions about community in the village
- Addition of other facilities in the village to questions on use and evaluation

**Physical health, mental health and well-being**

- Insertion of CES-D 10 depression scale
- Insertion of questions about accessing the GP practice at which the resident is registered
- Removal of age identity questions
- Removal of question on religiosity for previous respondents

**Social and civic activities**

- Additional activities added to frequency of participation questions



#### **Family and social relationships**

- Separate questions on postal and electronic (e.g. email) contact with relatives
- Removal of questions on independence

#### **Help, care and support**

- Insertion of question about tasks causing difficulties
- Insertion of questions about provision of help for others
- Modification of income and wealth questions to reflect current types of benefit/allowance
- Insertion of question about affordability of other items

### **Main data collection and fieldwork procedures**

#### *Contacting respondents*

All residents named on a list supplied by staff at DGV were sent letters informing them that the survey would be taking place. Three versions of the letter were written (Appendices 2, 3 and 4) to try to maximize responses from residents who had taken part in the Wave 1 survey, as well as residents who had not taken part or had moved into the village after the Wave 1 fieldwork took place. An information sheet about the survey was also enclosed, informing residents that a member of the research team would contact them to invite them to take part in the survey (Appendix 5).

Members of the research team attempted contact by telephone with all residents on the list. All members of the research team followed a guideline document (Appendix 6) when telephoning residents. In response to informal advice from residents and DGV staff, residents were telephoned after 10am whenever possible, unless an earlier time had specifically been requested in a previous conversation.

Each resident was telephoned on several occasions until one of the following occurred:

- An interview was arranged;
- The resident refused an interview;
- A minimum of 10 unanswered calls had been made; or
- The research team were advised by the resident's partner or staff at DGV that the resident was ineligible.

A village conference was held by the research team on 19<sup>th</sup> May 2009 with the aim of raising the profile of the survey (and the research more generally), and providing feedback on data already collected. Residents were invited to book appointments for the survey at the conference. Other measures taken to inform residents of the on-going fieldwork included the use of posters on noticeboards in public areas of DGV, and an item in the May 2009 LARC newsletter. Members of the research team also spoke at monthly Residents' Forum meetings in the village before and during the fieldwork to remind residents about the survey and emphasize its importance.

#### *Data collection*

Fieldwork took place between 27 April and 6 August 2009. Face-to-face interviews were conducted by the five members of the LARC research team and two PhD students supervised by LARC team members at Keele. Previous experience of administering self-completion questionnaires to a similar population had revealed an undesirably high level of missing data, and this approach was not therefore adopted for this study. Moreover, owing to the longitudinal nature of the study, minimizing item non-response was considered a priority.

Residents who had agreed to participate were asked to sign a consent form (Appendix 7). All residents that took part in the survey were sent a card thanking them for their participation.

#### *Length of interview*

Most interviews took at least an hour to complete, though some took considerably longer.

#### *Response*

The sampling frame for the survey was the list of residents ( $n=275$ ) supplied to the research team by staff at DGV. Given the focus in the study on individuals rather than households, all named residents were potentially eligible for interview. However, some individuals were deemed ineligible because they had not yet moved into DGV, were away for the entire fieldwork period, had significant mental or physical health problems, or had died.

Table 1 summarizes the response to the LARC Wave 2 survey. Of the 248 eligible individuals, 156 (63 per cent) were interviewed. The 92 individuals who were not interviewed consisted of 87 residents (35 per cent) who refused to take part in the survey and 5 residents (2 per cent) who indicated a willingness to take part in the survey, but who for one reason or another were subsequently not available for interview (for example, because they were at work, or about to move house or go on holiday). The most commonly given reason for refusing to take part in the survey was related to individuals' state of health ( $n=24$ ).

A total of 122 individuals were interviewed at Wave 1; 72 (59%) of these respondents were interviewed again at Wave 2. Thirteen Wave 1 respondents had died or moved out of the village before fieldwork for the Wave 2 survey began. Of the 109 previous respondents living in the village at the start of Wave 2 fieldwork, 3 were ineligible due to significant health problems, and 1 respondent died during the fieldwork period. Seventy-two (69%) of the remaining 105 eligible Wave 1 respondents were interviewed at Wave 2.

Eighty-four (51%) individuals were interviewed from the total 166 individuals living in the village at the start of fieldwork who did not take part in the Wave 1 survey, or who moved to DGV after the survey took place. 29 individuals had died or moved out of the village before fieldwork for Wave 2 began. Of the 166 individuals, 8 were ineligible due to significant health problems, 5 moved out or had not moved in, 1 died during the period of fieldwork, 6 were away for

the entire fieldwork period, and 3 were not contactable. 59% of the 143 eligible 'new' individuals were interviewed at Wave 2.

**Table 1: Response to LARC Wave 2 survey**

	Number of individuals	Percentage of total sample	Percentage of eligible sample
<b>Total individuals</b>	<b>275</b>	<b>100</b>	
Ineligible			
not traceable	3	1	
away for entire fieldwork period	6	2	
not yet moved in	2	1	
significant health problem	11	4	
deceased	2	1	
moved out	3	1	
<b>Total ineligible</b>	<b>27</b>	<b>10</b>	
<b>Total eligible individuals</b>	<b>248</b>	<b>90</b>	
<b>Interviews achieved</b>	<b>156</b>	<b>57</b>	<b>63</b>
Contactable, but not available for interview	5		2
Refusals	87		35
<b>Total refusals/not available</b>	<b>92</b>		<b>37</b>

## Ethical issues

An important aspect of LARC – both for the initial three-year study and for the longer project – is obtaining appropriate ethical and access permissions and respecting the privacy of residents, staff and others involved in the research. Ethical issues are likely to arise throughout the course of any research project and relate both to the roles and responsibilities of the research team, and to the ways in which the study is conducted. LARC as a whole is guided by a number of ethical codes of practice, including:

- The Economic and Social Research 'Council's (ESRC) Research Ethics Framework (REF). See: [http://www.esrc.ac.uk/ESRCInfoCentre/opportunities/research\\_ethics\\_framework/index.aspx?ComponentId=11292&SourcePageId=19165](http://www.esrc.ac.uk/ESRCInfoCentre/opportunities/research_ethics_framework/index.aspx?ComponentId=11292&SourcePageId=19165)
- The British Society of Gerontology's (2008) 'Guidelines on Ethical Research with Human Participants'. See: <http://www.britishgerontology.org/index.asp?CatName=Resources/Publications&PageID=102>
- The Social Research Association's 'Code of Practice for the Safety of Social Researchers'. See: [http://www.the-sra.org.uk/staying\\_safe.htm](http://www.the-sra.org.uk/staying_safe.htm)



- The Research Institute for Life Course Studies' (Keele University) policy on 'lone working'. See: <http://www.keele.ac.uk/research/lcs/membership/docs/Lone%20Working%20Policy.pdf>

The work falls under the scrutiny of the Faculty Research Ethics Committee at Keele University. The committee in turn reports to the University's Research Ethics Committee. The study undergoes periodic ethical review through these Committees as necessary. In addition, the members of the research team have all undergone a Criminal Records Bureau check.

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In these ways, the LARC team attempts to adhere to the principles of sound ethical research practice and governance, to minimize the risks entailed in empirical work of this nature, and to exercise appropriate professional judgement if and when presented with specific ethical dilemmas.

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## Appendix 3: CASP-19 scale

Please tick one box on each line:

	Often	Sometimes	Not often	Never
My age prevents me from doing the things I would like to	0	1	2	3
I feel that what happens to me is out of my control	0	1	2	3
I feel free to plan for the future	3	2	1	0
I feel left out of things	0	1	2	3
I can do the things that I want to do	3	2	1	0
Family responsibilities prevent me from doing what I want to do	0	1	2	3
I feel that I can please myself what I do	3	2	1	0
My health stops me from doing the things I want to do	0	1	2	3
Shortage of money stops me from doing the things I want to do	0	1	2	3
I look forward to each day	3	2	1	0
I feel that my life has meaning	3	2	1	0
I enjoy the things that I do	3	2	1	0
I enjoy being in the company of others	3	2	1	0
On balance, I look back on my life with a sense of happiness	3	2	1	0
I feel full of energy these days	3	2	1	0
I choose to do things that I have never done before	3	2	1	0
I feel satisfied with the way my life has turned out	3	2	1	0
I feel that life is full of opportunities	3	2	1	0
I feel that the future looks good for me	3	2	1	0

## Appendix 4: LARC study information sheet



Keele University

Centre for Social Gerontology

**LARC**

Longitudinal Study of Ageing  
in a Retirement Community

### Keele University Study at Denham Garden Village: 2006-2019

#### Who are we?

We are a group of researchers from Keele University who have been commissioned by Anchor Trust to carry out a unique study of Denham Garden Village. Our work began in 2006 and will last until 2019, allowing us to look in detail at the way the village changes over time.



Bernadette  
Bartlam

Mim  
Bernard

Abi  
Bryan

Jenny  
Liddle

Tom  
Scharf

Julius  
Sim

#### Why Denham Garden Village?

Developments like Denham Garden Village are still relatively rare in Britain. Our study aims to understand what it is like to live and work in a community such as this.



Our study involves talking to residents and staff, observing what goes on in the village, and collecting residents' impressions of life in Denham Garden Village.

By involving as many residents as possible, we hope to learn more about different aspects of life in Denham Garden Village. This includes the things that residents like and the things they like less.



### Taking part in the research

We have talked about our study at Residents' Forum meetings and at meetings with staff at Denham Garden Village. Over time we are giving all residents the opportunity to take part in the study. This might involve joining in with:

**Surveys:** Many residents took part in our first survey in 2007. We will be inviting residents to take part in further surveys every two years.



**Group events:** From time to time we hold group events which are open to all residents. These events provide an opportunity for residents to talk to members of the research team over a cup of tea and to hear about findings from the study.

**Telling us about your own experiences:** Some residents keep a journal or diary to tell us about their day-to-day lives. Others respond when asked to comment on particular aspects of life in the village.



**Videoing/photography:** We are also taking photographs around the village, and occasionally using video equipment. If there is any possibility that residents will be identifiable from the material, we will always seek their written consent to use it.

### Confidentiality

While the research team at Keele is entirely independent of Anchor Trust and Denham Garden Village, we are working closely with them. If you decide to take part in this study, no-one outside the research team will have access to the information you provide. All information arising from this study is stored securely at Keele University.

### Getting involved

We keep in touch with all residents through regular newsletters. From time to time, we also invite residents to get involved in the study. We really hope that you will respond to some of these invitations.

*Remember, we can only know what it is like to live in a village like Denham Garden Village if you tell us.*

If you are interested in finding out more about the study, we would be delighted to hear from you. We would also be happy to come and discuss the study with you in person. If you wish to do this, please contact our Administrator, Abi Bryan, using the details below.

Contact us	
The LARC research team Centre for Social Gerontology Research Institute for Life Course Studies Keele University Staffordshire ST5 5BG	Telephone: +44 (0)1782 733844 Email: <a href="mailto:larc@ilcs.keele.ac.uk">larc@ilcs.keele.ac.uk</a> Web: <a href="http://www.keele.ac.uk/larc">www.keele.ac.uk/larc</a>

Version 2: April 2009

## Appendix 5: Interview appointment reminder card

*Reminder*

Date:

Time:

Details:

If you wish to change your appointment, or have any queries,  
please contact Abi Bryan on 01782 733844.

  
K E E L E  
U N I V E R S I T Y

 **LARC** Longitudinal Study of Ageing  
in a Retirement Community 

## Appendix 6: Consent form



Keele University

Centre for Social Gerontology

**LARC**

Longitudinal Study of Ageing  
in a Retirement Community

### CONSENT FORM

Please sign this form to give us your permission to use the information you give us in this interview.

1. I have received information about the LARC study and this interview.
2. I have had the opportunity to ask questions.
3. I understand that my participation is voluntary and that I am free to refuse to answer a question, or withdraw from the interview at any time, without giving any reason.
4. I understand that quotations from the interview may be included in reports or publications from this study, but that these will be anonymous and I will not be identifiable.
5. I agree to take part in the interview.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Any questions, please contact our Administrator, Abi Bryan, using the details below.

Contact us	
The LARC research team Centre for Social Gerontology Research Institute for Life Course Studies Keele University Staffordshire ST5 5BG	Telephone: +44 (0)1782 733844 Email: <a href="mailto:larc@ilcs.keele.ac.uk">larc@ilcs.keele.ac.uk</a> Web: <a href="http://www.keele.ac.uk/larc">www.keele.ac.uk/larc</a>

## Appendix 7: Ethical approval confirmation letter



**KEELE**  
UNIVERSITY

ACADEMIC SERVICES DIRECTORATE  
RESEARCH AND ENTERPRISE SERVICES

28 February 2011

Jenny Liddle  
Research Assistant  
LARC Study  
CM2.06  
Claus Moser Building

Dear Jenny

### **Longitudinal Study of Ageing in a Retirement Community (LARC Study)**

Further to the e-mail to you dated 15 April 2010 from Nicola Leighton I am writing to you, in my capacity as Chair of the Ethical Review Panel, to confirm that the LARC study received ethical approval from the University Review Panel on 2 September 2009.

This letter also confirms that you were advised on 15 April 2010 that you did not need to submit a separate ethics application for your PhD because your PhD formed part of the LARC project (which had already received ethical approval) and that you were also a member of the study team.

If you have any queries, please do not hesitate to contact Nicola Leighton, Research Governance Officer on 33306.

Regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Leighton'.

PP  
Dr Roger Beech  
Chair – Ethical Review Panel



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