

## **Making the case for retirement villages**

***Karen Croucher***

Retirement villages are a relatively new type of provision in the UK, and data measuring their impact on residents' health status and quality of life, or on the demand for other health and social care services, is limited. Drawing on the author's own research, as well as other studies of retirement communities and housing schemes for older people, this report reviews the evidence to date on the impact of retirement villages.

The report explores five key themes: the potential of retirement villages to enhancing older people's choices for independent living; the particular benefits of larger developments and the potential for economies of scale; how retirement villages can be made accessible and affordable for a range of older people; the potential impact of retirement villages on local health and social services; and the impact of retirement villages on local communities.

The evidence indicates that that retirement villages, although relatively new to the UK, have great potential to address main policy objectives around promoting independence, choice and quality of life for older people. This report will be of interest to all those engaged with commissioning and developing services for older people both in the public and private sectors.



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*Karen Croucher*



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# 1 Introduction

There is a growing policy emphasis on promoting independence and improving the quality of life of older people, most recently set out in the Government Green Paper on adult social care, *Independence, Well-being and Choice* (Department of Health, 2005) the Government-wide strategy for our future ageing population, *Opportunity Age* (Department for Work and Pensions, 2005a, 2005b) and the series of Audit Commission Reports, *Older People – A Changing Approach* (Audit Commission, 2004). There is also a growing emphasis on promoting social engagement and active ageing and enabling older people to continue to contribute actively to the communities in which they live. Retirement villages appear to serve current policy agendas particularly well. They offer purpose-designed barrier-free housing (with its associated autonomy of having ‘your own front door’), a range of facilities and activities that are not care related, which generate opportunities for informal and formal social activity and engagement alongside a range of care and support services that can respond quickly and flexibly to a range of care needs over time.

Retirement villages are a relatively new development in the UK, and there are as yet only a few examples, including Hartrigg Oaks operated by the Joseph Rowntree Housing Trust (JRHT), Berryhill and Ryefield Village, both operated by the Extra Care Charitable Trust (see Appleton and Shreeve, 2003). Further developments are being planned, including a new village in Hartlepool, operated by the JRHT. Retirement villages offer high levels of care and support in living environments that maintain and promote independence, with the additional benefits of a range of social and leisure activities. Some (although not all) retirement villages have on-site care homes, increasing their capacity to be a ‘home for life’. They can be operated by a range of provider organisations. The model appears to be attractive to older people from a range of different socio-economic backgrounds (see, for example, Croucher *et al.*, 2003; Bernard *et al.*, 2004), and also offers a number of advantages over smaller ‘housing with care’ developments. It is worth highlighting that, currently, we lack a detailed evidence base to answer some key questions about retirement villages. This paper draws on our own work at Hartrigg Oaks (Croucher *et al.*, 2003), other recently published studies of retirement communities and housing with care schemes (reviewed by Croucher *et al.*, 2006), and data from our ongoing comparative evaluation of seven retirement communities, to explore five main themes:

- enhancing older people’s choices for independent living
  
- economies of scale

## **Making the case for retirement villages**

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- accessibility and affordability of retirement villages
- impact on local health and social services
- impact on local communities.

## 2 Enhancing older people's choices for independent living

There have been many studies of older people's housing preferences that consistently report the great value older people place on independence, and their determination to maintain their independence through their later years (see for example, Boaz *et al.*, 1999). In the context of housing, independence is often equated with 'staying put' in the old family home, although it seems likely that 'staying put' as the first choice of older people reflects their lack of choices. One main alternative has been residential care – something that many older people dread and equate with loss of privacy, autonomy and independence. The second alternative is sheltered housing. Much of the sheltered housing stock in the UK is relatively dated, with poor space standards and design that does not easily accommodate people with physical and sensory impairments. Residents are often forced to move on if their care needs increase.<sup>1</sup> With such limited choices, staying put may seem to be the best option. However, many authors have highlighted the loneliness and isolation of some older people living 'independently' in the community, with inadequate services and poor housing (for example, work by the Social Exclusion Unit (2005)). In addition, many older people do not feel safe in their communities; in our work, we find that many older people report harassment and victimisation.

Retirement villages offer a positive choice to older people. Our study of Hartrigg Oaks (Croucher *et al.*, 2003), the work of other authors (for example, Bernard *et al.*, (2004) at Berryhill, the retirement village operated by the ExtraCare Charitable Trust), and ongoing work with residents of three different retirement villages (as part of a comparative evaluation of eight different schemes) show very clearly that retirement villages offer older people an attractive combination of independence and security, as well as opportunities for social engagement and an active life. Concepts of independence and security are complex. Independence is related to privacy – having your own home and control over who comes into your private domain – and choices over all aspects of daily life, in particular whether or not to participate in social and communal activities. Security is related to knowing that care staff are on site day and night, but also to knowing that help is available across a range of domains, including benefits and financial advice, and home maintenance/repair. It is also related to the sense of security derived from living in a comfortable, barrier-free environment, with a reduced risk of being a victim of crime or harassment, belonging somewhere, security of tenure and confidence in the provider organisation. The capacity of retirement villages to accommodate a range of care needs allows people

to make their own plans for the uncertainties of the future, and ensures that their independence will be maintained for as long as possible in their own homes, but in an environment that is more manageable should they become ill or frail, with services readily to hand when required. Retirement villages are seen by the residents as a 'places to live' as opposed to 'care settings'. Older people recognise and value the increased opportunities for social activities and easy access to leisure and education facilities. Important, too, is the knowledge that existing social contacts and activities will continue as normal. People with families are often eager to ensure that, if they need care, they will not be a burden to their families or be dependent on them to make decisions on their behalf. People who do not have families are reassured that help is at hand if it is needed. A 'place to live' is more likely to be attractive to a range of older people – the fit and the frail, and thus allow ageing in place.

There are those that argue that age-segregated housing is inherently ageist and excludes older people from community life (see, for example, Fisk 1999). Others, however, contest this notion of ageism, highlighting the loneliness and isolation of many older people living 'independently' in the community, with inadequate services and poor housing. They present alternative interpretations of independence that allow more supportive environments to be seen as positive choices that do not compromise the autonomy of older people (see, for example, Oldman and Quilgars, 1999; Dalley, 2002; Oldman, 2003). Our experience of interviewing many residents in various retirement villages indicates that they certainly do not see age-segregated housing as ageist, nor do they feel excluded from community life. A community of older people ensures that older people's needs and preferences are privileged, and the focus is on their concerns and lifestyle choices. Moreover, they can build their own community and still engage with the wider community on their own terms.

### 3 Economies of scale

Clearly, the size of retirement villages (e.g. more than 100 dwellings) allows certain economies of scale and the development of facilities and care services that would not be viable in smaller developments.

Amenities and facilities that are not directly care related (such as cafés, restaurants, health and fitness suites, craft rooms, computer rooms, small retail outlets) become more financially viable with a larger number of residents (and staff) to use them. These facilities provide opportunities for leisure, education, health promotion, social activities and informal social encounters that create a sense of belonging and community. They help schemes to become 'places to live' rather than 'care settings'. For the very old and frail, easily accessible on-site facilities become more important as they become less able and/or less inclined to access local services and facilities. Such facilities may also provide opportunities for income generation if they can be used by people or organisations from outside the schemes.

Retirement villages allow the employment of dedicated staff for non-care-related services such as maintenance, gardening and catering. The contribution to the well-being and security of residents made by staff who are engaged in tasks that are not directly care-related should not be underestimated. Interviews with residents undertaken as part of our comparative evaluation of models of housing with care consistently demonstrate how much trusted and reliable maintenance services are valued by residents.

The provision of on-site facilities also allows more flexibility over location of schemes. If there are services and amenities on site, it becomes less desirable to locate schemes in town centres or close to local amenities.

With a critical mass of residents, it becomes easier to plan care services and have a stable core of care staff that can respond flexibly to changes in care needs. Our comparative evaluation indicates that flexibility of care is more difficult to achieve in smaller schemes, and there may be greater dependence on using agency staff. Casual staffing does not allow residents to build up relationships of trust with care staff. Moreover, in smaller schemes with a small pool of staff, sickness absence is more difficult to cover. Similarly, with only a small establishment of staff, residents have little choice of carers. The literature on housing with care also suggests that, in smaller schemes, if the care needs of only a few residents increase beyond a certain point, the care services within the scheme are stretched very quickly, and this may result in people being admitted to residential or nursing-home care (see Croucher *et al.*, 2006).

## 4 Accessibility and affordability of retirement villages

A key question for retirement villages is how to make them accessible to people with a range of financial resources. Schemes offering properties to buy and to rent may be one way of extending access. Other types of tenure, such as shared ownership, are also being tested (see Garwood and King, 2005).

### Housing

There is a common assumption that people who are homeowners will want to continue as homeowners through later life. Evidence from the study of Hartrigg Oaks and, our ongoing comparative project demonstrates that this is not necessarily the case. Some older homeowners are eager to become leaseholders or tenants, as the costs and responsibilities of homeownership in later life are perceived to outweigh any advantages. Others are looking to release the equity in their homes so as to be able to afford a better standard of living generally. Some older homeowners simply can no longer afford to be homeowners, or the relatively low value of their property (particularly those who have bought former council properties under the Right to Buy) does not afford them many choices in the housing market. Retirement villages can offer a range of different types of tenure that can increase the accessibility of schemes to people with different levels and types of income.

Hartrigg Oaks provides an example of how residents can be offered a variety of ways of purchasing a lease on a dwelling. Residents may choose to pay the full market price for their lease, on the understanding that this same amount will be repaid if they leave or returned to their estate should they die. They also have the option of purchasing a lease at a reduced price, on the understanding that they or their estate will not receive any repayment should they leave or die.<sup>2</sup> This model appears to be attractive to the residents of Hartrigg Oaks, particularly as the income generated by the resale of properties is 'recycled' into the community, helping to keep increases in other charges to residents to a minimum. Note too that many residents moved to Hartrigg Oaks with the clear intention of this being their last move, so maintaining a stake in the housing market was not a great direct concern to them. Many people were also unconcerned about leaving a sizeable estate to their families, preferring to invest their money in ensuring a safe and comfortable future for themselves. Recent research indicates that, increasingly, people are more concerned about using their financial resources to be comfortable in their old age

than bequeathing money to relatives (Rowlingson and McKay, 2005). In addition, many Hartrigg Oaks residents were single people with few relatives or close family either to leave money to or to depend on for assistance. A further point regarding the various options around lease purchase, particularly that of receiving no 'refund' on the cost of a lease, is that it enables residents to invest resources in their care, akin to equity release schemes. The Hartrigg Oaks model of lease purchase appears to work well for people with sufficient housing equity (or other assets) to afford the market value of the properties.

Hartrigg Oaks also offers high-quality, very spacious accommodation. A way of making retirement villages more accessible would be to offer a greater range of accommodation within schemes that would be more affordable to a wider range of people, as well as a range of tenures, allowing people to rent rather than purchase if this were their tenure of choice.

### **Paying for care**

Our comparative study indicates that all the schemes – whatever model of payment for care and other services was adopted – were relatively expensive places to live for those who were self-funding their care and support services. This partly explains residents' preferences in some cases to change tenure and relinquish homeownership, as this allows the release of housing equity to fund either future or current care needs. This suggests that, if villages offer a range of different types of tenure, they may be more accessible to lower-income homeowners. For those who were eligible for means-tested benefits, cost of provision was not such a concern, but it may be unwise for care providers to assume that benefit payments will continue at current levels.

Hartrigg Oaks operates on an insurance-type principle<sup>3</sup> and, while this might seem expensive, most residents felt that the system allowed them to make provision for future care needs, and spread the costs of future care over a number of years. Most residents at Hartrigg Oaks would probably not be eligible for means-tested benefits. This insurance-type system, however, does require a careful balance between the fit and the frail, and there is an expectation that people entering Hartrigg Oaks will be in relatively good health at the point of entry. Thus, entry to Hartrigg Oaks is not dependent only on financial means, but also on health status.

## **5 Impact on local health and social services**

Health and social service providers in host locations may be concerned that the establishment of a retirement village will increase the demands for services in a locality. Some retirement villages serve a predominantly local client group, as people often want to stay within their familiar localities and maintain their existing social networks. If people were not resident in the retirement village, they would still be local residents and still use local services, thus concerns about increased demands on health and social services may be overstated. Other villages will be planned (and marketed), however, so as to attract residents from further afield. How this increase in numbers of older people translates into demand for services is a key question that is not readily answered by currently available evidence. Evidence does suggest, however, that retirement villages play a role in maintaining and promoting health, and provide opportunities for more efficient delivery of community services and provision of interim and rehabilitative care (see below). Moreover, the presence of a retirement village may support arguments for service developments, benefiting not just village residents, but other older people locally. Retirement villages can be integral to the development and successful implementation of local strategies and plans to meet the requirements of the National Service Framework for Older People (Department of Health, 2001), and other local strategies (see Fletcher *et al.*, 1999). A key point is the necessity of involving local health-service planners and commissioners at an early stage of the development of a retirement village, and ensuring that the different service providers' boundaries and responsibilities are clarified.

### **Delivery of community health services**

In terms of service delivery, retirement villages offer many advantages to service providers. In the first instance, residents are not dispersed in the wider community, so time and resources are saved if, for example, general practitioners, community nurses and other community-based health and social care professionals can visit more than one patient in one place. Similar arguments can be made for other community services, such as pharmacy delivery services and chiropody. The relatively advantageous position of village residents (in terms of access to on-site care staff, meals, living in warm, barrier-free accommodation) compared with many older people living in the wider community can also assist community health care staff in prioritising their caseloads. On-site care staff can also work with other service providers to ensure that resources are used efficiently. For example, at Hartrigg Oaks, home carers were in

effect providing a type of triage for local general practitioners' services, as residents would often seek advice from care staff before calling the doctor. Similarly, on-site staff may be quicker to notice that something is wrong and take action before a crisis point is reached. Over time, primary care services have developed a relationship of trust with on-site care staff at Hartrigg Oaks. Potential cost savings are not insignificant; for example, costs for a home visit from a general practitioner are estimated to be £3.49 per minute (Curtis and Netten, 2005).

## **Intermediate care**

Retirement villages have the potential to play a significant role in providing intermediate care services and to reduce demands for in-patient services in line with current policy initiatives. Hartrigg Oaks provides intermediate care (intensive short-term care, return-from-hospital, respite for carers) to residents in the on-site care home.<sup>4</sup> Figures from Hartrigg Oaks show that, between January 2003 and December 2004, 88 bungalow residents spent 1,363 nights in the care home. Care staff estimate that about 15 per cent (n=210) of these nights would otherwise have been spent in hospital. The most recently published unit costs for health care (Curtis and Netten, 2005) indicate that the average cost of a bed-day for elderly patients is £166, and £179 for an in-patient-day in a Nursing-Led Inpatient Unit (NLIU) for Intermediate Care. These data indicate that the on-site care home at Hartrigg Oaks has saved local NHS in-patient services between £34,860 and £37,590 over a two-year period. The resources in an on-site care home may also help reduce pressure on NHS services at times of high demand, such as during the winter months.

In addition to caring for people within the care home, Hartrigg Oaks residents can also depend on care being delivered to their homes following discharge from hospital or, conversely, delivery to their homes of care that removes the need for hospital admission. Although difficult to quantify, the flexible provision of care to people in their own homes has prevented hospital admission, and in some cases allowed people to remain in their bungalows and delayed a permanent move into the on-site care home.

## **End-of-life care**

Studies of a variety of housing with care schemes indicate that many residents move on into residential or nursing home care, suggesting that the notion of a 'home for life' is difficult to achieve (see, for example, Greenwood and Smith, 1999; Phillips

and Williams, 2001; Brooks *et al.*, 2003; Baker, 2002). Retirement villages can offer the option of an on-site registered care home to provide care for those to whom independent living is no longer a tenable option, without the move to an unfamiliar setting. At Hartrigg Oaks, residents in the on-site registered care home are still able to use the on-site facilities and participate in social activities as far as they are able, and be visited by spouses and friends from the community. An on-site care home can also provide opportunities for income generation through the 'sale' of any excess places to older people from outside the village.

The presence of an on-site care home at Hartrigg Oaks was a key 'selling' point for residents, who were reassured that their future needs would be met on site, without the distress of further moves, by a service provider they could trust (Croucher *et al.*, 2003). At Berryhill retirement village (without a registered care home), a significant proportion of residents (one in five) were concerned about what would happen to them in the future if their physical and mental health needs could not be met on-site (Bernard *et al.*, 2004). The US literature also reports the uncertainties faced by residents in Assisted Living schemes (the fastest growing type of provision for older people in North America) should their care needs increase to a point where they could be forced to move to a different care environment (Schwarz *et al.*, 1999; Frank, 2001).

Residents with dementia and other mental health problems present particular challenges for housing-with-care providers. Again, within a retirement village it becomes more viable to introduce specialist care staff and specialist on-site facilities to care for people with dementia-type illnesses. In our experience, larger communities also appear to have more capacity to absorb the problematic behaviour of a few individuals, whereas the problematic behaviour of one or two individuals within a smaller setting can be very dominating. Nevertheless, dementia sufferers can cause considerable anxiety and distress to their fellow residents, whatever the setting. Following our evaluation of Hartrigg Oaks (Croucher *et al.*, 2003) and the concerns raised by residents at Hartrigg Oaks regarding dementia care, the JRHT have invested in dementia services.

## Promoting health and well-being

Retirement villages also have a significant role in promoting health and well-being and reducing social isolation that has a negative impact on health status.

### ***Social relationships***

Social relationships are seen by older people as key to a good quality of life, although growing older can make it harder for people to maintain social networks. Social isolation is a significant problem for many older people, particularly for those whose mobility is compromised by physical and sensory impairments. The very old are less likely to have people they can turn to in a serious crisis (Social Exclusion Unit, 2005). Retirement villages increase the opportunities for social interaction and engagement, and can reduce the experience of social isolation, with consequent benefits to health, well-being and quality of life. Social interaction can both be informal and also include more formal resident-led activities. Our experience shows a much wider range of resident-led interest groups in retirement villages compared with smaller schemes, as a larger resident group allows for a more diverse range of interests to be developed. Activities included outdoor activities such as bowling and putting clubs, gardening and allotment groups, various exercise groups such as dancing classes, yoga, tai-chi, keep-fit, arts and craft groups and classes, choirs, darts clubs, bingo and quiz sessions, walking groups, religious gatherings and cultural and voluntary activities.

According to the data from our comparative study, it is also clear that larger communities offer greater opportunities for more informal social interaction, with a wider pool of people from which to draw friends and companions. This may be particularly important for older men, who are inevitably in the minority in age-segregated environments.

A further finding from our comparative study suggests that retirement villages promote a greater sense of community or belonging than do smaller schemes. Literature from the USA highlights a sense of solidarity in ageing in retirement communities, where the community responds collectively to the shared experience and challenges of ageing (Lawrence and Schiller-Schigelone, 2002). We found much more evidence of solidarity in ageing in larger schemes compared with smaller developments, with older people making organised responses to difficulties being experienced by individuals (for example, neighbours collectively organising assistance with shopping, meal preparation and visiting for people coming out of hospital) or by the community as a whole (for example, neighbourhood-watch schemes). The UK literature has tended to focus more on the continuance of informal support by the family members of people living in retirement communities, but our experience seems to indicate that the support of co-residents is a vital and overlooked resource.

The communal facilities and spaces (including outdoor spaces) within retirement communities allow space for both formal and informal social activity to take place.

### ***Self-reported health status***

A study of a retirement village (Kingston *et al.*, 2001) found that, although many people had moved to the village because of poor health, they rated their own health as significantly better than a matched sample of older people drawn from the locality where many of the retirement community's residents formerly lived. Over time, there were few changes in the self-reported health status of the retirement village residents (measured on a number of scales), but the self-reported health status of the locality sample declined in three domains: 'role-physical', 'social functioning' and 'bodily pain'. The retirement village residents had fewer contacts with health visitors and social workers than did the locality sample. Kingston *et al.* conclude that security (reported to be at the heart of people's decision to move to the community), high levels of peer support and a general sense of optimism in the village, as well as the knowledge that care and support needs would be met by scheme staff rather than by relatives, all contributed to the maintenance of the residents' physical and mental well-being. Biggs *et al.* (2000) observed that residents in a retirement village appeared to have developed a shared culture and identity that emphasised the positive effects on health of living in the village – some attributing almost 'miraculous' health-restoring properties to the community – and a collective narrative that was notable for the absence of 'illness talk'. Our knowledge of other retirement villages supports these findings.

### ***Safe environments***

Significant health benefits can also be derived from a purpose-designed, barrier-free environment. Older people generally are more likely to live in non-decent homes. In 2001, the English House Condition Survey found that 2.4 million older households lived in properties that failed the Decent Homes Standard.<sup>5</sup> This was just a third of the total numbers of non-decent homes (Social Exclusion Unit, 2005). While improvements and modifications can be made to people's homes, much of the housing stock in the UK is not easily adaptable. Many older homeowners are asset rich and income poor and cannot afford to carry out essential maintenance and repair. Living in a purpose-built, barrier-free environment removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls.<sup>6</sup> Similarly, more efficient heating and energy conservation promotes better health and greater comfort, and promotes the use of all of the accommodation

rather than just the 'warmest room'. The UK has a shameful record on avoidable winter deaths among older people. Recent research suggests that people in poorly heated homes are more vulnerable to winter death than those living in well-heated homes, and that substantial public health benefits can be expected from measures that improve the thermal efficiency of dwellings and the affordability of heating them (Wilkinson *et al.*, 2001). Level access with the home and the village not only reduces the risk of falls, it enables wheelchair users and those with mobility problems to use all the facilities in their own homes and the wider scheme.

There are great expectations of the future role of telecare, telemedicine and assistive technologies (Audit Commission, 2004; Porteus and Brownsell, 2000). Retirement villages are well placed to allow the installation and development of assistive technologies at the design stage.

### ***Effective targeting of health promotion programmes***

Resident groups can be effectively targeted for health promotion initiatives and programmes, such as exercise programmes, falls prevention, blood pressure checking, flu immunisation, healthy eating and dementia awareness. One such example is a falls-prevention programme operated in a retirement village taking part in our comparative evaluation in partnership with the local Primary Care Trust, and the charitable trust operating the village. Word of mouth, residents' meetings and advertising in communal areas can be used to raise awareness of health topics, services or promotional events. Service delivery is facilitated as the client or target group is located in one place, and on-site facilities can be used for the delivery of services, group sessions or activities.

### ***Exercise***

Many older people have sedentary lifestyles, and regular exercise has clear benefits, particularly in falls prevention. There is also a growing body of evidence that suggests regular exercise may delay cognitive decline and Alzheimer's disease (see Podewils and Guallar (2006) for a brief review of recent studies). Larger schemes offer greater opportunities to provide health and exercise facilities, as well as more 'fun' exercise such as dancing groups. On-site exercise facilities and trained fitness instructors promote regular exercise and rehabilitation in an environment that is geared to the particular needs of older people or specific groups of older people, such as those recovering from stroke, hip and knee replacements, people with high blood pressure and wheelchair users.

### ***Healthy eating***

Similarly, on-site catering services can promote healthy eating and cater for particular dietary requirements. While some argue that on-site catering compromises independence, on-site catering services ensure that everyone has the opportunity to have a hot, nutritious meal every day, especially those who are unable to cook. Special diets can also be accommodated. The opportunities for socialising at meal times should not be underestimated. Dining rooms and cafés are often the social hub of retirement villages and in, some instances, facilities can be used by the wider community.

# 6 Impact on local communities

## Impact on local housing stock

Older people's housing needs are frequently overlooked in the drive to develop affordable housing for younger people. Much of the housing stock in the UK is simply not suitable for the needs of older people, not only in terms of being accessible for people with disabilities, but also in terms of size, energy efficiency and requirements for ongoing maintenance. Even much of the current stock of sheltered housing does not meet current disability standards. The development of a retirement village provides the opportunity to create a significant pool of housing that is purpose-designed to meet the needs of older people and to increase the amount of local provision to meet the future needs of an increasingly ageing population. This is a key point. Not only are individual accommodation units more suited in terms of disabled access, energy efficiency and low maintenance, but the whole site can be designed with regard to the particular needs of older people. Pedestrian walkways, gardens, location of parking spaces, exterior lighting, communal areas and facilities can all be designed to promote safety and ease of access to facilities and activities.

In 2002/3 just over half the population aged 50 and above lived in a property that was under-occupied (Department for Work and Pensions, 2005b). The development of housing specifically for older people allows the release of under-occupied housing stock, whether it is owned or rented, and allows opportunities to renovate and repair properties that may have been neglected by older owner-occupiers, who frequently cannot afford essential repairs and maintenance or face the upheaval of undertaking building work.

Retirement villages can also provide a focus for regeneration programmes. The three dominant themes of regeneration – improving quality of life and long-term opportunities, tackling long-term decline, reviving areas and creating a new cultural renaissance – can find a focus in the development of both the housing and related services located within a retirement village. It has also been recognised that older people's interests and involvement have not always been prominent in regeneration programmes (Riseborough and Jenkins, 2004), despite the changing demographics.

## Impact on local economies

Retirement villages stimulate local economies and have a significant impact on local labour markets from the initial development and construction phase through to when

schemes become operational. In the USA, this potential has long been recognised, and the development of retirement villages has been particularly encouraged in rural states as a means of bringing in new investment and developing an infrastructure for the whole community.<sup>7</sup>

Retirement villages will be in the position to generate employment opportunities, and will require significant numbers of staff to be engaged in caring activities, catering, maintenance and so forth. Local labour markets differ, therefore generalisations regarding the local impacts of a retirement village are difficult to make. Currently, the care sector across the UK is facing difficulties in recruiting care staff. Retirement villages will be in competition for staff with other local employers (including other care providers). It seems that large organisations are better placed to have effective strategies regarding staff recruitment and retention. Ongoing work in the Centre for Housing Policy indicates that care staff value working in organisations (such as the JRHT) that offer good training and supervision and invest in personal and professional development. Retirement villages offer particular opportunities for carers, as well as benefits to employers. A staff group located in one place is easier to manage, supervise and train. It can respond more flexibly to changes in residents' needs. It is easier to develop an obvious career ladder within a large organisation. Crucially, within a retirement community, care staff can spend their time caring rather than travelling between clients' homes. Within larger schemes, there may also be opportunities to provide on-site staff accommodation, which acts as an incentive for both staff recruitment and retention as well as providing affordable housing for younger people.

### ***Support for local services***

As people get older, they are less likely to make long journeys to access facilities. Levels of car ownership also decrease among older people compared with younger age groups (Office for National Statistics, 2004), increasing the tendency for older people to use local services. The development of a retirement community creates a sizeable pool of regular customers and clients, which increases the viability and sustainability of local services, including retail outlets, pharmacies, local transport, libraries and other leisure and education services. A survey of residents of private sheltered housing indicated that 62 per cent of residents preferred to shop locally, and just over one-third shopped on a daily basis (McLaren and Hakim, 2004). The study estimated that a development of 45 retirement flats with 55 residents would generate an annual additional spend of approximately £600,000 on local services. Given the size of retirement villages, it seems likely that additional spending by village residents would be considerably more than this estimate.

***Social capital and community engagement***

The contribution made by older people to community life is increasingly being recognised, but studies have identified a number of barriers that inhibit older people from taking an active part in community life, including poor health, lack of disabled access, lack of companions to go with, transport difficulties, fear of crime, fear of falling, as well as a lack of local opportunities and information about what is going on (Social Exclusion Unit, 2005). Retirement villages assist in reducing these barriers by providing a focus and accessible location for community activities, including voluntary activities, adult learning, such as U3A (the University of the Third Age) and other community projects, not just for village residents but also for the wider community.

There are increased opportunities for residents to volunteer within villages and also in the wider community. Studies from the USA indicate high levels of voluntary activity among retirement village residents (Netting, 1990; Okun and Eisenberg, 1992; Okun, 1993). People also have multiple motives for volunteering; for example, some people will more readily engage with more formal or visible activities such as chairing residents' groups, others will be more interested in social activities, and others will engage in activities that support their social values, such as assisting others, visiting the isolated and befriending. Evidence from our work clearly demonstrates a wider range of formal voluntary activity within larger village schemes than in smaller schemes. We found residents organising and taking part in fund-raising events for outside charities or for the village, as well as providing regular services for the village (examples include a village charity shop, resident-managed retail services, library services). We have found much evidence of younger residents supporting older and frail residents by organising social activities, outings and parties, offering hand care and manicures, hairdressing, and so forth.

There is little evidence to suggest that people within retirement villages become disengaged from the wider community, although levels of engagement appear to be dictated by health status and mobility. Residents are often active members of local churches, and become involved in their local communities as members of parish councils (see below) and as school governors, as well as taking part in other community activities such as local-history projects and work with local schools and youth groups. Indeed, the fact that people are living in an age-segregated environment appears to act as a spur to some people to engage with younger people outside their home environment.

Thirty-five per cent of people in their sixties undertake taught learning (Department for Work and Pensions, 2005b). As people get older, access to adult learning centres

can become more problematic and a barrier to participation. Adult learning classes also become more viable in a retirement community with a large core of potential clients and the potential to offer a wider range of topics. Again, the communal facilities offer venues that can be easily accessed by other older people.

### ***Empowerment of older people***

Collective action and campaigning by residents of retirement communities increases the political voice and profile of older people locally. There is a small but interesting literature that demonstrates how in recent years the residents of a number of larger continuing care retirement communities (CCRCs) in the USA have flexed their political muscles. In California, three CCRCs have come together to form Laguna Woods, the first city in the USA to be almost exclusively populated by older people. The citizens have successfully fought the development of a new airport (Andel and Liebig, 2002). There are other examples in the USA of communities influencing local-government spending and taxation programmes where communities of wealthy 'seniors' have begun to wield substantial political influence and power. Our own work indicates that residents of retirement villages may have a stronger collective voice in their own wider community. Residents of a retirement village operated by a charitable trust in the south of England have been highly active in a successful campaign to grant planning permission for the development of land in a green belt area owned by the trust. The sale of the land will provide funding for essential refurbishment of the village. In another city centre scheme with more than 100 residents, the residents have been actively opposing an application for the extension of a nearby pub's licensing hours. At Hartrigg Oaks, various Hartrigg Oaks residents were members of the local Parish Council. While these may be small beginnings, they give a clear indication of the greater influence that older people have if they work together.

## 7 Conclusion

Retirement villages are a relatively new development in the UK, therefore 'hard' data that have measured the impact of living in retirement villages on residents' health status and quality of life, or the impacts on demand for other health and social care services, are yet to be collated. Nevertheless, the evidence that we do have indicates the great potential of retirement villages to expand the choices of living arrangements for older people – offering the opportunity not just for decent age-appropriate housing, but also for enhancing older people's quality of life, health status and sense of social well-being and security. Retirement villages bring opportunities for health and social care providers to deliver community services more effectively and efficiently, and can generate cost savings to acute health services through the provision of intermediate care. For these reasons, retirement villages effectively serve current policy agendas.

The benefits of retirement villages are not just confined to those who live there. They bring opportunities to address the current shortage of homes suitable for later life, by developing housing that is purpose-designed to meet the current and future housing needs of older people, and releasing significant numbers of under-occupied properties in the wider community. They provide employment opportunities to local communities and enhance the viability of local services. They offer older people living in the wider community the opportunity to access facilities that are purpose-designed and accessible.

Perhaps the strongest messages are from the residents of retirement villages themselves. Recent research (Croucher *et al.*, 2003; Bernard *et al.*, 2004) has consistently demonstrated high levels of satisfaction among residents. Older people value the powerful combination of independence and security, with the additional benefits of the support and companionship of their fellow residents.

# Notes

- 1 Sheltered housing is, however, changing and modernising; see, for example, Parry and Thompson (2005).
- 2 Currently, rapid house price inflation makes it difficult for residents to leave Hartrigg Oaks unless they decide very quickly that they want to move, as the amount repaid on the lease will not reflect increases in houses prices.
- 3 Most residents of Hartrigg Oaks pay a flat rate monthly community charge to cover the costs of their care, regardless of whether or not they are receiving care. Should residents need care, their needs are assessed by JRHT staff, and appropriate care is delivered, including care in the registered on-site care home, and the charge does not increase. By many people's standards Hartrigg Oaks is an expensive model, and it is estimated that approximately 25 per cent of people above retirement age could currently afford such a scheme.
- 4 Care costs are covered as part of the Community Charge paid by residents.
- 5 A 'decent' home comprises four key components: fitness for habitation (e.g. free from disrepair, damp, adequate provision of services such as lighting, water, electricity, drainage, WC and bathing facilities); disrepair; modern facilities (kitchen and bathrooms); and reasonable degree of thermal comfort. See [www.decenthomesstandard.co.uk/standard](http://www.decenthomesstandard.co.uk/standard)
- 6 For the epidemiology of falls in older people, and the consequent impact on acute in-patient admissions, mortality and morbidity rates, see *Preventing Falls and Subsequent Injury in Older People* (University of Leeds, Nuffield Institute for Health/University of York, NHS Centre for Reviews and Dissemination, *Effective Health Care Bulletin*, Vol. 2, No. 4, April, 1996).
- 7 A study referenced by McLaren and Hakim (2004) carried out by the City of Hattiesburg, Mississippi, estimated that the economic impact of 250 retiree households relocating to the city was 850 jobs and investment capital of £37 million, with particular benefits for the retail and restaurant trades.

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