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**Retirement Village Expectations  
and Experiences:  
An Exploratory Study**

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# Retirement Village Expectations and Experiences: An Exploratory Study

## Abstract

'Lifestyle' retirement villages are promoted as promising alternative accommodation for older Australians, a trend that has implications for aged care and housing policies. This paper presents the results of interviews conducted in November 2000 with 26 retirement village residents as a pilot study for a future research project. Although most respondents expressed high rates of satisfaction with village life, some were disappointed. Complaints mainly related to perceptions that the standard or provision of services and facilities expected when they had contracted to buy into the village were not being adequately met. The more serious complaints revolved around anticipated health care supports, for example, the loss of a nurse on the premises. The data raises issues of how lifestyle retirement villages fit into the continuum of care for older Australians as levels of dependency increase.

## Key words

ageing  
retirement community  
housing  
health care

## Introduction

The ageing of Australia's population is a well documented trend generating research on issues of concern to older people and discussion of government policies related to housing, health care and financial support appropriate for an increasing older population. Those who are now, and in the future, making later life decisions regarding housing options are likely to have experienced a more diverse life course than previous generations of older people. As well as being the beneficiaries of improved health care and increased longevity, patterns of later age at marriage, lower fertility, higher divorce rates, labour force participation of women, and changes in employment and the labour market will influence the timing and choice of residential location (OECD 1996). Government policies on ageing will be another influence on later life decision making (Clare and Tulpule 1994; OECD 1996). Recent Australian studies have addressed these general later life issues (Clare and Tulpule 1994; Borowski, Encel and Ozanne 1997; Wolcott 1998).

Australian housing policies have, in varying degrees, focused on enabling older people to 'age in place' by providing home and community based programs to them in their own home or supporting the development of alternative housing such as special built medium density accommodation and hostels (Kendig and Gardner 1997; Howe 1992). Retirement villages, the subject of this paper, are one example of medium density housing specifically targeted towards an older population.

Similar to trends in the United States (Costello 2000), increasing numbers of older Australians are choosing to live in retirement villages. Construction of retirement 'lifestyle' villages is growing (Retirement Village Association 1999). It is predicted that between 6 to 10 per cent of Australians aged 65 and over will choose to live in a retirement village (Manicaros and Stimson 1999). In Victoria, for example, Primelife Corporation Ltd has developed 14 existing villages with combinations of independent living units, fully serviced

apartments, hostel places, supportive residential services and nursing home places. Another ten were under construction and there were 15 more planned developments (Primelife Corporation Ltd 2000).

The designation 'retirement village' is not a homogeneous term, although it usually refers to a planned complex of housing options for people over age 55 who are mainly independent in meeting their own needs. A market survey report by the Commission for the Future (1992, p. 3) for the Retirement Village Association commented that 'increasingly, retirement villages are considered as part of the housing sector rather than aged care facilities'. They may provide a narrow or wide range of amenities and services that include leisure and recreation, transport, health care, home maintenance and other social and personal support facilities. Retirement villages may be sponsored by religious or other not-for-profit organisations, be operated by for-profit corporations or private developers, or be cooperatives, either for-profit or not-for-profit (Manicaros and Stimson 1999).

The costs of entering and living in a retirement village will vary with its sponsorship and operation, the level of services and facilities offered and the type of contract and financial investment required, as well as ongoing maintenance fees (Elston 2000). Various states and the Commonwealth are reviewing legislation related to their development and operation (Retirement Village Association of Australia 2000).

In Australia, a number of studies (Commission for the Future 1992; Manicaros and Stimson 1999; Gardner 1994) have examined the decisions to move to a retirement village. The authors found that choosing to enter and remain in these lifestyle villages is likely to be influenced by the health, family circumstances and financial status of individuals and their partners. Issues related to housing maintenance and neighbourhood environment were also considerations.

There has been more limited discussion of how decisions to enter a retirement village intersect with the potential for decreasing health and increasing dependency of current or potential residents. Less attention has been paid to the financial ramifications surrounding transitions to other care accommodations and where lifestyle retirement villages fit into the overall continuum of care for older Australians.

To further understanding of the policy implications of decisions to move to a retirement village, researchers at the Institute for Social Research, Swinburne University of Technology, conducted a descriptive qualitative study of retirement village residents in Victoria, Australia in late 2000. The study was conducted as a pilot to a proposed larger study of retirement village expectations and experiences. In addition to examining the reasons for locating to a village and satisfaction with life there, the study focused on the relationships between choice of a village and expectations about future health care. It also considered the influence of family circumstances – past and present – on decisions to enter and remain in a retirement village.

## **Methodology**

In cooperation with the Over 50s Association of Australia, a description of the study was placed in the October 2000 edition of the association's *Lifetime* magazine. In addition to its general membership, the magazine is also distributed to residents in villages that are members of the Retirement Village Association. Residents were asked to call or write to the researchers if they were interested in participating in the study. The researcher called back those who called or wrote saying they were willing to participate. A semi-structured interview questionnaire was constructed and was administered to respondents. Respondents were

assured of confidentiality and that the managers of their villages, if interviewed in the future, would not be informed of the names of any residents who participated in the study. A number of respondents preferred to remain anonymous and sent detailed letters, but did not want further contact.

## Sample

Twenty-six people responded to the article in the magazine. Because the respondents were self-selected and, particularly, were already interested enough to read a magazine dedicated to the interests of those over age 50, the study does not claim to canvass the spectrum of demographic and socioeconomic differences that can influence decisions and experiences. Nevertheless, respondents represented a range of income and education levels, age and marital status:

- Two-thirds were female. Approximately half were now aged in their 70s, nine were in their 80s, two were in their 60s and one was age 57. One respondent now in her mid-60s had obtained special permission to enter the retirement village in her early 50s in order to accompany her 86 year old mother.
- The majority of respondents were living on their own in their village unit. Four had been divorced years prior to entering the village and 12 were widowed, all but one at least several years before moving into the village. Two women and one man had never married; these three respondents and one other woman had no children.
- Almost half (11) of the respondents had been living in their village two years or less, with one having just left after two years residence and another having entered a few weeks prior to being interviewed. Four respondents had been residents for 13 to 16 years, six for 7 to 11 years and the remainder between 3 and 5 years. With the several exceptions mentioned, most of the longer-term residents had been about age 70 when they initially moved to the village.
- Financially, all but three respondents indicated that they had enough money to live comfortably and were able to afford some extras. The other three said things were a bit of a struggle or they just had enough money to get by.
- All but five respondents were in resident funded for-profit villages. The others were in resident funded but not-for-profit church sponsored villages or a friendly society. Overall, respondents came from 17 different villages, although several of the villages belonged to the same management company.

This profile of respondents is similar to those in other studies of lifestyle retirement village residents (Commission for the Future 1992; McDonald 1996; Manicaros and Stimson 1999).

## Reasons for Moving to a Retirement Village

In a booklet prepared by the Retirement Village Association Australia (1999) to answer potential residents' questions, retirement village life is described as follows:

Village life is about lifestyle and enjoyment of natural freedoms. Residents associate with whom they please, when they wish, and are assured of privacy and respect as individuals no matter what their needs. Many established villages already offer special care and ancillary services without the need to move from their self-contained villas. As a result, village life offers seniors better options for either independent or supported living than any other residential opportunity in Australia.

Individual brochures also discuss the freedom from maintaining a larger home, the companionship and activities available, the support of a caring staff and the security of additional care if necessary in the future. For the majority of respondents, a combination of changes in their life circumstance, both personal and practical, was the catalyst for the move. Few gave just one reason.

### **Home and Garden Maintenance**

In many cases, there was a concern about the difficulty of maintaining their home and garden due to declining health; for others, the death of a spouse made their larger home too lonely.

*'I had a big property and was nine years on my own after my husband died. It was all getting a bit too much.'*

*'I no longer needed to be in a four bedroom house of my own. No longer needed to have grandchildren stay overnight. I was tired of the upkeep.'*

*'My wife died ten years ago. I tried remaining in our large house but was getting tired of all the maintenance.'*

### **Neighbourhood Character and Safety**

Several respondents mentioned concern about the safety or character of their neighbourhood that prompted their move.

*'I had a burglary at home and my son felt it wasn't safe to live there anymore.'*

*'I moved into the village before I should have because I had five break-ins. The neighbours were druggies.'*

*'Teenagers next door were a bit noisy. Cars in and out of the driveway, I was losing sleep.'*

*'Our neighbourhood was changing, older people moving away and renters coming in.'*

### **Security**

Sometimes safety was part of a more general concern about feeling secure in the place that they lived as they become older or frail.

*'I was on my own and felt the lack of security. That was the main thing, after hearing dreadful stories of people being found after they died.'*

*'I had a serious operation and found life more complicated than before, and the idea of living in an environment that was more secure was worth considering.'*

*'I was 67 and decided that this was the best move, rather than make another move when I was older and less able.'*

### **Family Concerns**

Brochures frequently mention the advantages of not being a burden on one's children, or of children being able to feel confident that their parents are being well cared for as incentives

for moving into a retirement village. Study respondents supported these explanations as part of their decision.

*'My family is delighted to see how happy I am, and best of all for me is that the family will never have to say "What will we do with Mum?"'*

*'Our two children live in another state and we could see that increasing age might make them feel duty-bound to have concerns for us.'*

*'My family wanted me to move. I lived fairly far from them and they wanted me closer. They found this village and I saw it and liked it.'*

*'I did not want to be a burden on my children, they have their own lives to live.'*

Several respondents mentioned responsibility for their own elderly parents as their motivation for moving into a retirement village. This often incorporated a sense of the right timing for making such a move. Two respondents had moved into the retirement village at the same time that they placed a parent in the same village, one sharing a unit and the other living in a separate unit.

*'I had to place my mother in special accommodation and it was such a traumatic time that I said "That's it, I will do this before I can't make my own decision. I won't put my daughters through that.'"*

*'My mother is still alive and I had the traumatic situation of trying to find her a home. Even with having daughters, it was not possible to live with them. I don't have any daughters so I thought "What will happen to me?" and made the decision to move to a retirement village.'*

For others, the absence of a spouse or children was the stimulus for moving into a retirement village. Again, the timing of the decision was seen to be an important factor.

*'I have never married and this move will provide a support structure. I am moving into a village at a time when I am comfortable with the choice and able to do it. I will be able to make new networks in the local community as well as the village.'*

Planning for the future while they still had the ability to make choices was evident in these comments, corresponding to the 'planners' in Gardner's (1994) typology. Overall, the reasons given for moving confirmed those in recent research (Commission for the Future 1992; Manicaros and Stimson 1999).

## **Choice of Village**

Since retirement villages vary in location, cost, auspice and type of housing, respondents were asked why they had chosen their particular village. Again, most gave more than one reason, for example, family members living nearby, the attractiveness of the village or the availability of specific services and amenities.

### ***Close to Family, Friends and Former Neighbourhood***

A majority of respondents sought a village close to where they had previously lived or nearer to family members.

*'It was the nearest to family that we could afford. Our daughter bought our house when we bought this unit.'*

*'It was close to family, it had good security and there was a nurse on duty 24 hours a day.'*

*'My sister lives nearby and it is closer to the children.'*

*'It was near to where we used to live, near friends and family. The family was pleased with our decision, they are just a few minutes down the road.'*

*'It was in the same area, same shops, same people – a beautiful place.'*

*'We lived in the area. We did not want to move away from the place we knew.'*

In some instances, it was the presence of a friend who already lived in the village that helped the person make the decision.

*'A good friend of mine lived here.'*

*'A whole group of us came in at the same time. We are all the same age group and share the same outlook.'*

Selection of a retirement village either close to their former neighborhood or nearer to family has been reported in other studies (Commission for the Future 1992; Gardner 1994; Manicaros and Stimson 1999).

### ***Village Ambience and Amenities***

The majority of respondents in this and other studies mention the attractiveness of the village and the range of its facilities as important considerations.

*'It had a good standard of accommodation, no sensation of being cramped as in others I looked at.'*

*'It had a heated swimming pool, quite updated compared to others I had seen.'*

*'It was the amenities, the look of the place.'*

*'Nice gardens and quiet.'*

For some, it was convenient access to facilities outside the village that was paramount in their decision making.

*'It was a handy location, near to my home and situated right on a golf course. It has nice scenery, it is quiet, but it is handy to the train and bus into the city when I can't drive.'*

*'I wanted an area I knew, not all residential, convenience to shops is most important. Family and friends move about so it is the convenience that is important.'*

*'It was a handy spot across from a big town centre. It is important to have everything nearby.'*

### ***Provision of Health Care and Support***

All but eight of the 25 respondents claimed to be in good health, with only one saying they were in poor health. For a few married couples, one or the other partner was in poorer

health; in two cases, a partner had died after the couple had entered the village. Nevertheless, the promise of a nurse on call round the clock or the provision of assisted care, hostel accommodation or a nursing home on the premises if needed in the future was often the most important consideration in choosing a village.

*'It was the hostel and the nursing home that was promised that made it so attractive, the three stages: the individual unit, the hostel and the nursing home.'*

*'It looked nice and it had a hostel.'*

*'I was happy about the expected nursing support at our age.'*

As discussed later in this paper, it was the lack of fulfillment of these health support provision promises that was a main cause of respondents' dissatisfaction with having chosen a particular retirement village.

## **Retirement Village versus Other Housing**

We were interested in why respondents chose to live in a retirement village environment in preference to living in a unit or apartment in a similar suburb or city area. Respondents gave similar reasons to that of why they had moved to a retirement village: availability of a wide range of amenities and services right on the premises, security and support, and less feeling of isolation.

*'I have everything around me, less isolated, outings organised by a social committee, help with maintenance, companionship.'*

*'Less maintenance and more feeling of security.'*

*'I thought it would be easier to meet up with people and easier to do things.'*

*'For the security and the amenities right here, the celebrations and activities.'*

Again, security was frequently equated with some kind of available health care support.

*'I came for the security, the 24 hour nurse on the premises.'*

*'I wanted the security of medical help nearby.'*

*'I thought if I went somewhere else for five years, then it would be too late to move into a more secure environment.'*

When some of the respondents made the choice to move to a retirement village ten or so years ago, there may have been fewer alternative housing opportunities available near their neighbourhood or where family members lived. It is only in the last few years that a variety of medium density housing options have been built in many suburbs and the city.

One example, although generally targeted towards younger professionals, are the many new apartment developments that have facilities such as gymnasiums, swimming pools, cleaning and maintenance services, shops, restaurants and a concierge who may arrange for the delivery of services, all available on the premises.

With the growth of medium density housing options in many locations that are close to shopping centres, public transport and medical facilities, retirement villages may have to

provide a much clearer alternative to other housing options. The Commission for the Future's (1992, p. 25) report reflected this same opinion, commenting that the increased diversity of medium density housing available in the general community may satisfy many of the needs of older people in the future.

Interestingly, Legge (1984, p. 4) has raised the question of the difficulty of defining at what stage a group of self-contained living units becomes a retirement village. The author concluded that it is the entry requirements or criteria that differentiate a village from any block of self-contained living units.

## **Good Things About Village Life**

The advantages of living in a retirement village enumerated by respondents echoed their reasons for deciding to move to a retirement village. Security, companionship, attractive premises, availability of health support services and planned activities were the common responses.

Security with its variety of meanings was a dominant theme.

*'Security, lovely environment, doctors here if you need them. It is the best way to live when you are older, independent and secure.'*

*'There is the security and the fact you have a nurse on call 24 hours a day. You can be alone, but never have to be lonely.'*

*'It is a secure existence, there is help with maintenance, a 24 hour nurse, companionship and lots of social events and activities.'*

*'I have security, enough garden, privacy if I choose, but company too.'*

The range of amenities and services offered by village life was a source of satisfaction for many residents.

*'There is nursing staff on duty 24 hours a day, a bus to do shopping, a hairdresser comes three times a week and the doctor comes twice a week.'*

*'Two nursing sisters live in the village and doctors have consulting rooms. There is a craft room, a library. We can order meals from the serviced apartments' restaurant.'*

*'Social activities are well catered for. There is a get-together meal once a month.'*

Many of the comments reinforced the idea that respondents valued the companionship and social life that they found so accessible in the village environment, implying, perhaps, that these were more difficult to achieve or no longer available to them in their previous environment.

*'I am never nervous, never alone more than I wish to be.'*

*'There is company, a community centre and it is not as abysmally alone as I would have been in the house after my wife died.'*

*'It is a nice location, secure, quiet neighbours, pleasant gardens, people become friends and we have meals together.'*

Others valued the sense of community and belonging that village life offered.

*'I feel like I really belong, it opened up a whole new world, wonderful friends.'*

*'I enjoy the feeling of people around me, an all-encompassing sense of belonging. After a six week trip, I drove in and it felt just like coming home.'*

The desire for companionship was also balanced by the wish and ability to maintain their privacy, an important consideration as expressed in many comments.

*'I am very private, people just don't knock on my door, but I have made some good friends here.'*

*'I am friendly with quite a few people, but I am not the type to run in and out of people's houses, I live a fairly private life.'*

Many respondents just expressed a total satisfaction with village life and their decision to move to a retirement village.

*'I love it here, I have no regrets.'*

*'These are some of the best days of my life. Living here is like being in a holiday village, a cozy place to be.'*

Other studies have also reported very high resident satisfaction with living in a retirement village (Legge 1984; Commission for the Future 1992; McDonald 1996; Manicaros and Stimson 1999).

## **Involvement in Village and Community Life**

Residents clearly had differing expectation needs, wishes and capacities to engage in village life activities as described in brochures or in more general community life outside the village. Many were still very active in the clubs, activities and friendships they were involved in before moving to the village. All but a few were still driving, which made this involvement with friends and activities outside the village feasible.

*'I play lawn bowls here, do some crafts and I am going on a three day trip to the lakes organised by the village. I attend meetings of Probus and Legacy outside the village.'*

*'I do volunteer work, am active in my church and play lawn bowls and go to village social events.'*

*'I go on the trips organised by the village, take U3A classes and volunteer for the Red Cross.'*

*'I have made friends here but still keep up with all my other friends. I do some tutoring at a local neighbourhood house and go to the film society.'*

For some, their involvement in a wide range of activities either within or outside the village was curtailed or constrained by their increasing age and corresponding decline in energy and health. For the few who were no longer able to drive, this was a reason given for the change in their activities.

*'I use the pool and attend some social events. I still see friends outside, but less of them because we all are less mobile.'*

*'I am not interested in things here, but I do some gardening.'*

Of course, for some respondents, entering a retirement village was the consequence of their no longer feeling able to manage or to engage in the wider community arena. For them, village life represented security, support and care in old age, not active involvement in social life and activities.

*'I don't do so much now, slowing down, lots of new faces here.'*

*'Before my illness, I used to play golf and travel a lot.'*

*'I don't go out at night anymore or do any volunteer services, but I don't miss things like that anymore.'*

## **Disadvantages or Disappointments with Village Life**

While the majority of respondents were very satisfied with their decision, a number expressed some level of dissatisfaction or disappointment. These concerns were often related to the unfulfilled expectation of health care and other supports and services that had been a major reason for their decision to move into a village and for their selection of a particular village.

### ***Provision of Services and Facilities***

A change in management policy, particularly the loss of permanent nursing staff on the premises, was a source of irritation.

*'They no longer have a nursing sister on the premises, just someone trained in first aid.'*

*'They are not going ahead with the building of serviced apartments as was promised.'*

*'After a few years, the nurse wasn't here 24 hours and there is a service that responds to your buzzer.'*

*'I would much prefer a 24 hour nurse, and a manager on the spot. The manager no longer lives on the premises. We would feel better if he was here.'*

*'When I came there was a supervisor with relief on weekends, now there isn't.'*

Also related to expected health care support, a management decision not to go ahead with construction of assisted living accommodation or to bring facilities up to new accreditation standards was a serious concern.

*'The hostel and nursing home may be closed down, so where will we go when we need them?'*

*'The nursing home never eventuated and they outsourced the emergency call service. It is the stages of care that were promised.'*

For some, management policy meant maintenance of their unit and the common areas was not up to the standard anticipated.

*'The downside is the cheap construction of the units. There are cracks in the plaster, doors jamming and cornices falling down, faults which appeared in new units a few months after they were occupied.'*

*'There is no longer a maintenance man here either which we would like.'*

*'The bowling green needs repair. Now they are asking unit owners to manage some of the gardening.'*

*'All the amenities were done on the cheap, the hairdressing place was just a closet.'*

*'Management has defaulted on almost everything in the contract. They won't call for an electrician if a light is out until several jobs need to be done.'*

The absence of other services was also mentioned, again mostly referring to supports for when they were less physically able.

*'A full-time bus is necessary because there is little transport available outside of busy daytimes.'*

*'The restaurant and serviced apartments are not being built as promised.'*

*'We need more staff to offer services like home help.'*

Sadly, several respondents mentioned their regret at not being able to have a pet because of village restrictions.

### **Social Relationships**

For some, the potential frustrations that petty social politics could cause as a result of living in the confines of the village could be a disadvantage.

*'Some people are always complaining about something, I just am friendly to everyone.'*

*'Perhaps you could lose a sense of privacy or not get along with each other, but that is not the case with me.'*

*'I find it hard to put up with the complaints about management whenever a group gets together.'*

Sometimes it was the relationships between residents and management that caused discontent.

*'Retirement village living is not perfect, you see too much of the same people, you have to ask permission for certain work to be carried out in your unit, management puts profit before people.'*

### **Costs and Fees**

The provision of differing levels of amenities and services is usually related to the cost associated with purchasing or renting a unit in any particular village and the annual maintenance or other fees involved. One respondent, for example, had found some of the

not-for-profit villages *'less expensive, but more austere'*. Another said *'I would have liked a swimming pool, but that would have made the monthly fees too high'*.

Different types of contract arrangements may be entered into which could affect costs and expectations of services and facilities. Similarly, whether a village is run as a not-for-profit or for-profit entity would affect these dimensions. Several respondents commented, for example, that they had chosen a church or other not-for-profit village specifically because they thought management would not just be motivated by making a profit.

A few respondents expressed concerns about an increase in monthly fees or a fear that the introduction of the GST could adversely affect these costs. Several were worried that their village was in the process of changing over ownership and what that would mean in terms of additional costs or reduced amenities. Some appeared apprehensive about being able to sell their unit at a profit if they had or wanted to leave.

Contracts entered into by residents in private for-profit villages particularly may have provisions that would affect these concerns. Many contracts would allow maintenance fees to be increased annually. Resale of a unit may be subject to a 'deferred management charge', a percentage of the resale value deducted by management for the costs associated with the establishment costs of the village or long-term maintenance of facilities. Sometimes special levies may be charged for a project such as the construction of a swimming pool. In some cases, services may be able to be withdrawn if maintenance fees do not cover costs if residents refuse a legitimate increase in fees (Lawforyou 2001). Not-for-profit villages may also be subject to changes in charges and criteria for entrance into assisted living accommodation.

As many of the quotations above illustrated, it was the sense of violation of an assumed contract for the provision of certain services and facilities that affected satisfaction with moving to a retirement village. Several residents called for greater regulation of the industry.

*'It would be better if the government looked at regulations of villages. Contracts need to be made simple. Unless you have a business background, you could get into trouble.'*

*'I would like to see some protection for residents from unscrupulous organisations who take money and fail to provide what they advertised.'*

A number of organisations and associations concerned about the interests of older people (for example, Council on the Ageing, Seniors Information Service) have developed educational material to advise potential residents about the legal and financial aspects of moving into a retirement village (see also Lawforyou 2001). The Retirement Village Association Australia (1999) has published a detailed brochure outlining common elements of self-funded retirement communities and the regulations that apply. Some organisations, including the Over 50s Association (2000), have advocated for legislation to regulate the development and operation of retirement villages.

## **Perceptions About the Future**

As discussed earlier, the majority of retirement village residents still considered themselves to be active and independent. All but one respondent currently lived in an independent unit and nearly all still drove a car. Many indicated that they had made the decision to move into a retirement village for the security and support that was available for the time when they would be less independent and in need of more assistance.

Although the majority of respondents considered themselves to be in good health, a number of those who said they were in reasonable health mentioned some health limitations such as having had a heart operation, joint problems, diabetes, or anticipated becoming more frail as they aged. The Australian Institute of Health and Welfare (1999) surveys indicate that the need for assistance with mobility, self-care and communication increases for those over 80 – the age of, or soon to be reached by, many retirement village residents.

### ***Managing Daily Life***

When respondents were asked how they managed things like going to the doctor, shopping and visits with family and friends, the majority responded that they still drove a car so none of these were a problem. When queried about what they would do if or when they needed help in managing these kinds of activities, many replied that, if necessary, there were doctors who visited the village and had consulting rooms on the premises and that there was a village bus that went to the nearby shopping centres. A few indicated that the management or nurse had organised a cleaning service or that they had ordered meals from the serviced apartments' restaurant when they were recovering from an operation.

At the same time, nearly half of the respondents said they would rely on the community home help program, with a few counting on the availability of village staff.

*'A council worker comes to do the cleaning fortnightly.'*

*'If I needed help, I would pay the village staff or call in community services.'*

While all but four respondents had children and some would rely on them, sometimes there was also a reluctance to call upon them. As mentioned earlier, many had children who lived interstate and they had moved into the retirement village because their children would not be nearby.

*'I could call on family. Our son and daughter do the shopping or house cleaning when we need it. They take us to the doctor if necessary.'*

*'Family are there, but through the village coordinator I could pay for cleaning and home help. I would prefer that.'*

*'I adore my children, and would prefer to rely on services you can get.'*

*'The children are there, of course, if I would need them, but they lead busy lives.'*

One respondent sadly remarked, *'If my children said "Mum, move in", I'd leave immediately, but that is not going to happen.'*

For those who had never married or had children, reliance on family when they became more dependent was not a possibility. If respondents were themselves in their late 70s or 80s, siblings and friends would also be becoming less independent and not be able to provide assistance. Their children, too, would be ageing and, perhaps, be unable to provide care and support.

*'If I needed help, I would have to rely on things like meals on wheels. I would have to, I do not have children or family.'*

*'I would seek the council's help. I might have to consider a hostel later on.'*

Studies of older people in the United States (Pezzin and Schone 1999) and Australia (Millward 1998) suggest that those who had been divorced would be more likely to rely on home health and other purchased care than family care.

### **Future Plans**

Respondents were asked whether there were any circumstances that might mean they would move from the retirement village. Without exception, all replied that only if their health made it impossible for them to remain would they expect to move from the village. However, quite a few had believed that they could move into assisted living accommodation which was part of their village or had been promised to be built there in the future. The majority appeared unconcerned about the possible practical and financial ramifications of such transitions.

*'I'd go into the serviced apartments.'*

*'I expect to get into the nursing home here if necessary.'*

The Retirement Village Association Australia (1999), however, clearly makes the point that the ability to be transferred to a serviced apartment is subject to availability and financial renegotiation, and that village management cannot influence admissions to public funded hostels or nursing homes.

And for some, there was just a wish not to have to think about such a future.

*'I hate the thought of it, I don't want to think about it.'*

*'Only my health, and then I would have to go to a nursing home. Can't worry about it, it will just happen.'*

*'If I couldn't look after myself, I would have to go to a nursing home, but I think I will be fine and able to stay here.'*

These comments suggest some confusion, uncertainty and even wishful thinking about the place of retirement villages in long-term planning as ageing may lead to increased dependency.

### **Conclusion**

Multiple reasons were given for moving to a retirement village or the selection of a particular village. Respondents were attracted to the ambience of the village units and its surroundings. They looked for some assurances of security, including the availability of health supports and practical services for when they become less independent. Others mentioned family reasons, such as being closer to their children or the satisfaction at not being a burden on their family. The sense of community and the social friendships that were formed were an important part of their satisfaction with village life.

Although most respondents expressed high rates of satisfaction, there were those who were disappointed. Their complaints mainly related to a belief that the standard or provision of services and facilities expected when they had contracted to buy into the village were not being adequately met. Sometimes this referred to unit and grounds maintenance, but the most serious complaints were about anticipated health supports, the loss of nursing and management staff on the premises or the lack of promised serviced apartments or hostel accommodation.

The retirement village residents interviewed in this exploratory study confirmed the expectations and experiences described in other studies (Legge 1984; Commission for the Future 1992; McDonald 1996; Gardner 1994; Manicaros and Stimson 1999).

## Implications

For some, moving into a retirement village represented a secure and attractive environment for the continuation of an already active life or the promise of increased social connection. For others, it represented a place of security and available assistance to lead a life of diminished independence and activity. These somewhat conflicting assumptions raise important questions about the nature and place of retirement villages in policy planning for older Australians.

Health related issues emerge as a dominant concern. Most respondents were now aged in the 70s and 80s. Almost all were still independent and drove a car. Although the majority said they were in reasonable health, nearly all acknowledged that they might become more dependent and require assistance in the future. The Australian Institute of Health and Welfare (1999) surveys reinforce this assumption, finding that the proportion of people requiring assistance with personal care activities (for example, health care, housework, transport, mobility) rose from 14 per cent among 65-69 year olds to 25 per cent among those in their 70s, and to 54 per cent among those aged 80 and over.

Nevertheless, almost all respondents hoped to remain in the village with the assistance of services provided by management or the availability of community supports such as home help. The importance placed on having nursing staff and a manager on the premises, or the promise of serviced apartments and hostel accommodation as part of the village community, was a reflection of these concerns.

These expectations of security, care and support expressed by respondents as central to their decision to move into a retirement village appear, however, to be at odds with the current marketing focus of retirement villages as a place for the independent and active old. It seems possible that as these respondents become more physically or mentally dependent, their wish to remain in their unit or move into alternative supportive accommodation on the premises may prove to be misplaced.

This raises the question of whether lifestyle retirement villages want to cater to an older dependent population. New construction in Australia, as in the United States, appears to be in the direction of private for-profit, luxury-end resort style villages (Retirement Village Association Australia 1999). It is those who are labelled the 'active aged' who are the target for much of the retirement village development impetus. Brochures are replete with pictures of residents playing golf, or bowls, swimming, doing craft classes, attending fashion shows, or on excursions to the theatre, garden shows and farther-flung places of interest. At the very least, residents are shown at sociable dinner and drinks occasions or having tea with family and friends in the lounge. What appears to be missing from the glossy brochures and the financial page articles on the boom in adult community investment property is the recognition that these active residents will require health and practical support services as they age.

The *Wall Street Journal* (Costello 2000) reports that affluent 'forty-and fifty-something Baby Boomers are rushing into the planned-living developments where they would once have sent their parents'. The attractions for these middle-aged men and women are the Club Med style activities and the chance to buy into this environment before real estate prices rise beyond their means. Since most retirement village communities attract both the younger and older

age groups, the mix of ages may become a problem. Wide disparities may generate tensions between younger and older residents who may desire or need different services and facilities, and competition can arise over how fees are allocated (Costello 2000; Manicaros and Stimson 1999).

What are management expectations of what will happen when village residents age and require the assistance projected by health surveys of the aged? Perhaps the assumption is that these services will be made available and purchased in the neighbouring community, or that residents will move somewhere else to more suitable accommodation when the time comes that assistance is needed. Such assumptions clearly are not the preference for continuity of care expressed by many retirement village residents in this study.

Financial resources of current and future residents are a related concern. Many of the amenities and almost all personal and practical support and care services mentioned in brochures appear to be made available only at additional costs. Although most of the study respondents indicated that they were financially comfortable, the emphasis on additional fees for service for laundry, delivered meals and some unit maintenance, as well as accessing home help and personal care, might mean that they would not have the additional resources to purchase these necessary services.

Moving to a higher level of care accommodation, either within the village or elsewhere, may also entail cost increases that could prove problematic for many. If this direction continues without parallel not-for-profit or government subsidised developments, retirement villages as described in this study will not be an option in any continuum of care housing for those on limited or low incomes.

Researchers in the United States (Meier 2000) have suggested that for-profit companies that provide assisted care facilities may experience financial strains as they had hoped to attract a healthier population but are, in reality, appealing to an older and sicker population. There is a growing demand in the United States to establish definitions and standards for the surge in the number of places developed by large hotel corporations and health care industry operators that call themselves 'assisted living facilities' (Steinhauer 2001).

More common in the United States than Australia are retirement communities that are established as continuing-care three-stage accommodation: independent living units, serviced and assisted living units, and nursing home beds. Residents must enter in the independent living unit stage, with a guarantee that they can move to the next levels at no further cost. Given that the majority are for-profit developments, the costs tend to be high, since the monthly fees do not increase as you move into the later stages (although they are subject to rises in inflation). Like health insurance, costs are amortised over all the residents' lifetime in the village, whether or not they would ever use the more expensive nursing facilities. Residents must also have supplementary private health insurance for medical costs not covered by Medicare, the government social health insurance for those aged over 65.

The unit purchased usually belongs to the village management, although a proportion of the purchase price would be returned to the resident or their heirs if a resident left or died within the first or second year. There may be arrangements where a significantly higher entry purchase fee enables 90 percent of the purchase price to be refunded. Given the costs associated with this type of community, the model of continuing care that appears to be desired by many residents, such as self-funded retirement villages, appear an option only for the wealthy.

In the Australian context, Legge (1984) argues that accommodation in retirement villages or the provision of the health care and support services that are needed by older and frail

residents may require some government assistance if they are to remain an option for people on lower incomes. Kendig and Gardner (1997) discuss creating flexible links between housing and care provision through the development of cooperative arrangements between public and private housing and care resources.

It has been suggested that retirement villages in Australia, both for-profit and not-for-profit, could become centres for providing community supports like home help more efficiently. The Commission for the Future (1992) recommended that their managers could become coordinators for community aged supports for residents. A social worker or nurse on the premises might even be better for this purpose; however, comments from study respondents indicate that there is a trend away from staff in residence.

The definition of a 'retirement village' needs to be refined if they are to be considered as a preferred type of housing environment for an older population, rather than just another medium density housing option in the community. It becomes essential that the rights and obligations on the part of both developers and residents are transparent. Their place in the continuity of aged care would require greater attention and regulation, since the transitions between stages of care would have to become integrated within the full spectrum of government aged care policies. This requires greater clarification of where retirement villages fit into the continuum of independent living units, assisted or hostel accommodation, nursing homes and the provision of a wide range of subsidised home care supports. The comments of respondents in this study suggest that it is this hope for a smooth transition from independent living to a supportive environment when they need assistance, preferably connected to the village, that prompted their choice of this housing option.

Further research to explore how retirement village management sees its place in this continuum of care and how that philosophy is implemented would be a useful addition to understanding the place of retirement villages as one of the options for accommodation and care for older people. Following the experiences of residents as they age or become frail also would also assist the understanding of where retirement villages fit into the continuum of care of this group of people.

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