The importance of home

The ‘home’ provides a micro-environment for the on-going expression and (re)construction of the “self” and is a crucial factor in our capacity to engage with the process of self-realization. As such, it is a key determinant in quality of life as we age. Since many older people move home in later life, the extent to which they can forge attachments to their new environment(s) is central to the process of successfully moving and (re)making home.

Facilitating the making of home

Meaningful engagement

Clarity of vision can be challenging for organizations operating at the forefront of their fields, who are by definition dynamic. Such clarity is central to the development and implementation of strategies and services that support residents in forging and maintaining attachments to their environments. "Meaningful engagement is critical in recognizing, supporting and unlocking individuals' potential as they age and in creating sustainable communities. Such engagement requires resourcing financially, and developing skills and capacity in communication and mediation. Strategies need to include the voices of those less visible within the community and to enable residents to work with staff to identify and articulate needs. Social-health care provision along the spectrum of support needs to be made clear - including how changing and diverse care needs can be met over time, e.g. around dementia - so that residents can exercise control and autonomy in making informed choices as their needs change. Close auditing of levels of care and care needs so that community change over time is clear and appropriate strategies can be developed. Facilitating the making of home requires supporting residents during the moving-in period, e.g. through individualized care plans that take into account personal biography, reasons for moving, expectations, health and psycho-social needs, and which explore possible losses and gains in the transition. Regular post-occupancy review consultations should be implemented according to individual need.

Analysis

Facilitating CASP: many residents were able to engage with the ongoing creation of homelike spaces (self-realization and pleasure) through the exercise of control and autonomy e.g. re-fashioning their homes, including moving internal walls, converting bedrooms into studies etc., using their homes as a way of maintaining family and social contacts, and as a means of storing and displaying mementos relating to family, key attachment figures, and significant events and places in their lives. For those residents relocating within the village as part of the redevelopment, staff offered support that was highly valued and which enabled residents to quickly become familiar with, and settle into, their new accommodation. Importantly also, moving to the village provided many with opportunities for increased social participation and encountering new experiences that could be positively integrated into their identities.

Constraining CASP: there were key areas that contributed some constraints to residents’ efforts to engage in the process of making home, including: Communication indicated a tendency to tokenism e.g. residents were consulted in the initial stages of the redevelopment but not in any review process: “When we finished phase one, we sat down with the builders and the design team, and brought all the marketing people together and said: what could we have done differently?” (Developer 9). The strategy for communicating with residents on a regular basis involved monthly meetings and announcements posted in the main reception area but there were no strategies to communicate with those residents who were unable to access these.

Support in transition was limited for those newly moving to the village: “It’s actually quite difficult to say, ‘I think I need…” (Developer 7). Support in transition was limited for those newly moving to the village: “If somebody moves into a care home, they’ve got a huge, huge amount of support around them for their needs…” (Developer 5).

Findings

“My main expectations were to live in a warm comfortable home safely, to meet new friends, to have a hot meal without having to cook, to be able to get to the shops independently, to be able to swim everyday, to be assured of care and support 24/7.” (Resident)

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Care was focused on domiciliary provision with little thought given as to how this would develop in the longer term: “I suppose at some point we’ll need to re-think that… if people age in situ and require nursing care, then we can think about how we would do that” (Developer 1). There was clear evidence amongst planners and many residents that the village could not offer a home for life yet would-be residents were commonly told by staff that: “The village can support people no matter what”. As Developer 5 commented: “When we were putting the marketing materials together, we deliberately didn’t talk about care … the materials talk about lifestyle”, and acknowledged that as a result of this emphasis, the onus was on residents to ask for help, but noting: “it’s actually quite difficult to say, ‘I think I need…” (Developer 5).

Support in transition was limited for those newly moving to the village: “If somebody moves into a care home, they’ve got a huge, huge amount of support around them for their first couple of weeks… We’ve tried to do that, but it’s not been an overriding priority…we’ve wanted to make sure the curtains were up and they were in, and they were okay.” (Developer 9).

The LARC study

Findings form part of the four-year, mixed-methods Longitudinal study of Ageing in a Retirement Community (LARC), which sought to examine how well a development can meet the diverse and changing complex needs of residents over time and to explore the effects of living in a retirement community on residents’ quality of life as they age. Taking the capacity to engage in creating home-like places as a signifier of quality of life, the aim of this analysis was to examine the degree to which residents were able to engage in such a process and to highlight possible implications for service development.

Data

Staff and developers: two focus groups with staff (n=10), interviews with developers, including Anchor/DGV senior personnel, the Licensed Victuallers National Homes personnel, the architectural practice, estate agents and marketing agencies working on the redevelopment (n=16). Residents: interviews (n=18), diaries (n=6), directed writing responses (n=62), photographs by residents (n=30), research field notes.

Analysis

Analysis was based on the Maslovian theories underpinning the CASP-19, which argue for the inclusion of the more active and reflexive dimensions of being an older person in any analysis of quality of life. Accordingly, thematic content analysis was applied to the data sources in relation to the four domains of control (the ability to actively intervene in one’s environment), autonomy (freedom from unwanted interference of others), self-realization and pleasure (the active and reflexive processes of being human) [CASP]. These four domains are not considered hierarchical, but rather as equal and inter-dependent.

Retirement villages

Purpose-built retirement villages are contributing to the rapid transformation of housing options in later life. Fundamental to these developments are notions of ageing in place, of being ‘homes for life’. Yet there remains a paucity of research identifying the strategies and services that facilitate the making and (re)making of home in such contexts.