
Version 1

December 2008
Longitudinal Study of Ageing in a Retirement Community (LARC)

The initial three-year phase of LARC began in June 2006 with the aim of exploring the development and implications of the new purpose-built retirement community at Denham Garden Village (DGV), Buckinghamshire. More broadly, the study is designed to examine longitudinal changes within the Village and responses to this new form of care and accommodation for ageing populations. It does so using a range of methodological approaches, including biannual surveys of the resident population of DGV alongside qualitative methods involving observation, diary-keeping, interviews and photographic/audio-visual work.

LARC is funded by the Anchor Trust.

Working papers are available on the website: www.keele.ac.uk/larc

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Introduction

In this technical report, the focus is on the first (baseline) survey of residents conducted in 2007 (Wave 1). The technical report describes the survey design, sampling, data collection and fieldwork procedures, and the processing of the survey data.

Survey design

The LARC Wave 1 survey was designed to collect a range of information from the residents of DGV at a point when the retirement community was still being developed. At the time of data collection (April–June 2007), the resident population was comprised of two main groups:

- Longstanding residents who had lived in DGV through the change in ownership of the Village from the Licensed Victuallers National Homes (LVNH) to Anchor Trust; and
- Recently arrived residents who had moved into DGV subsequent to Anchor Trust assuming ownership of the site.

The survey was designed to capture information relating to each of these sub-groups, and to establish a baseline against which comparisons could be made in future surveys. The survey was also influenced by the need to generate data that could inform, and be informed by, other types of data collection (described elsewhere).

The survey took the form of a structured questionnaire, administered in face-to-face interviews by members of the research team at Keele University. The questionnaire was designed to provide data that were relevant both to the particular circumstances of DGV and to a wider population of older people. In this context, the questionnaire drew upon material arising from:

- Previous work undertaken in purpose-built retirement communities by members of the research team (for example, Bernard et al. 2004, Bernard et al. 2007);
- Previous and current work being undertaken in purpose-built retirement communities by other research teams (for example, Croucher et al. 2003, Croucher et al. 2006, Darton et al. 2005, Dawson et al. 2006, Evans and Vallelly 2007, Vallelly et al. 2006); 
- Previous and current work undertaken by members of the research team in other geographic settings (for example, Phillipson et al. 2001, Scharf et al. 2002, Smith et al. 2004);
- Wider surveys of the older population (for example, English Longitudinal Study of Ageing); and
- Analyses of key social phenomena of relevance in later life (for example, measures of well-being, loneliness, and social support networks).
The questionnaire thus incorporated a combination of established questions and measures that permit comparison between DGV and other settings, as well as questions that are likely to be relevant only to the particular situation at DGV. Moreover, bearing in mind the longitudinal nature of the LARC project, the questionnaire included items that would allow comparisons to be drawn over time as the study progresses.

**Questionnaire content**

The key topics covered in the questionnaire were:

- Socio-demographic data (including age, sex, ethnicity, marital status, household composition, education and training, housing tenure and length of residence at DGV);
- Work and employment (identifying the main occupations of the respondent and, where relevant, spouses/partners during their working lives, and providing a measure of socio-economic status);
- Housing (including previous housing history, reasons for moving to DGV, and satisfaction with accommodation and DGV as a place to live);
- Mobility within and beyond DGV (including access to and use of a car, and other means of getting around, and ease of access to and frequency of use of facilities within and beyond DGV);
- Satisfaction with facilities at DGV;
- Physical health, mental health and well-being (encompassing broad measures of respondents' health and well-being, as well as data about specific medical conditions and use of primary care services);
- Social and civic activities (participation in a range of social, civic and leisure activities within and beyond DGV);
- Family and social relationships (including social network composition, proximity of family and friends, frequency and form of contact with family, friends and neighbours, and loneliness);
- Help, care and support (identifying the nature and sources of any help or support that is needed, and satisfaction with such support);
- Income and wealth (addressing the sources and types of personal income available, ability to manage on finances, and the relative affordability of DGV); and
- Future expectations (including the extent to which DGV represents a 'home for life').

Details of the sources of the questions and measures used in the questionnaire, and of some of the other studies in which they have been used, are appended to this report (see Appendix 1).

The questionnaire ended with a series of questions for the interviewer. These addressed the circumstances of the interview, including who was present at the interview, and characteristics that might have affected the course of the interview (such as the respondent’s ability to read the showcards).
Interviewers were encouraged to write additional comments relevant to the interview on a blank page of the questionnaire.

**Pilot work**

In order to test a draft of the questionnaire, and to anticipate potential difficulties during the main phase of data collection, a small pilot study was undertaken at a retirement community in Essex. Interviews were conducted with 9 people on 2 March 2007.

Drawing on De Vaus (1996), the pilot questionnaire sought to establish:

- Whether the questions flowed smoothly, and that the transition from one section to the next occurred naturally.
- Where filter questions were used, whether the skip patterns were appropriate and easy to follow.
- The duration of each section of the questionnaire, to help in any potential decisions about whether to cut questions.
- Whether respondents’ interest and attention could be maintained throughout the interview process.

Two members of the research team were involved in the pilot work. Each made notes about questions that made respondents uncomfortable, had to be repeated, were misinterpreted or were difficult to read. Sections of the questionnaire that appeared to drag or where respondents wanted to say more were also noted.

As a result of piloting, only minor amendments were made to the questionnaire ahead of the main phase of data collection.

**Main data collection and fieldwork procedures**

*Contacting respondents*

Members of the research team attempted contact by telephone with all residents named on the list supplied by staff at DGV. All members of the research team followed a guideline document (Appendix 2) when telephoning residents. In response to informal advice from residents and DGV staff, residents were telephoned after 10am whenever possible, unless an earlier time had specifically been requested in a previous conversation.

Each resident was telephoned on several occasions until one of the following occurred:

- An interview was arranged;
- The resident refused an interview;
- A minimum of 10 unanswered calls had been made; or
- The research team were advised by the resident’s partner or staff at DGV that the resident was ineligible.
Other measures taken to inform residents of the on-going fieldwork included the use of posters on noticeboards in public areas of DGV and the use of calling cards to let residents know that an interviewer had called while they were out.

Data collection
Fieldwork took place between 16 April and 19 June 2007. Face-to-face interviews were conducted by the six members of the LARC research team. Previous experience of administering self-completion questionnaires to a similar population had revealed an undesirably high level of missing data, and this approach was not therefore adopted for this study. Moreover, owing to the longitudinal nature of the study, minimizing item non-response was considered a priority.

Residents who had agreed to participate were asked to sign a consent form (Appendix 3). All residents that took part in the survey were sent a card thanking them for their participation.

Length of interview
Most interviews took at least half an hour to complete, though some took considerably longer.

Response
The sampling frame for the survey was the list of residents (n=186) supplied to the research team by staff at DGV. Given the focus on the study on individuals rather than households, all named residents were potentially eligible for interview. However, some individuals were deemed ineligible because they had not yet moved into DGV, were away for the entire fieldwork period, had significant (mental) health problems, or had died.

Table 1 summarises the response to the LARC Wave 1 survey. Of the 168 eligible individuals, 122 (73 per cent) were interviewed. The 48 individuals who were not interviewed consisted of 34 residents (20 per cent) who refused to take part in the survey and 12 residents (7 per cent) who indicated a willingness to take part in the survey, but who for one reason or another were subsequently not available for interview (for example, because they were at work, or about to move house or go on holiday). The most commonly given reasons for refusing to take part in the survey were related to individuals' or their partners' state of health (n=10) and to a lack of interest in the study (n=7).
Table 1
Response to LARC Wave 1 survey

<table>
<thead>
<tr>
<th></th>
<th>Number of individuals</th>
<th>Percentage of total sample</th>
<th>Percentage of eligible sample</th>
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<tr>
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<td>4</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>away for entire fieldwork period</td>
<td>2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>not yet moved in</td>
<td>2</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>significant health problem</td>
<td>6</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>deceased</td>
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<td>2.2</td>
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<tr>
<td>Total ineligible</td>
<td>18</td>
<td>9.7</td>
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<tr>
<td><strong>Total eligible individuals</strong></td>
<td>168</td>
<td>90.3</td>
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<td><strong>Interviews achieved</strong></td>
<td>122</td>
<td>72.6</td>
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</tr>
<tr>
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<tr>
<td>Refusals</td>
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<tr>
<td>Total refusals/not available</td>
<td>46</td>
<td>27.4</td>
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Ethical issues

An important aspect of LARC – both for the initial three-year study and for any longer project – is obtaining appropriate ethical and access permissions and respecting the privacy of residents, staff and others involved in the research. Ethical issues are likely to arise throughout the course of any research project and relate both to the roles and responsibilities of the research team, and to the ways in which the study is conducted. LARC as a whole is guided by a number of ethical codes of practice, including:


• The Research Institute for Life Course Studies' (Keele University) policy on 'lone working'. See: http://www.keele.ac.uk/research/lcs/membership/docs/Lone%20Working%20Policy.pdf

The work falls under the scrutiny of the Faculty Research Ethics Committee at Keele University. The committee in turn reports to the University’s Research Ethics Committee. The study undergoes periodic ethical review through these Committees as necessary. In addition, the members of the research team have all undergone a criminal records bureau check.

All residents (both existing and new) receive a welcome letter and written information about the study. Every attempt is also made to bring the presence of the researchers to the attention of residents and staff, including the wearing of identification badges. In accordance with accepted ethical practice and with the Data Protection Act (1998), participants’ individual consent is sought, in writing, prior to their involvement in the different aspects of the study. They are informed that quotations from them may be used in reports or presentations, but that their identity – and that of anyone they might refer to – will be concealed.

All residents are given unique identifiers. These are substituted for real names in all documents, unless individuals request otherwise. All documents are archived electronically on Keele University’s storage facility (Blackboard), to which only LARC researchers and key IT support personnel have access. The list detailing the unique identifiers and real names is stored separately from other documentation and is second password protected. In addition, it is a policy of the research team not to use email to send any material that might inappropriately identify residents or staff. Any material that might be considered sensitive in terms of data protection is uploaded to Blackboard (which can be accessed off site by the research team), and thereafter only stored there.

In these ways, the LARC team attempts to adhere to the principles of sound ethical research practice and governance, to minimise the risks entailed in empirical work of this nature, and to exercise appropriate professional judgement if and when presented with specific ethical dilemmas.
References


# Appendix 1

## LARC Wave 1 survey 2007: sources of questions

<table>
<thead>
<tr>
<th>Themes</th>
<th>Items/measures</th>
<th>Source</th>
<th>Also used in</th>
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<td>Bernard et al 2004</td>
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<td>KPS 2000</td>
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<td>HSE 2000</td>
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<td>NS-SEC</td>
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<td>Transport</td>
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<td>BSA</td>
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<td>CASP-19</td>
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Independence

Help, care and support
Nature and evaluation of help received

Income and wealth
Receipts of payments
Sources of income
Managing financially

Future expectations
Prospect of leaving DGV
Anticipated availability of support
Suitability of DGV if in poor health
Suitability of DGV if partner in poor health
DGV as a home for life

Other information
Others present at interview and their influence
Respondent’s cooperation
Problems affecting the interview

Abbreviations
BSA – British Social Attitudes survey
CASP-19 – Quality of Life measure
ELSA – English Longitudinal Study of Ageing
HSE – Health Survey for England
KPS – Keele Poverty Survey
PSE – Millennium Survey of Poverty and Social Exclusion
NALS – National Adult Learning Survey
NS-SEC – National Statistics Socio-economic Classification
PANT – Practitioner Assessment of Network Type (Wenger)
SF12 – Health measure
SF36 – Health measure
SWLS – Satisfaction With Life Scale (Diener)
Appendix 2

Guidelines on telephone recruitment conversation

Introduce yourself
Hello, is that Mr/Mrs …….?
Hello Mr/Mrs…..
My name is …….. I work at Keele University.
You may know that we are carrying out some research in the Village looking at the experiences of people who live there - what sorts of things they like about the village and what sorts of things they think don’t work so well.

I’m checking – have you heard about our work?

If yes:
Great, so what we’re doing at the moment is interviewing as many residents as possible, because obviously residents are the only people who actually know what it’s like.
I’m phoning you to see if you would be willing to talk with us.
I do emphasise that it will be in complete confidence. That any information you give us will be taken back to the University and that nobody in the village will know who has said what.
What we will do is produce anonymous reports for Anchor which say a number of people said this, some people said that.

The questions are around your reasons for moving to the village, your health generally and your experience of living in a retirement community. This will take no more than an hour.

Does that make sense? Would you be happy to make an appointment for one of us to come and see you?

If no:
Ok, if I can explain. I’m a member of the Centre for Social Gerontology at Keele University. We are in the middle of a 3 year project looking at the experiences of residents who live in Denham Garden Village.
Developments like Denham are fairly new in the UK, and we are trying to understand their strengths and also their limitations, because clearly they will suit some people very well, and other people not so well.

So what we’re doing at the moment is interviewing as many residents as possible, because obviously residents are the only people who actually know what it’s like. I’m phoning you to see if you would be willing to talk with us.
I do emphasise that it will be in complete confidence. That any information you give us will be taken back to the University and that nobody in the village will know who has said what.
What we will do is produce anonymous reports for Anchor which say a number of people said this, some people said that.

The questions are around your reasons for moving to the village, your health generally and your experience of living in a retirement community. This will take no more than an hour.

Does that make sense? Would you be happy to make an appointment for one of us to come and see you?
Thank you

Thank you very much (make appointment – explain which member of the team will be coming and that they will be carrying an identity card)

Finally, I just want to say that when (member of team) arrives, if you have changed your mind then, or at any time during the interview, please don’t hesitate to say so.

Just to say again, that my name is …. And my phone number is ………
Don’t hesitate to come back to me/call me if you have any queries.

Thank you very much for your time, and take care.
Appendix 3

Consent form

CONSENT FORM

To be able to use the information you give us in this questionnaire we need you to complete the details below.

I have read the information about the above research study and agree to participate by completing a questionnaire. I understand that:

- the aim of the study is to understand more fully the experience of living in a retirement village from the point of view of residents in order to strengthen the housing, and care and support options for older people;
- the results of the study may be used in appropriate reports and publications;
- neither myself nor anyone else who participates in the study will be identifiable from any published material, unless we expressly wish to be;
- I do not have to take part in the study and I am free to withdraw at any time.

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________

Address: ___________________________

Phone: ___________________________ Email (if applicable): ___________________________

Any questions, please contact:
NAME
LARC Research Team
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