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**Housing Options for the Future: Older People's Preferences
and Views on Villages with Care and Support**

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Housing Options for the Future: Older People's Preferences and Views on Villages with Care and Support

Abstract

A growing older population worldwide means there is a need to ensure there are sufficient housing options to meet a broad spectrum of need and aspiration. There is little understanding of the relative importance of the 'pull factors' that might attract older people to relocate to a new environment. Older people's views of the relative level of attractiveness of potential features of a specialist housing development offering care and support were investigated using Q methodology. 41 participants aged 53 to 89 living in a locality in Northern England rank ordered 70 statements during April to August 2016. The analysis revealed four viewpoints: adaptation and care seekers, comprising prioritisation of care provision, specialist accommodation and accessibility; care-indifferent luxurians, which encompasses attraction to some 'luxury' features and less emphasis on care provision; connected separatists, emphasising a distinct environment with good public transport connections; and independent engagers, comprising attraction toward social opportunities and remaining independent. Broad agreement was found on some topics, such as the generally high prioritisation of safety and security. The research provides a deeper understanding of differences in views toward housing options amongst older people which developers, planners and funders will need to recognise. Whilst providing high quality care may be a key objective for some organisations, this may not be the most important concern for some older people contemplating relocation, with many other features considered more attractive.

Key words: Housing options; relocation; Q methodology; older people; specialist housing for older people

What is known about this topic:

- Specialist housing for older people is increasingly being developed, sometimes including on-site care provision
- A variety of 'push' and 'pull' factors influence relocation to developments
- Little is known about how pull factors are prioritised amongst different groups of older people

What this paper adds:

- Pull factors of specialist developments vary in their relative attractiveness amongst older people, with priorities ranging from aspects including accessibility, care provision, leisure activities, public transport and social engagement opportunities
- On-site care provision may be considered relatively unattractive by some older people
- Promotion of certain features of specialist accommodation by developers and providers may simultaneously attract and repel different groups of older people

Introduction

Healthy life expectancy has been rising globally for decades (Murray et al., 2015), hence housing needs for the older population can no longer be equated simply with a need for care and support (Croucher, Peace & Bevan, 2003). There is now demand for accommodation that is suitable for both fit and frail older people that provide socially supportive and stimulating environments as well as health and care services. A broad spectrum of need and aspiration in the older population has stimulated interest in ensuring that there are diverse housing options (CIH and Housing LIN, 2014; Netten, Darton, Baumker & Callaghan, 2011). These options might include 'ageing-in-place', or relocation to a variety of accommodation types, including 'general needs' housing or specialist retirement schemes such as sheltered housing, extra care developments, or larger retirement villages which can comprise a mixture of these elements.

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3 Retirement communities or villages generally comprise accommodation which is specifically for
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5 people who are no longer in full-time employment and above a specific age, and place emphasis on
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7 creating a sense of autonomy, security and collectivity (Phillips, Bernad, Biggs & Kingston, 2001). Some
8
9 cater for care and support needs through the offer of support packages, while larger schemes may
10
11 include leisure facilities (Bernard, Bartlam, Sim & Biggs, 2007). There is evidence that residents of
12
13 specialist housing may: experience less loneliness; be less likely to need to relocate to institutional
14
15 accommodation; experience a greater sense of control; spend less time in hospital on unplanned
16
17 stays; experience improvements in mental health; and, for women experience longer life expectancy
18
19 (Beach, 2015; Kneale and Smith, 2013; Holland et al., 2015; Mayhew, Rickayzen & Smith, 2017).
20
21 Unsurprisingly, such developments are of increasing interest to developers and policymakers (Knight
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23 Frank, 2016; Savills, 2018; Communities and Local Government Select Committee, 2018).
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30 The difficulties of existing settings and the attraction of new environments are influential in relocation
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32 decisions, commonly referred to as 'push' and 'pull' factors respectively (Baumker et al., 2012; Bekhet,
33
34 Zauszniewski & Nakhla, 2009; Groger & Kinney, 2006; Crisp, Windsor, Anstey & Butterworth, 2013a).
35
36 Pull factors may include: the potential of developing social networks; inclusion in a community of 'like-
37
38 minded' people; local and accessible amenities; quality of the living environment; location and size of
39
40 the complex; enhanced feelings of safety and security; the potential for increased autonomy; and
41
42 access to interest groups and activities. Housing and environment design and accommodation price
43
44 range are also influencing factors in decisions to relocate (Bernard, Bartlam, Biggs & Sim, 2004; Kupke,
45
46 2000; Groger & Kinney, 2006; Bekhet et al., 2009; Grant-Savela, 2010; Neville & Henriskson, 2010; Finn
47
48 et al., 2011; Crisp, Windsor, Butterworth, & Anstey, 2013b; Walker & McManara, 2013; Ewen, Hahn,
49
50 Erickson & Krout, 2014).
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57 Access to on-site health and care services can be a pull factor in later life relocation decisions (Bernard
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59 et al., 2004; Bernard et al., 2007;; Bernard, Liddle, Bartlam, Scharf & Sim, 2012; Prawitz & Wozniak,
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2
3 2005; Baumker et al., 2012; McVeigh, 2009; Evans, 2009; Liddle, Scharf, Bartlam, Bernard & Sim, 2014;
4
5 Beach, 2015). Baumker et al. (2012) suggests that some people plan their move once they perceive
6
7 that there is potential for decline in their health (Groger & Kinney, 2006; Walker & McManara, 2013).
8
9 Moving from unsuitable housing to slow down physical deterioration, or moving to environments that
10
11 can be adapted to individual need, can also be important pull factors (Croucher et al., 2003; Krout,
12
13 Moen, Holmes, Oggins, & Bowen, 2002; Crisp et al., 2013b). Such moves may moderate risks
14
15 associated with remaining in dwellings that may become increasingly inappropriate as age advances
16
17 (Seaman, Stillman, Howard & Howard, 2015). In contrast, Croucher et al. (2003) and Gardner,
18
19 Browning and Kendig (2005) identified that concerns about health were less of a motivating factor
20
21 than the ability to manage practical aspects of their life such as home or garden maintenance, and
22
23 optimising independence.
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30 In the context of a shortage of specialist housing for older people in the UK (Knight Frank, 2016) there
31
32 is significant interest in developing an understanding of push and pull factors. Previous research to
33
34 investigate the features of specialist housing developments which may encourage or discourage
35
36 relocation has generally been conducted using interviews, focus groups and relatively simple
37
38 questionnaires (e.g. Beach, 2015; Crisp et al., 2013b). However, choosing an appropriate new home
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40 requires trade-offs, with prioritisation of some attributes requiring the deprioritisation of others. Van
41
42 Dijk, Cramm, Van Exel and Nieboer (2015) recognised this and asked older people to rank the
43
44 importance of neighbourhood characteristics for ageing-in-place. However, there remains little
45
46 understanding of the relative importance of pull factors of specialist housing developments in
47
48 particular, which stymies a detailed understanding of the differing priorities of older people. The
49
50 current study aimed to investigate older people's views of the relative level of attractiveness of
51
52 different aspects of specialist housing developments which include the offer of care and support. The
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54 research was completed on behalf of an organisation in Northern England which was exploring the
55
56 opportunity for such a development. Whilst there was some certainty that the new 'village' could
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3 involve some provision of care and support for older people, the specific features of the development
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5 were undetermined.
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10 **Methods**

11 *Study design*

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14 A Q methodology, drawing upon Van Dijk **et al.** (2015), was adopted. Q studies capture perspectives
15
16 toward a topic by requiring participants to rank statements, known as Q statements, according to their
17
18 views. Shared patterns of rankings are identified via by-person factor analysis to allow the reduction
19
20 of perspectives to a smaller number of viewpoints or “factors”. This allowed the identification of
21
22 different perspectives on the relative appeal of different features. [Ethics approval statement
23
24 removed to anonymise author institution].
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30 *Q statements*

31
32 The statements related to **specialist accommodation as** ‘villages which offer enhanced care and
33
34 support’. The term “retirement village” was avoided because retirement villages do not necessarily
35
36 offer care and support services. The statements were generated via a thematic approach (Watts &
37
38 Stenner 2012). **Eleven** themes were used to complete this process, developed from the World Health
39
40 Organisation’s framework for age-friendly cities (WHO 2007) and Scotland’s Place Standard tool
41
42 (Architecture and Design Scotland, NHS Health Scotland & The Scottish Government 2015):
43
44
45
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- 48 • Outdoor spaces and buildings
- 49
- 50 • Transportation
- 51
- 52 • Housing
- 53
- 54 • Social participation
- 55
- 56 • Respect and social approval
- 57
- 58 • Civic participation
- 59
- 60

- Communication and information
- Community support and health services
- Amenities and facilities
- Work and local economy
- Identity

The 33 statements used by Van Dijk et al. (2015) provided a starting point for developing statements for many of the themes. These were altered, removed and added to through discussions with professionals who commissioned the study and influenced by the academic literature on pull factors. Statement development drew on the recommendations of Watts and Stenner (2012): all consistently prefixed, in this case with “a village”; straight forward wording; and the avoidance of jargon. Seventy statements were developed, a number considered appropriate by Q methodologists (Watts & Stenner, 2012). The statements were printed on cards and each assigned a randomly generated reference number to avoid grouping the statements thematically.

Four individuals participated in a pilot to test the data collection process. This prompted this change: “A village where there are organisations I can visit for advice and support” to, “A village where I can access support and advice day and night”.

Recruitment

A purposive sampling strategy was adopted as it allowed for the invitation of individuals with a range of backgrounds (Maxwell, 1997). Participants were recruited by the commissioning organisation via existing consultation and service-user groups and the wider community. People aged 50 and over living within the study locality and with capacity to consent were recruited. There was no other exclusion criteria. Gatekeepers were asked to recruit a mixed sample in relation to age, gender, health and housing tenure. There was no upper age boundary in order recruit a diverse sample of people

1
2
3 within a large age range, experiencing diverse needs. Q methodology does not seek to recruit large
4 representative samples, as in many R methodological studies, as technically the sample consists of the
5 Q statements and the participants form the variables (Watts & Stenner, 2012). Instead, the study
6 aimed to recruit 40-60 participants, as consistent with the recommendation of Watts and Stenner
7 (2012) to recruit fewer participants than the number of Q statements used (n=70). All participants
8 provided written consent for their involvement after reading an information sheet about the study
9 and the opportunity to ask questions.
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21 *Data collection*

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23 Data collection took place from April to August 2016. Q methodology comprises participant
24 completion of a Q sort and a subsequent discussion of their interpretation of the statements and
25 justification for choices, usually completed individually (Watts & Stenner 2012). This study instead
26 asked participants to complete individual Q sorts in groups comprising two to eight people. This
27 allowed a potentially richer discussion to take place following the sorting process. They were asked
28 not to move statements after the discussion had begun to mitigate the risk of participants making
29 rankings for social approval.
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41 < Insert Figure 1 about here >
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45 Before the activity began participants were read the Condition of Instruction to establish parameters:
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50 Thinking about villages which offer enhanced care and support
51 as a place for you to live, what features of such villages do you
52 find most attractive and most unattractive? Please sort the
53 provided items in order to best describe how attractive you find
54 them.
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5 Participants then made an initial categorisation of each statement into one of three piles: attractive,
6 unattractive, and no preference/unsure. The attractive statements were placed on a forced-choice
7 frequency distribution grid, commencing with statements which they found most attractive at +6,
8 moving sequentially to +5 then +4 and so on (Figure 1). They then considered the 'unattractive' pile
9 and placed the statements on the grid commencing with -6, then -5 and so on. The final pile was then
10 entered commencing with the most attractive until all cards were placed. Participants then had the
11 opportunity to move statements around.

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23 The participants were asked to state their top and bottom three statements and discuss **their**
24 **reasoning**. Participants were also asked if there were issues not addressed in the statements. The
25 discussions were audio recorded and transcribed verbatim.

26 27 28 29 30 31 32 *Analysis*

33
34 The 41 completed Q sorts were intercorrelated and subjected to by-person factor analysis using PQ
35 Method computer software (Schmolk, 2002), **with** the researcher **choosing** the number of factors
36 extracted from the data. A "factor loading" is produced for each Q sort in relation to each factor,
37 **representing** the extent to which the Q sort is typical of the pattern of that factor. Different factor
38 solutions were explored by extracting seven, six and five factor solutions. It was noted that there was
39 a relatively high degree of homogeneity in the data, demonstrated by a large number of "confounded"
40 Q sorts (significant **association** with more than one factor). As such, the significance level for the factor
41 loading threshold was raised, as advised by Watts and Stenner (2012), from $p < 0.01$ to $p < 0.001$. Factor
42 loadings of ± 0.41 or above were significant at the $p < 0.001$ level. A four factor solution was selected.
43 This solution had at least three Q sorts significantly loading on each factor and passed "Humphrey's
44 rule" (Brown 1980, cited in Watts & Stenner, 2012). Four factors were rotated using varimax rotation.
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Factor interpretation involved holistic inspection of each factor array (Watts & Stenner, 2012). Attention was given to: statements ranked as +6 and -6; statements ranked higher or lower by one factor than any other; and statements significantly associated with a factor ($p < .01$).

Results

This section is divided into two subsections. The first describes the demographics of the participants, the four factors and their idealised Q sorts. The second provides an interpretation of the viewpoints.

Participant Sample and Factors

45 participants were recruited in total. Four people participated in the pilot study (2M/2F; aged 62-85). 41 individuals aged 53 to 89 participated in the main study (Table 1), the large age range aiming to enhance the sample's diversity of views and opinions.

< Insert Table 1 about here >

Four factors explained 41 per cent of the study variance, with an eigenvalue range of 3.28 to 5.33. 28 of the 41 Q sorts loaded significantly ($p < 0.001$) on one of the four factors. Five Q sorts were "confounded", exhibiting statistically significant associations with more than one factor. Eight Q sorts were not significantly associated with any of the four factors. The Q factor analysis also demonstrated intercorrelation between factors (see Table 2). The highest correlation was between factors 1,3 and 4, with factor 2 slightly more distinctive.

< Insert Table 2 about here >

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3 The factor-exemplifying Q sorts for each factor were merged to produce an idealised Q sort for each
4 shared viewpoint, which are known as factor arrays (Table 3). This merged Q sort is an average of
5 the Q sorts within it, with higher weighting given for those Q sorts which loaded more strongly.
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9 Attractive features overall were: good public transport and close proximity to amenities such as
10 shops, GP surgery and pharmacy. Bungalows were the most attractive type of housing for all
11 viewpoints. Access to work opportunities and the local cycle network were deprioritised by
12 participants. Analysis using PQMethod also provides its own determination of statements which
13 exhibit a high degree of consensus, being broadly ranked in the same way by all factors and not
14 distinguishing between any two (Table 4). This shows how participants generally prioritised the
15 cleanliness and tidiness of their lived environment. Good road connections and views of green areas
16 were also generally prioritised. Lower rent or mortgage repayments were not ranked highly by any
17 group. The rankings also generally demonstrated how both social and physical characteristics of a
18 'village' can be prioritised when considering relocation. The relationship between the two was also
19 raised in the discussions:
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35 ...just because somebody's getting older it doesn't [mean to] say
36 you've got to club them all...like in a building, like you're old and
37 you live over there, its stigmatizing. I mean the whole idea of a
38 village, of like older people I think it's quite discriminating to tell
39 you the truth...regardless of how old you are, we are all part of
40 the same society
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51 < Insert Table 3 about here >
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55 < Insert Table 4 about here >
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Factor interpretation

The four factors are explored in the following subsections. The terms provided in brackets refer to the statement number and its ranking within the idealised Q sort being discussed. For example, (S55: +4) refers to statement S55 (see Table 3) being ranked within the +4 column.

Factor 1: adaptation and care seekers

Factor 1 has an eigenvalue of 4.1 and explains 10 per cent of the study variance. Seven participants are significantly ($p < 0.001$) associated with this factor (4F/3M; median age = 69). Five own their homes outright, one owns with a mortgage and one rents from a local authority. The median length of time living in their current home is 37 years. Five live with their spouse and the other two live alone. Four do not drive while the other three drive daily. All but one of the group is retired, who is employed on a part time basis. The median self-assessed health rating is 70/100. This viewpoint prioritises both the provision of care and the availability of properties which are adapted to meet the needs of the residents. Adaptation and care seekers are attracted to properties for people with both physical (S65: +6) and learning disabilities (S20: +3) and with both homes and buildings which are easily accessible to wheelchair and mobility scooter users (S1: +6; S58: +5).

Properties which require lower maintenance (S52: +2) and are smaller than one's current home (39: 0) are relatively desirable. The group finds homes for sale appealing (S57: +1) and also ranks shared ownership higher than the other factors (S46: -2). Privacy of homes is not a priority (S4: 0) and properties which allow pets are unattractive (S36: -4). As one participant commented:

I certainly wouldn't want a village with pets and all those dogs and cats running about. I have enough problems where we are. You'll understand I'm a cat and dog-hater. Especially

1
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3 cats...Honestly – you can't do anything about cats, can you? But
4
5 they are a menace.
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10 This perspective is notable for prioritising the provision of dementia care (S42: +1), end of life care
11 (S56: +1) and short term home care for acute illnesses (S50: +4). Adaptation and care seekers are
12 attracted to a village which has shops nearby (S37: +6) and which is easy to walk around (S43: +3).
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15 This perspective ranked a service charge to maintain outdoor space and buildings higher than the
16 other viewpoints (S28: -2).
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20 This perspective finds a village where people help each other (S3: -1), space for informal daily
21 interaction (S5: -1), and opportunities to access organised social activities (S31: -3) and food growing
22 (S11: -4) less appealing.
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30 This group does not prioritise a village which is quiet (S44: -3), traffic free (S9: -5) or is viewed positively
31 by others (S19: -4) and is repelled by an environment where there is similarity of age (S53: -6) or
32 background of the residents (S51: -6) or where access to the village is controlled (S68: -6).
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40 *Factor 2: care-indifferent luxurians*

41 Factor 2 has an eigenvalue of 4.1 and explains 10 per cent of the study variance. Eight participants
42 are significantly ($p < 0.001$) associated with this factor (5F/3M; median age = 63). One rents from a
43 private landlord, another from a local authority, three own with a mortgage and three own their home
44 outright. The median length of time living at their current address is 10 years. Five live with their
45 spouse or partner and three live alone. Seven of the eight drive daily with one driving weekly. Four
46 are retired, two in employment, one long term sick/disabled and one looking after family/home. The
47 median self-assessed health rating for this group is 80/100. This viewpoint prioritises some more
48 luxurious features whilst ranking adapted properties and the provision of care lower than other
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3 groups. This group prioritise attractively designed homes (S25: +6) with private gardens (S8: +6), fast
4 internet access (S10: +3) and the reputation of the village (S19: +3). The perspective encompasses
5 attraction to a village which is located close to friends and family (S59: +6), cafes (S14: +4), restaurants
6 (S34: +3) and useable green areas (S45: +5). Proximity to a gym (S32: 0) and pubs and bars (S22: 0)
7 and the provision of reserved parking spaces (S16: +1) and food growing opportunities (S11: 0) are
8 also more attractive to this group than others.
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19 Bungalows are prioritised (S23: +5) and houses are appealing (S61: +2) when compared to other
20 viewpoints, with communal dustbins unattractive (S62: -6). Tenure is less of a priority for this group
21 with privately rented (S41: -2) and socially rented (S21: -2) homes ranked the same but with the former
22 more desirable and latter less desirable for this viewpoint compared to others. The energy efficiency
23 of homes is not a priority (S35: 0) and this perspective is also attracted to properties which allow pets
24 (S36: +4).
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34 Accessibility of both housing (S1: -3) and buildings (S58: -1) to wheelchair and mobility users, and
35 homes for people with physical disabilities (S65: -2) are not priorities, and neither are short term care
36 (S50: -1) and the provision of support and advice (S40: -1). The provision of dementia (S42: -4) and
37 end of life care (S56: -5) are deprioritised for this viewpoint. One participant associated with the
38
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43 viewpoint stated:
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45 I've been in a village where end of life care is available and that
46 would really put me off...I've been there, I've done that and it
47 pulls other people down...I'm not saying put them away in
48 segregated areas, but it pulls people down and it puts a low
49 thing on other people. If you feel like that, other people's going
50 to take that [feeling from] you, so no
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3 Whilst the proximity of a GP surgery is quite highly ranked (S27: +3), it is less appealing than other
4 viewpoints. This perspective does not prioritise shared outdoor areas (S30: -3) and environments
5 which prohibit smoking (S29: -5) and find the prospect of a gated community unattractive (S68: -6).
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10 11 12 *Factor 3: connected separatists*

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14 Factor 3 has an eigenvalue of 5.33 and explains 13 per cent of the study variance. Eight participants
15 are significantly ($p < 0.001$) associated with this factor (6F/2M; median age = 71). Five rent their home
16 from a local authority, one owns with a mortgage and one owns their property outright. Their median
17 length of time living at their current address is nine years. Five live with their spouse or partner and
18 three live alone. Six do not drive and two drive daily. All eight are retired. The median self-assessed
19 health rating is 80/100 (n=7). This viewpoint is notable for its attraction to an environment which is
20 different to the regular community setting, in terms of its design, service provision and resident mix
21 but with less emphasis on “luxury” features and with good public transport connections. This
22 viewpoint encapsulates a desire to live close to people who are of a similar age (S53: +3) and
23 background (S51: +1) and where access to the village is controlled (S68: +1). These participants stated
24 that their preference would be to live in an environment where people were within 10 years of their
25 age. One commented:
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43 Well I think you mix in better...No I don't think it would [work
44 with mixed ages]...You're more comfortable with people your
45 own age...I mean the young ones can be a bit cheeky and...[they]
46 think the old people are daft.
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54 This group are attracted to a village which is safe and secure (S5: +6), is traffic-free (S9: +1), is quiet
55 (S44: +4) and has wide pavements and safe crossings (S66: +4). However, connected separatists also
56 place great weight on the ability to travel to and from a village via regular (S2: +6) and well-connected
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3 (S6: +6) public transport. Whilst not a priority, shared outdoor areas are more appealing than for
4
5 other perspectives (S30: -1).
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10 The provision of support and advice (S40: +5), long-term home care (S26: +4), and the proximity of
11
12 pharmacy services (S12: +5) are attractive features when compared to other perspectives. Bungalows
13
14 (S23: +2) and houses (S61: -3) are both given a relatively low weighting when compared to the other
15
16 viewpoints and communal dustbins are ranked higher amongst this group than others (S62: -3).
17
18 Properties for private purchase (S57: -5), private rent (S41: -5) and shared ownership (S46: -5) were
19
20 all relatively unattractive.
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26 Properties with technologies to support independence (S63: -2), which make the most of renewable
27
28 energy (S33: -1) and which are smaller than their current homes (S39: -6) are less attractive to this
29
30 group, as is the quality of their design (S25: -1). This perspective also deprioritises some of the more
31
32 luxurious features such as fast internet access (S10: -2), gyms (S32: -4), physical activity opportunities
33
34 (S67: -2), usable green space (S45: 0), pubs and bars (S22: -6) and local cycle networks (S38: -6). It also
35
36 encompasses less attraction towards villages which offer opportunities to engage in voluntary work
37
38 (S49: -3) and the ability to be involved in its management (S69: -4).
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44 *Factor 4: independent engagers*

45 Factor 4 has an eigenvalue of 3.28 and explains 8 per cent of the study variance. Five participants are
46
47 significantly ($p < 0.001$) associated with this factor (4F/1M; median age = 69). Two rent their homes
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49 from a local authority and the other three own their properties outright. The median length of time
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51 living at their current address is three years. All five participants live alone and are retired. Two live
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53 in a one bedroom property, two in a two bedroom and one in a three bedroom. Two participants do
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55 not drive, one drives daily and two drive weekly. The median self-assessed health rating for this group
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57 is 90/100 (n=3). This viewpoint prioritises interaction with other residents, engagement with social
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3 opportunities within a village and also communicates a sense of independence. The group is attracted
4 to a village where people know one another (S47: +2) and are willing to help (S3: +6) and update each
5 other (S60: +1). One of these participants stated, “the people who live there are [more] important
6 than the amenities and the amenities can be affected by the people who live there”. Space for
7 informal daily interaction (S5: +3) and opportunities to engage in voluntary work (S49: +4), training
8 courses (S18: +2) and physical activity (S67: +5) are also attractive for this viewpoint. Also proximity
9 to the local cycle network (S38: -3) is attractive to this group.
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21 This viewpoint also encompasses attraction toward homes which offer technologies which support
22 independence (S63: +6), whilst deprioritising homes which are smaller (S39: -6), homes which require
23 less maintenance (S52: -4), proximity to friends and family (S59: -4) and wide pavements and safe
24 crossings (S66: 0). Safety and security (S55: +4), whilst still attractive, is ranked higher by other
25 viewpoints.
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52 Communal dustbins are considered an unattractive feature (S62: -6). Socially rented properties are
53 ranked highest by this viewpoint compared to others (S21: +2). The independent engager perspective
54 rates properties which are attractively designed (S25: +6) and both energy efficient (S35: +5) and green
55 (S33: +5) as attractive. Proximity to cafes (S14: 0) and shops (S37:0) are not priorities and neither are
56 public transport (S2: 0) and reserved parking spaces (S16: -2). The viewpoint is keener than others on
57 environments which prohibit smoking (S29: 0) and finds a service charge to maintain outdoor space
58 and buildings unattractive (S28: -6).
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Additional characteristics

Participants also identified other factors which might influence their relocation (Table 5). In addition to routine factors such as price and location, participants contributed a number of innovative ideas for future specialist developments for older people. Some drew attention to how many homes are

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2
3 not designed with older people in mind, with sockets close to the floor and sinks in front of windows,
4 making them difficult to clean. It was suggested that older people should be directly involved in the
5 design of the homes in the prospective development. One participant suggested that prototype
6 show rooms like those in IKEA could be used to help gather resident views of what would work
7 better for older people. Another participant suggested that prospective residents engage in the
8 custom development of dwellings through the allocation of plots. The prospect of multigenerational
9 living was also raised, with one participant keen on any development including larger properties
10 which could accommodate several generations from the same family.
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23 < Insert Table 5 about here >
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25 Discussion

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27 Previous research has provided an understanding of the pull factors of specialist housing
28 developments which may encourage relocation (Baumker et al. 2012; Crisp et al., 2013b; Walker &
29 McNamara, 2013). However, there is limited understanding of the comparative attractiveness of such
30 features . This potentially impedes the future construction of specialist housing (with integrated health
31 and care) for the heterogeneous population of older people that now exists.
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41 This study applied the methodological approach of Van Dijk et al. (2015), which involves the
42 prioritisation of features, to the specific context of specialist housing developments. Overall
43 participants were attracted to developments that are safe and secure. This has consistently been
44 shown to influence relocation by older people (Bekhet et al., 2009; Pannell & Blood, 2012; Cook et al.,
45 2017). Despite some similarities, notable differences between the viewpoints identified in this study
46 included: the attractiveness of adapted and accessible properties and the provision of care;
47 prioritisation of more luxurious features such as private gardens, fast internet access and attractively
48 designed properties; attraction to an environment which is notably different to the wider community
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3 in terms of its design, service provision and resident mix; and desire for the opportunity to engage in
4 social opportunities and remain independent.
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10 Social and physical aspects of a 'village,' were often linked by participants, which is consistent with
11 previous research (Prawitz & Wozniak, 2005; Van Dijk et al., 2015; Walker & McNamara, 2013). For
12 many individuals connections were associated with not only the buildings they occupied, but also their
13 personal experiences that buildings represented (Angus, Kontos, Dyck, McKeever & Poland, 2005;
14 Sixsmith, 1986). These ideas echo what Rowles (1978, 1981) described as a 'surveillance zone'. Home
15 is the dwelling and the people/territory that residents can see from within their home, and beyond to
16 the local community that they frequent. Hence the idea of a village, represented all aspects of what
17 the participants considered home – their connections, their dwelling, the immediate and more distant
18 space beyond that building.
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32 The Q method approach of this study provided insight to the views of older people regarding the
33 relative attractiveness of features of specialist housing that they might consider when relocating. The
34 fact that the statements were not developed by older people directly is a limitation of the study.
35 Despite the piloting of the Q sort, the statements can only be considered a partial snapshot of the
36 features which are likely to be considered attractive and unattractive by older people, which is
37 supported by the additional factors the participants suggested. Secondly, Q studies do not intend to
38 capture representative samples and therefore the findings cannot be generalised. Thirdly, the study
39 did not include participants with dementia. There is increasing recognition of how people with
40 dementia can experience the built environment differently to others (Greasley-Adams, Bowes, Cahill
41 & Dyer, 2014), raising the potential for a distinct perspective which requires further investigation.
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57 The research points towards some clear areas for future consideration by specialist housing
58 developers. First, whilst the provision of high quality care may be a key objective of a prospective new
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3 development, especially for financially insecure local authorities, it is important to recognise that for
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5 some older people this will not be the most important concern when considering relocation. Many
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7 other features may be considered more attractive, such as luxury features or the potential for social
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9 interaction. It is therefore important that developers and commissioners reflect not only on the
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11 purpose of any future development from a social or financial perspective, such as future savings to
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13 adult social care budgets (LGA, 2014), but on how potential residents may perceive such housing and
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15 the features which could be influential in their relocation. This will ensure that new developments
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17 will be successful in attracting residents to an environment which can meet their current and future
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19 needs.
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25 Secondly, the research supports calls for a range of retirement accommodation to be developed in
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27 countries facing a shortfall, such as the UK (Savills, 2018). Older people should not be considered a
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29 homogenous group but instead a diverse demographic with a variety of different needs, interests
30
31 and aspirations. This diversity needs to be reflected by a range of different types of specialist
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33 housing developments in the future. This can collectively enhance the choice available to people
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35 in later life and contribute to satisfying the broad range of preferences which exist.
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Table 1

		n=41	
Variable	Category	Number	Median
Age	50-59	4	
	60-69	20	69
	70-79	11	
	80+	6	
Gender	Female	26	-
	Male	15	
Housing Tenure	Rent from a private landlord	2	
	Rent from the council	14	
	Own with a mortgage	6	-
	Own outright with no mortgage	19	
Length of Time at Current Address	0-5 years	12	
	6-10 years	7	
	11-15 years	5	13
	16-20 years	3	
	21-25 years	0	
	26-30 years	2	
Co-occupants	Lives alone	19	-
	Lives with spouse/partner	22	
Number of Bedrooms	1	8	
	2	11	3
	3	15	
	4	7	
Driving	I do not drive	15	
	Weekly	5	-
	Daily	21	
Current Situation	Full-time employed	2	
	Part-time employed	2	
	Retired	32	
	Long term sick/disabled	4	-
	Looking after family/home	1	
Health out of 100 today	0 to 20	1	
	21 to 40	4	
	41 to 60	6	80
	61 to 80	12	
	81 to 100	12	
General Health	Poor	6	
	Fair	12	
	Good	8	-
	Very Good	10	
	Excellent	5	
	Much worse now than one year ago	4	

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Health Change	Somewhat worse now than one year ago	12	
	About the same as one year ago	17	-
	Somewhat better now than on year ago	5	
	Much better now than one year ago	3	

For Peer Review

Table 2

Factors	1	2	3	4
1	1	0.4261	0.5361	0.5551
2	0.4261	1	0.3862	0.496
3	0.5361	0.3862	1	0.5061
4	0.5551	0.496	0.5061	1

For Peer Review

Table 3

No.	Q statements	Factor arrays			
		1	2	3	4
S1	A village with homes which are accessible for wheelchairs and mobility scooters	6	-3	3	3
S2	A village with regular public transport	2	4	6	0
S3	A village where people are willing to help each other whenever necessary	-1	1	4	6
S4	A village which has homes which offer privacy	0	3	1	3
S5	A village which has space for informal daily interaction	-1	1	2	3
S6	A village with well-connected public transport	5	3	6	3
S7	A village where there is a library within walking distance	0	1	0	-1
S8	A village with homes which have private gardens	-3	6	-1	-3
S9	A village which is traffic-free	-5	-3	1	-4
S10	A village which has fast internet access	-1	3	-2	-1
S11	A village where there are allotments and other food growing opportunities available	-4	0	-2	-1
S12	A village with a pharmacy within walking distance	3	2	5	1
S13	A village where people have respect for other people	4	4	3	3
S14	A village where there are cafes within walking distance	2	4	1	0
S15	A village with views of green areas	1	2	2	1
S16	A village with reserved parking spaces	0	1	0	-2
S17	A village where carers collaborate and keep each other informed	0	-2	0	-1
S18	A village where there are training courses in different subjects available	-4	1	-4	2
S19	A village which is viewed positively by other people	-4	3	-3	2
S20	A village which has homes for people with learning disabilities	3	-3	-3	-1
S21	A village with homes available to rent from the council or housing associations	1	-2	1	2
S22	A village where there are pubs and bars within walking distance	-3	0	-6	-5
S23	A village which has bungalows	3	5	2	3
S24	A village which provides access to work opportunities	-5	-3	-5	-3
S25	A village with homes which are attractively designed	1	6	-1	6
S26	A village where home care is easily accessible on a long term basis	3	-1	4	-1
S27	A village with a GP surgery within walking distance	5	3	5	4

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S28	A village where a service charge is paid to ensure the outdoor space and buildings are maintained	-2	-6	-4	-6
S29	A village with environments which prohibit smoking	-3	-5	-3	0
S30	A village with shared outdoor areas	-2	-3	-1	-2
S31	A village where I can participate in organised social activities	-3	5	2	5
S32	A village where there is a gym within walking distance	-2	0	-4	-3
S33	A village with homes which make the most of renewable energy	2	1	-1	5
S34	A village where there are restaurants within walking distance	0	3	-2	-2
S35	A village with homes which are energy efficient	4	0	4	5
S36	A village with homes which allow pets	-4	4	-2	-2
S37	A village where the shops are within walking distance	6	4	5	0
S38	A village which is connected to the local cycle network	-5	-4	-6	-3
S39	A village with homes which are smaller than my current home	0	-4	-6	-6
S40	A village where I can access support and advice day and night	3	-1	5	4
S41	A village with homes which are available to rent privately	-3	-2	-5	-3
S42	A village where there is dementia care available	1	-4	0	-1
S43	A village which is easy to walk around	3	1	1	1
S44	A village which is quiet	-3	-1	4	0
S45	A village with green areas I can use within walking distance	4	5	0	1
S46	A village with homes which are available to part-rent, part-purchase	-2	-4	-5	-4
S47	A village where people know each other	0	0	0	2
S48	A village which is clean and tidy	4	2	3	2
S49	A village which has opportunities to engage in voluntary work	-1	-1	-3	4
S50	A village where home care is easily accessible for short term acute illness	4	-1	2	1
S51	A village where people are of a similar background to me	-6	-4	1	-2
S52	A village with homes which require less maintenance than my current home	2	0	-1	-4
S53	A village where people are of a similar age to me	-6	-5	3	-5
S54	A village which has flats	-1	-5	-1	-5
S55	A village which is safe and secure	5	5	6	4
S56	A village where there is end of life care available	1	-5	0	0
S57	A village with homes which are available to purchase	1	-2	-5	-3

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S58	A village with buildings that are easily accessible for wheelchairs and mobility scooters	5	-1	3	4
S59	A village which is located close to friends and family	0	6	3	-4
S60	A village where residents and others keep each other updated about what is going on locally	-2	-2	-1	1
S61	A village which has houses	-1	2	-3	-2
S62	A village which has communal dustbins	-5	-6	-3	-6
S63	A village where there are technologies available which support independent living	1	0	-2	6
S64	A village with homes where my mortgage or rent payments are lower than I currently pay	-4	-3	-4	-4
S65	A village which has homes for people with physical disabilities	6	-2	0	1
S66	A village with wide pavements and safe crossings	2	2	4	0
S67	A village where there are opportunities to engage in physical activity groups	-1	-1	-2	5
S68	A village which cannot be ordinarily accessed by people who do not live or work there	-6	-6	1	-5
S69	A village where I can be involved in its management and any changes	-2	0	-4	0
S70	A village which is well connected to the local road network	2	2	2	2

Table 4

Number	Statement
S7	A village where there is a library within walking distance
S13*	A village where people have respect for other people
S15*	A village with views of green areas
S17	A village where carers collaborate and keep each other informed
S48*	A village which is clean and tidy
S64*	A village with home where my mortgage or rent payments are lower than I currently pay
S70*	A village which is well connected to the local road network

All statements are non-significant at $p > .01$ and those flagged with * are also non-significant at $p > .05$.

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Table 5

Additional characteristic
Availability of the "Right to Buy" scheme where social housing tenants can purchase their home at a discount
Communal hall
Cost
Deferred responsibility for property maintenance
Direct resident involvement in the design of the homes in the village, potentially using prototype show rooms
Larger properties for multigenerational housing
Lifts
Location of the village
Name of the development and its impact on individuals' perceived eligibility for relocation and identity
Prices of products sold in nearby shops
Public benches
Public toilets
Self-build opportunities
Trial period of living within the development
Walkability

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3 Figure 1. The forced-choice frequency distribution grid
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5 Table 1. Demographic characteristics of sample for Q factor analysis
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7 Table 2. Correlations between factors
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10 Table 3. Idealised Q sorts
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12 Table 4. Consensus statements
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14 Table 5. Additional characteristics that would be important to participants considering relocation
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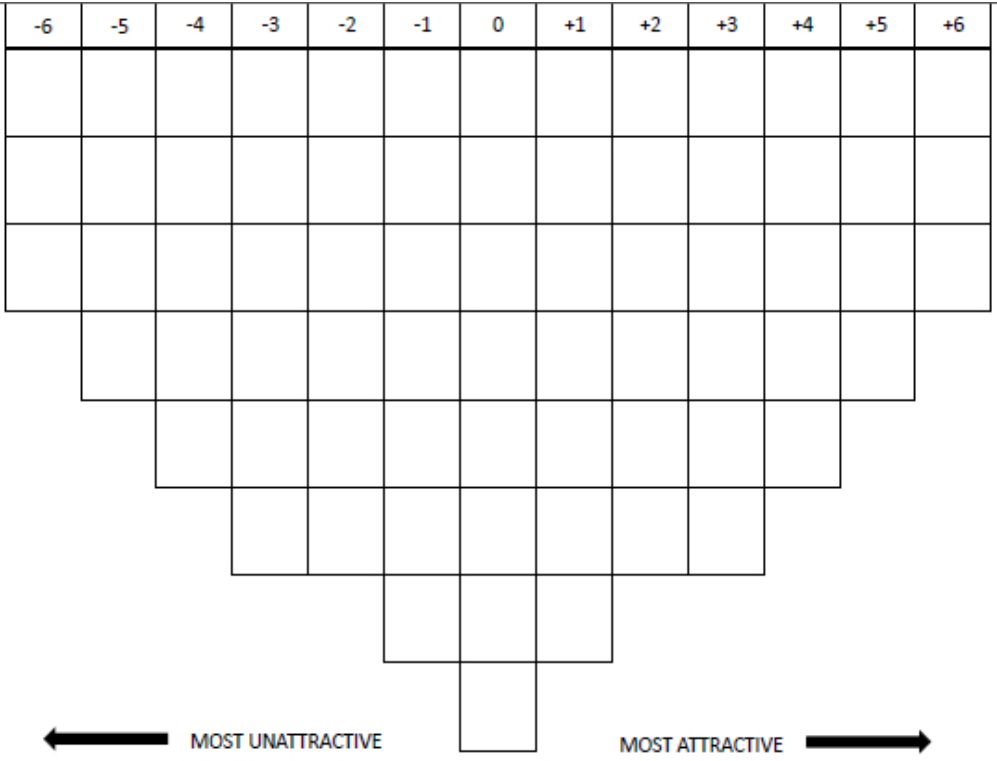


Figure 1. The forced-choice frequency distribution grid