# Variations in the Characteristics of Retirement Villages in Auckland, New Zealand

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**Abstract**

**Aims:** Despite an increasing proportion of older people living in Retirement Villages ('villages'), little is known about services offered. We describe the characteristics of a subset of villages in Auckland, New Zealand.

**Methods**: Descriptive analysis of a cross-sectional survey of characteristics of 34 villages in Auckland and Waitematā District Health Boards.

**Results:** Two thirds of villages were corporate owned and most had >100 units/apartments. Over 70% had co-located long-term care facilities. Most provided meals, and home/personal care at additional cost. Not all had resident alarms in units/apartments. Over half had health clinics and nurses on site 24-hours-a-day. The majority offered resident group activities, e.g. exercise classes and 'happy-hours', and 80% provided transportation services. Most allowed pets.

**Conclusions:** This work increases understanding of services provided to older people living in the rapidly expanding village environment. The effect of specific services and facilities on the heath of village residents deserves further study.

**Keywords:**

Housing for the Elderly; Continuing Care Retirement Centers; Aged; Healthy Ageing; Health Services for the Aged

**Practice Impact Statement:**

Many older people relocate to retirement villages in response to increasing frailty. The population living in a village environment is rapidly expanding and is now larger than those living in residential aged care. However, very little is known about the services provided by retirement villages. This paper describes the wide variation of retirement village services to improve clinician understanding of what support is available for the vulnerable older adult population living in this setting. The effect of specific services and facilities on the heath of village residents deserves further study.

**Introduction / Background**

It is well known that New Zealand's (NZ's) population is ageing rapidly. The number of those over 85 years old is projected to triple in the next 30 years [1]. From a population perspective, physical and cognitive dependency increase with age, which prompts some older adults to seek conglomerate housing environments such as retirement villages (RVs). These trends have led to a significant increase in RV development over the last few decades in NZ. Individual RV dwellings have increased from 10,000 in 1998 to nearly 45,000 in 2019, with approximately 14% of those 75 years and older now living in RV accommodation [2]. These are overwhelmingly of European ethnicity [3].

RVs fill a gap for those unable or not wishing to maintain their home but not needing 24-hour long term residential care (LTC) and also for those seeking a more secure lifestyle environment. Older people are attracted to the independence offered in these facilities, and the potential to connect with others, as well as the amenities and services provided including property maintenance [3]. In addition, LTC is often viewed by older people as undesirable and to be avoided due to a preference to continue living in their established communities [4]. This perception along with 'ageing in place' policies means that many people are living in the community, including RVs, with much higher dependency and frailty than ever before [5].

Many RV operators offer a continuum of accommodation/care options - 'three levels of care': independent units, serviced apartments (providing increased personal care and similar to assisted living in the United States) and (often co-located but not part of the RV) long-term care. However, automatic transition from the RV to any co-

located LTC facility is not usually guaranteed if and when required. RV support services range from alarms in units to homecare and personal care services. Where LTC facilities are co-located there are often formal/informal arrangements for service provision even up to lower level long-term care (for those requiring 24-hour care but not 24-hour nursing care – in NZ termed ‘rest-home’ level care) within the RV ‘unit/apartment’. This wide variation in service provision may be confusing to consumers and may result in unmet expectation of the support that is available when relocating to an RV.

Unlike in other jurisdictions, where rental arrangements are not uncommon, in NZ, RVs require residents to ‘purchase’ units. The predominant legal title is ‘licence-to-occupy’ which does not confer ownership or security of tenure if the RV management decides a resident is too ill or disabled to live independently. Financial arrangements vary but many consist of a large capital payment (often funded by sale of family home) and large/ moderate monthly fee. RVs may also charge large exit fees. Thus, entry- and service-fees may result in substantial financial outlay. Exit fees limit choice of future housing.

RVs and RV residents have, on average, received more formal education and have more financial resources than their peers who remain in their original homes, although they are generally older and have greater dependency [6,7,8]. International data, and data from our own studies, indicate people who relocate to RVs are often motivated by the anticipation of increased healthcare and support as they age [3]. Other motivations include low maintenance of the unit, personal security, perceived security of tenure (sic), company of others, lower cost and proximity to family

[3,9,10,11]. RVs can also offer protection from vandalism/burglary, and sense of community that can enhance quality of life and may have positive impact on health and wellbeing [6,12,13]. However, residents must maintain good relations with owners and comply with RV's rules, which may limit personal preferences. The degree of personal control over the move is crucial to how well the older person settles in an RV [14].

Although a moderate proportion of older people now live in RVs in NZ, there is relatively little known about what services are offered in RVs because they are private entities that operate outside the public domain. It is similarly surprising and concerning that we know so little about the demographics, health and disability issues and social engagement of residents. There is currently no independent reporting via census, health or social welfare records that describes either the facilities themselves or residents The current paper describes the characteristics of a subset of RVs in Auckland, NZ. In a separate paper we have reported the demographics and health status of residents in these same RVs [3].

**Methods**

This was a descriptive analysis of cross-sectional data from the "Older People in Retirement Villages" study, which aimed to assess the medical and other needs of RV residents, follow them over several years to assess their medical and other outcomes and, in a selected vulnerable group, trial a multi-disciplinary intervention and extra support coordinated by an experienced gerontology nurse, aiming to reduce acute hospital admissions and other adverse outcomes. The current paper describes the services and levels of care provided in a sample of RVs in the Auckland region of NZ. These services include, but are not limited to, food services,

room services, maintenance services, security guard services, transport services and visiting medical practitioners.[15] Study methods are detailed elsewhere [16]. All RVs in Auckland/Waitematā District Health Boards (ADHB/WDHB) in Auckland were eligible to participate. We planned to survey all RVs in both DHBs (n=65 in the study period 2016-2018) that provided housing predominantly for older residents and included at least one shared/ communal facility (such as a library or dining room), regardless of size, ownership or location.

The recruitment process began by sending a letter to the RV chain /owner describing the research. A letter was also sent to the manager of the RV who was subsequently contacted by phone, and a face-to-face appointment was scheduled with the researchers to discuss the research. The RV characteristics survey was introduced and completed by village manager identified as the contact person for the research project. The purpose of this survey was to provide descriptive information about the RVs in the region, in terms of size, facilities and services provided. Managers were able to complete the questionnaire either on-line via desktop computer, or via tablet or phone or via a paper version, either with the researcher present or at a later time. The content of the questionnaire is given in the first columns of Tables 1-4.

The project was approved by NZ's Health and Disability Ethics Committee (16/CEN/34) and registered with the Australia and New Zealand Clinical Trials Registry (ACTRN12616000685415); Universal Trials Number (UTN) is U1111-1173-6083. It was funded by NZ's National Science Challenge: Ageing Well (UOOX1508, 12815/1, SUB1301), and by WDHB.

Statistical analysis

RV characteristics were described for the available sample. Categorical variables were expressed as frequency and percentage (%). Continuous variables were expressed as means and standard deviations (SD). All statistical analyses were performed using SAS version 9.4 (SAS Institute Inc, Cary, NC).

**Results**

Time and resource constraints allowed us to approach 53 of the 65 RVs in the WDHB and ADHB catchment areas from July 2016 to September 2018. Of these, 34 RV managers participated in the RV characteristics survey. This represents 52% of all RVs in the research area. Four did not complete the survey although they responded and agreed the village would participate, and six managers did not reply. Another nine managers declined to participate, of which eight were 'small' (≤60 units); seven were independently owned [17].

Table 1 details the overall profile of the RV built environment and business model. Of particular note is that approximately two thirds were part of a corporate entity or 'chain', most were large facilities with more than 100 units/apartments, and over 70% had a facility for higher level of LTC care present on site, with rest home care the most common.

Table 2 details policies and non-medical services. Most RVs provided meals, home care /cleaning and personal care - all at additional cost to the resident unless covered by the DHB (see also Table 4). Many (some data missing) had resident alarms in units/apartments for residents/family to summon help in an emergency.

Medical and health services available on site are detailed in Table 3. Over half had both a nurse on site 24 hours a day, seven days a week, and a regular health clinic, providing a variable range of services. However, less than a quarter of facilities provided a short-stay nursing room or overnight ‘sick bay’.

Table 4 details other facilities and services provided to residents. Of note a high proportion of facilities have organised residents’ groups, exercise classes and a ‘happy hour’ (sale of reduced price alcohol in the bar or restaurant). The distance from the facility to the nearest general practitioner’s surgery, shops, supermarkets is variable, but it is noteworthy that the nearest train stations and public libraries are usually some distance from the facility.

## Discussion

The data provided in the current paper raise many potentially important questions for discussion. We have previously reported that, in part because of current focus on “ageing in place”, LTC provision in Auckland has not paralleled the increase in the older population, and those entering LTC are older and more physically dependent [18,19]. This has coincided in time with enormous growth in the NZ RV sector [2], and in Auckland at least the most current RV additions have been corporate entities in relatively large RVs. (Table 1) It is thus particularly noteworthy that most villages also have, on site, at least one level of LTC facility. Older people considering a move to an RV cite perceived provision of additional healthcare and LTC (including that provided in units/apartments) services as a factor in that decision [3]. However, it should be noted once again that RVs do not guarantee transition from a unit/apartment to the on-site LTC facility, if and when the situation arises. That just

over half offer on-site nursing and clinic facilities (including the on-site presence of a variety of health professionals) is somewhat reassuring, though given the healthcare needs of this population there is room for improvement. Most people surveyed within the larger framework of this current study report they are satisfied with their move to the village [3].

Almost 90% of RVs report personal alarm systems in units/apartments for residents or family to summon on-site help in an emergency. It is perhaps surprising that any do not. Where such alarms are present, this element of provision equates to that found in 'sheltered accommodation' seen in other jurisdictions such as the UK where access to it is not dependent upon financial means, but not available in NZ outside the RV setting. Thus (in NZ) even this relatively minimal provision is available only to older people who are relatively financially advantaged.

It is reassuring to see that RVs provide a number of opportunities for social interaction among their residents (Table 4). The opportunity for increased social interaction is a commonly cited reason for the residents in this study to have moved to the RV,[3] and is beneficial in the prevention of cognitive decline and physical disability [20,21,22]. However, we have elsewhere noted that, despite these opportunities, many residents of these same RVs admit to loneliness [23]. Many of the opportunities so provided also encourage exercise for residents, with further benefits for both physical and cognitive fitness, as well as falls prevention [24,25,26]. The provision of a 'happy hour' in three quarters of villages is interesting. Whilst this will also serve to promote social interaction, and access to alcohol is a right that citizens of all ages enjoy, it is perhaps questionable whether RVs should be actively

*promoting* alcohol consumption in their residents who are of advanced age. Indeed, nearly two-thirds of the residents we surveyed in these same villages are frail (and thus at risk of falls) and receiving multiple medications which may interact with alcohol [3,27]. Similarly, whilst for some the (walking) distances to local facilities such as shops, libraries, general practitioners' surgeries and public transport facilities may seem short (Table 4), for the multiply comorbid and frail they may be prohibitive, thus inhibiting independence. Transportation is often an issue for older people, and RV living may ameliorate this, with 80% of RVs providing a shuttle bus service.

Most RVs had organised religious services on site (Table 2), though only a small minority had a chapel (Table 4) and less than half had a designated chaplain or priest (Table 3). Older people are known to have higher levels of both religiosity and attendance at religious services than younger people and both intrinsic religiosity and religious attendance are associated with positive perceptions of health, less severe comorbidity and with less severe depression [28]. Unfortunately, our survey did not collect data regarding access to cultural support.

Most villages allow pets (Table 2), although we did not explore the details of their policies in this area. The evidence on the benefits or otherwise of pet ownership in older people is mixed [29].

This paper has strengths and weaknesses. The "Older People in Retirement Villages" study is the largest study of its kind in NZ, and the data are robust (though we acknowledge that there were some missing data) and provide important insights and suggestions for policy and future action. The results will also be linked to other

work within the wider ‘Older people in retirement villages: unidentified need & intervention’ study’. The study sample was drawn from Auckland only and may be imperfectly representative of RVs in other parts of NZ or other jurisdictions. Further, the fact that such a large proportion of the RVs in the study were large RVs, and were part of corporate entities (and that most that declined to participate were small and independently owned) suggests that smaller, independent RVs may be under-represented. This may have implications for the representativeness of the results, particularly in terms of facilities and services available. Another limitation is that we did not capture the main ethos/vision of each RV which is likely to be core to RV operations, marketing strategies, and resident expectations. It is possible that these are developed for NZ European/other European populations and not for the diverse NZ population and may contribute to the lack of ethnic diversity seen in this population [3]. In a future paper we plan to explore access and equity issues more closely.

This paper describes the characteristics of 34 RVs in Auckland, NZ. The majority of RVs were part of a corporate entity or ‘chain’, and provide home and personal care, medical and nursing services. RVs offer a secure, largely maintenance-free environment and provide many activity options (e.g. exercise classes). However, for providing a better and supportive RV environment, many of the services still have room for improvement, e.g. almost half did not have a regular health clinic. In addition, the effect of specific services, policies, facilities and activities on the heath of RV residents deserves further study.

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**Table 1 Village profile**

| | Number of RVs (n=34) | Percent (%) |
|---|---|---|
| Financial Type | | |
| A private company | 23 | 68 |
| A registered charity not for profit, trust | 4 | 12 |
| Owned by a private individual or partnership | 1 | 3 |
| Other (specify): | 6 | 17 |
| Large chain | | |
| No | 15 | 44 |
| Yes | 19 | 56 |
| Member of the Retirement Village Association | | |
| No | 2 | 6 |
| Yes | 30 | 88 |
| Missing | 2 | 6 |
| Village size (units) | | |
| Small (<50) | 7 | 21 |
| Medium (50-<100) | 9 | 26 |
| Large (≥100) | 18 | 53 |
| Accommodation | | |
| Total independent units, mean (SD) | 34 | 114 (85) |
| Serviced apartments/units | 34 | 19 (27) |
| Number of residents, mean (SD) | 28 | 138 (118) |
| Missing | 6 | |
| Are any other accommodation types, such as any aged residential care facility, offered alongside or as part of your village? | | |
| No | 10 | 29 |
| Yes | 24 | 71 |
| What types of facility are also present on site? | | |
| Rest home | 22 | 65 |
| Dementia care facility | 7 | 21 |
| Private geriatric hospital | 19 | 56 |
| Psychogeriatric hospital | 1 | 3 |

## Table 2 Services and Policies

| Services and Policies | Number of RVs (n=34) | Percent (%) |
|---|---|---|
| Pets | | |
| No pet policy | 0 | 0 |
| No pets permitted | 4 | 12 |
| Some pets permitted | 24 | 71 |
| No pet restriction | 0 | 0 |
| Missing | 6 | 17 |
| Personal Alarm System | | |
| No | 3 | 9 |
| Some units | 0 | 0 |
| Yes, all units | 30 | 88 |
| Missing | 1 | 3 |
| Home-based support services (cleaning services or personal cares) | | |
| No | 9 | 26 |
| Yes | 23 | 68 |
| Missing | 2 | 6 |
| Meal Delivery to units | | |
| No | 5 | 15 |
| Yes | 27 | 79 |
| Missing | 2 | 6 |
| Meal provision | | |
| Full meal service daily | 20 | 59 |
| One meal, all or most days | 4 | 12 |
| Meals some days only | 3 | 9 |
| Missing | 7 | 20 |
| Organised religious services on site | | |
| No | 11 | 32 |
| Yes | 18 | 53 |
| Missing | 5 | 15 |

## Table 3 Medical and health services available

| Medical Services Available | Number of RVs (n=34) | Percent (%) |
|---|---|---|
| Nurse available | | |
| Yes, 24 hours every day | 18 | 53 |
| Yes, Monday to Friday only | 2 | 6 |
| Yes, but not daily or Monday-Friday | 1 | 3 |
| No nurse, but a staff member is always available | 5 | 15 |
| No nurse, but a staff member is available Monday to Friday | 2 | 6 |
| Missing | 6 | 17 |
| Regular health clinic, on site | | |
| No | 12 | 35 |
| Yes | 20 | 59 |
| Missing | 2 | 6 |
| Is that clinic… | | |
| No clinic | 12 | 35 |
| Nurse-led (only) | 8 | 23 |
| GP or family doctor (only) | 2 | 6 |
| With both nurse and doctor? | 7 | 21 |
| Missing | 5 | 15 |
| What services does the clinic provide | | |
| Dressings, skin checks | 17 | 50 |
| Weight checks | 13 | 38 |
| Consulting for new or urgent health conditions | 13 | 38 |
| Advice about medications | 12 | 35 |
| Immunisations | 9 | 26 |
| Laboratory sample collection | 9 | 26 |
| Information and advice | 15 | 44 |
| Blood pressure checks | 17 | 50 |
| Short-stay nursing room, overnight sick bay or similar | | |
| No | 19 | 56 |
| Yes | 8 | 24 |
| Missing | 7 | 21 |
| Any (other) health or support initiatives offered, e.g. information sessions for self-care | | |
| No | 10 | 29 |
| Unsure | 1 | 3 |
| Yes | 16 | 47 |
| Missing | 7 | 21 |
| What visiting health or support professionals come into the village to provide services for residents? | | |
| Podiatrist | 24 | 71 |
| Physiotherapist | 18 | 53 |
| Pharmacist / chemist | 17 | 50 |
| District nurse | 16 | 47 |
| GP / family doctor | 16 | 47 |
| Other health visitors | 14 | 41 |
| Chaplain, priest etc | 14 | 41 |
| Social worker | 9 | 26 |

## Table 4 Facilities and activities

| Facilities and activities | Number of RVs (n=34) | Percent (%) |
|---|---|---|
| Which of the services below are available to independent or serviced unit residents? | | |
| Roads, paths, gardens and external building maintenance | 27 | 79 |
| Unit / apartment indoor maintenance | 20 | 59 |
| Cleaning services - for units/apartments | 22 | 65 |
| Support services, e.g. for help with shopping, laundry | 19 | 56 |
| Personal services - e.g. for showering, dressing, personal care | 12 | 35 |
| Central security - gate, patrol, CCTV, alarms in units | 26 | 76 |
| IT - computers and internet in central area | 17 | 50 |
| IT - cables, broadband or modem in units | 17 | 50 |
| Shuttle / bus /transport - for shopping, outings | 27 | 79 |
| Under-cover car-parking for residents | 22 | 65 |
| Parking for family & friends | 26 | 76 |
| Parking for visiting health professionals, e.g. assessors, doctors, district nurses | 24 | 71 |
| Accommodation for visitors e.g. family | 10 | 29 |
| What organised active groups operate in your village, for indoor activities such as exercise classes, Tai Chi,yoga, dancing etc? | | |
| Exercise classes | 22 | 65 |
| Tai chi sessions | 19 | 56 |
| Yoga sessions | 8 | 24 |
| Fitness gym | 20 | 59 |
| Dancing e.g. ballroom, line dancing | 13 | 38 |
| Swimming club | 8 | 24 |
| Aquarobics sessions | 10 | 29 |
| Other indoor exercise | 16 | 47 |
| What organised indoor groups that are seated or have minimal physical activity operate, such as card playing, board games and quiz nights? | | |
| Card playing e.g. bridge | 26 | 76 |
| Board games e.g. chess, scrabble, mahjong | 25 | 74 |
| Computer club | 6 | 18 |
| Singing group | 13 | 38 |
| Musical / instrumental group | 12 | 35 |
| Writing group | 8 | 24 |
| Snooker / billiards club | 19 | 56 |
| Darts | 14 | 41 |
| Quiz nights | 18 | 53 |
| Happy hour | 26 | 76 |
| Other indoor activities | 20 | 59 |
| Which of the following indoor activities does the village offer? | | |
| Community centre / function room | 27 | 79 |
| Restaurant / dining room | 26 | 76 |
| Library / newspaper / reading room | 28 | 82 |
| Bar | 20 | 59 |
| Hairdressing salon / barber | 25 | 74 |
| Music / games room | 20 | 59 |
| Theatre / media room | 19 | 56 |
| Art or craft room | 18 | 53 |
| Men's shed / tools workshop | 13 | 38 |
| Chapel / meditation room | 4 | 12 |
| Billiards/ snooker / pool tables | 22 | 65 |
| Swimming pool / spa pool | 18 | 53 |
| Gymnasium / fitness centre | 21 | 62 |
| Other indoor facilities | 13 | 38 |
| Which of the following outdoor activities does the village offer? | | |
| Barbecue area/ facilities | 26 | 76 |
| Bowling green / bocce / petanque | 20 | 59 |

| Facilities and activities | Number of RVs (n=34) | Percent (%) |
|---|---|---|
| Mini-golf / putting green | 5 | 15 |
| Tennis court | 1 | 3 |
| Hen house / bee hives /farm animals | 1 | 3 |
| Vegetable gardens | 15 | 44 |
| Other outdoor facilities | 8 | 24 |
| How far from the village is the nearest doctor's surgery / GP | | |
| Under 0.5 km | 15 | 44 |
| 0.5 km - 1.0 km | 8 | 23 |
| Over 1 km | 5 | 15 |
| Missing | 6 | 18 |
| How far from the village is the nearest supermarket | | |
| Under 0.5 km | 10 | 29 |
| 0.5 km - 1.0 km | 10 | 29 |
| Over 1 km | 9 | 27 |
| Missing | 5 | 15 |
| How far from the village is the nearest dairy / small shops | | |
| Under 0.5 km | 19 | 56 |
| 0.5 km - 1.0 km | 7 | 20 |
| Over 1 km | 3 | 9 |
| Missing | 5 | 15 |
| How far from the village is the nearest bus stop | | |
| Under 0.5 km | 22 | 65 |
| 0.5 km - 1.0 km | 4 | 12 |
| Over 1 km | 3 | 9 |
| Missing | 5 | 14 |
| How far from the village is the nearest train station | | |
| Under 0.5 km | 1 | 3 |
| 0.5 km - 1.0 km | 2 | 6 |
| Over 1 km | 23 | 68 |
| Missing | 8 | 23 |
| How far from the village is the nearest public library | | |
| Under 0.5 km | 3 | 9 |
| 0.5 km - 1.0 km | 4 | 12 |
| Over 1 km | 20 | 59 |
| Missing | 7 | 20 |