

A Community-Based Approach To Retirement Living Development Projects

Final Report

by

Natalie Jennings, Laurel Pirrie, Kara Rutherford & Amy Smith

Host Organization: Abbeyfield House Society of Lakefield (Contact: Dewi Jones)

Faculty Supervisor: Elizabeth Russell, Trent University

Trent Community Research Centre Project Coordinator: John Marris

Department: Psychology, Trent University

Term: Fall/ Winter 2017-2018

Date of Submission: May 2018

Project ID: 4772

Trent Community Research Centre

www.trentcentre.ca



COMMUNITY RESEARCH REPORT

A COMMUNITY-BASED APPROACH TO
RETIREMENT LIVING DEVELOPMENT
PROJECTS

A Community-Based Approach to Retirement Living Development Projects

Kara Rutherford, B.Sc. (Hons.), Trent University

Laurel Pirrie, B.Sc. (Hons.), Trent University

Amy Smith, B.Sc. (Hons.), Trent University

Natalie Jennings, B.A. (Hons.), Trent University

Elizabeth Russell, BA (Hons.), M.Sc., Ph.D., Trent University

John Marris, BA, MA., Ph.D., Trent Community Research Centre

This project was conducted as part of a partnership between the Trent University Psychology Department and the Trent Community Research Centre (TCRC). Beginning as a component of Dr. Elizabeth Russell's Qualitative Research course, the project was carried forward as a research practicum supervised by Dr. Russell and Dr. Marris from the TCRC.

Please Cite Report as:

Rutherford, K., Pirrie, L., Smith, A., Jennings, N. Russell, E., & Marris, J., (2018). A community-based approach to retirement living development projects. *Peterborough ON, Trent University.*

TABLE OF CONTENTS

Acknowledgements.....	4
Executive Summary	5
Introduction.....	7
Methodology.....	12
Results.....	14
Discussion.....	18
Recommendations.....	21
Conclusion	24
References.....	25
Appendices.....	27
Poster.....	27
Interview Questions.....	28
Focus Group Protocol.....	30

Acknowledgements

First and foremost, we would like to thank our practicum supervisor and professor, Dr. Elizabeth Russell. Her guidance and support throughout this project has been unyielding and provided us with so many opportunities throughout this research project. We would also like to recognize the role of Dr. John Marris from the Trent Community Research Centre and his contributions to this research through community connections and support. To all the anonymous participants of this study, we thank you for your generous contribution of time and reflection that went into the focus groups and survey responses. And finally, we would like to thank the Abbeyfield House Society of Lakefield, specifically Dewi Jones, for his enthusiasm and commitment to this project. It has been a great pleasure working with you and we hope for a continued relationship between the Abbeyfield House Society of Lakefield and Trent University.

EXECUTIVE SUMMARY

In an era of population aging, many rural communities are investigating alternative living accommodations for older adults. Abbeyfield housing offers a unique, non-profit, community-based, communal-living model that includes private, independent living space geared towards middle-income seniors. This model has been successful internationally and across Canada including houses in Ottawa, Toronto, Durham, and Caledon. However, before investing in developing this type of non-profit retirement living model, and the social, voluntary-based infrastructure necessary to do so, it is important to thoroughly and accurately understand the local population's needs and preferences to ensure appropriate and effective retirement housing developments. Focusing on the small rural town of Lakefield, Ontario, this community-based research project examined the needs, preferences, and attitudes of older adults and other community members towards retirement living, to determine the feasibility and community desire for the development of an Abbeyfield house in Lakefield.

This mixed-methods research project employed an online survey (sample = 75) and focus groups (sample = 19). Individuals who participated in the online survey ranged in age from 21 to 99, with an average age of 58.9 while focus group age ranged from 54 to 91, with an average age of 70. Survey results indicated that approximately half (48%) of participants were going to retire in the next 5 - 10 years, and the majority (77%) felt there were insufficient retirement living options in Lakefield. Only about one fifth of participants intended to retire with a partner, while 21% responded yes to intending to retire in Lakefield.

Themes of affordability, independence, and companionship were major concerns that emerged from the focus groups when discussing retirement accommodations. Affordability concerns were associated with personal finances, including questions on whether they had sufficient savings for retirement and the cost of general retirement accommodations. The physical location of a residence was extremely important to participants, as close proximity to amenities would allow them to retain their independence, maintain existing relationships, and continue their involvement within their community. Furthermore, walkability to amenities provides important health benefits for older people. Lastly, maintaining and creating relationships was an important factor in combating loneliness. While concerns were raised about conflicting personalities within the house, participants agreed that companionship outweighed this concern.

This research found that the themes of affordability, independence, and companionship were well aligned with the Abbeyfield housing model. However, to maximize alignment with the unique community needs of Lakefield, we recommend the following, based on our findings:

- Locate the Abbeyfield house within 1 kilometre of the intersection of Queen and Albert Street to ensure walkability to amenities.
- The development and implementation of a conflict resolution process prior to move-in.
- Provide short-term accommodation for residents' friends and families.
- The inclusion of parking at the Abbeyfield house, for residents and their visitors.

In summary, this report provides strong support for the development of an Abbeyfield house in Lakefield, Ontario. The rich data provides much insight into the thought that goes into retirement planning. To that end, this report includes further explanation of the above mentioned recommendations to help facilitate success.

INTRODUCTION

Life expectancy has been climbing steadily since the early 1900's. In 1981, the average Canadian life expectancy was 76 [1], as reported for 2015, life expectancy is estimated at 82 [2]. As of 2016, 16.5% of Canadians are over 65, and 35.7% of these are 'baby boomers' [3]. Furthermore, this proportion of older adults is anticipated to double over the next 25 years [4]. The bottom line is that Canadians are living longer and the baby boomer generation is now reaching their sixties and seventies; thus, there will be a substantially larger population of older adults [1] needing more housing options and support than ever before.

Abbeyfield housing aims to combat the housing issues that seniors may face as they move towards retirement. It fits within the constructs of an age-friendly community model for retirement, and offers communal, 'family-style' living arrangements. Geared towards individuals who fit within the middle-income bracket (individuals: \$23,350 - \$36,850; double income: \$62,000 - \$88,100) [5], it is a more affordable option, at approximately \$1250-\$1500/month, depending on local factors, than most retirement housing choices.

Abbeyfield houses include private bedrooms/suites with a bathroom, shared common spaces, a kitchen, and an extra guest room for visitors. There is also a house coordinator who takes care of general daily tasks, shopping, and meal preparation, while general maintenance and yard work is cared for by community volunteers.

Lakefield is a small village, situated within Selwyn Township, and is surrounded by large rural areas and farmland (Figure 1). It has a population of

2,753, and 905 of those individuals are aged 65+ [6].



Figure 1. Map of Lakefield and surrounding towns.

Small-town environments are often distinguished by scattered settlements, social depletion, uneven development, and an aging population, factors that characterize the community of Lakefield [7]. For example, amenities are located in Lakefield's downtown core and, thus, are difficult to access by individuals living outside of the town proper. Those without cars, especially living on the outskirts of town, often require the help of friends and family to access basic necessities (e.g., grocery shopping), medical care, and community activities.

Considering its population, setting, and location, an Abbeyfield model of housing may benefit seniors in the area. Therefore, the purpose of this research is to determine if there is a need and desire for an Abbeyfield house in Lakefield, Ontario.

Age-Friendly Communities

Interest in making communities age-friendly has grown in the last ten years, largely due to the World Health Organization's launch of its Global Age-Friendly Cities Project in 2007 [8, 9, 10]. An age-friendly community is one in which the structures, policies, settings, and services allow individuals to age actively, which the World Health Organization defined in terms of health, security, and participation [11]. More specifically, an age-friendly community examines the availability and affordability of housing, access to social programs geared to seniors, and the accessibility of public spaces [8].

Important age-friendly characteristics include both physical and social elements. Physical elements include outdoor spaces, access to transportation and healthcare, and affordable housing while social elements encompass components such as social participation and connectivity [10, 12, 13]. Social connectivity requires four main components: social connections, empowerment, social influence, and access to material resources and services [13]. Providing for these elements is necessary for overall satisfaction with participants' living environment.

Volunteerism has been shown as an important feature in providing services to seniors in small rural towns, as having a strong base of volunteers can help build a support system in the community and can help to counterbalance the lack of professional help that can often be seen in these types of towns [14]. Research has shown that efforts to support aging in place are

reciprocal and are created and supported by volunteerism and leadership roles taken by older adults [15]. However, over-dependence on volunteers in small towns may create a burden upon few community leaders, and burnout, resulting in primarily short-term volunteer-based solutions to the challenges of aging in place.

Concerns Around Aging and Retirement

In addition to housing and health care concerns that often come with aging, older adults may also worry about issues such as independence, depression, loneliness, transportation, and housing availability.

Independence

Having the ability to age in one's home or community is important for maintaining independence, which involves autonomy, freedom over one's life, and living self-sufficiently [16]. Environments that take these important aspects into consideration are ideal for older adults wishing to maintain independent lives, and simple adjustments to an older individuals' environment can be incredibly beneficial. For example, having the ability to access local spaces unassisted has been shown to affirm seniors' independence. Furthermore, small modifications to housing, including adding an outdoor ramp to an entrance way or hand grips for toilets and showers can also strongly enhance independence and support individuals' feelings of self-sufficiency as they age.

Thus, simply adding small features like an outdoor ramp to an entrance way and hand grips in toilets and showers can strongly support people's feelings of self-sufficiency as they age. Fear of losing one's independence was also discussed within a social context. Individuals tend to fear becoming a burden to others, specifically family and friends. Resistance to burdening loved ones may prevent seniors from accessing assistance or asking for help. The maintenance of independence is important for reducing feelings of reliance.

Depression

Depression among older adults is a prominent issue, can vary widely across individuals, and can be chronic or may come and go [17]. Even though it is treatable, the majority of older adults living in private households or institutions seem to be underdiagnosed or misdiagnosed, and therefore do not receive proper treatment. In fact, older males over the age of 85 are most at-risk for suicide than any other demographic, due to factors related to isolation, loneliness, failing health, and depression.

This could be because depression is commonly hidden within this population, as it can often co-exist with physical and chronic conditions, which are usually prioritized by individuals and their doctors more so than mental well-being [18]. The frequency of depression in older adults could be explained, in part, by an increase in social isolation and loneliness that can occur as they age, as there is a strong correlation between loneliness and depression [19]. However, it is important to note that not everyone who experiences depression is lonely, and not everyone who is lonely experiences depression [20].

Loneliness

Loneliness is another obstacle often experienced by seniors as they lose their friends and family members, resulting in a continuously shrinking social network. Loneliness, defined as a lack of human intimacy experienced as unpleasant for the individual, is comprised of two dimensions, emotional and social isolation [21], and can stem from a mismatch between an individual's actual and expected quality and frequency of social interactions [19]. Studies have shown that peers seem to make more important contributions than family members [22]. Specifically, older adults' connections with friends had a more positive impact on depressive symptoms and loneliness than did their relationships with family members; this is especially true for older individuals living in institutions [23]. For example, a study of loneliness and social support among 1299 older adults in Dublin found that social isolation accounted for 70% of the prevalence of depression and that one quarter of the males and 40% of the females were lonely [24].

Overall, the prevalence of loneliness among older people appears to range between 25% to 45% [23, 24]. Given this consistently high percentage, it is important to find ways to combat loneliness among older adults as they age. Furthermore, loneliness and social isolation can be exacerbated, in part, by transportation challenges presented by a person's geographic location. In Canada, rural communities have a higher percentage of older adults than urban communities, and this difference continues to grow [25].

Rural areas are perceived to have a strong sense of community and social networks; however, this is often a misconception, as many small towns are characterized by dispersed settlements, social deprivation, uneven development, and an aging population, creating challenges for service provision [14]. Research has shown that older adults tend to draw from a range of sources for their care needs, and most rural care networks tend to be fairly small and become overwhelmed, placing a greater burden on formal and informal caregiving networks [26].

Current Retirement Housing Availability

While there has been an increase in traditional retirement housing, there is still a shortage of various forms of intermediate housing [27], especially in rural areas. This type of housing is geared towards older adults whose ability to remain in their communities depends on limited levels of assistance with everyday tasks.

The Peterborough Council of Aging identified a need for more seniors' housing and has proposed specific activities like creating a feasibility study for building on-reserve seniors' housing for the Hiawatha First Nation, supporting new developments of supportive housing and co-housing options for seniors, and expansions and additional funding for long-term care facilities in the Peterborough area [28]. Finding reasonably priced retirement living is a concern for many seniors who feel that they have a limited selection of financially viable options. The Peterborough area currently has 1062 units of affordable/social housing specifically for sen-

iors, and the capacity for 1043 seniors in retirement residences [29]. Unlike social and affordable housing, which is regulated by the city and supplied as an aspect of social services, retirement residences are not price-fixed. There are currently 27,040 seniors over the age of 65 living in Peterborough [3]. If long-term care facility units are included, there is senior-specific space for only 8.5% of the 65+ population of Peterborough [29]. Though this present research is focused on Lakefield, Peterborough is the nearest city; therefore, limitations in Peterborough's retirement housing options likely mean fewer options for seniors needing to leave Lakefield. Furthermore, there is minimal data on housing for Lakefield seniors and the specific housing needs of seniors has not been systematically examined.

The Abbeyfield House Society of Lakefield held a community meeting in July of 2017, which opened the floor to conversations about the viability of communal living for seniors. Since then, the non-profit organization has been working to develop an Abbeyfield house in Lakefield.



Abbeyfield Housing

The Abbeyfield model is characterized as congregate housing, though not institutional, that can meet the specific needs of older adults through proper design of the physical space, along with the addition of supportive services [27]. In Canada, roughly 800 communities have begun building age-friendly housing models [4] and 21 of those communities, including Ottawa, Toronto, Durham, and Caledon have developed an Abbeyfield model, housing approximately 300 residents [30]. The idea of an Abbeyfield house originated in the U.K. in 1956 after Richard Carr-Gomm recognized that many older adults lived alone and felt isolated in their communities. Carr-Gomm wanted to provide individuals with a safe and secure home that could foster support and friendship [30]. Worldwide, there are roughly 9000 people living in 850 different Abbeyfield residences and this number is constantly increasing [31]. Typically, an Abbeyfield house can accommodate 12-15 individuals, but can potentially house as many as 20 [30]. Abbeyfield houses are generally less expensive than other retirement options and they fill a gap in the system for middle-income seniors. Furthermore, the Abbeyfield model provides more opportunities for independence and autonomy than most long-term care facilities, however, it does not offer on-site nursing or personal support care, thus, it is better suited for individuals who are self-sufficient.

House Overview

- 12-15 seniors per house
- Private bedrooms with bathroom
- Meals provided
- Breakfast at your leisure
- ~ \$1200-\$1500 / month
- House coordinator to organize events, meals and volunteers
- Volunteer based infrastructure
- Communal style living



METHODOLOGY

The current study employed a mixed methods strategy, in which both quantitative and qualitative methods were used. This allowed for the collection of specific demographic data as well as participant insights and views in general, and on the proposed Abbeyfield Housing project.

Online Survey

To determine whether the Lakefield community presents a feasible setting for Abbeyfield housing, an online survey was developed (Appendix A). This survey was advertised and open to the entire community, with no exclusion criteria for participation. Survey items included questions such as “In general, do you feel there is a sufficient selection of retirement homes/accommodation in Lakefield?”, “What type of living environment would you prefer should you move into a retirement home?” and “What is your household income?” The survey sample allowed the research team to gauge seniors’ income eligibility and general community interest in an Abbeyfield house. Participants of the survey included seniors, relatives of seniors, and interested community members. The interested community member category was useful in appraising the future sustainability of this type of senior accommodation.

The online survey was distributed to various members of the Lakefield community via email, sent by the community partner at the Abbeyfield House Society of Lakefield.

In addition, a poster (Appendix B) was created

containing an online link to the survey and a QR code, as well as a phone number for those who wanted to complete the survey but did not have Internet access; posters were distributed throughout the village of Lakefield in stores, restaurants, and other public buildings. Finally, there were advertisements placed in two local papers: *The Lakefield Herald* and *The Peterborough Examiner*. The media interest potentially contributed to recruitment. These varied recruitment methods, as well as the openness of the survey to all Lakefield residents regardless of age, lends confidence to our findings.

Analysis

Demographic data was collected to determine correlations between interest in Abbeyfield housing, age, and income. This helped determine whether there was enough support and interest from the target population of seniors (e.g., independent and middle-income) for the type of living accommodations that an Abbeyfield house offers. Descriptive data analysis provided an overview of income levels, thoughts on current housing availability, and general interest or viability of Abbeyfield housing.



Focus Groups

To provide an opportunity for in-depth discussion and to gain a broad range of perspectives on retirement, five focus groups were held. The first focus group consisted of five individuals, lasted approximately 45 minutes, and was held at the Lakefield Public Library, a comfortable and familiar setting. Participants were recruited through the online survey (there was an option to provide contact information if participants were interested in being involved in a focus group). These individuals were then contacted and invited to participate. Additional focus group recruitment was accomplished through an email sent out by the Abbeyfield House Society of Lakefield.

The other four focus groups were held directly following an Abbeyfield House Society of Lakefield community meeting, open to the general public. These focus groups took place at the Lakefield Legion and each consisted of four to five individuals, lasting about 45 minutes.

Each focus group was guided by project researchers, who utilized the Focus Group Protocol (Appendix C).

Analysis

Focus groups were transcribed verbatim and any identifying information (e.g., name) was removed to ensure anonymity of the participants. An initial thematic analysis was conducted independently by each researcher through reviewing the transcripts line-by-line and applying emerging codes and themes. Thematic content analysis was employed through several reviews of the transcripts and a constant comparative method was used to ensure that connections between variables were noted. In addition, this method was also used to analyze the researchers' field notes.

What Does Retirement
in Lakefield Mean to You?

Follow the Link Below to Complete our Survey

Abbeyfield
Society of Lakefield

TAKE PART IN
ABBEYFIELD HOUSE SOCIETY
PUBLIC MEETING
FEBRUARY 7th. @ 7-00PM
AT THE
LAKEFIELD LEGION, Branch 77
10 NICHOLS STREET.
Light Refreshments

Front Community Research Centre TRENT UNIVERSITY

RESULTS

Online Survey

Participant ages ranged dramatically from 21 to 99, with an average age of 59. Just under half of participants indicated that they intended to retire in the next 5 to 10 years; of these individuals 21 retirees intended to retire with a partner and 21% indicated they were very likely to retire in the community of Lakefield (Figure 2). The current selection of retirement options in Lakefield was generally regarded as not enough (77%) and this assessment appeared to be independent of income (Table 1).

As the Abbeyfield model seeks to fill a housing gap for middle-income retirees, the online survey requested income information from participants; the spread of incomes is available in Table 1.

Income is not the only determining factor for seniors' fit with the Abbeyfield model. In addition, the house does not have any nursing or medical staff, so it is expected that residents are relatively independent.

Accessibility needs will be met, for example, by having an elevator in the house.

77% Participants did not believe there were enough retirement options in Lakefield

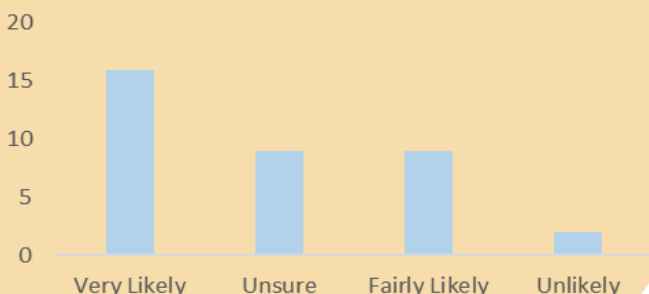
Table 1

Reported income compared by whether participants believed their was enough selection for retirement in Lakefield.

	High	High-Middle	Middle	Low-Middle	Low
Yes	2	2	2	0	1
No	17	8	15	11	4

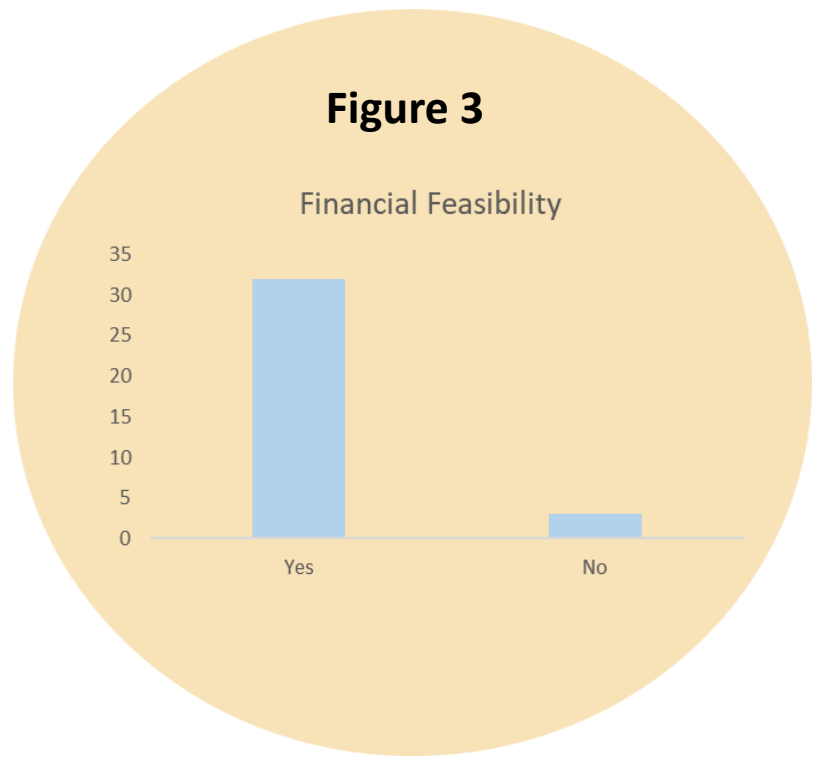
Figure 2

Likelihood of Retirement in Lakefield



Furthermore, personal support workers and physiotherapists are welcome to conduct appointments in the house, however, individuals with daily medical or care requirements are not an ideal candidate for communal living. Over half of retiree respondents (20%, sample = 35) did not anticipate having a medical need in the next 5 to 10 years, and only 3 participants indicated a likely/definite requirement; the remaining participants (12%) were unsure.

When participants were asked to select their ideal retirement environment the majority selected a full private apartment (65%, sample = 35). Though these selections did not align with Abbeyfield’s communal model, with the spread of incomes, lack of housing options, and the financial accessibility Abbeyfield offers (Figure 3), results may have been different if the survey had asked for a realistic ideal retirement scenario.



Focus Groups

A total of 19 individuals participated in the focus groups (4 male, 15 female). Participants’ age ranged from 54 to 91 with an average age of 70, capturing a range of individuals well into their retirement years and currently planning for retirement. All participants resided in the Lakefield community or surrounding area. The major themes that emerged from the data, pertaining to concerns for retirement and retirement living, included affordability, independence, and companion-ship. The dimensions of each of these themes will be discussed in detail.

“... do I have enough money to live?”

P7

Affordability

When focus group participants were asked about stressors related to retirement, the majority of natural first responses were

concerns about finances with regards to retirement in general, independent of the Abbeyfield model. This encompassed thoughts about how much they had saved for retirement and how much retirement would cost. *“I think the main thing is your finances. When you get to be at that stage you are looking at your finances and thinking what can you afford, where can you afford to live, for how long” - P14.*

General concerns about having enough money were also expressed: *“Do I have enough money; that's the biggest one in deciding for me, when to retire, do I have enough money to live. I didn't have any pension plans” - P7. “But I've been very lucky.” - P17.*



Early in the focus group sessions, participants discussed the costs of retirement and the level of savings they had available for retirement. Not surprisingly, participants expressed concerns about the costs associated with retirement accommodations. P19 explicitly remarked *“The biggest problem is the expense”* which was reiterated by P15: *“Cost is a big one.”* This was then followed up with discussions about inflation. Inflation was expressed in terms of a cost variable in which they would have no control. Knowing that costs will go up, but not knowing by how much was a stressor best reflected in P13’s comment, *“What’s the inflation gonna do?”*, with P12 seemingly in agreement, *“Inflation, yeah sure.”* P19 best summarized the sentiment, stating *“... you could have, if you first went in, you could have enough money but then if it [inflation] keeps on going up, then you have a shortfall.”*

Cost control, while important, was not the only consideration in retirement living. The group quickly tempered cost concerns with a caution about what they believed to be a typical retirement home cost-saving strategy: overcrowding. The discussions revealed mixed feelings about how many residents per home should be allowed, however, the majority of participants felt that fewer would be better as that would result in fewer personality conflicts. However, participants acknowledged that reducing the number of residents would increase the cost of this model and, as a result, could negatively influence affordability.

Independence

Location of the residence was discussed across all focus groups and was extremely important to participants; being close to amenities meant

that people could retain their independence. P6 implied that location was key to independence: *“... those that are more mobile but not driving, depending on where the development is, could walk to pretty well anything they need and so that’s ideal.”* P9 seemingly shared this sentiment when commenting *“...when it comes to location we want it to be such that people can walk to the village.”* One discussion referred to a multi-residential condo development currently being constructed 2 kilometres outside of Lakefield and the ensuing conversation gave strong indication that this was too far to walk.

Additionally, a privately owned, now closed, retirement house that was located in a rural area outside of Lakefield and sounded similar to the Abbeyfield housing model was also discussed. The group thought the concept was nice, but P14 stated, *“You couldn’t walk to the village, I mean it was pretty isolated”* while P13 noted that *“... being somewhere within the village is an important thing,”* again demonstrating the importance that participants placed on close proximity to Lakefield’s amenities. During one discussion, it was noted that location brings an additional benefit, as it contributes to physical well-being. P19 stated: *“Everything is within walking distance, I think walking keeps you active and fit.”* Finally, close proximity, which to participants meant within a 1 kilometre radius from Lakefield’s core, would allow residents to maintain existing relationships and involvement within the community because they would have walking access to local events, community organizations, and friends. Location, and its associated benefits, also played a strong role in companionship.

“...when it comes to location we want it to be such that people can walk to the village.” - P9

Companionship

With a convenient location comes the ability to maintain existing relationships in the Lakefield community. These relationships could include not only companions but also existing relationships with healthcare providers. Results showed an agreement for the importance companionship theme across focus groups with P3 stating:

“Once you start to integrate into a community, you don't want to do all of that all over again somewhere else, like you've already got a doctor, a dentist, and you want to be able to retire somewhere that you are not out shopping for all of that all over again, especially doctors. All of those things, and if you go to a church or have other things like that you have a support group and you don't want to just pack up and leave for the sake of accommodation.”

Participants' concerns around maintaining relationships were not only warranted by convenience or

comfort, but also by their

positive health impacts: *“It has been*

proven that if you are a part

of a community your health improves” stated P14. This is consistently supported by research that finds that socialization is significantly associated with increased seniors' well-being [32].

Although maintaining existing relationships was important, many participants also wished to form new relationships. Participants discussed and acknowledged the benefits of in-home

companionship to mitigate the impact of a possible future loss of loved ones or decreased mobility.

“I think companionship is the one that is most appealing to me. It's not hard to find companions in a town like Lakefield, but as mobility decreases, as I get another knee injury or something like this you know and having companionship at home if my wife dies or when one of us dies that might become an issue.” - P10

As many participants noted, mobility issues would become a concern as they aged. As such, the ability to have in-home companionship and socialization was an attractive feature.

However, as previously mentioned, participants did note that there is a potential negative aspect to in-home companionship: conflicting personalities. P10 stated, *“There could easily be*

people who don't get along and that would be always a concern.” Although participants realized that

this would be similar to

residing in

other retirement residences, they

felt that pre-established conflict resolution strategies would set their minds at ease. The Abbeyfield House Society of Lakefield should carefully investigate best practices from relevant organizations (e.g., other seniors' co-habitation models) and establish policies and procedures for how to deal with resident conflict.

conflict.

felt that pre-established conflict resolution strategies would set their minds at ease. The Abbeyfield House Society of Lakefield should carefully investigate best practices from relevant organizations (e.g., other seniors' co-habitation models) and establish policies and procedures for how to deal with resident conflict.

carefully investigate best practices from relevant organizations (e.g., other seniors' co-habitation models) and establish policies and procedures for how to deal with resident conflict.

and establish policies and procedures for how to deal with resident conflict.

procedures for how to deal with resident conflict.

conflict.



"I think there's a great need for affordable housing for seniors."

P17

Having such policies and procedures in place would assuage the concerns of potential residents that have been clearly raised in our research, and also, allow conflict to be dealt with in an effective and systematic manner, most likely to result in positive outcomes for all involved parties.

P17 remarked, "I think there's a great need for affordable housing for seniors." This need was echoed with excitement by P18 who explicitly stated "... we do need a [Abbeyfield] house in Lakefield, at least one house, maybe we need more than one house in Lakefield!" Survey results demonstrated, and focus group participants reiterated, the urgent need for this type of affordable communal housing.

DISCUSSION

This research sought to collect the thoughts and perspectives of Lakefield area residents, specifically seniors and their family members concerned with retirement. Furthermore, the results indicated that there is a shortage of retirement options in the Lakefield community. These views, in turn, provided insight about the feasibility of an Abbeyfield house.

The focus groups provided rich and meaningful dialogue about the potential of constructing an Abbeyfield house in the Lakefield community. Upon analysis of all focus group discussions, three main themes emerged: **affordability**, **independence**, and **companionship**. These themes, as well as some subthemes, will be discussed in the context of how the participants perceive the relevance and importance of each with regard to selecting retirement accommodations.

Affordability

As the old saying goes, *money doesn't grow on trees*, so it should come as no surprise that affordability would be of concern to those who have left the paid workforce and now live on savings and a fixed income. All participants had various contributions to the theme of affordability, but upon further analysis it became clear that life expectancy versus available savings and inflationary pressures were predominant. Short of re-entering the workforce in some

capacity, middle-income seniors had limited or no ability to manage rising costs, so retirement living options were carefully scrutinized.

Social security benefits currently provide a minor amount of income to those that qualify, but this benefit, like other social programs, is expected to be reduced or eliminated in time so that government funds can be channelled to programs that assist those most in need [33].

This places the onus on the individual to plan for and fund their retirement. As costs continue to rise, due to normal inflation and life expectancy increases, questions about affordability must be carefully considered to ensure there are sufficient funds for retirement. Middle-income earners are impacted more so than high-income earners, who were able to save and invest more over their working careers. Middle-income earners are also less likely to be eligible for government social programs than low-income earners, so there is a need for retirement accommodations that focus on quality living at reduced costs. The Abbeyfield model was expanded with that need in mind.

Participants that chose to discuss retirement finances did not refer to their ability to live on a fixed income, but rather they discussed how long they could afford to live by drawing on their savings. This could be attributed, in part, to decreasing support from government programs. This suggests there is a need for housing that removes unnecessary facilities or frills, to minimize costs, without impacting the quality, comfort, or appeal of the living spaces. This type of housing may be particularly appealing to middle-income earners as they may be more heavily reliant on their savings to fund retirement.

While participants were concerned about inflationary pressures on their retirement budgets, these same pressures would apply to all available retirement living options, including remaining at home. However, because the Abbeyfield model focuses on independence, it does not incur the costs associated with more supervised or medically attentive style retirement residences, allowing those cost savings to be passed on to the residents. Additionally, shared living space, found in the Abbeyfield model, combined with an appropriate number of co-residents, helps to further reduce costs per res-

ident, providing a cost advantage over apartment living which is the predominant accommodation style available to able-bodied seniors in Lakefield. Finally, the Abbeyfield model relies heavily on volunteerism to keep staffing and house maintenance costs low, which gives this model an advantage over both institutional retirement homes and apartment living, however, caution should be exercised to avoid overdependence, and the inevitable burnout, on volunteers.

The Abbeyfield model was developed to minimize retirement accommodation costs, resulting in affordability for middle-income seniors.

Seniors are sometimes limited by modest savings when selecting retirement accommodations. Our research supports the notion that Abbeyfield housing provides a nice balance between more expensive retirement homes and continuing to live at home. This option also provides seniors without complex needs an opportunity to maintain a higher level of independence than institutional type retirement homes.

Independence

Independence was a voiced concern that was brought forth through discussion of accessibility. Concerns regarding the ability to walk to do most errands, access to healthcare providers, and access to scenic and recreational areas demonstrated that location of the Abbeyfield house would be an important part of their retirement accommodation decision. As the saying goes, *location, location, location*, is the key for real estate decisions and, according to our participants, it is especially important for those who have limited or no access to cars. This concern is much greater than it may first appear. For many seniors, the ability to walk to village stores and community groups impacts their

ability to volunteer, shop, and maintain their health with limited or no access to automobiles.

Community involvement often includes volunteering in the town centre and allows seniors to expand their social networks. Contrary to a prevalent archaic perception that seniors are a burden to society, recent research suggests that seniors provide both a substantial social and economic contribution to society [34]. Without their contribution of time, these hours would come at a cost to the community. Therefore, volunteerism by seniors not only provides a significant social benefit to the senior them self (e.g. expansion of social network, sense of purpose), it should be encouraged as it provides a great benefit to the community as a whole. Once the community acknowledges this, the community-senior relationship becomes truly symbiotic, in that the senior provides economic benefit to the community, while the community affords a sense of purpose and belonging for the senior.

In addition to the physical health benefits of walking, the option of being able to walk to interact with others has mental health benefits. Research has shown that incidence of depressive symptoms is increased when a person believes they are isolated [35]. Furthermore, even if they do have social support, the mere perception of isolation reduces the benefits of that socialization. Maintaining the ability to walk to events, shop, visit friends, etc. whenever the desire arises helps to mitigate notions of isolation. Walkability to public transit would further ensure a feeling of independence and reduce feelings of isolation. Currently there is public transit to and from Peterborough which would provide residents with access to medical specialist appointments and a greater selection of retail stores.

Without a location close to Lakefield amenities, there are social and physical implications for seniors. Participants clearly recognized this, and their concerns are well founded, based on academic research. As such, ample consideration of future building sites should be undertaken, to ensure that seniors can take full advantage of all that the Lakefield community offers and maintain strong social ties.

Companionship

Companionship and location are heavily intertwined, as many participants stated the importance of their existing relationships in the community through community groups and volunteering. This is not at all surprising, as companionship has been shown to be linked with well-being in seniors, specifically socialization is related to decreased feelings of loneliness, hopelessness, and self-worth [32, 35]. Participants strongly believed that locating the Abbeyfield house centrally to Lakefield's core will allow them to continue to participate in community events, programs, and clubs should they lose their driver's licence but still be able to walk. While not specifically discussed, there are personal battery-powered mobility scooters that some may be eligible for which would still allow linkage to community involvement, provided there are clear sidewalks.

Companionship goes beyond community involvement. Many participants discussed their need for temporary family accommodations in any retirement living options. While many pointed out that this feature would make the residence feel like a home, research shows there is more to it. Research has indicated that seniors who are able to maintain family connections felt more socially connected than their counterparts without family relationships [36].

Therefore, providing in-house accommodations and parking for out-of-town family encourages them to visit more frequently and for longer, especially considering the limited overnight stay options in Lakefield.

As discussed, the Abbeyfield model is based on communal living which includes shared living space. This model creates conditions similar to family living. What is not clear is whether senior communal living facilitates a sense of family with the other residents, rather than merely creating close friendships. Regardless, socialization with peers and family correlates with decreased feelings of loneliness and depression, and communal living and close proximity to Lakefield's core are key facilitators of companionship.

While there are benefits of in-home companionship, conflict is a normal part of any society. However, retirement is typically looked upon as

a period to enjoy peace and residents of retirement communities often look to property management to handle disputes [37]. The Abbeyfield model provides communal style living, and participants indicated a desire for pre-established conflict management guidelines so that residents could resolve minor issues quickly and fairly and avoid the possibility of escalation.

Participants' views on companionship revealed the desire to maintain existing relationships and to form in-home relationships for socialization, while also highlighting concerns of conflict management. The benefits associated with companionship were determined to outweigh the concerns of possible conflicting personalities, especially if a proper conflict management policy was in place. This result is not unexpected, as socialization plays such a critical role in mental well-being.

RECOMMENDATIONS

This research explored the suitability of an Abbeyfield house in the Lakefield community. This section of the report presents the researchers' recommendations which were developed after careful consideration of the participants' perceived socio-barriers to acceptance of the Abbeyfield model in this community.



LOCATION

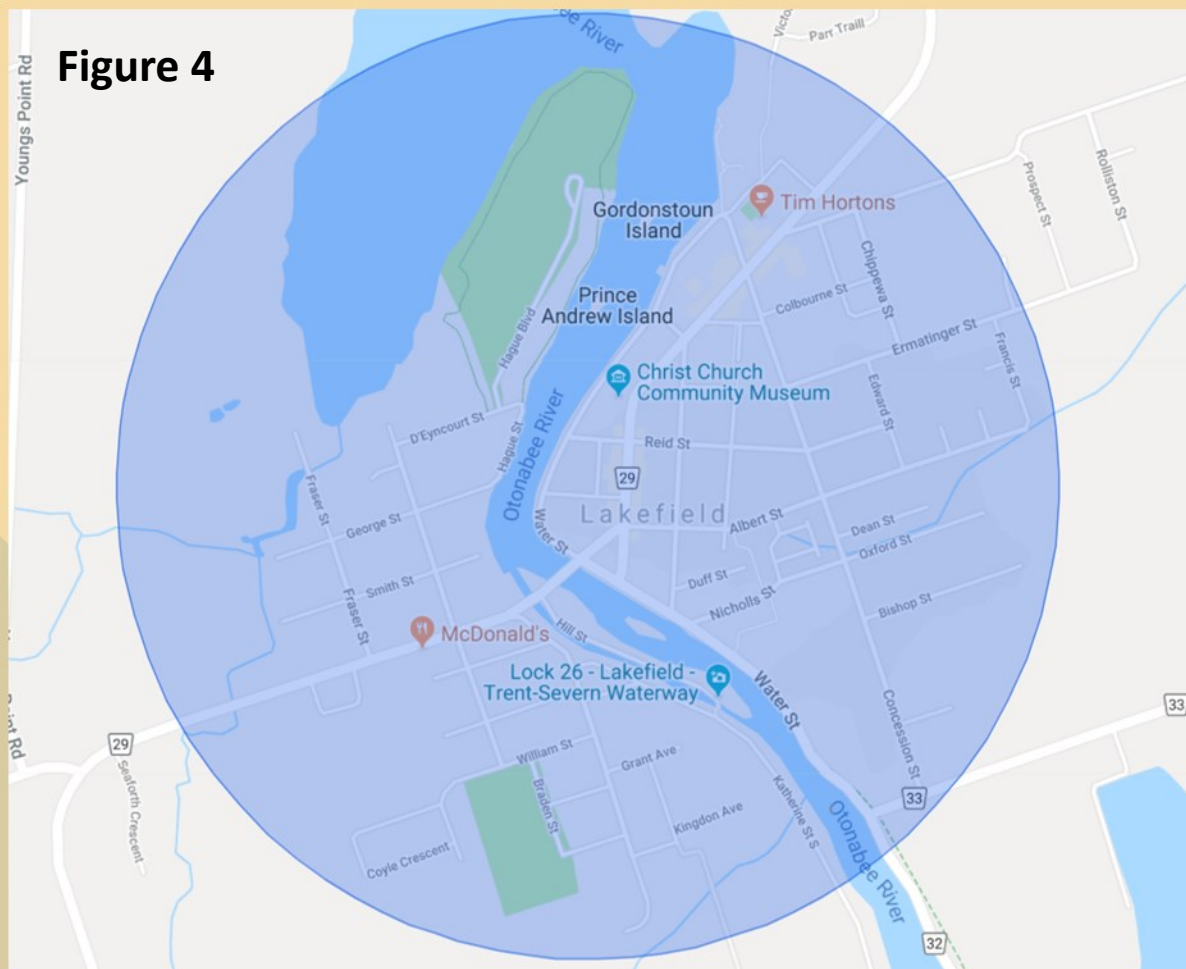
Participants clearly stated a strong desire to be centrally located within the Lakefield Community. The ability to walk, rather than drive, to where they needed to go was important. This helps to ensure residents are able to retain any existing community relationships through group and club participation, continue volunteering, maintain fitness, and contribute economically to Lakefield.



RECOMMENDATION

The Abbeyfield house should be located less than 1 kilometre to the centre of the Lakefield village. Figure 4 shows a 1 kilometre radius from the intersection of Queen and Albert Street.

Figure 4



CONFLICT RESOLUTION

Focus group data demonstrated concerns around conflicts between Abbeyfield house residents. Participants wanted to be able to review a conflict resolution policy on this prior to commitment of accommodation.



RECOMMENDATION

Research conflict management best practices from relevant organizations, develop a clearly worded conflict resolution process, and implement prior to occupancy.

FAMILY TIME

Abbeyfield housing models typically provide a place for residents' family to stay during short-term visits. Participants, unaware of this feature, clearly expressed a desire for family accommodation. The ability to have friends and family stay, meant the difference between a home versus an institution.



RECOMMENDATION

The Abbeyfield housing model should retain this important feature for the proposed Lakefield location.

ON-SITE PARKING

Some participants inquired about parking availability in the Abbeyfield model. Some of the residents may still have personal vehicles and, as such, require parking spots. Furthermore, when family and friends visit, there will be a requirement for additional parking.



RECOMMENDATION

An analysis of parking needs should be conducted, and appropriate parking spaces included in the final design.

CONCLUSION

The present study offers strong support for the development of an Abbeyfield house in Lakefield, Ontario. The results of this study indicate that there is a perceived shortage of retirement accommodation options in Lakefield, especially for seniors in the middle-income bracket. As such, an Abbeyfield house would be an advantageous addition to the community. This study offers insight into the values and perspectives of Lakefield community members, with respect to retirement living and the Abbeyfield communal living model. Furthermore, from these results, recommendations were formulated for the Abbeyfield House Society of Lakefield that could help facilitate success.

If the Abbeyfield project is undertaken and the themes of affordability, independence, and companionship are carefully considered, the needs and preferences of Lakefield seniors will be met. Subsequently, the proposed Abbeyfield house will help address the shortage in retirement living options in the Lakefield community.

To conclude, the results of this study indicate that there is sufficient interest and need for an Abbeyfield house in Lakefield and the next stages of planning and development are recommended.

REFERENCES

1. Chappell, N. L., & Hollander, M. J. (2013). *Aging in Canada*. Don Mills, Canada: Oxford University Press.
2. Life expectancy and other elements of the life table, Canada, provinces and territories. (2018, February 23). Retrieved April 29, 2018, from Statistics Canada website <http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=0530003&p2=46>
3. Statistics Canada. (2016). *Population Estimates Section of the Demography Division. Annual Demographic Estimates: Canada, Provinces and Territories*. Retrieved from <http://www.statcan.gc.ca/pub/91-215-x/91-215-x2016000-eng.pdf>.
4. Levasseur, M., Dubois, M. F., Genereux, M., Menec, V., Raina, P., Roy, M., Gabaude, C., Couturier, Y., & St-Pierre, C. (2017). Capturing how age-friendly communities foster positive health, social participation and health equity: A study protocol of key components and processes that promote population health in aging Canadians. *BMC Public Health*, *17*, 1-11. doi: 10.1186/s12889-017-4392-7
5. Hodges, D., & Brown, M. (2015). *Are you in the middle class?* Retrieved from <http://www.macleans.ca/economy/money-economy/are-you-in-the-middle-class/>
6. Statistics Canada. (2017). Lakefield [Population centre], Ontario and Ontario [Province] Census Profile, 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/>
7. Halseth, G., & Ryser, L. (2007). Trends in service delivery: Examples from rural and small town Canada, 1998 to 2005. *Journal of Rural and Community Development*, *1*, 69-90.
8. World Health Organization (WHO) (2007). *Global age-friendly cities: A guide*. Retrieved from http://www.who.int/ageing/publications/Global_age_friendly_ci/ties_Guide_English.pdf
9. World Health Organization (WHO) (2015). *World report on aging and health*. Retrieved from http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1
10. Novek, S., & Menec, V. H. (2014). Older adults perceptions of age-friendly communities in Canada: A photovoice study. *Aging & Society* *34*, 1052-1072. doi: 10.1017/ So144686X120015oX
11. World Health Organization (WHO) (2002). *Active aging: A policy framework*. Retrieved from http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf
12. Lui, C.W., Everingham, J.A., Warburton, J., Cuthill, M., & Bartlett, H. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, *28*(3), 116-121
13. Menec, V. H. (2017). Conceptualizing social connectivity in the context of age-friendly communities. *Journal of Housing for the Elderly*, *31*, 99-116. doi: 10.1080/02763893. 2017.1309926
14. Skinner, M. W., Rosenberg, M. W., Lovell, S. A., Dunn, J. R., Everitt, J. C., Hanlon, N., & Rathwell, T. A. (2008). Services for seniors in small-town Canada: The paradox of community. *Canadian Journal of Nursing Research*, *40*(1), 80-101.
15. Skinner, M. W., Joseph, A. E., Hanlon, N., Halseth, G., & Laura Ryser, L. (2014). Growing old in resource communities: Exploring the links among voluntarism, aging, and community development. *The Canadian Geographer*, *58*(4), 418-428.
16. Bacsu, J., Jeffery, B., Abonyi, S., Johnson, S., Novik, N., Martz, D., & Oosman, S. (2014). Healthy aging in place: Perceptions of rural older adults. *Educational Gerontology*, *40*, 327-337. doi: 10.1080/03601277.2013.802191
17. Djernes, J. K. (2006). Prevalence and predictors of depression in populations of elderly: A review. *Acta Psychiatrica Scand*, *113*, 373-387.
18. Overend, K., Bosanquet, K., Bailey, D., Foster, D., Gascoyne, S., Lewis, H., Nutbrown, S., Woodhouse, R., Gilbody, S., & Chew-Graham, C. (2015). Revealing hidden depression in older people: A qualitative study within a randomized controlled trial. *BMC Family Practice*, *16*(142), 1-8. doi:10.1186/s12875-015-0362-2
19. Burholt, V., & Sharf, T. (2014). Poor health and loneliness in later life: The role of depressive symptoms, social resources, and rural environments. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *69*(2), 311-324.
20. Koropecj-Cox, T. (1998). Loneliness and depression in middle and old age: Are the childless more vulnerable? *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *53B*(6). doi:10.1093/geronb/53b.6.s303
21. Pettigrew, S. & Roberts, M. (2008). Addressing loneliness in later life. *Aging & Mental Health*, *12*(3), 302-309.
22. Wilby, F. (2011). Depression and social networks in community dwelling elders: A descriptive study. *Journal of Gerontological Social Work*, *54*, 246-259. doi: 10.1080/01634372.2010.540074
23. Mullins, L. C., & Dugan, E. (1990). The influence of depression, and family and friendship relations, on residents loneliness in congregate housing. *The Gerontologist*, *30*(3), 377-384. doi:10.1093/geront/30.3.377
24. Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. A. (2009). Loneliness, social support networks, mood and well-being in community-dwelling elderly. *International Journal of Geriatric Psychiatry*, *24*, 694-700.
25. Dandy, K., & Bollman, R. D. (2008). Seniors in rural Canada. *Rural and Small Town Canada Analysis Bulletin*, *7*, 1-56. Ottawa: Statistics Canada, <http://www.statcan.ca/>

26. Keating, N., Keefe, J., & Dobbs, B. (2001). A good place to grow old? Rural communities and support to seniors. In R. Epp & D. Whiton (Eds.), *Writing off the rural west: Globalization, governments, and the transformation of rural communities* (pp. 263-277). Edmonton: University of Alberta Press.
27. Hallman, B. C., & Joseph, A. E. (1997). Housing the rural elderly: A place for Abbeyfield? *Journal of Housing for the Elderly*, 12(1/2), 83-103.
28. Peterborough Council on Aging (2017). *Age-friendly Peterborough: Community action plan*. Retrieved from <http://www.peterboroughcouncilonaging.com/wp-content/uploads/2017/05/AFP-CAP-V1-web.pdf>
29. Peterborough Council on Aging (2015). *Age-friendly consultation data, 2015*. Retrieved from <http://www.peterboroughcouncilonaging.com/wp-content/uploads/2016/03/Age-friendly-Ptbo-ConsultationData-2016-FINAL.pdf>
30. Abbeyfield Canada. (n.d.). Retrieved from <http://www.abbeyfield.ca>
31. Abbeyfield-Bristol. (n.d.). Retrieved from <http://www.abbeyfield-bristol.co.uk>
32. Gilmour, H. (2012). Social participation and the health and well-being of Canadian seniors. *Health reports / Statistics Canada catalogue no. 82-003*, 23, 3-12.
33. Novak, M., Campbell, L., & Northcott, H.C. (2014). *Aging and society: Canadian perspective, seventh edition*. Toronto, Ontario. Nelson Education Ltd.
34. Wister, A. V., & McPherson, B. D. (2014). *Aging as a social process. Canadian perspectives*. Don Mills, Ontario. Oxford University Press.
35. Wan Mohd Azam, Wan Mohd Yunus, Din, N. C., Ahmad, M., Ghazali, S. E., Ibrahim, N., Said, Z., . . . Maniam, T. (2013). Loneliness and depression among the elderly in an agricultural settlement: Mediating effects of social support. *Asia-Pacific Psychiatry*, 5(S1), 134-139. doi:10.1111/appy.12061
36. Lang, F. R., & Carstensen, L. L. (1994). Close emotional relationships in late life: Further support for proactive aging in the social domain. *Psychology and Aging*, 9(2), 315-324. <http://dx.doi.org/10.1037/0882-7974.9.2.315>
37. Streib, G. F., & Metsch, L. R. (2002). Conflict in retirement communities: Applying an analytical framework. *Research on Aging*, 24(1), 67-86. <https://doi.org/10.1177/0164027503024001005>

WHAT DOES RETIREMENT IN LAKEFIELD MEAN TO YOU?



ABBEYFIELD HOUSING WANTS TO KNOW. HELP SHAPE THE FUTURE OF RETIREMENT LIVING IN LAKEFIELD

We are collecting information on interest in a community retirement initiative. The survey takes about 2 minutes and will help shape the future of retiring in Lakefield. We will also be running focus groups in late November to better understand what the community wants/needs

Follow the Survey Link Below

goo.gl/7rFVJN



Focus Group Information, e-mail:

laurelpirrie@trentu.ca

or all

705-748-1011 ext 7867



Appendix B

Viewed By	#		Question Options
All	1	Please indicate your age in years	*Text entry
All	2	Are you considering retirement living arrangements for yourself in the near future, e.g., the next five or ten years?	Yes No
Those that answered "no" to question 2	3	Are you a relative of someone considering retirement living arrangements in the near future, e.g., the next five or ten years?	Yes No
All	4	What is your household income? **These income brackets fall in line with Statistics Canada and are being collected for the purpose of identifying differing opinions among Lakefield Residents based on income, given the middle-income target of Abbeyfield Housing.	Low (Individual: <\$18,700; Double Income: <\$38,800) Lower-Middle (Individual: \$18,700-\$23,350; Double Income: \$38,800-\$62,000) Middle (Individual: \$23,350-\$36,850; Double Income: \$62,000-\$88,100) Upper Middle (Individual: \$36,850-\$55,500; Double Income: \$88,100-\$125,000)
Those that answered "yes" to question 3.	5	Would you consider Abbeyfield Housing a viable option for your relative based on their level of income, independence and living preferences? **For additional information about Abbeyfield Housing, please go to http://www.abbeyfield.ca/	No Unlikely Unsure Fairly Likely Very Likely
Those that answered "yes" to question 3.	6	Do you anticipate having some influence on the location of your relative's retirement living arrangement?	Yes No
Those that answered "yes" to question 2.	7	Please indicate on this scale the likelihood of your moving to/residing in Lakefield for your retirement.	No Unlikely Unsure Fairly Likely Very Likely

Those that answered "yes" to question 2.	8	Those that answered "yes" to question 2.	Yes No
Those that answered "yes" to question 2.	9	What type of living environment would you prefer should you move into a retirement home?	Private apartment, one bedroom, including full kitchen Private apartment, multiple bedrooms, including full kitchen Private apartment, one bedroom including kitchenette and provided meals in shared dining room Private apartment, multiple bedrooms, including kitchenette and provided meals in shared dining room Private bedroom and bathroom with shared living space & meals provided Private bedroom and bathroom, configured for partners, with a shared living space & meals provided. Other *Text Entry
Those that answered "yes" to question 2.	10	The average estimated cost to an Abbeyfield resident is ~\$1,550/month. Would this be a feasible financial option for you?	Yes No
Those that answered "yes" to question 2.	11	Abbeyfield Housing does not include registered nurses, doctors or personal support workers on staff. Would you see these as a requirement of the next stage of your living?	No Requirement Unlikely Requirement Unsure Likely Requirement Definite Requirement
Those that answered "yes" to question 2.	12	The average estimated cost to an Abbeyfield resident is ~\$1,550/month. Would this be a feasible financial option for you?	Yes No
Those that answered "no" to question 3	13	Do you know someone that Abbeyfield Housing would be a viable option for based on their level of income, independence and living preferences?	Yes No
All	14	In general, do you feel there is a sufficient selection of retirement homes/ accommodation in Lakefield?	Yes No
Those that answered "Yes" to question 2 or 3.	15	We understand that this survey may not have fully allowed you to describe your thoughts on Abbeyfield Housing and/or retirement in Lakefield. To address this, we are holding in-person focus groups in Lakefield, at times convenient to participants, during late November/early December or early 2018. Are you interested in participating in a focus group, facilitated by 1-2 Trent students from this research team?	Yes * Text Entry* No

Appendix C

Focus Group Questions

Introduction

Good afternoon everyone, thank you for attending this focus group with us. My name is _____ and I will be leading the focus group today and this is _____ who will be taking notes throughout the session. During this session, we will be asking the group a number of questions and we would like you to respond as well and as honestly as you can - if you would like to provide an answer to a question, please don't hesitate to raise your hand or simply speak up. We would like this focus group to feel like a discussion.

We'd like to start off by providing you with informed consent forms. We ask that you read these in detail and if you have any questions please don't hesitate to ask. Once you have read and understood the form you can agree or disagree to participate in this focus group. We would like to point out that while we can guarantee confidentiality from the researchers involved with this project, we are unable to guarantee confidentiality from participants in the focus groups and would ask that you only respond to the questions at a level you are comfortable with and to use your own discretion. At this point, for those who have agreed to participate, please sign and date the bottom of the form and we will collect them before we begin.

As you know, we are doing research on whether Abbeyfield Housing is a viable option for Lakefield, however, we are neutral researchers in that we are not affiliated in any way with the Abbeyfield Society of Lakefield and are neither for nor against the building of an Abbeyfield house. We are primarily interested in aspects related to retirement as a whole such as concerns, likes, dislikes, etc. to determine whether this is an appropriate fit.

Questions

- Why did you want to participate in this focus group?
- **Prompt:** Simple curiosity, interest in potentially residing at an Abbeyfield house, interested family members?
- What are some features that you are looking for/will be looking for in a place to retire?
- **Prompt:** What mobility or independence barriers do you or your family member have to consider?
- **Prompt:** What is it about these features that make them important to you?
- Do you see any barriers to conventional retirement housing?
- **Prompt:** Financial, cultural, social?
- **Prompt:** What do you see as potential solutions to these barriers?
- Do you or your family member plan on retiring in Lakefield? Is it important for you or them to stay in Lakefield?
- **Prompt:** What are some of the benefits or issues that come with retiring in Lakefield?
- **Prompt:** What solutions do you propose?
- What stressors do you think are related to retiring?
- **Prompt:** Do you think a more communal style living arrangement could ease this transition? Or make it worse?
- **Prompt:** How do you feel about communal, shared living spaces and how could this affect your decision in retirement accommodations?
- Do you have any additional questions or comments?