A collection of essays and data marking the tenth anniversary of Hartrigg Oaks, the first Continuing Care Retirement Community in the U.K., opened by the Joseph Rowntree Housing Trust in 1998.

The book features chapters from a wide range of contributors, including the former Chairman and the former Director of the Trust, its present Director and various members of staff, and a number of residents, members of their families and others associated with this Retirement Community. Descriptions are provided of its planning and design and of the financial arrangements.

The major emphasis is on what it is like to be living at Hartrigg Oaks, together with the impact it has had on residents and their families, and on the immediate neighbourhood. Reference is also made to the contribution which the concept behind Hartrigg Oaks is already making to the national scene, where the problems raised by the increasingly ageing population are demanding the attention of politicians and public authorities at all levels.

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Do Retirement Communities Work?

Hartrigg Oaks:
The First Ten Years
Joseph Rowntree Foundation
The Homestead
40 Water End
York YO30 6WP
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Photographs by Arthur Ashton
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The contributors

Liz Arnold studied at the Royal College of Music, specialising in teaching the piano and school music, and singing. She ran the Friends of the Leeds Triennial Festival, was heavily involved in the Leeds International Piano Competition, and is now Vice-Chairman of Leeds Lieder+.

Arthur Ashton was born in London. He graduated from University College London in Geography and Economics. After war service in the Royal Navy on escort duty he began his career in education, teaching for 12 years in Middlesex and Shropshire. He then moved to local authority education administration in Dorset and Berkshire, retiring as Deputy Director of Education for the latter county. His present hobbies at Hartrigg Oaks include calligraphy, painting and photography.

Vic Atkins MBE has lived in York all his life. He was a member of the grounds staff of JRHT from 1953 to 2003, and is still actively involved in the work of the Nature Reserve in New Earswick.

Sir Donald Barron was Chairman of Rowntree Mackintosh from 1966 to 1981 and of Midland Bank from 1982 to 1987. He served on the Social Service Research Council (1971-1972), the University Grants Committee (1972-1981) and the Board of Banking Supervision (1987-1989). He was closely associated with the foundation of the University of York and served as its Treasurer, Chairman of Council and a Pro-Chancellor. He was a trustee of the Joseph Rowntree Memorial Trust and the Joseph Rowntree Foundation for 30 years, and was Chairman for 15 years until his retirement in 1996.

Lord Richard Best was the Director of the Joseph Rowntree Foundation and the Joseph Rowntree Housing Trust from 1988 to
the end of 2006. He chairs the Hanover Housing Association and a number of other charitable, non-profit and Parliamentary bodies.

Sarah Cleverley was born in Hull and later lived in Harrogate and London. She has followed mixed careers, mainly in libraries but also enjoyed a brief flirtation with the theatre. She has been married twice: first to Arthur, an opera singer, and then to Ken, an architect. She moved back to Yorkshire with Ken in 1980 and worked for the NHS until glorious retirement. She then lived in Nidderdale, followed by Helperby, and came to Hartrigg Oaks in 2006.

Tony Dale retired as Adjunct Vice-Chancellor of the University of Technology, Sydney in 1991, having previously worked in the steel and computing industries and in universities in the U.K. He came to Hartrigg Oaks in 1998, where he was Chairman of the Residents’ Association from 2007 to 2009.

Julia Darmon was born in South Yorkshire, living there until she entered higher education. Since then, as a teacher and family support worker, she has lived in many places in England, Northern Ireland and Wales. It is a double pleasure for her now to be living both at Hartrigg Oaks and in her home county.

Giles Dearing was appointed Head of The Oaks Care Home in 2007. He had previously worked for JRHT and for Southern Cross Health Care. During his studies at the University of York he won the National Care Choices Young Care Practitioner of the Year award.

Cedric Dennis was Chief Housing Officer to Ryedale District Council, from which post he joined Joseph Rowntree Memorial (now Housing) Trust in 1978 as Housing Director. He subsequently held the posts of Director of Housing and Property Services, Director of Business and Investment Properties, and Director of Care Services. On retirement, he was engaged by the Trust as a consultant, promoting the replication of Continuing Care Retirement Communities.
Rodney Dew was born in London and served throughout the war in the Royal Tank Regiment. His postwar career was as an accountant in local government.

Peter Giles trained with Shepherd Construction to become a building surveyor. He then worked in the building industry in Zambia and in the U.K. He joined JRHT in 1986 as Manager for Buildings and Estates, and was appointed Deputy Director, Property Services in 1996.


Audrey Kennedy was Older Adult Specialist at the York Barbican Centre for 13 years, holding many certified qualifications in fitness, together with the British Wheel of Yoga diploma and specialist Older Adult module, as well as accreditation in swimming therapy. She started up the Health Activity Centre at Hartrigg Oaks in 2001.

John Kennedy has been the Director of Care Services for the Joseph Rowntree Housing Trust since 2004, managing a mixed portfolio of housing providing care in York, Leeds, Scarborough and Hartlepool. He previously spent fifteen years as General Manager at Londesborough Healthcare Ltd in East Yorkshire. He read economics at the University of Manchester.

John McNeil studied Architecture in Leeds in the 1950s and became an Associate Member of the RIBA in 1960. He worked in London with Mischa Black and in Edinburgh with Robert Matthew Johnson Marshall & Partners. He joined York University Design Unit in 1967, working mostly on social housing, special needs housing and student housing. He set up his own Practice in 1985, concentrating initially on Medical Centres and Special Needs Housing, and then from 1989 a succession of projects with Cedric Dennis at the Joseph Rowntree
Housing Trust, starting with Lamel Beeches, and The Garden House in The Homestead, and culminating with Hartrigg Oaks and Bedford Court. He retired from the Practice in 2000 and now spends most of his time painting.

**John Mitchell** is originally from Sussex, son of a country doctor. He used to think York was somewhere near the North Pole, so is somewhat surprised to find himself living there, and being entranced by it. As a boy he yearned to be a journalist, and has always enjoyed words, but was persuaded to train for the law instead. He was briefly a solicitor in London, but then moved to the voluntary sector to work for the charity Toc H where he spent forty years, including eight as national director. At one stage he became very involved with Gypsies and Travellers, and has resumed that interest now he is in York. If pressed he will suggest that his only real claim to fame is that he once danced a tango with a nun. He is the present Secretary to the Hartrigg Oaks Residents’ Association.

**Hilda Parkhouse** was at Durham University and took up teaching as a career. She later worked with mentally and physically handicapped children which had been her first interest. She collaborated with Jim on the project concerning doctors’ careers. She and Jim live at Hartrigg Oaks.

**Jim Parkhouse** studied medicine at Liverpool University and became an anaesthetist, moving from the NHS to academic appointments. He also worked in the U.S and Canada. He became involved in medical education, particularly postgraduate training and continuing education, as well as medical manpower planning. He started a research study on doctors’ careers in 1974 which still continues. He and Hilda live at Hartrigg Oaks.

**Celia Quarton** was born in York and has lived there all her life. She trained in catering and was recruited by JRF as cook for their new residential home at Lamel Beeches. In 1998 she was appointed to her current post as Housekeeper in charge of catering and cleaning.
Bert Sherriff joined the Fleet Air Arm branch of the Royal Navy in 1942, and spent over a year in hospital after a crash. He then trained as a teacher and spent six years as Head Teacher of The British School in Punta Arenas, Chile, followed by 21 years as Head Teacher of the Primary School in New Earswick. For 21 years until 2006 he was Clerk/Treasurer to the York Childrens’ Trust.

Peter Smith qualified in medicine at Liverpool University in 1975. After further hospital jobs in Liverpool, and a spell with the flying doctor services in Australia he arrived in York in 1978 to work at York District Hospital, and as a GP trainee in two other practices around York. In 1981 he was appointed a partner at Haxby Group Practice, at that time a partnership of eight full time partners (a team of nearly 20 doctors now works in the practice). He was retained as medical adviser to the Joseph Rowntree Housing Trust at Hartrigg Oaks in 1998.

Janet Stankiewicz graduated in Russian. As Sr Anne Saword she was involved in a monastic quarterly review (religious and academic) from 1966 until 1975. In the seventies she became in effect the editor, under the nominal editorship of an Abbot. She came to Hartrigg Oaks in August 2003.

Michael Sturge joined the Joseph Rowntree Housing Trust (and the Joseph Rowntree Foundation) in 1980. He was the Director of Finance until 2006, and is currently the Deputy Director. In conjunction with the current Director of Finance, Paul Dack, Michael established the financial arrangements for Hartrigg Oaks. He has been one of the JRHT members of the Hartrigg Oaks Management Committee since its inception. He describes himself as an enthusiastic supporter of “all things Hartrigg”, and is author of Lessons from Hartrigg Oaks (Bibliography, Ref 16) which was published in 2000.

Previous external commitments have included being Chair of The Pensions Trust for Charities and Voluntary Organisations, Treasurer of the University of York, and Treasurer of The Retreat. He is the
current Chair of Cober Hill. Michael is married to Lotti (who is also a regular visitor to Hartrigg Oaks). They are both Quakers. They have three children and two grandchildren.

Megan Taylor is a registered Mental Health Nurse, specialising in the mental health care of older people. She graduated in Psychology as a mature student at the University of Hull, whilst continuing to nurse part time, after which she worked on a research study at the University of Leeds investigating depression in stroke patients. This involved close work with stroke patients both in hospital and at home. She was appointed Community Care Co-ordinator at Hartrigg Oaks in March 2005.

Julia Unwin CBE was appointed the Director of the Joseph Rowntree Foundation on 1 January 2007. She was previously Deputy Chair of the Food Standards Agency and worked as an independent consultant operating within government and the voluntary and corporate sectors. She served as a member of the Housing Corporation Board for 10 years and a Charity Commissioner from 1998 to 2003. Julia is a member of the Prime Minister’s Council on Social Action, a member of the Ethics Committee at the University of York and a Governor of the Pensions Policy Institute.

Margaret Watson was born and educated in Hexham, where she managed a dental laboratory after qualifying at Newcastle dental school. While on holiday in Spain she met a gentleman from York, married him 12 years ago and moved to New Earswick.

Dianne Willcocks CBE is Vice-Chancellor at York St John University. A social gerontologist, Professor Willcocks is co-author of Residential Care Revisited 1998, Peace, Kellaher & Willcocks, OU Press. She serves on the board of Yorkshire’s first Lifelong Learning Network, Higher York and on the York Diocesan Board of Education. She is a member of the Higher Education Funding Council Board and chairs its Widening Participation Strategy Committee. She is a trustee of the Council for Industry and Higher Education, and the
Higher Education Academy. In the City of York, Professor Willcocks is currently on the Board of Yorkshire Film Archive and the York Cultural Partnership. She chairs the York Theatre Royal Trust.

**Anthony Wilson**, together with his sister, Liz Arnold, was evacuated from Manchester to a Quaker-run school community where their mother Margery was a founding member of staff. Having studied social anthropology, he was appointed Commissioner for Community Development in Malawi. He subsequently became Secretary to the Barrow Cadbury Trust in Birmingham from 1969 to 1993. He is a founder member of the Association of Charitable Foundations.

**Maggi Wright** was born in South Shields, originating from the North East before moving to Yorkshire to complete her degree at York St John University. Maggi has spent all of her career in Education working as a teacher, Deputy Head and now Headteacher at Joseph Rowntree School, York. Her interests outside school include Art and Design as well as the Performing Arts.
Preface

Julia Unwin

A TENTH ANNIVERSARY is usually good enough reason to celebrate in itself, but looking back on the first ten years of Hartrigg Oaks (H.O.) gives us an opportunity to reflect on how much we have learned and achieved.

We – that is, the Joseph Rowntree Foundation (JRF) and the Joseph Rowntree Housing Trust (JRHT) – took a risk when we built Hartrigg in the late 1990s. We invested a large sum of money in something that hadn’t been tried before in this country – a Continuing Care Retirement Community (CCRC). Retirement communities were uncommon in the United Kingdom ten years ago. We searched out the best practice from other countries, looking in particular at the American model, and designed the kind of retirement community that appeared best for the U.K.

So what is different about a CCRC? Put simply, H.O. is a housing option for older people that enables them to live in their own home, in a vibrant, stimulating environment. It is not just a building or a system, but a way of living, which offers control, security and independence, and allows older people to continue to be active citizens.

Like ‘extra care’ schemes, a CCRC offers residents care and support if and when they need it, to a level that might previously only have been available in a residential or nursing home. It also offers housing design features that are suitable for changing needs (following the Lifetime Homes concept developed by JRF and other housing experts), communal facilities and opportunities for social interaction.

The main differences between extra care schemes and H.O. are the provision of an on-site care home, The Oaks, which offers full residential and nursing care, and the way it is financed. The ‘pooled
finance’ model means that residents have peace of mind about care costs, because there will be no increase in fees if they do need care.

Providing and paying for long-term care is increasingly important. We live in an ageing society – the current number of people aged over 85 is expected to double by 2050. The fact that we will all live longer is a huge asset. It is one of the triumphs of the 21st century, but we will need new solutions for everyone. H.O. is one way of dealing with this fantastic opportunity, and as such has been hugely influential.

The Government’s *National Strategy for Housing in an Ageing Society* published in February 2008 (Bibliography, Ref 9) covers three aspects of care previously recommended by JRF and which all feature at Hartrigg:

- Lifetime Homes;
- ‘That bit of help’ – JRF research showed how low-level services such as handypersons and minor repairs and adaptations could help older people stay at home for longer;
- positive models, such as CCRCs.

Hartrigg has been particularly influential in the nature of care provision, as can be seen by the explosion of retirement villages of different sorts, and numerous policy-makers and practitioners have been to visit it over the years. Some of the most recent visitors – in February 2008 – include the Liberal Democrat Shadow Secretary of State for Health, Norman Lamb MP; a care team from the Strategy Unit of the Cabinet Office; and Kate Broomfield from the Social Care Strategy Unit. We hope to welcome more visitors from all four countries of the U.K. in the near future.

The success of H.O. has also influenced our own practice. We recognise the importance of having different models of care and housing for the very different requirements that older people have. We know from ten years’ experience that Hartrigg has been a very positive move for a lot of people and has changed their lives, but we are learning different ways of meeting the needs of older people, and building communities which have their own distinctive character. In 2008, JRHT opened two new retirement communities – Hartfields in
Hartlepool and Plaxton Court in Scarborough – which offer homes for rent or part-ownership, as well as full sale.

There are other models and avenues to explore. For example, we are interested in whether we could take some of the strengths of a retirement community like Hartrigg and make them work on a dispersed site, perhaps in a village community like New Earswick.

I have been so impressed by H.O. since I became Director of JRF and JRHT at the beginning of 2007.

It has been such a pleasure to meet so many very lively people living much more independent lives than they might have been had they not moved to Hartrigg, and enjoying great social lives.

And what an amazing feeling when you walk in and see the modern facilities and the comfort, security and opportunities that residents can experience – it’s not like a traditional care home at all.

But what has impressed me most, and what I feel is most worth celebrating, is that the people who live at H.O. are so active in the community and have a very visible life in York.

The links with Joseph Rowntree School in New Earswick are especially exciting. Contacts across the generations in the village, and everywhere else, are so important if people of different ages are to live alongside each other with mutual understanding and respect, and help to break down misconceptions.

Hartrigg residents go out of their way to pass their experience on to young people in the village. For example, students learning French and German are invited to take part in French and German Christmas carol tea parties hosted by residents at Hartrigg, where they can practise their language skills with fluent speakers. Residents are also offering mock academic and job interviews for sixth-form students – these are now a fixed part of the school’s career programme. Students can gain invaluable experience of an interview situation with some very experienced people, and the residents can maintain their skills and contribute to the development of young people in their community.

I hope you will enjoy reading this book and will join me in celebrating a very fruitful first ten years at Hartrigg Oaks.
Introduction

Tony Dale

Ten years ago in April 1998 people started moving in to Hartrigg Oaks, the first Continuing Care Retirement Community (CCRC) in the U.K., built and run by JRHT. What a CCRC is and why this one is now full, with a waiting list, and what the JRHT is and why it decided to invest £19 million (at 1998 prices) to create it, you will discover as you read on.

Joseph Rowntree, a successful Quaker businessman who made chocolate and other confectionery, left the bulk of his fortune to what is now known as JRF and JRHT in order to promote his determination to improve the lot of society. Together, the Foundation and the Trust search out the causes of social problems, demonstrate solutions and seek to influence those who can make changes (their three key functions have been highlighted).

In the 1980s the growing problems arising from an ageing population triggered an extensive research programme by the Trust. Visits were paid to the U.S.A. where the concept of retirement communities was well established. But, attractive as they were, would they survive transplanting to the U.K.? Eventually, the decision was taken to construct H.O. in New Earswick on the outskirts of York, where Joseph Rowntree had started building his model village in 1901. Hartrigg is thus a community within a community, where some 240 people – all over 60 – have come to live in an environment providing security, stimulation and care for the rest of their lives. There are 152 bungalows, together with The Oaks Centre, which contains a 42 room care home and a range of communal facilities, all in a well landscaped setting.

At this point it should perhaps be made clear that H.O. is not a Quaker establishment. There are quite a number of Quakers living here, which is not surprising as news of this development spread...
rapidly through the Quaker community in the early days. But in no sense is this a Quaker-only place, though it certainly draws much of its inspiration from its ultimate benefactor, Joseph Rowntree.

Now that it is ten years old, two books about this initial period have been produced. In one, entitled *Hartrigg Oaks Tales*, a number of residents, JRHT staff and others have set down their personal recollections of these early years. In this, the second book, residents have decided that the story of the place should be presented as a record of what has been achieved by this experiment. There had been retirement communities before, but this one was different – and still is different from the more recent developments to which reference is made elsewhere in the book. We are convinced that something of significance, of lasting value, has been created on these 21 acres which it is worth telling others about.

The timing is fortunate. In May 2008 the Government launched a six-month public consultation on new systems for the provision and financing of care for the elderly, in advance of a Green Paper on social care to be produced in 2009. Reporters and television journalists come and write articles and make programmes about us – and don’t always get it right – because the tiny contribution this place is making towards the solution of this massive national problem contains elements which could be incorporated in further developments throughout the country.

None of us would claim that the panacea for all the ills of the elderly and the recipe for national policy for their cure are to be found here – although County Councillors from a nearby part of the country, in their report on visits to various care homes, did consider Hartrigg to be “the Utopia of extra care housing”. No; that’s putting it too high. As John Kennedy, the Director of Care Services for JRHT (who writes later in this book), said in a recent article in the *Financial Times Magazine* (Bibliography, Ref 3): “To some people it is utopia. To others it would be the last place on earth they’d want to live”.

Nevertheless, there are many good reasons why so many do wish to come and live here, and many good reasons why others keep coming to find out why. It is the main purpose of this book to set out these two sets of reasons, by recording what has been achieved in such a
short time, together with the lessons which are being learned. Some people have claimed that ten years is too brief a period to be worth any form of celebration, and indeed our forms of celebration have been modest. Two tea parties have been attended by both residents and staff, as well as those who took the decision to build the place and who designed its essential features. Later in the year we arranged something in a different vein, when Professor Dianne Willcocks, the Vice-Chancellor of York St John University (who also writes later in this book) delivered our tenth anniversary lecture, on the subject of Community (Bibliography, Ref 21). But the conviction remained that ten years would certainly have been long enough to show whether the experiment was a failure – and that, H.O. is definitely not.

So that is why we decided to produce this book: to show that this transplant **has** worked; to provide a record of what has been achieved; and to generate an incentive for others to do likewise.

How it has been produced can be quickly described. Three residents came together to form an Editorial Group (Howard Gregg, Janet Stankiewicz and myself) who amongst other things in their previous careers had acquired experience in activity of this kind. The scope of the book was gradually established, with prospective contributors easy to identify. JRHT were pleased to meet the cost of its production so that the entusiasms of a handful of residents did not become a burden upon the remainder. We are grateful to the Trust for their practical expression of interest in this venture, and also to the present Director and her predecessor for contributing the Preface and the Conclusion to this book. We take this opportunity to thank all the contributors for their willing agreement to take part.

The Editorial Group has identified six classes of potential readers: existing residents and their families; prospective residents, their families and advisers; the media; potential and actual developers of similar schemes; academics; and policy advisers and policy makers, at both regional and national level. For you, the reader, to whichever of the above six classes you may belong, we hope you will find something of interest and – who knows? – perhaps something of inspiration to go and do likewise, secure in the knowledge that retirement communities **do** work.
The Trustees’ Decision

Sir Donald Barron

In 1981, when I succeeded (Lord) Frederic Seebohm as Chairman of the Joseph Rowntree Memorial Trust (it changed its name in 1990 to the Joseph Rowntree Foundation and the Joseph Rowntree Housing Trust, with identical Trustees), housing for older people was already firmly on our agenda. Indeed, as early as 1945, Seebohm Rowntree, then Chairman, had drawn attention to one part of the problem – “family houses occupied by an elderly person because nothing more convenient was available”. Since that year the position had become much more challenging as life expectancy rose steadily and ageing had begun to produce serious dilemmas and unhappiness among the increasing numbers of elderly members of the population.

From the 1950s the Trust had undertaken a number of initiatives – Garth Court followed by Red Lodge in New Earswick, and Dower Court in York. These showed convincingly that there was a strong demand for specially designed accommodation for older people.

In 1983 the Trust commissioned research, in conjunction with the Centre for Policy on Ageing, into continuing care retirement communities (CCRCs). This was carried out by David Hearnden, who visited CCRCs in the U.S.A. and West Germany. In his report (Bibliography, Ref 10), while pointing out some concerns, notably the ‘ghetto’ issue, he concluded that the concept might be transferable to the different circumstances in the U.K. given certain conditions, stating specifically that “sound financial management would be crucial to the success of the community” (ibid, p 37).

On their journey back from the launch of the report in London Sir Charles Carter (Trustee) suggested to Cedric Dennis (Director of Housing Services, who contributes the following chapter and the Appendices) that the Trustees should discuss the development of a CCRC in the U.K. The subsequent paper was considered by the
Trustees who agreed that Cedric Dennis should visit retirement communities in the U.S.A., some of which were based on a profit and some on a not for profit model. Seven communities were visited, with widely varying financial arrangements. A report was duly prepared and presented to Trustees. One of the Trustees (Erica Vere) spoke out strongly against such communities, indicating that in her view they would be “elderly persons’ ghettos”. As there was no consensus among Trustees the idea was ‘put on ice’.

The following year Cedric Shaw (Trustee and Chair of the new Housing Committee), who had travelled extensively through his business commitments with Reckitts, suggested that a visit be made to Quaker communities on the Eastern Seaboard of the U.S.A. This was duly arranged and in November 1986 he and Erica Vere, together with Michael Sturge and Cedric Dennis, visited CCRCs in Pennsylvania and New Jersey. Following the visit a further report was submitted to Trustees. Erica Vere had been won over by what she had seen and Trustees endorsed the idea of taking forward such a development in the U.K.

A trust embarking on a pioneering project into uncharted territory requires Trustees to have both a clear vision and a strong determination. Our Trustees had both in full measure and also an appropriate mix of talents and expertise, both among Trustees and within the Executive team. The Trust was particularly well qualified to handle the difficult challenges which lay ahead.

Sir Charles Carter, the Vice Chairman, was Vice-Chancellor of the then relatively new University of Lancaster, a very large and pioneering project. Sir Peter Barclay was a solicitor with extensive knowledge of housing and Chairman of the Social Security Advisory Committee. Sir Patrick Nairne had recently retired as Permanent Secretary of the Department of Health and Social Security with long experience in the Cabinet Office. Cedric Shaw had previously been the Finance Director of Reckitts. Nigel Naish was a very experienced estate agent with a deep understanding of the housing market, particularly in York. Erica Vere had a wealth of hands-on experience in a range of charitable work and social service. Dame Rachel Waterhouse was Chairman of the Consumers’ Association, a member of the
National Economic Development Council and many other bodies in Whitehall. Later appointments were Ken Dixon, who had succeeded me as Chairman of the Rowntree Company, Sir William Utting who had retired as Chief Inspector, Social Services Inspectorate, and Robert Maxwell, Chief Executive of the King’s Fund.

We also had a highly talented and experienced Executive. Richard Best, the Director (who contributes the final chapter in this book), came to us in 1988 from the National Federation of Housing Associations, and had just completed several years as Secretary to the Duke of Edinburgh’s highly successful “Inquiry into British Housing”. Michael Sturje, the Deputy Director and Finance Director (author of the chapter on Finance), a highly skilled chartered accountant, had joined the Trust in 1980 from the Housing Corporation, and was also Chairman of The Pensions Trust. His able and committed Deputy was Paul Dack. The team was completed by Cedric Dennis, our much experienced and highly energetic Director of Housing Services.

No Chairman could have hoped for such an entirely appropriate and agreeable group of people. I had served on a fair number of boards and trustee bodies but never with one so talented and so dedicated to the task in hand.

We also had to appoint professionals and here again we were fortunate. Peter Bowes, Managing Partner of Rollits, our legal advisers, John McNeil our architect (who also writes in this book), Jenny Hubbard and John Hoggart who were planning experts, and Watson Wyatt our actuaries, all dedicated themselves to H.O. with energy and very considerable professional skill.

We should also remember at this anniversary Jennifer Kaner, a local historian, who by diligent research among ancient maps and legal agreements established that our site had over the centuries (since 1538) been called Hercrike, Hartwick, Hartricke and Arcricke, all bordering the Forest of Galtres. Hence the name Hartrigg Oaks (see also p31), and the commissioning of Sally Arnup’s beautiful Hart. Names are important in establishing the character of a brand – as all of us associated with Rowntrees knew! – or of a place. It seemed just right, and so it has proved.
My recollections of the eight years between the first planning application in 1988 and the final go-ahead in 1996 are of many meetings, discussions and debates. Some were our formal quarterly meetings of Trustees, some were specialist sub-committee meetings of Trustees and Executives, such as the Finance/Legal sub-committee and the Hartrigg Oaks committee; some were informal exchanges in the offices or corridors of The Homestead, into which we moved in 1990. The Executive team also had many meetings to draft the lucid reports they prepared (particularly Michael Sturge) to help the Trustees’ deliberations.

Some of the most demanding of the discussions and debates were those with the actuaries. It was their task to scrutinise our financial plan. An actuary estimates the financial effect of future events, normally in relation to life insurance, pension funds and investments. H.O. was different. We required answers to difficult questions. What should be the ideal age profile of the first cohort of residents? How soon would residents need to move in to The Oaks care home and how many would? How much care to residents in the bungalows would be required and when? What would be the maximum loan from the Foundation, as lender of last resort?

Each actuary’s report we received underlined that “in the absence of hard statistical evidence, the numbers are subject to significant variations”. Actuaries generally deal with such a problem by using conservative estimates and adding safety factors. But the problem with this approach is that the figures which result may make it very difficult for the Trustees of a charity to proceed. Many Trusts faced with such a professional opinion would have accepted that the conservative approach was essential and as a result the project would have been aborted. But our Trustees had taken the view that some risk was inevitable and that it would be justified by our being able to provide hard facts on the operation of a CCRC, which would be critical if H.O. was to be replicated by others as we hoped. So a great debate began about the choice between the ‘conservative’ assumptions which the actuaries favoured and the ‘realistic’ assumptions which the Trustees preferred. This was no mere semantic exercise; it covered the whole of the meaning and philosophy underlying the project.
The decision to proceed was greatly strengthened by the know-how of the Trustees and Executive team. By good fortune, four of us had experience of dealing with actuaries. Charles Carter had published papers about the statistics of uncertainty; Patrick Nairne was closely involved in the operation of the State pension arrangements; Michael Sturge and I had chaired large occupational pension funds; and my father was an actuary! As the Table on p52 indicates, the estimates which the Trustees accepted have proved more than adequately safe.

However, we must accept that even our realistic approach omitted two favourable factors which we had not foreseen. In both his chapters in this book Tony Dale describes the active lifestyle and range of opportunities for residents which exist at Hartrigg; surely no-one could have assumed that no less than 50 such opportunities would spring up, most of them on the initiative of the residents. The second is the ‘mutual support’, mentioned by Michael Sturge on p57, which has emerged as one of the hallmarks of life at H.O. Both these intangibles have produced significant real benefits in terms of health and wellbeing and have helped to assure the great success of H.O.

But are they specific to Hartrigg Oaks? And are they replicable? Hartrigg began with a research report – perhaps this is a matter for another!
Implementing the decision

Cedric Dennis

In the previous chapter Sir Donald Barron has described the history of how the Trust reached its decision to build the first Continuing Care Retirement Community in the U.K. This chapter takes the story on from that point.

In May 1987 Trustees agreed that a CCRC should be considered in New Earswick. This fortunately coincided with North Yorkshire County Council surrendering the playing field (situated to the east of Haxby Road) to the adjacent Joseph Rowntree School (opposite the eventual site of H.O.).

Roy Fraser, architect to JRHT, provided sketches and in late 1987 consultation took place with the Parish Council, prior to an outline application being submitted. The Parish Council were not generally supportive of the idea.

Work continued until March 1988 when Trustees approved the appointment of consultants, including actuaries, and agreed for a planning application to be submitted. This outline planning application, which related to the former playing field, was submitted in June 1988 to the local planning authority which was Ryedale District Council. A number of objections were received, including some from the Parish Council. In the autumn of 1988 Ryedale District Council refused permission. Trustees considered the refusal and gave instructions that an appeal should be lodged. Jenny Hubbard, a well known local planning consultant, was appointed, together with John Hoggart as leading counsel. Trustees also asked that consideration should be given to any other suitable sites in the York area.

On the 11/12 July 1989, a full appeal was held at the offices of the Ryedale District Council, in front of an appointed inspector. Detailed evidence was prepared and given by Erica Vere and Cedric Shaw (Trustees), together with Michael Sturge and Cedric Dennis
(Directors). In addition, supporting documentation from the York Health Trust and local general practitioners was submitted. Unfortunately, the Secretary of State took considerable time to report on the appeal, but in March 1990 the appeal was refused.

Later in 1990 the Greater York Study on planning issues was put out for consultation. Jennifer Hubbard assisted in the Trust’s response, emphasising the need based on demographic material for a retirement community to be considered. By June 1991, the Greater York Study and the Southern Ryedale Local Plan had been issued. This confirmed the possible development in New Earswick of a retirement community.

On the basis of the planning studies, Trustees agreed that a new outline application should be submitted. A planning application was submitted to Ryedale District Council in July 1991, but had still not been determined by December. Patience was wearing thin by 1992 and in March, Jenny Hubbard recommended that the Trust should appeal on the grounds of non-determination. This was conveyed to Ryedale, who then issued their planning refusal in June 1992. Trustees once again agreed that an appeal should be lodged. The appeal date was set for August 25 and 26. Jennifer Hubbard and John Hoggart were again appointed and the evidence given at the 1989 appeal was updated. On this occasion, the Parish Council once again objected, together with strong representation from the residents of Park Avenue, a road close to the proposed site. The decision on the appeal was still not determined by December 1992 and was left in abeyance. The New Earswick Parish Council decided in September 1993 that they would make an application to register the former playing field as common land. The Trust had to take leading counsel advice and on the basis of that advice opposed the application.

In June 1994 Ryedale District Council advised the Trust that the application for a Retirement Community on the former playing field should not be pursued further, but that they would consider favourably an application on farm land in the ownership of the Trust on the western side of New Earswick, consisting of some 21 acres. With this encouragement work was put in hand, sketch plans were prepared and a paper submitted to Trustees in September 1994.
recommending that a CCRC should be developed on the former farm land. Trustees endorsed this recommendation and proposed that a further visit should be made to the U.S.A. to ensure that the latest technology could be taken forward in a new application. John McNeil (architect), Paul Dack (Deputy Director of Finance), Peter Giles (Deputy Director of Property Services) and Cedric Dennis visited the retirement communities in Pennsylvania, around Kendal Crosslands, where they met with officials and discussed some of their latest ideas. The greatest lesson learned was that the size of the independent living accommodation should be increased to meet the aspirations of older people.

At last in March 1995 a detailed planning application was submitted. However, problems continued to beset the application in that there had to be a diversion of the right-of-way through the centre of the farm land. This again met with objections from the Parish Council. Eventually in March 1997 an inspector (appointed by the Secretary of State) agreed that the proposed diversion could take place.

During 1995 Jennifer Kaner, a local historian, was asked by Sir Donald Barron, the then Chairman of JRF, to propose names for use at the new development. She found that Hartrigg was an original field name in the area, while Oaks came from the ancient oak forest of Galtres. The names of the various roads are either those of local families or of fields, except that Lucombe was a nurseryman in Exeter who raised the Lucombe oak (Quercus Lucombeana) in 1762.

Finally in December 1995 planning approval was given and tenders were invited. After careful consideration, a tender from Kier North East was accepted in September 1996, but with the right-of-way having to be protected. However, with the approval in 1997 of the diversion, full steam ahead was achieved on the development.

By September 1997, four show bungalows had been handed over and during the intervening period a number of road shows and presentations had been held for prospective residents.

By December 1997, 104 bungalows had been reserved but due to the extremely wet autumn the contractor was seriously behind schedule.
In the intervening period a Shadow Residents’ Committee had been formed. Regular meetings were held which were able to influence progress on the scheme. By March 1998 75% of the contract sum had been spent, although the contractor was still seriously behind schedule. Completion was now scheduled for June 1998 but unfortunately this slipped further and did not take place until late September. At the time of completion, only 17 of the 152 bungalows remained unreserved.

In keeping with Rowntree tradition, the University of York had been asked to monitor and evaluate the process; their first interim report was issued in November 2000 (see the later chapter by Dianne Willcocks).

There was a range of sub-committees, including the Finance/Legal sub Committee and Shadow Hartrigg Oaks Committee, which played a vital role in taking the concept forward.

At last the official opening took place on 9/10 March 1999.

At this time the terms of reference of the Hartrigg Oaks Management Committee were agreed. Wendy Bundy was appointed as Chair and representatives were selected, the first meeting of the Committee taking place in April 1999. The Oaks Care Home received dual registration, having 10 nursing beds and 32 residential beds. By the autumn of that year, The Oaks was fully occupied.

By December 1999, 145 of the bungalows were occupied, all the bungalows had been reserved and a strong waiting list was in existence.

The concept of Hartrigg Oaks was like the spider endeavouring to build its web, with trials and tribulations continually damaging the web, but at last after all the various difficulties a wonderful idea came to fruition. Later references describe how the concept has gone forward to enable many other retirement communities to be developed in the United Kingdom (see Appendices).
The Planning, Design and Construction of Hartrigg Oaks

John McNeil

Introduction
The planning, design and construction of Hartrigg Oaks as it now stands spanned the period from 1994 to 1998, but the concept of a retirement community was first considered by the Joseph Rowntree Memorial Housing Trust (subsequently JRHT) in 1984.

In 1987, sites to the north of New Earswick spanning the Haxby Road were selected with Eastfield to the north of Willow Bank, and Westfield to the north of Rowan Avenue. Initial feasibility studies for the layout were carried out by Roy Fraser. His layout showed large central communal gardens surrounded by terraced retirement homes in a radial arrangement all linked by covered pedestrian ways and served by perimeter roads accessed from Haxby Road, Rowan Avenue and Willow Bank. The pedestrian routes linked both sites through a tunnel below the Haxby Road. Eastfield comprised 109 retirement homes and Westfield 135 with a few staff houses and provision for small communal buildings but with no reference to nursing accommodation. This Study was used as a basis for exploring the planning permission with Ryedale District Council for the Eastfield site, the one preferred by JRHT, but the planning application was refused for reasons linked with the unresolved Green Belt Plan for Greater York and the absence of a Local Plan for New Earswick. Official views at that time centred around the idea of York’s housing demand for the 21st century being met by one new
single community and some new housing to meet demand up to 1996 in and around existing communities.

JRHT lodged an appeal against this decision which went to Public Inquiry in 1992.

By that time I had been appointed architect for Lamel Beeches, a JRHT residential development for the elderly in the grounds of The Retreat, the famous centre for the mentally ill, in York. Cedric Dennis saw this as an opportunity for me to further develop my understanding of this type of housing, and for him to consider my suitability as architect for Hartrigg Oaks, or Beechland as it was then known.

My involvement with the appeal was in the preparation of illustrative plans for the development of the Eastfield site, demonstrating the landscape context of the site, the effect of a development on the surrounding landscape and, in particular, the landscape setting of New Earswick and Huntington. The Inspector supported Ryedale District Council over this refusal but, recognising the importance of this innovative concept, recommended development of the Westfield site.

Outline proposals

Try to imagine my first visit to Westfield. It was a cold, grey, foggy day in January 1994. I entered from the Rowan Avenue footpath to be met by a long row of mature trees along the southern boundary and rows of flat-roofed elderly lock-up garages, and then a vista of 21 acres of flat, featureless mud bisected by a little-used footpath marked by a few struggling trees. In the distance were the back gardens of Park Avenue and a disused sewage pumping station, and in the south-west corner a surface water pumping station.

This visit to the site, together with the 1987 feasibility study and Cedric’s instructions to design a development in harmony with the architecture of New Earswick, constituted my brief and I began with much excitement and enthusiasm.

The first exercise was to transpose the ideas in Roy Fraser’s feasibility study to a stand-alone development on the Westfield site. I knew more about the likely requirements of the communal
and nursing accommodation from my Lamel Beeches experience and so this was enlarged and sited in the south-east corner. Single storey dwellings (independent living units as they were then called) remained as terraces, all linked by covered pathways. Vehicles and parking were all confined to the perimeter and the large central communal garden included a fishing lake, bird sanctuary, mini-golf, scented garden and a bowling green.

The next step was the preparation in March 1994 of a more detailed architect’s brief (a Statement of Requirements) and I prepared briefing notes as a checklist to cover the following:

- Philosophy of the project
- Site analysis
- Drainage
- Electrical, water and gas services
- Vehicular access
- Independent living units
- Nursing accommodation
- Social and recreational facilities
- Pedestrian access
- Consultant services
- Timetable

Two weeks later JRHT followed this up with a ten page detailed brief for the mix of facilities in the Communal/Nursing accommodation (The Oaks) and instructions to fit as many Independent Living Units on the site as it would comfortably accept. There were no floor areas attached to the brief but plans of similar projects in the U.S.A. were used to calculate likely requirements and, by preparation of diagrammatic schedules of accommodation, to establish areas and zoning which was my preferred method of starting any project. These schedules together with my detailed site analysis of levels, soil conditions, below-ground services, orientation, trees, aspect, and consultations with the Highway Authority, statutory services and the Ryedale District Council Planning Authority enabled me to prepare the first outline proposals in September 1994.
These proposals introduced fresh ideas:

1. the large central garden was abandoned in favour of smaller communal spaces;
2. terraces were abandoned in favour of semi-detached pairs of bungalows each with south, south-east or south-west facing gardens, and windows on three external walls. The number of dwellings was increased to 149 and some had 3/4 bedrooms;
3. the bungalows were divided into two categories:
   a) those with car access up to the curtilage of the dwelling in line with Lifetime Homes, which was a JRHT concept under development at that time;
   b) those with limited car access but in close proximity to the communal and nursing accommodation;
4. the road was moved in from the perimeter to form an inner loop serving car access courts on the outer edge. This considerably reduced the length of the road and, in view of the need to construct this to adoptable highway standards (not necessary in the U.S.A.), was a significant cost saving;
5. covered ways were retained only to those dwellings close to the communal building;
6. the communal building was sited at the main entrance off Haxby Road.

The full presentation of these proposals was made to the JRF, and instructions to proceed to the detailed design stage were given. It was at this time, November 1994, that a further visit to the U.S.A. was made to view a number of completed retirement community projects, and I was invited to join the party. Over a period of four days we visited five communities and I was able to gather much information relating to the layout, planning and functioning of the buildings, but also to meet and talk to residents. One rich memory is that of Bob, an 80-year old man who had just left the tennis courts and was on his way to his allotment to gather vegetables to leave on the help-yourself tables which could be found along the covered ways. Conclusions in my report referred to:
a) “the generous areas of land, such as Longwood, with the buildings set in what appeared to be golf course conditions, whereas the site at New Earswick would require us to plan to much higher densities to maximise the use of scarce building land.”

b) “creating independent living units to match the space standards and quality of specification found at Foulkeways.”

c) “creating a Centre that had the same sense of community and activity as Kendal at Longwood.”

d) “a nursing facility as accessible as Kendal at Longwood but with the qualities of Lamel Beeches.”

e) “find staff with the same qualities of optimism and dedication as found at Kearsley.”

**Detailed design**

On our return from the U.S.A. I commenced work on the Detailed Design Proposals (Stages E/F in the Royal Institute of British Architects Plan of Work). The following is a list of architectural matters prepared for one of the many user group discussions on 10 November 1994:

**A Layout**
1. Pedestrian/vehicular routes
2. Location and mix of bungalow types A, B & C
3. Location of nursing/communal facilities
4. Location and number of car parking spaces, garages, car ports
5. Access for servicing, e.g. deliveries and refuse collection
6. Landscaping
7. Security (including Closed Circuit Television [CCTV] for site surveillance)
B Bungalows
1. Size, floor area and mix
2. Internal planning – front door/back door
3. Covered access, Types A & B
4. Proximity of car parking/garages/car ports
5. Gardens/private open space/access
6. Kitchen/dining
7. Sanitary accommodation
8. Room sizes
9. Storage – floor level and roof
10. Guest accommodation
11. Security and alarm systems

C Nursing
1. Internal planning
2. One or two storeys
3. Aspect/balconies
4. Size of room
5. Sanitary facilities
6. Relationship to bungalows/Centre
7. Security and nurse call systems

D Centre
1. Internal planning – ground floor and basement
2. Dining facilities
3. Recreational facilities
4. Access to open space
5. Relationship to day nursery, offices and nursing
6. Visitor reception

The Independent Living Units, or bungalows as they now became known, were revised to allow for larger room sizes, a bathroom to each bedroom, and a ‘caboose’ external store which, in pairs, took the place of bedroom 2 in the one-bedroom bungalows. Space for electric buggies was provided for each, and refuse collection points were placed alongside the loop road. Covered ways were omitted
and the footpath system developed with safe crossovers and pinch-points on the loop road. By omitting the covered ways we looked at widening the access path between front doors, soft landscaping and avoiding overlooking between windows but at the same time creating opportunities for social contact. We were also keen to create a more direct pedestrian route to the village and submitted a planning application for the demolition of one dwelling on Rowan Avenue to allow a footpath link. The communal building was given a raised pyramidal roof and re-positioned central to the whole development for two reasons – one, to create a landmark and symbol for the heart of the community, and two, to make it very accessible from all parts of the development. Entrances were placed on all sides to facilitate this. It was my hope that every resident would want to visit the Centre at least once a day.

The planning application for the demolition in Rowan Avenue was refused, but the axial footpath leading to the village was retained and is now marked by the Hart sculpture by Sally Arnup. The visit to the U.S.A., and especially Kendal, triggered further design work on the Centre building. Floor areas and zoning for all rooms were established and scheme design proposals prepared. Fundamental to the design but not seen at Kendal was the separation of service circulation from resident circulation by creating a basement level with its own vehicular access and lifts, which meant that deliveries and collections could be made without interference and inconvenience to residents and staff at ground level. The basement also included, in addition to the heating plant and laundry, large but basic spaces for recreational use, such as workshops and games. As the design work developed excavation and construction cost constraints required a reduction in the basement accommodation but fortunately the principle of split circulation was retained.

Throughout the detailed design and up to the Spring of 1995 there was continuous consultation with Cedric Dennis with feedback from user groups and a project development group and also others from outside the client group. Notes in my files from a typical architect’s report at the time from a meeting with Cedric Dennis,
Cath Hollingsworth, D C Allison (Spa Pool), P C Fisher (Secure by Design) and user group representatives included matters such as:

- Layout
- Right of Way diversion
- Garages
- Footpaths
- Planning Officer’s views
- Bridges across Westfield Beck
- North boundary treatment
- Highway access
- South boundary trees
- Covered ways
- Speed control
- Refuse collection
- Milk and mail deliveries

- Bungalows
- Storage
- Bathrooms
- Kitchens
- Flexibility
- Greenhouses
- Mix
- Lifetime Homes standards
- Meters

- Centre
- Corridor widths
- Day nursery size and location
- Boiler house size and combined heat and power plant
- Floor levels
- Recreation spaces
- Spa Pool with information relating to the pre-stressed concrete floors
- Proximity of plant
Condensation
Vitreous tiles
Views out
Air handling
etc.

Final scheme design drawings were completed in March 1995 and a full planning application was submitted to Ryedale District Council with over 40 A1 sized drawings, samples of materials and a model made at home with the help of my young son. Planning permission was granted in December 1995.

Pre-contract production information 1996
This was the start of the most intensive period for all members of the design team – five architects and technicians in my office were fully employed. Two methods of building procurement were to be used:

1 Design Build for the Bungalows. This involved the preparation of fully detailed Employer’s Requirements covering such matters as site layout, access roads, and highway access; floor plans and elevations; internal layouts; performance specifications for windows and materials; performance specifications for heating and other services; drawings and calculations to test the feasibility of the drainage and services on the site; Lifetime Home requirements.

2 A full traditional architectural service for the Centre which involved full production information for the building including drawings, schedules, specifications and bills of quantities, including every detail of construction to comply with Building Regulations, Health & Safety, Planning Conditions and other areas of legislation, and briefing and co-ordinating the work of the quantity surveyor, structural engineer, mechanical and electrical engineer and specialist sub-contractors dealing with such things as kitchens, lifts, spa pool, automatic doors, CCTV, external lighting etc.
The method adopted for both bungalows and centre building was the Elemental Design System. This is where a building is split into 25 elements ranging from sub-structure, superstructure through to services and finishes by preparation of an Elemental Design Notes File. All members of the Design Team shared their input and received updated design notes as the work progressed.

Throughout this period (seven months) regular meetings of the Design Team were held, chaired and minuted by the architect. By this time two key members of my Practice were fully involved – Chris O’Neill, Associate Architect and future Partner, looked after the layout and bungalows, and David Johnson, Senior Technician, the communal building.

The date for the issue of tender documents was fixed for mid-July 1996 and a list of suitable contractors prepared and agreed with JRHT following visits with Peter Giles, Project Manager, to projects under construction by those on the shortlist. My preference was for good local contractors but they found the project too large and Kier Northern, based in Wetherby, were selected on the basis of their lowest tender. Joint Contracts Tribunal (JCT) Forms of Contract were prepared by the architect and agreed and signed by JRHT and Kier, and fully detailed post-contract programmes prepared by Kier for all sections of works with phased completion dates.

A good start was made by Kiers by an enthusiastic site management team, but this deteriorated as key personnel were replaced or lost, and roving gangs of bricklayers and other trades came and went, increasing the need for constant checking on workmanship standards. Looking back at that difficult time I question the lowest tender principle of contractor selection. There was no full-time resident Clerk of Works.

Frequent site progress meetings and inspections were held, again chaired and minuted by the architect, and gradually the buildings as you see them today rose up above a chaotic sea of mud and took shape. During the construction period I estimate that over 12,000 sheets of paper were produced in the form of drawings, architect’s instructions, letters and minutes.
Completion Certificates and Fire Certificates were issued in April 1998.

One of the most rewarding and satisfying stages for me of any project, large or small, was always that time when the building ‘came to life’ with people, the actual users of this creation, moving in and adding their touches. At Hartrigg I enjoyed visiting the first residents in their new bungalow, being greeted by a smiling receptionist at her new desk (designed by the architect) in The Oaks Centre, watching Celia settle into her new gleaming kitchen, laid out by the architect, welcoming Sally Arnup’s Hart after its long journey up the A1 from the foundry in London, and also seeing Bill Briggs inspecting his spread of shrubs and trees across the whole 21 acres.

One of the least enjoyable stages of dealing with any project is the final account, and on completion Kier presented us with a huge claim for additional costs which they alleged resulted from a range of additional works and delays. These had to be carefully considered and, as the vast majority of them were not eligible under the terms of the contract, they were successfully rejected at arbitration.

**Changes and challenges**

During the construction period there were a number of variations requiring more time and attention.

1. The Local Authority boundaries changed at the time of going out to tender and all matters handled by Ryedale District Council were now transferred to City of York Council. The file containing the diversion order for the right of way over the site, which had been approved, was mislaid in transit between the two authorities, and was not in our hands at the time the contract started. This meant that any work over its former route could not begin until the diversion order had been confirmed. The sequence of work on site had to be changed to accommodate this.

2. Another challenge as a consequence of the Ryedale/York transfer concerned the highway access off Haxby Road. All the details had been discussed and agreed with the North Yorkshire
Highways Engineer at Fulford and formed part of the Employer’s Requirements, but City of York Council, as the new Highway Authority, did not accept them and revised designs were necessary which created delays.

3 At the time of inviting tenders we were instructed to investigate the possibility of adding a room into the roof of some of the bungalows. Without major internal changes to the plan, we were able to slot in a single flight stair, modify the roof construction and create this additional space. Additional costs were agreed with Kier, and this was offered as an option to prospective residents. It is most likely that if the roofspace had been part of the original brief, the stair would have started in the main hall area.

4 Another change of instruction was the addition of a canopy for vehicles at the main entrance of The Oaks Centre to allow passengers to come and go sheltered from the elements. This had the added benefit of adding visibility and importance to the main entrance, an element of modern buildings often neglected to the point of being difficult to find.

I have been asked on numerous occasions what changes I would make if I were to be designing H.O. now. I find this difficult because all buildings are a response to a detailed brief and I think that we got it right at the time. However, based on feedback from residents it is clear that the bathrooms would have been best left for residents’ choice, but layout of sanitary accommodation will always be dictated by drainage connections which, with solid floors, have to be pre-determined at design stage. More recent schemes do not have baths in favour of level threshold showers. During the early stages I suggested a few low cost apartments, say up to three floors, in addition to bungalows, to add variety to the roofscape and a wider range of price, but Lifetime Homes standards did not cover this type and preference was given to single storey. The JRHT scheme at Hartlepool (Hartfields), now under construction, is predominantly three to four storeys and there are no baths.
Internal meter reading facilities have been difficult to accommodate and standard external meter cabinets would be better, but at design and construction stage, ducting was laid throughout the scheme to receive cables and allow centralised metering information within The Oaks Centre. This idea could be considered again.

I have already referred to the early design proposals for larger basement spaces in The Oaks Centre for recreational use and it is now too late for this, but roofs were constructed to allow some expansion and work on this is now underway.

One small feature of the original design was the variety of hip irons, those necessary metal terminals at the foot of the hip ridge tiles on the bungalows. It was thought that differing patterns would give more identity to the bungalows, but at the time of tender their omission was a cost saving along with others that had to be made.

The big change that I would make would be to pursue the early idea of the footpath link into the village along the already established access from The Oaks Centre. I know that residents do not agree but I feel strongly that H.O. should have that physical link and be seen as part of the New Earswick community.

It is not easy to write an interesting and absorbing account of a building project (the nearest thing to this is perhaps the Honeywood file published in the 1930s) because, as you will have discovered reading this chapter, it is mostly to do with finding practical and affordable solutions within the context of a detailed brief. However, having said that, it was a most fulfilling journey for me, working with Cedric Dennis and all the other members of the team. It is always a pleasure to return to Hartrigg Oaks, to say hello to the Hart and to meet old friends.
Introduction
This chapter reviews the financial arrangements of Hartrigg Oaks. It describes the principles and objectives which JRHT established in 1998, and considers how well they have operated over the past ten years.

Principles and Objectives
The following principles and objectives were approved by JRHT Trustees in 1998:

- H.O. should be self-sufficient. No capital subsidy from the Government nor any input of charitable funds from JRHT or any other body should be provided.

- H.O. should be a non-profit making venture. It should achieve a break-even position over the long term including repayment of all loan debt, and meeting the cost of major repairs and improvements required in future years.

- The financial terms should be balanced between the initial and future residents. The funding of the loan finance for The Oaks Centre, and the responsibility for future major repairs and improvements to the property, should be shared between the initial and future residents.

- The funding arrangements should be replicable by other organisations. Loan finance, both during the development
period and for the long-term, was provided by the JRHT/JRF on terms equivalent to those commercially available.

- The long-term security of H.O. would be guaranteed with the JRHT/JRF acting as a ‘banker of last resort’ to provide assurance that the commitments to the residents for their future care needs would be fully met.

Three further objectives lay behind the financial options for residents which were made available in 1998:-

(i) H.O. should be as affordable to as many older people as possible.

(ii) Options should be provided to meet the varying financial circumstances and aspirations of older people.

(iii) Financial worries and uncertainties of older people relating to their future care should be reduced.

This chapter explores the extent to which the above principles and objectives have been met over the ten years. However, first, a brief summary of the financial options and funding arrangements which were established in 1998 will be provided, and also the actual results of the past ten years will be reviewed.

**Financial options available to residents**

Two fees are payable by residents at H.O. – one covers accommodation and is termed the ‘Residence Fee’, and one covers services, care and support and is termed the ‘Community Fee’. In each case there are three options.

The Residence Fee covers the occupation of a bungalow and the use of a room in The Oaks if needed. The amount of the fee depends on the size and position of the bungalow, and is based on the market value of equivalent property in the York area. The options are:
• Refundable (one-off) payment. The full fee is repaid—in money not real terms—to the residents or their estate, on leaving H.O. on a permanent basis. Repayment is not dependent on selling the bungalow to an incoming resident.

• Non-refundable (one-off) payment. This fee is less than the Refundable Residence Fee and is based on an individual’s age on joining, being lower at older ages. Partial repayments on a declining basis are made to a resident, or their estate, should they leave within the first 56 months of residence, but no sum thereafter.

• Annualised (monthly payment). This annual fee (equivalent to a rent) is calculated from the amount of the Refundable Residence Fee for each bungalow.

The Community Fee is payable monthly. It has two components. The first—which is termed the ‘Common Contribution’—pays for the running costs of H.O. (such as repairs and maintenance of bungalows and communal areas, core catering costs, gardening, buildings insurance, administration). The second covers the provision of care support, either in a resident’s own bungalow or at The Oaks. The options are:

• Standard. The fees for all residents choosing this option operate on a pooled basis so that the fee is independent of the actual amount of care support which an individual receives. The fee is related to an individual’s age on joining, with a higher fee at older ages.

• Reduced. Individuals may pay an additional non-refundable capital sum in exchange for a reduced Standard Community Fee throughout their period of residence. Up to 50% of the Fee may be paid in this way; couples may allocate the reduction between their two fees in the proportion which they choose.
Fee for Care. If a resident prefers not to participate in the Standard arrangement, care services are charged for on a pay as you go basis. In addition, individuals pay the Common Contribution.

The Community Fee for couples is reduced by 12.5% of the single person’s fee.

The Standard and Reduced Community Fees distinguish the financial arrangements of H.O. from those of other retirement villages in the UK. In order to proceed with these options, the Trustees appointed actuaries to produce an actuarial model which would provide financial projections over 60 years to test the long-term viability under different mortality and morbidity assumptions (see also pp26-7, 54-7).

**Funding arrangements**

Building of H.O. commenced in November 1996 and was completed over the following two years. The out-turn costs and their sources of funding were as follows:

<table>
<thead>
<tr>
<th>Table 1</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital costs of building Hartrigg Oaks</td>
<td></td>
</tr>
<tr>
<td>Building works</td>
<td>12,200</td>
</tr>
<tr>
<td>Furnishing and equipment</td>
<td>300</td>
</tr>
<tr>
<td>Professional fees</td>
<td>700</td>
</tr>
<tr>
<td>Administration and marketing</td>
<td>500</td>
</tr>
<tr>
<td>Bridging interest up to completion</td>
<td>1,000</td>
</tr>
<tr>
<td>Start-up costs</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,900</strong></td>
</tr>
<tr>
<td>Land</td>
<td>4,100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,000</strong></td>
</tr>
</tbody>
</table>
Table 2

<table>
<thead>
<tr>
<th>SOURCES OF FUNDING</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refundable Residence Fees</td>
<td>8,600</td>
</tr>
<tr>
<td>Non-refundable Residence Fees</td>
<td>2,000</td>
</tr>
<tr>
<td>Joseph Rowntree Foundation loans</td>
<td>4,300</td>
</tr>
<tr>
<td>Joseph Rowntree Housing Trust indexation loan</td>
<td>4,100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,000</strong></td>
</tr>
</tbody>
</table>

The JRF loans consisted of a Variable Loan (£2.2m) and an Initial Years’ Loan (£2.1m). The Variable Loan funds the difference between the sums received from residents proceeding under the Non-refundable Residence Fee and Annualised Residence Fee options, and the Refundable Residence Fee. For example, if the Refundable Residence Fee for a bungalow was £100,000, and a Non-refundable Residence Fee of £60,000 was paid by an incoming resident, a loan of £40,000 would be required (£100,000 if the resident entered on Annualised Residence Fee terms). The amount of the Loan is reduced by capital sums paid by residents taking up the Reduced Community Fee option.

The Initial Years’ Loan was fixed for 25 years. The intention was that interest and repayment of principal would be made from the surpluses achieved in the initial years when the care and support needs of residents were expected to be less than they would be in the longer term. More specifically, more of the rooms in The Oaks would be occupied in the early years by direct entry residents to The Oaks who would pay JRHT’s standard residential care and nursing home fee rates. The additional income over and above the Community Fee paid by H.O. residents would be used to meet the Loan charges. As this additional income reduced over the years, the Loan charges would also reduce.

The JRHT funding was initially termed an Indexation Loan. This represented the open market value of the 21 acres of land at H.O. at the time that the building contract commenced, plus bridging interest up to the date of completion of The Oaks Centre. The figure
was indexed to the value of the 152 bungalows. It was planned that the capital and indexation charge should be paid out of the increase in the level of Refundable Residence Fee on the bungalows over time; it would not, therefore, have any impact on current residents in terms of the calculation of the Community Fee.

Financial results to 31 December 2007

Table 3
SUMMARY OF FINANCIAL RESULTS
1999 - 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>£’000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>1,559</td>
<td>1,721</td>
<td>1,832</td>
<td>1,881</td>
<td>1,923</td>
<td>2,027</td>
<td>2,142</td>
<td>2,275</td>
<td>2,360</td>
</tr>
<tr>
<td>Expenditure</td>
<td>1,318</td>
<td>1,318</td>
<td>1,399</td>
<td>1,457</td>
<td>1,577</td>
<td>1,696</td>
<td>1,825</td>
<td>1,950</td>
<td>2,055</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>241</td>
<td>403</td>
<td>433</td>
<td>424</td>
<td>346</td>
<td>331</td>
<td>317</td>
<td>325</td>
<td>305</td>
</tr>
<tr>
<td>Interest payable</td>
<td>268</td>
<td>303</td>
<td>262</td>
<td>223</td>
<td>201</td>
<td>187</td>
<td>173</td>
<td>177</td>
<td>205</td>
</tr>
<tr>
<td>Repayment of Initial Years’ Loan</td>
<td>126</td>
<td>119</td>
<td>113</td>
<td>108</td>
<td>103</td>
<td>98</td>
<td>93</td>
<td>89</td>
<td>86</td>
</tr>
<tr>
<td>Surplus on bungalow re-sales</td>
<td>17</td>
<td>95</td>
<td>136</td>
<td>366</td>
<td>499</td>
<td>783</td>
<td>931</td>
<td>1,354</td>
<td>1,474</td>
</tr>
<tr>
<td>Expenditure funded from bungalow surpluses</td>
<td>10</td>
<td>456</td>
<td>23</td>
<td>12</td>
<td>33</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Three figures are worthy of highlight:

(i) **Income** increased from £1.6m in 1999 to £2.4m in 2007. This figure includes the Standard Community Fee which is paid by residents in their bungalows and, if applicable, following a move to The Oaks. In the bungalow lease with each resident, JRHT is committed that the annual increase in the Fee should not exceed 3% above the increase in the Retail Price Index (R.P.I.) in the preceding 12 months. This 3% margin was in recognition that the majority of the costs represent salaries of staff which have historically exceeded R.P.I. by some 1% - 2% per annum.

Actual fee increases over the period in comparison with R.P.I. and 3% above R.P.I. are set out in Table 4.

### Table 4

HARTRIGG OAKS
INCREASES IN STANDARD COMMUNITY FEE
1998 - 2008
Between 1998 and 2008, the Standard Community Fee increased by 37% as compared with the increase in the R.P.I. over the same period of 32%, and an increase of 76% if increases had been at 3% above R.P.I. In other words, the fee is currently 78% of the level if JRHT had increased it by the maximum permitted amount. In no year was the maximum increase applied.

(ii) **Operating surpluses** were realised in all years, varying between £241,000 in 1999 (when some exceptional start-up costs were incurred) and a high of £433,000 in 2001. The financial objective was for the surpluses to meet both the interest payable on the Variable and Initial Years’ Loans and the repayment over 25 years of the capital of the Initial Years’ Loan. Table 3 indicates that this was achieved in all years except 1999 and 2000.

(iii) Substantial **surpluses on the resale of bungalows** built up over the period. The rapid increase in bungalow values over the 10 years, which reflected the increase in house prices both nationally and locally, is illustrated in Table 5, together with comparison with the 4.5% increase which was adopted in the actuarial model.
At 1 April 2008 bungalow Residence Fees for new residents were on average 174% higher than in 1998; this level was 77% higher than had been assumed in the model.

**Self-sufficiency**

The financial results described above indicate that the objective of self-sufficiency was fully achieved over the period, and repayments of the Initial Years’ Loan from the JRF were made as planned. This was primarily due to two factors. First, as mentioned, the increase in bungalow values far exceeded the level of 4.5% per annum originally assumed. Second, the care and support needs of residents increased at a much lower rate than estimated. Two tables illustrate this second factor:
At the end of 2007, 15 residents from bungalows occupied a room in The Oaks on a permanent basis as compared with the actuarial model of 25 residents.

**Table 6**

OCCUPATION OF THE OAKS
1999 - 2007

**Table 7**

CARE SERVICES TO RESIDENTS IN BUNGALOWS
1999 - 2007
Whilst the average weekly hours of services to residents living in their bungalows increased, as expected, up to 2004, there has been a surprising reduction in each of the past 3 years. At the end of 2007, the level of services was less than one-half of the figure projected by the actuarial model.

The explanation for care and support needs of residents, in both The Oaks and in the bungalows, being much lower than projected is not clear. It may be the case that H.O. has been fortunate in its early years in that the actual resident population has had fewer needs than average, so the position is just as likely to reverse in future years. More positively, there may be something about the nature of the provision at H.O. which explains the position – for example the emphasis on well-being, as exemplified by the success of the Health Activity Centre, and the extensive mutual support which residents themselves provide.

One aspect of ‘self-sufficiency’ which was subject to scrutiny over the years relates to the notional ring fence which the Trust placed around H.O.’s operations. This meant that the finances were kept entirely separate from the rest of the finances of JRHT. The ring fence was designed to preclude any subsidy flowing into H.O. from JRHT, and conversely any surplus flowing from H.O. to support other JRHT activity. This has in general been positive for both JRHT and residents alike, such as being able to demonstrate that the lower care and support needs have been of direct benefit to residents through keeping increases in the Community Fee lower than they would otherwise have been. However, queries did arise, particularly in the early years, when JRHT determined that certain expenditure, for example the cost of remedying problems with the building which could not be recovered from the contractor, should be included within the ring fence, whereas some residents felt that the cost should be borne by JRHT. JRHT contended that the ring fence had to include negative factors as well as positive ones, otherwise it would effectively be making a charitable subsidy to H.O.
Affordability

The range of financial options which were made available for the payment of the Residence Fee and the Community Fee were prompted in part by the Trustees’ desire that as many older people as possible would be able to afford to come to Hartrigg Oaks. They were also concerned that no resident should subsequently be required to leave because they could no longer meet the fees. The fact that the annual increases in the Community Fee have been considerably less than the maximum permitted level over the ten years has been helpful in this regard. Also, JRF made a donation of £50,000 in 1998 to launch a new charity, the Hartrigg Oaks Charitable Trust, to be available to help residents experiencing financial difficulty in meeting their fees. Half the Trustees of the charity are appointed by JRHT and half by the Residents’ Committee. Annual transfers to the new Trust of £10,000 from Community Fee payments have been made since 1998, and the Fund now totals £195,000.

Long term financial security

When the Trustees gave their final approval to the building of H.O. in September 1996, they recognised that JRHT was taking on a significant risk in terms of being the ‘banker of last resort’. The main area of uncertainty related to the care and support needs of the resident population in future years where the actuarial model indicated a huge dispersion around the mean dependent on the needs of the particular population. Trustees received considerable reassurance from including the repayment of the market value of the land within the financial estimates; since the land had a nil cost in JRHT’s accounts, a shortfall up to the value of the land could be incurred before there would be an adverse impact on other JRHT activities.

By 2008 this risk has greatly reduced. As mentioned above, H.O.’s financial position is much stronger than projected as a result of the two factors of the rapid increase in bungalow values, and the care and support needs of residents being lower than anticipated. Loan repayments are up to date. Indeed the increase in bungalow values has
been such that in early 2008 Trustees approved a building contract to extend the communal facilities within The Oaks Centre and above the Little Acorns Nursery, and also to improve the facilities for staff, at a total cost approaching £1m.

The increase in bungalow values prompted two further changes in the financial arrangements. First, the JRHT Indexation Loan, which proved to be a difficult concept to explain to residents, was replaced by an equity sharing arrangement where the increase in bungalow values was apportioned between JRHT and H.O. A back-dated calculation was carried out in 2006 which indicated that if JRHT received 45% of the increase in bungalow values, it would broadly equate to the terms of the Loan. Second, it was also agreed in 2006 that the funding of the Health Activity Centre, which had proved contentious with some residents and for which a separate charge had been made to those who used the Centre, could be met from bungalow surpluses.

However, the rapid growth in bungalow values had one unintended consequence which has been of concern to a few residents in that should they ever wish to leave H.O. and, hence, receive repayment of their Refundable Residence Fee, they would be unlikely to be able to purchase an equivalent property elsewhere. On the other hand, at the time of writing with the UK housing market in a state of crisis and the number of property transactions greatly reduced, so that individuals across the UK are experiencing considerable difficulty in finding purchasers for their property, the fact that H.O. residents, or their estates, are able to receive a refund of their Refundable Residence Fee within 14 days of leaving, with no concern for finding a new purchaser, is likely to be a source of considerable relief.
Financial options selected by residents

The following four charts compare the financial options which were selected by the resident population at 1 January 1999 and 1 January 2008.

RESIDENCE FEE
1 January 1999

RESIDENCE FEE
1 January 2008
COMMUNITY FEE
1 January 1999

The charts indicate that all the financial options have been taken up to some degree (including some mixing of options, for example, part Refundable and part Non-refundable Residence Fee). The two most popular options throughout the period are the Refundable Residence Fee and the Standard Community Fee. The main change over the ten years is the more than doubling of those on the Reduced Community Fee as a result of making an up-front payment of capital; whilst the halving of those on Fee for Care is likely to have been the
result of a change in the entry criteria over the period where those who do not meet the health and care criteria are not now accepted on to a Reserve List for future vacancies.

The charts also indicate a small number of bursary residents. Ten bungalows were ‘purchased’ by JRHT for this purpose. The occupiers are previous residents from New Earswick or other JRHT property; JRHT Trustees allocated £1m so as to subsidise the fees so that so far as H.O. is concerned, there is no financial impact. One of the reasons for the bursary scheme was to improve the links between H.O. and the rest of New Earswick. A further scheme – Lifeliners, recently renamed the Village Support Scheme – was established for up to 12 existing New Earswick residents to remain in their existing home but to be linked by a call system to the Central Control in The Oaks Centre (see the contribution on p139). Bursary residents and Lifeliners have exactly the same opportunities to use the communal facilities and a room in The Oaks, should it be needed on care grounds.

Replication

One of the key objectives for JRHT Trustees in embarking on H.O. was not only that it should meet the expectations of those who became residents, but also that it should be a demonstration project for other providers, and that equivalent retirement villages would be built across the UK based on H.O.

Ten years later, JRHT can claim qualified success. Retirement villages with their emphasis on independence and back-up support when needed are now a clearly recognised form of provision for older people. Numerous such villages have been built or are under development; indeed, JRHT itself is nearing the completion of Hartfields, in Hartlepool, consisting of 242 apartments and cottages, plus communal facilities.

However, none of these new villages replicate the financial arrangements of H.O. All adopt the Fee for Care, or Pay As You Go, model. Despite its best endeavours, JRHT has not been able to persuade the insurance industry to provide cover for the future cost
of care in the same way as the Standard and Reduced Community Fees at H.O. operate, nor has the Government been prepared to pay in advance for such costs.

Conclusions
In financial terms H.O. has had a very positive first ten years. The concerns of the first two years when costs were greater than expected have been followed by eight years where the reverse has been the case. The objective of financial self-sufficiency has been achieved much earlier than expected.

Whilst JRHT appreciated from the outset that the finances would be heavily influenced by the movement in bungalow prices, the actual increase of the past ten years has been exceptional. This provides H.O. with a strong financial foundation to meet future challenges. At the time of writing in October 2008, just such a challenge is on the doorstep with the UK housing market experiencing a considerable ‘correction’ resulting in widespread falls in prices, which some forecasters expect to continue for some time.

The financial options for residents which were devised before H.O. opened in 1998 have achieved their objective in meeting the different financial circumstances and aspirations of older people.

Whilst the financial model at H.O. can be said to have proved itself over the past ten years, it unfortunately seems unlikely to be replicated by other organisations. In that sense, as well as many others, Hartrigg Oaks is likely to remain unique.
Life at
Hartrigg Oaks
Residents’ Activities

Tony Dale

The latest version of the booklet issued by the Residents’ Association giving details of the various activities going on here starts with a couple of introductory paragraphs. They make it clear that the most important activity which residents engage in is continuing to lead an ordinary life, not significantly different from those lived by millions of others throughout the country. Thus, for the most part, we carry on with our normal range of activities within the constraints inevitably imposed by our changing abilities. So some still go away on holidays (many in distant parts of the world, with some going skiing for the first time in their life to Norway). Some still walk their dog (pets are encouraged), one blind resident accompanied by her guide dog. Some are highly active away from Hartrigg, as described in John Mitchell’s essay. But in this chapter we are referring to most of the 50 or so activities which residents have decided to organise for themselves and for whoever else wishes to join in. The full list is given at the end of this chapter. It may well be incomplete by the time this book is published, with some new enthusiasm finding expression in the formation of a new group. So far, we only go from A (allotments) to Y (yoga), but the hunt is on for something beginning with Z…

First, some general comments. The underlying effect of all these activities has been to create opportunities, and by creating opportunities to provide stimulation. But – and it is a most important but – each resident is entirely free to decide whether he or she wishes to take advantage of these opportunities. As someone once said, this is not a Butlins; no redcoat is going round compelling participation. All are free to lead as privately quiet or as publicly active a life as they wish.

Secondly, many of these activities take place under our own roof – metaphorically if not literally. Thus, by walking (or going in your
buggy) no more than 200 yards to the Centre you can play chess, listen to recorded music, paint, take physical exercise, check your emails or have a meal, all under that one roof. Furthermore, by walking out of the Centre into a coach you can take advantage of this extended roof to arrive, fresh and dry, at a play or concert in Leeds or Harrogate or wherever, without having had to drive and find a parking space and then having to drive back afterwards. The metaphorical roof is invaluable to advancing years.

Finally, before looking at activities in more detail, we should note that the act of running individual events has been made as simple as possible. While residents are responsible for their detailed organisation, management provides (for free) such essential services as handling cheques and cash being paid in, raising cheques for paying suppliers, keeping accounts and providing encouragement and support. With such an atmosphere within which to operate it is not surprising that so many activities are flourishing.

Management was mentioned in the previous paragraph, and the management of H.O. provides the activity to be addressed first. As has already been mentioned (p32) a Shadow Committee of prospective residents and members of the management of the Trust was formed before anyone moved in. One of its tasks was to set up the Hartrigg Oaks Residents’ Association, with its own constitution including provision for a Residents’ Committee to be elected by residents. The Chairman and three other members of that Committee join four representatives of the Trust, under an independent Chairman, to form the Hartrigg Oaks Management Committee which now reports to the JRHT Board. It is at the level of this Management Committee that key decisions regarding the running and development of H.O. are taken, subject to formal approval by the Board. So far, no decision taken by the Management Committee has failed to be endorsed by its previous or present superior body.

The range of decisions taken by the Management Committee might surprise some readers. According to one university lecturer reported in the Financial Times article already referred to (Bibliography, Ref 3): “It’s alright for residents to organise the bowling, but if you [the resident] want to get engaged in the strategic
management of the village that’s never going to happen.” Now, we might have some problems in defining “strategic management”, but in our Management Committee decisions have recently been taken (after full consultation with the Residents’ Association) on a major building programme to improve resident and staff facilities in the main building, costing many hundreds of thousands of pounds; the existing policy for filling vacant bungalows was questioned by management but then reaffirmed in accordance with the view expressed by the Residents’ Committee; while financial statements and proposals for fee increases are regularly subjected to detailed scrutiny – all pretty strategic stuff. Residents by and large accept the difference in perspective between themselves and management. Management – the Trust – rightly take the long term view: H.O. is here for the next hundred years, and policies and decisions must be based on that timescale. Residents, on the other hand, can be tempted to concentrate on the short term – what will benefit me, now, rather than what will benefit those who come to live here at the end of the century. It is a tribute to the way in which the Management Committee has witnessed genuine cooperation between its two constituent parts (management and residents) that so few issues have threatened to weaken that cooperation, and that when such issues have arisen, a positive outcome has always been achieved with the eventual resolution of the problem.

While not an activity which might fill every resident with enthusiasm, the Association is well supported. Quarterly General Meetings attract attendances of 80 to 90 (around 40 to 45% of bungalow residents), elections to the Committee have a healthy turnout (78.5% last time), but there has sometimes been a shortage of candidates.

So to some activities which undoubtedly attract enthusiastic support, starting with A for Art. Twice a week both experienced and novice artists come together from the bungalows and The Oaks. The results of their creativity are displayed both in an annual exhibition and also on the walls of The Oaks Centre, where paintings hang alongside tapestries and batik created by other residents. Similar
interests are covered by groups devoted to woodworking, tapestry weaving, needlecraft and card making.

Other categories of artistic interest find expression on the one hand in the book group, literary group and playreading, and on the other in the recorded chamber music group and the music group. This latter arranges a number of concerts throughout the year, attracting both amateur and professional singers and instrumentalists from a wide area, as well as from local schools, one example being a concert for residents given by sixth formers from Bootham and the Mount Quaker schools to raise funds for their participation in the international PeaceJam Conference at Los Angeles. This was followed up by an enthusiastic report from some of those who had attended.

While being completely non-denominational, H.O. is a place where a weekly Quaker Meeting for Worship is held, and where Anglican Holy Communion is offered. The community theology group arranges a talk roughly once a month. The subjects covered are looked at from a Christian perspective and have included such diverse topics as Islam, interfaith relations, prison visiting, art, science, law and worship. Speakers have included the Abbot of Ampleforth, a former Archbishop of York, an astrophysicist, a university professor and a QC.

Other talks and lectures are arranged from time to time. The local M.P. and M.E.P. have spoken; accounts have been given of conditions in Pakistan and the Middle East; and a professor from a university in Moscow has given six lectures over the years on various aspects of contemporary Russia. The Open Forum for Hartrigg Oaks also arranges talks on matters of current interest.

Alongside the games evening, the bridge club, the film club, Cercle Français and the German group there is an information technology club offering internet broadband service. It has been most encouraging to see residents who had not previously used a computer now exchanging emails with family and friends in distant parts of the world. A more recent development is the provision by residents of a Local Area Network within the site, enabling them to access the internet and to use hartriggoaks as their own domain name.
Various forms of physical activity in which residents can take part include short mat bowling, line dancing, Scottish country dancing, movement to music, yoga and table tennis (see also p84). This latter group has joined a league in York and has been known to cause a few upsets (tactfully, no details are available). A weekly swimming session is held in the pool in New Earswick. The tending of our small gardens and of allotments on and off the site (where up to date organic methods are put into practice) provides further opportunities for physical activity, while horticultural interests are furthered by the gardening club which organises talks and arranges visits to gardens and garden centres in the neighbourhood. The range of other opportunities for exercise is described by Audrey Kennedy in her chapter on the Health Activity Centre.

While some activities understandably interest only a few, others have wider coverage. A small shop in the Reception area of The Oaks Centre is run by a rota of volunteers and has many customers from both the bungalows and the care home, providing a valuable service not only by selling such things as cleaning materials, stationery and stamps, toiletries and groceries but by being a fertile spot for social intercourse. More extensive shopping can be carried out by those who do not drive by means of the shopping runs on Wednesdays, when volunteer resident drivers (who have previously been tested and authorised by the Trust and are thus covered by the Trust’s insurance) take the People Carrier to local supermarkets – and then deliver their passengers and their shopping back to their front door.

All residents derive great interest from Hartrigg Oaks News, which is produced by residents every other month, and read its mix of news, comment and general articles with close attention.

The interests of all residents are served by other groups. A branch of Neighbourhood Watch is active here, enjoying close liaison with similar schemes in New Earswick. Hartrigg Oaks for the Environment promotes a variety of measures to support and promote the environmentally friendly use of materials and energy including conservation, re-use and recycling together with composting.

By their very nature, many of the activities described in these paragraphs take place within the site, in residents’ bungalows or in the
various communal rooms within The Oaks Centre. Others take place in The Oaks care home itself. The Oaks art group and music group meet in The Oaks activity room. Organised by The Oaks Activities Organiser, they bring together carers and volunteer residents from the bungalows, thus fostering contact between these twin aspects of H.O. Many other events take place within the care home, including excursions into York and the surrounding countryside, for which the new People Carrier, with its ability to take two residents in wheelchairs is invaluable.

There are, however, many other events which take their participants further afield. The concert and theatre group, with over 100 members, organises two outings a month, usually one to a musical event and one to a play. Coaches are used to travel into York or to Leeds, Harrogate or Scarborough. The programme is as varied as possible in order to suit differing tastes, members being free to choose which events they wish to go to. The repertoire includes old familiar plays, modern drama, orchestral concerts, opera and ballet.

Discovering Yorkshire is a travel club, organising monthly half- or full-day visits to places of interest such as stately homes, museums and churches, not forgetting the countryside in which they are set. Unfortunately, a keen sense of geographical exactitude is sometimes lacking, so excursions have been made to Southwell, Lincoln and Durham, while for the last five years four-night holidays in the autumn have been taken in Grasmere. The Lake District venture uses our own People Carrier plus residents’ cars, but all other excursions are by coach. A member of the care staff comes on some of these outings, providing invaluable support to the organisers.

An experience on one of these visits must speak for them all. Among those who went to Fountains Abbey one day were several who had come up to York from the south and who were gradually discovering the delights of the north. It is always a satisfying and revealing experience to see a familiar sight through the eyes of someone else who is seeing it for the first time, and that certainly happened on this occasion. But what was so much more satisfying, and that which repaid all the effort which must go into any event of
this kind, was the sudden, unprompted remark: I never thought I would be doing something like this when I was in my eighties.

What may have come through from these brief accounts of activities going on at Hartrigg is some sense of their value not only in relation to their intrinsic purpose – listening to music, learning from a lecture, appreciating the beauty of the spoken word, benefiting from physical exercise – but by virtue of sharing that experience with others. This social dimension is of the greatest importance. That is why serious, but it is hoped unobtrusive efforts are made to welcome new residents. Someone will call on the day a new resident moves in with a welcoming basket of tea, coffee and other immediate supplies. Contact is established with next door neighbours so that any initial problems can be speedily sorted out.

Another way of achieving the same end is to be found in the Dutch Dinners, which are simply dinners in the Restaurant when we all pay for ourselves (we go Dutch). Each host who organises one of the three tables of six invites the other five into their home for a drink before dinner. At the end, all gather round in the lounge for coffee or tea, and try to sit with someone from a different table for general conversation. These evenings help residents to get to know each other better and are of particular benefit to newcomers.

We are back to creating opportunities, and to making sure that individuals are in no way pressured into taking part if they don’t want to. There are certainly several residents at H.O. who prefer to lead a very private life. That is completely their own prerogative and is fully respected. There is, however, a fine line between wishing to live a private life, and complaining that one feels so lonely. At least, it may be possible to maintain that no one living here can justifiably claim to be bored.

**List of Activities**

- Allotments
- AquaFit
- Art group
- Bible studies
Book groups
Bridge group
Card making group
Cercle Français
Community Theology
Concert and Theatre group
Discovering Yorkshire
‘Dutch’ Dining Evenings
Exercise Rehabilitation
Film Club
Games Evenings
Gardening Club
German Conversation
Greetings Card group
Hartrigg Oaks for the Environment
Hartrigg Oaks News
Health Activity Centre
Holy Communion
Information Technology Club
Lectio Divina
Lectures
Library
Line Dancing
Literary group
Little Acorns group
Mobility group
Movement to Music
Music group
Needlecraft group
Neighbourhood Watch
Open Forum for Hartrigg Oaks
Playreading
Quaker Meeting for Worship
Recorded Chamber Music
Residents’ Association
Scottish Country Dancing
Shop
Shopping Runs
Short Mat Bowling
Swimming
Table Tennis Club
Tapestry Weaving
The Oaks Art group
The Oaks Music group
U3A
Welcoming New Residents
Workshop
Yoga
Communal Facilities

Julia Darmon

Our communal facilities are to be found in The Oaks Centre, a large building located in the middle of the site. This structure also houses the 42-room Care Home, known as The Oaks, and a range of administrative offices – and outside it (except when it is in use) stands the People Carrier (see pp71-2, 103).

The focus of shared community life at H.O. for those who wish to take part is the spacious, welcoming Reception area in this building, entered by the main south door and situated along the ‘street’ which runs from east to west in The Oaks Centre.

The first person to meet during normal working hours is the receptionist, who receives all queries and requests. Besides the desk are the red Royal Mail pillar box and individual pigeon holes for each household’s internal mail (post is delivered by Royal Mail to the individual bungalows). Notice boards for the Residents’ Association, in-house activities and external events are found at one end of Reception, with smaller noticeboards at each of the three entrances to the building.

Through the door to the west there are cloakrooms, telephone, shredder and photocopying machine, together with an open, café-style self-service coffee shop and beyond a restaurant with service. The lounge area at its south end offers a selection of daily newspapers. The restaurant is really a large multi-purpose room, where over a hundred people can gather for meetings, lectures and musical performances, as well as lunch and dinner. Immediately adjacent are the kitchens, with staff accommodation above.

Returning to Reception, there is a computer room containing two computers, one of which is linked to the internet via our own Local Area Network, bought, used and maintained by members of the Computer club.
A shop, managed and staffed by residents, sells stationery, toiletries, household goods, confectionery and some tinned and packaged goods, and opens on to Reception.

Three staff rooms also give on to Reception, as well as the Control Room into which feeds the Closed Circuit Television (CCTV) system around the periphery of H.O., together with the alarm systems (fire, intruder and personal emergency) available in each bungalow and throughout The Oaks Centre.

Moving out from Reception towards the east door one passes a lift to the first floor on the north side and then the hair salon, which is well used by residents. Two local hairdressers who offer their skills on four days each week are much appreciated, especially by residents in the care home who can, if necessary, be brought to the salon by wheelchair.

The final room on the north side of the corridor is the craft/recreation room, used both by the art group and by residents pursuing other activities. The great majority of paintings, and all the batik and tapestries on display throughout The Oaks Centre, have been created by resident artists, who mount a regular annual exhibition.

On the south side of this corridor is the Health Activity Centre (HAC) which is described in detail in Audrey Kennedy’s chapter.

Outside at this end of the building one comes to the Little Acorns Day Nursery, a franchised service planned by JRHT to meet a need in this part of York and also to bring really young children on to the site.

Going upstairs from the corridor, by one or other of two staircases or by the lift, reveals another range of facilities. Opposite the lift is a small kitchen servicing events in the adjacent large room known as the Music Room, used for concerts, talks, short mat bowling, table tennis and many other activities. There is also a direct link to the first floor of The Oaks care home with its guest room.

Alongside is a wide corridor leading first, to a sizeable meeting room and then to a series of rooms, culminating in the library. To the north is a workshop with various woodworking equipment donated by residents, followed by three smaller multipurpose rooms. On the
south, two lavatories and a store room are followed by the therapy room (part of the HAC), offering massage and other treatments.

The library holds a stock of over 5,000 volumes. A strong collection of fiction is complemented by a range of non-fiction categories of good quality. The stock is open access at all times, readers being asked simply to record the borrowing and the return of material. In addition, there are collections of videos, CDs, current journals and jigsaws. All this material has been donated by residents, either when they first arrive or while living here in their bungalow, or when having to downsize on moving into a room in The Oaks – a true sign of our shared community.
Involvement In
The World Beyond

John Mitchell

One sunny afternoon in September 2007, a small group of people were trudging steadily south on a road in southern France. They were retracing the war-time route to Spain taken by escaping Allied airmen. The walk was to raise money for those of the courageous local ‘helpers’ (who had guided the airmen and provided safe houses) who were in need, or their families. One walker was Robin, a resident at Hartrigg Oaks.

Five hundred miles further east another resident, Roswitha, was in Bosnia working with a group including Moslems and Orthodox Christians. She was helping them come to terms with the violence they had experienced, and to rebuild their future. As she puts it, she and others are trying to answer the question ‘How do societies heal after violent events?’ She does the same in places such as Chechnya and Ingushetia. She also visits Germany to train others, under the auspices of ‘Oekumenischer Dienst’ (Ecumenical Service), to do this work in places such as Kosovo. Her husband Peter chairs Peacebuilding UK, which seeks to alleviate the suffering caused by violence in the North Caucasian region of Russia.

Two other residents were a thousand miles west in Pennsylvania working as voluntary staff for three months at a Quaker Study Centre. A few months earlier another resident had been many miles further south in Chile on a holiday organised by Traidcraft to equip her and others to speak to groups and schools about its work. Later that autumn another resident was in Maryland and Wisconsin in her role as co-chair of ‘Women to Women for Peace’, which brings together women from countries between which there is tension or actual conflict – this time the group included Israeli and Palestinian women. Several other residents during the year took overseas tourist
trips or visited far flung family, while every year one couple spend
winter months on Gran Canaria.

These foreign ventures alone would be enough to explode the myth
that when people move into a retirement village, they somehow leave
the real world. Nothing could be more mistaken. Yet they are just the
tip of a very big iceberg of current involvement of H.O. residents in
the wider world.

York Heritage

Imagine you are a tourist visiting York. You might start with York
Minster, and visit the information desk. If so, until recently, the person
speaking to you could well have been a volunteer from H.O. You
might then take a guided tour, and two of the present guides are H.O.
residents. As you walk round you might well see others who, unknown
to you, are H.O. residents who are part of the Minster community.
Some are active with the Friends of the Minster; one leads trips and
another is a trustee as well as being a leader of the Minster Walkers.
Last year the Walkers raised £40,000 for the Minster walking from
Whitby to York, and may perhaps have passed other H.O. residents in
a small group that walked from York to Whitby! It would be invidious
to record which group walked it in fewer days. Another resident is
a volunteer in the ancient Minster Library where, after ten years of
research, she is now committing her results to the computer, as well as
occasionally mending ancient books. And if you were in the Minster
in June 2008 it might have been the day when Robin was the person
privileged to ‘turn the page’ of the Book of Remembrance for the
18,000 allied aircrew from the North-East killed in the war.

After the Minster, you might well visit other York treasures. In the
nearby National Trust ‘Treasurer’s House’ your room guide might
well be the H.O. volunteer who works there. Others guide in Fairfax
House, the Georgian house beautifully restored in the 1980s by the
York Civic Trust. And as you walk round York you might well pass a
market stall being run by a resident, standing in for a potter friend.

On your second day you might visit the National Trust’s
Beningborough Hall a few miles away. Here again, the room guide
you meet might be an H.O. resident. Alternatively, you might visit the National Railway Museum, but you would not see the two residents who work there behind the scenes. Moreover, if you were a summer visitor and took the steam excursion to Scarborough, you would see H.O. itself (as the line passes close) but might not realise that one volunteer steward on the train was the resident who does this each year.

**Faith Communities**

It is no surprise that some residents worship at York Minster, but others worship elsewhere in York. Some attend other Anglican churches, and two Anglican clergy who live at H.O. are much in demand in the diocese for preaching. There are some very active Methodists, a number linked to the Methodist Church in New Earswick, and two are lay-preachers. There is a small Roman Catholic contingent, and a few individuals attached to other denominations. One resident is active with an independent evangelical church group working particularly with young people and the older generation. A number of residents go to stay at Christian conference centres and retreat houses.

H.O. residents also play a part in inter-church relations; one helps to produce the local Churches Together magazine and another represents the local Churches Together on York Churches Together. One of the Roman Catholic residents plays the organ at a Methodist church. At national level Peter is a member of the Council on Christian Approaches to Defence and Disarmament, and contributed to their recent book ‘Britain’s Bomb; What next?’

A sizeable minority of residents are Quakers who belong to the three Quaker Meetings in York, one of them nearby in New Earswick. On a typical Saturday some might be in London on national Quaker business, and others might be at regional meetings. One might be at Woodbrooke, the Quaker Study Centre in Birmingham, doing one of her regular monthly stints as voluntary staff. One couple might be at a gathering of the Friends’ Historical Society, which they help to run. A few might be making up a carload to drive to the U.S. listening
station at R.A.F Menwith Hill, to be part of the monthly Quaker Meeting that takes place outside the gates (as part of an ongoing witness for peace) and another couple might be busy maintaining a remote Quaker burial ground near the house where Guy Fawkes once lived.

**Keeping Fit**

Those tending the burial ground are far from the only H.O. residents physically active elsewhere. Several attend Keep Fit classes in the Folk Hall (the village community centre). A number walk with a variety of local walking groups and others prefer to intersperse their walks by hitting a golf ball. A few are keen fell-walkers. There are outdoor and indoor bowlers – a dozen or so belong to the New Earswick Bowling Club, and others bowl at the Folk Hall. One group regularly plays petanque at a club in a nearby village. There are tennis players and swimmers – one a confirmed skinny dipper but not, let it be said, at local pools – and an enthusiastic core of table tennis players who compete in York competitions; they recently came 6th out of 9 in their division and were also awarded the cup for the ‘most sporting team’.

A few residents are keen cyclists; one sometimes spends two days cycling in the Dales or the North Yorks Moors, staying overnight at a youth hostel. There he might meet other H.O. members of the Y.H.A., but whether he would stoop to speak to those who had arrived by car is another matter! Robin, now nearer 80 than 70, is a keen yachtsman, and recently survived his first parachute jump, for charity. And not least, there are dancers, and one doesn’t always know, as someone leaves for a dance, whether it is to the serious business of Scottish Country Dancing, or Line Dancing, Ballroom, Circle Dancing or even a Ceilidh. John and Muriel are still dancing 52 years after they met at a dance at BelleVue, Manchester, and their choice of holiday hotels is guided by whether there is dancing. So far no-one admits to breakdancing – but watch this space…
Enquiring minds
The range of physical pursuits is more than matched by the variety of intellectual and cultural activities. Several dozen residents belong to the University of the Third Age (U3A), and as well as attending classes (some of which are held at Hartrigg), some join U3A trips and walking groups. Four residents currently lead classes on topics ranging from Bible Studies to Basic Homeopathy, from German to Jazz, while another is a volunteer at the U3A office in central York. Other residents enjoy the variety of courses, and study trips, offered by the Workers’ Educational Association (W.E.A.). Recent courses on the Renaissance World and on York History were appreciated. One resident also serves on the local W.E.A. district committee.

One couple attend a life-drawing class. Another resident runs, and others attend, study weeks on Shakespeare at various Quaker venues. Some join extra-mural courses run by York University or York St John University. One particular scheme run by York St John in which some participate is ‘PLACE’ (People, Landscape and Cultural Environment) which offers courses and visits. One resident is on a Peace Studies course at York St John, and another is learning lace-making there. Through Learning 4 Life courses a few have become computer literate. Lectures at the York Philosophical Society will usually have some residents in the audience, and a few join tours organised by the Society. Equally, there are usually H.O. residents at the annual prestigious Ebor lectures.

Clubs and pastimes
Others keep their minds in trim in less formal ways. A number belong to Bridge clubs in York, and others go off to play Chess or Snooker. One belongs to the Embroiderers Guild, and a few are keen bird-watchers. One resident started the Gaskell Society branch in York and another helped to set up the local Trollope Society Seminar Group. Several are Friends of the York Archaeological Trust, and join their trips – such as exploring Celtic crosses in Ireland. One of them is also active with the East Riding Archaeological Society. His most
recent ‘find’ of interest was a clay pipe made in Dublin, but he does then admit that it was not found during an archaeological dig, but while digging an allotment in New Earswick!

Music plays a big part in the lives of some residents. At least a dozen sing in local choirs, both secular and sacred, and another sings with a madrigal group. One resident is a member of the York Symphony Orchestra, and also takes her violin to residential music weeks, while another plays in a flute group and in a ceilidh band, and a third belongs to the Society of Recorder Players. Others enjoy listening to music and, as well as the many who attend concerts and gigs, at least two are members of the Recorded Music Society. One resident still works as a voluntary consultant on electronic church organs.

**Volunteering**

As well as the voluntary work at the Minster and other treasures of York, mentioned earlier, some other residents support The Georgian Society and the Civic Trust. There are also active, as well as subscription-paying, members of the National Trust and English Heritage. Some residents are Friends of the Art Gallery, and a few support the Laurence Sterne Trust of Shandy Hall in Coxwold.

However, for every one resident volunteering in the ‘heritage’ area, there are probably two or three involved in other types of work. Several are ‘Friends of York Hospital’ and one of them is a ‘guide’, helping patients and visitors find their way through the confusing maze of corridors, and pushing a wheelchair when necessary. Two others serve in the hospital shop. One resident is both Chair and Secretary of Yorkshire Cancer Research, the most successful regional cancer research charity in the U.K., raising millions of pounds every year. The team at the local hospice shop (known universally as ‘Harrods’) includes two residents and another is involved at management level in the hospice itself. One resident works at a Fairtrade shop in York, and another at the SCOPE shops. One is a visitor and driver for Age Concern, and another helps run reminiscence groups for older people.
Numerous residents work voluntarily with young people. There is a growing link with the nearby Joseph Rowntree School, which a separate chapter explores in more detail. One resident visits the local primary school to help with reading, and helping with children’s reading is also a major activity of volunteers in the Yorkshire branch of the ‘Retired and Senior Volunteer Programme’ (RSVP). Two residents help run RSVP, one of whom also knits clothes for needy children in Eastern Europe. One resident helps coaching young people at table tennis, and another drives for York Nightstop which finds emergency beds for homeless young people.

After a lifetime of work in the Youth Service, Percy, rising 90, remains fully committed. As well as being a governor of the Joseph Rowntree School he is a trustee of the local Children’s Trust, of a youth club in Osbaldwick, and also of the local Gateway Club. As a former naval officer he is on the committee of the local sea cadets, he organises gatherings for former youth workers, and is part of a group of experienced youth workers whose informal advice is sought on national policy issues. Together with another resident, Percy is also a trustee of the York Travellers Trust which works predominantly with the children of Gypsies and Travellers.

There are residents in the Women’s Institute, The Soroptimists, Inner Wheel, Probus and Rotary; at least one is a Freemason. For the four Rotarians, the main event each summer is running the famous York Dragon Boat Challenge on the River Ouse, when thirty-six different teams compete. Since its start in 2004 the event has raised over £300,000.

A few residents spend time in prison! Those who admit to it include a small group which supports the regular Quaker visit to Full Sutton prison, near Stamford Bridge. Robin works with the Shannon Trust which promotes literacy in prisons. He visits prisons in Yorkshire to set up the schemes which link two prisoners, one literate and one not, working with a guide manual ‘Toe by Toe’. Roswitha also runs courses in prisons as an AVP (Alternatives to Violence Project) trainer. These help people address the causes of their own violent behaviour and help them lead non-violent lives. Although now used in many contexts, it originated in a prison in
New York, and prisoners are still a major focus of its work. Another resident is on the national executive committee of AVP, while another is currently Chair of York Association for the Care and Resettlement of Offenders, which supports vulnerable ex-offenders, particularly by running a hostel and half-way houses.

Others who work with those on the edge of the York community are those involved with Refugee Action York (RAY). RAY offers practical help, but also tries to emphasize the positive contribution that refugees and asylum seekers make, and to challenge prejudice and misconceptions. It currently works mainly with Kurdish refugees. Another resident belongs to a group that offers English conversation for foreign women.

One resident is a trustee of the Norman Collinson Charitable Trust which supports much local voluntary work, but many also dig deep in their own pockets to help charitable work, not least the hospital in N.W. Pakistan in which several take a particular interest. And the list could go on; there will always be those who ‘do good by stealth’.

In New Earswick

One of the uncertainties when H.O. started was how relationships would develop between it and New Earswick, the village to which it was appended (against the wishes of many village residents). Numerous village residents have contact with H.O. because they are on the staff. Equally, a number of H.O residents have moved there from the village and retain their friends and other links. But how far has a relationship developed beyond that? It would be wrong to suggest that close links have grown; there are still reservations in the village and some H.O. residents have no wish for closer links, while infirmity prevents others from getting outside H.O. However, although there may not be many overt ties, a number of H.O. residents are very much part of village life. The links with the two schools have already been mentioned, as have the bowls players. In addition, the New Earswick Methodist Church and the New Earswick Quaker Meeting are both local organisations in which many H.O.
residents are fully involved, some helping with the annual Christian Aid collection in New Earswick.

But there is much more than that. Two residents are trustees of the New Earswick Community Association; one of them, Peter, is its treasurer and also runs a one-man campaign to encourage people to pick up, and then recycle, street litter. Five or six residents have contributed over the years to the New Earswick Bulletin, the local magazine. One resident is a trustee of the JRHT which runs the village, and another is a board member, as well as being a trustee of another housing association in York. Elisabeth, who moved to H.O. from Pickering, has now been a parish councillor for six years – she is currently the council’s representative on ‘Communities that Care’ and on the local Emergency Planning Committee. She is also producing a ‘Welcome to New Earswick’ leaflet for new village residents. One resident is chairman of the New Earswick Community Facilities Network. A few H.O. residents are connected to the nature reserve, one of whom offers courses on bee-keeping. Two have village allotments. Two belong to the local camera club, and others attend activities at the Folk Hall, such as meetings of the York Family History Society.

Continuing Commitments

Of course, for many residents their current commitments started long before they moved in. Naturally, family links remain, and a number go off to do ‘grandchild-minding’ duties, one actually doing the ‘school run’ twice a week. Others go to witness grandchildren’s sporting or theatrical triumphs. Another visits Durham occasionally to see the two donkeys to which she is foster-mother!

Some remain involved in work or work-related activities. One still owns the garage he built up over thirty years and helps out when needed. Another, despite trying to retire, is still prevailed upon to continue his design and consultancy work, and a third continues her piano teaching. Others maintain links with former colleagues or organisations; one former European Union (E.U.) worker is setting up a regional branch for former E.U. officers who live in the North
East, and another resident is a correspondent for members of his former regimental association. Some organise or attend re-unions of former colleagues, such as teachers or medics, and another belongs to the St John Ambulance Fellowship. One is still active with the National Union of Teachers and there are at least three Lib Dem activists.

Social connections are also maintained. Around half of all residents moved to H.O. from in or near York, and they naturally keep many of their previous links. A combination of cars and free bus passes makes it relatively easy to do so. However, many of the others – who have ventured bravely into Yorkshire from further afield – have made new links and commitments. One of the two Minster guides was trained for the job soon after moving from London; he relished the occasion when a visitor asked why the windows did not open! Three or four of those who have become closely involved in the life of New Earswick have moved to H.O from elsewhere, and a number who now have responsibilities in York charities and voluntary organisations are “incomers”.

It would be almost impossible to create a complete record of residents’ current activities outside H.O. Even a formal survey might not achieve that, but this chapter is based just on informal enquiry and conversation, and there will inevitably have been some activities missed. However complete or incomplete it is, though, it does show that H.O. includes many who are part of, and in many cases playing important roles in, the wider community. The evidence seems to confirm the truth of the old railway adage – “When you’re over the hill, you pick up steam!”
Care
Community Care
in the Bungalows

Megan Taylor

Community Care at Hartrigg Oaks is a domiciliary care service provided to bungalow residents within their own homes. The aim of this service is to enable residents to live independently for as long as possible. The Community Care team works exclusively at H.O. and, unlike other domiciliary care agencies, has the advantage of being based on-site in close proximity to all bungalows. It is therefore able to be very flexible and responsive in its service delivery. As with The Oaks care home, the Community Care service is regularly inspected by the Commission for Social Care Inspection (C.S.C.I.). These inspections are unannounced and Community Care has consistently been awarded the grade of ‘Excellent’ by the C.S.C.I.

The Community Care team comprises 21 staff. It is managed by a Community Care Co-ordinator and a Deputy, who between them cover seven days a week. There is one Senior Community Support Assistant and 18 Community Support Assistants (C.S.A.s). The team works daily (365 days a year) from 8.30am to 9pm, providing a planned programme of care to a current total of 72 households (nearly half of all bungalows on site). During 2007 a total of 11,877 hours of Community Care was provided (on average approximately 228 hours per week). The weekly average per resident was 3.04 hours.

In addition to planned care, C.S.A.s also respond to any emergency calls from bungalows. If these calls occur outside Community Care working hours, care home staff from The Oaks respond and pass on relevant information to the next Community Care shift. Emergency calls are made via the Tunstall system which comprises “Amie” pendants which all residents are encouraged to wear, as well as red cords and an intercom system within each bungalow. If the system
is activated by a pendant or red cord a call is automatically put through to a computer in Central Control, Reception or The Oaks care home. Information regarding the relevant resident is displayed on a monitor and the staff member receiving the call is able to co-ordinate the most appropriate response (e.g. ambulance or care staff to attend). Bungalow smoke alarms and intruder alarms also activate the Tunstall system in this way.

The Community Care team is able to offer different levels of ‘formal’ care, both as short term support, such as after an illness or operation, or longer term care that gradually increases with need. Many residents (68 households at present) begin with having support in the form of Home Help for one to two hours per week. This service is designed to assist residents with household tasks that they find difficult. All Community Care staff are trained carers, home help being regarded as part of care rather than a professional cleaning service. Residents are requested to provide the necessary cleaning equipment and materials to carry out the required tasks.

Home Care consists mainly of the ‘pop-in’ service. A pop-in is 15 minutes of care. This service is designed to be very flexible so that several pop-ins a day can be provided to a resident if required. This type of care could include emotional support, such as a regular ‘friendly face’ to have a chat and offer reassurance. Pop-ins may also include more practical support such as assistance with daily routine (making beds, washing up) and personal care (washing, dressing/undressing, toileting, assistance with medication). A longer period of care can be provided if required, e.g. to assist with bathing/showering. Currently 23 residents receive some form of regular Home Care.

Nursing care is not included within the Community Care service as this type of care is provided by the District Nursing team, as it would be elsewhere in the wider community.

Residents who receive care may also have help with shopping if they are unable to make their own arrangements. This is limited to the purchase of food, cleaning materials and personal care items and could involve assistance with internet shopping from a supermarket,
telephone orders from the local convenience store, or a staff member going to a supermarket on behalf of a resident. Residents with mobility problems can be escorted on foot or by wheelchair from their bungalows to The Oaks Centre for meals or other activities. Meals can also be delivered to bungalows for residents who are not well or able enough to go to the restaurant or coffee shop or make their own meals.

The Community Care team works closely with the Health Activity Centre (HAC) staff, particularly in terms of resident referrals for rehabilitation following an operation or injury. Care staff can provide wheelchair or walking escorts for residents to and from the HAC if required; home visits by HAC staff can also be arranged.

Care is also provided for residents with dementia or other mental health difficulties in the bungalows. The type of care varies according to the individual and their specific needs, but the overall approach is designed to be very flexible and responsive in order to meet the changing needs of residents. Risk is carefully monitored in order to ensure that residents are able to remain in their bungalow with a comprehensive care package for as long as possible, provided that the safety of the individual and others is not compromised. Care and support often take the form of social support and companionship and include outings and activities on both a one-to-one and group basis. This type of care may be supported by the use of the recently established Community Care Amenity Fund, e.g. to fund a carer’s entrance fee or other associated costs. The purpose of the Amenity Fund is to assist the running of small group activities or trips out for bungalow residents in receipt of care that require support.

There is also a regular afternoon group for residents with dementia and their partners which aims to provide support for couples. Guest speakers are invited to talk about a range of topics (not necessarily relating to dementia) and there is an opportunity for the informal carers to talk to staff for support and advice. Other social groups are also run according to need with the aim of introducing bungalow residents with dementia to the care home in a non-threatening and low-key way. These sessions take place in The Oaks care home and include coffee afternoons and activities such as baking, card making.
and watching videos/DVDs. The Community Care team works closely with the JRHT Mental Health Specialist Nurse as well as other health care professionals including GPs and Community Psychiatric Nurses to provide a multi-disciplinary style approach.

All care provided by the Community Care team is determined by assessed need. A ‘Care Needs’ assessment is conducted by the Community Care Co-ordinator or Deputy in consultation with the resident. This focuses on general health and broad ‘Activities of Daily Living’, such as the ability to manage personal care and medication, mobility, communication, nutrition and social needs. Individual differences and circumstances are always considered as well as issues of choice and personal preference. Based on this initial assessment, care plans and risk assessments are completed and then reviewed regularly. A maximum of 21 hours of care per week per resident can be provided, although the actual number of hours will depend upon the assessed need.

The charge for Community Care support depends on the type of Community Fee paid:

- for residents on the Standard and Reduced Community Fee arrangements, the cost of the care support is met from the residents’ normal fee payments.
- for residents on the Fee for Care arrangement, the charge for care support is calculated at the time of agreeing the care plan as set out in the current Schedule of Fees. A monthly invoice is issued by the Trust for the support provided.
- when care support is provided to a couple where one member is on the Standard/Reduced Community Fee and the other member is on the Fee for Care arrangement, the level of the charge depends upon the nature of the support. If the support is a service which benefits both residents, such as cleaning, the charge for the Fee for Care resident is half the full rate. If the support is provided solely to the Fee for Care resident, then the invoice is for the full amount.

Residents who have care needs that exceed the scope of the Community Care team would usually move into The Oaks care
home. This move is assisted sensitively by staff from both teams, with close liaison between care staff, the resident and their relatives (if appropriate). It is appreciated that there will be residents who clearly state that they have no wish to move into The Oaks. In these cases every effort is made to retain residents in their own bungalow and to provide the level of care required to facilitate this. Additional charges may be incurred which would be individual to the resident.

Respite care is also available for bungalow residents in The Oaks care home for short stays (e.g. convalescence) or prior to becoming a permanent care home resident, subject to assessment by the Care Home Manager. There is a strong working relationship between the management of The Oaks care home and the Community Care managers. Regular meetings are held to review the care needs of residents requiring respite care and to plan for future care needs.

Training is a key issue for personal development and all staff are encouraged and supported to access a wide range of on-going training. All newly recruited care staff undergo five full days of induction training. In addition to this all Community Care staff are required to attend regular mandatory training which covers First Aid, People Handling & Moving, Food Hygiene, and Fire Safety. New staff also shadow an experienced team member on both care and home help work until they are competent and confident to work alone.

Nearly all (93%) of the staff on the Community Care team have achieved a National Vocational Qualification to date. NVQs 2, 3 & 4 in Health & Social Care and the Registered Manager Award are provided by JRHT. Assessments are carried out within the team by staff who have become qualified assessors.

An important aspect of Community Care work is the safe handling and administration of medication. All staff who deliver personal care need to undertake a distance learning course and close supervision to obtain competencies in working with residents’ medication.

As with the care home staff, all Community Care staff take part in dementia training run by the JRHT Specialist Mental Health Nurse. Other training is provided according to need and interest. Over recent years topics have included bereavement, nutrition, continence
care, assertiveness, stress and bullying, management development, and a community philosophy workshop which links in with JRHT work in New Earswick.

As well as the formal care described above there is also a clear element of ‘informal care’ at H.O. This refers to the general good neighbourliness amongst residents which can be a great support at times of need. Being a close community, residents tend to be aware when friends and neighbours are unwell or in need of support. The type of help offered by residents can include supportive social visits, lifts to and from medical appointments, and assistance with shopping or meal preparation. This informal care often runs alongside the care provided by the Community Care team and is not seen as a substitute for formal care. All assessed care needs are met by trained staff. However, care staff may work with a resident’s friends and neighbours if appropriate to provide a truly holistic service. Confidentiality is always respected, but if the resident so wishes then good communication between their friends and neighbours and care staff can be helpful in raising awareness of changing circumstances and care needs.

Community Care provision is a flexible, evolving service that will continue to develop over future years. The main focus for future development is mental health care, and dementia care in particular. The need for this has become apparent as the focus of care delivered during pop-ins has started to change over recent years. Although practical personal care will always be a key component of the Community Care service and is also an important aspect of dementia care, there is now an increasing requirement for more psychological interventions. This includes emotional support and more specialist one-to-one time, and respite for partners/informal carers (whether it be for an hour a week or a full week of respite).

Discussions within the management team are currently in the planning phase regarding how future mental health care needs can be met at H.O. and what changes would be required. Staffing levels and hours of work, how the existing building is used, and more specialist training will all need to be considered. In January 2009 a seminar at H.O. on dementia, attended by over a hundred residents
and members of staff, considered the new Government approach to dementia in England and heard a remarkable description from a resident on his experiences in living with his wife as she developed dementia (see pp125-8). Contributions came from the NHS and from the local branch of the Alzheimer’s Society. The clear conclusion was that the best chance of making further progress lies with staff and residents working closely together. There was full agreement that however the service is developed, good mental health care will require the on-going close joint working of all the care services at Hartrigg.
Map and plan of Hartrigg Oaks
Entrance to The Oaks Centre, and view from the Entrance
The Oaks care home, and some of the bungalows
A Christmas Party in the Restaurant

Behind the scenes
Bridge

Short Mat Bowls
Coffee shop – residents, and visitors
The Oaks Care Home

Giles Dearing

The Oaks is a 42 bed care home which is registered with the Commission for Social Care Inspection (C.S.C.I.) for nursing, residential and dementia care. Respite care is also available for those in need of short-term care before returning to independent living in their own bungalows, with domiciliary care if needed, as mentioned in the chapter on Community Care (p97). Emergency out of hours care is also provided to bungalow residents. Normally, there are two residents in The Oaks receiving nursing care for every one receiving residential care. At present, eleven residents are experiencing some form of dementia. In accordance with the Care Standards Act 2000, C.S.C.I. inspect the home against a national set of minimum standards at various intervals. These inspections rate The Oaks as a 3star excellent service.

Each room in The Oaks has en suite facilities with a toilet, shower and hand basin; a balcony; two way intercom; TV and telephone points. There are four communal lounges, four assisted bathing rooms, an assisted dining room and an activity room. The Oaks residents also have full use of the extensive communal areas within The Oaks Centre, as described in the chapter on Communal Facilities (pp77-9).

Care in The Oaks is provided by the following team:
- Care home manager
- Deputy manager
- Senior support nurses
- Senior care assistants
- Care assistants
- General assistants
- Laundry assistants
Activity organiser
Volunteers
totalling over 50 staff members.

Staffing levels vary throughout the 24 hr period as follows:

- Night shift: one trained nurse and two care assistants;
- Early shifts: two trained nurses, six care assistants and two general assistants;
- Late shifts: one trained nurse, five care assistants and one general assistant.

At various times throughout the week 90 hours are spent on laundry and cleaning, and 50 hours on a range of activities, of which 20 hours are devoted to those with dementia. Residents have the option of self-medication, but this is only rarely exercised.

Working alongside the staff are a team of volunteers. Some of these work under the direction of the activities organiser, while others act in an informal capacity. This informal care is often provided by various groups within H.O. – for example, members of the Art group meet on a regular basis with various Oaks residents, thus providing valuable interest and stimulus.

Staff are equipped with the tools to provide care via a training programme. There is a 5-day induction programme which is mandatory for all new staff, and possession of National Vocational Qualification (NVQ) 2 is also mandatory for care assistants. Staff are encouraged to obtain NVQ 3 and 4. Training is provided in dementia care. A variety of distance learning courses are available, together with stand alone training days.

Care is provided around the clock, 365 days a year. A flexible approach ensures that the care needs of the residents are matched by the level of care provided. There is a strong relationship with the Community Care co-ordinator, which enables us to predict the care needs of bungalow residents in both the short and the long term. Use of the Minimum Data Set (MDS), an assessment tool used to analyse
the care needs of individual residents, is another means whereby we are able to predict future needs.

By far the largest development within The Oaks so far has been the provision of dementia care. In line with national trends The Oaks has seen an increase in the number of residents suffering from dementia. One part of The Oaks has been set aside for the care of such residents which is guided by a dementia care specialist and appropriately trained support staff. Assistive technology has been installed in this part of The Oaks so that, for example, staff are alerted if a resident gets out of bed or begins to wander at night. The dementia specialist service is also used by the domiciliary team, thus providing a continuity of care for those in the bungalows as well as for those living in The Oaks. There is an activity room with kitchen facilities and a parlour with a mock fire place where a variety of activities take place, organised by the activities organiser to provide support and activities during the evening which is often the time of day when such help is particularly valuable. The activities organiser plans appropriate activities on an individual basis, ensuring that there is some form of activity over the full spectrum of ability and interests ranging, for example, from trips out and supported gardening sessions to baking groups and a reminiscence group. Many of these activities are shared with bungalow residents who are experiencing similar problems, as mentioned on pp95-6. The cost of some of these activities for Oaks residents is met from The Oaks Amenity Fund, which itself is funded by donations from individuals and by the proceeds of a range of fund-raising events organised by both the activities organiser and residents. The new People Carrier, with its hoist for taking someone sitting in a wheelchair, is often used for excursions.

Many of the residents in The Oaks are able to take their meals in the restaurant and coffee shop with help from members of staff and volunteers.

A key advantage for those living in The Oaks is being able to use the Health Activity Centre (see pp105-8). There is close cooperation between all the members of staff to ensure that Oaks residents can maintain as high a level of health and independence as is possible
for them. Certain equipment, such as the hoist in the spa pool and the fixed parallel bars, are particularly valuable in providing opportunities for gentle exercise and for improving mobility.

As well as receiving former bungalow residents, The Oaks is able to take a number of Direct Entrants who occupy rooms which would otherwise be standing empty. Ex-bungalow residents continue to pay their Community Fee, as described on pp49-50, while Direct Entrants are expected to purchase a certain amount of Loan Stock, which entitles them to an element of rebate on their residential or nursing fees. As with those who wish to move in to a bungalow, Direct Entrants are subject to an assessment of care needs to ensure that they can be appropriately met and are in line with the home’s registration.

In conclusion, it can be seen that The Oaks is a care home which possesses the great advantage of being part of a larger community whose facilities it is able to share. Bungalow residents are able to become familiar with the surroundings in which they themselves may well eventually receive care. The size of the whole community has justified the provision of a much wider range of facilities than would normally be available to a care home. As a result, having evolved to meet the needs of its users, The Oaks has developed in to a first class environment for the delivery of care. The major challenge which it now faces is developing new ways in which it looks after those with dementia-related care needs. I am sure that such initiatives will take place, to the benefit of present and future residents.
Health Activity Centre

Audrey Kennedy

A resident who wishes to use the Health Activity Centre (HAC) for the first time is invited to complete a lifestyle screening form which covers four areas: aims and objectives; daily activity levels; leisure pursuits; and health status. Depending on the answers it may be necessary to seek medical approval before the resident can use the HAC. In this case the resident’s GP is asked to complete a medical clearance form, advising us of anything which it would be appropriate for the resident to avoid. Providing everything is satisfactory, the resident can be assessed by carrying out a series of simple movements to check various aspects of fitness. These include checks on posture, balance, joint mobility, muscle strength, muscle endurance and ease of movement.

The new user is then shown around the HAC equipment and a programme specific to that person’s individual needs is devised. This takes into account various aspects of fitness, including cardio-respiratory, muscle strength, muscle endurance, flexibility and joint mobility, and coordination. Different pieces of equipment provide alternative ways of working on these aspects. The equipment available in the HAC includes: upright bike, recline bike, treadmill, gravity strider, trampette, cross trainer, multigym and free weights.

In addition, there is more specialised equipment with the emphasis firmly on rehabilitation. Rehabilitation is now of major importance at Hartrigg. It particularly applies after hospitalisation due to injury, surgery or some other medical complication arising, for example, from hip or knee replacement, heart surgery or a stroke. Rehabilitation therapy is also most advantageous in the management of long-term chronic conditions such as: arthritis; osteoporosis; heart disease; stroke debilitation; hypertension; pulmonary disorder; diabetes; Parkinson’s disease; cancer; and dementia.
The Motomed Viva 2 provides both upper and lower body exercise with passive, assisted and self-driven options and has proved to be an excellent piece of equipment. Parallel bars and training steps are invaluable aids to rehabilitation and recovery after operations, as well as improving fitness and wellbeing in general.

Our Power Plate works by way of vibrations or pulses. The body subconsciously uses a variety of different muscles in order to stay balanced despite these vibrations. This constant tensioning of the muscles has various positive effects, including improved muscle strength, flexibility, coordination, circulation and bone density. Fat burning is increased, cellulite is reduced, and improved collagen production results in better skin quality.

After induction has been completed the new user then carries out the specified programme with support and assistance from the instructor where necessary. Subsequently, it will be decided whether the resident is able to be a sole (unsupervised) user or a supervised user, or whether one to one instruction should continue. Sole users need to be 100% competent to follow and practise a specific programme in a safe and effective manner before signing a disclaimer by which they accept responsibility for their health status and agree to adhere to health and safety regulations. Sole users also agree to wear a safety pendant while alone in the HAC, and to inform staff of any change in their medical condition. Supervised users may benefit from or need a little help which is available only during supervised hours. One to one clients may require assistance on a short or long term basis so that they can carry out their exercise programme safely. These categories can be revised at any time, should a resident’s health status change, as can often happen.

A further aid to rehabilitation is the spa pool with its jacuzzi, which is brilliant for taking the weight and pain from tired, failing limbs. In the water people are able to move muscles in ways they could never manage normally. Movement strengthens and improves joint mobility, and for those usually confined to a seated position offers a delightful opportunity to stretch out and enjoy some freedom. For some residents, water therapy is yet another facility offered by the HAC, but for others it may well be the only way in
which their rehabilitation can be achieved. A recumbent pool hoist and a special chair provide access to the pool for those residents who would otherwise be unable to use it.

Supervised sessions also take place in the pool for those who simply enjoy exercising in the water. These are provided at residents’ request and take place five mornings a week. The sessions are well attended by many residents, some of whom make use of the jet installed at one end of the pool which can make exercising somewhat more strenuous.

In January 2008 massage therapy was introduced as an additional service for residents, for which there is a moderate charge (everything else is now free). This has been well received by many residents who take advantage of it for various reasons. Some experience relief from muscle stiffness or pain, either in the short or long term, while others find it aids relaxation and restful sleep. It is most beneficial as an additional form of rehabilitation after injury and also improves circulation and digestion. It decreases stress levels and the majority of residents report a heightened sense of well being after the experience. In one particular instance, a terminally ill resident in the care home derived great comfort from massage.

There is close liaison between the HAC and the delivery of care in The Oaks care home and also in the bungalows. Home-based exercises can be suggested which will improve the resident’s fitness and well being. Such exercises may involve the use of balls, bands or a chair and may even be carried out when seated. Such exercises may be simple, but practised regularly they can make a huge difference to an individual’s quality of life.

Close collaboration between these interrelated channels for delivering care to residents helps to provide a high standard of care in a more efficient manner. Sometimes help can be provided before a problem becomes critical, or extra support can be offered throughout a particularly difficult stage. This can be done by using the HAC and the Spa Pool, or by simply visiting residents in their room or bungalow.

Liaison also takes place with various physiotherapists, medical professionals and residents’ families, as and when the need arises.
The primary goal is to provide the very best support for residents in order to encourage independent living and well being.

New forms of activity which may be of benefit to H.O. are constantly being explored. For example, it is hoped that an outdoor fitness trail may be provided in the near future. A considerable amount of work has already been done to design something simple, aesthetically pleasing and vandal resistant. The layout of H.O. lends itself very well to a circular trail, which could be a great outdoor exercise option for residents.

Various additional activity sessions are provided for residents living in the Care Centre. Amongst these are balloon exercises, which take place twice a week, a skittles group and water therapy in the pool. Working with those who are suffering from dementia is always a rewarding challenge. Good results are being achieved. Both direct and indirect mechanisms underlying fitness and cognitive performance are being encouraged. Exercise increases cerebral circulation by enhancing oxygen transportation to the brain and offsets changes to the central nervous system, stimulating new brain cells. Older adults who exercise have an increased mental speed of processing and are generally healthier, with fewer incidences of cardiovascular disease, hypertension and diabetes. Perhaps most importantly, for the more vulnerable and confused residents is the increased self esteem and well being that exercise brings. I consider that we are privileged to be in a position to support people with dementia and we will always see the person first and the disease as second.

I have been at H.O. for most of the first ten years of its existence and I can truthfully say that for me it has been a joy, watching and playing my part in the development of this unique community. There have, of course, been frustrations at times, but these all pale into insignificance alongside the gratitude received from so many residents. This is a special place and those of us who have worked over long periods in various other establishments know just how special it is!
While I was working for JRF at their care home, Lamel Beeches, I first heard about Hartrigg Oaks. The whole concept sounded so innovative and exciting that I instantly wanted to be involved. Three years later it was a reality, and now ten years on it seems like only yesterday when it all began.

H.O. was a blank canvas ready to paint, there being no other set up quite like it in this country. Initially we had no idea how many we would be catering for, or how many staff we would need. We had to equip the kitchen with crockery, pots and pans – it’s quite hard to think of every utensil that you use in a kitchen when it isn’t there to see. I wanted to set a high standard of catering from the start with a good choice of meals using fresh produce, and I think we have achieved and maintained that standard. Our highest priority has always been to provide a good well balanced diet.

We have never worked from a rota menu. We have residents who eat with us every day and who would eventually memorize even a six-week rota. (And as far as preferences are concerned, I would welcome requests for particular items, or even suggestions for a complete menu.) The sheer amount and diversity of food that we serve, day in day out, still astonish me. We bake a variety of cakes, scones, biscuits and desserts every day. We have a salad bar with a really good choice of a variety of home prepared salads and sandwiches. We make soup daily from fresh ingredients; I can guarantee that the recommended five vegetables are always in there! We offer three main choices for lunch, one of them always being vegetarian, and a fish choice on average three times a week, together with salad, jacket potatoes, home made soup and puddings. The vegetables are mostly fresh and prepared on the same day, the rest being frozen.
I try to take part in serving lunches as often as I can. I find it an excellent point of contact with my customers and I can see for myself how they respond to the food we have prepared for them.

There are five main locations where meals are served at lunch time: the restaurant; The Oaks dining room; individual rooms in The Oaks; the coffee shop; and individual bungalows. Where necessary, meals for residents in The Oaks are liquidised and additional nutrition provided.

Breakfast is available in the coffee shop for those staying in the guest room. Tea, coffee, biscuits and cakes, salads and sandwiches are on offer in the coffee shop throughout the day. We are open at lunchtime for two hours and even though most people seem to like eating at the same time, it’s good to offer that flexibility. Lunch can be eaten in the coffee shop, or carried through to the restaurant. Alternatively, residents can book a table in the restaurant where they can be served with lunch from the same menu.

After lunch it’s straight on to evening meals. We offer a main meal in the coffee shop on an evening and also a choice of various snack meals. Many residents have eaten a full meal at lunch time and don’t feel the need to eat so much in the evening, but again, it’s good to have that flexibility of choice for everyone. The coffee shop serves evening meals for two hours. The restaurant is open for served meals from Tuesday to Sunday at lunch time, and also on Thursday, Friday and Saturday evenings. The evening menu is extensive and offers a varied range of dishes such as you would expect to find when dining out. A restricted Early Bird evening meal is also served from 5 to 6 p.m. We are licensed so that residents can enjoy a glass of wine with their meal.

One feature of the way in which meals are served in the restaurant has often been commented on. We have quite a number of casual students from the local schools and colleges on our books. Most have approached us by word of mouth. After they have worked a couple of shifts in the kitchen to make sure that they are suitable we then have them serving in the restaurant under the watchful eye of full time catering staff. We find that the vast majority of customers appreciate having these younger members of staff around, who are just as
caring in the way they relate with residents as are the older, more experienced staff. Our staff of all ages are well aware of the special help required by residents with physical and mental needs. Training is available to all members of staff in the form of National Vocational Qualifications (NVQs) in such subjects as catering, hospitality and food hygiene. Staff have also attended courses on understanding dementia, sign language and various care needs.

As well as the range of meals I have already described we also cater for any buffets that are booked by JRF for training sessions or meetings. Residents also book food for special functions such as anniversaries and birthdays, or for local groups of which they are members. We provide funeral teas for residents which are especially valued, as they create the opportunity for families and friends to meet in familiar surroundings, and in a manner which takes a great deal of strain off the immediate family. Indeed, some residents have ordered in advance exactly what they would like for their funeral tea when that inevitable time comes. And on a more cheerful note, I have been delighted to see how many residents’ social lives have flourished since they arrived here. Entertaining is so simple. No longer do they have the chores of planning a menu, going out shopping, slaving in the kitchen and washing up afterwards. Instead, all they have to do is book the event and sign a cheque!

We try to accommodate everyone’s culinary wishes and make the service we offer as individual as possible, considering the number of people we cater for on a daily basis — an average of 130 covers at lunch time and 80 in the evening. We have a great knowledge of many residents’ individual needs, essential if in time the residents themselves can no longer communicate those likes and dislikes.

When residents’ guests come to visit they can spend a leisurely meal time eating and talking, often with grandchildren and great grandchildren round the table just like a family in their own home, thus making a visit pleasurable which otherwise could be painful or problematic. Of all the positive comments we receive, this is the most common. I love to see it working.
Maintenance

Peter Giles

Fortunately for residents at Hartrigg Oaks, the maintenance of their property is something which they do not have to worry about. Ranging from short term urgent problems right the way through to the long term renewal of major items, help is always at hand.

The Residents’ Handbook, a copy of which is given to all residents when they move in, sets out JRHT’s responsibilities for the maintenance of the structure and interior of the bungalows, including:

• the foundations, roof, outside walls and doors, window sills and frames;
• the upkeep of drains, gutters and external pipes;
• internal walls, skirting boards, door frames, doors, ceilings and floors (but excluding internal painting and decorating);
• pathways and entries;
• boundary fencing and gates;
• electrical wiring, socket and light fittings, gas piping, fitted heaters (other than those purchased by residents); radiators and heating systems, ventilation systems, warden call system;
• communal T.V. installation and inspection;
• baths, toilets, sinks, basins and showers (including fitting new washers).

Residents’ responsibilities are also defined as being:
• keeping internal decoration to a reasonable standard;
• light bulbs;
• fixtures and fittings such as curtain rails and fitted furniture;
• the repair of gates, fences etc erected by residents inside their gardens;
• wilful damage;
• anything belonging to the resident.
The Trust is insured for accidental breakage and for the structure of the buildings, while residents are responsible for contents insurance and any repairs such as glass which they have broken themselves.

So, if residents have a maintenance problem which requires the attention of the Property Services Department, all they have to do is to report it to Reception in The Oaks Centre during working hours. At any other time there is a telephone number through which to contact the emergency team on any day (or night) in the year.

Regular maintenance which is organised by the Trust includes the annual servicing of the gas boilers and any other gas appliances in the bungalows, and external redecoration on a fixed cycle. Various contractors, as well as JRHT staff, are used as appropriate.

In due course, all the boilers in the bungalows will fall due for replacement, as will such items as windows, roofs, etc. When this time comes, all the resident will have to do is to agree a mutually convenient time for the work to be done.

Emergencies do arise. We have had high winds which have blown off ridge tiles. We have had faulty smoke alarms which cannot be turned off. We have had drains which become blocked – in other words, the same range of domestic crises which any householder may expect to experience at some time or other. But the difference for residents at H.O. is that they do not have to consult their Yellow Pages, or try to find someone who can offer them immediate help, often at high cost. Their needs are met through the Property Services Department and through the common contribution they all pay each month, as described by Michael Sturge on p49, and as a result they can relax in the security which Hartrigg provides.

Similar procedures apply to the maintenance of The Oaks Centre which has its own cycle of redecoration and refurbishment.

The topic of maintenance cannot be left without mentioning the maintenance of the grounds. This is in the care of a full-time member of the Parks and Gardens Department who is responsible for cutting all the grass and keeping all the thriving shrubs under control. Residents are responsible for looking after their own small gardens, but can enjoy the services of H.O.’s own handyman to cut their own grass.
Impact
Impact on Residents:  
An Early Evaluation

Dianne Willcocks

Over the past half-century, many eloquent treatises have solicited, advocated and, more recently, asserted the entitlement of older people to make choices in their living arrangements. These are choices that will secure dignity and will challenge dependency; and they demand mechanisms that will channel the voices of elders-as-consumers into the process of policy making and promoting best practice (Bibliography, Ref 1, 20, 22). Examples of delivery, sadly, have not always lived up to this ambitious vision. However, the past decade has seen the Joseph Rowntree Foundation (JRF) journey from bold innovation to acclaimed excellence with the introduction of the UK's first actuarially-based continuing care retirement community for the 21st century, Hartrigg Oaks in York.

What links H.O. to the early nineteenth century vision of the philanthropist and scholar Joseph Rowntree is a deep respect for the idea of what constitutes (a successful) community and of how potential vulnerabilities attributed to particular groups in society (in this case, a group of elders) can be recast and reshaped as strengths and opportunities. This is the positive outcome, arguably, when the milieu, the modus vivendi and an imaginative and well-resourced package of services is determined by providers in dialogue with those very elders who will contribute to the new community.

In retrospect, a decade of community living at H.O. has generated substantial evidence to demonstrate continuity with the Rowntree philosophy. Yet, in 1998, when the first residents moved into their bungalows and The Oaks care home started to draw people with care needs from a range of backgrounds, there was a degree of risk for those whose vision was about to be tested.
Accordingly, a research and evaluation agenda was carefully crafted in discussion with the Centre for Housing Policy at the University of York – and, of course, with those in residence, a group of articulate elders who, in the early days, had established a Residents’ Association. Importantly, a measured and cautious approach to beginning and staging research-related activities enabled the interests and concerns of very different interest groups to be served.

The big questions that could not be answered at the point when new residents moved into the H.O. bungalows (and a new supported community was transferred into The Oaks care home) included the following:

- was the actuarially-based finance model sufficiently robust and sustainable?
- would the support services planned and delivered in the early stages prove to be appropriate to the initial resident profile?
- were the aspirations for a radically new lifestyle in the bungalows (independence, privacy, safety, add-on facilities and more) realistic and realisable?
- what would resident response be in terms of value-for-money?
- how might staff experience working within this new model of community living – as yet unproven in U.K. culture?
- indeed, how would the very idea of community be developed and made durable?

The different interest groups for whom answers to these questions matter include:

- first and foremost, residents and potential residents;
- JRF, its board, its managers and its staff;
- government policy-makers concerned with issues of an ageing society; other charities, statutory and private providers of services for older people; advocates for successful ageing;
- the scholarly community of gerontologists.

To address the differing needs of these groups a complex research package was constructed – combining both qualitative and quantitative data collection, and aligning the evaluative activity of
the team from the University of York with the routine monitoring of resident profile and interventions undertaken by JRF.

This design was not, however, finally worked-through and rigidly adhered to from the outset. It developed organically through conversations which attempted to achieve “balance”. For example, there was an obligation experienced by JRF to disseminate full information to different audiences who might benefit from learning about what was described in an early document as “an experiment in social policy”. Yet for those making a lifetime personal decision and commitment to move into a bungalow at H.O., there could be no notion of existing in a laboratory-type environment. JRF was concerned to limit intrusion into the daily lives of residents – yet conscious of the need to elicit resident voices. Hence the creation of the representative Hartrigg Oaks Monitoring and Evaluation Project Advisory Group in July 1999.

A key development in the H.O. community, as conceived by JRF, was the establishment from the very beginning in 1998 of a Hartrigg Oaks Residents’ Association. This has flourished across the past ten years. The newly-conceived Project Advisory Group of 1999 was able to liaise with the Residents’ Association in order to draw membership from both The Oaks and the bungalow dwellers; residents then met together with JRF leaders and professional staff – and with outsiders from the two York universities and from other care agencies. In dialogue with this group, the research team shaped and re-shaped their plans for communications with residents; for questionnaire design and for different methods of data collection (postal survey, focus groups, face-to-face resident interviews and staff interviews); for the scheduling of the research programme; and for the style and dissemination of research reports. The aim was to secure maximum involvement from all of those with something to say. Undoubtedly, the calibre of resident input to this process enabled the research team to work with sensitivity in complex terrain in order to secure a positive level of engagement with enquiries from all sections of the community, thus producing defensible outcomes.

Looking back from 2008, it is perhaps difficult to imagine how unusual in many ways yet how utterly ordinary in other ways the
H.O. ‘project’ was just ten years ago. Those who visit the village-like complex today encounter smart people and smart dwellings with attractive gardens, well-maintained and with a heart to the village where social and cultural activities take place and various services can be accessed. A proud statue of a hart – a commissioned piece in bronze - welcomes the many visitors who are drawn to the centre. People in the community are actively pursuing individual daily lives with varying levels of appropriate intervention. There is both a buzz and a sense of calm but none of the torpor traditionally associated with the classic care setting.

In this sense, it is pleasingly ordinary and yet the underpinning structures for continuing care – still a unique feature in the U.K. – are the invisible supports which construct an extraordinary set of freedoms for older people. The residents chose this later-life option because of the high quality and spacious nature of the bungalows – hence no anxiety about home maintenance; they were also pleased to have the reassurance of care service availability. In many ways, being at H.O. offers continuity of existing family relationships with children and grandchildren – obviating fear of becoming a burden.

For the Research Project Advisory Group it would be a challenge to unpack the specific new-ness of the H.O model and to evaluate its contribution and generate messages that could be communicated simply and effectively to different audiences.

At the initial meeting of the Group in July 1999 – with 70% of the bungalows occupied and a vibrant Residents’ Association in place – it was clear that ‘social experimentation’ was not to be the language of discourse! There was a respectful response from JRF to concerns about constructing images and stories that would try to illuminate the richness of lived experience as well as securing the particular measures of service responsiveness. Following a request from residents, the word “care” was eliminated from all signage (the words “Continuing Care Retirement Community” on the sign at the entrance were covered with a board reading “Little Acorns Day Nursery”). And a clear delineation was negotiated at this first meeting between the collection of standard (quantitative) monitoring data as part of the normal JRF set of service routines and the evaluation
of this new lifestyle across independent home dwellers and The Oaks care home. The evaluation was conceived as requiring a mix of both qualitative and quantitative data to capture information on community, quality of life, service delivery and the management of facilities. And from the outset, a shared responsibility was acknowledged to produce material that would inform any future replication of such living arrangements (Bibliography, Ref 8).

A series of eight Group meetings over a three-year period created a forum within which the progress of the monitoring and evaluation exercise was subject to feedback, dialogue and adjustment from the different resident voices alongside the responsible professionals and scholars. Clearly, a powerful set of engagements had been enabled. Early discussion focussed on the process for, and design content of, a May 2000 postal survey of residents, with questionnaire design receiving particular attention. This first set of enquiries (astonishingly, perhaps) elicited a 90% response from bungalow residents and 58% from Oaks residents. And building on the agenda emerging from these responses, a series of interviews and focus groups was then introduced.

Satisfaction rates were high (48% very satisfied/38% quite satisfied) and the stated benefits of living at H.O. tended to justify the earlier expectations held by those contemplating this significant move. Residents in the bungalows were particularly appreciative of the combination of independence and privacy – yet access to nearby help. In addition, they cited the lack of pressure to take part in organised activities; and the availability of on-site amenities. The ‘people’ aspect of continuing care living is important: respondents appreciated getting involved in running H.O. and they valued being with like-minded people. In The Oaks care home most (81%) described their experience as being as good as they had expected. And where concerns had arisen, there was no nervousness or reticence in expressing views on areas needing attention!

Meanwhile the Project Advisory Group was also starting to scrutinise the outcomes from JRF monitoring data which in the first instances focussed on bungalow residents. Profile data revealed the mix of residents and the fee choices they were making. It also
showed take-up of different kinds of service: home help, personal care and nursing care, together with the demands in terms of out-of-hours calls and transition to The Oaks for intermediate care. An early adjustment to the support package was the introduction of what came to be known as “pop-in” care – a brief, friendly check for reassurance or assessment of need, if appropriate. This was seen by both residents and professionals alike as a light-touch, non-intrusive engagement but, importantly, a preventative element in the package that was highly rated by all.

On the advice of the Project Advisory Group, a follow-up survey of the community was delayed until May 2002 to minimise the burden on residents and to give space for any developments to become visible. Encouragingly, second time around, bungalow residents expressed broadly similar levels of satisfaction with 83% very satisfied or quite satisfied: “I must say that after 4 years I cannot find a thing to grumble at…” However, in the final report of the project (Bibliography, Ref 8), the researchers were able to identify issues experienced by the ‘pioneer’ residents about the initial need for practical and emotional support (given the momentous life-changing decision to move) which was being more effectively addressed for the newer arrivals. Moreover, the newcomers experienced a warm welcome from the early venturers who were generous in their offers of support and guidance. The stories of neighbourliness; the variety of resident-led activities; and the imaginative programme of activity beyond H.O. testify to an emergent community that is proceeding with enthusiasm and verve to achieve the vision of the JRF creators of H.O. in securing choices for older people informed by the voices of older people. Early evidence on the actuarial model and affordability together with the viability of the continuing care systems was proving cautiously optimistic.

As the research project drew to a close the programme for the dissemination of findings was considered by the Project Advisory Group and it was agreed that whilst there was a proper place for formal scholarly reporting by the University of York team there was also a need to ensure that information about benefits and lessons learned would be made available to different sections of the care
(and customer) community. Accordingly, presentations and reports in different formats encouraged by JRF and also involving residents have made their way into the public domain. The continuing care retirement community concept remains a culturally unusual phenomenon in Britain although variations on a theme have been developed. Arguably, for an ageing society which is looking to future arrangements that will secure a degree of independence with dignity, the pioneer residents and innovative policy makers in York offer, through Hartrigg Oaks, an attractive way of living that will merit careful consideration for the wider community.
Some Residents’ Histories

Arthur Ashton

This is an edited version of an article which appeared in Hartrigg Oaks News at the end of November 2008

Many of us become somewhat forgetful with the passing years; for most of us, thankfully, it is just another little problem like finding that people now speak rather quietly, or that the stairs seem steeper.

For some – mercifully, a minority – it becomes much more serious and for them Alzheimer’s disease or, more generally, dementia is a really sad and little understood illness. A few years ago the word “cancer” was only used with a frightened murmur, and today that is true of “dementia”. It is an illness for which there is no known cure: there are some drugs such as Aricept which can, for some patients, delay its development, but at present the resultant decline is inevitable. There is also a tendency to imagine, which even my opening words might imply, that there is one single condition, but it is a truism that when you have met one person with dementia, you have met one person with dementia; the presenting behaviour varies so widely.

For a time those persons with the illness are likely to be aware of something wrong because they have a lack of understanding or appreciation of what is going on around them: there is a consciousness of their own inabilities, and this can lead, understandably, to frustration which can be displayed as anger especially to those near – a husband or wife who is inevitably cast into the role of carer.

The carer’s role is an unenviable one and rarely do those outside the situation have an understanding or appreciation of what is going on and being done. This caring can and does extend to all sorts of intimate, personal help with things like feeding, dressing, washing, bathing, as well as continuously trying to anticipate needs
– reminding about names before a visitor comes or trying to make sure that the sufferer is not left feeling inadequate. A common feature is the inability to hold information and this leads to repetitive questions: “Is it Saturday today?” Such questions repeated frequently can test the carer’s patience. Sometimes – often – the behaviour becomes bizarre though without any suggestion of humour within it: wandering and becoming lost; waking frequently during the night with something like a series of waking nightmares; aggression, both physical and psychological – the patterns are infinitely varied.

It is largely for this reason that outside observers are often critical of what they perceive as nothing being done for the two sufferers – the one with dementia and the carer – and here at Hartrigg Oaks there have been scarcely veiled criticisms of JRHT voiced to me for their failure “to do something” or “to provide properly”. There is, however, no one set “remedy” which will fit all; there just cannot be, and methods of helping must necessarily be worked out on the way. Hindsight is, as always, so easy, but I know only too well how very difficult finding the “right” solution can be through the developing stages of the illness.

My experience is limited but many residents at H.O. know that over the last three or four years I have been travelling that bitter road with my wife and there have been times when I felt there was no support or help and that nobody cared. Such moments were rare and probably understandable; I think I am only human after all and there is a loneliness in the carer’s role. A continuing difficulty is to be able to stand back and see how what is being offered or arranged will secure a better, more manageable future.

The reality for us here at H.O. has been a tremendous amount of practical and psychological support from many friends but especially from Trust staff. This has varied, for example, from photographing cupboard interiors and putting the picture on the cupboard door, to fitting door alarms so that a vibrating pad could wake me if the outer doors were opened, through to the provision of a one-to-one carer in the bungalow overnight so that I might be able to have a night sleeping in the spare bedroom without disturbance and thus be better able to face the next day. These are just some examples of the
varying kinds of help which have been provided. Giving such a list completely fails to record the atmosphere of personal, understanding support particularly from the specialist mental health nurse, and also from Megan Taylor (who has written elsewhere in this book) and the care staff. I cannot praise too highly the support they have given. Looking back now, I appreciate their willingness to try something different, something better, in order to support and extend our life together as long as possible.

So now we have reached the point where my wife is living in a specialised Care Home near York while I remain here at H.O. Taking her there recently was probably one of the most difficult things I have had to do during our more than 61 years together. Intellectually I can accept that she is no longer the person I have known; that dear wife has gone. But emotionally it is a different matter and, whenever I go to see her, the parting is just as harrowing – possibly for us both.

Some have also criticised JRHT to me, saying: “Why can she not stay in The Oaks care home?” It had been tried, repeatedly, but her propensity to wander and other features made the use of a secure unit essential for us. I can only say here, looking back over the last few years, and with the pain of her recent move still very raw within me, that the ways in which the staff have coped with our problem – the imaginative, innovative, caring thought which it has been our lot to experience – makes me very grateful for the existence of H.O. and for the very special skills shown by their specialist staff. Obviously there could be improvements; for example, in my view a strong case could be made for there to be a full-time, round-the-clock specialist mental health nurse, seven days a week, given the amount of care and support someone in that role is called upon to deliver. It is amazing how frequently a crisis develops on a Friday or at the weekend, and so it is likely that very soon it will be desirable to provide such cover day and night for seven days a week. It is certainly very important that more information is made available about the disease so that a better understanding of it may develop within the community. Residents may then be less critical of something they only imperfectly understand and fear in consequence.
I know, obviously, that I have not been the first and shall not be the last at H.O. to travel this particularly harsh road. Anyone beginning the experience has my complete sympathy and understanding. I hope they may be able to take a little comfort from the knowledge that there is such skilled and specialist support here, together with so many kind and supportive residents in the community, and that there is thinking going on behind the scenes to make sure that the provision may be even better. There is no sense of complacency that all is as it should be.

Sarah Cleverley

When in late 1999 my husband, Ken, and I watched an item on Countryfile about an experimental new community called Hartrigg Oaks, and told one another that it sounded just the place for us, we did not know the half of it. At that time we were just about to move into our house in Helperby, having decided that our idyllic life in a remote corner of the Yorkshire Dales might not seem quite so idyllic a few more years into advancing age. At that time Ken, who in his late seventies was very fit and active and greatly cherished his workshop full of large woodworking machines and his studio containing equipment for many other arts and crafts, would have considered us far too young for a retirement community. But five years later, when I heard that friends of a friend were on the waiting list, I managed to persuade him that the mailing list might be a good idea – and away we went through all the procedures, with him full of doubts and ‘what ifs’, but very much aware that, on my own, I would be very isolated as I have very little family. For myself, I refused to be daunted – I knew I just had to be here.

In May 2006 we moved into 11 Smithie Close, and we could not have found a nicer bungalow had we searched for years, nor could we have found one where we were made so welcome. Ken set about turning the upper room into a combined art studio and small
workshop, and I pressed on with the much less important job of making the rest of number 11 into a home, and we began to find our way around and discover the many delights of H.O., to meet people and to discover that our original hope of finding ‘a few like-minded people’ had been wildly pessimistic. Life looked as though it might be very good indeed – even to Eeyore Ken.

We never did get 11 Smithie sorted. Ken began to complain of a pain round his ribs – not unusual, we thought, after shifting furniture – but it did not go away and began to get worse. At the end of September it was diagnosed as mesothelioma (cancer caused by asbestos fibres). He died in St Leonard’s Hospice two months later.

It was then that I discovered the real meaning of the ‘community’ in ‘retirement community’. Help and support from the staff we knew to be available – and it was ready and excellent, but from the residents? – that was not in the brochure! We encountered kindness and concern on all sides – not intrusive but freely given – and volunteer drivers to take Ken for his visits to Cookridge Hospital and me to visit him when he was in the Hospice. Organising all this – as it were, rallying the troops – was one particular, very busy lady, who on Ken’s last day gave up a visit to the theatre to sit with me by his bedside, and continues to shore me up when I am flagging.

Since Ken died I have found myself surrounded by caring friends and included in so many social activities that I feel I am almost better off for amusement and enjoyment than I would have been had disaster not struck so early in my residence here – except, of course, that I miss Ken very much. I can share laughter with friends, meals in the coffee shop and restaurant, mutual interests, and many other things, and enjoy all that Hartrigg has to offer. I have been able to take advantage of the policy in operation at Hartrigg, whereby residents who so wish can make an internal transfer from one bungalow to another, so now I am living in a smaller home which does not carry all the associations of our joint abode. I feel that life would have been very different for me had we stayed in our village home, and that maybe, just maybe, I can pay back a little of the kindness that has been so freely given to me.
Hartrigg Oaks has become so much more than the pleasant place in which we expected to live out our declining years. It has become my home and my family, and I know now exactly what it was that drew me here. It is a very special place.

Rodney Dew

I retired in 1983, and with most of our family living in and around York it was natural that my wife Kathleen and I should return to live in this city. We bought a bungalow in Wigginton, some four miles from the Minster, which we assumed would be our final home. In 1996 two old friends who had decided to move to Hartrigg Oaks suggested that we should come and see the show bungalows. The Hart Plus, with its two bedrooms and useful attic room, attracted us both. So the next day we came with our deposit and chose our plot. Of all the major decisions we had made, that ranks very high.

Our early years here opened a whole new way of life for us. Instead of the rather introspective family life we had always lived, we were now part of a community. There were new friends and new neighbours, together with the fine facilities of The Oaks Centre, and yet we could enjoy complete independence whenever we chose.

After 59 years of happy marriage Kathleen died in 2004 and I started on the difficult path of transition to single life. It was then that I realised afresh the great value of living here. It so happened that a few other men had been widowed at around the same time, and we were able to give each other mutual support. The sympathy and understanding of so many residents made my path so much easier. I frequently compare my present life here at Hartrigg with what it would have been, had I still been living in that rather isolated bungalow in Wigginton.

I am constantly thankful that the decision we took together is a continuing source of satisfaction and comfort for me now.
Hilda and Jim Parkhouse

We first heard of Hartrigg Oaks from a Quaker school friend of Hilda’s. We stopped by at what was then a building site apparently consisting of mud, with an office by the road. We could see the potential but it wasn’t ready for us and we were not ready for it. We were living in Cumnor on the outskirts of Oxford with a house and garden we had enjoyed for twenty years. We had a good circle of friends and family quite nearby. As time went by we saw more and more of the fragility of life among our older friends – bereaved, incapacitated, dependent on friends and neighbours, with families far away, and increasingly worried about the cost and availability of acceptable care facilities. We both come from the northwest and never had any roots in the south, so we thought again about H.O. We looked, and after much thought, decided to apply.

We knew nothing of York, had no contacts locally and knew nobody at Hartrigg. It would be a leap in the dark but perhaps some compromise on present life style would be offset by security and freedom from anxiety in the future. After quite some time we were offered a bungalow. It didn’t appeal to us and we were told there was a strong probability that a more suitable one would very soon be available. We put our house on the market and the other bungalow didn't materialise. We took the house off the market and waited another six months before being offered a choice of a Hart (two bedroom) or Rigg (one bedroom) studio, neither of which was what we had originally wanted. However, we liked the Rigg at first sight and took the plunge.

For people who know more of what they are coming to and for those who are sure that they want to come to H.O. more than anything else, the upheavals and uncertainties of the transition are reasonable, but in our state of relative ignorance and uncertainty the impact was considerable. We very quickly settled in and made good and valued friends. Life in Mallory Close was fine but still there was the question: did we really want to spend the remainder of our lives in this community – white, middle class, elderly, civilised and
altogether excellent? More time would have enabled us to decide, but meanwhile house prices on the open market, and certainly in and around Oxford, were rising steadily. We did not want to be trapped at Hartrigg before we were sure, so we looked around. Property in Cumnor was scarce. A house came up which was affordable and well situated. We saw it, agreed we didn’t like it and said so. Nothing else suitable came up. We looked at the house again and finally decided that it would do.

It did; we made the best of it and for a while we once again enjoyed many of the things Oxford and its surroundings have to offer. But it took very little time for us to realise that our decision to come to H.O. had been right. We asked if we could come back and were offered the first Hart Plus (two bedrooms with room in the roof) to become available – no second choice. For eight or nine months we kept our fingers crossed and then the bungalow we have, and which we like very much, turned up. It suits us better than our previous bungalow so all has turned out for the best. We don’t regret our Sabbatical year – we might have gone on wondering if we had done the right thing. We were immensely moved and delighted by the kindness and enthusiasm with which many people – residents and staff – welcomed us back and one year later we are well settled. Of course, we would like to be nearer to most of our family; we would love to be living by the sea; and we would prefer to be in the northwest where the wind blows softer and the sun sets in the right place. But we are glad to be here in a community which is better than we deserve.
Impact on Families

Liz Arnold and Anthony Wilson

Our mother, Margery Wilson, was widowed in 1991, and continued to live in the family house in Yealand Conyers, south of the Lake District; she had created the garden at the back, and could not imagine missing the view of Ingleborough across the Lune valley from the front windows. Although she had carers in the annexe to the house, the arrangement was not smooth; the house was cold, and she never had cossetted herself and did not start now. After three years, she started to experience TIA’s – very slight strokes – which served as warnings. We were warned too: she went to recuperate in a nearby care home, and effectively discharged herself after ten days. Any and all discussion of alternative accommodation was coloured by this experience, and we were seeing no viable alternatives to remaining in that attractive but unsuitable house.

Then in the autumn of 1997 she rang Liz to say that F/friends from Lancaster had heard of a new place opening in York under the auspices of the Joseph Rowntree Foundation which sounded distinctly possible. So we all hastened to New Earswick and in the middle of a building site was a show bungalow with a site plan. As soon as she saw it, and had ascertained that a bungalow was available with a south-west facing garden, Margery asked what she had to do to secure one. “Put down a deposit” came the answer, at which the family did an enormous thumbs up sign behind her back as she signed the cheque. Huge relief all round!

Having made the decision to move, the family needed to make it as stress-free as we could. In practice, Anthony’s role was to sort out the Yealand house - contents and sale; Liz’s was to purchase and prepare the new house to receive her. So furniture had to be measured, and artifacts sorted: everything superfluous to be disposed of. We managed this with the minimum of trauma, as a long lifetime’s possessions
went into one of four piles: Hartrigg Oaks, family, gifts (especially books), and clearance. We called it quits with the man with the van, and Anthony figuratively handed Margery over to Liz as she crossed the highest point on the A65 between Lancashire and Yorkshire.

At this stage Margery was well and incredibly fit for her age (92), and able to live in her bungalow with minimal help. Gardening had always been her great love and in no time she had made her plot of 30 square yards a picture and something to be much admired by all who passed by. The soil was clay and hard to work but she managed it with only a measure of help from us, and took great delight in going out each season to find plants for the window boxes and containers.

Then in 2001 at the age of 95 she fell and broke her hip. Fortunately, she was wearing her personal alarm (Amie), and help arrived in minutes. It was quite a complex fracture; the consultant involved quickly realised that he had no ordinary 95 year old in his care, but once out of hospital (a week sooner than expected) and into a respite bed in The Oaks it was obvious we had a problem. Back in her bungalow she would need a great deal of care and would certainly not be able to manage the garden: logic indicated that now was the time to move into The Oaks itself. But this was not what she wanted, as she felt she would lose her independence and she resisted strongly. However, gentle persuasion from Sue Davies, the manager of The Oaks, and ourselves and the fact that a very nice room was available broke down her resistance and she moved into number 41 – and in a short time was out again with Discovering Yorkshire. Little did we think she would be there for the next 6 years.

When Margery moved to H.O. she was only just over 30 minutes from Liz’s home outside Leeds so visiting was easy. Wednesday was ‘Ma’s day’ and Liz would go over in the morning to take her for a drive for a couple of hours or so. Every month Anthony would drive up from Staffordshire, usually overnight at Liz’s, and take Margery on a different couple of drives, sometimes as far as Flamborough Head or Whitby. We really got to know the countryside around York and enjoyed it in all its seasons through from snowdrops, crocus, daffodils, blossom time and rhododendrons to the beautiful colours of autumn. Every year we had a ‘heather trip’ which involved taking
Margery and often one or two friends over the tops to Goathland and beyond, taking in spectacular views of the heather clad moors. She loved these car trips and always thanked us profusely, but we don’t think she realised how much we liked them – a welcome change from our normal busy lives. Back at The Oaks we would attend to the window boxes and any other small jobs that she wanted doing. On occasion we would play Scrabble (which she often won). Sometimes Liz had to switch to a Monday or Thursday and as these were Art days, she would collect her from the Art Room at about 11am, Margery already having been painting since 9.30am. On Tuesdays, Anthony would join her in the mid-week Quaker meeting for worship in the Music Room. Once she was unable to paint outdoors she copied flowers, birds and animals onto cards which she then sent to family and friends for the appropriate celebration. They were exquisite and we used one of her cards as our Christmas Card, painted when she was 100! On one famous occasion the staff were worried about her first thing in the morning and called in the doctor only to find her Awol when he arrived – she had gone down to Art!

The Art Group, music both live and recorded, Discovering Yorkshire visits in the coach, gardening talks, reading groups, trips to York Minster, the Community Theology group, are only some of the activities that make H.O. such a stimulating place to live. We are sure that this together with being surrounded by friends (both big F and small f) and the utmost devotion and care given by the staff helped Margery to live as contentedly as she did and gave us, her family, great peace of mind. We were able to arrange our holidays and times away – usually coxing and boxing with each other – without anxieties, although Anthony was with his New Zealand family when Margery died in her sleep aged 101 after ‘feeling unwell’ the day before.

It’s an important footnote to add that both of us were, to a greater or lesser extent, involved in the care of elderly in-laws in their last years at the same time as Margery was at H.O. They were none of them blessed with the same measure of personal support in a context where they could enjoy a full social life such as Margery experienced, and this truly peaceful fulfillment of her years fed through to the three generations of her family who would come to visit her.
I had lived in the village of New Earswick for eight years, from 1965 to 1973, and had been the Head Teacher of New Earswick Primary School from 1965 until my retirement in 1986. In spite of those close connections with the village I was quite unaware of the development of Hartrigg Oaks until about a year before its completion in 1998. I had lost my wife in 1994 and realised that the upkeep of a four-bedroom house with a fairly large garden was going to be an unmanageable prospect. As soon as I saw details of the H.O. project I was immediately impressed by its concepts and, in spite of my being an inveterate procrastinator, I lost no time in telling my family about this place. They are scattered in many parts of the world, two living in the U.S.A., two then living in Australia (now, one in Australia and one in New Zealand), and just one living in the U.K., 250 miles away in West Sussex. Without exception they were approving of my decision to make a move here, an opinion reinforced as, over the next year or so, they were able to make visits and see for themselves what it was like.

I was privileged to be invited by JRHT to serve on the Shadow Residents’ Committee. This enabled me to get to know a number of my fellow potential residents, and to participate in recommending some basic rules for the administration of the permanent Residents’ Association here. Not all the recommendations were accepted by the first elected Residents’ Committee, but they did form a useful base for future consideration.

During the first few years of this community I was involved in visits from a number of organisations, such as the University of York and Government departments. These were mostly very positive, but two comments from a small number of other residents did disturb me. One couple expressed their disappointment that the community did not match their expectations of a Four Star hotel. Another, albeit a minority opinion was even more disturbing. That was against the laudable decision of JRHT to offer a small number of bursary bungalows to residents in their various housing schemes who had limited capital.
resources, so that they could come and live here. Fortunately, those early rumbles have, I think and hope, largely subsided.

The community has been very well served by the elected Residents’ Committee, the members of which give selflessly of their time. I was very pleased to be invited to serve as the Returning Officer for the annual elections of the Committee, a position I held for five years.

A much admired feature of H.O. has been the large number of activity groups covering a multitude of interests. My own particular interests have been first, in the facilities of the Health Activity Centre, and secondly with the Concert and Theatre group which enables residents to make hassle-free visits to regional productions.

I have completed 10 years of happy residence here, with not a single regret at my decision to make the move. Having children, all living far away, I am comforted by the knowledge that they have no need to concern themselves about my personal welfare. I can illustrate this by recounting what happened a few years ago. My daughter rang from Australia one evening, expecting me to be at home, but got no reply. Feeling a bit worried, she rang her sister in the States to see if she had heard from me recently. My daughter in the States then tried to reach me. Again, no reply. Now beginning to be really worried, she rang her sister in Sussex who phoned my house. Still no reply. Determined to find out whether or not all was well with me, my daughter in Sussex rang the Community Care team at H.O. who sent one of the carers to try to track me down. I was eventually discovered in another resident’s bungalow where a lively party was in full swing. So the family was quickly reassured, and I could continue enriching my social life. Such an experience is indeed a comfort both to the family and to me, as I relax in the prospect of a secure and caring environment for the rest of my life.
I am a member of the village support scheme which was briefly described by Michael Sturge in his article on Finance (p62), and am known as a Lifeliner. This provides for up to twelve New Earswick residents who have lived in the village for at least five years and who meet similar entry criteria to those for bungalow residents to remain in their existing home but with access to the emergency call system provided by Central Control (p78) in The Oaks Centre. Lifeliners also have exactly the same opportunities as bungalow residents to use the communal facilities and to engage in all the activities, except that we do not take part in any voting at a General Meeting of the Residents’ Association. We can also have the use of a room in The Oaks, should it be needed on care grounds. For this, Lifeliners pay a set contribution, together with the cost of any care that may be needed.

I am a younger and comparatively new Lifeliner, and membership of this scheme has given me great peace of mind, knowing there is someone to call at the time of need, as I have no family in the area. When I became a widow I got so much from my association with H.O. It opened doors for me, with theatre visits, excursions around Yorkshire and walking groups. I help with running the Scottish Country Dancing Group which meets once a month in the Music Room, and also with organising Music Group events. I have made so many friends within the community – that is a bonus which I never dreamt would be possible.

I find that most of the bungalow residents accept me as a member of the community and I enjoy my association with them. After I had become a Lifeliner, involved in a range of activities at Hartrigg, I realised that there were three other Lifeliners who, like me, worship at the local Methodist church which is also attended by several H.O. residents. This has reinforced my feeling of integration with the rest
of the Hartrigg community. And then, a few weeks ago, it was good
to be with two other Lifeliners at a Dutch Dinner in the Restaurant
(p73), together with the other residents. I am grateful that such a
scheme has been devised, and I feel privileged to be part of this
enterprise.
I moved with my family from elsewhere in York to New Earswick in 1961, ending up in our present home in Rowan Avenue which backs on to the southern boundary of Hartrigg Oaks. Having worked for JRHT all my life I was well aware of the early plans to build a new retirement complex at the northern end of the village, as Cedric Dennis has already described (pp29-32). At first, we thought it would be situated on the eastern side of Haxby Road, but in due course we discovered that it was going to be at the bottom of our garden (together with the fairies).

All the time we had lived there we had been used to this field being used by the local farmer on which he grew wheat and barley and other crops. With a right of way crossing the field from east to west (or, if you wish, from west to east) it was a valued open space on which, at appropriate times, we used to fly model aeroplanes.

And now it was going to be developed. Gradually the perimeter fences were erected, a range of lock up garages (where the Hartrigg allotments now are, and where we used to rent two garages) were demolished, and access to the rear of our home became severely restricted. This was a real nuisance, as with no driveway at the front of our house we had to keep our caravan at the back and for a couple of years we couldn’t get it out.

I was involved in planting many of the trees and shrubs which gradually helped to transform a building site into what we see today. In due course a metalled road was laid down, giving us access at the rear so that we could park in our back garden. With a gate across the end of this road which was locked at night, and with some of the Hartrigg CCTV cameras covering this road, we found that our security improved enormously.
The time soon came for our new neighbours to move in to their new bungalows which we, of course, had been looking at from the start, and had also scrutinised when four show bungalows were opened for inspection. We soon found ourselves chatting away, being able to give local information to those who had arrived from a distance. The vast majority of those we met were happy to stop and talk a while as we gradually established contact with each other.

Now, the place has grown up, the gardens and allotments have matured, and the bungalows near to us have begun to change hands. We have no doubt that this new venture is a great success, and we are pleased to have it on our (back) doorstep.
Hartrigg Oaks and
Joseph Rowntree School

Maggi Wright

Having been at Joseph Rowntree School as Deputy Headteacher for 11 years and Head of Department prior to that, I feel very privileged to be now leading the school as Headteacher. I really do mean ‘privileged’ as the school is certainly starting the next chapter in terms of its history and future development.

Joseph Rowntree School was built in 1942 and has evolved and developed steadily over the years to bring us to September 2008.

We are now at a pivotal stage in the life of Joseph Rowntree School as we currently have a new school under construction due to be finished in February 2010 when the building will be ready for us to move into. Our existing school will be then be demolished and the grounds on which it currently sits will be restored to gardens and landscaping, with the new school set well back from the road.

In a document produced when the school was first open, under ‘School Policy’ there is a statement which says: ‘As the children pass up the school the amount of formal teaching diminishes and there is more direction of personal study and activity. In this way it is hoped that, when the time arrives for the children to go out into the world, they will know how to seek out knowledge for themselves and will desire to go further in some branch or other of learning. If this objective is attained then, throughout their adult life, they will return in their leisure hours and the school will be recognised as the natural centre for the cultural, educational, social and recreational activities of the whole of the wide area which it serves. The ‘leaving age’ will, in fact never be reached.’

In a report from the Headmaster in 1981 he said: ‘The school’s overriding task is to provide as many opportunities as possible in such a way as to allow everyone in it to achieve as much as possible.’
So where are we now?

We are planning a new school – a Building Schools for the Future initiative – which is planned to open in February 2010. It is a school which is planned to be at the heart of the community and able to respond to the needs of the community. It always appeared to me that a school building which locked its gates at 5 p.m. or thereabouts and was shut at weekends (except for Saturday morning when some sports fixtures might be taking place on the school playing fields) was a waste of what could be an exciting resource for the local community. And a school building empty during the six week summer holiday is a missed opportunity in so many different ways. I think the time has come to look at Joseph Rowntree School as a resource for the community, and I ask simply: “How best can it be used?” We must work together in partnership to look creatively at how to make this happen in a future where Joseph Rowntree School is at the heart of the community and serves it well. There must be a two-way process where school and community mutually benefit each other. I am confident we can achieve this.

The school has a Community Use Agreement which we are in the process of re-drafting for the new school. The Agreement sets out a joint approach towards the development, promotion and use of school facilities as a centre for sport, performing arts, active and social leisure, and learning. The aims include:

• providing additional opportunities for local people and organisations to participate in activities and to develop their skills, particularly among low participant groups;

• encouraging local community and school pupils to mix and gain a better understanding of each other and putting the school at the heart of the community.

We can learn a lot from the way we have worked in partnership with Hartrigg Oaks, which is our immediate neighbour on the opposite side of Haxby Road. This relationship has evolved gradually during the last ten years, and the school has benefited enormously
from it. I know that we have the support of our friends at H.O. and also the benefits of residents’ knowledge and experience, wisdom and friendship. We have certainly formed some very deep and meaningful friendships over the last ten years as well as many pleasurable and positive acquaintances. There follows a brief description of the various activities which have benefited Joseph Rowntree School.

Residents have organised a series of mock interviews for our Sixth Form students who openly admit that the experience of sitting in front of such a panel is more daunting than any interview for Cambridge/Oxford or any other university. The students take these interviews very seriously and really do prepare themselves in advance. It is often the first interview they have ever had and they freely admit to having a sleepless night along with nerves on the day. They greatly appreciate the feedback they receive from the H.O. panel. They realise that if they hadn’t had the experience of a mock interview at Hartrigg they probably wouldn’t have been so well prepared, and therefore unlikely to gain the university places for which we have such a good track record.

As a school we are indebted to the experience of our friends at Hartrigg and these mock interviews, including some job interviews, are a prime example of a successful partnership. It is good to be able to benefit from our neighbours’ experience and expertise.

We also have enjoyed H.O. as a venue for our concerts. Our music department are delighted when they are invited to perform to a very appreciative audience. It has been very rewarding to see our students perform and flourish over the years and now this is very much an accepted event in our calendar to which we all look forward. I do believe so much in giving students the opportunity to perform, whether on the drama or the musical side. I think students feel able to perform more readily when they know the audience is so supportive, as it is at Hartrigg. It really does build self-confidence and self-esteem, which equip any person for the way they approach their everyday life. This is such a positive experience for any person, but especially for adolescents who are discovering what they are able to do if they can gain new experiences, which often are life changing, and acquire new skills which are there for life. I know Hartrigg
residents are also regular members of the audience in the school hall for our school concerts and drama performances.

We have also enjoyed a joint drama production (*Time Change*) where our students and Hartrigg residents worked together on a common theme. I think this theme of ‘working together’ can only be beneficial as not only does it have a good product at the end but it also means young people and older people have an insight into how each other think as well as operate. I believe this joint understanding is healthy in as much as it goes way beyond the actual project and is carried over into society in general.

Our staff who teach Foreign Languages and their students enjoy the annual events where we go over to Hartrigg to perform Christmas songs and carols in a foreign language. We also use the ‘language groups’ at Hartrigg to serve as a vehicle where our students practise their language skills. It is good for students to talk and listen to a foreign language in a different setting to a classroom.

We enjoy enormously the benefits of mentoring in the school. Most of our mentors come from H.O. and over the years I have been so impressed with the time, dedication, care, concern and thoughtfulness which they have brought to the students they have mentored. I know we challenge some of the residents – or should I say our students do! I know that sometimes our mentors are shocked by the tales they are told, but nevertheless they are that “helping hand” and critical friend to our students and it is very heart-warming to see the special relationships which are built up. I think this is a priceless and precious resource from our friends at Hartrigg and I would never have predicted that it could have gone so well.

I think the same in terms of governance – a resident at Hartrigg is a governor of the school – and also of the very special and personal friendships I have with some of the residents at Hartrigg.

There have been other benefits. Two of our economics students are contributors to the next chapter in this book. The Russian professor who is mentioned on p70 of this book has held several seminars for up to 24 sixth form history students, covering those periods of Russian history included in the curriculum. Our students have been invited to the annual Art exhibition, and residents have
come over to visit ours. Some of our students have been able to gain work experience at Hartrigg, which has been invaluable to them. We are grateful for the donation of books to our Library, both from individual residents and also from the H.O. Library. We have also enjoyed working on our plans for the new school with residents coming in and discussing the plans as well as us talking at Hartrigg about our ideas for the new school. One resident is a member of the DQI (Design Quality Indicator) core consultation group, which is an integral part of new school building programmes. Residents have been very supportive of our current building project, despite its temporary impact on the life of this part of New Earswick.

I feel so well supported in my role at the school and know that key people at H.O. really do care about my well-being and the school’s success. How grateful I feel about such a luxury which sits across the road from the school! I confidently predict that the years ahead will produce still further examples of the constructive manner in which a retirement community such as Hartrigg Oaks can interact with its local school and the rest of the local community.
Impact on the Local Economy

Edited by John Kennedy
Contributors: Alex O’Neil, principal research manager, JRF; Michael Bell and Gavin Minton, students, Joseph Rowntree School

This chapter takes a quick look at the economic effect of Hartrigg Oaks – that is, both of the JRHT presence on the site and also of the people living there – on the immediate neighbourhood.

A new village

H.O. is of a size to be a village or parish in its own right. With a resident population in excess of 200 people, it is actually bigger than some of the outlying villages near York, being about the same size as Bilbrough or Askham Richard. Because it is exclusively a population of older people, the numbers of older people are larger than in Shipton and about the same as in Skelton.

Most of the people in Hartrigg have come from outside the York area. In the main this means that it is a new village in every sense – a gain to York in terms of economic impact and in community activities. The evidence is that residents are quite local in their economic activities. They contribute to an active local community in different ways. They have significant impact on local travel and transport. Villages in York of a similar size to H.O. do sustain some employment directly – a few jobs in post-office, corner shop or pub at best. But H.O. is unusual in that it actually creates and sustains a significant number of jobs.

The following is a local perspective on this impact:
“Hartrigg Oaks also provides employment for the local shops, in the village of New Earswick. There are a set of small shops that include a Post Office, Happy Shopper, Fish and Chip shop and Londis grocery store. The residents of H.O. fuel a lot of the business that these shops earn, as they are close and convenient for them. There is another shop that relies largely on the residents of H.O. to keep its business running. This is a small mobility service for the elderly that provides scooters, buggies, walking sticks and other walking aids that many of the residents need to get around with. Again this shows how H.O. not only provides employment within its own 21 acre site, but also gives back to its community, by providing jobs at the local shops. As with many other retirement villages, H.O. enhances the viability of the local services.”

Michael Bell, Student of Economics, Joseph Rowntree School

H.O. impacts on the local economy in a number of ways, such as with shopping, employment and local transport links. However, it probably doesn’t impact on local budgets for services for older people in the ways one might expect. Social care in England is managed on a local authority basis. Typically, if an individual requires care, either at home or in a care home, the local authority will commission and fund that care should the individual have insufficient funds. The funding arrangements at H.O. mean that residents’ care needs are funded ‘within the H.O. system’ and therefore the care needs of the village do not require funding from the City of York council. Of course there is some impact on local health and community services. Hospital services, GPs and District Nursing are all used by H.O. residents. Some evidence however does exist that points to a lower use than would be expected, given the demography of the H.O. population.

“Another positive impact of H.O. on the local community is the effect of there being so many on-site professional carers.”
Their presence has reduced the demand on the relevant medical services in New Earswick and Haxby and has also helped to limit the number of admissions to hospital, as well as allowing some patients to be discharged earlier.”

Gavin Minton, Student of Economics, Joseph Rowntree School

(These points are developed further by Dr Peter Smith in the following chapter.)

Economy, employment and commerce

Some of the impact on the local economy was in the early years as the village was being built. Now the question is about how the village impacts on the daily life of York, with a yearly £multi-million spend.

In terms of employment, numbers vary but there are in the region of 60 whole-time equivalent members of staff (probably approximately 100 persons in full-time and part-time work) who are employed at H.O. You will have read about some of these jobs in the chapters on the provision of care in The Oaks and in the bungalows, and also as an aspect of the catering operation. There are in addition various posts of a secretarial, clerical and management nature, together with the need to call on other JRHT staff in such areas as maintenance and grounds. In addition to these direct effects, there are indirect effects through the creation of opportunities to carry out work on the H.O. site, such as by jobbing gardeners, window cleaners, erectors of conservatories and so on. If the direct JRHT budget creates work for some 100 persons, it is reasonable to assume that the local spend by the people who work and live at H.O. also creates employment (in transport, in shopping and leisure and various other ways) for at least a further 20-40 people.

JRHT is a significant purchaser of goods and services, spending just over £2 million on wages, salaries and supplies (such as energy, food, office supplies) at H.O. But also significant in this equation are
the people who live at H.O. Management financial information for the past two years suggests that an average income of £15,000 is a reasonable estimate for a community like H.O. This would give the present 200+ people living here a gross purchasing power year-on-year of just over £3 million. Obviously not all of that is spent locally, and you can’t simply add the JRHT £2 million and the residents’ £3 million together. The latter pays for the former. But also hidden in this equation are all the assets and savings that older people drew on to come to H.O. It is, year-on-year, a £multi-million impact on the local area.

In terms of its employment patterns, the evidence shows that employment at H.O. is much more local in its profile and impact than would be true with corporations such as Nestlé Rowntree. In terms of the travel and shopping patterns of people who live here, there is evidence that travel patterns tend to be more local than is evident in outlying villages and towns such as Easingwold. There is evidence that residents at H.O. gradually depend less on running their own car (let alone a second car) and more on buses and local transport.

Community of interests

One of the key findings from research nationally is that older people in villages, towns or in more residential settings struggle with isolation and having something meaningful to do. At H.O. older people are at the centre of a very active community where they are the active drivers, not marginal players. As you have already seen in other chapters in this book, H.O. is a significant community with a wide range of activities, where older people are able to find their own levels of engagement and independence within their community. The engagement of residents in activities (whether it is arts or resident committees) is comparatively high. The magazine produced in the community by the community would (in terms of the range of contributors and breadth of activities) be comparable to that from the Greater London Forum for Older People or older people’s umbrella organisations in Merseyside. This is in stark
contrast to most villages where the parish council has two or three representatives, where people of working age often do not know the names of their neighbours and where older people in the village are isolated.

These are some of the many benefits of such a CCRC as Hartrigg Oaks which cannot be quantified in economic terms. But they are none the less real and must be taken into the equation when assessing its value.
Impact on the Local Health Service

Dr Peter Smith

On my arrival as a partner in the nearby Haxby Group Practice I was immediately seconded to work at New Earswick. At that time the surgery consisted of one waiting room and one consulting room. It adjoined Westfield House, now part of Red Lodge, another JRHT care home in New Earswick. There was no receptionist and the surgery was opened 30 minutes before the start by a local volunteer. Prescriptions were left outside the surgery in a weatherproof box – well before the days of medical confidentiality! The waiting room was directly next to the consulting room and consisted of two church pews and very little soundproofing.

In 1986 following extensive discussions with what was then the Family Practitioner Committee and with the help of Cedric Dennis and JRHT we were able to secure planning permission for our current surgery, which is about half a mile away from H.O. This surgery opened in 1987 and at that time seemed to be far too large for our needs, especially after what we had been used to for some 20 years previously.

At the same time I became a GP Trainer and every six months was (and still am) privileged to have a young doctor working with me who was taking part in a vocational training scheme. It is a privilege to be able to demonstrate how Joseph Rowntree’s philosophy lives on some 100 years later.

In the mid 1990’s I was asked to join a JRHT committee as at that time the concept of H.O. was in its embryonic phase and some members of the committee had visited similar models in America. It was felt that a member of the Local Primary Health Care Team should have some input into the likely impact that such a development could have on the local community and health services. I have memories...
of spending many hours looking at architects’ drawings and being consulted about the possibility of a doctor’s surgery within the premises. This was discussed at length and was considered by the local health authority, which eventually felt unable to fund such a project as there was a fully equipped surgery nearby. In retrospect this was probably the correct decision as it has encouraged people from Hartrigg to attend the surgery and become more integrated into the local community. Also with modern primary health care teams a well run surgery requires on-site team members such as District Nurses, Counsellors, and minor surgery which could never have been achieved in isolation at Hartrigg.

There was also much discussion on the impact that such a scheme would have on the workload of District Nurses, Social Services and Psychiatry for the Elderly. At the time most of the discussions were centred on District Nurses, but anecdotally I feel that there has been less of an impact on this service than we predicted, due to the excellent on-site support from Hartrigg staff. There was also some discussion regarding GP time and extra appointment availability to accommodate the possible increase in workload, as a result of which more GP time was made available.

I have been involved with trying to achieve fair and equitable medical criteria for people who wish to join and take advantage of the care packages offered by the Trust at H.O. This exercise has proved quite difficult at times. I am fully aware that people are making extremely important decisions in their lives to sell up and move, often from far away, and it can be quite catastrophic if they are found not to qualify on medical grounds.

Essentially, in the system used in the last ten years we try to assess people’s suitability on medical grounds from information received from a questionnaire completed by the applicant, coupled with a report from their GP and the results of interview with a senior nurse from Hartrigg. This interview mainly focuses on trying to discover whether people are susceptible to memory problems and poor mobility. On occasions I make contact with the prospective resident by telephone in order to discuss matters directly with the individual.
Our task is then to collate this information and look at that person’s individual medical history to try and ascertain whether they may require more than the average in increased care and support that would be expected of someone of a similar age. Often people are unduly concerned about past illnesses such as heart attacks and even cancer, but conditions such as these rarely prevent people from passing the assessment. We are more interested in people who have evidence of chronic worsening conditions, such as multiple sclerosis, dementia and deteriorating mobility, as it is these conditions that historically are heavily dependent on care and support and which have an impact on the financial health of the enterprise.

It can be very difficult to explain to people why we feel that they do not meet medical criteria. Over the years we have tried to develop a system where people are kept informed from an early stage when we do have concerns. And at the end of the day, a would-be resident can challenge our recommendations and ask that they be reconsidered. This has led to the eventual acceptance of one or two who would otherwise not have come.

On a more pleasant note I have now been visiting and seeing the residents at Hartrigg for ten years. It has been a privilege to be involved in an organisation with such high standards and which indeed is a leader in the field of retirement communities. I still find it a pleasure to walk through the main doors of The Oaks where I find myself surrounded by an atmosphere of calm in pleasant surroundings. This, coupled with the excellent standard of care delivered by both nurses and care workers, achieves a level of care for patients of The Oaks which in my experience is unsurpassed in York. We have a weekly round at The Oaks for which the sister in charge sends up a fax of all the patients that need to be seen so that we are able to refresh our knowledge of their medical history before we visit. We are then shown round by the Nurse in Charge and various medical decisions are made, wherever possible with a patient-centred approach which is encouraged by all the staff at The Oaks.

Over the years, the availability of respite care beds has avoided many hospital admissions from the bungalows. The classic case is of the GP visiting a patient who is unwell in one of the bungalows. I
can ring the Community Care Coordinator’s mobile phone and the
duty person will check if there is a respite bed available in The Oaks.
Often after a quick conversation with the Sister in Charge the patient
can be transferred within half an hour and a hospital admission has
been saved. This obviously has the dual advantage that the patient is
being cared for in familiar surroundings by people who are known
to them, and they can be subsequently visited and encouraged by
their friends in the bungalows. Respite care beds obviously have a
further benefit in that people can be easily and quickly discharged
from hospital, and quite often given a better standard of nursing care
than they would have received on the ward due to the staff-patient
ratio at The Oaks. This has had a significant effect on bedblocking in
the District Hospital. A study was made of this positive contribution
in 2001, the accompanying report being sent to the Secretary of State
for Health at the time (Bibliography, Ref 4).

I have also noticed over the years that the care team who visit the
bungalows are extremely knowledgeable and aware when people are
in difficulties, and I know that if they are worried then so should I
be. They have developed excellent working relationships and trust,
and this is coupled with the fact that many of this group of staff
live locally in New Earswick, which again adds to the diversity and
richness of the organisation.

I have also two or three patients who have been under my care for
over 25 years who have been able to move into Hartrigg bungalows
and have all contributed greatly to the community.

All of us who are involved with Hartrigg, residents and staff alike,
look at different aspects from our own perspective. I know that in such
an organisation with so many active and willing people who set such
high standards, the job will never be finished. However, I have been
deeply impressed by the enthusiasm shown by all who are involved
and who have managed to create an atmosphere where people do
not feel threatened or institutionalised, and in fact positively enjoy
and personally add to the facilities that are offered. The range of
services offered by the Health Activity Centre is particularly valuable
in this context. All these features combine to keep people healthy and
prevent many of the medical conditions such as stroke, heart attack and disabling arthritis which I see as a GP.

In summary, I consider that I am very fortunate to be involved with such an organisation that remains at the cutting edge. It has an atmosphere where people can remain self sufficient and independent and continue to strive to help themselves and others within the community. At the same time, residents do not abuse the care and support that are available, so that when care and support are needed they are there to be delivered at full strength. Critical care can be achieved within a stone’s throw from your home rather than in an impersonal hospital with dangers of cross infection. From a selfish point of view this also happens to make a GP’s job much more satisfying.
Segregated Ghettoes or Beacons for the Future?

Tony Dale

Having read so far, you may be puzzled by the title to this chapter. Yet only a couple of years ago the publication of a report on places like Hartrigg Oaks (Bibliography, Ref 5) led to allegations in certain radio programmes that such retirement communities were, in reality, old people’s ghettos where segregation was being practised. It was claimed that the elderly were being herded into colonies behind gates, were being put out of sight and out of mind, instead of living near their families, and that the whole concept was a recipe for the dismemberment of a community, being built on the principle of keeping people out.

More recently, in an article in the Financial Times Magazine (Bibliography, Ref 3) the business development director of a housing organisation was reported as saying that the provision of too many facilities on site can just serve to ‘sterilise’ the place from the outside world.

How seriously should we take such comments? If true, they would challenge the whole concept and, in the minds of some, would undermine its validity.

Are we at H.O. segregated? Do we live in a ghetto? What do these words mean?

Let us start with the two words themselves. Labels are so often thrown around indiscriminately, with complete disregard for their true meaning. The essential feature of a ghetto is that those living in it are forced to do so; they have no choice in the matter. Hardly a valid label to attach to a retirement village, when each of us at
Hartrigg has chosen to come here of our own free will; no one has forced us to do so.

There are two, related meanings attaching to the word “segregate”. The first is: “To separate (a person, a body or class of persons) from the general body, or from some particular class.” The second is: “to set apart, isolate, seclude” (*Shorter Oxford Dictionary*, 1978). Now, there is clearly an element of “segregation” at H.O. because certain members of a class of persons, namely those over 60, are separated from the general body, i.e. from those who are under 60, and also from those over 60 who are not living here. But the meaning which is likely to be in the forefront of our critic’s mind will be “set apart, isolate, seclude”.

While I suspect that the words isolation and seclusion have not been jumping up and down in front of our readers, it may be objected that our critics did not have in mind a literal interpretation of these words “ghetto” and “segregation”, implying elements of compulsion and isolation, let alone a physical fence and entrance gates (although one radio commentator did say: “There are gates”), but rather a metaphorical meaning, drawing attention to the absence of younger people and perhaps the presence of some imagined barrier between the inside world of the community and the surrounding world outside. As always, things are never quite so straightforward. We do have CCTV around the perimeter, and one gate which is locked at night, but there is no fence whatsoever, and the entrance from the main road on to our roads (which are public) has no gate at all.

Let us look first at the question of age. The age of residents during these first ten years has ranged from 60 to 101. That’s a pretty good proportion – well over half – of our three score years and ten. Part of The Oaks Centre was designed as a day nursery (Little Acorns) as a deliberate means of bringing really young children on to the site, as well as providing a facility of this kind in this part of York where previously there had been none. The staff (over 120 of them) are much younger than the residents, and each meet the other every day. Many of our own children and grandchildren visit regularly (naturally, depending on where they live) and make use of such facilities as the restaurant and the spa pool. And not only do they
visit, but they stay, either in the bungalows or in the guest room in The Oaks Centre.

The relationship between residents and their families bears further examination. Because the agreement we have with JRHT provides for our care, as and when we need it, together with the maintenance of the fabric of our bungalows, our children have been freed from the immense potential responsibilities of looking after us as we become less able, and also of doing lots of odd jobs which have been saved up for attention when they visit. Does that strike any chords? How many make assumptions that, when the needs arise, our children will be able, let alone willing to drop everything and possibly completely reorganise their lives and their homes in order to meet the needs of their ageing parents?

During the radio interviews referred to above a picture was painted of retirement communities as places where old people were being herded into segregated colonies behind gates, so that they could be put out of sight and out of mind. Instead, it was maintained, elderly people should be living near their families and integrated with them.

Can we examine some of these remarks (they can hardly be called arguments)? How those of us who live at Hartrigg can be described as having been put out of sight and out of mind I cannot begin to comprehend. With most being visited regularly by families and friends and then in turn making visits themselves, so long as they are mobile, the reality of the situation belies the myth.

So often, assumptions are made quite unwittingly. Take the critic’s desideratum that elderly people should be living near their families. The implication is that they will all be able to do things together from time to time. But how often is that likely to be? And what happens in between? Life for older people in many parts of contemporary Britain often means that for the greater part of the day they may well be the only ones at home in their neighbourhood. Children will be at day nursery or at school, and the parents (more and more, both parents) will be out at work. At weekends, the neighbours will be off doing the shopping, or working in the garden, or going out for some
form of relaxation. After all, they have their own lives to live – and so do the families of the elderly.

And then, who is going to guarantee, in these days of increasing job mobility, that the younger generation is never going to up roots and move to another part of the country, or abroad? Are the elderly members then expected to up sticks as well and go through the traumatic experience of going to live somewhere which they have not chosen for themselves?

Contrast this with life at H.O. as you have been reading about it. An immediate and extremely important point must be made – no resident is ever pestered to join in something if that person does not wish to do so. You can lead as private a life as you wish. But if you desire to maintain and develop your contacts with your neighbours, you will have already read of all the activities you can choose from, and of all the things residents are currently doing outside Hartrigg.

Now, is that segregation – is that being isolated and excluded?

Two key words must be introduced at this point: security, and stimulation.

Security has both a visible and an invisible aspect. There are burglar alarms fitted in our bungalows, connected to a central control point. The CCTV cameras have been mentioned. Each resident has a personal alarm pendant to be worn round the neck and pressed in case of emergency. There are also devices for summoning help in the main room and in the bathroom. This has already meant that on several occasions, someone who has fallen has been able to summon help immediately, and has not been left on the ground, to be discovered hours (or even days?) later.

But security extends further than this. Its invisible aspect is that we know that care will be available when we need it. We also know in advance the people who will be delivering it and, if we need full time care, the environment in which that care will be delivered. To be assured of this provision, and to be familiar before the event with the manner in which it will be delivered is a great comfort to us all, as well as to our families. That is true security.

No resident needs to feel isolated, with nothing to do. The choice, of course, is theirs, and they must take the first step. But from then on
the doors are open to stimulation through a wonderful extension of one’s experience of life, which for many has been entirely unexpected at this stage (do you recall the comment on p73 – I never thought I would be doing something like this when I was in my eighties). It seems to me that the unconscious motto of this place is already the same as that of Gordonstoun School, namely plus est en vous. For us, this could be variously translated as: you’re not finished yet; there’s still more in you than you ever expected; your potential is unlimited; there’s life in the old dog yet; you never need stop growing.

So, once again, do these qualities of security and stimulation betoken isolation and exclusion?

Finally, I wish to go back to an accusation levelled against retirement communities in one of the radio interviews to which I referred earlier in this chapter. It was claimed that CCRCs were “built on the principle of keeping people out”, and that they were “a recipe for the dismemberment of a community”.

I can think of only two ways in which people could be said to be kept out. The first is age. At Hartrigg the minimum age is 60, which means that anyone below that age who might wish to come and live here cannot do so and is therefore being kept out. This somewhat bizarre use of language betrays a failure to understand the basic concept of providing for the specific needs of people in the latter years of their lives. Such provision costs money. Are younger people prepared to pay for something they are unlikely to need? That would be most surprising, but if such a need were to be demonstrated, then what a wonderful opportunity for some entrepreneur to seize and exploit!

The second is cost. It is undoubtedly true that Hartrigg is not cheap. It receives (and will receive) no subsidy from any quarter. Because it is financed on the insurance principle, it is inevitable that those who cannot meet the entry criteria are excluded, as explained by Peter Smith on pp156-7. But that is common to all insurance: if you cannot meet the conditions, whatever they may be, you cannot get the cover.

It has been calculated that some 25% of older people in the U.K. could afford to come to places like H.O. (Bibliography, Ref 16, p15,
quoting Ref 10, p33) – that’s a pretty significant percentage. When I have spoken to others on this matter, I have always emphasised that it’s a matter of priorities. We all make choices on how to spend our money. None of us has enough to do everything we would like to do, so what comes first? In our case, it has been to come here, rather than, for example, to go cruising, or whatever. We recognise that care is expensive, and are prepared to pay for it. Other ways of delivering care are being explored by JRHT at present at Hartfields in Hartlepool, where subsidies have been obtained and fees are not so high, thus making it possible for a greater number of people to benefit. We shall all rejoice if other new schemes reach fruition which enable still more to enjoy facilities similar to ours.

But in absolutely no other way are people kept out of H.O., and to say that it was built on the principle of doing just that is a complete travesty.

As for “a recipe for the dismemberment of a community”, I am at a loss. What community has been dismembered? Remember, no one is forced to come and live here. Is the community that is being dismembered the idyllic sharing of neighbouring properties or perhaps a single house by, say, three generations of the same family? How often does that exist in reality? And where it does, does it provide that quality of life which I have been describing in our retirement community? I suspect that many are hankering after a myth, rarely to be found in the real world. But if there are examples of where it is working well, in what way could CCRCs be seen as a threat? In the event, at H.O. we have a mother living in the care home and her daughter and son in law living in a bungalow, a hundred yards or so away, so the highly prized proximity of different generations can be achieved here just as well as elsewhere.

It’s death that really dismembers a community. Think of a couple who for years have been living amongst friends, and then one of them dies. The survivor, often the wife, now has the (large?) house to run on her own, and the (large?) garden to keep up. As time goes by, friends and neighbours move away or die, your energy declines, you have to stop driving and are dependent on others (if there are any) for shopping ..... Now that’s real isolation. Of course, it’s not always
like that, but if there’s an acceptable alternative, why not take it, and why should others run it down?

I wish I really understood the grounds for this aversion on the part of some commentators to the concept of retirement communities. To a large extent it must be based on ignorance, which this book may help to dispel through its description of this new way of providing older people (in this case, those over 60) with security and stimulation in an atmosphere of supported independence and creative ageing.

If you doubt that this is so, come and see for yourself and then seek to persuade those around you, your local and national politicians and business people, house builders and housing associations that more places like this – not necessarily the same as this – are needed.

In his Hartrigg Oaks lecture back in 2000 Sir Stewart (now Lord) Sutherland (Bibliography, Ref 18) described H.O. as a beacon that will be seen shining a very clear light in the future, a beacon for others to follow. Since then, up to this tenth anniversary of its opening, H.O. has continued to provide an imaginative and creative solution to many of the inevitable problems of ageing, as described throughout this book. Other solutions exist, and more innovation is needed. But there can be little doubt that Hartrigg Oaks has demonstrated that retirement communities do work.
Conclusion

Lord Richard Best

This remarkable account of a pioneering retirement community was brought together by the people best able to judge its success – people who have lived there for many years. The result is more than a history, or a description, or an explanation: it is an authentic testimony of a real experience which – to quote Tony Dale, the book’s driving force – “has demonstrated that retirement communities do work.”

With the privilege of drawing out some conclusions, my chapter considers two inter-twined questions: “What has made Hartrigg Oaks a success?” and “Will that success now be replicated elsewhere?”

How did Hartrigg Oaks become a success story?

H.O. happened because an organisation – a substantial charity with a mission to search out solutions to social problems – had the requisite combination of assets:

- the intellectual capital, in its trustees and staff to recognise a potential opportunity (already working in the different context of the USA) for meeting the needs of older people in this country;

- the hard cash and financial acumen to take the risks of investing over £20m. (in today’s money) in a very uncertain enterprise;

- the ownership of land in an excellent location, along with the tough practical skills of professionals experienced in getting buildings built and in managing complex development projects.
H.O. then flourished because of the people who moved in. They had the vision and energy to form a creative and constructive partnership between themselves and the JRF / JRHT, between the consumer and the producer.

So many residents – some of them Quakers who share the ideals of Joseph Rowntree himself – have given of their time and commitment to support the governance, and the social life, and the personal help that have made Hartrigg Oaks into a strong, thriving community. With good neighbours all around – alongside all the fine facilities and genuinely caring staff – retirement can be truly fulfilling. And the misery of loneliness and isolation, particularly after bereavement or the onset of a disability, can be replaced by companionship and as full a social life as each individual chooses.

But is this combination of circumstances that brought about the phenomenon of H.O. – of the organisation that built it and the people who moved there – simply unique, a “one-off” that can never be repeated?

**Will there be more retirement communities like this?**

As with all its innovative developments, the JRF / JRHT’s intention has always been to produce a replicable model. And considerable effort has gone into using this as a demonstration to influence and inspire others. Persistence – staying with the issue for many years – is the best, if not the only, way to win hearts and minds. MPs, Ministers and Shadow Ministers have visited; housing associations, developers and care providers have all been shown round – usually by residents – on the basis that “seeing is believing”. And, as Julia Unwin’s chapter shows, this continues at New Earswick.

Meanwhile Cedric Dennis – who has done more than anyone in this country to make retirement communities a reality – continues both to spread the word and to find solutions to the practical problems that inhibit progress.

So what are the prospects of retirement communities on the H.O. model taking off?
If the UK was, proportionately, to reach the level of provision of CCRCs in the US, they would now be home to something over 40,000 people. We are nowhere near such coverage. But there are reasons for optimism:

**first**, central government is now firmly on side, with positive messages in its “National Strategy for Housing in an Ageing Society” (Bibliography, Ref 9) and its guidance to planning authorities;

**second**, it is dawning on more and more of the policy-makers and practitioners that creating a retirement housing “offer” that tempts older people out of their three and four bedroom homes has a double benefit: this will not only provide them with more manageable accommodation and a more fulfilling lifestyle but will also free up family housing for the next generation. With so much recent house building comprising high density flats, the release of under-occupied homes for families is now a priority;

**third**, publications on planning from the JRF - “CCRCs: A Guide to Planning” by Robin Tetlow (Bibliography, Ref 19) and its update last year – show that Planning Inspectors, with the support of the Secretary of State, believe the concept is sustainable, that “Use Class” designations need not be a problem, and even that such developments can be appropriate on Green Belt land. (Planners also know that the usual, often misguided, objections to house building – that this will bring more cars and disruptive families – will be more muted when the occupiers are retired people);

**fourth**, there are now a dozen completed CCRCs and a dozen more in the pipeline – each for 200-300 people – with the majority being taken forward by non-profit trusts and housing associations. Clearly progress is being made (for details, see the Appendices, pp175-82).
So the policy framework, the climate for exploring this approach, is very different today than a decade ago. Retirement communities are, literally, becoming part of the landscape.

But now for the other side of the score card. There are several negatives to record:

first, all new house building is currently in a state of paralysis following the collapse of the housing market. H.O. benefited for much of its first decade from rising property prices, but that phenomenon will not reappear for many years. Because older owner-occupiers are likely to have difficulties selling their existing property, very few profit-making or non-profit organisations will venture to build new retirement homes for sale. (Indeed, some housing associations who have been dependent on selling homes in mixed tenure projects are now in financial difficulty.)

Fortunately creative organisations – including the JRF / JRHT developing its new retirement community in Hartlepool – are sustaining their sales through “Move in now, sell your home later” and other schemes; elsewhere the developer is letting apartments in retirement communities with a view to selling them when vacancies occur in years to come. But market conditions will deter ambitious developments for the foreseeable future;

second, as Michael Sturge’s chapter explains, nowhere else has the actuarial model used at H.O. been replicated. The insurance principle of a fixed (inflation related) service charge – a “community fee” – gives residents, and their families, much greater security against crippling costs of care. But unless the insurance industry comes on board, it seems that the risks inherent in this approach will prove too daunting for other providers to take on;

third, perhaps a change for the better is the switch from the dominance at H.O. – and many other new retirement communities – of home owners, to a mix of tenures in the next
generation of such projects. It was very proper that the JRF / JRHT started with a community in which everyone had their own resources and could make choices for themselves, avoiding the accusation of coercing older people and “experimenting on the poor”. But an important by-product of success at H.O. is the confidence to extend the opportunity to live in a retirement community to those unable to buy: tomorrow’s model – ably demonstrated by the successful ExtraCare Charitable Trust in several places – seems likely to have a mix of owners and tenants side by side;

**fourth**, there are some local authorities who fear that a retirement community in their area will be a burden on the over-stretched budgets of their adult care services. But this fails to recognise that the “outsiders” moving in will bring financial resources to the area, rather than be a liability (as John Kennedy’s chapter shows). And those living locally are likely to make fewer demands on social services when they settle in a community which efficiently and effectively meets their needs. Requirements for residential care are likely to be postponed or avoided; costly home adaptations will not be needed. Statistics from H.O. show that the NHS will benefit from earlier hospital discharges – which also meet people’s own wishes to get home quickly. More education is needed to get these messages across.

**In conclusion**

Nothing exactly like H.O. seems likely in the near future. And with the housing market in dire straits, bold new projects of any sort are only for the brave-hearted. But all is not lost, even in the short term: land prices are down, building costs are lower, pent up demand will not go away.

If we are in for a period of relative quiet, perhaps this is a good moment to consider in what ways the jewel of H.O. can be polished and refined. Tenure mix extends the reach for CCRCs; new ways of harnessing equity and tapping into government support for those
on lower incomes can be devised; the excellent design standards achieved at H.O. may be worth revisiting to see if residents in new developments would welcome changes (like walk-in showers in place of low-slung baths?); resident-based research can tell us now what facilities would be most appreciated elsewhere (eg is a fitness centre a must?). And time spent now in promoting the lessons learnt, and investment in educating all the key players in the true value of this approach, would be well worthwhile.

I conclude with sincere congratulations to those who have created this book which will, I know, be of lasting value in informing and inspiring others. I pay tribute to my fellow writers, including Sir Donald Barron and all my brilliant Rowntree colleagues, not least Vic Atkins, the perfect neighbour. Especially I thank the residents of Hartrigg Oaks for turning a bright idea into a wonderful exemplar of a thriving community – this book is their story.
Appendix I

A list of selected retirement communities
with more than 100 units of accommodation,
compiled by Cedric Dennis
## Retirement Communities

<table>
<thead>
<tr>
<th>Provider(s)</th>
<th>Status</th>
<th>Name of Scheme</th>
<th>Location</th>
<th>Year Built/ Renovated</th>
<th>Capacity (Units / Beds)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Anchor Trust</td>
<td>Voluntary</td>
<td>Denham Garden Village</td>
<td>Denham, Buckinghamshire</td>
<td>1955 / 2006</td>
<td>326</td>
<td>Facilities inc: café bar; convenience store; post office; general practitioners surgery; covered gardens; health &amp; fitness centre with pool; village hall; library</td>
</tr>
<tr>
<td>2 Appleshaw Group</td>
<td>Private</td>
<td>Exeter</td>
<td>Exeter, Devon</td>
<td>2010</td>
<td>156</td>
<td>Restaurant; café; shop; hair &amp; beauty salon; bar; arts &amp; crafts room; therapy/health spa facilities; visiting general practitioners</td>
</tr>
<tr>
<td>3 Auchlochan Trust</td>
<td>Voluntary</td>
<td>Auchlochan Trust</td>
<td>Lesmahagow, Lanarkshire</td>
<td>1975/ ongoing</td>
<td>236 / 86</td>
<td>Facilities inc: coffee shop; lounges; use of village amenities</td>
</tr>
<tr>
<td>4 Augustinian Care</td>
<td>Voluntary</td>
<td>St. George’s Park</td>
<td>Ditchling, East Sussex</td>
<td>Summer 2006</td>
<td>225 / 180</td>
<td>Facilities inc: bowling green; swimming pool and spa; café bar; shopping area; hair salon; games and snooker room; treatment centre; tennis court</td>
</tr>
<tr>
<td>5 Ben (Motor &amp; Allied Trades Benevolent Fund)</td>
<td>Voluntary</td>
<td>Town Thorns</td>
<td>Rugby, Warwickshire</td>
<td>1990</td>
<td>46 / 66</td>
<td>Aimed at ex-employees / dependents of allied motor trade Facilities inc: lounge; restaurant; guest room; laundry; garden; conservatory</td>
</tr>
<tr>
<td>6 Care Estates/Care Village Group</td>
<td>Private</td>
<td>Avonpark Village</td>
<td>Limpley Stoke, Wiltshire</td>
<td>1994/2007</td>
<td>93 / 79</td>
<td>Facilities inc: lounge; restaurant; bar; bridge room; library; laundry; hairdressers shop; guest room; mini bus; gardens; facilities for doctors; physiotherapy; chiropody</td>
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<td>Provider(s)</td>
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<tr>
<td>7</td>
<td>Care Estates/Care Village Group Phase 1</td>
<td>Lakeside Village</td>
<td>Hothfield Ashford, Kent</td>
<td>1998/2003</td>
<td>43 / 50</td>
<td>Facilities inc: lounge; restaurant; bar; bridge room; library; laundry; hairdressers shop; guest room; mini bus; gardens; facilities for doctors; physiotherapy; chiropody</td>
</tr>
<tr>
<td>8</td>
<td>ExtraCare Charitable Trust</td>
<td>Berryhill Village</td>
<td>Stoke-on-Trent, Staffordshire</td>
<td>1998</td>
<td>148</td>
<td>Facilities inc: lounge; restaurant; shop; gym; hair salon; computer room; licensed bar; village hall</td>
</tr>
<tr>
<td>9</td>
<td>ExtraCare Charitable Trust / Warrington BC / Arena HA</td>
<td>Ryfields Retirement Village</td>
<td>Warrington, Cheshire</td>
<td>2002</td>
<td>243</td>
<td>Facilities inc: restaurant; lounge; indoor bowls; health and fitness suite; library; arts and craft room</td>
</tr>
<tr>
<td>10</td>
<td>ExtraCare Charitable Trust / St Helens HA / St Helens Council</td>
<td>Reeve Court Retirement Village</td>
<td>St Helens, Merseyside</td>
<td>2004</td>
<td>206</td>
<td>Facilities inc: restaurant; bar; café; village hall; information technology centre; gym; workshop; art and craft room; greenhouse; well-being centre</td>
</tr>
<tr>
<td>11</td>
<td>ExtraCare Charitable Trust / Lichfield DC / Homezone Housing Ltd</td>
<td>Beacon Park Village</td>
<td>Lichfield, Staffordshire</td>
<td>2005</td>
<td>135</td>
<td>Facilities inc: restaurant; lounge; community centre</td>
</tr>
<tr>
<td>12</td>
<td>ExtraCare Charitable Trust / Northampton CC / Northampton BC / Touchstone Housing Association</td>
<td>St Crispin Village</td>
<td>Northampton</td>
<td>2006</td>
<td>270</td>
<td>Facilities inc: restaurant; bar; village hall; jacuzzi</td>
</tr>
<tr>
<td>13</td>
<td>ExtraCare Charitable Trust / Milton Keynes Council / Milton Keynes Partnership / Touchstone HA</td>
<td>Lovat Fields Village</td>
<td>Milton Keynes</td>
<td>2007</td>
<td>258</td>
<td>Over 15 social and leisure facilities inc: activity centre and sensory garden for dementia care; gym; spa pod; hair and beauty salon; well-being centre; shop; restaurant; bar; art and craft room; woodworking workshop; bar; gym; library; lounge; community centre</td>
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<tr>
<td>Provider(s)</td>
<td>Status</td>
<td>Name of Scheme</td>
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<tr>
<td>14 ExtraCare Charitable Trust/ Sheffield CC/ Arena HA</td>
<td>RSL / Public</td>
<td>Brunswick Gardens</td>
<td>Sheffield</td>
<td>2007</td>
<td>217</td>
<td>Facilities: (not specified)</td>
</tr>
<tr>
<td>15 ExtraCare Charitable Trust/ Birmingham CC/ Midland Heart</td>
<td>Voluntary/ RSL</td>
<td>to be advised</td>
<td>New Ossett Birmingham</td>
<td>2009</td>
<td>240</td>
<td>Over 15 social and leisure facilities inc: activity centre and sensory garden for dementia care; spa pool; hair and beauty salon; wellbeing centre; shop; restaurant; bar; art and craft room; woodwork workshop; greenhouse; information technology suite</td>
</tr>
<tr>
<td>16 ExtraCare Charitable Trust/ Herefordshire CC/ Festival Housing Group</td>
<td>Voluntary/ RSL</td>
<td>The Rose Garden</td>
<td>Hereford</td>
<td>2008</td>
<td>101</td>
<td>Over 15 social and leisure facilities inc: activity centre and sensory garden for dementia care; spa pool; hair and beauty salon; wellbeing centre; shop; restaurant; bar; art and craft room; woodwork workshop; greenhouse; information technology suite</td>
</tr>
<tr>
<td>17 ExtraCare Charitable Trust/ Nottingham CC</td>
<td>Voluntary</td>
<td>Lark Hill Village</td>
<td>Nottingham</td>
<td>2009</td>
<td>327</td>
<td>Over 15 social and leisure facilities inc: activity centre and sensory garden for dementia care; spa pool; hair and beauty salon; wellbeing centre; shop; restaurant; bar; art and craft room; woodwork workshop; greenhouse; information technology suite</td>
</tr>
<tr>
<td>18 ExtraCare Charitable Trust/ Rooftop Housing Group</td>
<td>Voluntary/ RSL</td>
<td>to be confirmed</td>
<td>Gloucester</td>
<td>2009/10</td>
<td>169</td>
<td>Over 15 social and leisure facilities inc: activity centre and sensory garden for dementia care; spa pool; hair and beauty salon; wellbeing centre; shop; restaurant; bar; art and craft room; woodwork workshop; greenhouse; information technology suite</td>
</tr>
<tr>
<td>Provider(s)</td>
<td>Status</td>
<td>Name of Scheme</td>
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<tr>
<td>19 Gorseway Care Ltd.</td>
<td>Private</td>
<td>Gorseway Retirement Community</td>
<td>Hayling Island, Hampshire</td>
<td>1983</td>
<td>75 / 42</td>
<td>Facilities inc: lounge; restaurant; laundry; ballroom; shop; bar</td>
</tr>
<tr>
<td>20 HicaGroup/Oakbridge Retirement Villages (Caddick Developments)</td>
<td>RSL</td>
<td>Buckshaw Retirement Village</td>
<td>Chorley (Lanc)</td>
<td>2008</td>
<td>156 / 60 Dementia Units</td>
<td>Dementia unit has its own Village Centre (cinema; pet shop; bakery; café; pub; shop and potting shop) The Independent living facilities inc: bowling green; library/information technology suite; gym; shop; hairdressing salon; wellness suite; bistro &amp; private dining facilities</td>
</tr>
<tr>
<td>21 HicaLife Retirement Developments</td>
<td>RSL</td>
<td>Holderness Grange Retirement Village</td>
<td>Hedon, East Riding</td>
<td>2006</td>
<td>143 / -</td>
<td>Facilities inc: bowling green; gym; restaurant; library; information technology suite; beauty salon; arts and craft centre; snooker room</td>
</tr>
<tr>
<td>22 Joseph Rowntree Housing Trust</td>
<td>Voluntary</td>
<td>Hartrigg Oaks</td>
<td>New Earswick, York</td>
<td>1998</td>
<td>152 / 42</td>
<td>Facilities inc: restaurant; coffee shop; health activity centre; art and craft room; community shop; hair salon; music room; library; computer room; allotments; ‘people carrier’</td>
</tr>
<tr>
<td>23 Joseph Rowntree Housing Trust / Hartlepool BC &amp; PCT</td>
<td>Voluntary / Public</td>
<td>Hartfields</td>
<td>Hartlepool</td>
<td>2008</td>
<td>242 / -</td>
<td>Facilities inc: restaurant / coffee shop; healthy living suite; day centre; arts and craft room; convenience store; library / information technology room; hair salon; sensory garden; neighbourhood park; ‘people carrier’</td>
</tr>
<tr>
<td>24 Peveral Management Services / Southern Cross Healthcare</td>
<td>Private</td>
<td>Warford Park</td>
<td>Mobberley, Cheshire</td>
<td>1994</td>
<td>81 / 60</td>
<td>Facilities inc: lounge; restaurant; guest facility; laundry; leisure club (pool; sauna; gym; bistro); tennis court; bowling green</td>
</tr>
<tr>
<td>Provider(s)</td>
<td>Status</td>
<td>Name of Scheme</td>
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<td>25</td>
<td>Voluntary</td>
<td>Crookfur Estate</td>
<td>Newton Mearns, Glasgow</td>
<td>1965</td>
<td>118 / 40</td>
<td>Facilities inc: lounge; dining room; guest facilities; laundry; conservatory</td>
</tr>
<tr>
<td>26</td>
<td>Voluntary</td>
<td>Leylands Estate</td>
<td>Derby</td>
<td>1950 / 2004</td>
<td>103 / 29</td>
<td>Facilities inc: lounge; guest facilities; laundry; gardens; community centre; bar; minibus; people carrier; hairdresser</td>
</tr>
<tr>
<td>27</td>
<td>Private</td>
<td>Castle Village</td>
<td>Berkhamsted, Hertfordshire</td>
<td>2001</td>
<td>150 / -</td>
<td>Facilities inc: restaurant; meeting room; library; snooker room; bar; conservatory; Japanese garden</td>
</tr>
<tr>
<td>28</td>
<td>Private</td>
<td>Lime Tree Village</td>
<td>Dunchurch, Warwickshire</td>
<td>2003</td>
<td>150 / -</td>
<td>Facilities inc: restaurant; bar; meeting room; library; snooker room</td>
</tr>
<tr>
<td>29</td>
<td>Private</td>
<td>Cedars Village</td>
<td>Chorleywood, Hertfordshire</td>
<td>1995</td>
<td>151 / -</td>
<td>Facilities inc: restaurant; ballroom; library; snooker room; bar; hobbies room; general practitioner surgery and medical centre; conservatory; croquet lawn; putting green</td>
</tr>
<tr>
<td>30</td>
<td>Private</td>
<td>Elmbridge Village</td>
<td>Cranleigh, Surrey</td>
<td>1981</td>
<td>228 / -</td>
<td>Facilities inc: many leisure and social facilities</td>
</tr>
<tr>
<td>31</td>
<td>Private</td>
<td>Richmond Villages Nantwich</td>
<td>Nantwich, Cheshire</td>
<td>1996</td>
<td>53 / 70</td>
<td>Facilities inc: restaurants; café bar; bowling green; garden room; village shop; hair and beauty salon</td>
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<td>Private</td>
<td>Richmond Village Bede Village</td>
<td>Nuneaton, Warwickshire</td>
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<td>64 / 61</td>
<td>Facilities inc: restaurants; café bar; bowling green; lounges; conservatory; village shop; hair salon</td>
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<td>Private</td>
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<td>Nuneaton Warwickshire</td>
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<td>100 / 50</td>
<td>Facilities inc: restaurants; café bar; bowling green; lounges; village shop; library; hair salon</td>
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<td>Provider(s)</td>
<td>Status</td>
<td>Name of Scheme</td>
<td>Location</td>
<td>Year Built/ Renovated</td>
<td>Capacity (Units / Beds)</td>
<td>Comments</td>
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<td>Richmond Villages</td>
<td>Private</td>
<td>Richmond Villages Private Richmond</td>
<td>Nantwich Cheshire</td>
<td>1996</td>
<td>72</td>
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<td>Private</td>
<td>Richmond Painswick</td>
<td>Painswick Gloucestershire</td>
<td>2007</td>
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<td>24</td>
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<td>Private</td>
<td>Northampton</td>
<td>Grange Park Northampton</td>
<td>2007</td>
<td>92</td>
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<tr>
<td>St Monica Trust</td>
<td>Voluntary</td>
<td>Oatley House</td>
<td>Westbury-on-Trym, Bristol</td>
<td>1925 / 2004</td>
<td>119</td>
<td>50</td>
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<td>St Monica Trust</td>
<td>Voluntary</td>
<td>Westbury Fields</td>
<td>Westbury-on-Trym, Bristol</td>
<td>2003</td>
<td>150</td>
<td>60</td>
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<tr>
<td>Skene Group</td>
<td>Private</td>
<td>Inchmarlo Retirement Community</td>
<td>Banchory, Aberdeenshire</td>
<td>1986</td>
<td>103</td>
<td>66</td>
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<tr>
<td>Southdowns Retirement Homes</td>
<td>Private</td>
<td>Southdown Retirement Homes</td>
<td>Dartford Kent</td>
<td>2003</td>
<td>153</td>
<td>-</td>
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<tr>
<td>Sunrise Senior Living</td>
<td>Private</td>
<td>Frognal House</td>
<td>Sidcup Kent</td>
<td>1999</td>
<td>117</td>
<td>-</td>
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<tr>
<td>Sunrise Senior Living</td>
<td>Private</td>
<td>Mobberley</td>
<td>Cheshire</td>
<td>2001</td>
<td>119</td>
<td>-</td>
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<tr>
<td>Whiteley Homes Trust</td>
<td>Voluntary</td>
<td>Whiteley Village</td>
<td>Walton-on-Thames, Surrey</td>
<td>1918</td>
<td>327</td>
<td>100</td>
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Appendix II

A list of pipeline schemes, compiled by Cedric Dennis

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of schemes</th>
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<tbody>
<tr>
<td>ExtraCare Charitable Trust</td>
<td>3</td>
</tr>
<tr>
<td>Arena Housing Association</td>
<td>2</td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>1</td>
</tr>
<tr>
<td>Retirement Villages plc</td>
<td>2</td>
</tr>
<tr>
<td>St Monica’s Trust</td>
<td>1</td>
</tr>
<tr>
<td>Private Owners/Developers</td>
<td>3</td>
</tr>
</tbody>
</table>
Some Statistics

Residents on 1 January 2008

There were 204 residents in the bungalows, and 15 ex-bungalow residents living in The Oaks. In addition, there were 26 Direct Entry residents in The Oaks, making a total of 245.

The following data refer to bungalow and ex-bungalow residents only.

Gender: female 147       male 72
Singles and couples: single 109  couples 2 x 55 = 110
Age: average 79 years, 7 months

<table>
<thead>
<tr>
<th></th>
<th>Bungalows</th>
<th>The Oaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum age</td>
<td>63</td>
<td>81</td>
</tr>
<tr>
<td>Maximum age</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Average age</td>
<td>79</td>
<td>88</td>
</tr>
</tbody>
</table>

Distribution  
60 – 70  9%
71 – 80  42%
81 – 90  43%
90+  6%

Of the 313 residents who have lived here since it opened, 19, or 6% have moved away to live elsewhere (including other care homes), and 45, or 14% have moved permanently into The Oaks. Two of those who moved away have returned – see p132.
Examples of Fees on 1 April 2008

*Couple aged 65 and 70*

**Residence Fee** Hart Plus (two bedrooms with room in roof)
- Fully refundable £280,500
- Non refundable £206,729
- Annualised £18,794 p.a.

**Community fee** p.a. (including 12.5% couples discount)
- Standard £10,140
- Reduced £5,071 with non-refundable lump sum of £90,322
- Fee for care £5,300 plus care costs

*Single person aged 67*

**Residence Fee** Rigg (one bedroom, no room in roof)
- Fully refundable £192,000
- Non Refundable £126,528
- Annualised £12,864 p.a.

**Community fee** p.a.
- Standard £5,723
- Reduced £2,862 with non-refundable lump sum of £52,137
- Fee for care £3,028 plus care costs

Information on the financing of Hartrigg Oaks is included in the chapter on Finance (pp47-65).
Bibliography

1  Allen, Jessica, *Older People and Wellbeing* (Institute for Public Policy Research, 2008)


4  *Care for Older People and ‘Bed Blocking’*, a paper to the Secretary of State for Health (Joseph Rowntree Foundation, August 2001)


7  Croucher, Karen, Leslie Hicks, Mark Bevan and Diana Sanderson, *Comparative evaluation of housing with care for later life* (University of York and Joseph Rowntree Foundation ISBN: 978 1 85935 616 6, 2007)

DO RETIREMENT COMMUNITIES WORK?
HARTRIGG OAKS: THE FIRST TEN YEARS


11 Humble, R. A. and Ryan, D.G., *Continuing Care Retirement Communities – Attractive to Members, but what about Sponsors?* (Institute of Actuaries and Faculty of Actuaries, 1998)


13 Royal Commission on Long Term Care, *With Respect to Old Age* (The Stationery Office Ltd ISBN 0 10 141922 8, 1999)


16 Sturge, Michael, *Continuing Care Retirement Communities in the UK Lessons from Hartrigg Oaks* (Joseph Rowntree Foundation, November 2000)


18 Sutherland, Prof Sir Stewart, *Hartrigg Oaks Lecture* (Joseph Rowntree Foundation, February 2001)

20  Townsend, Prof Peter, *The Last Refuge* (Routledge 1962)

21  Willcocks, Prof Dianne, *Community: Communities – What’s in a word?* Hartrigg Oaks Tenth Anniversary Lecture (unpublished, 2008)

List of Abbreviations

CCRC  Continuing Care Retirement Community
CCTV  Closed Circuit Television
CSA   Community Support Assistant
CSCI  Commission for Social Care Inspection (now [2009] Care Quality Commission)
GP    General Practitioner
HAC   Health Activity Centre
HO    Hartrigg Oaks
JRF   Joseph Rowntree Foundation
JRHT  Joseph Rowntree Housing Trust
MDS   Minimum Data Set
NVQ   National Vocational Qualification
RPI   Retail Price Index
RSL   Registered Social Landlord
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A collection of essays and data marking the tenth anniversary of Hartrigg Oaks, the first Continuing Care Retirement Community in the U.K., opened by the Joseph Rowntree Housing Trust in 1998.

The book features chapters from a wide range of contributors, including the former Chairman and the former Director of the Trust, its present Director and various members of staff, and a number of residents, members of their families and others associated with this Retirement Community. Descriptions are provided of its planning and design and of the financial arrangements.

The major emphasis is on what it is like to be living at Hartrigg Oaks, together with the impact it has had on residents and their families, and on the immediate neighbourhood. Reference is also made to the contribution which the concept behind Hartrigg Oaks is already making to the national scene, where the problems raised by the increasingly ageing population are demanding the attention of politicians and public authorities at all levels.

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