

Abstracts

Peripatetic Residences

Judith Phillips

G. Hartwigsen and R. Null, Full-timers: who are these older people who are living in their RVs? *Journal of Housing and Elderly People*, Vol 7, 1 (1990), 133-47.

R. Grant, Snowbirds are go. *The Independent Magazine*, London, 28 March 1992, pp. 40-4.

Both of these articles, although appearing in very different journals, deal with a phenomenon which seems to be increasing in the United States. There are a growing number of older retired people who are spending their retirement travelling within America, whose motto would seem to be 'have home, will travel'. These people are known in America as 'full-timers'; they live all year round in their Recreational Vehicles (RVs). The closest analogy in Great Britain would be caravan owners of the type whose homes are truly mobile. In America, however, the number of people involved is high: Hartwigsen and Null from their survey conducted in 1987-8 estimate between 350,000 and 700,000. Grant suggests almost one million, most of whom are over 65 years of age. Well over 200,000 travel throughout the year.

The distance travelled by individuals seems to vary widely, but the annual average is 12,000 miles. Travelling is spread through the year, perhaps once a week or even every other week to maximise the sense of adventure for travellers and minimise the chore. Both articles stress that full-timers are not on holiday. This is a way of life, a 'housing and lifestyle alternative' (p. 135, Hartwigsen and Null).

The two articles complement each other well and provide a rounded assessment. Hartwigsen and Null, writing in an academic journal, present the results of a survey of 100 full-timers living on two sites in Arizona and California. They also provide useful information about the phenomenon, its history and background and an analysis of the survey results in an attempt to explore different aspects of full-timing. The article by Grant is, perhaps not surprisingly for a popular magazine, a descriptive piece but nonetheless valuable. Grant also provides more background information and snatches of interviews with 'snowbirds' who migrate from the colder areas of the United States and

Canada for winters in the sun. This piece is concerned to provide the reader with a feel for what it might be like to be a 'snowbird' and is thus both journalistic and experiential. The article by Hartwigsen and Null, however, although including some quotes from some of those who participated in the survey is more measured and balanced. It is perhaps useful to look at the inquiry in more detail.

The survey was conducted over a three month period in late winter and the early spring of 1987 on two different sites frequented by full-timers. One hundred people were asked to complete a questionnaire about full-timing. Only those aged over 50 years were eligible; in the case of married couples, one spouse was to be older than 50 years. The rules of the particular camping organisation to which the respondents belonged only allowed people to stay on the same site for up to two weeks at a time. There then had to be a gap of a week before they were allowed to return. The questionnaires were limited in scope and restricted to two pages to maximise the response rates: many full-timers were considered to have chosen their way of life in order to escape the pressures of ordinary living, including the completion of forms (and questionnaires). The respondents were, it seems, willing to participate as long as the intrusion took no more than a few minutes of their time.

The average age of respondents was 63.4 years for men and 60.9 for women, and the age ranges 50–78 for men and 45–81 for women. Some 90 per cent were married. The oldest respondent was an 81-year-old widow who had continued to travel for the two years since her partner's death. Full-timing is thus a viable way of life for very old people, since all respondents were active travellers. In terms of incomes, the majority of respondents had moderate to middle incomes, some 5 per cent had low incomes, whilst a further 5 per cent had over \$50,000 per year. The authors suggest that travelling is feasible for people on a wide range of incomes. Prior to adopting this lifestyle, 81 per cent had lived in conventional housing (houses, apartments, condominiums), the majority of these (73%) in family houses. Some 61 per cent had sold their homes in order to purchase their RVs and to change their lives accordingly. The RVs chosen all had kitchen, bathroom and living facilities as well as sleeping quarters. Most of these (56%) were of the mobile home type.

When questioned about their future likely housing needs, some 54 per cent indicated that they would be living in either an RV or a mobile home (i.e. unconventional housing). Only 2 per cent considered that they would be likely to live in 'housing for the elderly'. Most respondents (86%) considered that they would continue their lifestyle

indefinitely, perhaps even beyond the time when travelling is feasible. A further question, about typical leisure-time activities, revealed not surprisingly that the majority of the favoured activities were connected with the outdoors, travelling and sightseeing.

The discussion focuses on the characteristics of 'full-timers' and the policy implications of these findings. For example, one of the most striking aspects was the respondents' 'life-simplification'. They carry all their possessions with them and have divested themselves of many of the trappings of modern life. Most of the group valued the fact that they no longer had to deal with problems of bad weather, difficulties with neighbours, role expectations from adult children or much house work. They were quite vociferous about their expectations of life; what was acceptable to them and what was not. One finding of potential concern was how long people remained 'full-timing'. There was a strong suggestion that the respondents did not anticipate a time when their lifestyles would change; that failing health or visual impairment would bring an end to the travelling and/or driving. Adequate documentation on this is not yet available, but concern for those people who become incapacitated through illness and lack normal support networks is raised by the authors for further attention.

Policy implications for planners and developers include the need to provide RV resorts, so that full-timers can retain their chosen way of life without having to travel as much. The requirement is to provide sites open all year with facilities which are geared towards older people. This implies provision of catering (including meals on wheels), laundry, leisure and health-care.

Comment

These articles are of interest because they describe a phenomenon which is rare and unnoticed in England. There are retired people who purchase mobile homes and either travel in Europe for the winter months or live on stationary sites in the West Country where the weather tends to be mild. It is the sheer number involved in America which is of note: a travelling community of up to one million elderly people during six months of each year is hardly conceivable in Europe not to say the United Kingdom. The motivations of freedom from responsibility, of seeking the good life with maximum use of leisure time, and of leaving behind conformity to dominant social morés, are however discernible in the United Kingdom among many younger retired people. It is perhaps time for planners and policy makers to take

note of such housing alternatives and consider whether and how they might appear.

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Housing and Older People

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Janet Frey Talbot and Rachel Kaplan, The benefits of nearby nature for elderly apartment residents. *International Journal of Aging and Human Development*, 33, 2 (1991), 119–30.

Increasingly the literature on housing and older people has concentrated on the importance of the physical environment in terms of the design and layout of rooms, internal spatial arrangements, and standards. Where discussion has focused on the relationship between internal and external surroundings, it has concentrated on residential care for older people. In general, even this literature focuses on the issues of location and accessibility to support networks and commercial establishments, i.e. proximity to shops, the post office, and the church. However, accessibility does not compensate for lack of mobility: for some older people, community involvement is reduced to the view from the window. This distinctive article addresses the potential value of the immediate external environment for elderly people. The authors explore people's perceptions about and involvements with the areas immediately outside their 'home', and discuss these in relation to the residential and life satisfactions of older residents.

The first section outlines the hypothesis, methodology and findings of the research study; the second presents a discussion. Talbot and Kaplan begin with the hypothesis that 'residents' close proximity to the natural setting, including the yard, trees, shrubs, and gardens that they can see from their windows and nearby parks and other landscaped settings, is important to them and will be reflected in enhanced perceptions of the quality of their lives' (p. 120). The study also examined whether indoor activities that feature the living world, such as growing houseplants or watching nature programmes on television, can compensate for more direct contact with the 'natural' environment. If such activities are common and particularly popular among individuals whose access to nearby nature is inadequate, then they may be 'substituting for physically demanding outdoor activities that many elderly adults are less likely to pursue' (pp. 120–1).

The article begins by describing the two apartment complexes for

elderly people which were selected for study on the basis of their differing availability of 'outdoor nature'. Although they have similar facilities and activities on site, their greatest differences are in design and external prospect: one is a high-rise complex and the other low-rise with freer access to its grounds and environs. The personal characteristics of the residents are outlined together with the questions asked of respondents. Although the sample size is small, the authors are confident that the results answer the questions whether nature is important to elderly people, whether it is available, and whether one can compensate for the lack of nearby 'nature'.

Contact with nature was viewed by all the respondents as important, with flower gardens and places outside to relax being valued more than sports fields and places to garden (p. 123). Not surprisingly, residents in the low-rise complex had greater accessibility and proximity to nature. The high-rise residents also had poorer views, often dominated by traffic or people walking by. The study finds that 'looking at nature photographs, drawings or watching nature programmes on TV or using nature themes in decorating' does not compensate for direct contact with nature (p. 125).

In discussing the value of 'nearby nature', the authors use life and residential satisfaction scales. There were no differences in life satisfaction between the residents in low- and high-rise complexes but they were found on the residential satisfaction scale, including how well people liked living there, satisfaction with the general maintenance and upkeep, satisfaction with the number of trees and shrubs, and the extent to which the complex was felt to be 'home'. The residents who could relax where they felt a sense of personal territory and could be alone to enjoy nature had high residential satisfaction levels. Those who had 'natural' prospects also had higher scores. Life satisfaction levels were also affected by the 'availability' of nature. When residents perceived that outdoor settings for walks, a place where you can garden, or undeveloped natural settings were closer to home, their life satisfaction scores were high (p. 126).

The third section of the article discusses the findings and comments that 'nearby nature plays a far more significant role in elderly persons' daily experiences than housing developers and policy-makers seem to realise' (p. 128). Although this is not surprising, what the authors make clear is that the quality of elderly persons' lives is enhanced by the availability of certain kinds of outdoor settings. The most valued settings are those demanding little physical effort and those which can be enjoyed for long periods of time. This was more important than 'nature compensations' in the form of books and houseplants.

Comment

Although this article concerns the United States, the issues it raises and lessons which were learnt are applicable to the United Kingdom. The authors clearly demonstrate that access to natural settings is important throughout life and particularly in old age. Design guidelines often recommend 'compensatory settings', e.g. a plant-filled public entrance or central garden, rather than emphasise the location, prospects and accessible grounds of a building or complex. As purpose-built housing for older people expands in the United Kingdom, there is a need to examine this relationship between the scheme and its physical environment. Although of secondary importance, natural surroundings can significantly benefit older people and enhance their satisfaction. Recreating natural settings on a small scale, through the provision of patios and balconies, is important particularly where 'high-rise' developments are considered. This issue deserves further research in the United Kingdom.

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Exercise in Old Age

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E. L. Smith, R. P. DiFabio and C. Gilligan, Exercise interventions and physiologic function in the elderly. *Topics in Geriatric Rehabilitation*, 6, 1 (1990), 57–68.

Health promotion is assuming a much greater prominence in the lives of peoples around the world. A potent force in disease prevention and the maintenance of good health is exercise. This article focuses on the validity and importance of exercise in the lives of older adults. It evaluates recent research data on the effectiveness of exercise for this age group. The senior author is an outstanding authority and researcher on exercise and the elderly.

Beginning with an understanding of the current state of physical activity among many older adults, the authors suggest that a sedentary life style and the ageing process result in reduced functional capacities in both older women and men. Significant functions affected are aerobic work capacity, strength, flexibility, balance, reaction time and bone mass, all of which contribute to loss of independence in the older age group. The value of exercise is estimated as delaying the loss of independence by ten years. Each of the functional areas is then examined in the light of current research data.

Aerobic work capacity starts to decline around the ages 20 to 25 years. One study reports it as about 10 ml/kg/min in women with a mean age of 85 years, a level at which it is barely possible to complete independently the activities of daily living. When assessing various research studies, the authors conclude that work capacity increases as much as 30% among older persons who 2–4 times per week exercise for 20–60 minutes with a relative intensity of 60–80% of maximum heart rate reserve. Both older and younger persons who were previously sedentary experienced an improvement in aerobic work capacity in response to aerobic training; however, the improvement was less pronounced in the older age group. Exercise programmes often begin with limited movement and progress to individualised aerobic fitness training. Both heart rate and blood pressure are also reduced as a result of this exercise. A table describes in detail the findings of sixteen research studies on the work capacity response to aerobic training in older adults.

Both muscle mass and strength decline with age. One study reports that total muscle mass decreases about 40% by age 70 years. These changes significantly impact the capacity for functioning and remaining independent. Other research data report that both upper and lower body strength is increased by 7–25% in older adults who use both low-resistance and high-resistance strength training. This demonstrates that strength can be improved with less demanding exercise and little special equipment. A table compares and contrasts six major studies concerning the effectiveness of exercise on strength.

Flexibility declines with age, although the research evidence varies widely between studies and with the joints being measured. Cross-sectional studies describe decline with age in flexibility of the shoulder, elbow, wrist, hip, knee, ankle and spine. It is in most cases questionable whether the principal cause is disuse or a disease such as osteoarthritis. Joint flexibility is very important for older adults in the performance of the activities of daily living. Gait is compromised and the risk of falls increases with poor flexibility in the hips, ankles, knees, and shoulders. Various cited studies reinforce the concept that exercise greatly improves joint flexibility of both upper and lower body, even when flexibility is not the major focus of the exercise programme.

Impaired balance has been implicated in the increased risk of falling in older adults. Studies confirm that when standing still, the amplitude of sway increases with age and if balance corrections are not made within 800 milliseconds, the likelihood of falling is high. Proprioception is the major modality for maintaining balance along with input from both the visual and vestibular systems. Research findings indicate that integrative mechanisms responsible for the co-ordination of vestibular,

visual, and proprioceptive information declines with increasing age. Studies are inconclusive as to whether balance can be improved with exercise training. Reaction time declines with age, thus exposing the older person to a greater risk of accidents. Several studies cited confirm that a high level of physical activity improves reaction time when compared with subjects who do not exercise.

Osteoporosis is a major cause of atraumatic fractures in older adults, costing in the United States \$6–8 billion a year for hip fractures alone. After 30 years of age, there is about 1 % per year bone loss in women and in men after the age of 50 the rate is about 0.5 % per year. Fractures are best resisted by the presence of bone mass. Other factors also play an important role and include the risk of falls and the impact falls have on bones. The danger of falls is diminished in the individual with better co-ordination, gait, balance, and reaction time. Muscle and connective tissue also help to reduce the force of falls. A variety of research is cited indicating bone response to the exercise depends on the type of exercise being used. The authors suggest more research is needed to identify the best forms of exercise to reduce bone loss. Exercise can improve muscle strength, bone mass, balance, and reaction times thus lessening the danger of fracturing bones.

The authors conclude that many of the physiological declines associated with the ageing process can be reduced by exercise programmes. A table compares the expected decline between ages 30 and 70 years in the areas of aerobic work capacity, strength, flexibility, reaction time, and femur and spine bone mass in women, and the increase that can be expected with exercise. Additional guidelines are given for the initiation of an exercise programme such as how to assess the health, fitness, and functional capabilities of the individual as well as to evaluate both an electrocardiogram and an individual's blood pressure response to exercise. The risks which also should be considered are detailed, such as joint pain, injury, or the potential for cardiovascular events. The authors stress the need to avoid such health problems by pretesting and establishing programmes that are within a person's limitations.

This article takes a scholarly approach to age-related changes in aerobic work capacity, strength, flexibility, balance, reaction time, and bone mass, and provides valuable interpretations of current research regarding the effectiveness of exercise in improving these functions. Coupled with several informative tables, the data are impressive and will no doubt be useful to those interested in the effects of exercise on the ageing process. It offers a powerful case for the benefits of a regular exercise regimen for older adults, and for developing such programmes

in diverse settings such as senior centres, day care centres, congregate living facilities, and nursing homes. Lastly, the suggestions regarding the initiation of such a programme are especially helpful and practical.

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Feminist Perspectives on Care

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Hilary Graham, The concept of caring in feminist research: the case of domestic service. *Sociology*, 25, 1 (1991), 61–78.

Over the last decade, work by feminists on informal care has been marked by an unusual degree of consensus and continuity. The framework for analysis established in the early eighties still dominates. In this paper, Graham is concerned to unpick some of the assumptions that have underlain that consensus. She identifies three key elements of the concept of caring found in this literature. The first is the linking of the location of caregiving (home) and the social relations of care (kinship and marriage). Graham argues that in leaving this linkage unquestioned, feminists have incorporated a conceptualisation of caring that is driven by community care and the concerns of policy-makers. Although feminist analyses, she believes, have provided a more broadly based and critical account than that might suggest, it is still one that predominantly reflects the concerns of policy-makers.

Second, feminist studies of caring have primarily been concerned with gender divisions, which are seen as linking the organisation of family life to the wider social divisions of capitalist society. While the feminist analysis has rightly avoided any spurious biologism around women's nature, and has been critical of overly psychological accounts of caring, it has made gender the key analytical dimension to the exclusion of others such as class or race. Third, feminists have drawn on the conceptual division of public and private spheres, with the latter seen as the location of women's unpaid labour for their families and the public, whereas men, sustained by the labour of women, engage in paid work and public activities. Although Graham acknowledges that feminists have been concerned to show that these are not rigidly separated spheres, and indeed argue that to see them as such is to impose an additional confinement on women, she demonstrates that the way in which the private domain is constructed within the literature on informal care means that it reinforces the conflation of

location (the home) and the social relations that occur there (marriage and family).

Graham believes that the conceptualisation of caring which has dominated the 1980s contains two areas of weakness. Firstly it fails to conceptualise home-based care that is not determined through marriage and kinship, and secondly it is one-dimensional, in that it is solely concerned with gender. One of the features of mainstream feminist debate during the last decade has been the attempt to incorporate dimensions of race and class into a dominantly white and middle-class set of concerns, in response to the challenges posed by black feminists. Graham pursues her analysis through the example of paid domestic service, arguing that traditional white, middle-class analyses have failed to separate the location from the type of care, because it was blind to the work that black women do in maintaining white families. Drawing though not exclusively on American experience, she argues that the family as a private domain is less useful in analysing the experiences of black women. Black and working-class women service and make possible the private family domain of white, middle-class women. In failing to tease out the distinction between the location and the type of care, the author argues that the literature on caring has remained 'under-theorised'. Linking these two has facilitated the analysis of white women's labour for kin in which gender is central, but it has obscured other relations and other forms of home-based work. Graham argues for a broader perspective that examines the complex links between women's class and racial positions and the role of these in the division of unpaid and paid care and service.

Comment

The paper is valuable on several counts. It continues the theme in feminist analysis which has always been concerned to show how women's wider roles in the culture and the economy structure their experience of informal care. One reason why the feminist account of informal care has been so influential is that it has never been narrowly circumscribed by the phenomenon. It has operated as a vehicle which draws wider perspectives into social policy. Graham continues this tradition, introducing to the field important debates from mainstream feminist work. We do need to incorporate race and class in the analysis of informal care. This paper is a welcome move in that direction, and one that echoes Fiona William's work in relation to social policy more generally.

The paper is also valuable for looking across the public/private

divide, and for opening up the links to paid labour. Graham is right in wanting to break free from some of the assumptions that have dominated the discussion of informal care. Her analysis brings fresh life to the area and parallels recent work by Ungerson, who has also attempted to break down the public/private divide in her comparative analysis of the use of low-paid or quasi-volunteer helpers, mostly women, in informal care with the direct payment of money to kin carers. In both Ungerson's discussion and Graham's separation of the location and the social relations of care, teasing out the distinction does bring other relations into better perspective, but ultimately the linked facts that caring takes place in the domestic setting and is negotiated through the social relations of kinship and marriage are central to its understanding. Graham, of course, does not confine her conceptualisation to the traditional delineation of informal care. However, I feel there are problems involved when her case study, domestic service by black and working-class women, does not itself engage with informal care. Some carers do buy in such labour, but research suggests that this is relatively rare. Furthermore, it is not clear that the experiences of black women arising from their involvement in domestic service extend to the area of informal care; the work on caring in black and ethnic minority communities does not support such a view. Finally Graham does not challenge the ageism implicit in some feminist analyses. The account is still very much from the perspective of younger women who do the care work, and those of older women who receive such support remain obscure.

Jenny Morris, 'Us' and 'them'? Feminist research, community care and disability. *Critical Social Policy*, 33 (1991-2), 22-39.

As with Graham's, this paper contains a critique of many of the assumptions that have underlain writing on informal care. The debate on informal care which emerged during the 1980s was fuelled among other things by feminist writing and its critiques have remained influential. Morris outlines the principal strands in the critique and argues that it is flawed by its failure to integrate the experiences of disabled women.

She reviews the work of McIntosh, Finch, Ungerson and Dalley, exploring the way in which their critique of community care found its roots in issues of childcare and the family. The family has been seen as a primary source of women's oppression, underwriting women's economic dependence on men and extracting unpaid labour from them

in the home. Caring was simply another element in this. Finch concluded in a polemical article that the only way to free women was to build more institutions; and Dalley, in her partly historical account, reasserted the worth of various collectivist solutions: both were concerned to free women from what Land and Rose termed the 'compulsory altruism' of care.

Morris, writing as a disabled feminist, unpicks the ways in which these accounts of caring are constructed from the viewpoint of able-bodied women. The category of 'women' in these analyses does not encompass disabled women – they remain part of the 'other', the people for whom women have to care. The fact that the majority of those who need care are female is not addressed in the feminist critique; and she finds this particularly disheartening in the context of an approach that has emphasised how the 'personal is political'. The majority of caring research, she argues, looks only at the situation of the carer and does not ask what it is like to be cared for. Cared-for people in these accounts tend to be presented as passive, feeble or demanding; and the value of their lives is not recognised. Disabled people are increasingly challenging these accounts. In response to Dalley's comment that the *Independent Living Movement* is dominated by people who are young, male and fit, and that this does not represent the situation of the majority of disabled people who are elderly and female, Morris asserts that the underlying principles remain the same. The men who dominate the ILM are merely demanding what young, fit males take for granted; and this should be extended to all disabled people.

Comment

The argument that Morris and others in the disability lobby put forward is a powerful one, and has caused considerable unease among researchers and policy analysts. I think it is true to say that research which explores the needs and circumstances of carers cannot advance without exploring the views of the cared-for person. To establish the subject, it was perhaps necessary to focus initially on the carers' interests and perceptions. Now that the field is well established, both conceptually and empirically, it is time to move to a wider perspective that incorporates the interests and perceptions of the cared-for person. I do not think, however, that concern with informal care should be replaced by an exclusive focus on the disabled person as some of the extreme exponents of the disability lobby have argued. As the literature repeats endlessly, caring takes place in a relationship. This means that carers are to some degree bound – by love or obligations – into their

caring role. It is not something they are free to abandon, at least not lightly; and it can have serious, sometimes damaging, consequences for their lives. By this token they have needs for support that are separate from those of the person they look after. Channelling all attention on to the disabled person ignores this fact.

The issues are particularly clear in relation to dementia, where it is not plausible, as it may be in relation to younger physically disabled people, to focus resources in such a way as to transcend the support needs of the carer. People with dementia living in the community rely heavily on informal carers, many of whom suffer as a result. Many elderly people, furthermore, are cared for by their spouses, and here again the individualistic model promoted by the disability lobby is less relevant. While I agree in part with Morris's assertion that the claims of the disability movement should be extended to the situation of older people and that to fail to do so is to endorse ageism, I also think that her critique – or perhaps more correctly that of others in the disability movement, for Morris presents a balanced argument – does not reflect sufficiently the social realities of caring.

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