

Breaking the mould

Re-visioning older people's housing



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**BREAKING
THE
MOULD**

Foreword



This report is not a one-off comment on older people's housing, but part of a broader movement to enhance the housing options available to people in later life and to effectively 'break the mould' of older people's housing. The Breaking the mould project, celebrating the 75th anniversary of the National Housing Federation, is about encouraging all housing associations to consider the future of housing, care and support for older people. This report is one of many project outputs providing associations with the building bricks to do so.

The Breaking the mould project is happening at a pivotal time. The population is ageing fast, with almost 10m people expected to be over the age of 65 by 2015, approximately one-fifth of the whole population of England. At the same time, the economic climate for developing homes and services to enable people to continue living independently into old age is changing dramatically, with cuts being made to both capital and revenue budgets.

Yet the need to ensure all older people, now and in the future, can live healthy, active, lives remains paramount. Housing associations already have a strong and positive reputation in meeting the needs of older people within their housing and services, but with a third of all general needs tenants already over the age of 65, the sector needs to continue to plan strategically and innovatively to cater to their needs.

On top of that, this project is seeking to instil the idea that an ageing population brings new opportunities to develop housing and services which take into account the high levels of owner occupation and housing equity owned by older people. The proposals set out in this report could see housing associations broadening out their services and facilities to the wider community, using any surplus from sales to continue to provide affordable housing, care and support to those who need them most.

I am pleased to see the housing sector building on the outcomes of the Housing our Ageing Population Panel of Innovation (HAPPI), which expressed a need for housing for older people to become a positive choice for people in later life, with higher design standards for space and quality. If housing associations can create a housing offer that persuades older owners and tenants to down-size from homes with three or more bedrooms – often with gardens – then desperately needed family housing becomes available: and the new accommodation simultaneously meets the needs of two generations.

The Breaking the mould project takes this work a step further, setting out ideas for developing both aspirational housing for older people and community services, and rightly looking to re-market older people's housing, care and support as a mainstream concern.

A handwritten signature in black ink that reads 'Richard Best'.

Richard Best OBE

Lord Best is President of the Local Government Association, Chairman of Hanover Housing Association and Chairman of the All Party Parliamentary Group on Housing and Care for Older People.

Introduction

Capital budgets for housing development have been severely curtailed. Revenue budgets for social care and housing-related support are under ever-increasing pressure. Care and support needs are increasing as the population ages, and expectations are rising as people rightly demand more from their housing and care. Housing associations could easily assume from the current climate that it will be ever more difficult to ensure that their older tenants are well housed and properly supported.

This report sets out an alternative view. It describes a number of the business opportunities that an ageing population brings. It offers examples of how care, support and other practical services such as handy person or 'help at home' services can be developed and offered to all older people in all types of tenure. There are very significant numbers of older people who buy their own care, and this number is set to rise further as individual budgets are rolled out. Services developed for this group are free from the constraints which revenue streams such as Supporting People (SP) often impose. The report also addresses capital funding, and argues that housing associations should build larger, more accessible flats and houses which are attractive to older owner occupiers who want to move to an easier-to-manage home, but are not attracted to traditional models of older people's

housing. Income from this source can then be reinvested to improve the offer to older social renters.

The Breaking the mould project aims to help providers to break the current mould of older people's housing and support, and build on the innovation within the sector to create a new and exciting offer.

In developing this project's work, the Federation carried out research with housing associations, local authorities and people over 50. This report draws upon a literature review, polling of people aged 60-75, and four focus groups with people aged 50-65 and 65-75, who were either in private accommodation or affordable housing. The Federation also carried out a survey and follow-up work with local authorities to investigate whether they had an older people's housing strategy, and how they approached the development of housing, care and support options for older people. Finally, the Federation interviewed over 30 housing associations to find out the scope of their provision for older people and to develop potential business proposals for other housing providers to learn from. The findings from these separate pieces of research can be found on our website: www.housing.org.uk/olderpeople.

**One in five
children born
today can
expect to live
to 100 years
of age**



**BREAKING
THE
MOULD**

Why break the mould now?

The notion of an ageing population is old news. The growing numbers of older people have been accurately predicted for many years, and we know that 17.5% of the population in England, or 8.5m people, are now over 65. By 2031, this is expected to rise to almost 15.8m people. One in five children born today can expect to live to 100 years of age.¹

Local authorities, housing providers and other local place-shapers have been working to address the issues presented by our changing demographics, but progress has not been able to keep pace with the increasing needs of the population. The pace of change in demand and need has constantly outstripped the changes in the volume and design of housing and services.

This publication sets out different ways in which housing providers could respond to the demands of four groups of older people:

- Older people in existing retirement housing: what needs to change? Only 5% of all older people live in specialist retirement housing, and not all the stock is fit for purpose. What do these people want from the services they receive now and in the future? How can the sector offer more flexibility and choice within existing stock?
- Older people in general needs housing. The average age of housing association tenants is rising. Nearly one in three tenants is over the age of 65² and of those, over half live in general needs housing.³ What adjustments do housing providers need to make to their stock and housing services to ensure they are serving their older customers well?
- Older people in the wider community. They may own their own home, but they are still in need of reasonably priced services from a trusted provider, to help them live independently or to meet increasing care needs.
- A powerful generation of asset-rich, high-expectation 'baby boomers' is approaching retirement. Has the housing sector recognised how different their demands will be for housing in later life? Are any of the sector's current offers going to be attractive enough to this group?

While housing associations continue to adapt their services to meet the needs of their older tenants, including providing a range of specialist housing, it is also important to look at broader horizons. What models of housing and service could be designed to meet the needs of today's and tomorrow's affluent owner occupiers? Could income from this source help to finance the development of more aspirational and flexible housing for all older people?

The picture of ageing

The positive aspects of an ageing society are well-rehearsed. People are enjoying longer, fuller retirements or continuing to work into their 70s. Older people make a considerable voluntary contribution to society, often bringing valued life experiences to bear. Age UK estimates that people aged 50+ in the UK make an unpaid contribution of £15.2bn per year as carers, £3.9bn in childcare as grandparents and £5bn as volunteers. 50% of those aged 65-74 and 38% of those aged 75+ have taken part in some form of volunteering.⁴

Many people are growing older with significant levels of wealth in terms of housing equity. In 2004, 60% of people over 65 owned their home without a mortgage.⁵ Levels of owner occupation continue to rise amongst older people. In 2001, 61% of those aged 85 or over were owner occupiers, but this rose to 76% for those aged 65-74.⁶

However, while significant numbers who have benefited from stable employment and final salary pensions are growing older with wealth, in terms of both assets and disposable income, others are asset rich but income poor. Others still, have neither assets nor income. 23% of older people live below the official income poverty line.⁷

The negative aspects of living longer have also been well documented. Disability, illness and poor health are not inevitable as people age, but their likelihood increases. More people are living longer with more complex conditions such as dementia and chronic illness. An estimated 3.9m (33% of people aged 65-74 and 46% of those aged 75+) have a limiting, long-standing illness; there are 700,000 people in the UK with dementia, with numbers likely to increase to 1.4m in the next 30 years.⁸ A longer old age, coupled with the changing nature of family relationships means a more isolated life for many older people. 12% of older people (over 1.1m) feel trapped in their own home,⁹ with 11% having less than monthly contact with friends and family.¹⁰

**60% of people over 65
owned their home
without a mortgage**

Housing: the gap between supply and need

Some specialist homes are being developed for older people, but as demand outstrips supply older people will find it increasingly difficult to secure a suitable property. Supply in some areas is falling rather than rising, as traditional forms of sheltered housing are decommissioned where they no longer meet current expectations. A conservative estimate by HGO consultancy for the National Housing Federation in 2010 suggests there are already around 70,000 people aged 60+ in urgent need of housing and related support services. They are effectively on a 'waiting list' for a suitable home and support to allow them to continue to live independently. That figure is expected to quadruple to at least 300,000 by 2019.

Preventative, independent models of housing and support are widely favoured by older people. A YouGov survey commissioned by the National Housing Federation in 2010 found people aged between 60 and 65 dreaded ending up in a care home or imposing themselves on relatives if they could no longer cope with living on their own. However, the poll also asked people to rate different accommodation options if they could no longer live independently in their own home. The results were:

- 18% had a positive view of living in a care home;
- 10% thought moving in with their family would be a good idea;
- 80% were positive about downsizing to a smaller, more manageable home;
- 65% liked the idea of living in a self-contained home with support or care available if required.¹¹

Services: the gap between supply and need

People are also worrying about how they will fund care and support. The poll found the following:

- 63% of people aged 65-75 were concerned they would not have enough money to fund their retirement;
- 46% were concerned they would have to sell their home to pay for care;
- 48% feared that the money they planned to leave as an inheritance would be eaten away by the cost of care.

These figures suggest there is a sizeable group of affluent older people who want preventative housing options to enable them to downsize and release equity to help pay for care if required, without jeopardising their ability to enjoy retirement and continue to live independently for longer.

The YouGov poll confirmed the finding of many other studies: that people have clear ideas about where and how they want to live if the time comes when they can no longer cope on their own. The challenge for housing providers is to increase the availability of the favoured options.

Levels of unmet need in terms of care and support for older people are deeply worrying. Budget increases for social care have failed to keep pace with the needs driven by demographic change and rising costs of equipment and staff.¹² Many thousands of vulnerable people are still not receiving the care or support they need. The Commission for Social Care Inspection estimated a shortfall of 1.4m hours of care in 2006/07 to 450,000 older people.¹³

The cost of care for older people is a large call on public resources, with 61% of the £14.2bn per year spent on adult social care by councils being spent on services for older people.¹⁴ It is estimated that by 2025 the number of older people unable to manage at least one domestic task will double from 3.4m, and the number unable to manage at least one self-care task will double from 2.8m.¹⁵ This inevitably means that the costs of care will rise dramatically. Estimates vary, but the Community and Local Government (CLG) strategy Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society¹⁶ used a figure of expenditure on long-term care increasing by around 325% in real terms in the years between 2002 and 2041.

Despite growing numbers of people in need, and before the 2010 spending review announcement on cuts to Supporting People (SP), government funding for older people's services through the SP programme had already fallen by £7.5m since 2006.¹⁷ The 2009 CapGemini cost-benefit analysis of the programme concluded that the revenue cost of providing housing-related support services to older people was £295m, whilst the total benefit derived was £1,570m.¹⁸ The CapGemini report looked at what was likely to happen if SP funding was withdrawn. It found that the average cost of SP support for older people was £440 per year. If SP were to be removed, the cost to other services would increase by £550, made up of: £428 increased cost to social services; £55 increased costs relating to hospital admissions; £67 increased other costs (these are broken down in the report). These costs relate only to those who continue to live independently following the withdrawal of SP services. Costs are considerably increased by the fact that a proportion might require registered care.

Housing providers have responded to increasing needs and decreasing funding in a variety of ways. The traditional form of concentrated support provided within sheltered housing is diminishing, and moves to develop hub and spoke services have aimed to improve the reach of support services to the wider community. Many housing associations have taken on contracts to deliver support to older people outside sheltered housing and across all tenures, in a drive to support the wider community of older people to live independently in their homes. The value of preventative services such as help with shopping and gardening or maintenance work is frequently recognised, although funding is difficult to secure as local authorities increasingly concentrate on their statutory duties in times of financial austerity.

What do older people want?

In the course of the Breaking the mould project, the Federation has carried out research with housing associations, local authorities and people over 50. This involved:

- a literature review of older people's housing, care and support;
- polling with people aged between 60 and 75 conducted via YouGov;
- four focus groups with people aged 50-65, and 65-75, who were either in private accommodation or affordable housing;
- a survey and follow-up work with local authorities to investigate whether they had an older people's housing strategy, and how they approached the development of housing, care and support options for older people;
- interviews with over 30 housing associations to find out the scope of their provision for older people and to develop potential business proposals for other housing providers to learn from.

The findings from these separate pieces of research can be found on our website: www.housing.org.uk/olderpeople. The focus in the polling and the focus groups has been on the younger old and those over retirement age, so as to get a sense of what older people want in the future. However, other research looked at the needs and aspirations of older people of all ages.

What is 'old'?

Survey results suggest that people are reluctant to think about themselves as ageing. People psychologically delay placing themselves in the category 'old', partly fuelled by a wish not to have others describe them in these terms. Research has revealed a widely-held perception that people over 50 tend to be 'written off' as old, but this presents a barrier to individuals' preparation for their own futures.¹⁹ Research has shown that, in particular, many individuals fail to plan ahead or consider their future housing needs.²⁰

Participants in our focus groups felt that age was an ineffective way of measuring their housing, care and support needs. They felt that older people were often viewed unfairly negatively.

'If your health is good you're alright at any age.'

Participant from Sunderland

'I think "older" when you're not able to care for yourself and do the things that you used to do, it's kind of a flexible description. If you don't feel your age and if you're fit and healthy, even if you're 70, there's no reason to be called old.'

Participant from London

'You read in the paper, "pensioner mugged", my God, 61?! The newspapers think you're old at 60.'

Participant from London

'If you worry about it [life when you are older] all the time you might as well drop dead now and be done with it.'

Participant from Norfolk

Older people today have quite different expectations from those of previous generations, rightly expecting higher space and design standards, a greater degree of privacy than some more traditional sheltered schemes were designed to provide, and more flexible and individualised services. If older people are to consider retirement housing as a positive option, providers must have attractive and sustainable opportunities available to them. The debate about what models to develop must think beyond retirement housing. For example, could we develop a range of accessible housing that can be adapted and allow some degree of downsizing on the same site? Should hubs for care and support become much more widespread, and placed so that they can provide a flexible service to older people in all types of housing?

In our research, nine themes stood out as central to older people's housing requirements. Older people interviewed and surveyed wanted a home that:

- 1 is accessible**
- 2 is spacious and attractive**
- 3 is safe and secure**
- 4 is in an age-friendly environment**
- 5 offers freedom, choice and flexibility**
- 6 has help at hand**
- 7 provides flexible, personalised support**
- 8 lets you socialise and feel included**
- 9 allows you to make decisions.**

Each of these themes is discussed in this chapter, illustrated by comments from our focus groups and survey.

A home that is accessible

Our literature review found a growing body of literature on the need to design buildings so that homes are fully accessible to those who are less able to walk and get around. Much research has been commissioned to provide an evidence base for the value for money of early intervention and accessible housing when it comes to the health of people in later life.

Many focus group members referred to the importance of a home which is manageable and accessible. Regardless of age or mobility, they recognised the value in taking proactive measures to live somewhere which was accessible and easily adaptable and flexible as their needs increased.

'I've actually gone from a house to ground floor thinking I want something smaller and downsize really, I'm thinking...it's easier to maintain, easier to keep, not such a big garden, no stairs.'

Participant from London

'When we moved in there was a bath with a shower in it and both my wife and myself have had increasing problems stepping in and getting into the bath for a shower. In fact my wife had to give up in the end. So now we've had a wet room installed.'

Participant from Bradford

**There are already
around 70,000
people aged 60+
in urgent need of
housing and
related support
services**



A home that is spacious and attractive

The HAPPI panel²¹ argued that innovative architecture could change the image of older people's housing by offering elegant designs that avoid an institutionalised feel. They also highlighted the value of open-or flexible-plan homes, arguing that sliding partitions between living spaces can provide flexible space, allowing a flow of light and ventilation through the home. Studies have shown that exposure to daylight and being able to see the outside world are important contributing factors to good health.²²

It is usually assumed that people automatically require less space as they grow older, ie, that they want to 'downsize'. However, evidence suggests that many older people want to keep the same sized accommodation as circumstances change.²³ Older people contributing to the HAPPI report wanted enough room to display the valued possessions and furniture accumulated over a lifetime. Space is also often required for visiting friends or family, or for a carer to stay overnight.²⁴ People in the 65+ age range may also want to retain a dining room if they have had one in previous accommodation. Older people also tend to prioritise private green areas²⁵ and while big gardens can be difficult to maintain as mobility and health declines, large balconies can offer a manageable substitute.²⁶

The key to making housing association developments an aspirational choice for people as they age is therefore to provide housing that is more accessible, more flexible, and more manageable, but not necessarily smaller than general needs housing. This is especially true if housing associations wish to offer a tenure mix which attracts older asset-rich owner occupiers.

However, the offer also has to be sustainable in terms of design and the services available. Some forms of extra care are already out of date and in need of remodelling, even when only built in the 1990s. People's expectations and needs will continue to change and, as discussed above, it is not easy to encourage people to focus on what types of housing they might need in the future. Models therefore need to emphasise flexibility, so they can adapt to changing needs and circumstances.

The key to making housing association developments an aspirational choice is to provide housing that is accessible, more flexible and more manageable

A home that is safe and secure

The fear of crime is a significant issue for older people, and homes and neighbourhoods must be designed with the aim of reducing crime and creating a sense of safety. Although evidence suggests that that risk of crime is lower amongst people aged over 60, a study by Age UK has shown that fear of being a victim of crime increases with age.²⁷ This fear in itself can restrict the possibility of engaging fully in community life, and can even be a predictor of ill health.²⁸

'I would never like to go back to a house again. The security is the main thing for me. I know once I come in here and go to my own flat I'm fine and that's how I feel.'

'I wouldn't feel secure at all back into a house or bungalow or anything like that.'

Participants from Sunderland

Participants living in retirement housing flagged up the assurance of having help at hand, which helped to make them feel secure in their home.

'Everything is there for you and if you need anything, assistance or anything you just pull the cord.'

'It's great just to know somebody is there if you need them.'

Participants from Sunderland

A home in an age-friendly environment

The neighbourhood is just as important as the interior of the home in helping older residents maintain a high quality of life. The World Health Organisation has championed the argument that cities should be 'age-friendly'²⁹ and many reports highlight the problems that poor neighbourhood design can cause the older population. Poor outside lighting, street clutter and the lack of suitable seating or facilities make it harder for older or disabled people to get out and about.³⁰ Research in London has shown that a lack of public toilets and the fear of crime are significant barriers to older people's mobility.³¹ These issues partly explain the result referred to earlier, that 1m older people reported feeling trapped in their own homes.

There is evidence that home and neighbourhood characteristics affect the physical activity of older people – the amount of open space and ease of pedestrian access can encourage older people to get out and about, positively influencing health and well-being.³²

Accessible housing is of limited use unless it is developed in areas where there are adequate transport links to local facilities.³³ Practical features that help accessibility include disabled parking bays, green spaces, kerb design appropriate for wheelchair users, and sufficient information services.³⁴

Older people are considerably more likely than the rest of the population to have difficulties accessing local amenities,³⁵ especially as many local post offices have closed in recent years, and large out-of-town shopping centres have widely replaced local convenience stores. If a neighbourhood is to be age-inclusive, thought must be given to maintaining local services such as banks, restaurants and GP services.

Several participants from the focus groups prioritised location as a key feature of housing in later life:

'We do talk about downsizing, living somewhere, perhaps in a small town, where we can walk and when we're not driving, those sorts of things.'

Participant from London

Evidence suggests that most older people would live in a mixed-age community rather than in specialist older person developments,³⁶ and some literature has pointed out that age-segregated housing can be damaging to social interaction and integration.³⁷ Some participants from the focus groups reflected this:

'The other thing that I thoroughly enjoy is being part of a community, I love the wee kid who's across from me...and in any of these places that we're talking about, you don't want a dumping ground for old folk. You've got to have the feeling of belonging to a community and not just being dumped there. That's the thing that frightens me most.'

'I don't want to be shoved in with all the old 'uns! I don't! And I'm old myself! I like to see some youngsters about, I like to see the kids skipping in the street so that I know I'm still alive, not waiting to be carried off in my coffin!'

Participants from Norfolk

This stresses the importance of choice. Some people will prefer a quieter environment in specialist retirement housing whilst others will want to remain in the thick of things. In all settings, a degree of community interaction is vital to help combat social exclusion, particularly for those who are less mobile.



A home with freedom, choice and flexibility

Much of the research on older people's aspirations emphasises the desire for independence. This was reflected in our focus groups:

'It's important to have your own independence.' ['What does this mean?'] **'Staying in your own home. Own home with adequate support.'**

Participant from Norfolk

'I think that it would be nice if you had more carers to go and look after you in your bungalow, so you didn't have to move into a home or anything, that's what I would like, to stay in my own home and have a carer stay with me.'

Participant from Norfolk

Many of the participants from the focus groups, particularly the younger groups who had gone through bad experiences watching their parents grow old, were very fearful about the prospect of losing their independence, often equating this with going into a care home or being dependent on care.

'I think my worst nightmare would be actually going into one of these care homes; I would really hate that, just all sitting around the edge of the room, it's horrible. That would be my worst nightmare.'

Participant from Sunderland

'How can a person in a wheelchair sit 24-hours a day just waiting for people to come in to make them a cup of tea, to get them ready for bed, then get them out of bed – that's not promoting independence.'

Participant from Bradford

Other fears were 'being treated like a child', 'losing control of your everyday life', or 'being told when to go to bed'.

Some people regarded retirement housing as unattractive as a care home:

'There is no way I would consider going into a housing complex where there's a warden or anything, I just wouldn't be interested in that at all.'

Participant from London

Many others, on the other hand, chose retirement housing specifically because they wanted to retain their independence.

A survey by one housing association found that 43% of residents moving into their retirement housing did so principally because they needed some help, but wanted to remain independent.³⁸

A home with help at hand

Many older people do not need ongoing care and support services, but would find life much easier and more secure if there was help at hand for housing maintenance and other tasks, and an assurance that support would be there should they need it. This is equally true for people living in general needs accommodation and those who have already moved to more suitable accommodation. Participants in the focus groups highlighted the need for a little bit of help in the garden, with their shopping, carrying out odd jobs in the home, or simply checking up on them when ill.

‘I used to do all my own gardening but now I can’t, I have to have someone to come and do it, I’m waiting for them now to cut the grass.’

Participant from Norfolk

‘I know you could come to a point where you need full support but most people could get away with a small support and they’d be far better off in their own home.’

Participant from Norfolk

‘You must have somebody that you can rely on some time in your later life, especially when you have got something wrong with you. We’re all independent, we all say “that’s all right love, I can do that” but there is a time when you can’t do it.’

Participant from Norfolk

‘Last winter, as I stated before, I live down a private lane and it’s a very rough lane, I was ill and I was in bed more or less for three weeks. If it hadn’t have been for Mary ringing up, my friends ringing up, my neighbour knocking on the window to see if I was okay, I was still in this world, I wouldn’t have seen or heard anything, you know?’

Participant from Norfolk

A home with flexible, personalised support

Older people who need ongoing support services want these to be personalised, to respond in a more flexible way to their individual needs and to give the person more control over the services they receive.³⁹ Services need to be high-quality and reliable, as well as personalised.

‘I’ve just had a nightmare, my mum’s 92 and what she wants is continuity. We get a different carer every day, they don’t do anything; they’re supposed to prompt Mum to take her medication, it’s still there when I get there. My mum’s lucky because I’m there practically every day but for an old person that was on her own, it would be a nightmare.’

Participant from London

Participants from the focus groups often highlighted their changing care and support needs:

‘I do have osteoporosis of the spine and I had a really bad fall at Easter where I fractured three vertebrae in the spine so therefore I did have to have care because I could hardly walk. But now I am very, very independent.’

Participant from Bradford

Homes should be ‘care-ready’, with flexible and ‘invisible’ services if required. There is often a concern that increasingly personalised care and support might result in extra ‘traffic’ of less-familiar people coming in and out of their home environment.⁴⁰ The challenge is to bring this model of flexibility to all forms of tenure and to older people living in accessible general needs accommodation.



46% of people aged 65-75 were concerned they would have to sell their home to pay for care

A home where you can socialise and feel included

Large numbers of older people in this country currently live alone. Data from the Protecting Older People Population Information System (POPPI) predicted that by 2010, over 2m people over 75 would be living alone in the UK. A strong theme that emerges in the literature is therefore the need to address social isolation of older people, particularly amongst those who have health or mobility issues that prevent them from getting out into the community.

The report *A Sure Start to Later Life* has raised the profile of older people in relation to the issue of social exclusion, having conducted research showing that 29% of older people experience exclusion by one or more measures including social relations, cultural activities or civic participation. They found that as age increased, levels of exclusion tended to increase, with nearly a third of people aged over 80 excluded from basic services, compared with only 5% of those in their 50s.⁴¹ A survey by Help the Aged in 2008 found that over 1.2m older people always or often feel lonely.⁴²

The HAPPI panel heard from a range of older residents of the importance of the freedom to choose when to be alone and when to be with others,⁴³ necessitating flexibility within building designs that offer communal and private spaces. Participants from our focus group who live in retirement housing were clear about the benefits of being able to mix with friends and neighbours when they wanted company:

'We had our own property, we had a cottage for over 30 years and I was more isolated there, for all I knew everybody, than I've ever been coming in [here].'

'It's the library as well, it's got a little café place so it's more community-based so people can go in and choose a book and have a cup of coffee and things like that, and mix with the residents as well, which is nice.'

'There is family coming in, there are all different people, relations come in, friends come in, little 'uns come in. It's not just for older people.'

Participants from Sunderland

A home where you make the decisions

Our research emphasised a real need for consultation and engagement with older people, which can itself contribute to the well-being and satisfaction of older residents.⁴⁴ This could be one tool to help older people, who are often time-rich, to become increasingly important agents in shaping the homes and services they want.⁴⁵ The objectives of increased choice and control can also be achieved by encouraging the participation of older people themselves in contributing to the development of the communities in which they live and the services they receive.⁴⁶

The HAPPI report stressed that providers and designers should put effort into understanding what appeals to the 'younger old'; those whose children have left home, and who have the opportunity to downsize from houses with large, high-maintenance gardens, for example, or move away from amenities such as schools into new communities. Co-operative models of housing have been very successful in engaging residents in the management of their scheme, including decisions about allocations and the use of maintenance funding.⁴⁷ Co-housing has potential for this demographic in particular, who can take an active role in designing their own housing.



Conclusion

As lifestyles, health and care needs and levels of wealth across the older population become increasingly diverse, it is important that the choice of services and housing options expands to keep pace with this increasing diversity. The eight themes highlighted above, including accessibility, flexibility, and sociability, need to be available across all tenures, and for people with all levels and types of care and support needs.

The literature review and the focus groups highlighted the existence of a broad spectrum of demand for housing, care and support, ranging from accessible housing with no care and support, to extra care and nursing home provision. The challenge is to fill in this spectrum with housing and services which meet the needs of the ageing population.

Not everyone who grows older will be in need of care, but may require some support or a little bit of help with shopping or gardening. People's needs can vary over time, and can decrease as well as increase; older people's health conditions can improve or disappear, so models are needed which do not trap people into dependency. The second half of this publication looks at good practice and business models for providing a range of flexible housing and support services in different settings. These models all focus on the themes of independence and choice.

Developing new business models

This section describes a number of business models which housing providers have developed in response to the changing context in which they operate. These are summarised as:

Business model	Developed in response to
1 Improved options for home ownership in older age	<ul style="list-style-type: none"> • Asset-rich older generation with increased expectations • Need to increase capital resources available to invest in improved options for older social housing tenants
2 Providing community facilities	<ul style="list-style-type: none"> • Current political agenda • Increasing financial austerity and difficulty of making some facilities break even
3 Providing services to self-funders	<ul style="list-style-type: none"> • Increasing numbers of self-funders
4 Providing commissioned services to the wider community	<ul style="list-style-type: none"> • Increasing financial austerity and potential for reinvesting funds in other services or housing • Increasing age profile of people in general needs stock • Need to make use of economies of scale

Improved options for home ownership in older age

Older people's assets

Today's older people are wealthier than those of previous generations. Households of people over 65 collectively own around £500bn of unmortgaged property equity,⁴⁸ while over 50s account for 40% of consumer spending, 60% of UK total savings, and 80% of the nation's wealth.⁴⁹ There are therefore sizeable numbers of people with money to spend on services to enable them to continue living independently, specialist older people's housing, or more accessible and flexible housing sited within general housing. This will only happen if the offer is sufficiently attractive.

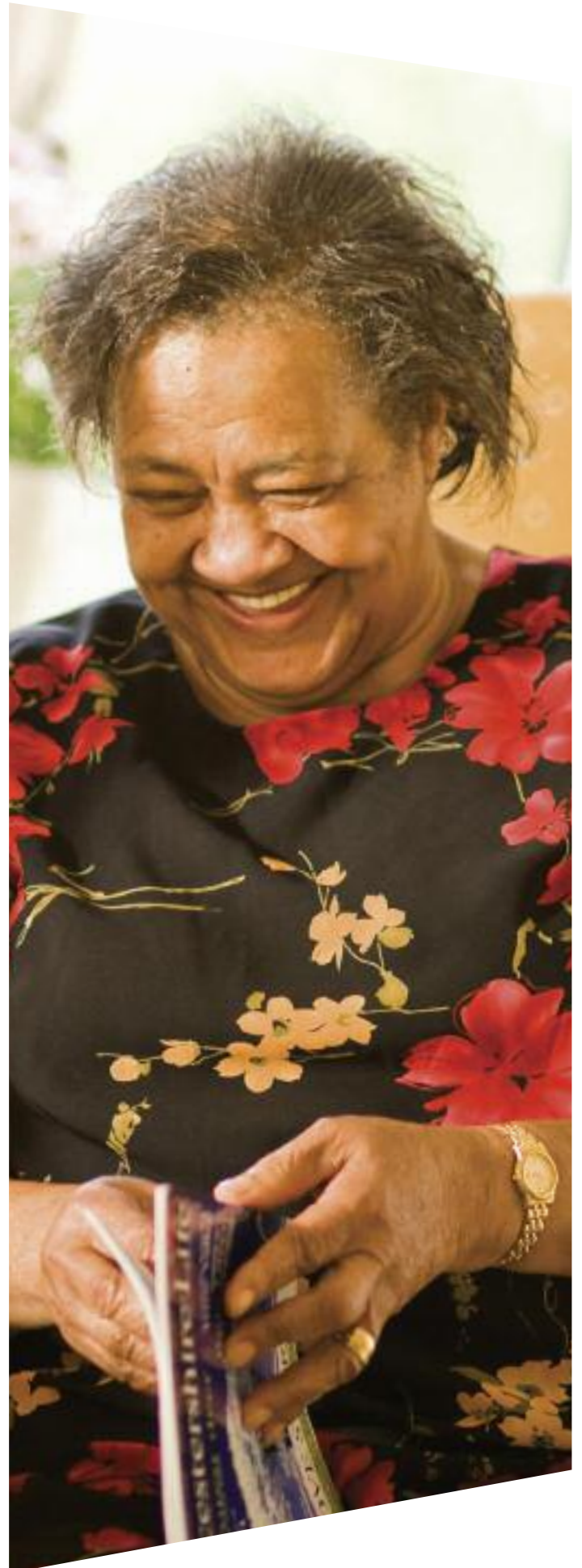
The global financial crisis and the ensuing recession have resulted in a particularly difficult environment in which to develop new affordable homes. The recent Comprehensive Spending Review cut the budget for new affordable homes by over 60%. The Government proposes that the gap caused by these significant cuts should be filled by increasing revenue from rents, of up to 80% of market rent on new-build properties and some re-lets. Government funding for social housing can no longer be taken for granted, and every income stream available must be analysed and capitalised on, if the social housing sector is to continue to fulfil its mission to provide affordable housing for those who need it most. The option of generating capital resources by providing accessible flexible housing for wealthier older people must therefore be considered seriously, not only because it helps to house this group of the population well, but also because surpluses generated can be re-invested to improve the offer to less wealthy older people.

Mixed tenure

Our research shows there is a need for both a specialist and a non-specialist offer to older people. Where the only options available are sheltered and extra-care housing there is a risk of older people either remaining in inappropriate housing, or being forced to move somewhere at a time of crisis. The provision of well-designed, accessible housing, located in a desirable position with access to amenities, would be very attractive to people looking to move perhaps in their 60s, but still aspiring to live somewhere which is not necessarily labelled 'older people's' housing and where they can fit all their furniture. Proximity or access to a local hub for care and support when needed in future would also make this an attractive offer.

Our research also supports the idea that some people will choose a specialist retirement housing development. The traditional retirement housing product for owner occupiers has limitations, in that if an owner develops a care need which cannot be met within the housing and has to move, their options for selling their flat are extremely restricted. By comparison, the potential demand for owner occupation in the extra-care market is much bigger. However, up-front capital costs are high, and not all developments have managed to pitch the offer correctly so that the development is self-supporting or income-generating. Some owner occupiers may have experienced a reduction in property values, as well as income from pensions and investments. Other over 50s will be looking to free up equity to help their children purchase homes.

**The over 50s account for
40% of consumer spending,
60% of UK total savings and
80% of the nation's wealth**



Focus on: Developing a thriving retirement village

In 2004 the Joseph Rowntree Housing Trust (JRHT), Hartlepool Borough Council (HBC) and other local partners started working together to develop Hartfields, a new retirement village in Hartlepool. The development was supported by funding from the Department of Health's Extra Care Housing Fund and the (then) Housing Corporation.

It opened in August 2008. It has 242 units of one and two bedrooms (predominantly apartments) all designed to Lifetime Homes standards. It has extensive communal facilities, including a healthy living suite, arts and crafts room, convenience store, bar, library, IT room and hair salon. The village is well integrated with the local community by providing facilities that would be open to the public – a restaurant, fitness suite, day centre – as well as offices for health and social care professionals serving Hartfields and the wider community.

Hartfields was designed to attract people over 60 with a strong connection to Hartlepool. It provides vibrant independent living, whilst also accommodating significant numbers of people with high levels of need for care and support who would otherwise be living in residential care. It is a mixed-tenure development. Properties are available for full purchase or shared ownership, or for rent to those nominated by HBC. Of the total 242 units, 97 are available for sale and 48 for shared ownership.

Tenants and owners are mixed across the scheme and the intention is to maintain a balance of care needs across the different tenures.

Development of Hartfields was not without its challenges, but progress was greatly helped by the supportive attitude of the HBC planning department. Between identifying the site and completing the purchase, the price of the land rose by £0.9m. This meant additional units of accommodation had to be built for sale, and the proportion of homes for rent was

decreased from 50% to 40%. Joseph Rowntree bought the entire retirement village site from a developer after it had secured outline planning for residential development for a larger site. The Trust took the risk of securing detailed planning and selling the shared ownership/sale units itself. The affordable element of the retirement village was part of a s106 agreement for the larger site.

Effective marketing of the scheme was crucial. Activities included: local media coverage, promotional materials distributed across Hartlepool, and roadshows promoting the scheme. Demand for rented properties was and remains high, but the slowdown in the housing market has meant that the sale of full-purchase properties has been slower than anticipated.

JRHT and the residents continue to work with the local council to lobby for better local amenities, and especially a better local bus service. This is important in making the town centre accessible to village residents.

The slower than expected rate of take-up of full-purchase properties has meant that the village has not yet reached full capacity. However, the development is working well as a supportive community. Most services on-site are provided by JRHT. For those renting their property, rent and service charges are eligible for housing benefit. People are charged a standard support charge, and for those assessed as eligible, this is covered by a Supporting People block grant from HBC. There are then three tiers of additional care packages which can be purchased from personalised budgets. The move to personalisation has increased the flexibility of services which can be purchased, and on the whole people have opted to continue to purchase the on-site options. This provides a most positive sign that residents are happy with the service JRHT is offering.

Focus on:

A successful model for home ownership

Since the Extracare Charitable Trust's Lark Hill Village in Nottingham opened in summer 2009, ExtraCare Charitable Trust has reported strong demand for homes at the newly-opened retirement scheme, the largest of its kind in the UK, with 200 of the 244 purchase properties exchanged within six months of opening, and the remainder sold by November 2010. The Village comprises 327 homes on a 24-acre site: 255 self-contained apartments and 72 bungalows. Each home (of 55-100m²) has its own front door, kitchen, living room and one or two bedrooms. All properties have their own shower room with toilet. There are substantial balconies to 262 properties. Ninety-eight properties are outright-purchased, 146 part-purchased and 83 are rented. The scheme is devised to be affordable to anyone, including renters or home owners who only have a state retirement pension and/or limited savings.

Residents at Lark Hill Village have access to 18 health and leisure facilities including a gym, restaurant and craft room, IT suite and greenhouse, and up to 24-hour assessed care is available through the village's qualified care team should they need it. About one-third of residents have such a care package. All residents also receive specialist welfare advice (which has so far found £295,000 in unclaimed benefits on behalf of potential villagers), support with preventative health care and membership of a 300-strong Lark Hill Friends Club which introduces prospective residents to the community.

The result of an 11-year partnership between Nottingham City Council, Nottingham City Primary Care Trust (PCT), the Department of Health and the ExtraCare Charitable Trust the ambition is that residents will have a safe and sociable 'home for life' where couples can remain together and where residents should not need to be admitted to a hospital or a nursing home environment.

ExtraCare Charitable Trust received £3m from the Department of Health Extra Care Housing Fund. The land was purchased from Nottingham City Council who then retained the nomination rights for the rental stock. The Trust worked closely with Nottingham City Council as part of the joint allocations panel, assessing each application for the rental homes on a range of lettings criteria from individual finance, age, care requirements and current housing provision. ExtraCare Charitable Trust held regular meetings with social services, agreeing care levels and appropriate funding models. The PCT was involved from the outset as a scheme partner and contributes to the costs of those residents with high nursing care needs. The substantial communal facilities were funded in part through a £3m fundraising campaign. The scheme benefited from historically low development interest rates.

The opportunity to apply to live in the village is open to the over 60s (55s in special circumstances) living in the City of Nottingham, or to those who can demonstrate a local connection. Residents come from a broad range of socio-economic backgrounds made possible by the flexibility of tenure; those moving in have come in part from both the private and local authority rental market, the rest being part-purchasers and owner occupiers who wish to purchase outright.

ExtraCare Charitable Trust's marketing strategy was formulated by feedback derived from a series of consultation days held to promote the concept of a village, garner support for the planning application and generate a database of prospective clients. Invitations to attend 'friends' meetings' were then sent to all those on the database. Friends' meetings generally start 12 months in advance of opening with the objective of maintaining interest in the development, giving prospective residents a 'taster' of the activities and lifestyle they can expect and ultimately forming the framework for the community prior to occupation.



Focus on: **Increasing demand for re-sale properties**

Housing 21, a national specialist older people's housing provider, opened Waltham House in Wirksworth in 2008. Located in the heart of a market town, it comprises 39 one- and two-bedroom apartments with a mix of tenures. The 17 one-bed and 22 two-bed apartments form part of an original grade II listed building which was carefully restored to provide five of the apartments, with the remainder being developed in a new building to the rear, formed around a central courtyard.

It was built following a partnership between Housing 21, Derbyshire County Council, Derbyshire Dales District Council and the Wirksworth Care Centre Project. Derbyshire County Council provided discounted land for the development, and Housing 21 also purchased land from Derbyshire NHS. The association received funding from the Department of Health of £2.22m and the Wirksworth Care Centre Project, who successfully lobbied for the development of retirement housing on the site, helped to generate some funding through local fundraising. Housing 21's business model for the development was reliant on income from the sale of properties at Waltham House.

On-site facilities include a restaurant and communal lounge, conservatory, health care suite, library and visiting hairdresser. A day centre is also available at Waltham House and a community care service operates from the court.

The court has an active, community atmosphere where residents enjoy regular activities, including games, film afternoons, music, reading and listening groups, talks and coffee mornings. Wirksworth in Bloom, Community Fayre and Carers' Support Group are among the facilities open to the wider community too.

Of the 39 units, 15 were intended for shared ownership and 10 for outright sale. Demand for all apartments was good and just one of the apartments intended for outright sale was later converted to rental. Today there is a waiting list for re-sale properties. Waltham House's town centre location has made it a popular choice, both for renting and for ownership. Being located just 20 yards from a bus stop and 100 yards from the local shop have undoubtedly helped in its popularity. The post office and local GP are also nearby.

Equity release

'I haven't got a pension, I didn't think I'd need one and in reality it's not worth doing that now, I've got other assets.'

Participant in London focus group

There are a great many different models of equity release available to older people, but many are inflexible and do not entirely meet people's needs. Equity release would be particularly useful for those older people who are not eligible for state financial support, therefore widening the potential customer base for housing associations.⁵⁰

Research by One Housing Group has shown that equity release is currently used to fund care and support for older people in only 1% of cases, compared to 70% of cases where it is used for home improvements or adaptations.⁵¹ Surveys and focus groups with older people have revealed that there is interest in using equity to fund care and support in old age, but that products need to be simple to understand, cheap to administer, flexible to adapt as care and support services develop, and meet a range of different personal circumstances.⁵²

Modelling by One Housing has shown that if someone owns their house outright, in the majority of cases equity release would provide more than enough money to cover the costs of extra care.⁵³ There is therefore a major incentive for associations to work in partnership to encourage the development of better equity release products.

Models of equity release for older people include the following:

- A popular model involves borrowing money against the security of the property. No interest is due until the owner dies or sells the property. However, the monthly income received from the cash sum will reduce the amount of benefits received. Furthermore, conditions attached to lifetime mortgages often mean that retirement schemes, shared ownership and schemes with significant service charges are excluded from the product.⁵⁴ Models need to be developed that

are inexpensive to set up, release small amounts of capital at a time, address concerns about compound interest and potential negative equity, and do not adversely affect benefit eligibility.⁵⁵

- Some banks and building societies offer reverse mortgages, in which they pay money to the home owner monthly until the ownership is fully transferred to the organisation.
- Housing associations can defer care and repair charges for leaseholders until the point of sale, at which stage the association can recoup the costs, with compound interest, from the proceeds of the sale. While this is a particularly attractive option for older people on limited incomes as they will not have to pay for care out of their limited income, it may be unappealing for associations who would have to fund care and repairs out of their general cash flow until the money is recouped.⁵⁶

New business opportunities for associations to develop products in relation to privately owned accommodation include arrangements where associations provide repairs and adaptations in exchange for acquiring equity stakes. Associations could acquire a share of property from older owners, repair them and operate like a shared ownership scheme. Eligibility for housing benefit may still apply for the owner even after releasing part of the equity as capital, if it can be proved that they would have been unable to stay in the property otherwise.⁵⁷ Housing associations may wish to allow shared ownership residents to staircase down their owned share in order to release equity in tranches to fund care and support needs.⁵⁸

Focus on: **Creative asset management**

Hanover Housing, a national specialist older people's housing provider, has designed 'tenure neutral' to improve the choices that older people can make in their retirement. The initiative acknowledges the benefits of mixed-tenure communities as well as the advantages that can be achieved by enabling older people to invest their housing wealth to release the potential for further investment in new retirement housing. Hanover is therefore actively seeking to increase the proportion of home ownership and individual choice on its estates.

Sales income surplus will be solely invested in new retirement properties for older people and Hanover has set an initial target to build at least 1,000 new retirement housing properties.

Importantly, prospective residents can now choose a Hanover property and then 'self-select' the type of tenure. Buying a home on estates that were previously only rented may provide an affordable option for older people with modest housing wealth.

The tenure neutral offer

The new offer comprises two parts: 'opportunity to buy' (existing tenants) and 'direct sales' (future applicants). Hanover has exempted some estates, including extra care, from phase 1 of the programme.

Opportunity to buy

- Hanover residents can purchase their home subject to an independent valuation
- The valuation fee is refunded to residents if they proceed with the purchase.

Direct sales

- Every fourth vacancy that arises on Hanover estates will be offered for sale. This allows Hanover to honour its nomination agreements with local authorities and to continue to welcome older people who wish to rent
- £15,000 from the first direct sales 'sale' will be given to the estate to spend in consultation with residents
- The properties will be sold via local estate agents
- Hanover will offer a £1,000 cash-back incentive to buyers who can complete within eight weeks of offer acceptance to minimise the void loss to the association.

Preparation for tenure neutral

This is a significant development that will revolutionise the Hanover offer. The direct sales initiative builds on a 2008 pilot by Hanover that indicated demand for affordable home ownership.

Significant work has gone into reviewing operational management and into aligning the tenancy agreement and lease terms to ensure that the services provided are truly tenure neutral.

Staff have been extensively briefed and equipped to manage the change of approach and provide support equally to tenants and home owners. Success will ultimately depend on staff understanding and support to appeal to existing and potential tenants and leaseholders.

Next steps

Tenure neutral was initially launched in phases at the end of 2010 and now applies across Hanover to all eligible estates.

Future innovations that Hanover intends to consider may include a flexible shared ownership option that allows people purchasing properties to release equity by staircasing down their investment and renting the proportion of the property that they haven't got in ownership.

Extending home ownership

Housing providers may also wish to consider offering older people the opportunity to buy or part-buy their homes. This increases the association's development potential, and allows a broader portfolio approach to new development.

Not all retirement housing is of a sufficient quality to be offered for sale. Some units are small, the resident profile is increasingly frail, there is often a lack of dementia care, communal areas are sometimes under-used, and a poor location can make access to community facilities difficult. If the retirement housing of the future is to be attractive to owner occupiers, it will need to meet their demands for space (at least two bedrooms in most cases), services, and location.

Given that needs and expectations are constantly changing, as noted throughout this report, there will always be a risk of new designs becoming obsolete. This risk is greatly reduced if new retirement housing has one or more of the following features:

- developments designed as 'care ready' so that even if there is no immediate need, care services can be 'plugged in' as and when needed;
- developments which have some facility for residential or nursing care either on the same site or close by, so that for those who do have to move on to a care or nursing setting the move is not so traumatic;
- developments designed to such a standard and in such a way that they would be attractive to people of all ages, so that they can be used as general needs housing should demand for specialist retirement housing diminish;
- developments designed specifically to meet the current and future needs of the local market, and built in the right location;
- developments with communal facilities of interest to older people, but also well linked to local services.

Providing community facilities

The government's 'localism' agenda offers some significant opportunities, but it also poses real challenges in the provision and management of housing and related services. The recent spending review announced the possibility for communities to be given new rights to run services and own assets, especially where they might close or be cut back. Communities, citizens and volunteers are being urged to play a bigger role in shaping and providing services. There will not be a 'one size fits all' approach to localism, and local authorities, housing organisations and the house-building industry will need to maintain strong relationships with local communities and local people.

It is vital that older people are included in this agenda, and some specialist housing developments provide an ideal location for putting the Big Society into action, with older people setting the pace and direction of progress. There are opportunities to assist the capacity-building of local communities and groups and providing services to the local community. Housing providers may also want to consider changing their organisational structure to increase community or staff power in local decision-making.

The following case study describes a mixed-use scheme designed to be a vibrant and welcoming community with high quality housing and communal facilities designed to ensure the scheme is an integral part of the local community. The case study also highlights the challenges in making such a development break even, and provides food for thought about what would need to be done differently if this were to be replicated more widely.

Hanover has set an initial target to build at least 1,000 new retirement properties



**BREAKING
THE
MOULD**

Focus on:

Providing popular community amenities

Darwin Court, a development by Peabody Housing Trust, is an exciting and innovative social housing scheme for people over 50, although younger family members are welcome. It has 76 units: 40 supported flats and 36 general needs flats, with 39 two-bed flats and 37 one-bed flats, which allows a flexible response to tenants' changing needs. All properties are built to Lifetime Homes standards and are wheelchair accessible. Communal balconies (as well as individual ones) on each floor are a nice design feature.

The development was on a site already owned by Peabody, so although there were demolition costs, the site did not have to be purchased. Peabody was creative in securing a diverse array of capital grant funding – from the (now disbanded) Single Regeneration Budget, social housing grant, charitable trusts and foundations, banks (capital grants, not loans) commuted s106 sums from Southwark Council and by selling nomination rights to various boroughs. Planning permission was granted in 1998 and the scheme opened in 2003.

There is a resource centre on the ground floor which includes consultation rooms, an IT suite, a restaurant and a swimming pool. Several of the rooms are leased to third party service providers, including a hairdresser and a reflexologist who pay heavily discounted rents in return for providing reduced rate services to residents. Originally it was hoped that a local GP surgery might base itself within the scheme and although this did not happen, Peabody continues to look for opportunities to bring community health services within the building. Peabody has also forged good links with local education providers and the IT suite has been used by Southwark College.

Including a swimming pool in the development was the most ambitious and unusual feature. Since Peabody had no previous experience of a swimming pool in an older people's housing development, it employed a specialist company – Fusion – to provide lifeguards and run swimming lessons for local primary schools. In the early days, Fusion received the income from school swims (which has proved to be the most lucrative), while Peabody received the minimal income from public swims. Now that experience has been gained, Peabody is looking at how it might employ the lifeguards directly. This will add liability, but Peabody is already responsible for all pool and plant maintenance. The additional risk of pool management is thought reasonable considering the income it could generate.

The restaurant is run by Peabody and is very well used by residents and people from the local community. The restaurant runs as a separate business model with its own budget, with the aim to cover running costs while providing low-cost healthy meals from fresh ingredients.

The resource centre is a significant community amenity. It has taken time to build links with local agencies, and to discover what types of services local residents are interested in. It continues to be a work in progress to ensure all aspects of the resource centre are bringing in sufficient income, but Peabody and the residents are convinced that this is progress which is well worth pursuing.

As well as drawing in the local community, the scheme offers outreach services to people living in their own homes. A handyperson scheme was initially offered to people living in and near to the scheme. It has been so successful that it, along with a decorating service, is being rolled out across all tenures in Southwark. The handyperson service is £15 per hour for those on benefits and £30 per hour for others. The decorating service is £100 per room for those on benefits and £200 for others.

Providing services to self-funders

Research by the National Housing Federation⁵⁹ shows that proposed cuts of 12% to the CLG-funded Supporting People programme would lead to the loss of home-based support for 122,500 people. Since local government revenue grants are set to decrease by 28%, it is likely the impact will be even greater. In such financially challenging times, it is important to look in all possible directions for new income streams which could be reinvested in supporting vulnerable customers.

85% of older people do not use local authority care services.⁶⁰ It is much harder to analyse how many of these 85% are funding their own care services, how many are receiving unpaid care from family or neighbours, how many are going without the care they need, and how many have no care needs. Many of those who choose to fund their own care have never been assessed by statutory services and therefore their needs are not recorded on any systems. PSSRU⁶¹ estimated that 2m older people currently need care services, and that this number can be broken down as follows:

Year	Number whose care is funded or part-funded by statutory services (millions)	Number who privately fund their own care (millions)	Number who have some care needs but do not receive any services (millions)	Number of people with some need (millions)
2010	0.88	0.29	0.82	1.99
2026	1.17	0.43	1.28	2.88

This estimate puts the number currently self-funding their own care at 290,000, rising to 430,000 by 2026. On top of this is an additional 820,000 (rising to 1.28m) people who need a service but do not receive one, either because they are unwilling to become involved in statutory assessments or because they are unwilling to fund their own care, or because they are not aware of any services which would suit them.

People's personal finances represent a significant contribution to expenditure on care and support amongst the older client-group, and the Audit Commission estimates that, if current trends in self-funding and means-testing continue, private spending on care will more than double between 2010 and 2026.⁶²

There is therefore a significant market for individually purchased care services. Many people who are not eligible for, or do not wish to receive, statutorily-funded care services might well want a wider range of opportunities and services from health to leisure and recreation, in order to maintain independent and active lifestyles. If providers are able to provide attractive offers to meet the needs and aspirations of older people this opens opportunities for generating income to be re-invested.

Housing associations are well placed to offer a range of services to self-funders in that they are trusted providers, committed to the community in the long-run, well connected to local services and able to direct people towards the assistance they need. Many providers will need to consider how to increase the awareness of their organisation with owner occupiers, who generally have little knowledge of the wide range of activities in which associations are involved or services they can offer. In many areas, there is a gap in the services available, as evidenced by our focus group participants with low-level support needs, who wanted just that little bit of extra help to enable them to continue to live independently for longer.

Recently there has also been an increasing recognition of the assets offered by older people to society, in terms of economic and social capital. People over 50 are an important social resource of volunteering, caring and civic participation, saving the Government thousands of pounds in care costs, particularly in looking after grandchildren and their own elderly parents or partners. Approximately 5m people over 50 take part in unpaid voluntary work, and this age group is the source of over half of all unpaid care in the UK. Recent policy and best practice literature, particularly from CLG, has emphasised the need to harness this 'age dividend' for the good of the wider social economy.⁶³ It may be that some older people might be interested in volunteering their time to supplement paid-for support services, or offer befriending services to others who live locally.

Focus on: **Charging for low-level support**

Caldmore Housing in Walsall (part of the Accord Group) and Age UK Walsall have created a partnership to provide a cross-tenure support service to older people who need some help around the home. Walsall Help at Home Service offers flexible help with regular jobs such as gardening or one-off tasks including DIY, accompanying people to medical appointments and trips to the shops. The service acts as a one-stop shop for older people. It does not provide care, but assists people to contact the local authority or other care services as appropriate.

Caldmore Housing funded the start-up cost of a co-ordinator for the service for 12 months, as well as the costs of back office functions and a telephone line. Age UK Walsall provided the funding for an extensive and very successful marketing campaign promoting the service. Age UK Walsall also brought two landscape gardening staff from a previous contract to contribute to the project.

Prior to the development of the service, Caldmore Housing carried out an analysis of the local competition. The local authority had tried to develop a similar service through Supporting People which had been unsuccessful, and there was a private sector competitor in one area. From this, Caldmore was able to identify the best pricing strategy and strengthen its role as a local, trusted provider in the advertising campaign. The service has now been running for four months and plans to break even after a period of 12-18 months. It already has around 50 customers.

The service is based on a simple pricing structure, and all the services are chargeable directly to the user (or their representative, such as a family member). There is an annual membership fee of £104 which can be paid yearly or monthly. A £10 discount is offered to those who pay yearly in advance. Services are then charged at £12 per hour, with charges being calculated in 15 minute increments after the first hour. Non-members may also purchase services for £18 per hour. The service runs a free taster session for those wishing to find out more about what the service offers. It also offers a daily 'safe and well' call.

Both Age UK Walsall and Caldmore Housing have an in-house volunteer programme, which provides them with the infrastructure to engage volunteers in the delivery of the service. Many of the volunteers are unemployed and the service boosts their self-esteem and helps them get back into work. Some of the volunteers are older themselves, which increases the service's 'trusted provider' status with potential customers.

The Help at Home service has been a catalyst for other changes within Caldmore Housing. The concept of charging for services is new to the organisation, and considerable internal work has been needed to ensure staff understand the rationale for the service. Caldmore used a separate regeneration agency (Walsall Housing Regeneration Agency) chaired by the Accord Group chief executive to oversee the project.

There are also opportunities with self-funders who could purchase care services. As quoted above, private spending on care will more than double between 2010 and 2026.⁶⁴ People are looking for a product which offers them the quality of care they require and the flexibility they need to continue to live independently. Personalisation could also bring extensive opportunities in this area, with the opportunity to become a preferred provider in the community. Any provider looking to develop a care offer will have to register as a domiciliary care provider, as well as a residential care provider if it wants to provide services to people in their own homes.

With the number of people with dementia likely to increase from 700,000 to 1.4m in the next 30 years,⁶⁵ the need for specialised dementia care is growing all the time. The increase in older people with dementia will have a clear impact on our current housing and support models, as more intensive support is required and eventually specialist care. The Government's national dementia strategy Living well with dementia (2009) does focus on the importance of enabling people with dementia to continue living in their own home where this is a desired and suitable outcome, and it also focuses on early intervention and early provision of support at home, which can decrease institutionalisation by 22%.

Focus on: **Providing affordable home care to the wider community**

Orbit Housing Group recognised a need for home care and support in the local community as the local authority was reducing the scope of domiciliary services available. As more people were staying longer at home and had access to a personalised budget, there was not only an identified need, but also a clear market for these types of services.

In developing the service, Orbit formed a working party, including a range of team members at all levels, to research, plan and scope the project. Existing partners and regulators were consulted to advise on the project and help to promote the new service to older people in the community.

Orbit consulted with customers and the carers of people using the Brandon Day Centre, as well as other local organisations and groups. This enabled it to assess the need, range of services that people would be interested in purchasing, and the likely demand and take up of services, as well as giving a steer on an affordable price for the service.

Orbit also made links, through a social enterprise forum, with a Business Link adviser who offered to review its business plan free of charge, offered some helpful suggestions and signposted to other potential partners and links.

The service is delivered through an established retirement scheme that Orbit has been running for over 10 years. This gave the new service credibility. A lot of local advertising was carried out, including free local papers, flyers in local GP services, posters in local shops, and Orbit even asked local shops to deliver flyers with their local deliveries.

The service went live as a pilot in December 2010 and already has 33 customers. Services offered range from personal care (such as bathing, dressing or specialised dementia care) to low level support (such as shopping, preparing meals and accompanying on visits to GPs). The service is priced at £13 per hour for the care service and £9.50 per hour for the support service. The service also offers daycare packages, which include transport, lunch, and a variety of activities. The cost of these services ranges from £5.50 to £27. Orbit is reviewing the service at three-monthly intervals. If the pilot is a success, Orbit will expand the service to other parts of Suffolk. After some initial start-up costs for marketing and training of new staff, Orbit is hoping the service will break even by early 2012. Any profit made will be put towards the running costs of the day centre.

Focus on: **Extending sheltered housing services to the wider community**

Methodist Homes (MHA) is a specialist provider of housing care and support for older people. It has around 50 retirement housing and extra care schemes across the UK, as well as over 70 care homes and 50 community services. Over the last year, it has been offering an enhanced service in all its housing schemes. Each scheme manager offers a menu of services to residents, which can include cleaning services, laundry and shopping. They can also plan to offer personal care provided through MHA's domiciliary care service. For each scheme, the price and range of services is based on what is available in the local area. Prices range from £10-£15 per hour. The income from these additional services is used to fund the extra staffing requirement and other additional costs associated with the services.

In all cases, MHA is expanding services out of its building-based provision to the wider community and it has converted nine sheltered housing schemes to extra care. This offers residents a well-being service package, which provides 24-hour staffing in the scheme, help in emergencies and a daily drop in or call, as required. There is a weekly charge for the well-being service and personal care is then purchased on top. The charge for personal care varies and some care services are sold in packages, rather than by the hour, to focus on the needs of the user. This approach has helped MHA to move away from reliance on the commissioned block-contracted model of care and support. Although these schemes have required MHA subsidy in the early stages, they are all on target to be financially viable within three years of set up. The MHA subsidy includes a one-year discounted rate for existing housing residents for the 24-hour support service, so that residents pay only 25% of the charge.

There are two specialist dementia care services for people living in the wider community. Both are based in extra care facilities; one is a block-contracted service, but the other, in Leeds, is a pilot offering services for purchase by individuals in the community. MHA specialises in dementia care, with its first facility having opened in 1989 and the subsequent development of around 45 additional residential services. The association has found through the pilot that standard domiciliary care services are often not equipped to work with people with advanced dementia, signifying both a gap in the market and an acute need in the community for these services, which it is addressing through this scheme. The pilot service is only offered to people within a mile of the extra care scheme, which helps to keep the costs low by minimising travel time.

MHA uses some of the surpluses it generates in combination with contributions from its charitable income to fund a national network of 50 'Live at Home' services, which bring together local people to provide services and activities for older people in the community. These are membership organisations which offer opportunities for enhancing the lives of older people and of the volunteers who get involved. MHA funds managers for these groups, but each Live at Home has a local committee which supports the work of the group. Services are provided by volunteers, who are often themselves older people; the most common age group of those volunteering is 60-70 year-olds. The services include luncheon clubs, transport to appointments, outings, befriending and lifelong learning. The voluntary committee attracts other funding, such as voluntary sector or charitable grants, as well as the money it raises from the small charges it makes for some of the services.

**85% of older people do not use local
authority care services**




**BREAKING
THE
MOULD**

Providing commissioned services to the wider community

The new Government aims to increase the pace of change to create a diverse market with public services such as adult social care and community health being delivered by non-state providers. At the same time, local budgets are being drastically cut, and local statutory agencies are looking for increased value for money. A move from a scheme-based warden to a flexible cross-tenure floating support service supporting larger numbers of people sits firmly within this value for money agenda. Housing providers are in a position to deliver these services, sometimes using a sheltered housing scheme as a support hub for the local area.

The development of community-based, cross-tenure support services also provides a basis for extending the service to self-funders and those with individual budgets, thereby opening opportunities for expanded income streams.

Many housing providers are funded to provide floating support to older people in the community. One Housing Group's service, described overleaf, is notable for its scale and use of a sophisticated IT system.



The number of people with dementia is likely to increase from 700,000 to 1.4m in the next 30 years

Focus on: Successful cross-tenure floating support

In 2009, One Housing Group was awarded a five-year Supporting People block gross contract to provide floating support to 400 older people in Hackney. It grew from a service to replace on-site warden support in five sheltered schemes, and then moved into the wider community.

A staff team of 20 provides a service seven days a week. The service is two-tiered, depending on the customers' needs allowing resources to be more effectively targeted.

One Housing Group has established an office which functions as a 'support beehive' for staff from this and other services. Set-up costs were between £40,000 and 50,000 including IT and office set-up. Around £15,000 of the total was spent on directly employed project managers to oversee the project launch. These staff were employed before the service began, as it was recognised that support workers would not have the skill-set required to launch the project successfully. These elements were costed within the contract price.

Former warden staff were incorporated into the project through Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). As is often the case, TUPE required time and negotiation, but was successfully completed and performance levels of these staff have been above target. Again, these costs were met by the SP contract.

The scheme uses a bespoke IT system: MyPersonal Support. This has been developed at the cost of more than £300k, but the cost has been shared between a number of support projects using the software. It is a web-based and paperless system that will shortly be opened to consumers, enabling them to monitor their own support plans.

One Housing Group provides the service on a business basis, without any cross-subsidy from other parts of the Group. It generates a sustainable surplus of 2-5% of contract value. In view of the increasing pressure on budgets, One Housing Group is considering ways of drawing in other finance. It is profiling its current customer base and the wider community to estimate the demand for a self-funded service for those who are able to pay for it either from their own funds or from their individual budget. This expansion of the service might include marketing a menu of options for clients who can use their individual budgets to purchase this, as well as topping up with their own income if there are desirable options they would like to have.



The service offers particular help to older people to manage their own health care questions and needs

The health service is going through unprecedented change, with the proposed abolition of PCTs and the advent of GP-consortia commissioning. Local authorities are set to take on the public health role and establish statutory health and well-being boards, pulling together local partners to achieve health outcomes, bringing new ways to influence the public health agenda locally. These changes mean that relationships formed with key players must be based on an understanding of how the landscape is changing, and where the various responsibilities will lie in the future. Many agencies are in a state of flux, but there are opportunities to provide services on their behalf, either through joint funding with social care, or direct funding from health.

In order to demonstrate more explicitly how they can contribute to health objectives, housing associations may need to consider how to describe services in language more recognised within health circles. For example, how can their services become a formalised part of the care pathway? Care pathways are used widely in many areas of health care and aim to improve the continuity and co-ordination of care across different sectors. Commissioners want to invest in initiatives proven to prevent the need for care, and to transfer care from the acute sector to the community setting.

Focus on: **Working with the NHS to provide support**

Brighter Futures, a housing provider in the West Midlands, runs a floating support scheme called 'Safe and Sound' in Stoke-on-Trent, which is jointly funded by Supporting People and NHS Stoke. It began in 2009 with the capacity to support up to 102 people aged 55+ and living in any tenure, and employs six full-time support staff.

The service receives referrals from hospital discharge teams and community rehabilitation staff. Support staff work with the tenant to generally improve their health and well-being, help them with finances, and signpost on to other health and care services. They provide practical support and help to arrange access to aids and adaptations and grants for home improvements. The team works holistically by reconnecting people with family, friends and community, offering choices in activities that help people to be less socially isolated.

The service offers particular help to older people to manage their own health care questions and needs. When requested staff accompany customers to hospital for the first stages of consultation and treatment. With the reassurance of support, customers feel more confident in asking questions and checking their own understanding of their diagnosis and the plans for their treatment and care which they can otherwise find complex and confusing.

Focus on:

Saving NHS funding through transitional housing

Havebury Housing Association, working in partnership with the NHS, has transformed an unused scheme manager's flat in Bury St Edmunds into an additional sheltered housing unit and a transitional flat for people to use when they come out of hospital and are waiting for alternative accommodation or for adaptations to be carried out to their home.

The flat has an adapted bathroom and kitchen, widened doors and an access ramp for wheelchair users. Each new resident has been able to select a bed that is appropriate for their needs and have it installed for them in the flat. The remodelling was part-funded by the local authority adult social care division.

Havebury charges £155 a week to stay in the flat, which includes a service charge. The total charge is eligible for housing benefit. This is a considerable saving on the local costs of a hospital bed at around £400 a day, which presents a saving to the NHS of £2,800 a week.

The anticipated length of stay was between 1-12 weeks, but in practice only two people lived there in the first nine months of the service, since it took much longer than expected to arrange move-on.

This initiative helps Havebury Housing Association, the NHS and social services all to achieve their goals:

- it gives Havebury income on a flat which would otherwise have been void, and provides a much needed service to Havebury tenants as well as older people living in their own homes;
- it saves the NHS money because people can be discharged from hospital earlier than would otherwise have been the case;
- it saves social services money because it reduces the likelihood that an older person may have to be placed in registered care because they are not well enough to return home.

The project has also helped to forge greater understanding between the health service and Havebury Housing Association, and now that each has recognised how the other can help contribute to the meeting of jointly-held priorities, this has increased the likelihood of further co-operation in the future.

Only 10% of local authorities have made any estimate of the financial impact of provision for increasing numbers of older people

Focus on:

Responding to growing dementia needs

In 2008 Housing 21 Dementia Voice was awarded funding from the King's Fund for a two-year pilot project to employ a community-based End of Life Care Nurse to work within its dementia services team in London.

The need for a dementia specialist end of life care service had been identified by Housing 21 staff providing services for people with dementia from Tresham Resource Centre in Westminster. The team was regularly working with people with dementia and their families in their homes at the very end of their illness and, more often than not, was providing the only palliative care service available to them in the community.

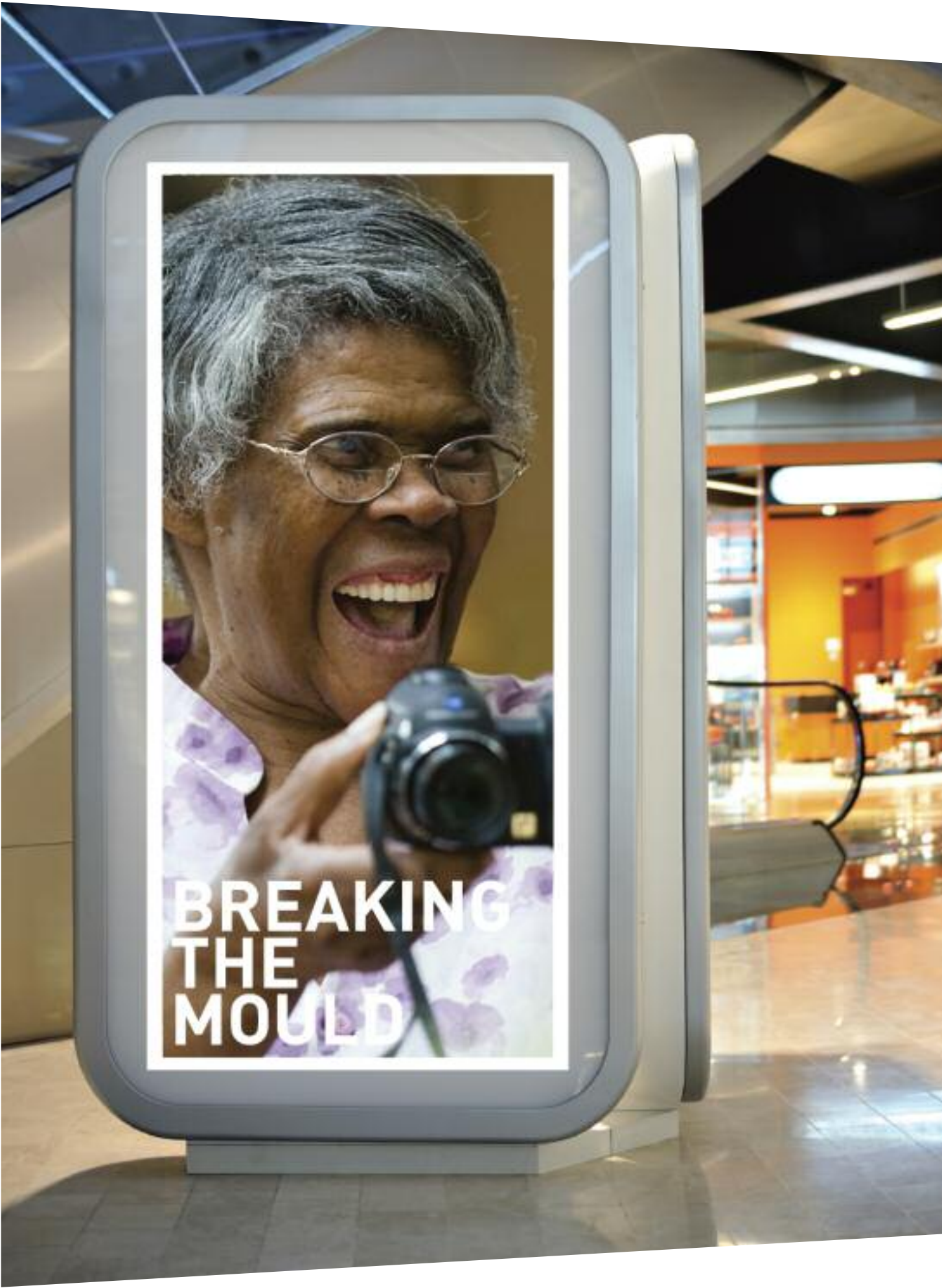
The dementia care nurse, Morejoy Saineti, has wide and specialist knowledge and skills, including psychiatric and general nursing qualifications, plus additional knowledge and experience of social services, care providers and housing. She has worked as an adult and mental health nurse for 25 years and has a master's degree in health research and a counselling certificate. Her role is to be an effective communicator who acts as an expert practitioner, advocate and facilitator; co-ordinating services and providing a link with GPs and other community health care practitioners. Morejoy Saineti was awarded runner up in the Guardian Public Service Awards 2010 and also Nurse of the Year in the International Dementia Excellence Awards 2010.

An evaluation of the first 12 months of the service elicited very positive results and feedback. It can be seen that the service has led to the avoidance of hospital, nursing and care home admissions and enabled earlier hospital discharges. It is estimated that the Dementia Voice Nurse

service wholly or partly contributed to total cost savings in the region of £239,072 over a 19-month period. This is based upon avoided hospital, residential and nursing home admissions, early hospital discharges and savings on ambulance services. Service users have been able to remain in their homes for longer than they otherwise would have done, some through to the end of their lives. Admissions to hospital or nursing homes have been avoided.

Improvements in communications and better co-ordination of services have been noted. The Dementia Voice Nurse has led to some services changing practices in the care of people with dementia, including those on hospital wards – such as refraining from unnecessary feeding and suctioning during the last hours and encouraging a more appropriate palliative rather than curative care approach. Concerns by care workers about changes in health or well-being of a service user are taken seriously by GPs and care managers as they are channelled, investigated and verified through the Dementia Voice Nurse. Diagnosis, care, medication, care and support have improved or increased, including significantly better identification and management of pain. Families have been able to recognise their relatives are nearing the end of their lives and been given advice and information on planning and decision-making for the future.

The service is currently funded by Westminster PCT until April 2011. Housing 21 is awaiting the results of a review of Westminster's palliative care plans for future funding for the post.



**BREAKING
THE
MOULD**

Overcoming the barriers

This publication suggests a number of ways in which housing associations could radically alter the scope and type of housing and service they offer to older people. The following section outlines some of the barriers to such developments and discusses ways to overcome these.

External barriers

Lack of comprehensive information on future needs

Despite the wealth of projections about the expanding care and support needs of the ageing population, the implications of demographic trends are not always acknowledged by councils, local planners and policy makers. The Audit Commission's review of a sample of 112 local authorities' medium-term financial plans showed that only 10% made any estimate of the financial impact of provision for increasing numbers of older people.⁶⁶ Those that did tended to focus on traditional older people's services such as concessionary bus travel and social care needs. It seems that longer-term issues such as housing and leisure, community safety and assistive technology, were widely ignored by local government.

Researchers have highlighted the need for better profiling of the local population in terms of health, age, levels of financial resources and support networks, in order to plan effectively for long-term housing and care needs.⁶⁷ Policy makers need more robust evidence on which to base future strategy and developments. Two-tier authorities face particular challenges in ensuring that their housing and support strategies mesh together to address older people's needs.

There is need for an agreed methodology for assessing future housing and support needs. Such a methodology would be complex to develop, but would reap rewards within planning at local authority and neighbourhood levels by giving clear information on needs, and helping society avoid costly mistakes of developments which do not meet needs.

In October 2010 the Federation surveyed 345 English local councils on older people's housing strategies. These were a mixture of borough, district and county councils. One hundred and fifty-three councils responded to the survey. The results showed that:

- 45% of local authorities responding had developed a housing strategy for older people;
- 23% were in the process of developing one;
- 32% had neither a strategy nor plans to develop one.

In those areas where there is a strategy, often it is not comprehensive. For example, many strategies do not consider the provision of support, the need for handyperson services or a reform of the adaptations system. Some are very focused on the provision of extra care, neglecting the need to remodel a range of sheltered housing, while others do not consider the future housing needs of older people in private housing.

Housing providers must ensure they have a strong voice in the development of local older people's strategies. They already hold a great deal of information and knowledge on the needs of the older population, and should have a store of proposals on a range of options for buildings and services which will meet future needs. They can also demonstrate demand for and value of services such as handypersons by piloting such services and taking the results to statutory agencies, inviting them to fund the roll-out of the service to the wider community. They can also facilitate service user involvement and empowerment in strategy and service development. Housing providers must position themselves as key community providers for older people, and improve the awareness of their brand amongst health and local authority members and officers.

Pressures on land supply and planning difficulties

The case studies in this report highlight the importance of free or discounted land in developing older people's housing, as the build costs of high quality older people's housing are increased by specialist features and greater space standards. Local authorities and other public agencies should be urged to consider a free transfer of surplus land to older people's housing developers. This is a difficult case to make in times of financial austerity, when local authorities rightly need to maximise their income. However, by persuading them to consider the long-term benefits, as well as saving in other health-related budgets, the case is strengthened. This can only be achieved by greater co-ordination and co-operation between local authority planners, valuers and housing departments, and a robust evidence base on the part of the housing association.

Older people's housing needs to be built on high quality, accessible land in suitable areas, where there is a demonstrated need, and not in isolated, low-value sites. Housing associations know from experience that the location of housing becomes ever more important as people's mobility decreases. High-specification housing on a poor site is of little interest to older people who want to be able to take a bus or walk to local facilities. Sought-after sites could be allocated or zoned for older people's housing in local and even neighbourhood plans. Consideration should be given to what proportion of this older people's housing that local assessment of need demonstrates should be affordable. This is particularly relevant to smaller sites where affordable thresholds may not apply.

Where there is a demonstrated need for specific types of specialist and supported housing, local authorities should be encouraged to use s106 agreements to deliver older people's housing as well as general needs affordable housing. Some of the case studies demonstrate the value of harnessing s106 agreements.

National consistency regarding Planning Use Classes for older people's housing would significantly improve developer understanding and lender appetite. Developing a flexible Planning Use Class would also enable older people's housing to be more easily converted, responding to changing local or neighbourhood need and aiding viability if certain funding mechanisms were withdrawn.

Shortage of revenue funding and difficulty of measuring success

Until 2003, housing association services to older residents were largely provided through a warden system funded by housing benefit. Supporting People changed that, transferring part of the warden funding to a locally-held grant. This brought opportunities as well as threats, with some associations being awarded increased funding to extend their services to older people in the wider community. A more common experience has been to see budgets tightened or even removed.

The next stage in the evolution of funding is the payment by results framework that will see block contracts change to a system of payment by results through tariff payments. Contracts will require providers to take on more risk during the development phase of the service, or they will offer a low basic payment with a bonus system once outcomes have been delivered. Social impact bonds are being piloted as a model for funding services, in which investors earn a return when the outcomes of the service have been delivered.

It is not yet clear what outcome targets will be used to measure success. For older people's services, where the client is receiving a low-level preventative service, it can be difficult to set targets which demonstrate maintaining someone's independence rather than producing a specific change.

Providers will have to think laterally about how to measure and demonstrate success not only for customers, but for partner agencies. For example, if their service delays older people's admission into care services then the value for money is easy to demonstrate to the social care commissioners. Other outcomes, such as better planned hospital discharge, provide savings to the total public purse, but the particular savings are to a health budget. A small investment in handyperson services to keep older people's homes secure, watertight and draught-free can save significant sums across a range of services, including reduced need for GP services and reduced levels of burglaries. These savings are more difficult to capture, but efforts should be made, and good practice shared in methodologies to record the value of such services.

63% of people aged 65-75 were concerned they would not have enough money to fund their retirement

Internal barriers

Whilst the external barriers described above are significant, they are surmountable; but there remains a debate to be had within housing associations as to why developing in this direction is a good option. Some of the internal barriers are discussed below.

Desire to stay focused on core housing mission

Many housing associations would not see it as an obvious part of their core mission to expand into mixed-tenure developments for older people, or to provide services for older people in the community. They may feel that the wealthier older generation is well catered for by private developers and private care providers. In increasingly difficult times, it would seem to be a diversion to target people with lower needs than current social housing tenants. As shown in this report, older people do have a particular set of needs, whether or not they are wealthy in terms of assets and/or income. Many tens of thousands of older people need assistance to help them live as independently as they can for as long as they want to. Housing associations are perfectly placed to help them do so.

Housing associations are proud to be in business for neighbourhoods, and older people are a significant part of every neighbourhood. If they can stay put, the neighbourhood retains a richness and diversity. As also described elsewhere in this report, older citizens provide far more of their share of voluntary work and caring responsibilities. They are a valuable asset in sustaining society, and a relatively small investment may be all it takes to sustain their position.

Risk aversion

The reduction in Supporting People income has led some housing associations to conclude that any future involvement in support and care is too risky to justify. Margins are extremely tight, and the investment of time needed to win contracts can be too much for associations to cope with.

The future would certainly look bleak if Supporting People was the only funding source from which models of care and support might be funded. This report sets out ways in which associations could choose to respond to the great levels of unmet need within the older population at large, including self-funders. The margins may remain small, but the potential volume is very large.

Housing associations are skilled in finding out what their own tenants want. If their own older tenants would value an extended range of services, including handyperson, gardening or decorating, then economies of scale could easily be realised by offering this service to all older people living locally.

Development departments may look askance at proposals to build larger, Lifetime Homes standard accommodation for older people. It is harder to produce a viable project if space standards are larger than usual; for rented housing, donated or recycled land is likely to continue to be needed in many instances. There are, as described in this report, opportunities for building mixed-tenure schemes where income from owner occupiers and shared owners can help to finance the social rented units. There are a great many older owner occupiers with considerable assets who would move if there was an attractive, accessible development which was large enough for them to bring their furniture, still have a guest bedroom, be able to park their car, and continue to live an active life.

Competitive edge

Current models of housing and services are not sufficient to meet the needs and aspirations of older tenants. Some models are unsustainable given the pressures on capital grant, Supporting People and other revenue funding. At the same time there is unmet demand within the older population. The challenge for housing providers will be to think widely about how they might provide the housing and services wanted by the many different generations of older people, thereby extending the income streams available to them, and increasing their ability to house and support their own tenants.

Dependence on local authority revenue funding for support services has not always resulted in a vibrant and flexible support sector. Current pressures will make it even less likely that a radically improved future can be achieved. The challenge is therefore to think beyond current models and redesign services which are flexible enough to serve older people of all levels of wealth, and living in all tenures.



What is there to gain?

This report aims to set out different ways of planning strategically for the needs of older people and of enhancing the current housing offer available to them. There are a number of business opportunities in older people's housing and services that look beyond social rented tenants, to encompass the needs of older owner occupiers and the wider older community. It is vital that we bring discussion and action on older people's housing, care and support issues into the mainstream.

There are no clearly defined pathways for any housing provider in taking on these opportunities and responding to the challenges an ageing population brings. Funding will pose significant challenges, and there is no blueprint that will provide all the solutions. However, the examples in this report have tried to illustrate that by taking on some risks, and thinking creatively about which solutions work best in any given context, major benefits could be realised for housing associations, their tenants and the wider community they seek to serve.

'The gains are more than just creating new business opportunities or making more efficient use of your stock. Changing the way you deliver services makes a real difference to real people. Until recently, our oldest sheltered resident was 102. On his death his family wrote "with your help dad was able to stay in his own home which is what he wanted above all else".'

Vanessa Connolly, Bedford Citizens Housing Association

'There is a fantastic opportunity to join up a number of agendas around older people's housing and support, we need to work together to make sure we maximise this opportunity.'

Caroline Gitsham, Gentoo Group

'I know for sure that my own organisation will be looking for opportunities to develop a range of housing options for older people.'

Joy Kingsbury, Synergy Housing

'The key to innovation in services for older people is knowing what our customers want, ensuring they are aware of what funding is available and providing a range of housing, care and support options in response.'

Paul Watson, Guinness Care and Support

'Our approach to providing homes and services for older people is going to have to change. All providers have to better understand this growing and varied segment of UK households, rethink our traditional approaches to housing older people, and provide ever more innovative housing and service solutions.'

Stewart Fergusson, Orbit Group

Providing a better range of housing for older people

The gap between demand and supply for innovative solutions to older people's needs is getting wider. Older people, in common with other age groups, have a very wide range of needs and aspirations, and supply has not kept pace. Often when an older person wants to move, the options are limited and unattractive. Taking forward some of the proposals outlined in this report will increase the satisfaction of older tenants by providing housing better suited to their needs.

'It's nice when you get to a certain age and you think "well, I want something different, if there is something like this that you could come into". Years ago there wasn't and the likes of my parents when they got old, if you couldn't look after them, it was a home and you had no choice, that's what had to happen.'

Older resident in a Gentoo independent living scheme in Sunderland

Reducing expenditure on adaptations


Retrofitting adaptations is costly and not always satisfactory, depending on the original design of the building. By designing a higher proportion of accessible stock and increasing the choice of housing available to people as they grow older, helping to improve mobility within the sector, housing associations can reduce the need for one-off adaptations.

Freeing-up of family-sized stock

Older tenants who no longer need their family-sized house, or are finding it difficult to manage, are often offered little choice if they want to move. Sometimes the only option is a traditional sheltered housing scheme. By developing a range of high quality accessible housing for older people, either in separate schemes or within general housing developments, it makes it much more likely that older tenants will want to move there.

Reducing demand on care and support services

Good housing and related preventative services make a fundamental difference to health and well-being and have a critical contribution to make to the value and effectiveness of the health and care systems. Good design helps older people to live more independently for longer. Services such as handyperson schemes, gardening and decorating allow people to maintain their homes and avoid the difficulty of having to find a contractor and the fear of having a stranger in the home. This can delay people's need to move to more specialist older people's housing. This report also contains examples of services designed specifically to reduce the need for care services, such as the Havebury Housing Association scheme which supports hospital discharge.



It is vital that we bring discussion and action on older people's housing, care and support issues into the mainstream

A better quality of life for older owner occupiers as well as tenants

Many older people own their own home and have paid off their mortgages, but this does not mean that their homes are suitable for their needs or in decent condition. Some older owners may not have sufficient funds to repair their homes and maintain them, and some homes will not be suitable for future adaptations as their occupants become frailer and more infirm.

Housing providers are in a good position not only to be able to meet the growing needs of existing older customers, but also those of future older customers both in the community and amongst general needs tenants. Providers could, in some cases, offer services that go beyond just simple accommodation, in order to offer innovative services which people want.

Some providers have already started to consider their offer to general needs tenants and how this could be extended to the wider community:

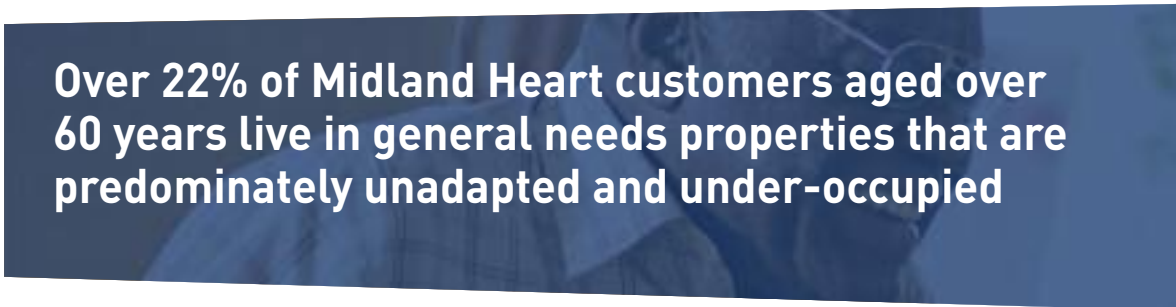
Focus on: **Developing a new offer for older tenants**

To reflect the increasingly ageing population, Circle Anglia is developing a specific offer for its older residents. To kick off the process Circle Anglia conducted some in-depth research into the demographics of its residents, which identified that 32% or 13,400 residents were over the age of 60. In addition, Circle Anglia reviewed the current services offered to older residents in the Group's nine partner housing associations, including services such as handyperson and decoration assistance, some of which had been set up originally as a result of stock transfer promises.

From this research, Circle Anglia developed a menu of service ideas (as wide as gardening to health checks) that could be offered to older people. This menu was then tested independently with focus groups of older residents. It also tested a range of service drivers – such as independence and safety – to determine what older people considered to be most important to them.

The results were surprising. Residents indicated that they wanted Circle Anglia to concentrate primarily on its remit as a housing and related support provider, and in some cases where it provided extra services; older customers were prepared to pay more. In addition, residents felt that there would be enormous value in Circle Anglia providing proactive 'signposting' towards services that are provided by other agencies and in developing and promoting partnerships with them. Residents also said that maintaining independence and dignity, together with improving safety, were the most important service drivers.

To explore how it could improve partnerships with others, Circle Anglia also held a round table event with key service providers. Further work is now taking place to develop the service offer and consider how signposting can improve. This includes reviewing how services will be funded going forward.



Over 22% of Midland Heart customers aged over 60 years live in general needs properties that are predominately unadapted and under-occupied

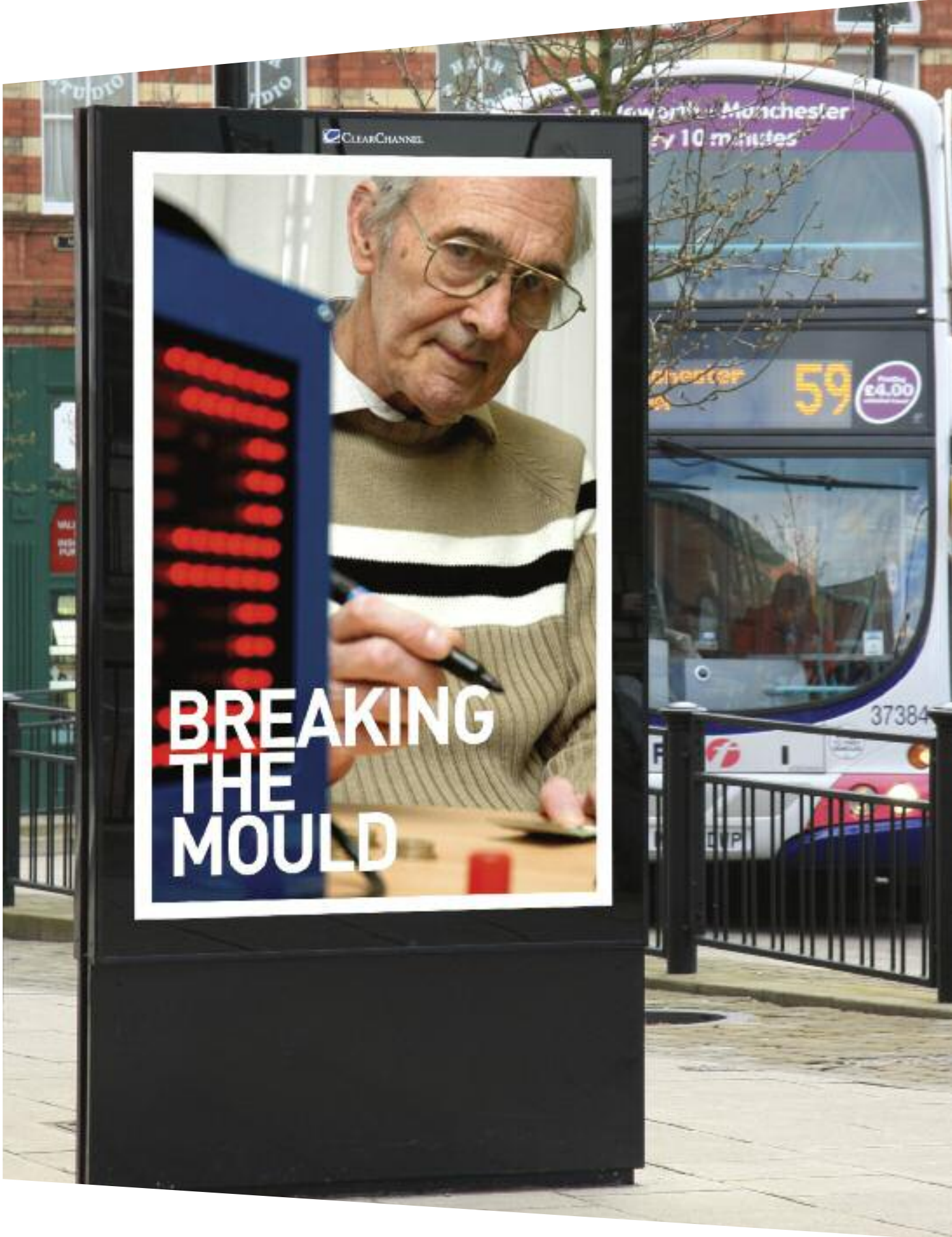
Focus on:

Producing an older people's strategy

Midland Heart currently provides over 4,100 units of specifically designated housing for older people in the form of retirement, extra care and homeless housing, spread across 45 local authority areas. Currently, the older people's service within care and support manages over 100 designated schemes, with a total of 385 staff. Equally significantly, over 22% of Midland Heart customers aged over 60 years currently live in general needs properties that are predominately unadapted, and where there is incidence of under-occupation.

Midland Heart has produced an older people's strategy that provides clear direction for the development of older people's services across the group. The strategy considers how to:

- provide flexible opportunities for older people's housing options and choices;
 - deliver housing and support services which meet the specific needs of older people including the provision of assistive technology;
 - ensure information, communications and advice meet the needs of older people living in Midland Heart homes;
 - work with residents to maximise good health and well-being;
 - maximise older people's opportunities within Midland Heart and within the neighbourhoods in which they live;
 - minimise poverty and maximise financial security amongst older people living in Midland Heart homes;
 - recognise the diversity of the older population.
- As a result of this strategy, Midland Heart will:
- ensure that all its older customers are aware of and have access to specialist older people's housing;
 - ensure that all older people are aware of and have access to specialist services within their own homes;
 - produce a comprehensive housing list of specific properties with aids and adaptations across Midland Heart;
 - provide assistance to vulnerable older people to increase the number who are able to live at home;
 - with enhanced information on customers' needs, provide more targeted services and develop a range of products appropriate to their requirements;
 - in line with the personalisation agenda, pilot domiciliary care services to residents who do not live within an extra care environment;
 - enhance the repairs service for older residents;
 - promote safety and security through various initiatives, eg, keypads, safety checks, window locks and smoke alarms;
 - continue to deliver scheme manager services within retirement housing, but also develop more hub and spoke services in the area immediately adjacent to schemes;
 - provide an annual Well-Being event for all older people living in Midland Heart properties;
 - extend 'Magic Moments' to include all older people within Midland Heart. This scheme offers activity-based events to help meet older people's social, emotional, physical and intellectual needs. Events are based on people's suggestions and to date have included helicopter flights, theatre trips, canal cruises, abseiling, plane flights, games, competitions, darts, dominoes and bowling...the possibilities are endless.



CLEAR CHANNEL

BREAKING THE MOULD

A responsible extension of core business

The model of financing social housing development has been changed substantially and quickly by the coalition government, and revenue funding will become even scarcer. Housing associations could take this opportunity to look beyond their core business at potential new sources of funding which reduce their reliance on grant and statutory funding. The housing and support needs of older people are more complex than those of younger generations; the 'need' goes beyond the economic and includes issues of community belonging and independence.

Improving housing for existing older social housing tenants sits clearly within the core business of housing associations. Yet this publication also illustrates why a move into housing older owner occupiers could be seen as a responsible extension of core business. There is a great deal of unmet need in this group, coupled with unsuitable housing and poverty (even when on the surface people appear wealthy because of the value of their home). This is a group of people in need of assistance, which housing associations could provide. The added value of such an extension of core business is that it brings in new income streams which could be re-invested in core business.

New income streams

Capital income: Building high quality, accessible accommodation in varying sizes will give access to a great many potential new customers amongst older owner occupiers who want to move to somewhere more suitable.

Revenue income: Providing a range of services to older tenants in general needs accommodation and also to those living in the community opens up the potential for income which is independent of statutory sources. Services can range from care and support, targeted at self-funders and those with individual budgets, as well as those funded by a contract from the local authority, to practical handyman, gardening and decorating services.

A strong position as a key community player

Developing housing and services for older people not only meets older people's needs, it also confirms the housing provider as a key community player and draws in other opportunities for partnership working with the local authority, increasing the scope for new business development. As people grow older, and start to need help with smaller tasks in the home and garden, or support to get out and about to do shopping and see friends, they are looking for a trusted provider who can offer these services quickly, at a decent price and with little hassle or form-filling. Local authorities and other local partners are looking for cost-effective solutions to deal with the ageing population in a way that maintains people's independence and provides the population with security and peace of mind as they grow older.

Access to the skills and resources of older people

'When people sometimes talk about older people, they're talking about a drain on society and it really is very wrong...the skills that we've got, older folk have got, what a resource, look at them!'

Participant in Norfolk focus group

As people get older, they should not be viewed as an additional cost, but as a valuable resource to an organisation. As mentioned above, approximately 5m people over 50 take part in unpaid voluntary work. This is an enormously valuable community resource which housing associations could harness. Examples of this include:

- befriending services for lonely and isolated older people;
- volunteer driving services;
- assisting other older people to understand IT so they can get good access to information;
- undertaking neighbourhood audits;
- membership of focus groups or mystery shopping exercises.

Conclusion

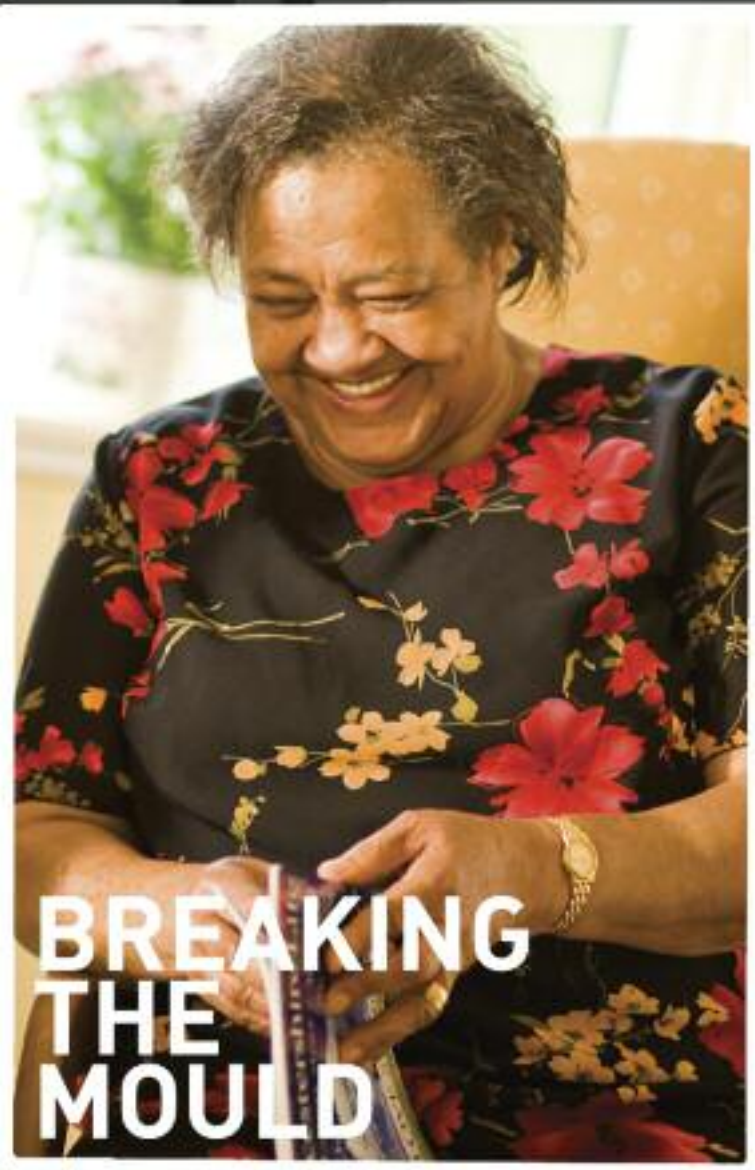
There are two ways of considering the opportunities outlined in this report. Firstly, they provide opportunities for increasing capital resources and revenue funding that can be re-invested in the core business of providing affordable housing for current and future older people. Secondly, they provide opportunities which are important in their own right to pursue, regardless of the added value they bring to existing business.

The Breaking the mould project aims to illustrate a variety of significant new market opportunities for housing associations. This report builds on the literature review, focus groups and polling information in confirming that older people are already demanding more from services and housing. The Breaking the mould website, www.housing.org.uk/olderpeople, also contains more detailed findings from our research.

Older people's housing, care and support needs to be thought about much more widely in relation to what offer should be made to older generations within the broader neighbourhood or area. The economies of scale this brings, and the income and resources of older people, make innovative and aspirational solutions much easier to achieve.

The average age of housing association tenants is increasing. Needs and expectations are rising and the pace of change in supply is insufficient to keep up. The financial climate is austere, and this increases the need to source alternative funding. By pursuing some of the options outlined in this report, additional resources can be unlocked, for the benefit of all.





**BREAKING
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Breaking the mould

Re-visioning older people's housing

Care and support needs are increasing as the population ages, and expectations are rising as older people rightly demand more from their housing. The pace of change in demand and need has constantly outstripped the changes in the volume and design of housing and services. It is vital that we bring discussion and action on older people's housing, care and support issues into the mainstream. This report:

- Focuses on ways of planning strategically for the needs of older people and of enhancing the current housing offer available
- Aims to support providers in breaking the current mould of older people's housing and support
- Looks to build on the innovation within the sector to create a new and exciting offer.

Find out more about the Federation's work on older people's housing, care and support at:

www.housing.org.uk/olderpeople

The National Housing Federation represents 1,200 independent, not-for-profit housing associations in England and is the voice of affordable housing. Our members provide two and a half million homes for more than five million people.

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