



Building our Futures

Meeting the housing needs
of an ageing population

Revised 2008 Edition

Margaret Edwards and Ed Harding





Foreword – about the ILC-UK

The International Longevity Centre-UK is an independent, non-partisan think-tank dedicated to addressing issues of longevity, ageing and population change. We develop ideas, undertake research and create a forum for debate.

The ILC-UK was established in 2000 to explore and address the new longevity revolution and its impact on the life-course and society. It provides the visionary approach needed for individual and societal planning to ensure a progressive, economically viable and socially inclusive tomorrow for all.

Housing is a very promising area for policy development within the context of an ageing society. It is centre-stage in the new direction of independence, prevention, personal choice and joined up, cross-sectoral services which promote health and wellbeing.

In addition, the evidence-base for investment is good. Housing-related interventions such as aids, adaptations and maintenance work have been proven to reduce falls and accidents, and improvements are linked to a higher quality of life.

The question now is how whether emerging cross-sectoral, local-level strategies make the most of housing-related issues in planning for health and wellbeing. The case for doing so is clear, but nonetheless some actors may feel unable to engage without clear and useful guidance. I therefore hope that this publication is a useful starting point for strategy-makers and other contributors from a variety of backgrounds.

This report is an updated version of the original 2006 ILC-UK publication 'Building our Futures – Meeting the housing needs of an ageing population'. As such we remain indebted to the original steering group members listed below for their assistance in the earlier edition.

If you would like to find out more about our work on older people's housing issues, please refer to our website for upcoming reports and resources – see www.ilcuk.org.uk.

Noreen Siba
Director

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149 Tottenham Court Road, London W1T 7BN
T: 0845 230 7000 www.housingcorp.gov.uk

Building Our Futures Steering Group Members

Gideon Amos – Director, Town and Country Planning Association

Caroline Bernard – Policy Manager, The Anchor Trust

Dr. Clive Bowman – Medical Director, BUPA Care Services

Ben Carrick – Government Relations Manager, Pfizer UK

Gary Day – Land and Planning Director, McCarthy & Stone

Margaret Edwards – Director, Mead Solutions Ltd

Gayle Gibson – Economic & Environmental Policy Officer, LGA

Paul Garner – Head of Pervasive ICT Centre, BT Research

Baroness Greengross – Chief Executive, ILC-UK

Ed Harding – Expert Network Manager, ILC-UK

Cheng Yong Lee – Strategic Planning Intelligence Group, Kent County Council

Sarah Newton – Former Director, ILC-UK

Leslie Sopp – Head of Research, Age Concern Research Services

Genie Turton – Former Director General Housing and Planning, ODPM

Jeremy Porteus – Housing Network Lead, Change Agency Team, Department of Health

Professor Phil Rees – School of Geography, University of Leeds

Lee Searles – Programme Manager, Economic and Environmental Policy Team, Local Government Association

David Waterhouse – Planning Policy Officer, Town and Country Planning Association

Using this report

Housing guidance is constantly evolving, and this report has been re-edited by Ed Harding to better reflect the emerging agenda around planning, community and regions in 2006-2008. Nonetheless, it is clear that robust data will always be a clear priority for strategies that link housing, health, social care and community planning at a local, sub-regional and regional level.

The aim of this report is to encourage people involved in planning for housing and housing-related services to assess their role in planning for the wellbeing of communities alongside health, social care and other services. It also provides a guide to the issues that an ageing population present to housing, for example ensuring a good range of different housing options, the preventative value of appropriate, adapted or specialist housing, and importance of the wider neighbourhood in promoting independence.

In short, housing is key to the government priority of ensuring a health and social care system 'able to respond to the demographic challenges presented by an ageing society' and which is centred around 'prevention, early intervention, enablement, and high quality personally tailored services.'

The information in the main body of the report can be used in conjunction with other data sources (i.e. demographic projections) to support planning at any level from strategic plans covering larger population groups to local neighbourhood requirements. Examples include:

- Sustainable Community Strategies
- Local Strategic Partnerships and Local Area Agreements
- Joint Strategic Needs Assessments for health and social care
- Housing Market Assessments
- S106 Agreements
- Supporting People strategies
- Regional Spatial Strategies and other regional plans

Content and design

This report sets aside the usual convention of providing background information and context at the beginning before moving on to the core of the report. The content is ordered so that the information and recommendation for action are towards the front and the context in the appendices. To help readers decide which parts are of most interest to them the following is a brief guide to the contents.

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Section 3

The policy context

Planning for sustainability

The Government has issued clear guidance that housing, and in particular housing for older people, is central to planning for sustainability. For example:

Planning and Policy Statement 1 – Delivering Sustainable Development (Communities and Local Government, 2005) asks for ‘quality inclusive design... not just for the short term but over the lifetime of the development.’ Planning for population ageing is an implicit demand within the stated definition of sustainable development as ‘the simple idea of ensuring a better quality of life for everyone, now and for future generations’,

Planning and Policy Statement 3 – Housing, (Communities and Local Government, 2006) states that ‘authorities should plan for a mix of housing on the basis of the different types of households that are likely to require housing over the plan period... [with] particular regard to... the current and future demographic trends and profiles and... in particular, older and disabled people.’

The **2007 Housing Green Paper – Homes for the Future, More Affordable, More Sustainable** (Communities and Local Government, 2007) sets a target of 3 million new homes by 2020. LDFs will need to plan these new developments effectively alongside their regional partners, insisting on high quality new homes as standard. Key strategic sites in growth areas, new growth points and eco-towns offer significant opportunity to fully integrate housing and services for older people within newly developed communities.

The role of housing in cross-sectoral strategy making

The Government has also outlined a vision of cross-sectoral strategy-making planning and delivering communities which promote social cohesion, wellbeing and quality of life. Housing professionals should consider the vital role of older people's housing within local strategies in meeting these key objectives. For example:

Lifetime Homes, Lifetime Neighbourhoods: a National Strategy for Housing in an Ageing Society (Communities and Local Government 2008) makes it clear that planning, housing and public services should work together to encompass a broad vision of community planning for ‘lifetime neighbourhoods’. It directs strategy to incorporate the necessary spatial approach to housing, amenities, space and infrastructure needed to make ‘active ageing’ a reality.

Sustainable Communities, Building for the Future (2003) set out the Government's long-term vision for planning our towns and cities. It called for appropriate housing for older people to be delivered via ‘partnerships between health, housing and the independent sector, expanding the housing choices available for older people and making best use of existing stock.’



The Local Government White Paper, Strong and Prosperous Communities (Communities and Local Government, 2006) envisages **Local Strategic Partnerships** (LSPs) as the key forum for agreeing a local strategic vision. The Local Development Frameworks they produce are then expected to dovetail with the Sustainable Community Strategy and the Local Area Agreement. LSPs are asked to ensure that local planning policies reflect the strategies of other service-delivery agencies, or may be at risk of failing 'soundness' criteria.

Improved working arrangements within a LSP might include the better sharing of data, recognition of the interdependency of services and the setting of joint strategic goals between housing, health and social care. For example, Housing Health and Safety Rating Systems could act as valuable intelligence for health and social care services.

LSPs offer commissioners of sheltered housing and social care services an opportunity to engage with planners, so redefining their future demand modelling in the context of the built environment. This could be useful, say, where Local Authorities are still experiencing difficulties with 'hard to let' sheltered properties.

The revised **2007 Public Service Agreements (PSA)** feature the older person-specific PSA 17: Tackle poverty and promote greater independence and wellbeing in later life, with three especially relevant national indicators: older people's health life expectancy (NI 137), their satisfaction with home and neighbourhoods (NI 138) and access to support to live independently (NI 139).

The role of housing in Joint Strategic Needs Assessments for health and social care

The relationship between housing and health is well established (see Appendix C for more information on the evidence base). Accordingly, housing has become increasingly better represented in health and social care guidance and policy.

The **Local Government White Paper** also proposed a 'duty of partnership' on local authorities to prepare **Joint Strategic Needs Assessments** (JSNAs) across health, social care and other partner agencies. Given the clear links between housing and health, older people's housing deserves an important role in these assessments. For example:

Several of the standards in the Department of Health's **National Service Framework for Older People** (2001) require housing-based solutions. There is a great opportunity for PCTs and NHS managers to prevent acute episodes through planning and delivering assistive technology and adaptations, for example via Disabled Facilities Grants.

The Department of Health White Paper – *Our Health, Our Care, Our Say* (2006) envisages that 'local authorities and PCTs focus on community well-being' and 'drive a radical realignment of the whole local system, which includes services like transport, housing and leisure.'

The Department of Health's **Single Assessment Process** requires health and social care workers to collaborate in assessing the needs of older people, improving efficiency and reducing duplication. The LSP provides a potential framework to engage housing professionals, sharing information and improving outreach.

The 2007 ministerial concordat **Putting People First** establishes a clear direction in health and social care. It envisages a system 'able to respond to the demographic challenges presented by an ageing society' and which is centred around 'prevention, early intervention, enablement, and high quality personally tailored services'. It emphasises the importance of undertaking **Joint Strategic Needs Assessments** in conjunction with housing strategies.



Section 4

Information required by planners in housing & related services

To make decisions at local levels, community strategy-makers need to predict the impact of demand among older age groups on three possible housing options:

- Remain in your own home, adapt/maintain fabric as required and organise equipment and support if needed.
- Move to different location (e.g. closer to shops, family amenities, better climate) or accommodation with different design or facilities. (e.g. better access, one level, lower maintenance).
- Move to accommodation that includes automatic access to varying levels of support services (e.g. residential or extra care).

Predicting demand is important in helping planners to determine:

- Strategies for managing the local housing market in both public and private sectors.
- Investment in information services to assist individuals in planning for their future needs.
- Budgets for adaptations and systems to support repair & maintenance.
- Investment in health and social services that promote independence.
- The extent and nature of retirement housing for rent or sale such as sheltered housing, very sheltered or extra care housing.
- How new build developments can respond to an ageing population.
- The environmental and housing arrangements that will enable people to continue to be integrated within local neighbourhoods as they age.

Predicting demand

A growing focus of planning to meet the housing needs of an ageing population has been to look at the association between demographic data and need. For example establishing numbers in older age groups and levels of disability. There are two issues that make this analysis more complex than it initially appears:

The **increasing diversity of people's circumstances as they age** leads to an interplay of factors that will affect housing need, in particular age, health status, housing type and tenure. As the number of older people in any given area will vary, so too will their health, social and economic circumstances. Many of these factors, especially wealth and social class are captured at scales of aggregation and analysis that relate to service provision e.g. local authority districts and regions.

Diversity also extends into **choices** people are able and willing to make about their future needs. Decisions about housing are affected by several factors, in particular:

- Whether they anticipate changes in their need and plan accordingly.
- The acceptability of alternative solutions to potential or actual problems.
- How income (and access to capital) enables or limits choice.

The limited research that has been done into people's preferences and decisions about housing indicate that planners require more sophisticated information about how factors such as lifestyle, income, biography and culture influence people's decisions. This information is needed to make it possible to predict demand for housing related solutions to the challenges of ageing.

Information sources to assist local planning

This section of the report illustrates findings from our analysis of the LifeForce survey together with the Survey of English Housing. We aim to show how patterns of health, socio-economic class, limiting long term illness, tenure, housing type and age correlate. The considerable health inequalities uncovered via these different factors can then be used to help planners and health, housing and social care professionals to anticipate the circumstances of different neighbourhoods and hence their likely demand for housing and services

1. LifeForce (LF) survey undertaken by Age Concern Research Services.

The survey was conducted in the UK in 2004 through face-to-face interviews with 1540 people aged 45 and over. The face-to-face interview was split into a core module and three subsidiary modules, which were each conducted across a representative sub-sample of either 500 or 1000 people. In addition 1000 respondents also completed a self-completion questionnaire, which added considerably to the knowledge base.

The survey's main focus was not housing and it was not designed to be representative of all housing circumstances. It covered a range of objective factors like age, housing type, employment, leisure as well as attitudes to ageing and lifestyle. Nevertheless it does have a broad geographical base and large respondent numbers so has validity in describing the differences between groups of older people and captures attitudes as well as objective factors. It is also valuable in providing insights into the circumstance of cohorts that will reach current retirement age within the next 20 years.

2. Survey of English Housing (SEH).

An annual survey carried out on behalf of the Office of the Deputy Prime Minister by the National Centre for Social Research. Part 1, which we have focussed on, was the result of interviews in 2003/04 with approx 19,000 households. The Survey is designed to cover housing specific issues but covers all age groups. Its value is that it shows relationships between tenure and other factors like age, ethnicity, income and age of housing stock.

3. Census 2001.

This is conducted nationally across all households and enables interrogation of data at local levels relating to household size, composition and circumstances. The Census is designed to capture broad categories of information some of which are relevant to housing needs.

Analysis of the three sources reveals relationships between demographic data, housing circumstances and factors relevant to planning. The approach outlined in section 5 below is based on this analysis. Section 6 provides more detail about the relationships and their implications for planners.

Planners will wish to combine the analysis of the data sources above with key local and / or regional data according to their intentions.

This may include:

- Local authority level population projections, (e.g. Chelmer Population and Housing Model, POPGROUP demographic projections, please see references section for more information).
- Annual resident surveys.
- Other existing sub-regional or local housing market analyses.



An approach to planning in local areas

The following steps and questions are suggested as an approach to local planning for housing and related services for older people.

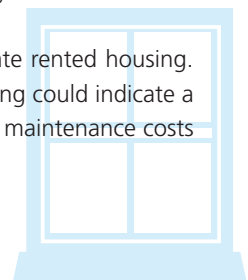
- 1** *Identify if regional guidance or sub regional goals exists in relation to older people's housing. Make use of any relevant data or targets included.*
- 2** *Establish housing types within chosen area, based on local knowledge. Identify sources of information about age of housing stock in locality e.g. planning databases.*
- 3** *Match with Census data at ward level to identify profile of residents in terms of tenure, age, general health and limiting long-term illness (See references to relevant Census datasets in Appendix B).*
- 4** *Look for indicators of current and potential high levels of need in the future, for example:*

Identify where over 75s currently live and their likely profile for future (2010-2025):

- Owner-occupiers with no mortgages will be predominantly over 65.
- Owner-occupiers with mortgages in over 50 age group now will become over 65 owner-occupiers with no mortgage within 15 years.
- Among social renters 33% will be over 65 now.
- Social renters in over 50 age group now are likely to stay social renters into old age.

Identify smaller groups of older people most likely to be living in the oldest housing stock with limited resources to pay for maintenance costs

- Among people living in private rented housing approximately 12% are likely to be over 65. Over 50% of these are likely to be living in pre 1944 stock, including up to 40% pre 1919.
- Poor housing conditions will exacerbate any chronic health problems so private renters in the oldest age groups are at risk of multiple difficulties including problems paying their portion of any costs and risks of poor health.
- Higher proportions of people from most Black and Minority Ethnic groups live in private rented housing. Local profiles showing significant BME populations aged over 50 in private rented housing could indicate a risk of combined problems of premature chronic health problems with inability to meet maintenance costs or fund a move to more suitable housing.



Identify current and future older age groups more likely to require adaptations and whether they will have resources to pay for them.

- Assume that for people in ordinary housing the need for adaptations will only arise once physical frailty or a crisis occurs, very few will have them fitted in anticipation of future needs.
- The oldest age groups and particularly those reporting poor health are the most likely to need adaptations.
- Anticipate greater numbers needing adaptations amongst those living in low-rise flats and maisonettes. People in detached and semi detached houses are likely to need adaptations at later age but more likely to be able to pay for them.
- Those who may have the means to pay for adaptations are likely to need information, advice and support with installation.
- Social renters are unlikely to be able to pay and will need publicly funded support for adaptations or alternative housing. Private renters in ordinary housing are less likely to get landlord agreement to adaptations, and poor health and frailty is more likely to lead to the need to move.

Groups who may be planning to move to retirement housing for rent or sale in future but may need information, support or new provision

- Owner-occupiers with no mortgage (and those with mortgage and in 50+ group) who will seek private options but only if provision is in convenient location and provides generous living space.
- Social renters whose choices will be limited to socially provided housing but who will aspire to similar space and convenient location.

Groups at greater risk because they have more limited social networks

- People over 80, especially women living alone with no children. Widowed women are likely to constitute 20% of all owner-occupiers with no mortgage and 16% of all social renters.
- More people in these groups will require care from paid workers, either funded themselves or through social services.

People living in run down environments but with limited or no alternatives

Older people in socio-economic group E living in socially rented or private rented housing in areas that have deteriorated e.g. reduced public transport, loss of amenities like shops, post offices, run down environment.

5. *Consider how existing plans for the area match the needs.*

Implications for planners

- Do any new build developments contain proposals for suitable housing to meet future demand? Are they based on realistic assessments of space requirements and location?
- Where is the oldest housing stock, who owns it and will they need support to maintain the fabric and respond to the needs of older residents/tenants?
- Will the system for organising and funding adaptations be able to respond to future needs?
- Is the market for private provision preparing to respond to future needs? How are private landlords planning to respond as the profile of tenants gets older?
- Are there other aspects of planning that will enable people to stay in their homes, such as environmental improvements, transport, community facilities?



Using demographic data to develop local profiles

This section of the report illustrates findings from our analysis of the LifeForce survey together with the Survey of English Housing. We aim to show how starting with knowledge of housing type it is possible to identify patterns relating to other factors that have implications for planning housing for an ageing population.

In the centre of the report on pages 16-17 the relationships are illustrated in table form.

Relationship between tenure and housing type

Analysis of the LifeForce (LF) survey shows the proportions of people over 45 years old in each type of tenure in relation to the housing type. This shows that owner occupation is concentrated in detached and semi-detached housing with low levels of social renters in these types of housing. Private tenants are concentrated in terraces/end terraces and low rise flats or maisonettes.

The Survey of English Housing (SEH) shows that in the over 65 age group significant proportions are owner-occupiers with no mortgages:

Age group	Proportion that are owner occupiers with no mortgage
65-74	69%
75+	64%

The SEH also shows that the rate of owner occupation among older people is likely to continue, between 1991 and 2004 there has been an upward trend in the percentage of people over 65 who have paid off their mortgage.

Implications for planners

For planning purposes it is important to distinguish between owner-occupiers with and without mortgages, because those with mortgages are primarily in the under 65 age group. The SEH shows the age distribution within tenure types. If planners have data on tenure in an area they can use the SEH data to anticipate the numbers of owner-occupiers with mortgages who are likely to pay them off as they reach retirement age. These people will have access to capital to enable the purchase of alternative housing and are likely to have comparatively generous retirement incomes enabling the purchase of adaptations and services should they require them.

Relationship between tenure, social class (income), and health

The LF survey illustrates the link between tenure social class and self reported health. This shows that people over 45 living in owner occupied or privately rented housing are more likely to be drawn from the higher socio-economic groups and more likely to report good health. This is coherent with a wider evidence base on the impact of poor housing on individual health – for more information see Appendix C.

Implications for planners

This relationship is not surprising given the known links between educational levels, income and health status. Its significance for planners is that in some areas a large over 65 population will not equate to high levels of disability and people in this type of housing are likely to be able to live independently for much longer than those in other circumstances. Using Census data, planners could subdivide this more affluent group to identify people who might be at greatest risk e.g. people living alone, people over 80, people from BME groups.

Relationship between adaptations to home, tenure, age and health status

Analysis of the LF survey shows levels of actual adaptations made to homes. Interestingly the LF survey also asked people without adaptations to predict what they might need and the outcomes are summarised below.

Anticipation of need for adaptations to the home

When people without any current adaptations were asked about what they thought they would need in terms of adaptations in the future the anticipated levels were much lower than the levels of actual adaptations recorded in the homes of people with similar characteristics. All groups consistently underestimated the likely levels of adaptation required.

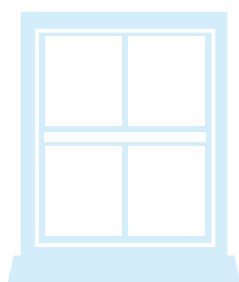
Levels and types of adaptation in home

When actual adaptations were surveyed there was a strong correlation between extent of adaptations and:

- Tenure; with owner occupiers being the least likely to have adaptations and social rented tenants being the most likely.
- Increasing age; perhaps predictably the greater the age of the occupant the more likely that their home would have adaptations.
- Extent of self reported poor health; again predictably the poorer the self reported health of the occupant the greater the likelihood of adaptations.

Implications for planners

Those planning for investment in services to support adaptations should anticipate greater demand in localities where the housing stock is predominantly socially rented properties, and bungalows with RSL tenants. Demand from owner occupiers is more likely to arise from the oldest age groups particularly those reporting poor health. Data on this can be extracted from the Census.



Relationship between plans to move, tenure, social class and age

The LF survey shows the importance of income/capital and age on plans to move.

Wish to move house

The survey identified two factors influencing peoples' wish to move house:

- Dissatisfaction with the local area.
- Dissatisfaction with the actual home.

However the survey also showed that although people in socio-economic group E were the most dissatisfied with their area, they were the least likely to wish to move.

The two groups showing the greatest wish to move home in the future are:

- People who rent their homes privately.
- People who are owner-occupiers with a mortgage.

The SEH survey shows that owner-occupiers with a mortgage are mainly in the younger age groups, with the majority (92%) in work with 85% working full time. (This contrasts with owner-occupiers with no mortgage of whom only 35% are working and of those 25% work full time). The SEH survey also shows private renters as having 68% working of whom 58% work full time. This suggests that available income plays a part in expressed wish to move because those in work and with higher incomes have greater choice in seeking improved housing.

Planning to move

In the LF survey the groups who were most likely to say they were planning to move from their current property when they were older were:

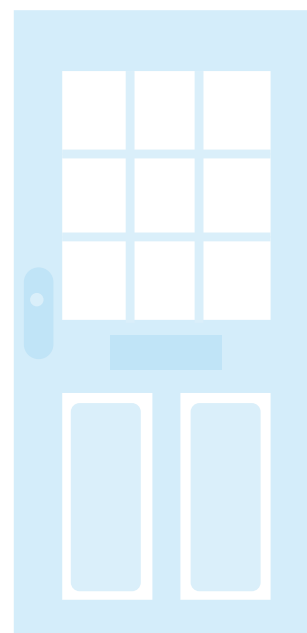
- Younger people (up to age 59)
- People in socio economic groups AB/C 1
- People without children

There was a direct relationship between age and plans to move, with younger groups most likely to be planning to move. This reinforces the findings in other studies showing that moves tend to cluster around retirement. These younger groups were more likely to be motivated by equity release.

Plans to move declined dramatically with age, which suggests that owner-occupiers without mortgages who do not move before the age of 70 are unlikely to voluntarily move from their homes. Older people in socio-economic group E are the least likely to plan to move. Where older groups did plan to move their motivation was most likely to be to move closer to family and friends. With regard to the latter factor, the distance from children was not a determining factor but lack of contact was.

Implications for planners

In any area the majority of people over 70 are unlikely to plan to move even if their existing housing and/or neighbourhood is becoming less easy to live in or may appear to be 'under occupied'. Solutions such as advice on maintenance, adaptations and other forms of support will be needed, particularly by those in socio-economic group E, who will have low disposable income.



Relationship between acceptability of sheltered housing and residential care homes with socio-economic group

Acceptability of sheltered housing as an option

In the LF survey when asked about the acceptability of sheltered housing as an option the groups most likely to definitely consider this were in Groups AB/C1. Differences were not as visible by tenure, however, responses also showed that more people in Groups D/E were already living in sheltered housing compared to the AB/C1s.

Willingness to accept a move to a residential care home

Groups self-reporting very poor health are more likely to consider moving to a residential care home. However those who said they would not consider this option were similar across all health status groups and tenure groups. People in socio economic groups AB/C1 were more likely to consider a move to a home than groups C2/D/E.

Implications for planners

Because of the link between social class/income and health, those people in groups AB/C1 are less likely to need to move to sheltered housing or a residential care home than those in C2/D/E. In this light the findings may seem strange. Although the LF data does not provide sufficient detail to determine this, it seems likely that those with higher incomes are more likely to consider alternatives because their financial means will allow more choice and probably better quality.

However the data on current residence in sheltered housing suggests that people in D/E move to this type of housing at an earlier age even though they appear not to anticipate this change. If public sector sheltered housing is part of a local strategy to support older people's independence then the standards need to be high and effective information provided to potential residents to encourage take up.





Relationship between housing tenure, age and marital status

Both the SEH and LF surveys indicate that the over 65 population tend to be concentrated in two main types of tenure namely owner occupation with no mortgage and social renters. The data shows that the retired population represents 58% of people who own their properties outright and 33% of social renters. In contrast the retired population represents 3% of people buying with a mortgage, and 12% of private renters.

Looking at the general population the SEH survey shows that social renters have the lowest gross annual income and owner occupiers with mortgages the highest.

The SEH survey also shows that 20% of owner-occupiers with no mortgage are widowed females, compared to widowed men who constitute 6%. Widowed females also make up 16% of all social renters and widowed men 5%. This is likely to reflect the differential life expectancy between the sexes.

Implications for planners

Data on tenure from the Census about a local area will enable planners to identify where the largest numbers of older people are living. It will also allow the distinction to be made between those groups containing more people likely to have the greatest needs (social renters) and those with the lower levels (owner occupiers with no mortgage). In the future as those with mortgages pay them off at pre-retirement, while the majority of older social renters have access to minimum incomes through state benefits, this pattern will become more marked.

Analysis of marital status would allow a calculation of the numbers of widowed women, who are most likely to live into old age and not have immediate support in the home.

Relationship between ethnicity and tenure

The SEH survey shows notable differences in tenure between ethnic groups. For example, 66% of Indian households are owner-occupiers compared to only 26% of Black African households. It is not clear whether the same relationships between tenure and other factors that apply to the white population will apply in a similar way to BME groups. In terms of ageing it is known that people from some BME communities living in the UK are at greater risk of developing chronic health conditions earlier than their white counterparts.

Other tools have been created to assist providers and commissioners of housing to assess the current housing, housing-related situations, needs and aspirations of BME older people. These include the 2006 *Audit Tool for Housing and Related Services for Older Minority Ethnic People* (AT HOME) commissioned by the Housing and Older People Development Group hosted by Communities and Local Government. For further information please see the references section.

Implications for planners

The SEH data can be used alongside Census data to develop profiles of the age patterns in local BME communities. It is reasonable to assume that the need for some type of housing support will occur earlier in some of these groups. It is clear that tenure patterns will differ considerably between groups and that these will lead to differences in access to capital, choice and needs.

Relationship between tenure and age of housing stock

The SEH survey provides data on the relationship between type of property, tenure and age of property. Social rented property has the lowest proportion of older stock, whereas owner occupied (with and without mortgages) have approx 20% pre 1919 and 20% 1919-1944. The private rented sector has the most pre 1919 stock (40%) with 18% 1919-1944.

Implications for planners

We have established that a large proportion of older people are living in owner occupied houses with no mortgages and retired. Despite higher average incomes they may face difficulties in paying for and/or arranging suitable maintenance. Older people are in a minority of the private rented sector but those who are have a greater chance than other older people of living in the oldest stock requiring the highest levels of repair, the costs of which are unlikely to be met through rent or regular service charges.

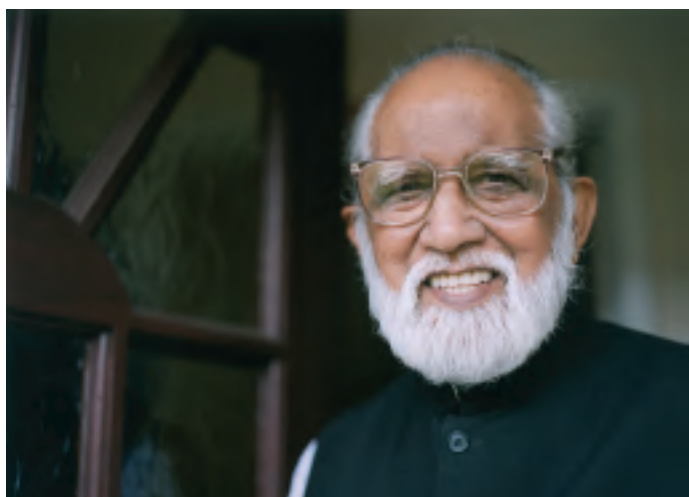
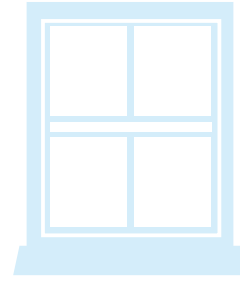




Table illustrating relationships between tenure and various circumstances, based on findings of Age Concern England's Lifeforce survey.

	Owner Occupier	Socially rented tenant	Private Tenant
Type of home			
House - Detached	23.3%	1.7%	8.7%
House - Semi Detached	36.1%	18.6%	21.7%
Terrace/End Terrace	22.9%	22.3%	26.1%
Bungalow (Detached Or Semi)	12.1%	27.6%	10.1%
Low Rise Flat/Maisonette	5.6%	29.8%	33.3%
	100.0%	100.0%	100.0%
Social grade			
AB	28.8%	8.1%	16.3%
C1	30.4%	19.0%	33.8%
C2	20.9%	18.3%	10.0%
D	7.7%	12.1%	12.5%
E	12.2%	42.5%	27.5%
	100.0%	100.0%	100.0%
Self-reported state of health			
Very Good	32.4%	17.4%	29.6%
Good	40.2%	28.4%	38.3%
Fair	20.7%	30.9%	18.5%
Poor	5.1%	17.7%	8.6%
Very Poor	1.6%	5.6%	4.9%
	100.0%	100.0%	100.0%
Others			
Adaptations currently in home	19.7%	49.3%	28.5%
Plan to move in future	24.6%	14.1%	30.0%
Would definitely or possibly consider sheltered accommodation (assisted living)	66.4%	52.2%	53.1%
Already in sheltered accommodation	0.1%	12.1%	7.4%
Would definitely or possibly consider care home	91.3%	89.5%	91.4%
Already in care home	2.9%	3.8%	3.7%



Other relevant relationships

	Adaptations	Plans to move	Care homes
Tenure		<p>Plans to move & tenure</p> <p>Owner/o with mortgage = 13.6%</p> <p>Private tenant = 12.3%</p> <p>HA tenant = 8%</p> <p>Owner/o no mortg = 7.6%</p> <p>LA tenant = 5.8%</p>	
Health	<p>Adaptations & health</p> <p>The poorer self reported health is, the greater the likelihood of having adaptations.</p> <p>The range of adaptations also increases in relation to health problems.</p>		<p>Residential care homes & health</p> <p>Those in very poor health are much more likely so say they would definitely consider care home.</p>
Age	<p>Adaptations & age</p> <p>The likelihood of having adaptations increases with age.</p> <p>The range of adaptations also increases in relation to age.</p>	<p>Plans to move & age</p> <p>The older people are the less likely to be planning a move:</p> <p>45-49 – 37.8%; 50-59 – 32.2%</p> <p>60-69 – 18.5%; 70-79 – 9.6%</p> <p>80+ 6.7%</p>	
Social Class		<p>Plans to move & class</p> <p>ABC1s more likely to plan a future move</p> <p>Older ABs more likely to consider moving to smaller property.</p> <p>Es least satisfied with area but least likely to wish to move. Those who wish to move are motivated to be closer to family & friends.</p>	<p>Residential care homes & social class</p> <p>ABC1s more likely to consider care homes than C2DE.</p>



Section 8

Important factors for strategic planning

Section 8 illustrates the different patterns emerging within the population as it ages. The analysis shows the importance of not assuming that older age groups are homogenous. Nevertheless there are some factors that are more likely to apply to people as they age and that are significant to strategic planning in housing and related services. These are summarised below.

The growing importance of the home in people's lives as they age.

The evidence from research shows that as people age their homes become more significant in defining their identity and shaping their lives. Not only are people less willing and likely to move home in older age but they also spend proportionately more time within the home.

Many surveys indicate that the majority of people want to remain in their own homes as they age. For example a study by Counsel & Care showed 82% of respondents wishing to remain in their own homes (Counsel and Care, University of Lancaster 2003). Other surveys show between 77% and 80% of people over 65 wishing to remain in their own homes (BHP – 1998 & Lifeforce Survey 2005).

It is important to recognise that alongside the preferences of the majority there will continue to be people who either wish to move to purpose built and/or supported accommodation or whose high level of needs will necessitate alternatives to mainstream housing (McCarthy & Stone, 2003).

Older people spend a large proportion of each day in their homes, so the impact of the housing environment is considerable. Various studies cited in *Our Homes, Our Lives* estimate that older people spend 70% – 90% of their time in their homes (CPA, Housing Corporation 2002). In another survey 95% of older people said housing made an important contribution to their overall quality of life (Counsel and Care, University of Lancaster 2003).

As people age they move house less frequently. The Counsel & Care survey showed the following:

- Average time lived in present home was 22 years
- 64% had lived in their present home 10 years or longer
- 58% had rarely moved during their lifetimes (1-5 times)
- 23% had moved more often (6-10 times)
- 90% thought their present house was suitable

The implications for planners are that as people get older they:

- Are less likely to perceive their homes as principally a financial resource (e.g. to release equity) and more as part of their identity and security.
- Will experience proportionately greater costs associated with occupying the home for longer periods e.g. heating and light.
- Will be most acutely aware of the immediate environment around their homes and changes over time.
- Are often highly motivated to stay at home but may require greater access to information about the help/support available and perhaps incentives to encourage pre-emptive action.

Planning ahead by individuals

Research suggests that the number of people who plan and act (moving to sheltered housing, adapting homes, housing maintenance, moving to better designed home) in advance to avoid housing difficulties is currently low. However there has been growth in demand by older people for very sheltered or Extra Care Housing for rent and sale (Department of Health 2004). There is also evidence that voluntary moves cluster around the time of retirement and decline in number into older age. The HAPPI study in 2002 showed that older cohorts were less prepared to consider the potential need to move from their existing home and did not anticipate important factors like deterioration of housing condition.

A significant finding from the Age Concern LifeForce survey is the tendency for people not to plan ahead or anticipate the impact that housing can have on health and well being in older age. Respondents were asked to rank their concerns now and in the future. Across the whole group the number one was maintaining **'independence'**. However **'planning for the future'** and **'the availability of suitable housing'** were ranked at 16 and 17. This suggests that at all ages people do not make a connection between planning for their housing needs and maintaining their independence.

When asked to predict the situation in 20 years time a large proportion of people felt that there would be more demand for housing choice. Given the lead in time to strategies related to housing this suggests that current **expressed demand** is not a good indicator of actual demand.

The Counsel & Care study showed that only one third of the sample had moved since retirement or after the age of 60. Even where people voluntarily move they may not be doing so to pre-empt future difficulties. For people who had moved since they became 60, 43% had given little or no thought as to whether the new home and neighbourhood would still be suitable should their circumstances change, the older they were the less likely they were to have considered this (Counsel and Care, University of Lancaster 2003).

The condition of housing (particularly maintenance) appears to be given low priority in anticipating the factors that might make people decide to move home. For example when asked about the degree of importance in factors influencing decisions to move people identified the following in decreasing importance:

- Feeling unable to look after one self
- Being isolated
- Unable to get out & about
- Having an accident and nobody to help
- Safety in home & neighbourhood

The implications for planners include:

- The current and likely future circumstances of individuals (based on objective measures) do not necessarily predict choices.
- Preventive interventions (e.g. home maintenance services) which are needed to keep properties in habitable conditions, may not be sought out by people whose homes require such services.

Current demand is not a good indicator of need and future choices

Planners should be wary of examining current trends in demand as reflecting preferences and indicating future patterns of decision-making. This is because there are other factors at work, for example:

- Little choice is available for those in public housing services, access is via eligibility systems and people will take what is offered (CPA, Housing Corporation 2002).
- People have poor understanding of what is on offer and decisions (and perceptions about future choices) are not well informed (HAPPI 2002). Those with sufficient income to buy privately may lack information about suitable choices such as specialist and supported housing.
- BME groups may have severely restricted choice of appropriate social care services or supported accommodation facilities that meet their needs.
- Fear of accidents in the home or neighbourhood changes can encourage people to move when they would prefer to stay in the area (Counsel & Care, Lancaster University 2003).

The implications for planners are:

- Demand in the local housing market may not reflect genuine consumer choice and as people age they may be forced into inappropriate choices which undermine their independence.
- People with the financial resources to support themselves may lack information to help them make the best decisions about housing options.

Space is a significant factor influencing choices

There is a largely erroneous assumption that people automatically require less living space as they age, particularly as they become frailer or are living alone or as a couple. In policy debate the expression 'under-occupancy' is applied almost exclusively to older individuals or couples living in 'family' homes. Sheltered housing specifications in the past often currently reflect this assumption (CPA 2002). When asked most people wish to maintain the space they are accustomed to. Of respondents in the Counsel & Care study interviewees, 53% lived in large homes with 3 or more bedrooms, and of these only 6% wanted less, 4% wanted more. A higher percentage of people who rented thought that their homes were too small.

A 2005 study by Anglia Ruskin University (APU 2005) predicts that trends in older age groups occupying larger houses will continue due to low residential mobility rates among older groups. The typical patterns of owner occupation show that by age 45-54 people are occupying the largest houses in terms of rooms and although this declines a little as people age it does not reduce in proportion to the reduction in household size. The author predicts that this tendency to occupy larger houses will increase due to growth in wealth and owner occupation. Although average household size is falling this will not automatically lead to increased demand for smaller properties.

Sheltered housing units (particularly in the public sector) are experienced as too small and not allowing people to live normally, have visitors & friends to stay, maintain privacy and move around safely (CPA 2002).

There is a growing role for grandparents as informal care providers to grandchildren including significant numbers who take on full parenting when their own children are unable to do so. Grandparents provide some 60% of childcare (Generations Review 2003). This trend will continue and the need for adequate space for grandchildren to be accommodated full time in the home, visit or stay overnight will increase.

A considerable role is anticipated for increased municipal facilities and services for older people within, or close to, specialist housing developments. These can provide a major boost to promoting independence, wellbeing, social inclusion and quality of life, as well as resources that benefit the whole community. Anecdotally, it is widely maintained however that any communal facilities should be built or offered before, not after, residents move into new developments to minimise conflict.

Implications for planners:

- Policies for RSL properties aimed at encouraging older people to move out of 'family sized' homes into smaller properties are based on false assumptions about the interests of the majority of older people.
- Ensure that new build and adaptations to property designed for older people allow sufficient space to live an active life and remain connected to family & friends i.e. two bedrooms, living space large enough for hobbies to be undertaken as well as dining, watching TV, living space large enough to accommodate furniture you would find in a family home.

The importance of the local environment in influencing decisions about housing

Changes in the immediate environment or ability to be mobile locally are as important to people as they age as the condition and facilities within the home. Planning for an ageing population must be multi-agency and on a very local basis. Asked about what change in circumstances would affect their wish to stay put, 43% said deterioration in neighbourhood, 38% loss of ability to drive and 33% worsening local transport (Counsel & Care, University of Lancaster 2003).

Implications for planners:

- Be alert to environmental factors that can make the location of existing homes less desirable even though the homes themselves are satisfactory e.g. reduced public transport, anti-social behaviour, run down appearance.
- The percentage of people driving in old age will increase. Planners should assume that people will continue to need space to park and manoeuvre their cars close to their homes into old age.
- More people will be able to afford and wish to use pavement scooters; suitable pavement layout and dropped curbs will enable people to continue to be mobile in their local area.



Impact of housing on social integration

Research suggests that the majority of older people have no preference to live in communities exclusively for people of the same age. Respondents in a study who had moved into sheltered housing gave a wide range of reasons for moving, 57% were property related and 69% related to health and personal care needs. Few mentioned a desire specifically for 'sheltered accommodation' as opposed to small, convenient accommodation on one level (Joseph Rowntree Foundation 2002).

This suggests that the features of sheltered housing that are especially valued such as purpose built facilities, support and convenient location are more important than segregation from other age groups.

Implications for planners:

- In developing strategies for older people's housing needs it is important to consider how they enable social integration whilst responding to potential anxieties about neighbourhood problems such as noise and conflict over use of public and shared spaces.
- Where proximity of users is essential to design and this means having age exclusive facilities planners should ensure that accommodation is integrated into mixed age communities, e.g. through the use of common outdoor spaces, access points and facilities.



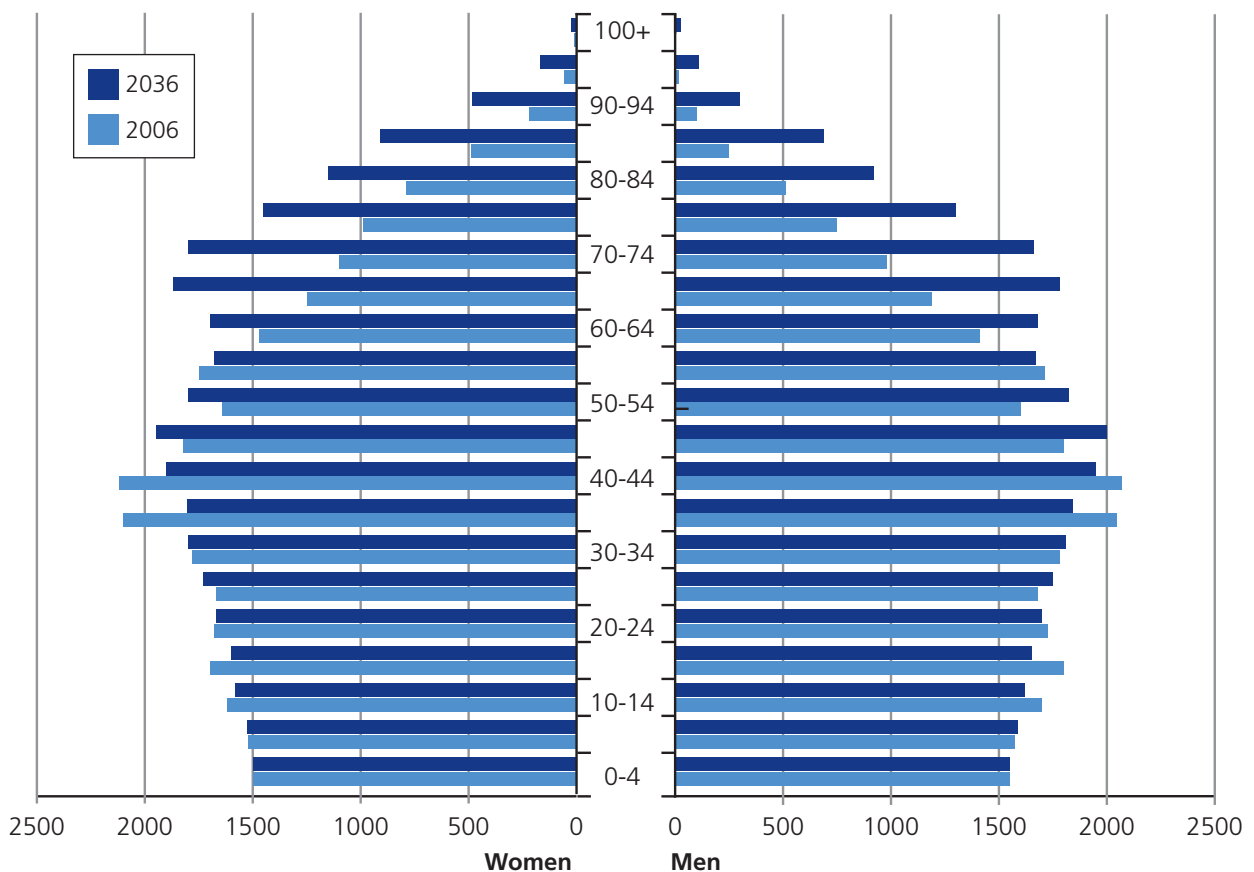
Background and context to planning housing for an ageing population

1. Background

An ageing population

The population of the UK is ageing; more people are surviving into old age due to increased life expectancy. At the same time fertility rates are dropping and as a result the generational balance is changing as illustrated in the table below.

Projected population change by age bracket – 2005 and 2036 England and Wales



Source: data from Government Actuaries Department, 2005

This pattern of an increasing number and proportion of older people is evident across England as illustrated below. Within regions there are further considerable variations along local authority lines.

Regional population change 65+ 2003 and 2028

Region	Pop. 65+ (000's)		Approx. annual change %
	2003	2028	
North East	426	622	+1.5
North West	1,093	1,586	+1.5
Yorkshire & the Humber	812	1,198	+1.6
East Midlands	688	1,132	+2.0
East	910	1,490	+2.0
London	892	1,194	+1.2
South East	1,330	2,076	+1.8
South West	938	1,502	+1.9

Source: Office of National Statistics 2004

In the past housing planning has often focused on issues of affordable housing relevant to younger age groups. Whilst commendable, changing age proportions justify a rethink of those priorities. The 18-34 age group, which represents 66% of all first time buyers (Council of Mortgage Lenders 2005) is set to drop from representing 22% of the population in 2006 to 20% in 2036 (GAD 2005). In the same period the over 65s will grow from 16% to 24% of the population, a growth of 5 million more people.

To maintain our productivity, quality of life and social cohesion into later life society will have to ensure that we remain as active and healthy as possible. There is no automatic association between ageing and various types of vulnerability, but the risks of experiencing certain problems do increase with age. We know that as people age they are at greater risk of being affected by certain factors than when they were younger including:

- Comparative poverty
- Poor physical health
- Poor mental health including cognitive problems
- Long-term physical disability or sensory impairment
- Social isolation

These factors can affect people's ability to live in the way they did when they were younger. The associations between ageing and physical and mental health problems are illustrated below.

Self reported problems in UK by age and gender in UK 96/97 (%)

Age groups	45-64		65-74		75 & over	
	Male	Fem	Male	Fem	Male	Fem
Pain or discomfort	39	40	52	51	56	65
Mobility	22	21	36	37	50	60
Anxiety or depression	19	24	20	25	19	30
Performing usual activities	16	17	21	23	27	40

Source ONS 1999

As life expectancy increases the onset of significant health problems occurs later and it is people over 80 years who are at greatest risk of experiencing health problems that affect their daily lives, such as dementia (Pickard et al 2000). This group will increase at a greater rate than younger age groups, as illustrated below.

Growth in older age groups 2006 to 2036, England and Wales (000's)

Age	2006	2016	2026	2036
60+	11,517	13,561	16,177	17,963
80+	2,419	2,849	3,708	4,731

Source: GAD 2003-based projections

Ethnicity and ageing

The profile of black and minority ethnic (BME) populations has implications for housing and related needs. In 2001 6% of BME groups were aged 65 or over, approx 235,000. With ageing this number will grow and the proportions of age groups within BME communities is likely to change. Although the BME community is very diverse the risk of developing various long-term health problems prematurely, compared to the general population is significant (Department of Health 1999). This factor, coupled with comparative poverty in some ethnic groups and lack of appropriate services, will require specific planning.

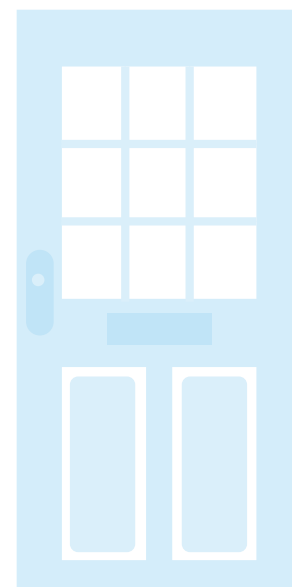
Service responses to an ageing population

The traditional approach to responding to these needs is through the provision of health and social care services. Planners in the NHS and social care have identified evidence of demand related to ageing such as:

- Increasing attendance at A&E by older people.
- Increasing emergency admissions to hospital of older people.
- Studies showing the long term benefits of intensive rehabilitation and “out-of-hospital” care.
- Evidence from the field of increasing complexity of cases.

Planners at local and national levels have responded by developing a range of services including:

- New patterns of housing with care e.g. extra care housing and telecare.
- Rehabilitative services in the home and community.
- Specialist rehabilitation facilities in hospital e.g. Stroke units.
- Integrated assessment processes.
- Extending Direct Payments to older people.



An ageing population and housing need

It is clear that factors such as physical disability, poverty and social isolation also have an impact on housing need in terms of the suitability of design, location and facilities to enable an acceptable quality of life. Government has recognised this and declared that ‘effective housing, allied to the right care support and wider services... can be the springboard that enables older people to live their lives to the full. Conversely, poor housing can be a fetter for older people, contributing to immobility, social exclusion, ill health and depression ’ (CLG 2004).

If we can provide housing and neighbourhoods conducive to healthy, active ageing, therefore, we can go a long way to preparing society for demographic change. This recognition of housing being centre stage to health, well-being and social inclusion is a major driver of a recent guidance from Communities and Local Government, and features strongly in both **A Sure Start to Later Life** (CLG 2006) as well as **Lifetime Homes Lifetime Neighbourhoods – a National Strategy for Housing in an Ageing Society** (CLG 2007).

Tenure and housing condition

The proportion of people reaching old age and living in owner occupied, general needs housing will continue to increase. The needs of a group of this size cannot be met through the supply of new build or sheltered/specialist provision.

Projected levels of owner-occupation of people 65+ years for 2011

60-64	65-70	71-74	75-80	80-84	85+
78%	79%	77%	72%	70%	66%

Joseph Rowntree 2002

The existing general housing stock is built on the assumption that occupants will be able bodied and without any sensory or cognitive impairment. Of the estimated 20.4m homes in the UK that would have failed lifetime homes standards in 1998, 69% were owner occupied compared to 17% in local authority dwellings, 9% from the private sector and 5% from social landlords (DoE EHCS 1998).

The UK Audit Commission reported in 1998 that building to lifetime homes standards and retrofitting existing housing represented ‘best value’ in the longer term in reducing overall care and specialist housing needs (Audit Commission 1998). At the same time purpose built housing specifically for older people will continue to meet the needs of a proportion of people who plan in advance and have access to capital to invest.

A major factor affecting the condition of housing stock is its age. The UK has a high proportion of very old stock. In 1996 the Anchor Trust produced projections for the numbers of older households by dwelling type. They concluded that the most problematic housing in terms of condition and accessibility will decline gradually (pre-1919 terraced dwellings will fall from 485,000 to 408,000 from 1996-2011). However the general increase in the number of older home owners means that by 2011 the absolute number living in dwellings that will be at least 90 years old will remain at more than 920,000, roughly where it is today.

Even housing built as recently as the 1950's and 60's will present widespread and typified maintenance issues such as heating, insulation and timber replacement.

Despite the growth in home ownership there will continue to be older people in other types of tenure. There are correlations between tenure, age of stock and deprivation. Private renters are more likely to live in properties built before 1919 (40% compared to 7% of social renters and 21% of owner occupiers) as well as more likely to live in poverty (ODPM and ONS 2005).

2. Strategic planning in response to ageing and housing need

Current policy and practice

Responses to the housing needs of older people usually occur only when an individual faces a crisis or is in considerable difficulty and comes to the attention of agencies. Solutions at this stage tend to be one of the following:

- Arranging a move from their home into residential care, sheltered or very sheltered/extra care accommodation
- Enabling someone to stay at home through services like personal care, meals, providing equipment and adaptations, and day care.
- Care & Repair or handyperson services to help people deal with backlog of maintenance and access problems.

In the housing field there is still often little or no strategic planning in response to the fact that there will be an increasing number of people living into old age in owner occupied homes that are themselves old. Research by the TCPA in 2005 revealed an enormous gap in planning for demographic change and older people's housing needs in Regional Spatial Strategies – a crucial omission given their powerful status as statutory guidance. This inconsistent approach has been reconfirmed by following studies including a review by Care and Repair, which stated that in their opinion, none of the new RSSs 'sufficiently addressed population ageing' (Care and Repair England 2008).

The Government's intention to make planning more integrated with other policy areas like transport, health and education means that addressing housing provision for an ageing population is therefore a direct planning matter. Within the regional planning documents scant mention is made of older people in the majority of the nine English regions, with only the South East and London achieving significant progress. Local planners should be aware that regional plans and guidance may not be a suitable yardstick as to sufficient progress in promoting older people's housing issues.

The Department of Health, Housing, Learning & Improvement Network is currently working with the Royal Town Planning Institute and other stakeholders to produce Supplementary Planning Notes on housing for older people to help inform local guidance on extra care housing. The most recent White Paper from the Department of Health recognises the importance of a more integrated approach to planning for older people (Department of Health 2006).

Why is there so little strategic housing planning for an ageing population?

There are a range of factors that have limited the extent of strategic planning both nationally and locally to meet the housing needs of people as they age. These include:

- Pressure to focus on regeneration issues like employment for those of working age and areas of deprivation.
- Pressure for affordable housing for public sector workers.
- Pressure for affordable housing for young people especially in rural areas.
- LA focus on public housing that they can directly influence rather than owner occupied housing market.
- Lack of information/research on how risks related to ageing translate into housing needs.
- Lack of information/research about what people want and how they make housing choices both in private market and RSL market.

The 2006 DH White Paper clearly recognised the importance of a more integrated approach to planning for older people. This was picked up again in the 2008 cross ministerial concordat on adult social care, **Putting People First**. Also, although this report has been rewritten prior to its publication, integrated health and social care systems incorporating housing-related models of care are expected to feature strongly in the Government's 2008 **NHS Next Stage Review** (often referred to as the 'Darzi Review').



Existing guidance and other information sources

Lifetime homes, lifetime neighbourhoods: A national strategy for housing in an ageing society.
(Communities and Local Government, 2008).

More Choice Greater Voice – a toolkit for producing a strategy for accommodation with care for older people.
(Housing Learning Improvement Network, 2008).

Sustainable planning for housing in an ageing population – a guide for regional level strategies.
(ILC-UK, Communities and Local Government, HLIN 2008.)

Our Health, Our Care, Our Say – A New Direction for Community Services.
Department of Health (2006).

Planning Policy Statement 1: Delivering Sustainable Development.
(Communities and Local Government, 2006).

A Sure Start to Later Life.
(Social Exclusion Unit – Communities and Local Government, 2006.).

Opportunity Age – Meeting the Challenges of the 21st Century.
(Department of Work and Pensions, 2005).

Planning for an Ageing Population.
(Royal Town Planning Association 2004).

Social Inclusion and Older People – a Call to Action.
(Help the Aged 2006).

Global Age-friendly Cities: A guide.
(World Health Organisation, 2007.)

The Social Determinants of Health: The Solid Facts – Second Edition.
(World Health Organisation, 2006).

Preparing Older People's Strategies: Linking Housing to Health, Social Care and Other Local Strategies.
(DH, Communities and Local Government and the Housing Corporation, 2003).

Improving Housing Needs and Market Assessments.
(Local Government Association, 2004).

Regional Housing Strategies – Planning for an ageing population.
(Housing and Older People Development Group, 2004).

Planning for an Ageing Population.
(Royal Town Planning Institute 2004).

Delivering housing for an ageing population: informing housing strategies and planning policies.
(Housing and Older People Development Group, October 2005.)

Local authority and sub-regional level demographic projection models

A number of well-established off the shelf IT packages exist for creating local level demographic and housing projections. Local authorities may alternatively have created their own, or for example in the case of London Boroughs, have access to group data resources via the GLA. Two of the leading models in the UK are the **Chelmer Population and Housing Model (CPHM)** by the Population and Housing Research Group (PHRG) based at Anglia Ruskin University, and **POPGROUP** at the Cathie Marsh Centre for Census and Survey Research at Manchester University.

Links:

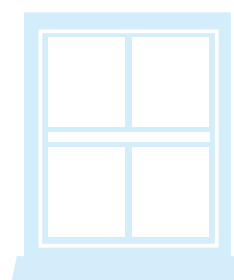
- CPHM: <http://www.anglia.ac.uk/ruskin/en/home/faculties/fst/research/phrg/chelmermodel.html>
- POPGROUP: <http://www.ccsr.ac.uk/popgroup/>

Home Improvement Agencies

Foundations is the ODPM appointed National Co-ordinating Body for Home Improvement Agencies (HIAs) in England. HIAs are not for profit, locally based organisations that assist vulnerable homeowners or private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their home. Further information can be found on the Foundations website at <http://www.cel.co.uk/foundations/>.

Census data references

Census 2001 data	ONS ref.
Age by sex and resident type	S1
Shared/unshared dwelling, central heating and occupancy rating by age	S054
Households with a person with a limiting long-term illness and age by number of carers in household and economic activity	S027
Tenure and age by general health and limiting long-term illness	S17
Sex and age by general health and provision of unpaid care	S025
Limiting long-term illness and age by accommodation type	S20
Type of communal establishment and sex by resident type and age	S126





Housing and older people: the evidence base for intervention

Housing and community-based care solutions can offer significant and cost-effective gains in older people's independence and wellbeing:

- Cold, damp housing is linked to rheumatism and arthritis.¹
- Following a major adaptation, one study found that 89% of people reported a 'major impact' on quality of life, and 65% reported a 'major impact' on independence.²
- Other evidence suggests home improvements are clearly linked to improved mental health³, as well as reductions in symptoms and the use of health services.⁴
- Repairs, such as lighting and removal of trip hazards, and improvements such as grab rails and grip mats in showers are linked to fewer falls. Adaptive equipment in the home can reduce reported falls by as much as 58 to 60%.⁵
- In most cases, initial investment in adaptive and assistive technology for older people is recouped through subsequently lower care costs.⁶
- Postponing entry into residential care by 1 year could reduce costs by around £26,000 per person. Housing based adaptations and domiciliary care can therefore realise substantial savings.
- Care and Repair England estimate that a fast-track service offering targeted low-level adaptations to older people recently discharged from hospital or at risk of readmission could be provided across England for £35m. If only 1 in 100 jobs prevented a hip fracture, this would save £70m annually. If 1 in 4 jobs resulted in one night less in hospital for the affected older person, the saving would be over £21m.⁷
- Targeted therapy and exercise classes can reduce fear of falling and cut the risk of multiple falls in half.⁸
- Characteristics of the home and neighbourhood have been shown to affect older people's physical activity. For example, household density, prevalence of open spaces, ease of pedestrian and cycle access and perceived safety of the neighbourhood show a positive correlation to walking.⁹

1 Poole J, 2001.

2 Watson S, Crouther L, 2005.

3 Heywood F, 2006.

4 Thompson P et al, 2001.

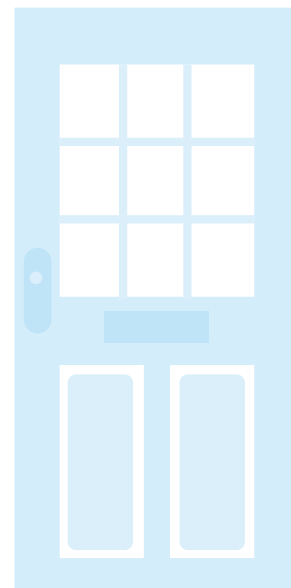
5 Thompson P, 1996.

6 Lansley, McCreddie & Tinker, 2004. (Not including residential care costs).

7 Care and Repair, 2007

8 Wolf S et al, 1996.

9 Li F et al, 2005.



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International Longevity Centre UK
22-26 Albert Embankment
LONDON SE1 7TJ
Tel: 020 7735 7957
Fax: 020 7820 9187
www.ilcuk.org.uk

The International Longevity Centres

The International Longevity Centres (ILCs) have been set up with a fresh perspective and a positive outlook that contrasts with the pessimism and negative vocabulary that has tended to surround the subject of ageing populations. ILCs have so far been established in five countries; the USA, the UK, France, Japan, India, China and, in a first window into the developing world, the Dominican Republic. The ILCs recognise that the longevity revolution is a cause for celebration – we are taming the scourge of early and preventable death – and that it requires new ways of thinking and planning from governments and commerce, from organisations and individuals. The ILCs each have their own priorities, but the strength of this unique network is that each ILC can contribute to the work of the others, providing access to local research, experience and perspective, and enabling valuable international projects to be managed effectively.