

Research into the Housing and Support Needs of Older People within Worcestershire

Nigel King and Ian Copeman, April 2009
The Housing and Support Partnership Ltd
Stanelaw House,
Sutton Lane,
Sutton,
Witney,
OX29 5RY
Tel: 01865 882736
Email: enquiries@housingandsupport.co.uk
Web: www.housingandsupport.co.uk

**The
Housing & Support
Partnership**

Contents

Commissioning Body.....	4
Chapter 1	5
Introduction.....	5
Approach.....	5
Brief	6
Chapter 2 Housing and Social Care Policy.....	7
Part 1 National policy and practice.....	7
Part 2 Worcestershire policies and strategy relating to older people.....	12
Chapter 3 The Needs of Older People for Housing and Support.....	21
Demography.....	21
Demography – ethnic origin	25
Income patterns and deprivation.....	26
Health and care needs	27
Housing.....	30
Conclusion	39
Chapter 4 Supply of Specialist Housing and Support Services	40
Housing.....	40
Provision of support services	53
Accommodation based services.....	54
Conclusion	57
Chapter 5 Future Housing and Support – an Older Persons Perspective on Worcestershire	59
Profile of sample.....	59
Nature of housing older people live in.....	61
Suitability of property	62
Future housing requirements – policy and options.....	65
Interest in specialist housing.....	67
Equity release.....	68
Care and support	69
Barriers to moving to more suitable accommodation.....	70
What else do older people say?.....	71
Chapter 6 Exploring Issues with Older People: Findings from the Focus Groups.....	74
Introduction.....	74
Chapter 7 Developing Ideas.....	82
Tackling emerging issues.....	82
New extra care housing, private provision and planning.....	82
Older people with learning disabilities	87
A new typology of accommodation based and support service models	91
Chapter 8 Summary and Conclusion	95
Policy	95
Quantifying housing needs	96
Supply side.....	96
An older persons perspective and aspiration	97
Conclusion	99

Research into the Housing and Support Needs of Older People within Worcestershire

Appendix 1 Home Choice Plus: How the Banding System Works	101
Local Connection	101
Banding	103
Appendix 2 Questionnaire	105
Appendix 3 Health Needs	110
Mental health – depression	110
Heart attacks, strokes, and respiratory conditions	110
Falls.....	110
Causes of death amongst older people.....	111
Appendix 4 Notes of Group Discussion for Stakeholder Conference	113
Workshop 1: Focus	113
Workshop 2: Extra Care.....	115
Workshop 3: Support & Housing Options.....	118
Workshop 4: Options and advice.....	120
Appendix 5 Focus Group Feedback by District.....	123

Commissioning Body

This study was completed under the auspices of the Supporting People Commissioning body. A small group of members from the district and Borough Councils formed a Project Steering Group led by Emma Mathews from Worcestershire County Council. This group provided detailed guidance and oversight throughout.

Eddie Clarke – Director of Adult and Community Services - WCC
Andy Coel – Bromsgrove Borough Council
Pete Davidson – West Mercia Probation Service
Catherine Driscoll – Head of Culture and Commissioning - WCC
Glyn Edwards – Supporting People Development Manager - WCC
Nigel Fain – Community Housing
Phillip Gretton – County Councillor
Clair Lomas – Home Group
Peter Newman – Malvern Hills District Council
Michael O'Donnell – PCT
Tim Rice – Community Safety Partnerships Manager - WCC
Elaine Salter – Wychavon District Council
Jackie Smith – Redditch Borough Council
Nina Warrington – Worcester City Council

Chapter 1

Introduction

This is an analysis of the housing and related support needs and aspirations of older people living in Worcestershire over the next 20 years.

The work was commissioned by the district councils¹ in collaboration with Worcestershire County Council. The aim is to provide a sound basis for forward planning and thinking through the way all the housing authorities and their partner Registered Social Landlord (RSLs) should respond to the seismic demographic shifts taking place.

Suitable housing is only part of the story for those who become ill, develop a physical frailty or mental health problem in later life. Adult Social Care, a county level service, along with the Supporting People Authority has thus been heavily involved in this study.

In a two tier local authority housing strategy is the responsibility of district or borough councils while social care is a county level function. In Worcestershire social housing for rent or low cost home ownership has for the most part been transferred to Registered Social Landlords (RSLs). The latter are consequently the primary vehicles for new social housing as well as managing and maintaining the existing stock. Historically these housing associations have frequently provided support services to older people in subsidised specialist housing such as sheltered housing or more recently extra care housing.

Approach

In order to get a thorough appreciation of local needs and how these are changing and evolving the study builds up a picture using a variety of methods. The report is organised so it broadly follows the different ways information has been assembled.

- ♦ A review of present housing and support provision across the district and county provides the starting point
- ♦ This is then extended with projections of the demographic changes taking place and the growth of older people in the population
- ♦ As a basis for exploring what older people expect and want in the future, a questionnaire was distributed to older people across the county. This provides a quantitative picture.

¹ Redditch Borough Council has already completed a somewhat similar study, “My Home, My Future, My Choice”. Where data is available Redditch has been included to give a more complete picture for the County.

Research into the Housing and Support Needs of Older People within Worcestershire

- ◆ To get an idea of what local people think of present provision and services a series of focus group discussions were held. These provide more of a feel for how individual circumstances are changing.

The final element was a conference with people from key agencies; a range of voluntary, private and statutory organisations involved in advising, representing, housing or supporting older people.

Using all these elements the study:

- ◆ Sets out the need and demand for different types of housing and support
- ◆ Identifies weaknesses in provision and a gap between the needs and aspirations found and the present mix of housing and support services
- ◆ Suggests how the requirements of the next generation of retired people might best be met

Brief

In commissioning the work the local authorities concerned had a number of additional aims set out in the brief to the consultants:

- ◆ By offering a choice of tenure, property types and support, it is hoped that older households will be able to move to accommodation which better meets their needs
- ◆ Releasing family sized accommodation back into the market by offering more attractive and suitable options in later life
- ◆ Making better use of existing resources, across tenures
- ◆ Providing a choice of accommodation for older people
- ◆ To assist people in remaining in their own home
- ◆ Increasing the options available to people in rural areas
- ◆ Reducing social exclusion
- ◆ Enabling people to live independently within their own communities
- ◆ Decreasing the placement of older people within inappropriate residential care settings

The project consequently has something to say about most of these ambitions.

The brief also made clear the authorities fully understand and accept that future plans must encompass all older people and not simply those living in social or public sector housing. Plans must also encompass sub-groups within the general population where there may be additional factors to consider. This includes for example older people with particular mental health problems or learning disabilities as well as those from particular ethnic backgrounds.

Chapter 2 Housing and Social Care Policy

In a nutshell

National policy, consistent with many older people's own wishes, is to extend housing and care options, support people to remain at home as far as possible, with assistance when required. The emphasis has consequently been on improving information on possible options, reducing reliance on more institutional forms of accommodation, repairs and adaptations with greater use of equity by owners. Plans and strategies in Worcestershire incorporate these ambitions. There is an emphasis on dementia care, concern about some poor quality sheltered housing and, at the District level, recognition that older people are becoming one of the housing department's most significant and growing client groups.

Part 1 National policy and practice

To put the position in Worcestershire in a wider context this section outlines national housing policy in relation to older people and the direction of relevant social care policy. The second half of the chapter looks at the policy and plans developed in Worcestershire.

A national housing strategy for older people

In 2008 the Government published the first national housing strategy for older people². This gives the most up to date insight into policy. In preparing the national strategy several consultation exercises were completed with older people. The key results were:

² Lifetime homes, lifetime neighbourhoods: A national strategy for housing in a ageing society, CLG/DH/DWP, 2008

What older people want

- ◆ Housing should be well designed with growing older in mind; it should meet the needs of all age groups. We should build adaptable ‘homes for life’
- ◆ Space is important; we often need room to accommodate visiting family or a carer, and need good storage space
- ◆ Housing design should be user friendly, low maintenance and safe. A downstairs WC and bathroom with shower and bath are especially important. Our homes should also be affordable to heat
- ◆ Access to green, private space, and a safe neighbourhood is important, as is housing that is accessible to good local transport, facilities and amenities
- ◆ Access to independent information and advice about our housing options is needed
- ◆ Support is necessary for people to stay living in their own homes. A reliable repairs and adaptations services is needed for that bit of help around the home
- ◆ But above all, people want to be listened to, to be involved in the design of everything that will affect us, from planning and lifetime home standards, to the creation of safer environments, to testing new equipment and IT devices

National policy is to meet these wishes as Baroness Andrews, the Communities and Local Government minister, explained in her introduction:

*“Our approach is based around a few simple principles; that everyone should be able to make a **choice** that mirrors their **lifestyle** and circumstances; above all, to **remain safely in their own home**, near friends and family, as **long as they would wish to**; that good housing is essential for good health and well-being, and should be valued and planned as such; and that, as years go by there will be a **choice of desirable housing with support and care** to match changing capabilities” (Our emphasis)*

These themes of extending choice, remaining at home, with the right help, with the individual in control of their lifestyle run throughout current policy and are also central to contemporary thinking and emerging practice in social care.

The strategy argued there are four key problems to address:

Problem	Solution
Services don't get to people at the right time	Preventative services well targeted
Poor information and limited market response	Better information for older people and the market
Lack of appropriate housing options	Better supply of options
Dependency deficit model of ageing	Active ageing consumer model

Research into the Housing and Support Needs of Older People within Worcestershire

In specific terms to give older people a better deal the short term proposals are:

- ◆ To improve local housing **advice and information** and “coming home” service; the creation of a national, single, simple accessible route to independence, supported information and advice on the full range of housing possibilities
- ◆ Using **equity release** to pay for home improvements; this includes funding adaptations as well as moving to a more suitable house, trading down and shared ownership schemes for older carers
- ◆ New national funding for a rapid **repairs and adaptations** service to support more “handy person” and similar schemes to help older people with repairs and minor adaptations
- ◆ £800 million to be invested in the **Warm Front Grants** for better heating and insulation

Looking further ahead:

- ◆ By 2011 all social rented homes should be built to “lifetime homes” standards³
- ◆ The concept of “lifetime neighbourhoods” is introduced. The idea is that developers and councils should plan features such as better paving and kerb design, convenient access to public toilets, good street lighting, well located bus stops, disabled parking bays and accessible public transport so neighbourhoods become better for older people and are “age-friendly”
- ◆ A diverse range of specialist housing is thought to be necessary across all tenures, to meet both the rising numbers of older people and to address particular specialist needs such as those with learning disabilities or mental health problems

National social care policy

There is no lack of discussion of the right social care policy for an ageing society. Influential publications over the last 10 years include the following:

³ www.jrf.org.uk/housingandcare/lifetimehomes

Research into the Housing and Support Needs of Older People within Worcestershire

1998	The White Paper, <i>Modernising Social Services: Promoting independence, improving protection, raising standards</i> launches major changes in Social Services and attempts to achieve better performance.
1999	Publication of <i>With Respect to Old Age: Long term care – rights and responsibilities. Report of the Royal Commission on Long Term Care</i> . The key recommendations were to remove personal care from means-testing altogether, although a co-payment should be made to cover living and housing costs.
2000	Launch of <i>The NHS Plan</i> , the equivalent of Modernising Social Services for the Health Service. The Plan emphasised the development of intermediate care as a bridge between hospital and home.
2000	The Care Standards Act established a National Care Standards Commission responsible for the registration and regulation of care services. This included setting down new standards for care homes and their registration of domiciliary care providers. Prompted some smaller providers to leave the market and others to begin upgrading facilities.
2001	<i>The National Service Framework for Older People</i> set out standards to improve the quality of support in health and social care. Four themes informed the NSF: respecting the individual; developing intermediary care; providing evidence based specialist care, and promoting healthy active, lives. A key driver of services for older people this put fresh emphasis on eliminating the unnecessary delayed discharge of older people from hospital
2003	<i>Direct Payments Guidance: Community Care, services for carers and children’s services (direct payments)</i> extended the scope of direct payments, making it a duty (and not merely a power) for direct payments to be offered to eligible people. Increasing individual’s choice and control this way is a consistent theme but with very limited real progress. By March 2007, there were still only 40,600 disabled adults and older people on Direct Payments.
2004	<i>The Carers (Equal Opportunities) Act</i> meant that carers’ assessments had to take account of carers’ lives in terms of employment, life-long learning and leisure activities. Carers had to be informed of their rights and local authorities could enlist the support of other agencies in supporting carers. The substantial role and contribution of unpaid carers is gradually getting higher profile.
2005	<i>The National Service Framework for Long Term Conditions</i> set out quality requirements and evidence based markers of good practice in health and social care services for people with long-term neurological conditions and their carers. The increasing prevalence of mental health problems is gradually getting greater attention.
2005	Publication of <i>Opportunity Age: Meeting the challenges of aging in the 21st century</i> , a strategy document from the Department for Work and Pensions in partnership with other government departments.
2005	Publication of a consultative Green Paper, <i>Independence, Well-being and Choice: Our vision for the future of social care for adults in England</i> , focusing on ‘choice, excellence and quality’ within the context of promoting independence.
2006	Publication of a White Paper, <i>Our Health, Our Care, Our Say: A new direction for community services</i> , presenting key policy reforms for health and social care focussed on better prevention: more choice: tackling inequalities, and support for people with long-term care needs. Extends the concept of Direct Payments further by introducing “Individual Budgets” with more money attached. Pilots of “Individual Budgets” begin.

Research into the Housing and Support Needs of Older People within Worcestershire

2006	The Wanless review <i>Securing Good Care for Older People</i> presents an independent assessment and proposals for funding social care for a rapidly increasing population of older people. It proposes a “partnership model” whereby there is a guaranteed free amount of care with individual’s further contributions matched by the state.
2007	<i>Commissioning Framework for Health and Well-being</i> rolls out further the Independence, Well-being and Choice proposals telling local authorities and the NHS how to achieve much more “person centred” individual services and continue to move away from institutional provision. Emphasis on partnership and pooled budgets.
2007	The 2005 and 2006 DH Green and White papers are followed by “ <i>Putting people first; a shared vision and commitment to the transformation of adult social care</i> ” described as a landmark “concordat” between Government Departments, NHS and local authorities. This sets out a vision for personalised services where people have more opportunity for self assessment, designing their own care packages backed by the cash to directly buy the services and care they want. This builds on individual budgets, direct payments and “in-control” experiments now renamed “Personal Budgets”
2008	Local authority Circular LAC (DH) (2008) ¹ announces a fund of £520 million for local authorities to “transform” how they procure social care based on personal budgets in line with “Putting People First”. It underlines a need for all partners to move to a more pro-active and preventative model centered on improved well-being, with greater choice and control for individuals.

With acknowledgement to “Securing Care for Older People” Kings Fund, 2006 which the schedule draws from and extends.

It is apparent recurring themes in social care policy are:

- ◆ Supporting people at home
- ◆ Preventing dependency
- ◆ Encouraging independence and an active, healthy lifestyle in later life

There is an emerging philosophy of viewing people as individual customers of services, a concern to improve quality but also about how social care can be afforded.

In concrete terms, we see in policy and practice:

- ◆ An emphasis on extending the range of **choice**
- ◆ A shift away from more institutional provision in favour of supporting people to be **independent**
- ◆ Giving people greater direct **control** over their life and how they are supported most recently manifest in the concept of “personal budgets”

As one manifestation of the practical results of these policies there is a shift away from more institutional forms of provision for older people.

The most recent figures show a 4% drop from last year in council funded residents aged over 65 being placed in residential care to 239,100. There has been a 14% decline since 2004⁴.

⁴ The Community Care Statistics 2008: Supported Residents (Adults) England, NHS Information Centre

Conversely, the number of eligible people receiving intensive support to remain at home has risen, with two-thirds of councils having met a government target to support 34% of people at home by March 2008.

Bringing housing and social care together we see:

- ◆ A recognition that there are large numbers of elderly owners to cater for and that most will want to stay at home if it is suitable and support can be arranged
- ◆ An interest in low cost home ownership and similar arrangements to assist less well off owners into more suitable housing
- ◆ Interest in using existing equity to fund both more suitable housing and possibly care
- ◆ A continuing role for a more diverse range of specialist accommodation but it must meet aspirations. Extra care housing is an example of social care and housing being linked

Having explained overarching national policy in relation to older peoples housing the next section sets out the local position.

Part 2 Worcestershire policies and strategy relating to older people

The overall vision and priorities for Worcestershire are developed by its local community partnership, the Worcestershire Partnership, and set out in its Community Strategy. The priorities agreed are then reflected in Local Area Agreements drawn up between the government, the county council and its partners, including the District and Borough councils within Worcestershire. These agreements incorporate a selection of national priorities (National Indicators) chosen for their particular relevance to the local area with performance targets designed to improve services and outcomes. The most recent Local Area Agreement was signed in June 2008 and covers the period to 2011.

Each of the local council areas has its own strategy and plans linking back to the Worcestershire Partnership.

‘Partnership towards excellence: A community strategy for Worcestershire 2003 to 2013’

This Strategy is based around six visions based on the views of local people and organisations. Of most direct relevance to older people is the vision of

‘Communities that are healthy, and support vulnerable people’.

Research into the Housing and Support Needs of Older People within Worcestershire

To achieve this vision, the Worcestershire Partnership makes a number of key commitments. These are to:

- ◆ Support older people to live independent lives;
- ◆ Enable and support adults with physical and learning difficulties to live independently; and
- ◆ Promote good mental health.

“Older people will find it easier to get the services they need to live healthy and independent lives” and

“Less people will be dying from heart disease, cancer, strokes, suicides and accidents.”

A further commitment is to:

“Ensure all housing provision includes all housing types including affordable and social housing”.

The second edition of this strategy, developed during 2008, has 29 priority goals. The most relevant of these is:

“To improve the quality of life and independence of older people and those with a long-term illness.”

Other relevant goals are:

“To provide decent, appropriate and affordable housing that meets the diverse needs of Worcestershire” and

“To reduce income deprivation, including child and pensioner poverty.”

Local Area Agreement

The new Worcestershire Local Area Agreement (LAA) includes National Indicator 142: percentage of vulnerable people who are supported to maintain independent living. A target to increase the percentage of vulnerable people supported to maintain independent living from a base line of 91.73% in 2007/8 to 92.25% in 2008/9; 93.25% in 2009/10 and 94% in 2010/11 is proposed.

The priorities and targets agreed in the Worcestershire Community Strategy and the Local Area Agreement then inform local strategic partnership priorities within each of the Districts and Borough and the corporate plans and service plans of key partners.

Research into the Housing and Support Needs of Older People within Worcestershire

The Worcestershire District and Borough authorities are likely to jointly produce a Countywide Housing Strategy sitting underneath the County Community Strategy. This work will commence in 2009.

Worcestershire County Council's Corporate Plan 2006 to 2009

The current plan reflects the LAA commitment as it includes a priority "Supporting Older People to Lead Independent Lives".

"We want to ensure that our older residents, wherever they live, have access to the wide range of services and facilities that enable them to maintain high quality, independent lives in their own homes and in their own communities.

... For those older people who, through ill health or disability, need more intensive support it means having needs promptly assessed and the right services promptly provided. This includes services that help people to manage their own long-term care and prevent them going into hospital unnecessarily.

It also means the provision of specialist services where these are required; for example, services for people with dementia.

For those people whose needs are so great that they need care in residential or nursing homes it means ensuring that they have as much choice and control over their lives as possible."

In practical terms, the Corporate Plan commits the Council to:

- ◆ Continue to develop a range of early intervention and low level support services that will help older people to stay healthy, active and independent as long as possible
- ◆ Redesign day care opportunities so that they are more flexible and community based
- ◆ Promote ways of enabling people to arrange their own care, including through the provision of "direct payments" (and now newer "individual budgets") that allow people to buy and arrange the help they need
- ◆ Work with housing organisations to increase the range and amount of accommodation available to older people with special needs
- ◆ Continue to expand intensive support services for people with disabilities or ill health, including the development of specialist services for people with dementia
- ◆ Continue to reduce the number of people whose discharge from hospital is delayed and, including through our LAA, develop work to prevent emergency hospital admissions
- ◆ Continue supporting those caring for older people in Worcestershire

A number of service strategies and plans are then drawn up. The key strategies are Joint Commissioning Strategies for health and care services; the Supporting People Strategy

and commissioning plans; and the Housing and Homelessness Strategies drawn up by District and Borough authorities either separately or in partnership with each other.

Worcestershire County Council Joint Commissioning Strategy for older people's services in partnership with Worcestershire Primary Care Trust 1 April 2008 to 30 September 2009

The headline commissioning intentions between April 2008 and September 2009 are:

- ◆ Development of jointly commissioned and provided prevention services.
- ◆ Development of a range of services for people with Dementia
- ◆ Re-modelling of intermediate care services.
- ◆ Increasing provision of a wide range of services to support individuals to remain in the community – extra care housing, telecare, equipment etc.
- ◆ Increasing number of flexible services for carers, particularly of people with dementia.
- ◆ Improvements within the services for people who fall including improved preventative services, risk assessment of fallers, and management of Fractured Neck of Femur
- ◆ Improvements in End of Life Care to allow more people to die in the place of their choice.

Worcestershire Supporting People Strategy 2005 to 2010

In Worcestershire the Supporting People programme funds services to over 10,000 people. Core priorities include providing support to people who are vulnerable through age, disability or life experience to maintain independence.

Commissioning is designed to deliver services which:

- ◆ Are accessible, high quality, effective and culturally sensitive;
- ◆ Contribute to the strategic objectives of the county and its partners;
- ◆ Enable vulnerable people to develop and sustain independent living;
- ◆ Provide housing related support regardless of type of housing e.g. rental, owned etc.
- ◆ Make best use of complimentary resources;
- ◆ Prevent or delay the need for more intensive, higher cost health and social care interventions; and
- ◆ Contribute to successful outcomes of wider housing, health and social care interventions.

Commissioning priorities for older people's services over the five year period covered by the strategy are:

- ◆ Early intervention services for older people with mental health needs
- ◆ Low-level preventative housing related intervention as provided by home improvement agencies, community alarms and assistive technology
- ◆ Move from sheltered to floating support services; and
- ◆ To provide low level support where appropriate within existing and new extra care provision.

Housing Strategies

In the past individual District and Borough authorities were required to conduct regular assessments of housing need and publish Housing Strategy statements. Increasingly, the government has encouraged councils in two-tier authorities to work together to assess housing need and develop strategies and schemes for meeting these needs.

Most of the local authorities housing strategies have already run out or are due to expire in 2009. Those available generally make only limited reference to the housing needs of older people.

The Malvern Hills Housing Strategy 2003 to 2009 includes a priority to deliver integrated services to older and more vulnerable people, stressing the need to promote independence, provide services which are responsive to older people's needs and preferences, make advice and information on housing options accessible to both clients and professionals, and work towards the implementation of a Home Improvement Agency.

Redditch Borough Council's Housing Strategy 2005 to 2009 makes specific reference to some poorly designed sheltered housing stock. The Council is currently producing a housing and support strategy specifically for older people. This addresses the poor design of some schemes and as part of the action plan to deliver the strategy introduces 15 standards that older person's accommodation are expected to meet.

Worcester City Housing Strategy 2004 to 2009 outlines some of the challenges facing the local authority in relation to older people's housing. Specific goals are to:

- ◆ Enable the provision of more supported housing for older people
- ◆ Help 500 people remain independent in their own home

Action plans include supporting South Worcestershire Care and Repair to develop the Hospital Discharge Scheme and working with Worcestershire Careline and other partners to test new technology to help people remain independent in their own homes.

Wyre Forest District Council Housing Strategy 2004-2007 says “in terms of needs and resources older people are by far the largest group of people likely to require housing, support or advice and assistance...” A housing priority is to maintain the independence of older and vulnerable people.

It highlights the potential for unfitness in housing (10.8%) to outstrip the rate of remedial action. As a consequence a major strategic objective was to support a Home Improvement Agency and thus improve the range of services and advice to older people. This has been done in partnership with Redditch and Bromsgrove Councils.

Wychavon’s Housing Strategy 2005 to 2008 also has a focus on the needs of older people and highlights the challenges presented by an ageing population. Older people are the housing service’s largest and most rapidly growing client group. Whilst the majority are owner-occupiers, most of the support provided is received by older people in social housing. The options for older home owners who are cash poor are acknowledged to be more limited, particularly for those living in the rural areas that lack easy access to the usual facilities. There is also recognition of changing aspirations and the need to adapt existing services and enable the provision of new services to meet the changing needs of older people.

Key targets are to:

Help 500 people become or remain independent in their own homes by:

- ◆ Assessing the implications on the housing strategy of the Disabled Facilities Grant (DFG) Scrutiny Team’s findings:
- ◆ Supporting Care & Repair (Wychavon) to develop the hospital discharge scheme for South Worcestershire
- ◆ Encouraging the Supporting People partnership to provide more funding for Care & Repair (Wychavon)
- ◆ Working with Worcestershire Careline and other partners to test new technology to help people remain independent in their own homes

Enable provision of more supported housing for older people by:

- ◆ Enabling the expansion of Care & Repair (Wychavon) so they can offer a wider range of low level support services
- ◆ Considering assisting RSLs with the additional cost of meeting the life time standard in percentage of new build
- ◆ Working with the Supporting People team to identify the needs of older people
- ◆ Working in partnership to develop a countywide Older Persons Strategy
- ◆ Promoting the dispersed alarm system
- ◆ Promoting extra care provision
- ◆ Promoting remodelling of outdated sheltered housing
- ◆ Enabling provision of more floating support services within Wychavon

Bromsgrove District Council has a more recent Housing Strategy 2006-2011, which was reviewed in November 2008 that identified that 25.5% of households in Bromsgrove contain older persons only, and a further 9.1% contain a mix of both older and non older persons.

The housing needs survey indicates that 'older person only' households are slightly more likely to be comprised of only one person, providing implications for future caring patterns. Whilst the majority of these households live in the private sector a high proportion of social rented housing (35.7%) houses older people only. Whilst many in this category may not be in housing need in the sense of not being able to afford market housing, many are liable to require additional care in the future whether directly or via aids and adaptations in the home.

In relation to older people the following has been achieved:

- ◆ The successful Large Scale Voluntary Transfer of 20 sheltered and 2 Very Sheltered housing schemes to BDHT thus sustaining and improving the service for tenants.
- ◆ Development of Bromsgrove Lifeline service into the private sector.
- ◆ Partnership working and local authority capital grant support for development of 27 new build units of Extra Care Housing, upgrading of 65 sheltered units to Extra Care and EC new communal facilities.
- ◆ Support to the development of Countywide Older Persons Strategy.
- ◆ Introduction of discretionary home improvement and adaptation grants.

The mid term housing strategy review identifies that the Council will work to help achieve the priorities identified in the emerging Worcestershire Older Persons Strategy and assist in the aim to achieve seamless assessment processes and develop Extra Care Housing. Specific identified requirements include:

- ◆ More options for older people in large, family homes to downsize and release their properties for younger households.
- ◆ More aspirational two-bedroom products aimed at older people, including equity release schemes.
- ◆ The active promotion of shared ownership.
- ◆ The development of extra-care housing and 'retirement villages' incorporating a range of options with tailored care and support.

Most of these strategies will need to be updated in 2009 either by individual strategies for each housing authority area or with a cross-boundary strategy covering the different housing market areas in Worcestershire, or, alternatively, a county-wide strategy.

As part of the new Local Development Framework introduced by the Planning and Compulsory Purchase Act of 2004, local authorities are now required to carry out strategic Housing Market Assessments as part of their evidence base for developing planning policies. These assessments do not conform to administrative District, Borough or County boundaries, but are based on actual market areas within which people move

home and travel to work. The majority of people seek to meet their housing needs within a specific market area and the provision of new housing needs to address this market behaviour.

The South Housing Market Assessment was commissioned in 2006 and published in April 2007 and covers a sub-region of the West Midlands which includes all six District and Borough authority areas within Worcestershire as well as Stratford-on-Avon and Warwick in South Warwickshire. In assessing housing provision for older people, the report notes that:

“Despite the fact that the growth in the number of households is driven mainly by older people living longer, there has been very little new housing provision that is designed to meet the needs of the more frail and dependant within this group. This type of provision could have the effect of releasing family homes, both for rent for homeless households and for purchase by first time buyers and for growing families. It might also allow the re-designation of some small units of accommodation for single persons, particularly those who are vulnerable or disabled.”

Working Together to Change Lives: Worcestershire County Homelessness Strategy, Rough Sleepers Strategy and the Strategic Review of Single Homeless

The number of older people who are homeless is relatively low by comparison with other age groups within the county but the strategy did identify a wider provision of services for older people with mental health problems was required.

The Older People’s Strategy for Worcestershire 2006-2010 identifies that older people are especially vulnerable because of their age and they tend to fall down the gaps between mainstream services. Homelessness is especially damaging to the health and well being of older people and there is a risk that if literally homeless on the street they can die before their needs are met.

Older people in inappropriate or temporary accommodation is a theme picked up on by the Strategic Review of the Single Homeless, undertaken by the Supporting People team, District Councils and various other statutory and voluntary organisations (see Chapter 3 for further details).

Worcester City Council has also written a Rough Sleepers Strategy 2007 – 2011 which looks to extend the Rough Sleeper Project Workers across the county and also identify a permanent and appropriate facility for the Night Assessment Centre.

Bromsgrove, Redditch and Wychavon all identify older people’s housing needs as an issue affecting homelessness in their areas.

Bromsgrove: There are a high proportion of older people registered on the housing waiting list in Bromsgrove and a joint commissioning approach by BDHT and Bromsgrove District Council (who is contributing £1m) has been successful in attracting

Research into the Housing and Support Needs of Older People within Worcestershire

funding from the Housing Corporation 27 units of Extra Care housing and remodelling of 65 existing dwellings to Extra Care standard.

The Private Sector Housing Team are working with BDHT to identify opportunities for the provision of short term housing solutions for residents who are unable to be discharged from hospital until their property has been adapted to meet their needs.

Redditch refer to their last Housing Needs Survey which identified a 'need' for 1,038 units of sheltered housing over the three years 2005 to 2008, covering private and affordable sheltered housing. Within the Council's recent Older Person's Housing & Support Strategy it is noted that whilst an implied 1,437 people indicated that they has elderly relatives (over 60) who may need to move to the Borough in the next three years, the survey felt that the greater likelihood was that elderly people would prefer to remain in, and receive support at home.

Wychevton identify an issue with both young and single older people 'sofa surfing' with friends and family members.

Other key housing strategies and plans are Asset Management / Older People's housing plans of individual large scale voluntary transfer housing associations and key RSL partners. Given the age of the sheltered housing stock it is likely there will be significant changes in the availability of sheltered and other forms of retirement housing in the social sector over the next few years. The move to Individual Budgets will also have an impact upon supported housing schemes. There are concerns how revenue for extra care schemes for example, can be managed in this new regime. Other issues identified include converting sheltered housing to extra care (or an alternative use), growth of visiting warden services and associated shift to floating support, re-designating stock.

Conclusion

Many of the national themes are reflected in local plans with some emphasis on greater preventative work and moves to extend the options available. It is apparent there is already some recognition amongst the Districts of the scale of the shift in the nature of future housing provision required. It would seem that in 2009 many Districts should be reviewing their future housing strategies individually or collectively making the analysis presented in subsequent chapters timely.

Chapter 3 The Needs of Older People for Housing and Support

In a nutshell

In Worcestershire by 2031 there will be a 52% increase in those over 60 and a 155% increase in those over 85. Rates of growth vary between Districts with higher growth in Wychavon and Malvern Hills. In absolute terms, Wychavon and Wyre Forest have the biggest population of older people.

Although life expectancy has increased the period of poor health in later life when care may be needed has also risen, 4.3 years for men and 5.9 years for women. Those with dementia are likely to increase from 7,118 now to around 21,000 by 2025; a 200% increase.

The number of people who need help with one or more daily activities like going to the toilet or getting out of bed is predicted to rise from 15,728 to 25,632 by 2025.

Levels of owner occupation amongst older people in Worcestershire are very high at over 80% in the 55-74 age range underlining the importance of planning for all tenures but also the possible role of equity schemes.

There are 745 households over 50 on housing waiting lists with an accepted housing need, there are also a small but growing number of older people with learning disabilities to cater for.

To provide a basis for planning, commissioning and developing services over the next 20 years, we begin by looking at current levels of **need and demand** and projections into the future. We start with an overview of national demographic change before looking at patterns of growth in Worcestershire.

Demography

National picture

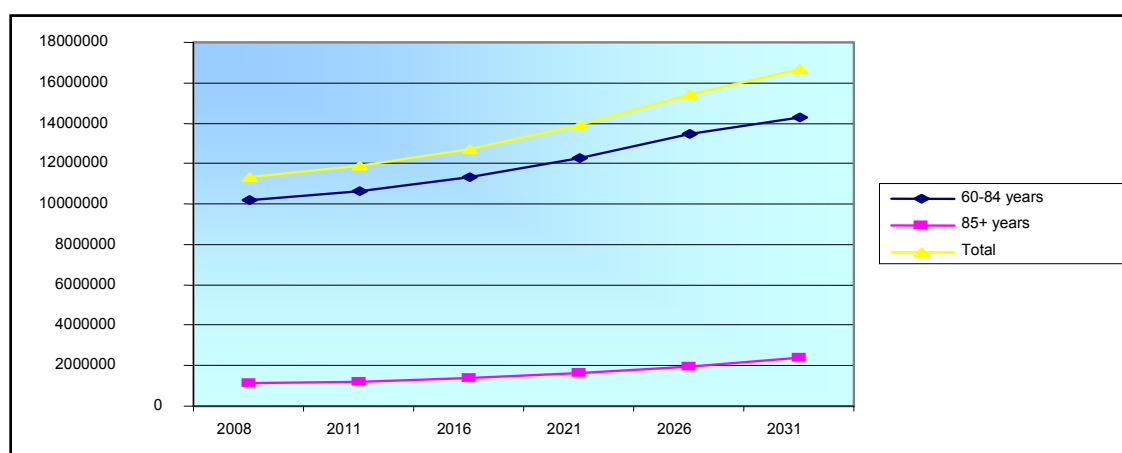
Service provision for older people will need to address the substantial growth projected in the number of people of retirement age. In England, over the next 23 years alone those aged over 60 will increase from 11.3 million in 2008 to 16.7 million in 2031, a 47% growth. Those aged 85 and over will more than double from 1.1 million to 2.4 million (114%).

Table 1: Population in England in '000s

	2008	2011	2016	2021	2026	2031
60-84 years	10,192	10,658	11,344	12,285	13,444	14,287
85+ years	1,126	1,214	1,395	1,637	1,964	2,413
Total	11,317	11,872	12,738	13,921	15,408	16,701

Source: Government Actuary Department

Graph 1: Population in England



Source: Government Actuary Department

These are dramatic changes in a relatively short period. They present significant challenges to central and local government on both the social care and housing front.

Worcestershire

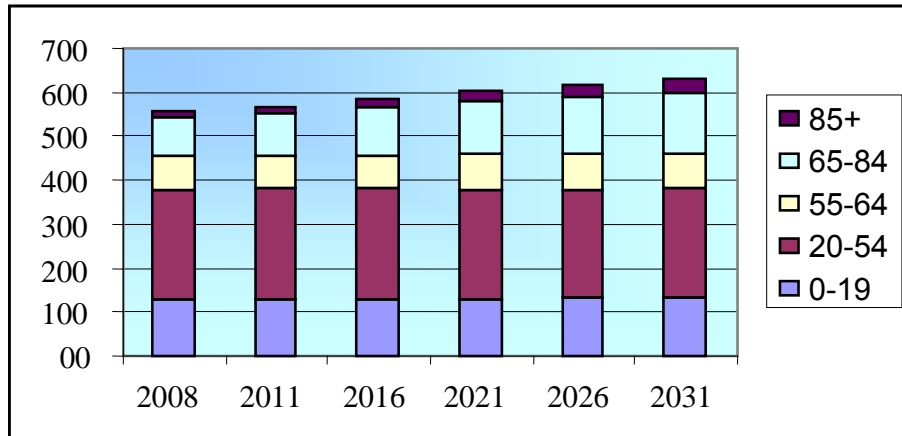
The national picture is broadly replicated in Worcestershire. Table 2 and graph 2 illustrate that there will be an increase of 52% in the number of people aged 60 and over and by 2031 the oldest group of those over 85 will have gone up by 155%.

Table 2 Population in Worcestershire in '000s

	2008	2011	2016	2021	2026	2031
60-84	127.2	136.0	147.3	158.4	171.6	180.0
85+	13.5	15.0	17.7	21.3	26.7	34.4
Total	140.7	151.0	165.0	179.7	198.3	214.4

Source: Office for national statistics – sub-national population projections 2006

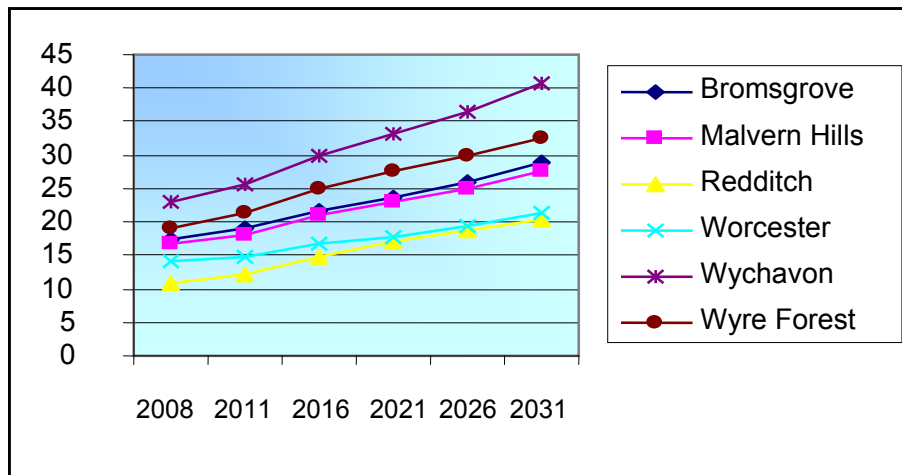
Graph 2: Projected growth 2008 to 2031 in Worcestershire by age group ('000s)



Source: Office for national statistics – sub-national population projections 2006

While all District and Boroughs can expect significant increases within this overall picture patterns of growth vary between the six authorities. Worcester, for example, shows significantly lower growth than Wychavon. (the steeper the graph the higher the growth rate)

Graph 3: Number of people over 65 by District 2008 to 2031 ('000s)



Source: Office for national statistics – sub-national population projections 2006

Table 3: Number of people over 65 by District 2008 to 2031

	2008	2011	2016	2021	2026	2031
Bromsgrove	17,300	18,900	21,600	23,700	26,100	28,900
Malvern Hills	16,700	18,100	21,000	22,900	24,900	27,500
Redditch	10,800	12,100	14,800	17,100	18,700	20,400
Worcester	14,100	14,700	16,600	17,800	19,400	21,500
Wychavon	23,000	25,600	30,000	33,100	36,500	40,600
Wyre Forest	19,100	21,200	25,100	27,600	29,900	32,400
TOTAL	101,000	110,600	129,100	142,200	155,500	171,300

Source: Office for national statistics – sub-national population projections 2006

The proportion of people needing services rises with age and it is the older age groups in particular which are set to increase. The numbers of people aged 85 and over are projected to increase by 160% - 170% in all Districts with the exception of Worcester.

Table 4: Number of people over 85 by District 2008 to 2031

	2008	2011	2016	2021	2026	2031
Bromsgrove	2,300	2,600	3,100	3,800	4,700	6,000
Malvern Hills	2,500	2,800	3,300	4,000	5,000	6,400
Redditch	1,400	1,500	1,800	2,200	2,700	3,600
Worcester	1,900	2,000	2,200	2,600	3,100	3,800
Wychavon	3,000	3,500	4,200	5,000	6,300	8,100
Wyre Forest	2,400	2,600	3,000	3,800	4,900	6,500
TOTAL	13,500	15,000	17,700	21,300	26,700	34,400

Source: Office for national statistics – sub-national population projections 2006

We rely on younger adults to provide care and support. This may be paid or unpaid, based in residential settings or in the home. The ratio of people of pension age to those of working age is of particular interest in considering the implication of demographic change in relation to the ability to actually deliver a care service. Not surprisingly, this ratio is expected to increase. Again, the increase varies substantially between Districts.

Worcester currently has a relatively low ratio of older people to working age people compared with the other Districts. It shows only a small increase over the next 23 years compared with particularly high ratios of older people in Malvern Hills and Wychavon, for example.

Table 5: Pension to working age ratios

District	2008	2011	2016	2021	2026	2031
Bromsgrove	37%	38%	39%	39%	39%	43%
Malvern Hills	48%	50%	52%	52%	53%	58%
Redditch	26%	29%	31%	33%	34%	36%
Worcester	28%	28%	28%	28%	29%	32%
Wychavon	40%	42%	44%	45%	45%	51%
Wyre Forest	39%	42%	45%	46%	46%	50%

Source: Office for national statistics 2008

Demography – ethnic origin

Nationally demand for specialist accommodation for people from Black and Minority Ethnic (BME) groups outstrips provision. With a predicted growth in the number of BME elders and changing cultural attitudes amongst younger BME family members, it is anticipated that demand will increase further over the next twenty years.

Within Worcestershire the number of BME elders is relatively low at just 1.3% of the older population. However, it is important to note the higher proportion amongst the ‘rising elderly’ group of people aged 55 to 64 is 1.5% compared with just 0.7% of those aged 85+.

Table 6: Worcestershire ethnic groups

	55-64	65-74	75-84	85+
White	75,878	49,717	33,195	12,406
Mixed Ethnicity	136	81	37	17
Asian or Asian British	622	358	154	49
Black or Black British	216	209	69	19
Chinese or Other Ethnic Group	188	93	35	6
All people	77,041	50,458	33,491	12,497

Figures from POPPI 2006 estimates

Within this, there are significant variations by District. There were a total of 2,272 people of BME ethnic origin across the county aged 55 or over, of whom 551 lived in Redditch, 471 in Bromsgrove, 352 in Worcester City, 345 in Wyre Forest, 328 in Wychavon and 225 in Malvern Hills. More than half were in the 55 to 64 age group. Demand for services from these groups is likely to increase over the next 20 to 25 years.

It is worth noting that more than half were of Asian or Asian British origin with a relatively small number of people from Black, Black British, Chinese, Mixed, and Other ethnic groups.

Income patterns and deprivation

“Worcestershire is ranked 116th out of the 149 County Councils and Unitary Authorities in England according to the rank of average score measure of deprivation where a rank of 1 indicates the most deprived authority. Worcestershire ranks 19th out of 34 County Councils. This means that, on a national scale, it appears that Worcestershire is not particularly deprived. However, at a more localised level, various distinct pockets of deprivation do exist within the County.

Overall, there are 5 areas in Worcestershire which fall within the top 10% most deprived areas nationally on the Index of Multiple Deprivation. Two of these areas are found in Worcester City, two in Wyre Forest and one in Redditch. There are 25 areas inside the top 20% most deprived areas in England.”

Source: Worcestershire County Council: The English Indices of Deprivation 2004

The ability of older people to pay for services from their own financial resources in the future is crucial in assessing the likely demand on local authority funded services. Average incomes are higher than the national average in all Districts in Worcestershire with the exception of Wyre Forest and highest in Bromsgrove.

Table 7: Households incomes all ages by District

District	Mean Household Income
Bromsgrove	£38,690
Malvern Hills	£34,733
Redditch	£35,448
Worcester	£34,584
Wychavon	£37,128
Wyre Forest	£33,120
Worcestershire	£35,656
United Kingdom	£34,382

Source: PayCheck 2008, CACI.

Nationally, around 26% of people aged 70 to 79 and 33% of people aged 80 or over have incomes in the lowest quintile (20%) of household incomes. Around 64% of those aged 70 to 79 and 73% of those aged 80 or over have incomes in the lowest 40%.

Generally the proportion of adult households in the lowest income groups rises with age from the mid to late 50s. This is borne out in Worcestershire where the proportion of pensioners receiving pension credit rises from just under 12% in the 65-69 age group to 47% in the 90+ age group.

“There are 14 areas in Worcestershire within the top 10% most deprived areas nationally on the Income Deprivation Affecting Older People Index. 11 of these areas are concentrated in Redditch. This is interesting as there are no areas in Redditch which feature within the top 10% most deprived areas nationally on the overall income domain of the Index of Multiple Deprivation. This suggests that there is a particular problem with income deprivation amongst pensioners in Redditch.”

Source: Worcestershire County Council; The English Indices of Deprivation 2004.

Nationally, the proportion of older people finding it difficult to manage financially reduced substantially between 1995 and 2005, with the introduction of the Pension Credit appearing to have lifted many out of poverty.

However, the impact of any rises in food and fuel costs can be particularly severe for older people, who generally spend a significantly higher proportion of their income on these. The numbers of people experiencing poverty will be affected by the extent to which Pension Credit increases in line with rises in these core living costs⁵.

Health and care needs

Life expectancy and healthy life expectancy

People are living longer; life expectancy has increased for both men and women. This is one factor behind the population changes we have seen. Life expectancy in Worcestershire is broadly in line with national averages with some Districts, notably Redditch, showing average life expectancy slightly below the national average and others above.

⁵ Help the Aged report: Debt and Older People: How age affects attitudes to borrowing (Stephen McKay, Elaine Kempson, Adele Atkinson and Mark Crame, Personal Finance Research Centre, University of Bristol) 2008

Table 8: Life expectancy

Life expectancy	At birth	At age 65
Men		
England	77.32	17.19
Bromsgrove	78.6	17.4
Malvern Hills	78.5	17.9
Redditch	76.8	16.7
Worcester	77.7	17.8
Wychavon	78.8	18
Wyre Forest	77.7	17.5
Women		
England	81.55	19.93
Bromsgrove	81.3	19.6
Malvern Hills	82	20.2
Redditch	80.3	20.1
Worcester	81.5	19.7
Wychavon	83.2	20.9
Wyre Forest	81.6	20

Source: Office for national statistics

However, as Table 9 shows, the period of ill health in later years has also lengthened. Increases in **healthy** life expectancy are not keeping pace with improvements in life expectancy. Some long term conditions are not inevitable consequences of old age; others, like dementia and arthritis, seem to be closely related to a person's age.

Table 9: Life expectancy and healthy life expectancy at age 65

Year	Men			Women		
	Life expectancy	Healthy life expectancy	Period of poor health	Life expectancy	Healthy life expectancy	Period of poor health
1981	12.97	9.94	3.03	16.92	11.88	5.04
2001	15.94	11.62	4.32	19.03	13.17	5.86

Source: Government Actuary Department 2006

So a man of 65 in 2001 had 3 years longer life expectancy than someone of the same age in 1981. However, he could also expect a more prolonged period of poor health in later years – 4.32 years, compared with 3.03 in 1981.

The significance of the longer period in which older people will experience poor health in later life is that this is one factor behind increasing demands for care and support and also more suitable or adapted housing.

Levels of long-term limiting illness

Demand for care and support services from older people is driven by levels of poor health and disability. Nationally almost a third of people (32.2%) with a long-term health problem identify a need for personal care and almost two thirds (61.8%) need help with household jobs.

The Census provides data on the numbers of people with a long-term limiting illness. Current estimates show that some 44% of people aged 65 and over in Worcestershire have a long-term limiting illness, ranging from 40.3% in Malvern Hills to 48.5% in Redditch. Wyre Forest in absolute terms has a significantly higher number than all the other areas.

Table 10: Long-term Limiting Illness by District 2008

	Number	%
Bromsgrove	9,217	44.0
Malvern Hills	8,223	40.3
Redditch	6,843	48.5
Worcester	8,708	46.5
Wychavon	11,692	43.4
Wyre Forest	17,491	44.2
Worcestershire	55,155	44.1

Source: POPPI estimates based on ONS 2006 projections

By applying the percentages in 2001 to projected population figures we can estimate the number of people with a limiting long-term illness in different age groups over the next 20 to 25 years (table 10).

The projections show an estimated increase of just under 25,000 aged 65 and over with a long term health condition by 2025. Assuming current rates of demand for services and support it is reasonable to estimate that an additional 8000 will need some form of personal care and an additional 15000 will need help with household tasks by 2025, a considerable challenge to service commissioners and providers.

Table 11

Age group	2008	2010	2015	2020	2025
65-74	19,489	21,211	25,387	26,266	25,277
75-84	17,572	17,981	20,492	24,436	29,713
85-94	7,494	8,049	9,436	11,324	14,321
Total	44,554	47,241	55,315	62,026	69,311

Source: POPPI estimates based on ONS 2006 projections

Mental health – dementia

The Alzheimer’s Society has been drawing attention to the growth in people on the dementia spectrum. They say there will be approaching 900,000 people with dementia in the UK at the end of the decade, a figure set to double by 2050. Already dementia affects 1 in 5 of those over 80 years.

We can project the likely incidence of dementia amongst older people in Worcestershire by applying current rates to predicted populations. The rate of dementia varies between men and women in different age groups with higher rates amongst men than women in the 65 to 79 age range, but higher rates amongst women in the 80+ age group.

Based on the different rates, we can estimate an increase in the total number of people with dementia from 7,118 in 2008 to 21,092 in 2025, an increase of almost 200%.

Table 12: Predicted incidence of dementia

	2008	2011	2016	2021	2026
Bromsgrove	1,217	1,295	1,484	1,772	2,090
Malvern Hills	1,244	1,315	1,494	1,753	2,101
Redditch	745	792	924	1,084	1,322
Worcester	969	1,013	1,101	1,244	1,439
Wychavon	1,617	1,752	2,035	2,392	2,858
Wyre Forest	1,287	1,348	1,594	1,885	2,309
Total	7,118	7,454	8,613	10,136	12,092

Source: POPPI estimates based on ONS 2006 projections

Whilst the predicted figures show some variations between Districts, it is clear that there will be increased demand across all areas. Again, the key point to note is the increase in the number of people likely to require services across the County and, particularly, extra care and other services for older people with relatively high needs.

Appendix 3 contains further analysis of mental health, falls, sensory impairment and other health conditions.

Housing

An increase in home ownership

There has been a significant growth in the proportion of people buying and owning their own home over the last few decades. About three out of four of those now retiring are home owners. Most own their property outright. This pattern changes amongst people as

Research into the Housing and Support Needs of Older People within Worcestershire

they grow older. Home ownership peaks amongst people in their fifties and early sixties. The tailing off of home ownership in later years is partly due to people relinquishing ownership as they move to different, often more institutional accommodation where ownership is not currently possible.

Table 13 shows the national picture at the last Census in 2001.

Table 13: Tenure where a Household Reference Person (HRP) is of pensionable age – England 2001

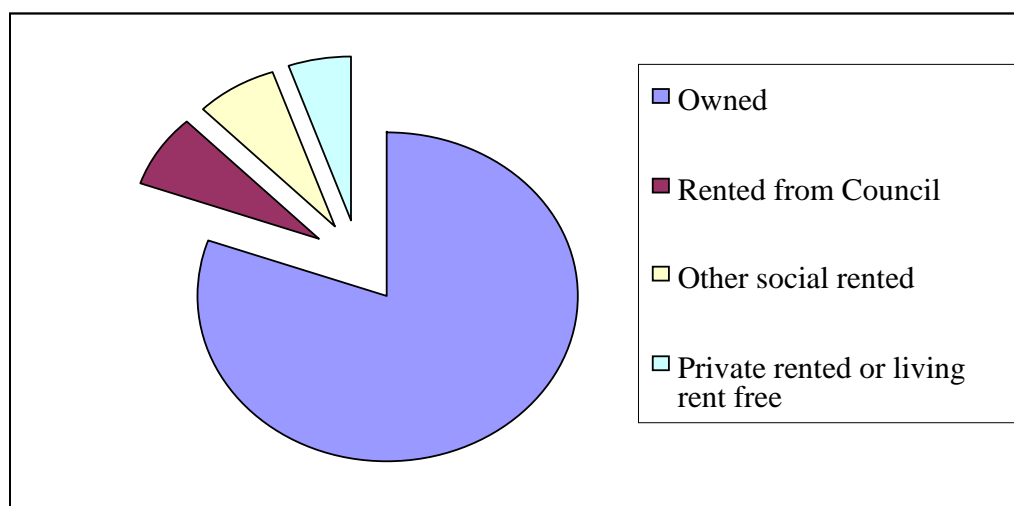
	No's	%
All households where a HRP is of pensionable age	6,455,091	
Owner occupied, owned outright	3,772,855	58
Owner occupied, with mortgage	715,618	11
Shared ownership	25,262	<1
Rented from Council	1,027,506	16
Rented from housing association/ social rented	443,424	7
Rented privately	279,629	4
Living rent free	190,797	3

Source: www.nomisweb.co.uk

Note: these figures have not been updated as it is not generally reliable to project figures forward from the previous Census. Indications of changes in tenure patterns may be obtained from individual Districts' House Condition Surveys which are updated approximately every five years, although these are based on relatively small samples.

Again, these patterns are reflected in Worcestershire, where the majority of people aged 55 and over live in homes they have bought or are still buying with a mortgage.

Graph 4: People aged 55+ living in Worcestershire by tenure



Source: Poppi based on ONS

Research into the Housing and Support Needs of Older People within Worcestershire

The tendency for people to move to rented accommodation in their later years is also seen in Worcestershire with increases in renting both social and private housing, and a corresponding decrease in ownership.

Table 14: Tenure by age group – Worcestershire %

Area	People aged:	55-64	65-74	75-84	85+
Worcestershire	Owned	85.5	81.5	73.1	66.0
	Rented from council	5.4	7.3	9.8	10.2
	Other social rented	4.7	7.0	10.2	11.9
	Private rented or living rent free	4.5	4.2	7.0	11.9

Table 15: Tenure by age group – district level (%)

Area	People aged:	55-64	65-74	75-84	85+
Bromsgrove	Owned	90.0	86.9	77.8	69.7
	Social rented (housing associations)	7.1	10.4	16.6	17.2
	Private rented or living rent free	3.0	2.8	5.6	13.1
Area	People aged:	55-64	65-74	75-84	85+
Malvern Hills	Owned	85.4	84.1	77.1	70.7
	Social rented (housing associations)	8.5	10.4	16.1	18.3
	Private rented or living rent free	6.2	5.6	6.9	11.0
Area	People aged:	55-64	65-74	75-84	85+
Redditch	Owned	80.5	73.8	62.5	50.6
	Rented from council	14.9	21.4	27.4	30.2
	Other social rented (housing associations)	1.6	1.8	2.6	3.8
	Private rented or living rent free	2.9	3.0	7.5	15.4
Area	People aged:	55-64	65-74	75-84	85+
Worcester	Owned	83.2	79.0	72.2	66.4
	Social rented (housing associations)	12.1	16.4	20.7	23.5
	Private rented or living rent free	4.7	4.6	7.1	10.1
Area	People aged:	55-64	65-74	75-84	85+
Wychavon	Owned	86.3	80.7	73.1	65.7
	Social rented (housing associations)	9.0	14.6	19.3	22.7
	Private rented or living rent free	4.7	4.7	7.5	11.7
Area	People aged:	55-64	65-74	75-84	85+
Wyre Forest	Owned	85.6	81.7	72.2	66.6
	Social rented (housing associations)	5.6	8.5	13.0	21.7
	Private rented or living rent free	4.8	4.2	7.1	11.7

Source: Poppi based on ONS

Tenure patterns vary significantly across the county. In Malvern, just 8.5% of those aged 55-64 live in social housing, rising to 18.3% of those aged 85 and over. This compares with 16.5% of people aged 55-64 in Redditch rising to 34% of people aged 85 and over. As we shall see, these variations have led to significant disparities in the provision of support services with most focused on social housing.

The projected growth in the older population, combined with the increase in home ownership, means that more people will be able and possibly expected to pay for their own care, in turn increasing the demand for privately purchased services and use of equity release.

Property values

To assess the potential for equity release amongst older home owners, we need an overview of typical property values across the area. It should be noted that values can vary substantially both within property type with differences in size and design of property and between different locations, with values showing significant differences between and within very small local areas. The averages shown here are intended to give an indication of the equity tied up in housing in the area and potential resources which might be tapped to fund some services.

Table 16: Current average property values in Worcestershire

Property type	October 2007	October 2008	Increase / decrease
Detached	£336,045	£274,937	-18%
Semi	£178,278	£165,292	-7%
Terraced	£152,947	£129,514	-15%
Flat	£133,459	£138,705	+4%
All	£214,244	£184,484	-14%

Source: Home.co.uk – House Prices Report for Worcestershire October 2007 to October 2008. Note: the values quoted are based on actual sales prices rather than asking prices which are much higher.

As can be seen from this comparison, property values have decreased significantly over the last year. This drop in value is expected to continue for at least the coming year and possibly longer and will affect not only the equity which could be released from housing, but the willingness of home owners to realise some of this value through equity release. This may particularly be the case where home owners' income has been hit by the major reductions in interest on savings seen in recent months. We return to the potential for equity release later in this report.

The impact of living alone

One factor in the demand for services is the number of people living alone. In particular, we know that nationally around 43% of people aged 75 or over and living alone receive some kind of care and support, generally in the form of personal physical care or home help.

In Worcestershire a rise is predicted in the number of people aged 75 and over living alone from 22,343 in 2008 to 37,665 by 2025. Assuming 43% of these people will need some form of care and support, it is likely that an additional 6,600 will need help.

Table 17: Pensioners living alone in Worcestershire

	2008	2010	2015	2020	2025
Men aged 65-74	4,437	4,811	5,763	5,916	5,627
Men aged 75 and over	5,292	5,628	6,832	8,484	10,584
Women aged 65-74	8,943	9,735	11,682	12,177	11,814
Women aged 75 and over	17,051	17,346	19,175	22,302	27,081
Total aged 65-74	13,380	14,546	17,445	18,093	17,441
Total aged 75 and over	22,343	22,974	26,007	30,786	37,665

Source: Poppi based on ONS

In many cases it will be possible to provide care and support to people in their own homes. However, the availability of care and support and the suitability of people's housing for adaptation to meet their needs will have a significant impact on their choices. For many a move to residential care may have to remain an option.

Care homes

A small proportion of older people currently live in a care home, with or without nursing. It is estimated (POPPI) that there are 3,797 people aged 65 and over living in some form of care home, including nursing homes, in Worcestershire, of whom an estimated 2,383 are 85 and over. As we would expect, the number of people living in a care home increases significantly with age.

Projections indicate that there will be an 80% increase in the number of people living in care homes by 2026 compared with 2008.

Table 18: Projections of pensioners in Worcestershire living in a care home

	2008	2010	2015	2020	2025
People aged 65-74	282	307	367	380	365
People aged 75-84	1,103	1,128	1,286	1,533	1,864
People aged 85+	2,298	2,468	2,893	3,472	4,391
Total	3,797	4,025	4,688	5,555	6,834

Source: Poppi based on ONS

These projections are based on the percentage of people in care homes at the last census in 2001 attributed to the anticipated growth in the number of older people to 2025, and do not reflect the shift away from residential care in recent years or the likely impact of policy on this over the next 20 years. **National policy would make the actual growth in reliance on residential care substantially less, this will be affected by the availability of adequate, affordable alternatives and the choices open to older people as their care needs increase.**

How easy is it for older people to access suitable housing?

The vast majority of older people choose to live in their own homes in the community well into later life. Increasingly, older people choose to live in mainstream housing, preferably owner occupied, and there has been a small decline in the numbers living in social housing.⁶

As we have noted, patterns of tenure and where people choose to live are strongly affected by the choices available to them. As the level of intensive home care services increases it is likely that the proportion of people moving to residential homes will decrease albeit in absolute terms there may be more people in residential care as a result of the much larger population of older people.

Similarly, the availability of support in general housing, both private and social, will affect the level of demand for specialist older person's accommodation. Some older people who need to move, said (in our discussion groups) they would prefer to move to general needs housing, but, given the high level of competition for 1 and 2-bed properties (and cost), opt instead for sheltered housing as they believe this offers their only realistic chance of re-housing. For some in general needs housing there are other factors including a positive attraction of a warden service. What national studies repeatedly show (also found in the work reported later with older people living in Worcestershire) is that sheltered housing and extra care represent "security" and that this is multi-faceted.

At the same time, demand for sheltered housing may be affected by the standard of the schemes in the area with lower demand likely in areas where this is predominantly in the form of studio and one-bedroom flats. Research carried out by the Joseph Rowntree Foundation found that:

*"Accommodation that was very small impacted on residents' lifestyle and had implications for care delivery. Greater emphasis is needed on 'space for living'."*⁷

The same research found that older people value the independence and security offered by housing with care schemes whilst some might prefer living in retirement schemes with or without care which offer higher standards of space and facilities than those provided in traditional sheltered housing. Location is also a key factor with older people often preferring to living in urban areas and close to town centres where there is easier access to amenities.

⁶ Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society, Communities and Local Government, DH and DWP, 2008

⁷ Factors influencing the Housing Satisfaction of Older People, Joseph Rowntree Foundation, 1995

Housing need according to waiting lists

There are currently 5,491 people aged 50 or over, living in 4,076 households registered on local authority housing waiting lists in Worcestershire, of whom 3,688 are aged 60 and over. (Note: this does not include Redditch for which figures were not available).

Waiting lists are not always an accurate measure of real demand as many older people are known to apply for sheltered housing “just in case” it becomes necessary whilst equally many people do not register a housing need for a range of reasons who do have a genuine housing need.

Table 19 Number of people over 50 years on local authority housing registers

District	50-59	60-69	70-79	80-89	90+	Total
Bromsgrove	251	362	333	147	14	1107
Malvern Hills	253	238	142	91	12	736
Worcester City	247	182	115	47	3	594
Wychavon	464	537	320	189	20	1712
Wyre Forest	406	570	276	82	8	1342

Source: Worcestershire local authority data 2008

Homelessness

Housing authorities in certain parts of Worcestershire record a relatively high level of homelessness amongst older people who are judged to be vulnerable and in priority need, although this has been decreasing over the last year and in absolute terms the numbers are small.

In 2007/8 the six District housing authorities accepted they had a duty to offer housing for 26 older homeless households, 11 of them in Wyre Forest, 7 in Redditch and 6 in Bromsgrove. A total of 28 homeless households accepted as homeless across the county in 2007/8 had a head of household aged 60 or over. The number of homeless older people reduced throughout the year from 11 in the first quarter, to 8 in the second, 6 in the third and 3 in the final quarter.

Analysis has also been undertaken, as part of the Strategic Review of Single Homeless Services, into older homeless people who occupy temporary or inappropriate accommodation in Worcester City (the only location in the county of direct access hostels). In this study, the accommodation at St Pauls Hostel, the Worcester YMCA and Maggs Day Centre were all reviewed in terms of services delivered to older people.

The research looked at people aged 50 plus using services at St Paul’s, Maggs and Worcester YMCA in data collected as a snapshot but representative of usual take up of services. 15% of St Paul’s hostel, 30% of Worcester YMCA and 19% of Maggs service users are over 50 years old. With regard to the Night Assessment Centre which is run by Maggs Day Centre and St Pauls throughout the coldest night of the year, that in 2007

there were 17 people who were over 45 years old, with 4 being 55 – 64 and 3 people were 65 years plus.

All these residents have a multitude of other support needs, including addiction, mental health, educational and physical issues. Statistics from all three agencies show staff and service users have assessed over 80% of over 50 year olds as facing one or more of these issues.

Additionally the length of stay in the temporary accommodation is a key issue with a total of 14 people having a length of stay between 1 to 5 years and a further 15 people staying over 5 years. The highest numbers of over 50 year olds are within Worcester YMCA and Maggs Day Centre. Staying in shared accommodation for this length of time has issues such as institutionalisation and may mean that the very complexity of these specific service users will make it difficult to provide services that can cater for such individual and multiple needs.

Specific housing requirements

A number of older people need specialist housing of some kind. This includes those needing ground floor housing or housing with particular adaptations, and those who need support to live in a non-residential setting, notably those with a learning disability.

Learning Disability

Whilst not all people with a learning disability need intensive care and support, many will need low level support to continue living independently. Some people with a learning disability are also likely to confront the problems of old age at an earlier stage in their lives and their need for services is likely to increase as they age.

Table 20: People aged 50 and over in Worcestershire predicted to have a learning disability

	2008	2010	2015	2020	2025
People aged 50-59	1,778	1,753	1,888	2,040	1,945
People aged 60-69	1,455	1,537	1,580	1,519	1,656
People aged 70-79	972	1,015	1,191	1,436	1,479
People aged 80+	528	558	642	778	971
Total aged 50+	4,732	4,864	5,301	5,772	6,050

Source: POPPI – figures based on prevalence rates⁸ applied to ONS population projections

Table 21 below shows the projected number of people aged 50 or over with a moderate or severe learning disability. These are the people most likely in this group to need support and care as they grow older.

⁸ Prevalence rates derived from 'Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England' Emerson, E and Hatton C for the Institute for Health Research, Lancaster University, June 2004

Table 21: People aged 50 and over in Worcestershire predicted to have a moderate or severe learning disability

	2008	2010	2015	2020	2025
People aged 50-59	389	384	413	449	433
People aged 60-69	275	290	295	284	309
People aged 70-79	127	133	157	189	191
People aged 80+	51	53	61	73	90
Total aged 50+	843	860	925	995	1,022

Source: POPPI – figures based on prevalence rates¹³ applied to ONS population projections

Conclusion

Key messages that can be identified from this data on current and projected needs are:

- ♦ The number of people in the older age group (85+), those most likely to need specialist housing, care and support services, is projected to increase from 13,500 in 2008 to 35,400 in 2031
- ♦ The primary users of care and support services are those aged 75 and over who live alone, of whom some 6,600 are projected to need support by 2025; and those with a long-term limiting illness, of whom an additional 8,000 are likely to require some form of care service by 2025. A further 15,500 are estimated to need help with some household tasks.
- ♦ There are variations in the level of growth between the six Districts within Worcestershire.
- ♦ The increasing proportion of older people compared with working age adults means there are significant challenges to the market in securing care and support workers to provide the services needed
- ♦ There are also variations in income levels amongst pensioners across the county with parts of Redditch showing particularly low average incomes amongst pensioners.
- ♦ People are living longer but also living in poor health for longer than previously. The demand on health services is likely to increase substantially, with predicted increases in hospital admissions resulting from falls and an estimated 50% increase in the number of people unable to manage one key mobility task. There are also substantial increases expected in the incidence of cancers, heart disease, strokes and respiratory diseases.
- ♦ Predicted increases in poor mental health will also present challenges to health, care and support services, with particular rises in the incidence of moderate and severe depression and in dementia.
- ♦ More than 3 in 4 of people now retiring in Worcestershire are homeowners. Most own their home outright and will have access to some resources to fund part or all of the care and support they need in later life. However, a significant proportion of older owner occupiers are ‘income-poor’ and those who are still paying a mortgage at retirement (11%) are the most vulnerable to fuel poverty and social exclusion.
- ♦ There is a significant unmet need for housing amongst older people.
- ♦ Homelessness is relatively high but the actual number of people is small

Chapter 4 Supply of Specialist Housing and Support Services

In a nutshell

There is a good supply of sheltered housing to rent and for sale at 79 dwellings/1000 population over 65 compared to an England average of 66/1000. It is not however spread equitably across districts. There are also concerns about the quality of some of the stock and lettability of smaller properties in the future. Residential care places at 50/1,000 of those over 65 are just above the norm for England of 47/ 1,000. Over the last 6 years the number of older people supported at home has increased by 60%.

We estimate the specialist housing required in the county by 2025 is:

Type of housing	More/ less properties needed
Sheltered housing for rent	1171 fewer properties
Sheltered housing for sale	4636 more properties
Enhanced sheltered housing	1610 more properties
Extra care housing	1938 more properties
Housing based provision for dementia	838 more places
Residential care places	3068 more places
Nursing care places	1069 more places

Having considered the likely level of need and demand for services over the next 20 or more years, we now turn to an examination of the current **supply** of housing, care and support and identify the key challenges facing Worcestershire in reconfiguring services to meet the changing needs of its older residents.

Housing

Worcestershire has a reasonably high level of traditional sheltered housing to meet the need for this form of specialist accommodation.

Table 22: Sheltered housing – Worcestershire

	Rent	Sale	Both
Dwellings:	5361	1649	7010
Provision/1000 population 65+	60.2	18.5	78.7
England average	52.4	13.6	66.0

Source: EAC, 2007,

Sheltered Housing

Traditional sheltered housing comprise:

- ◆ Self contained dwellings – usually flats or bungalows. Occasionally in the past these were bedsits and might have shared bathrooms
- ◆ Designed for older people to make access and use easier
- ◆ Limited communal facilities – typically a lounge, guest room and laundry. Category II schemes had more facilities but smaller dwellings than Category I.
- ◆ Limited assistance of an on-site or visiting warden or scheme manager originally often described as a “good neighbour”

Taken as a whole, Worcestershire compares well in terms of the level of sheltered housing available across the county with 78.7 dwellings per 1000 people over the age of 65, compared to the norm for England of 66 dwellings per 1000. However, there are wide variations between Districts ranging from 26.1 units per 1000 people over 65 in Malvern Hills, well below the national average, to 144.6 units per 1000 in Wyre Forest, well above the average. The next table shows the numbers of sheltered housing units for rent and sale in the different Districts⁹.

Thirty five of the schemes included above, both leased and rented, include studio flats, and whilst there are a number of 2 bedroom flats, the vast majority have just one bedroom. Future patterns of provision will depend in part on continuing demand for these smaller properties.

In the social sector, it is worth noting that there is a relatively low level of voids recorded in sheltered schemes, with just 10 properties vacant on the 12th January 2009. Whilst this demonstrates that the current stock of sheltered housing is fully used, it does not necessarily mean that all schemes are in high demand, as many older people may see these smaller flats as their only opportunity to access retirement housing.

Nationally social landlords are developing asset management plans to ensure that their housing is fit for purpose and meets modern standards and expectations. This generally focuses on removing any studio flats and flats with shared facilities, increasing the number of 2-bed flats and bungalows, and on increasing the proportion of properties for sale on a leasehold or shared equity basis.

Leading RSLs who provide specialist accommodation for older people in Worcestershire will already have plans to remodel or dispose of those schemes which are unlikely to meet future needs, or are in the process of drawing up such plans. The impact of any such

⁹ Note different sources invariably give slightly different figures for the number of sheltered units. This is because they are based on different dates, use a different definition of sheltered houses, include or exclude warden dwellings and so on.

plans is likely to be a decrease in the number of sheltered housing properties and this could have an impact on the availability of this kind of specialist housing in the future.

Table 23: Current provision of sheltered housing by District

	Rented	Sale	Both
England average/1000 population 65+	52.4	13.6	66
Worcestershire			
Dwellings	5361	1649	7010
Provision/1000 population 65+	60.2	18.5	78.7
Bromsgrove			
Dwellings	916	397	1313
Provision/1000 population 65+	60.5	26.2	86.7
Malvern Hills			
Dwellings	90	303	393
Provision/1000 population 65+	6.0	20.1	26.1
Redditch			
Dwellings	1000	139	1139
Provision/1000 population 65+	92.5	14.4	106.9
Worcester			
Dwellings	1001	169	1170
Provision/1000 population 65+	74.8	12.6	87.4
Wychavon			
Dwellings	809	481	1290
Provision/1000 population 65+	40.8	24.3	65.1
Wyre Forest			
Dwellings	2168	160	2328
Provision/1000 population 65+	134.7	9.9	144.6

Source: Elderly Accommodation Council Key Data Report 2007

Within the social housing sector a number of rented schemes include bedsits as shown below. Nationally social landlords managing sheltered schemes which include bedsits are considering how best to remodel or replace these in the future. The main alternatives are:

- Remodelling – to convert two or more bedsits into one larger flat
- Sale – either on the open market or to another social landlord – generally for redevelopment or demolition
- Change of use to general needs or temporary supported housing
- Re-development in house to an alternative model for the same needs, typically into extra care, possibly with additional building.

All options entail a loss of traditional sheltered dwelling for older people although the last option replaces this.

Table 24 Bedsits within sheltered housing schemes in the social housing sector

Provider	District	No. bedsits
Anchor Trust	Malvern Hills	22
	Redditch	28
Bromsgrove DHT	Bromsgrove	33
Community Housing Group	Wyre Forest	29
Festival Housing Group	Wychavon	24
Housing 21	Bromsgrove	35
	Malvern	21
	Redditch	8
	Wychavon	35
Redditch Borough Council	Redditch	94
Riverside	Wychavon	24
Rooftop Housing	Wychavon	16
Worcester Community Housing	Worcester	21

Source: Worcestershire council housing stock data 2008

To understand the likely future provision of sheltered housing for older people it is important to review any plans current providers have for their schemes. Anchor Trust, for example, are currently working on an options appraisal covering their schemes across the country identifying those schemes which they will retain in their ownership and those they are likely to sell for redevelopment. Similarly, both Rooftop Housing and Worcester Community Housing refer to a need to complete options appraisals which are likely to lead to some reduction in the numbers of sheltered homes available for rent.

It is also worth bearing in mind that there has been a move away from sheltered housing with dedicated management on-site over the last five years, with support services being increasingly uncoupled from particular housing schemes. It is argued as well as providing a more effective way of directing services as those people who need support; this allows the focus on housing to be properly directed at its quality, space standard, and accessibility. The shift to “floating support” and demise of scheme specific staff has been controversial nationally. It has helped to prompt the development of different approaches to supported housing, in particular “hub and spoke” forms of sheltered housing and associated services¹⁰.

Current supply and demand

At the time of writing, there are 23 retirement properties for sale in private schemes in Worcestershire spread between 10 schemes. Of these, seven are in a single scheme, and four in another. Demand will vary according to the costs of any flats for sale, the level of activity in the housing market as a whole, and the ability of people to sell their existing properties.

¹⁰ Nobody’s listening; the impact of floating support on older people living in sheltered housing, N. King et al, Help the Aged, 2009

Research into the Housing and Support Needs of Older People within Worcestershire

Within the social sector, there has been an increase over the last 4 years in the number of sheltered properties becoming vacant and let from an average of 377 a year between 2005 and 2006 (376 in 2005 and 378 in 2006) to an average of 552 a year between 2007 and 2008 (590 in 2007 and 513 in 2008).

This compares with 3,688 people aged 60 and over currently on waiting lists across the county. In practice, a large proportion of those on waiting lists do not have a current housing need. Of those aged 50 and over only 745 are banded as 'Priority', 'Gold/Gold Plus' or 'Silver/Silver Plus', meaning they have an identified significant housing need. (Bronze is identified as a low housing need in the Choice Based Lettings (CBL) allocations policy. This indicates that there is a healthy supply of vacancies in affordable sheltered housing to meet needs, notwithstanding the likelihood of a number of units being redeveloped or lost.

There are, however, an additional 3,331 applicants aged 50 and over in the 'Bronze/Bronze Plus' bands who will need to wait longer to be rehoused¹¹.

Generally, local authorities are less able to assess the level of demand for leasehold and shared equity properties as most people do not apply to them for this given the relative lack of homes available in these tenures.

Similarly, the level of need for extra care housing is hard to gauge from waiting lists except where the development of a new scheme generates demand or social services partners are able to identify people who would benefit from this kind of housing.

¹¹ Details of the Home Choice scheme are included in Appendix 1

Extra care housing

Extra care does not have a statutory definition and is more usefully thought of as made up of a collection of variable features. It is characterised by:

- ◆ Own self contained housing – owned, part owned or rented. May be flats, bungalows or even houses/ cottages incorporating design details to make them accessible and easy to use supporting independence
- ◆ Properties grouped together to form a scheme – typically 40-300 dwellings
- ◆ 24 hour care and support available on site. Unusually services can be tailored to the individual
- ◆ Provision of some meals
- ◆ A wider range of communal facilities than in traditional sheltered housing (a lounge, guest suite and laundry) including restaurant, bar or café, health and fitness facility, hobby rooms or computer rooms, shop, ATM machine..., bigger developments usually have a wider range of amenities

Some commentators emphasise integration of management of the housing and care to provide flexibility to adapt environmental and care services as needs change. Also a culture designed to promote independence of occupiers.

Ref: Housing LIN, Factsheet number 4, Models of extra care and retirement communities, Nigel King, 2004

Future housing demand

The Housing Learning and Improvement Network (LIN) an agency of the Department of Health publish a toolkit for producing a strategy for accommodation with care for older people. The brief to the consultants included applying this method of establishing need to Worcestershire. The toolkit described in, 'More Choice, Greater Voice'¹² which accompanied the publication of the Government Housing Strategy for Older People (op cit), suggests that future ratios should be around 170 units of specialised accommodation (other than registered care home places) per thousand people over 75 years.

Breaking this down the tool kit suggests per thousand people over 75 years there should be:

- ◆ 50 conventional sheltered housing properties
- ◆ 75 leasehold sheltered housing properties
- ◆ 20 enhanced sheltered housing properties divided equally between ownership and renting
- ◆ 25 extra care properties, again divided between ownership and renting
- ◆ In addition around 10 housing based places for people with dementia

These 'norms' are put forward on the basis of a pilot exercise and draw on thirty studies of current and future housing to estimate requirements. They reflect the way provision

¹² More choice, greater voice, N Appleton, Housing LIN/ CLG, February 2008

and the market needs of older people have been developing rather than providing exact measures of need. They redress the balance between properties for ownership and renting, in line with the shift in tenure balance in recent years and the picture in Worcestershire.

Enhanced sheltered housing

The term “enhanced sheltered housing” is not a common one. It describes a form of housing which extends facilities and care beyond traditional sheltered housing but is more limited than full extra care. It might not, for example, have 24 hour care on site.

Enhanced Sheltered Housing			
Essential	Mixed dependency population. Including up to 12 hours per week care needs	Assisted bathing facilities. Access to meals services. Recreational/ leisure facilities. Infra-structure in place for assistive technology. Guest accommodation with range of facilities	Manager based on site to provide support and facilitate access to day opportunity services. Expedited access to care services. Facilitated social and recreational activity programme.
Desirable	Aggregate care needs 150-200 hours per week	Restaurant. Fully equipped craft rooms. IT Suite. Exercise Suite. Generous storage space in addition to that within the individual unit.	On site care and/or support

See “More choice, greater voice” (op cit) for further explanation

Applying these rates the calculated level of provision required is set out in Table 25

Implications for Worcestershire to 2025 – specialist housing required

Table 25

	Current provision	Suggested ratios	Resulting number of units	Increase/decrease
Sheltered housing for rent	5138*	50	4190	- 1171
Leasehold sheltered housing	1649	75	6285	+4636
Enhanced sheltered housing	66	20	1676	+1610
Extra care sheltered housing	157	25	2095	+1938
Housing based provision for dementia	None	10	838	+838

** 5361 as per EAC data report minus 66 enhanced and 157 extra care*

These figures are based on a current population of 47,800 and a projected population of 83,800 people aged 75 and over by 2025.

Enhanced sheltered housing is a form of provision included in the modelling contained in “More choice, greater voice” (op cit). As noted it is not in common usage and not explicitly part of provision in Worcestershire and consequently adds a further level of complexity or indeed possibly confusion! The conceptual problem is that while it is easier to think of a few clear cut categories, “boxes”, the reality is that there are a growing range of alternatives and while harder for administrators to deal with, in some ways it is better to think of there being a spectrum or continuum of provision. This applies to both physical housing provision and care and support services. In the case of the latter this is most obvious in the introduction of Individual Budgets so that under self directed support, people will be much freer to design their own package of care rather than simply take one of the pre-existing categories of service available. A “mix and match” approach will become more common selecting from existing services as well as creating a new, personal package.

Two features of current provision are immediately apparent:

- ◆ **There is a low level of enhanced and extra care housing relative to predicted need and a substantial requirement for this to be developed**
- ◆ **There is an anticipated oversupply of sheltered housing for rent but an undersupply of leasehold sheltered housing.**

These figures must be treated with some caution. They can be a rough guide only and will need adjusting to local circumstances and policies. In the remainder of this report some of the factors that qualify these broad figures are developed.

Increased expectations from service users

Baby-boomers who have been brought up in a more consumer led society than their parents will be less willing to tolerate low quality levels of care and housing. The Better Government for Older People (BGOV) project, influenced by their advisory group of

Research into the Housing and Support Needs of Older People within Worcestershire

older people, has argued people want more space in their properties and two bedrooms properties as a normal minimum.

For many years studies have tracked the way rising expectations and unwillingness to accept too great a compromise lie behind hard to let sheltered housing and unpopularity.

“Often a combination of factors contributed to schemes being difficult to let. Bedsits and shared bathrooms were unpopular. Letting difficulties arose when schemes were located in ‘problem’ areas or where local shops or public transport were lacking. Over-provision was cited and the impact of the growing number of ways in which elderly people can remain in their own homes. The clear message is that elderly people will not accept sub-standard accommodation, unless they are desperate and have no alternative¹³”

We have already seen that there are a small number of schemes which still include studio flats or bedsits and a larger number of one-bedroom flats. Effective asset management strategies and plans for remodelling and redeveloping existing schemes need therefore to be a central plank in addressing future housing, care and support needs. Housing aimed at older people needs to be fully accessible and have a broader mix of tenure types including rented, leasehold and shared equity.

There is limited data available from the District housing authorities on the number and distribution of affordable houses and flats which are wheelchair accessible or have had major adaptations to make it suitable for someone with mobility needs across tenures. Housing authorities have figures for Disabled Facilities Grants, Worcester, for example are able to identify 287 properties owned by RSLs with adaptations of which a small proportion are wheel chair accessible.

However, in most parts of the country the demand for wheelchair accessible and adapted housing outstrips the available supply, and with a predicted growth in older households it is likely there will be an outstanding need for this type of housing over the next 20 years. The development of more suitable housing for older people replacing any existing, outdated stock would provide attractive alternatives to older people now under-occupying larger family homes. This would not only help meet the needs of older households, but would also assist in freeing up three and four-bedroom homes for younger families.

The South Housing Market Assessment¹⁴ also identified a need for models of mixed and flexible tenure to be developed to meet the needs of older home-owners. As we have seen, many older owner occupiers live on low incomes and struggle to meet the costs of maintaining and heating their homes effectively. Strategies to develop new, mixed tenure housing schemes aimed at older people can be an effective complement to District

¹³ *“Difficult to let sheltered housing”*, (Tinker. A. et al, Stationary Office, 1995).

¹⁴ A Strategic Housing Market Assessment for the South Housing Market Area of the West Midlands Region prepared by Rupert Scott, Affordable Housing Consultant, April 2007 on behalf of the South Housing Market Partnership

Research into the Housing and Support Needs of Older People within Worcestershire

authorities' plans to invest in and improve private housing occupied by vulnerable older people.

Provision of care services

The number of older people receiving care services from Worcestershire County Council increased by 18% in the three years 2004/5 to 2007/8.

Table 26: Provision of care service by age group

Description	Age group				
		2004/05	2005/06	2006/07	2007/08
All clients	65 – 74	1577	1762	1860	1880
	75 – 84	3279	3418	3517	3620
	85+	2618	2926	3189	3348
	TOTAL	7474	8106	8566	8848

Source: Worcestershire County Council extracted from RAP returns

The most significant increase to date has been in the number of people with a physical disability requiring services.

Table 27: By Client Group

Client group				
	2004/05	2005/06	2006/07	2007/08
Learning Disability	61	70	66	204
Mental Health	967	1242	1019	1231
Physical Disability	6439	6792	7469	8713
Substance Misuse	4	1	0	0
Other Vulnerable People	3	1	12	5
TOTAL	7474	8106	8566	10153

Source: Worcestershire County Council extracted from RAP returns

Again, there were substantial variations between the numbers of people receiving services in the different Districts.

Research into the Housing and Support Needs of Older People within Worcestershire

Table 28: By District

District				
	2004/05	2005/06	2006/07	2007/08
Bromsgrove	1130	1320	1268	1475
Malvern Hills	1219	1373	1504	1831
Redditch	701	728	858	1124
Worcester City	1196	1144	1295	1594
Wychavon	1497	1624	1711	2062
Wyre Forest	1428	1461	1709	1825
Unknown	303	456	221	242
TOTAL	7474	8106	8566	10153

Source – Worcestershire County Council extracted from RAP returns

Residential services

Worcestershire is slightly below the England norm for levels of residential care provision. However, nursing care provision at 23.2 places per 1000 people over 65 is higher than the England norm of 18.1 and overall provision is greater in Worcestershire at 49.9 places per 100 people over 65 compared to the England norm of 46.9. Table 29 includes both public and private care home provision.

Table 29: Care Homes – Worcestershire

	Nursing Care	Residential Care	Both
Places	141,620	224,212	365,832
Places/1000 population 65+	23.2	26.7	49.9
England average	18.1	28.7	46.9

Source: EAC, 2007, 3rd Quarter

Provision varies between Districts with, for example, Wychavon having below the national average ratio of nursing care places and Malvern Hills having significantly higher than the national average ratio for both nursing and non-nursing places.

Residential and nursing care homes

Care homes are residential homes where elderly people live and receive personal care.

Residential care homes are now generally referred to simply as care homes. What used to be called nursing homes are now called care homes with nursing.

A care home is a residential setting where a number of older people live, usually in single rooms possibly with an en suite bathroom with on-site care services. A home registered simply as a care home will provide personal care only – help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.

Dual registered homes no longer exist, but homes registered for nursing care may accept people who just have personal care needs but who may need nursing care in the future. Care homes become registered “establishments” if they provide certain forms of personal care together with accommodation.

Care homes have a statutory definition under the Care Standards Act 2000. Early in 2009 the new Care Quality Commission assumed responsibility for registering and inspecting care homes. The Care Standards Act says a care home must provide “accommodation together with nursing or personal care” for various needs groups including persons who are disabled or infirm. Personal care for registration purposes is taken to mean:

- Assistance with bodily functions such as feeding, bathing and toileting
- Care which falls short of assistance with bodily functions but still involving physical and intimate touching, including activities such as helping a person get out of a bath and helping them dress

Refs: Care Standards Act 2000 and Supported Housing and Care Homes, DH Circular, August 2002.

National policy is to reduce reliance on these more institutional forms of provision. The latest Performance Assessment Framework¹⁵ (PAF) indicators show a continuing shift away from more institutional placements in care homes by local authorities, down by 27% over 6 years (first line in table 30, measure C26). This is accompanied by a marked rise (34%) in older people supported at home (C28).

¹⁵ Performance Assessment Framework is the system developed by the Department of Health to monitor the performance of Social Services.

Research into the Housing and Support Needs of Older People within Worcestershire

Table 30: PAF Indicators for Worcestershire 2000 – 2007

	2000-2001		2006-2007		Change %	
	<i>Worcs.</i>	<i>National</i>	<i>Worcs.</i>	<i>National</i>	<i>Worcs.</i>	<i>National</i>
C26 ¹⁶ – Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over	76	109	77	80	+1.3	-26.6
C28 – Households receiving intensive homecare per 1000 population aged 65 and over	4	9.3	8.8	12.5	+120.0	+34.4
C32 – Older people helped to live at home per 1,000 population aged 65 or over	55	83	90	86	+63.6	+3.6

Source: CSCI

According to Commission for Social Care Inspection (CSCI)¹⁷, nationally in the four years from March 2003 there was a fall of 9% in permanent residents supported by councils in care homes while the older population as we have shown is rising. This is partly because of alternatives and supporting more people at home as demonstrated in the PAF statistics above.

However, whilst there has been a much higher than average increase in the level of care provided to older people living at home in Worcestershire, and particularly those receiving intensive homecare, this has not been reflected in any reduction in the number of admissions to residential care. As explained elsewhere, this reflects the demographic changes taking place and the shift to a bigger group of people over 85 with life limiting illnesses and disabilities requiring nursing care.

The costs of supporting people in care homes increased by 15% in real terms between 2003/04 and 2005/06, partly because the needs of those in care homes are becoming greater with people moving into care homes later in life. Whilst some of this increase is balanced out by the trend for periods of residence to be shorter than in the past, the increased expenditure on home care in Worcestershire is unlikely to have been matched by reductions in the costs of residential care.

¹⁶ C26 has slightly changed criteria to 'C72 - Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care'

¹⁷ State of social care in England, 2006-07, CSCI, 2008

Implications for future residential care provision

‘More Choice, Greater Voice’ assumes that provision of residential care could decline from around 75 places per thousand people over 75 to around 65 places per thousand over the next 10 years. This reflects the growing capacity of extra care housing and increases in intensive support to people in their existing home.

However, the proportion of care homes offering nursing care is likely to increase and the report suggests a ratio of 45 places per thousand people over 75, slightly above the current levels. The need for this high level of care for the most physically frail and mentally confused older people is likely to continue.

The very high increase suggested in the number of care places arises from the exceptionally high increase projected in the number of people in the older age groups (75+) shown in Table 31.

Table 31

	Current provision	Suggested ratios	Resulting number of units	Increase/decrease
Residential care places - non-nursing	2379	65	5447	3068
Nursing care places	2702	45	3771	1069

Source: EAC, 2007

A decline in the availability of informal care

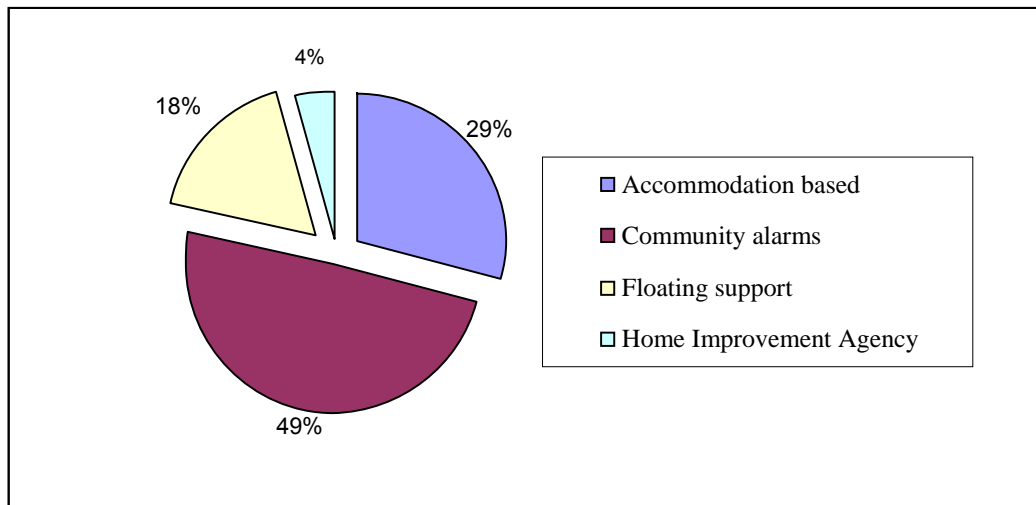
Predicted increases in female employment, a decline in the number of children living with their parents in old age, and increasing numbers of childless older people means the people who currently provide informal care are likely to decrease. The fundamental point however is that while those who are retired form a larger portion of the population, those of working age form a correspondingly smaller segment.

Provision of support services

Overall pattern of provision

Just under half of all service users supported through Supporting People funding are using community alarm services. Accommodation based services make up 29 per cent with 18 per cent of service users receiving floating support and just 4% receiving Home Improvement Agency services.

Graph 5



Source: Worcestershire County Council, SP Annual Report, 2007/08

Accommodation based services

Sheltered housing

There were 6956 units of supported housing across the county funded by the Supporting People Programme in 2007/8 as 'accommodation based services' through contracts with 19 different organisations.

The majority of services were provided by the local housing authority or the organisations who took over council housing through transfer of the stock and some established RSLs.

Analysis of how these homes are spread geographically shows large disparities between Districts in the level of provision. Wyre Forest has the highest level of accommodation based services while Wychavon has more limited provision. As well as implying a need to remodel some services currently tied to sheltered housing as floating support, there is a potential need to ensure an equitable level of provision of sheltered (or newer extra care) housing across the county.

Table 32: Supported accommodation funded by Supporting People Programme 2007/08

	Units
Bromsgrove	869
Malvern Hills	1112
Redditch	1162
Worcester	846
Wychavon	689
Wyre Forest	2157
Worcester, Wychavon and Wyre Forest *	121

Source: Worcestershire County Council, SP Annual Report, 2007/08

**based on EAC it appears that the majority of these schemes are in Wyre and Worcester with only one in Wychavon. There is a cross boundary service for Worcestershire, Wychavon and Wyre Forest which is why it is shown separately.*

In part, these geographic inequalities in the provision of SP funded accommodation based services for older people reflect those noted previously in respect of overall levels of market and social housing specifically designated for older people. However, the differences between Wyre Forest and other Districts, notably Malvern Hills and Wychavon are much more pronounced in the case of services funded by Supporting People.

These geographical variations are further underlined if we compare the level of services funded in relation to the number of older people in each District. There are 113 supported places per 1000 people aged over 65 in Wyre Forest compared with just 3 per 1000 in Wychavon.

Frail Elderly

There are currently just four services funded by Supporting People to frail elderly people in Worcestershire. These are all accommodation based flats or houses with support. Two of the schemes are based in Redditch (112 homes) and one each in Bromsgrove (66 homes) and Wychavon (45 homes), with none in Worcester, Wyre Forest or Malvern Hills.

Comparing this level of provision with recommended levels of enhanced sheltered housing and 'extra care' referred to in the Housing LIN toolkit, would imply a need for 1676 enhanced sheltered housing units and 2095 extra care properties. Provision is therefore low. Whilst it may not be realistic to expect achievement of the recommended levels, a pragmatic approach would nevertheless suggest a concerted effort is needed to develop housing with enhanced or extra care services.

Floating support

The idea of floating support is that it is available to anyone who satisfies the needs criteria irrespective of tenure or where they live. Getting support is not dependent on living in a particular scheme or place. Support should be provided flexibly and adjusted to individual requirements and move from one person to another as necessary.

Access to floating support was quite variable across the county but has now become more even. There are two contracts for services that are intended to be available across Districts.

The figures quoted are “average capacity”; the “norm” for numbers expected to receive assistance.

Table 33: Provision of floating support 2008/09

	Average Capacity
County wide	395
Bromsgrove	299
Malvern Hills	78
Redditch	589
Worcester	326
Wychavon	165
Wyre Forest	304

Source: Worcestershire County Council, SP Team, Data set 2008/09

Community Alarm Services

Community alarm services are provided both to residents of sheltered housing and to people living in the wider community. More people use alarms than any other type of support services. They are flexible and can be provided to anyone at risk and offer a cost effective way of supporting people to remain in their own homes. They also allow for a quick response to falls and other accidents in the home and, for this reason, can play a key role in reducing the need for hospital admissions as this is significantly affected by the length of time which a person has to wait for help.

Table 34: Provision of community alarms funded by Supporting People

	Units
County wide	843
Cross-district	158
Bromsgrove	648
Malvern Hills	174
Redditch	1830
Worcester	1047
Wychavon	679
Wyre Forest	4652

Source: SP Team data set – 2008/09

The Supporting People Annual Report on Older People’s Services notes that the vast majority of services recorded the tenure of service users as Registered Social Landlord. The sole organisation funded by Supporting People which provided alarms recording any other tenure during the year was Wyre Forest Sheltered Housing which recorded that 13 service users were owner-occupiers and 75 service users residing in privately rented accommodation. In addition to those funded through Supporting People, community alarms are provided to individuals who pay for them privately.

Home Improvement Agencies

Finally, there are two Home Improvement Agencies in the county.

Festival Housing Group provides a Care and Repair Service for the South of the county, covering Worcester, Wychavon and limited provision in Malvern Hills. It has a capacity of 300 service users at any one time. Of the 3,424 people who accessed the service in 2007/8, 2,520 were older people.

Redditch Borough Council’s Care and Repair Agency covers the rest of the county: Redditch, Bromsgrove and Wyre Forest and also has a capacity of 300 service users. Again, the majority of people accessing the service in 2007/8 (447 out of a total of 662) were older people.

These services play a key role in enabling people to maintain their independence and remain in their own home for as long as they would like. Home Improvement Agency services are intended to be commissioned as a countywide service from April 2010 which will aim to deliver consistency of service across the county with a wider range of services.

Conclusion

- There is a significant geographical variation in the provision of services with Wyre Forest and Redditch being relatively well supplied, and others,

particularly Malvern Hills with fewer services. Wyre Forest has more than twice the national average provision of sheltered housing whilst Malvern Hills has less than half. This geographical inequality is striking and appears to relate in part to the distribution of social housing, and what was originally council housing for rent.

- Care services are focused predominantly on people aged 75 and over. The greatest increase in services over the last 3 years has been for people aged 85 and over. In terms of needs, the most significant increase has been in the number of people with a physical disability requiring services.
- Worcestershire has a higher than national average provision of nursing care, but slightly lower than national average provision of residential (non-nursing) care. However, the number of places currently available is below the levels recommended particularly in relation to provision of non-nursing places.
- Nationally, there has been a shift away from residential provision towards more care and support provided at home. Whilst the provision of care in the home has increased in Worcestershire, much more than across England as a whole, this has not prevented the level of admissions to residential care rising slightly. This is partly driven by the demographic shifts taking place. Although people stay for a shorter time in residential care, the failure of increased home care to be matched by a similar reduction in admissions to residential care places demands on budgets.
- The overall picture presented by an examination of support provision is of historical patterns of services tied to sheltered housing and limited provision of services to older people living in the wider community. The vast majority of services remain focused on people living in social, often council or former council housing, with almost no provision to people living in privately owned or rented housing.
- There is a need to identify any plans that social landlords have for their sheltered housing schemes as these are likely to have an impact on the level of provision in the next 5 to 10 years.
- Provision of services to frail elderly people and of extra care is at a low level across the county compared with likely demand. There are no housing services specifically for frail elderly people in either Worcester, Wyre Forest or Malvern Hills.

Chapter 5 Future Housing and Support – an Older Persons Perspective on Worcestershire

In a nutshell

Nearly 1300 people returned a questionnaire giving their views on future housing and support:

- ◆ Nearly 1 in 5 already lived in a property that had been adapted
- ◆ 15% said that home was unsuitable; the main reasons were because of poor health, it was too large or because they had problems with mobility
- ◆ The vast majority (81%) wish to stay in their present homes in later years; two thirds expect to receive some support to enable them to stay put; 40% would like some adaptations
- ◆ About a third of owners expressed a positive interest in retirement housing for sale or extra care; slightly more tenants are interested in sheltered housing to rent
- ◆ People predominantly want help with things like the garden, shopping and cooking
- ◆ There is a strong allegiance to the locality with two thirds hoping to stay in Worcestershire as they grow older; there is a significant gap in peoples knowledge of both housing and care options available
- ◆ Expectations are rising about space with more people looking for a minimum of two bedrooms. There is a significant demand for showers and managing stairs is a common barrier to continuing to live at home, as is inadequate heating
- ◆ There is a definite interest in extra care housing

Under the heading “My Home, My Future, My Choice” 1274 older people returned a questionnaire. The sample was drawn from across the county and tested to ensure it was a reasonable representation of older people from different tenures and districts. The survey was designed to explore the position and views of older people and those approaching retirement about what housing and support services should look like in the future.

This chapter reports the results. The questionnaire appears at Annex 2.

Profile of sample

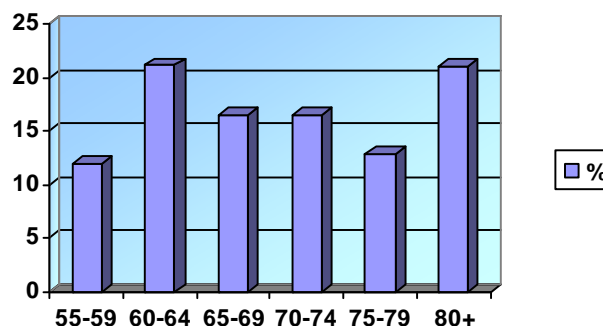
The average age of respondents was 70 years but those in their 50s not yet retired were also represented and gave their views. Slightly more women (53%) than men (47%) replied reflecting the larger number of women who live into old age. Of the sample 3.8% were drawn from ethnic minority groups; the current estimate is that 1.3% of the county population are from a black or minority ethnic group (BME) so this is a good

Research into the Housing and Support Needs of Older People within Worcestershire

representation. It may indicate a larger population of older people from minority ethnic groups than previously thought.

Table 35 Age range

Age	%
55 – 59	12.0
60 – 64	21.1
65 – 69	16.5
70 – 74	16.5
75 – 79	12.9
80	21.0
Total	100.0



Nationally 3 out of 4 of those now retiring are home owners. It is clear that future plans must embrace all older people, from all tenures and not simply those in social housing. The sample response reflects the actual tenure make up of the area although comparing the tenure mix of the sample with the tenure pattern of Worcestershire set out earlier, there are marginally fewer owners and correspondingly slightly more tenants.

Table 36

Tenure	%
Owned outright or with mortgage/ loan	67.5
Rented from HA/RSL	27.8
Rented from private landlord	3.1
Other	1.6

This demographic profile indicates on key variables the sample broadly corresponds to what we know from the last census about the make up of the whole population, thus other characteristics and views can reasonably be taken to be representative.

Participants were pro-actively recruited on the street and at various events and venues in each District and Borough used by older people involved in the project.

Nature of housing older people live in

The type of dwelling occupied is shown below.

Table 37

Type of accommodation	%
House	60.3
Bungalow	23.4
Flat or maisonette	16.3

As would be expected, nearly 9 out of 10 households are made up of one or two people only and large numbers of older people (43%) live alone.

Table 38

Composition of household	%
Live alone	42.9
Couple	45.5
Live with other family/ friends	11.0
Live with carer	0.6

From a housing policy perspective one issue is the possibility of making more intensive use of the existing housing stock. This is often put in terms of freeing under occupied housing in order to accommodate larger families. It is therefore of interest to put the predominance of small householders alongside the size of property. Just over 15% of the households in the sample have 4 or more bedrooms.

Table 39

Number of bedrooms in current accommodation	%
1	20.1
2	30.9
3	33.2
4	12.9
5+	2.9

There are two immediate points. First, the sample includes some households who are not yet quite of traditional retirement age. Second, increasingly people want more space in retirement. A one bedroom property is increasingly not acceptable for a growing number of people. The way expectations are changing is picked up again when we consider the results of the focus groups.

One way to help people continue to live in their own home is to adapt it so it continues to remain suitable. Changes to facilities, like adding a shower or to the configuration, like

removing steps, or putting a bathroom on the ground floor can be enabling. In Worcestershire nearly 1 in 5 older households from the sample have had some form of adaptation.

Table 40

Households whose accommodation has been adapted	%
Adapted	17.3
Not adapted	82.7

Table 41

Number of properties adapted by local authority area								
Has your current accommodation been adapted?	Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Other	Total
Yes	23	22	8	57	63	39	1	213
No	138	184	54	175	226	242	1	1020
Total	161	206	62	232	289	281	2	1233

Suitability of property

Housing analysts discuss decisions to move house in terms of “push” and “pull” factors. Some negative characteristics of where a person lives “push” them away or prompt a move while other, more attractive features, “pull” them to a new housing situation or location.

As we have seen, quite large numbers of people have adapted their own home. They are making an adjustment trying to remove some of the negative features that might otherwise force a move and we know, from this and many previous studies, the vast majority of people wish to stay where they are in later years.

To explore what may be making people move when they would rather not the questionnaire asked people to say whether their home was satisfactory or not; 182 people (15%) were unhappy about some aspect of their present housing.

Table 42

Is your present home satisfactory for your needs? By local authority area								
	Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Other	Total
Yes	138	179	51	190	258	249	2	1067
No	25	29	11	41	39	35	2	182
Total	163	208	62	231	297	284	4	1249

Respondents who had unsatisfactory housing were then asked why this was. The problems with people's existing homes in rank order are:

Table 43

Why home is unsuitable for needs		
Reason	Number of cases	% of respondents
Health problems	95	7.5
Too large	71	5.6
Problems getting about	65	5.1
Poor public transport	52	4.1
Difficult to afford	50	3.9
Too far from shops/ leisure facilities	45	3.5
Other, miscellaneous reasons	42	3.3
No longer use a car	39	3.1
Partner/ spouse health/ friends health	32	2.5
Too small	28	2.2
Does not feel safe	24	1.9
Location	21	1.6
Isolated from others	18	1.4

Many people elaborated or explained the "other" reasons not on the checklist. Recurring themes in these comments are:

- ◆ Their home no longer meets their personal or family needs
- ◆ Absence of downstairs bathroom or need for a shower
- ◆ Fear and feeling of vulnerability in locality due to anti-social behaviour
- ◆ Difficulties with stairs due to having hip and knee problems and struggling with stairs and getting in and out of the bath
- ◆ Difficulties managing the garden or maintaining the property although some people positively wanted a small garden:
"Need a garden for a dog which I have. She keeps me going because I am on my own. I love her to bits. I just want a garden"

Research into the Housing and Support Needs of Older People within Worcestershire

- ◆ Inadequate heating or insulation

Lack of storage generally and particularly for equipment and modern scooters was mentioned by several of those who commented:

“I have a mobility scooter which I have to put in the kitchen because there is nowhere else”

And

“I have several mobility items and in a small space it takes even more space away. Also I have a scooter but no real space to store it or keep it safe. There is no external storage...”

Several people would like to move to more suitable housing but the recession and collapse of housing market was frustrating them.

As we have seen, about 15% of people feel their present home does not meet their needs well. We asked people when they thought they might next move house. A similar number (15%) said they would like to move within 5 years. In total nearly two thirds of older people expect to change house over the next 20 years. This also implies about a third hope to “stay put”.

Table 44

Period before moving to better housing	%
Within next 5 years	14.9
Within next 10 years	19.2
Within next 15 years	13.4
Within next 20 years	17.8
Total who plan to move	65.3

The survey also asked people whereabouts in Worcestershire they would prefer to live in their later years. Wychavon and Wyre Forest Districts are the most popular choices while 1 in 20 residents hope to move from the county. Redditch Borough is chosen by relatively few people but the sample did not set out to include inhabitants of this borough so people living here are under represented.

Table 45

Which area of Worcestershire is preferred?	%
Bromsgrove District	12.6
Malvern Hills District	15.9
Redditch Borough	4.2
Worcester City	17.7
Wychavon District	23.1
Wyre Forest District	21.8
Outside Worcestershire	4.7

Future housing requirements – policy and options

Question 13 provided for wide ranging exploration of important housing issues. It consisted of a series of statements about housing choices. These were designed to test people’s plans and preferences and also explore the potential of some newer and emerging possibilities such as “extra care” housing, drawing on equity and shared ownership.

It is frequently argued that, “*there is a need for a simple, single and accessible route to obtaining independent, impartial information and advice on housing and related issues, including finance and care options*”¹⁸. There are Government initiatives following the new national strategy to strengthen local housing advice, information and ‘moving home’ services for older people.

This study tried to quantify the extent to which people had sufficient information on housing. We found about 1 in 4 people felt they had enough information about housing possibilities. **This means therefore about three-quarters of people at or approaching retirement age doubt they know enough about the housing options available.**

It is a theme of the National Housing Strategy, in line with broad social care policy, to reduce dependence on more institutional forms of provision; that people should be supported to stay in their own home as long as possible. We asked people in Worcestershire if this was their wish. The study also asked about whether they would expect to receive services to enable them to stay at home and if they anticipated needing adaptations.

¹⁸ Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society, DH/CLG/DWP, 2008.

Research into the Housing and Support Needs of Older People within Worcestershire

The results are summarised below:

Table 46

Staying put	%
Want to stay in current home as long as able	80.7
Expect to receive support services to help this	63.8
Want to make alterations and adaptations	42.2

The results, in line with previous, similar studies, are that the vast majority want to carry on living in their existing home as they get older and not move house. Two-thirds of households anticipate they may need some kind of support in their home to make this possible. People also recognise that in many cases (42%) their dwelling may not be entirely suitable as they get older and face physical challenges associated with ageing.

The actual numbers of people involved at a district level are set out in the following three tables.

Table 47

Numbers and percentage of sample who wish to stay in their current home by local authority area							
Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Other	Total
138	172	50	187	241	238	2	1028
11%	14%	4%	15%	19%	19%	>1%	81%

Table 48

Numbers and percentage of sample expecting services to enable them to stay at home by local authority area							
Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Other	Total
111	138	46	144	198	173	3	813
9%	11%	4%	11%	16%	14%	>1%	64%

Table 49

Numbers and percentage of sample anticipating adaptations to enable them to stay in their current home by local authority area							
Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Other	Total
80	86	34	93	127	115	2	537
6%	7%	3%	7%	10%	9%	>1%	42%

Interest in specialist housing

Question 13 tested interest in three forms of specialist housing designed for older people:

- ◆ Retirement housing for sale
- ◆ Extra care housing for sale
- ◆ Sheltered housing for rent

The latter was included in particular to check continuing interest in traditional sheltered housing as this stock is increasingly seen as unpopular and harder to let, falling short of contemporary expectations.

Table 50

Interest in purpose built retirement housing			
	% of sample	% of owners	% of tenants
Retirement for sale	21.5	32.0	-
Extra care for sale	17.1	25.4	-
Sheltered housing for rent	11.8	-	38.2

The first column shows the population of people in the whole sample of 1274 people who express a positive interest in each option. Only existing owners are likely to move into retirement housing or extra care for sale so the second column shows the positive interest in these first two options as a proportion of existing owners only. At the margin a few tenants might move into developments for sale as shared owners or through the financial assistance of other relatives. It is similarly probable that existing tenants would be more likely to anticipate a move to sheltered housing for rent, indeed letting policies have historically often excluded owners. This however is changing and some owners make a clear choice to move into rented, sheltered housing where this option is available. The last column shows how many people who are currently tenants would consider rented sheltered housing.

The analysis reveals that while over 80% of older people ideally would stay in their present home if they could, almost a third of home owners would consider buying or part buying (using some model of shared ownership) a flat or bungalow in a purpose designed retirement scheme if this was available to purchase.

Marginally fewer (1 in 4) would consider buying an apartment in an extra care housing scheme. This slightly lower number may reflect a hope that care will not be required and lack of knowledge or experience of modern extra care developments. The results of the focus group discussions (set out in chapter 6) also reveals a strongly positive view of this option.

Amongst tenants, there continues to be substantial interest in traditional sheltered housing with almost 4 in 10 saying that they would consider this choice. In the sample as a whole however, sheltered housing is the less popular option.

To verify the level of interest in these options based on specialist but self contained accommodation a question also asked people to consider the statement:

“I would only want to move into a housing scheme for older people if no other option were available”

A little over a third (35%) agreed with this proposition. This means that for two thirds of older people, purpose built housing for older people is an option they would still seriously consider.

One alternative to either continuing to live at home or a move to specialist accommodation is to move in with relatives or for the family to live together in another property. Perhaps surprisingly, 157 people, (12% of the sample), would choose this course.

Equity release

An owner’s home usually represents the bulk or a large part of an older persons assets. Equity release schemes allow people to draw on that asset while continuing to live in the property. There are two principle types of equity release product:

- ◆ Lifetime mortgage – where a loan is taken out secured on the property
- ◆ Home reversion – where some or all of the property is sold to a reversion company or individual.

Raising money from your home has not been a particularly popular way of funding care or more suitable housing, indeed these products have not always enjoyed a good image and there have been some unsatisfactory arrangements in the past. Drawing on equity has however been a significant part of funding adaptations following changes to the home repairs and grant system and means testing of individuals’ contributions to the Disabled Facilities Grant following the Regulatory Reform Order (Housing Assistance) 2002.

The National Housing Strategy (op. cit) discusses the way loans and equity release can play a part in improving or adapting homes. It says:

“Many more people would consider the option, either of modernising or repairing their current homes or moving to smaller, more manageable and flexible properties, if they felt they could rely on the information and products available.

Around 40% (440,000) of private sector vulnerable households currently in non-decent homes are outright owners. Three quarter of vulnerable outright owners in non decent homes are older people living alone or as a couple. Around 60% have £120k or more equity in their homes¹⁹.

¹⁹ EHCS (2005)

The current problem is that there are cultural, financial and information barriers which prevent significant levels of take up. For this reason these financial options must be considered and developed alongside more culturally appealing options which also release equity, such as ‘trading down’ into smaller homes or rented accommodation, or even ‘staircasing’ into social housing. However, it is clear that equity release will become an increasingly important option for a growing minority of older people.”
(Our emphasis.)

With this policy direction in mind, people were asked first if they would sell their present home to fund more suitable accommodation and second, if they would like more information about equity release schemes.

The results are that 1 in 3 owners would sell in order to get more suitable housing but only 7% have any interest in learning more about equity release. This suggests a considerable gap between the funding options perceived by policy makers and interest in using equity to fund housing or indeed care in the general population of older people.

Care and support

In our sample, 28% of people said they received either the Attendance Allowance at some level or a disability based benefit. This group of 354 people are obvious candidates for some level of care and support. In total slightly more, 444 people (35%), said they needed some practical care and support type assistance.

Respondents were asked about the type of help they wanted:

Table 51

Help needed	%
Help with gardening	19.9
Help from relatives and friends	15.5
Help with shopping and cooking	14.4
Practical help managing money or claiming benefits	8.9
Help with personal care	8.6
Adaptations	8.1
Meeting other people, socialising	5.7

A number of previous studies and investigations have highlighted the demise of low levels of support and how this can impact on quality of life for older people or hasten moves to more institutional provision²⁰. Our survey underlines how significant simple things like help with gardening are for quite large numbers of older people.

²⁰ The older people’s inquiry: that little bit of help, JRF, 2005

Barriers to moving to more suitable accommodation

The survey began to probe what might get in the way of people moving to more appropriate housing. The number of people identifying each of a list of five possible hurdles is shown below.

Table 52

Barriers to moving to more suitable housing	Number of people	% of people
Cannot afford to move	268	21.0
Want to stay in area	786	61.7
Lack of knowledge of housing options	391	30.7
Lack of knowledge of care and support	384	30.1
Nothing suitable for ethnic or cultural needs	21	1.6

The study showed a strong allegiance to the locality as is commonly found in studies like this. It is however striking that as many as a third of households would be prepared to move out of the area if necessary to obtain more appropriate housing.

The finding that being able to afford a move is a concern for about 1 in 5 households to some extent reflects the difficult housing market conditions of 2008 and 2009 with house prices falling and transactions at a low level. Comments from respondents illustrate the feelings and tensions:

- ♦ *“In due course I expect to buy a smaller property to which my wife and I can move. Timing depends on the state of the housing market”*
- ♦ *“I would like to return to Alcester area where I previously had many contacts but cost of housing there prevents me from doing this”*
- ♦ *“Downsizing is now a non-option as smaller housing i.e. a bungalow is more expensive than a house”*
- ♦ *“The plan is that my daughter’s family and my husband and I will sell our present homes and move to be near each other, ideally in adjacent homes. The problem is how to do it, especially in today’s circumstances”*

There is a clear demand for better, simple, accessible information on both housing and care and support with about a third of respondents mentioning this as a difficulty in planning or making decisions. Some people were specific on what advice they needed:

- ♦ *“More information on Council Tax and Benefits”*
- ♦ *“Loss of vision may become a problem in the future, is there or will there be specialist accommodation available?”*
- ♦ *“It would be helpful if GPs could compile a list of voluntary and public funded services that are available for specific kinds of assistance”*

Research into the Housing and Support Needs of Older People within Worcestershire

Others saw a wider need:

- ♦ *“I have learned from experience with my mother that if one has a certain amount of savings that is absolutely no help... I understand why but help in finding help, which will be paid for, is essential. I was able to do the research for my mother but if one has no friends or family it could be a very traumatic situation”*

There is not a particularly large ethnic minority population in the County. About half those in the sample who identified themselves as from an ethnic minority thought that there was as likely to be inadequate specific, culturally appropriate, provision available.

What else do older people say?

At the end the survey provided an opportunity to make any general comments. It is striking that about a third of the people involved took the time to make additional points. Observations were wide ranging. One or two were positive about this initiative by Worcestershire and the Districts to look afresh at the needs of older people:

“I am delighted you are researching older people’s housing and support needs. Current facilities are inadequate for a rising population of older age groups and I guess Bromsgrove will have a greater need than some other areas”

Many reinforced points already picked up earlier in the survey for example on the need for help with **adaptations** to enable people to continue to live at home:

- ♦ *“We are in the process of having a stairlift put in and the bath replaced with a walk in shower”*
- ♦ *“I cannot afford the work my house needs”*

Or with the family:

- ♦ *“I would like to live with my family and have that home adapted to my needs in a reasonable amount of time, no longer than 6 months”*

A preference for **staying at home**, but sometimes concerns about how realistic this was:

- ♦ *“I would very much want to live in present home providing I could receive help and care to allow me to do so”*
- ♦ *“Satisfied where I am thank you”*
- ♦ *My present accommodation is perfect for my requirements. I feel secure”*

Equity release was known to be a possibility, but not a popular one:

- ♦ *Don’t see equity release as a financial advantage, would like to stay in my own home as long as possible but may consider a smaller dwelling, not with other older people though”*

Research into the Housing and Support Needs of Older People within Worcestershire

- ◆ *“Would not want my housing to reduce the amount of my estate – prefer to buy, not rent”*

Level of **service charges** in specialist housing are a common concern:

- ◆ *“It’s all very well suggesting private housing for older people, have you seen the ‘service charges’?”*

As are other bills:

- ◆ *“Council Tax rises will force me to sell my home. This is by far my biggest bill. Something must be done!”*

Size of properties has been discussed earlier and there was a hint that older people are aware of and may reject pressure to move to very small properties:

- ◆ *“I think older people need two bedroom accommodation for when they are ill so somebody can stay over with them”*
- ◆ *I would need somewhere with 2 bedrooms so that my family could still visit me as they live some distance away”*

It is clear older people often need a **shower** and provision of only a bath is a handicap, particularly if not accessible:

- ◆ *“We manage with the help of daughter who lives here. We will need a chair lift and shower downstairs at some point”*
- ◆ *“No downstairs bathroom facilities”*
- ◆ *“Waiting for downstairs toilet to be fitted”*
- ◆ *“Thinking of replacing bath with shower”*
- ◆ *“I need a shower in my flat as I cannot get out of the bath”*

The shower needs to be the right type:

- ◆ *“Would like walk in shower as the shower over the bath is difficult to manage”*

Managing **stairs** is the other common problem:

- ◆ *“Doorsteps are too high”*
- ◆ *“Difficulty with the stairs”*
- ◆ *“I need ground floor accommodation as I am wheelchair bound and using the stairlift is becoming more difficult”*

Desire to continue as an **owner** but with recognition that getting support can be problematic:

- ◆ *“Schemes such as Gilbert Court would be of interest but we would probably prefer to buy 100% of property i.e. very supported housing to buy”*

Research into the Housing and Support Needs of Older People within Worcestershire

Over and over again, without always using the term, people described what they wanted in future was some form of **extra care** housing:

- ◆ *“In an ideal world we would like to stay in our own home for as long as possible. Were this not to be the case then I would like to be in accommodation which will allow me privacy, plenty of activities, and where help is available, if required, on site”*
- ◆ *“I am working with older people and aware of housing need. There is a lack of extra care accommodation which can offer progressive care in an environment that allows people to be as sociable as they wish”*
- ◆ *“Would like own flat but with care on hand if needed, meals provided if required also social area to meet others and activities and trips arranged which could be joined in”*
- ◆ *“Ideally I would like to live in a purpose built, secure, retirement village. I have visited one near Morecambe. It has its own shop, restaurant, care facility, car share scheme and secure gated entry”*

Adequate **transport** and some means of continuing to get out and about is a repeated theme:

- ◆ *“The factors which could force me to move are lack of or inadequate transport or poor pedestrian/ cycle access to local shops and post office”*
- ◆ *“I am nearly 80 years old, and when I cannot drive life may well become difficult”*

Inadequate **heating and insulation** or the cost still impact on quite a lot of older people in Worcestershire judging by the frequency of comments about this:

- ◆ *“Inadequate heating”*
- ◆ *“Central heating would be great”*
- ◆ *“The insulation is quite poor and we don’t know how to insulate the dormer roof”*
- ◆ *“Too cold and needs a lot of money spent on it to update heating, double glazing, cavity wall insulation”*

Changes to **services** in sheltered housing are also a source of complaint:

- ◆ *“Come here because I was promised daily meals and a very sheltered accommodation warden, have recently been withdrawn and whilst change over taking place have to have agency staff”*

Chapter 6 Exploring Issues with Older People: Findings from the Focus Groups.

In a nutshell

The key themes emerging from the focus groups with older people are:

- ◆ People want to have better information from a trusted source about the full range of housing options and considerations for them; this includes advice on support possibilities, money and grants for adaptations
- ◆ Resistance to equity release schemes as currently available
- ◆ Extra care models of housing are viewed positively for rent and to buy
- ◆ Some reluctance to plan for the future in terms of the types of housing and carer support that people may need
- ◆ Difficulty for many owner occupiers in getting practical jobs done and knowing where to get help from
- ◆ Strong sense of local identity, even within districts – most people want to stay living near to their existing social and community networks
- ◆ Telecare, aids, adaptations – seen as potentially helpful; a frequent message was that telecare should not be at “expense” of personal support from people/paid carers
- ◆ Residential care is not popular but most people are not really aware of the full implications for them personally and their finances

Introduction

In order to investigate a number of key issues in some depth with older people in a more flexible way than is possible in a questionnaire based survey, we ran 9 focus groups with 94 people taking part. They took place in each of the Districts involved in the study.

The aim was explained to each group as:

“To gather your thoughts and experiences so that Worcestershire can better understand what the aspirations of older people are, both now and for the emerging older population and how they are likely to change over the next 20 years”

All except two workshops began with short presentation on themes to be discussed and this helped to focus the sessions and explain any terms or novel ideas. The groups were made up of a mix of tenants and owner occupiers. All were over 50. The venues varied and included sheltered housing schemes, a library, a Mosque education centre and a Town Hall. People were asked to attend on the basis of personal interest or by virtue of belonging to a relevant local group which was asked to contribute to the research.

Research into the Housing and Support Needs of Older People within Worcestershire

Feedback was recorded and it was made clear that individual comments would not be made verbatim but would reflect themes. Generally people were very pleased to be asked to contribute and acknowledgement was made to the local councils for encouraging this approach. Each District officer was sent a copy of the presentation and questions for their comments prior to workshop

The group size varied from 8 to 14 attendees. Not every group covered every question, either because there was not sufficient time or the members felt other issues needed further debate.

The matters to discuss with older people living in Worcestershire were determined by the Project Steering Group but as noted, each District also had an opportunity to shape topics further prior to each focus group. The broad areas considered in the discussions were introduced to the groups as:

- Different types of accommodation
- Location
- Types and models of housing, support and care
- Affordability
- Neighbourhood, environment, safety and security issues
- Adaptations
- Cultural needs and sensitivity

This chapter is organised around ten topics. For each we give the kind of question posed in the presentation which then led into the discussion and highlight the key points made.

Appendix 5 has a fuller record of each discussion, in each locality.

Topic 1 - People were asked about what they knew of housing and support opportunities within their District and what was working well at the moment.

Key points

- Some people knew more than others of what was available so a suggestion was to look at ways of ensuring information is made more widely available- such as how to get support agency services, DFG grants
- Extra Care is a very popular concept. People had been to visit different schemes and knew of places that worked well. Most people liked the idea of communal areas as well as the mix of tenure, and privacy which their own accommodation would provide.
- Mixed tenure was regarded as a positive model. Example of different family members being able to live in same location as both tenant and owners
- Transport is seen as a very important issue. It was thought to be key to new developments being successful in relation to location
- People did not find the thought of moving to 1 bedroom accommodation appealing. Having more space than 1 bedroom is essential in making sheltered housing and downsizing moves more attractive to people in the future
- Choice based lettings was felt to discriminate against some disabled people. They found the system difficult to manage and that it did not reflect the individuals priority /wish to move accommodation
- There is a tension between a system that assesses needs and customers aspirations
- People wanted to have more information about what housing options were available and then some help in considering financial implications

Topic 2 - People were asked to think about what they might need in terms of accommodation and adaptations if their own health or mobility needs changed. They were then asked to consider how this might be funded.

Key points

- People wanted to be able to stay in their own homes, whether tenants or owners. In order to do this they needed to make their accommodation accessible. People discussed the idea that grants might be made available before crisis so people can adapt their houses in preparation
- In order for people to move accommodation there may need to be some consideration of incentives. Most people would rather stay in their own properties with adaptations than have to move
- More information is needed about DFG and other grants to enable people to stay in their own homes and this included home owners
- Many people agreed that some people are too proud to ask for help before they reach crisis. If buildings were designed and adapted before crisis then this would be addressed.
- Equity release could be an option to fund people to stay at homes but more and reliable information needed. People still had real concerns following publicity and experiences of poor products in 1990's.
- The options for people with disabilities to live near their relatives was discussed in some of the groups. People were not clear of their options and information about possibilities should be made available to people early enough so people don't have to move in crisis

Topic 3 - People discussed what equipment might be available to support them to stay in their homes in the future.

Key points

- Generally people knew little of aids and adaptations that might be available. Most knew of personal lifelines but little of equipment which could be used within their home. More information was requested about what is available
- Energy efficiency was a theme people felt was topical and relevant to them in terms of personal finance. Consideration to methods of heating and insulation were discussed
- Several people within the groups reinforced the desire to prepare buildings before a personal health or mobility crisis. Many people had not considered planning for this whilst those that had been directly affected by a change in circumstances felt very strongly that home owners should prepare sooner. Some people suggested that all building design should meet national standards for accessible accommodation.
- People did not want to see the use of Assistive Technology replace the contact with 'real people'. There was concern that paid staffing could be replaced and this was thought to be detrimental.

Topic 4 - People were asked to consider Residential Care and what the options might be in the future.

Key points:

- Most people knew of different Residential Homes and had differing experiences of this. People generally did not aspire to move into residential care and did not expect future generations to want to. However there was recognition that for some people Residential Care may be the best option.
- Provision of adaptations in people's home was important with good personal care, and additional support
- Extra Care models which provided nursing and personal care on site were identified as good options.

Topic 5 - People were asked about how they arrange repairs and maintenance to their homes.

Key points:

- More information needed about local services. Not everyone knew of care and repair services. Some people indicated they would be interested in paying for a maintenance service, possibly through equity release, if they knew more and 'trusted' the organisations providing the scheme
- Many private owners said they found it both difficult and stressful to arrange repairs to their properties. They would like help in arranging this and suggested lists of local trade's people. In some groups various voluntary agencies were identified as a good local source of help with things like tradesmen
- A few people needed to use a translator when reporting repairs or arranging work to be undertaken. This made the process difficult and lengthy in their experience.
- Suggestions were made in a few groups that some work through care and repair is not always of good enough standards and does not last, so in the end is a very costly service.

Topic 6 - People discussed whether there are any social or cultural issues particular to this District that people planning housing should know about/ reflect in the design and development?

Key points:

- Migrant workers were said have an impact on local community. People noted that they contribute to the economy, but make little demand on accommodation. This was particular to rural areas and their impact was often seasonal.
- Generally people do not consider this a multi cultural county due to the predominance of rural areas although Worcester City had very different response.
- In terms of local issues flooding is of concern
- In some groups there was discussion about designing accommodation just for older people. However whilst developing buildings in locations that suit older people may be fine at the time, this can change as people around them change and new issues arise e.g. drug and alcohol. An example was given of the change in sheltered accommodation to general needs letting and the impact this had had on older people
- Some of the people attending the Worcester Asian Men Lunch Club felt that they were often being asked the same question and then never getting any feedback about what had been done differently. They would like to invite the Council leader to meet with them and hear directly their thoughts.

Topic 7 - Equity Release and funding property changes.

Key points:

- Equity Release needs some further clarity and people wanted reassurances. Many had experiences or had been very aware through the media of negative impact during the 1990's so were cautious in their response as to whether it would be considered by home owners in the future.
- The significant increase in property value in many rural areas means that some people's children could never afford to buy in that area, so as parents, they would not want to consider equity release as they plan to leave either the property or full value to children
- Some people proposed (further) grants being made available to Home Owners to adapt their properties so that they can stay in them rather than need to move into social housing or Residential Care

Topic 8 - People were asked to consider their particular concerns about safety and security in the area?

Key points:

- Poor street lighting was a common theme and examples given where people would not leave their property at night due to poor lighting and fear for personal safety. Even in new developments this was cited as being an issue.
- The general increase in the need for local policing or warden was discussed. People felt more reassured by their presence and gave good examples of their role in integrating community activities and working with young people.
- Clear that many people do not go out at night at all because of personal safety concerns
- Some positive examples of working with local young people which helps reduce misconceptions about potential risks

Topic 9 - Are people affected by isolation and how might local communities help address this?

Key points:

- Although there were good local papers people felt that more publicity and encouragement of community initiatives might see a better response.
- Plan new schemes and sites with resources on them e.g. GP surgery, shops etc so that people don't have to travel and have a good way of getting to know people locally
- As more people retire or don't work this might be a time to promote befriending services. A couple of people attending the group were 'befrienders' and spoke of the positive impact of their role in helping combat isolation
- Assistive technology was seen as a positive development but in the context of this topic people were concerned that its use should not increase isolation

Topic 10 - People were asked to reflect on what they wanted for themselves or their family in terms of future housing/ support preferences?

Key points:

- Think Local! People want to stay local and do not want to have to move Districts or into towns for future accommodation.
- Single person accommodation is not what people want. They want space for family and friends to stay as well as storage. It needs to be attractive enough for people to be encouraged to downsize
- In terms of future developments people asked that affordable housing is available where resources are. Access to transport, GP local facilities was all important
- Publicise good care and support providers. People would like more information on these organisations and clarity on what they will have to pay for.
- People should be encouraged to plan early but people were not sure when this should be
- People want to stay in their own homes wherever possible

Chapter 7 Developing Ideas

Tackling emerging issues

The Steering Group identified a small number of issues arising from the work on which more specific advice was requested. This is set out in this chapter which covers:

- Extra care housing and private provision
- Older people with learning disabilities
- An initial typology of modern housing for older people

New extra care housing, private provision and planning

One of the effects of the recession on private developers has been to curtail speculative development of family housing for sale. It became apparent that in Worcestershire one response by some building companies is to submit revised planning applications to build a variant of extra care housing as an alternative venture.

This enthusiasm for meeting the needs of older people in this way is welcome if it leads to new sustainable and suitable provision. However at both a district planning level and in relation to long term social care some concerns were expressed:

- ♦ Proposals are not always well informed or well conceived as modern “extra care”
- ♦ Details are often vague
- ♦ The nature of the relationship with an experienced social housing provider or care provider is often unclear or absent
- ♦ Where an RSL partner is identified it is not always clear they have the necessary expertise or track record specifically in extra care
- ♦ Discussion with Adult Social Care may similarly be limited or have not taken place at all
- ♦ In turn Adult Social Care have concerns about the possible long term implications of a variety of schemes being developed, on different basis, where eventually the responsibility for funding or arranging care may fall on the local authority

Planning assessment

An underlying concern at this stage is how these applications are to be assessed by planners.

The location of sites being bought forward for example was said often not to be the most suitable for extra care and the conception of what constitutes “extra care” varies

considerably. The concept of extra care and how models vary is set out in for example; Housing LIN Factsheet 4 which contains a useful typology of extra care²¹.

This study is not the vehicle for issuing detailed guidance on extra care for planners or developers. The best source of planning guidance specifically on extra care has been provided by the Royal Town Planning Institute (RTPI)²².

In assessing proposals RTPI guidance sets out a series of questions for planners to consider under these headings:

- ◆ Benefit to local housing and care provision of individual schemes
- ◆ Involvement of local stakeholder organisations in formulating proposals and subsequently funding/ lettings places
- ◆ Tenure mix
- ◆ Characteristics and amenities of the model of extra care proposed
- ◆ Impact on the local area
- ◆ Is the design and layout of the scheme appropriate for frail residents

Good practice pointers

Broad guidance, from Housing and Support Partnership's experience developing and advising on numerous extra care schemes is:

- ◆ Sites that would be suitable for traditional sheltered housing are preferable. This means for example:
 - Level site
 - With public transport links
 - Relatively close to amenities like shop, GP surgery, pub, café, church. In extra care this means to be accessible by a scooter or wheelchair user
 - Perceived to be safe residential area
- ◆ On bigger "village" scale developments a central location becomes less important as:
 - More facilities and amenities like shop, cash machine, pub, restaurant, leisure activities can be provided on site
 - Larger scale makes it possible/ viable to either extend bus transport to the development or to provide alternative transport
 - Provision can be included to ameliorate problems of staff recruitment by for example including a crèche and in any event "villages" may be seen as attractive places to work

²¹ Models of extra care housing and retirement communities, Housing LIN, Factsheet 4 (www.networks.csip.org.uk/library/resources/housing/support_materials/factsheets/mca_statutoryduties_infosheet_4.pdf)

²² Extra care housing: development planning, control and management, RTPI, (www.RTPI.org.uk/download/3054/GPN8.PDF)

- Facilities such as a health centre or gym can provide an amenity to the local community
- By virtue of scale and design possibilities combined with on site staff they can become safe areas to live
- ◆ Early consultation by a developer with Adult Social Care is important. There are two fundamental reasons for this:
 - Social care may nominate and support a proportion of the occupiers
 - Ultimately if self-funders resources are exhausted the Local Authority may become responsible for funding care packages
- ◆ Similarly a developer should ideally have a clear idea how care is to be provided and who might do this. The best schemes are likely to be developed and designed in conjunction with an experienced care provider who understands and is experienced in a person centred care approach and extra care housing.
- ◆ Mixed tenure is generally preferable to mono-tenure development in the public sector particularly when this is on a large scale. The UK's largest provider of extra care village communities has for several years had a policy of developing on a 50:50 for sale/rent ratio.
- ◆ A private developer may prefer simply to build for sale; there is some evidence that the owner occupied extra care sector is under provided as appears to be the situation in Worcestershire. In this case imaginative models that might for example release equity, in a fair and attractive way, to fund care should this be necessary at some point are of interest. They might form part of the marketing and “offering”. Some developers are also exploring the idea of developing schemes to lease.

C2 and C3 applications, registration and policy in relation to extra care

C2 is planning for “residential institutions”

C3 is planning for “dwelling houses”

Private developers and social housing providers have different business models and drivers. In planning terms some private developers may occasionally seek C2 planning consent for higher care projects. This is because as this is not “housing” no section 106 agreement comes into play consequently there is no requirement to include social housing in the development nor any financial contribution to the local authority. Private developers use terminology like “close care” and “assisted living” and brands such as “Sunrise Senior Living” or “Signature”.

The social housing sector (and other developers who see schemes as primarily housing) on the other hand will normally provide what is clearly proper, self-contained, “housing” and thus C3.

In practical terms some hybrid private sector schemes may go so far as to omit a kitchen in order to be classed as C2 developments while appearing in most other respects to be

extra care housing. A restaurant is provided in which people can eat or from which meals are delivered to residents.

The philosophy more characteristic of social care authorities (and national policy) is that extra care is intended to offer people life style choices and foster and promote continued independence. Omissions or facilities which appear instead to remove an opportunity for self-sufficiency are somewhat at odds with this.

There are also complex issues about the connection between the planning class and the possibility an extra care housing scheme may be viewed as a registerable establishment by Commission for Social Care Inspection (now the Care Quality Commission). This arises because a registerable establishment as explained in chapter 4 is one which provides accommodation together with care where the care is of a personal or intimate nature. A registered care home has a different funding regime and implications for residents to the position where an older person is renting their own self contained property. It also implies a different care regime.

Terminology

The wide range of terminology describes a wide spectrum of accommodation based service. It would help planners generally if there was an established, universal lexicon. The typology of extra care referred to earlier might provide an initial insight to the broad nature of extra care. There is no statutory definition of extra care and thus it would be helpful to all stakeholders for some description of the model(s) and their characteristics the Districts and County would prefer to see developed in Worcestershire.

Separating care and housing in an extra care and sheltered housing

Partly as reaction to what has been seen as over reliance on institutional provision and residential care, the policy of providing more “care in your own home” has become established. It has become increasingly seen as good practice that housing and support should be provided separately. The technical issue is whether a tenancy (or lease) should contain provision and conditions relating to care and support or not; whether care and support should be separately arranged and contracted. In practice, support and tenancy are usually separately contracted but this is not always the case for extra care or sheltered housing. The question of whether care and support should or should not be provided together with housing as an integral, unified service was raised during this project.

One proposition is that you should not have to move home if you no longer want the particular care provider. Or that if you move you should be able to take the care package with you. When the Community Care Act was passed in 1990 there was formal policy recognition of the need *to enable people to live as normal a life as possible in their own*

*home or in a homely environment in the community*²³. A tenancy or lease which is conditional upon care or support from the landlord limits choice. It is argued an organisation which is an excellent landlord, good at property maintenance, may not necessarily also be good on excellent care provider and vice versa.

When Supporting People was introduced it was hoped that it could be tenure neutral. Since 2003 the funding of the support element of sheltered housing and extra care can be met through the Supporting People programme. Many Supporting People commissioners, including Worcestershire, have begun to challenge this approach to funding support for all older people who live in a particular type of housing. They have instead sought to ‘detach’ the support from the bricks and mortar housing provision, and associated housing management services, in order to commission and fund support services for older people across a range of tenures and it is argued target resources better.

In sheltered housing this can be particularly controversial as the effect is often to remove the resident or non-resident warden/ scheme manager service and yet as we have seen this is highly valued by many older people partly because of the sense of security a warden brings²⁴.

A recent Housing 21 workshop report²⁵ suggested the redesign of service models on core and add-on principles. If someone chooses to move into an extra care scheme, they would buy into some of the key services as standard – overnight care and support, alarm system, scheme security. They would then be offered a menu of additional services from which they could choose according to their needs.

With personalisation, direct payments or privately/ self funded support or care the logic should be that the resident must be able to end a tenancy and keep their support or fire their support provider and stay put. Many RSLs and other providers of traditional sheltered housing have already re-modelled the service to provide peripatetic rather than residential warden services. Summarising the pros and cons of separating housing and care:

For:

- ◆ It is usually two separate contracts in the tenancy and care package
- ◆ Paid from two different sources
- ◆ It is non institutional and fits with ‘personalisation’
- ◆ And does not run the risk of being seen as a registered care home
- ◆ It can be tenure neutral
- ◆ And allow for portability and more choice

²³ DHSS 1989 Caring for People

²⁴ Help the Aged, 2009 “Nobody’s listening”

²⁵ Housing 21 2008 “Building Choices” Personal Budgets and Older People’s Housing

Against:

- ◆ A lack of co-ordination between housing and care services
- ◆ Less practical in Extra Care or more specialist care settings
- ◆ For low level support services or housing related support, it is usually thought to be more economical to provide housing and support together

Older people with learning disabilities

One of the weaknesses in services identified in this study is specialist provision for the small but growing number of older people with learning disabilities living in the county.

A coherent strategy is required to ensure their requirements can be met.

At present the position and issues which flow are broadly:

- ◆ Adult children continue to be supported at home by ageing parents (or other close relatives). In extremis at some point the parent may begin in part to be supported by their disabled relative. There comes a point where the parent/ grandparent or other relative can no longer cope. The issues are around where the disabled person moves or indeed if they move.
- ◆ The disabled person ages where they have been placed. The issues here are whether or not the building and service remains suitable; the physical process of ageing may mean that the building hinders mobility or independence. Living in a home with stairs may no longer be practical. Either adaptation may be required or a move to a more suitable setting. In grouped living situation it is also possible that as people come and go the age range extends and this may also lead to a less than satisfactory social mix and environment for both younger and the more older residents.
- ◆ People with learning disabilities are placed or moved into a service designed primarily for older people. This might be sheltered housing or a residential care home and in the future extra care housing. At present the staff may lack specialist knowledge or understanding of the spectrum of learning disabilities. For this and other reasons – including mixing with other residents – they might not be a very satisfactory solution, particularly where this is without additional support.
- ◆ The life expectancy of people with learning disabilities has been steadily improving. People with Downs Syndrome (a familiar form of learning disability) however commonly experience early onset dementia by their early 50s. There are few services designed to cater for this mixture of needs and arguably those in their 50s are of a different generation to older people who are usually found in dementia services

What solutions might a strategy to address these needs include?

- ◆ As with the general population better information and advice on the possibilities would be welcome
- ◆ Turning this general advice into a specific action plan with older carers is the additional step required. A clear understanding of what should happen when the

older carer gets to the point where they can no longer provide adequate care. This plan should be agreed by all relevant agencies and held in a file by Adult Social Care

- ◆ As far as the housing specifically is concerned all options should be explored and the range extended. They include continuing to live in the parental (or older relatives) home in the long term and here there are numerous alternatives:

- The property is simply inherited or as an alternative placed in a discretionary trust.
- The property is sold and some or all of the equity (if no other inheritors) used to acquire another property
- In the case of a public sector tenant passing on or succeeding to the tenancy.

Practical planning might include establishing a joint tenancy in advance.

Identification of sheltered schemes and/ or residential homes willing and able to support older people with learning disabilities. It would be expected as a minimum these providers of their services would provide additional training to relevant staff

- ◆ Making a few places available in extra care housing already provided or under development for the general population of older people. This might be with additional support for some individuals along with special / further training for relevant care and housing staff on site
- ◆ Creating and developing a new model of extra care housing specifically designed for people with learning disabilities. This would include some units intended for older people with learning disabilities with dementia and/ or a small number of small extra care, learning disability schemes tailored to this needs group.

Extra care housing for people with learning disabilities

Extra care designed for older people with learning disabilities is a new concept. The idea is that principles of extra care for older people are applied to this needs groups but with some changes to make it more appropriate and a better option. Developments would be on a much smaller scale (say a maximum of 8 dwellings), building up a network across the county. Some schemes could provide a staff base from which to outreach and support some older people with learning disabilities living in ordinary housing in the vicinity. Equally those living in the community could 'in reach' coming into the scheme to socialise and use the communal facilities. The dwellings and scheme would be developed to take account of individual's needs/ preferences.

The building blocks, as with mainstream extra care, would be:

- ◆ Self contained accommodation – possibly compact but with at least a separate kitchen area, bathroom and lounge/bedroom. It is possible some dwellings might exclude a full kitchen because of individual behaviours or needs.
- ◆ 24 hour care and support available
- ◆ Range of amenities and facilities appropriate to needs on site like a large, sensory room, therapy room.
- ◆ Possibly provision of meals

Research into the Housing and Support Needs of Older People within Worcestershire

What would the scheme look like?

- ◆ A small cluster of self contained dwellings – maximum say 8
- ◆ Flats or bungalows
- ◆ 24 hour care and support available, probably on site
- ◆ A range of communal facilities and amenities
- ◆ Dwellings, communal areas and external areas purpose designed for the needs of people with learning disabilities and physical disabilities to maximise independence
- ◆ Individual packages of assistive technology plus a standard set of environmental monitors in each property. Probably based on a dispersed alarm unit.
- ◆ Properties for sale or for rent
- ◆ Facilities for staff

The model might also be similar to what was described as “enhanced sheltered housing” except:

- ◆ On a much smaller scale
- ◆ Preferably with a higher level of care available, 24 hours a day at least for some residents on site

It is envisaged schemes would follow the Housing Corporation (now Homes and Communities Agency) Design and Quality Standards for “All Special Design Features” which are:

- ◆ The whole scheme, including entrances, and the buildings that comprise it must be designed to wheelchair user standards
- ◆ Living units must have walk in showers or bathrooms adapted for people with mobility problems or wheelchair users
- ◆ Bathrooms in living units that are wheelchair standard must meet the criteria for adapted bathrooms
- ◆ Living units must have kitchens that are designed to wheelchair standards
- ◆ The scheme must have kitchens that are designed to wheelchair standards
- ◆ The scheme must have a bathroom with provision for assisted bathing
- ◆ If there is more than one storey there must be a lift

A key feature of this slightly different form of extra care/ enhanced sheltered housing in addition to the small scale and rather different mix of shared facilities would be the emphasis on designing to meet the needs of people with learning disabilities and meet individual’s requirements. Design considerations include:

- ◆ Following RNIB guidance on design for impaired vision and a room by room approach to design to match particular needs
- ◆ Consider designing for dementia following same principles
- ◆ Avoiding risk associated with falls and epilepsy e.g. no sharp corners
- ◆ Design details specifically to anticipate needs of people with Autistic Spectrum Disorders – no reflective surfaces, tamper proof fittings and similar

Research into the Housing and Support Needs of Older People within Worcestershire

- ◆ Special bathing facilities to match individual preferences
- ◆ Soundproofing/ toughened glass/ triple glazing
- ◆ Wheelchair accessible building and garden
- ◆ Specific AT requirements – individuals and staff
- ◆ Security system and prompts
- ◆ Careful attention to floor and wall coverings ensuring no tripping risks, washable, robust

This is not an exhaustive list of detailed design but indicative of issues to consider for this particular older needs group.

The starting point as a minimum for communal facilities could be:

- ◆ A shared lounge with dining area and a small kitchenette for occupiers to meet together and socialise
- ◆ Staff office – min 12m²
- ◆ A disabled access toilet
- ◆ Staff sleep in facility

Additional features to consider in particular schemes according to the needs of the intended occupants would include:

- ◆ An activity area or separate multi-purpose activity room
- ◆ A sensory room
- ◆ Small meeting/ therapy room
- ◆ Storage for wheelchairs and other equipment
- ◆ A door entry system which can offer a level of security required for the particular group of residents
- ◆ A guest suite/ respite/ additional sleep in for staff
- ◆ A laundry with sluice
- ◆ Conservatory
- ◆ External area with raised beds, sensory garden, shed

More tips on designing extra care housing for people with learning disabilities can be found in:

- ◆ “A Measure of Success” Housing and Support Partnership, January 2008 – An evaluation of 10 projects for people with learning disabilities
- ◆ Pennine Court: Remodelling sheltered housing to include extra care for people with learning disabilities, Shena Latto and Victoria Crookes, May 2007
- ◆ Park View: An “independent living” scheme with support for individuals with a learning disability, Yvonne Maxwell, June 2008.

All can be found at:

<http://networks.csip.org.uk/independentlivingchoices/housing/topics/browse/learningdisabilities/>

A new typology of accommodation based and support service models

In the course of discussion the question of how best to think about and describe a growing range of options was raised and we mentioned above the interest in a common terminology to describe all the options. In an initial attempt to set out the “landscape” of the alternatives this section offers an analysis of how different models combine features; an embryonic “typology”. This is put forward for discussion and to assist analysis and strategic planning and is by no means an established, tried and tested, method.

The classification system necessarily simplifies. Details could be elaborated. It is also possible to extend the variables. We have selected those that seem most significant in defining and distinguishing housing type services since these are central to Worcestershire concerns and reflect present provision.

There are five variables which seem to be features of an accommodation based service for older people and explain how services and buildings on offer differ from each other.

- Tenure of the accommodation – whether it is for rent, outright sale or shared equity or a mixture
- The facilities provided – this refers to the range and type of facilities provided such as communal lounges, gardens, gym and the provision of meals
- The support provided – the range of support services available including the provision of assistive technology, resident support on site, mobile response service, or floating support service of varying intensity.
- Provision of housing, care and support, in combination – the variations that are possible within a development.
- Eligibility and access criteria – the type and range of needs that a particular accommodation ‘model’ will meet and any conditions attached to entry.

The key point is that we are used to thinking in a few fixed categories e.g. sheltered housing, residential care, extra care, close care... but this is limiting and now fails to match either aspirations or reality. In addition, some of the forms of provision lack clear definition and incorporate a mixture of both physical provision and services. By thinking more in terms of the variables and the range of possibilities on each it becomes more apparent what the combinations are to better match the needs and aspirations of individual older people. What the real decisions are.

The next table sets these out in more detail and illustrates some of the main alternatives on each variable.

Table 53 Outline typology of accommodation based service models

Variable	Option			
Housing and Support Provider	Housing and support/care provider identical	One housing provider with One separate care provider	Housing provider with Adult Social Care as care provider	Housing provider with several care providers
Built form: <ul style="list-style-type: none"> ▪ Facilities provided ▪ Scale of development - dwellings ▪ Dwelling type 	1 or 2 types Small – less than 30 Flat	3 or 4 types Medium – 31-50 Bungalow	5 to 7 types Large – 51-149 Cottages/house	8+ types Extensive – 150+ Mixed
Standards	No or minimum special design features	Mobility/ wheelchair standard	Lifetime Homes	Designed around individual needs
Allocation and eligibility criteria	Low needs	Medium needs	High needs	Complex needs
Tenure	Rented	Mixed tenure	Owned (including shared ownership)	Special finance arrangement
Provision of meals	None/occasional	1 / day	2 / day	3 / day
Telecare facilities	Hardwired/ Alarm only	Dispersed alarm and range of environmental sensors	Dispersed alarm and environmental and personal sensors	Package tailored to individual including possibly telemedicine
Alarm/ emergency response	Control centre only	Mobile off-site 24 hour	Onsite day response	Onsite 24 hour response

Support/ care service	None	Peripative care/ support/ visiting housing manager providing some support	Peripative care/ support services and resident or visiting housing manager providing some support	Onsite care team
Advice/information services	None	Property and maintenance	Welfare	Safety and security
Availability of communal facilities and services	Exclusively for residents	Residents and people coming to schemes	Residents, people visiting and outreach to community	

Notes: Number of dwellings is to an extent an arbitrary judgement as are number of facilities. While some cells are presented as discrete categories in practice there will often be more of a continuum e.g. a range of needs may be catered for.

A list of current accommodation based types for older people would include:

- Ordinary housing designated for letting to older people
- Sheltered Cat 1
- Sheltered Cat 2
- Sheltered Cat 2 ½ / very sheltered / enhanced sheltered
- Extra care housing – typically this will have 24 hour provision of on site care and support services with a wide range of on site facilities
- Abbeyfield/ almshouse sheltered (or occasionally extra care) housing provide directly by local societies, typically small scale.
- Other

However as the typology helps to make clear this list has become out-moded and is now of limited help in thinking about real options and decisions to take.

The typology prompts questions about:

- How people with **complex needs** are catered for? It is still a matter of some debate as to whether people with mental health problems can be accommodated and cared for well even in extra care. If they do live in extra care the impact on other residents and the culture. Whether an integrated approach is better. Sheltered housing for older people with complex needs will include sheltered services that can support people with dementia, other mental health needs, alcohol misuse issues, and people with learning disabilities.
- **Hub and spoke** models where a scheme is used as a base for staff and the facilities are made available to the wider community. This approach potentially makes better use of capital investment in facilities, offers the

potential for a lively, less isolated community within the community and may help to deliver a more economic and better service e.g. catering is more cost effective when there are bigger volumes.

- **On call response.** The building based models now explicitly in our typology consider assistive technology. Much of the monitoring available is however, ultimately of only limited value if a reliable human response to deal with the problem is not available in a reasonable time, for example to a fall or epileptic seizure alarm. The matrix suggests consideration of combination of variables like “hub and spoke” serving a community and a “response” service.
- **Floating support** is an extension of this. Floating Support could float out from a building to a community. Equally a floating support service could be based elsewhere in the community and float into a building (or cluster of schemes). This in turn suggests that a further consideration (but probably not a core variable) is the grouping of schemes (or even individual dwellings) in geographical proximity. This notion of geographical spread has been used in learning disabilities and to a lesser extent mental health services to create “community network” models. One of the most well known is “Keyring”. This organisation supports groups of 10-12 disabled people who each have their own property but live close to each other (say within 500 yard radius). A project worker also lives in this area. They provide basic support to each member of the network. The central role however is to facilitate activities of the members of the “ring” and help them to work together building on their different abilities.
- **HIA services** and the role they could play in delivering a wider community based role, for example as a source of more general information and advice for older people.

Chapter 8 Summary and Conclusion

This is a study of the future housing requirements of older people living in Worcestershire. It was commissioned by Worcestershire County Council, who has responsibility for adult social care, in conjunction with the local housing authorities.

The analysis compares present provision of specialist housing and support services for older people with anticipated demand. It is based on:

- A review of national and local statistics on housing and support needs as well as supply data
- A survey of 1300 older people living in the county.
- Nine group discussions with older people
- A conference with a wide range of agencies involved in providing for or representing older people

Policy

Recurring themes in national policy are:

- Supporting people to continue to live at home as they age
- Preventing dependency
- Encouraging independence and an active, healthy lifestyle in later life

There is a push to extend the range of housing options available and reduce dependency on more institutional forms of care services. In order to help more people stay at home there has been increased emphasis and funding for home repair services and things like the Warm Front Grants. It is emphasised local authorities strategic thinking must encompass all older people, in all tenures, not simply a minority living in social housing.

Local plans mirror these aims. Local housing strategies vary in the emphasis put on older people. There is some emphasis on enabling more older people to remain at home, more supported housing and a recognition that some Districts and Boroughs have relatively poor sheltered housing stock. A further shift to floating support and away from residential managers in sheltered housing is anticipated.

Wychavon housing strategy is one of the most explicit in recognising older people are the housing services largest and most rapidly growing client group. We found most housing authorities need to re-visit their strategies in 2009 and there are plans to do this collaboratively.

Quantifying housing needs

There are substantial demographic changes taking place in the county. They lie behind the analysis of how specialist housing and related support services will need to be re-shaped:

- By 2031, those over 60 will increase by 52%
- Even more dramatic in terms of demands for care, those over 85 increase by 155%
- Growth is predicted to be greatest in Wychavon and Malvern Hills
- People are living longer but along with increased life expectancy has gone longer periods of ill health in later years; 4.3 years for men and 5.9 years for women This will often mean a need for some care.
- Those diagnosed with dementia will treble by 2025 leading to a requirement for more specialist provision available at home or in some alternative housing or care home setting
- At over 80% of households in the 55 – 74 age group levels of owner occupation are exceptionally high in Worcestershire At the end of 2008, the average value of equity held was just over £180,000 but values are trending down
- There are 745 households on local authority waiting lists, aged over 50 with a significant identified housing need; 1 in 5 of these are currently owner occupiers
- The number of older people with a learning disability, for whom there is currently little explicit provision, is projected to rise from 4732 to around 6050 by 2025; a 28% increase.

Supply side

Supply of purpose built accommodation for older people in Worcestershire is good albeit it is not evenly spread across the county. Some Districts are much better served than others.

Table 54

	Sheltered and extra care housing		Residential and nursing care
	Rent	Sale	
Provision / 1,000 people over 65	60.2	18.5	49.9
England area	52.4	13.6	46.9

On the basis of the demographic changes projected, shifts in policy and older people's expectations, it is possible to give an indication of how the supply of specialised accommodation for older people may need to change.

Table 55

Type of housing	More/ less properties needed
Sheltered housing for rent	1171 fewer properties
Sheltered housing for sale	4636 more properties
Enhanced sheltered housing for rent or sale	1610 more properties
Extra care housing for rent or sale	1938 more properties
Housing based provision for dementia	838 more places
Residential care places	3068 more places
Nursing care places	1069 more places

Specialist accommodation is only part of the story. The majority of older people continue to live at home and do not move. Over the last 6 years, there has been more than a 60% increase in the proportion of older people supported at home and for those over 65 in need of very intensive home care packages, the increase has been even more marked at 120%.

Supporting People was established some years ago to fund "housing related support" as opposed to care. We find quite wide disparities between Districts in the number of older people receiving Supporting People based services with Redditch and Wyre Forest better served than other areas. This appears to be based more on the historic pattern of social housing than, for example, incomes and consequently those living in private rented housing or owners get limited help.

An older persons perspective and aspiration

From a questionnaire completed by a representative sample of nearly 1300 older people in the county we find:

- About 20% have already adapted their home
- A further 15% feel their present property does not meet their needs well. This is for reasons of poor health, problems with mobility or because it is too big. Lack of transport also plays a part.
- 8 out of 10 people, in common with similar studies, want and expect to stay in their present home although a surprisingly large number, two-thirds, are realistic enough to accept they may need some support to make this possible
- 4 out of 10 would like some alteration or adaptation in order to stay put

Although the demand for traditional retirement housing to rent has been weak in some areas more than a third of people who currently rent would consider moving to sheltered housing. It is striking that almost as many home owners would also consider buying into sheltered housing and slightly fewer to extra care, if it were available to purchase.

Looking ahead, it is clear people's expectations are rising. People want more than a one-bedroom property with many saying 2 bedrooms is the minimum. The most frequently mentioned shortcomings with people's existing homes are absence of suitable showers and difficulties with stairs. There is a continuing demand for a range of low level support services like gardening, shopping and cooking which are the services that have tended to be curtailed in recent years. There is a low level of interest in current equity release products to fund care or adaptations and little knowledge of products such as those offered by Kickstart in the West Midlands.

Nine face to face discussion groups provided more detail on what older people feel about present services, housing and what they are looking for in later years.

There is a wealth of detail in the results of the focus groups. Discussions tended to reinforce some of the findings of the survey particularly the importance of low level support. There are of course, many individual differences and priorities however some recurrent themes are apparent:

- Better, more accessible, easily obtainable information particularly around agency support services, grants for adaptations, housing options and financial implications of different choices, equity release, assistive technology
- Extra care is seen as a positive choice
- Transport is repeatedly identified as a key factor in quality of life and an important consideration in location of schemes
- People seldom aspire to residential care and expected this option to appeal less to future generations
- Fears around personal safety prevent many venturing out at night. Groups tended to emphasise good street lighting and valued wardens/ scheme managers and local policing because of the greater sense of security.

New ideas

The final chapter of the report looks at three issues that arose during the study:

- The role of extra care and in particular private sector provision and planning and the separation of housing from support provision
- How to address the needs of a small but growing number of older people with learning disabilities. This includes the concept of a form of mini extra care, purpose built, to serve the needs of this group better
- The different features that make up a growing array of models of specialist provision.

Stakeholder views

Towards the end of the project, an event was held for 30 people drawn from a range of agencies and interest groups. Representatives included front line care staff and sheltered managers as well as Councillors and senior managers from the Districts and County Council along with a range of voluntary agencies and housing associations.

This group discussed action required in four key areas identified as:

- Support
- Extra care housing
- Future focus
- Advice and information

Proposals and issues emerging provide a starting point for those charged with taking forward plans. Edited notes prepared by the leaders of each of the discussion groups appear as Appendix 4.

Conclusion and priorities identified by the participants included:

- Information and awareness raising about options and their financial implications. Need for a trusted and neutral source of advice.
- Expand extra care housing; there are issues around creating separate communities, preference for mixed tenure and how to serve a more rural community. There are also different perspectives on how far extra care is a suitable option for people with dementia, the range of facilities to be provided and how these should be accessed by the local community
- Low level preventative services are a key to independent living. This may include expanding telecare and the role of Home Improvement Agencies as well as floating support particularly in rural areas
- Provide a choice of support solutions possibly with an enhanced voluntary sector role also ensure flexibility in services to adapt to changing needs
- Better transport required is important with again a possibly bigger role for voluntary sector
- Expand dementia provision
- Services for older people with learning disabilities is acknowledged as a gap in current provision
- There is a case for targeting advice better and an array of methods are available to do this more effectively

Conclusion

The local authorities in Worcestershire have to plan and provide strategic leadership around four major themes that are apparent:

Research into the Housing and Support Needs of Older People within Worcestershire

- **Numbers** and nature of provision: the demographics show very large increases in provision are required in a relatively short time frame. They show a change in mix with more extra care housing and probably different forms of sheltered housing for all tenures and less traditional sheltered housing to rent
- **Focus** – a further shift in focus to embrace all older people across all tenures, developing options and services for all including all disabled, ethnic other minority groups, in rural and urban areas and achieving a more equitable spread of services across districts and tenures
- **Support** a shift from the poorest to the majority, including private payers. What would the menu be is one question? Change in the roles of local authorities and partners must be anticipated. Shift to brokerage as an approach to arranging services and more self assessment.
- **Options and advice** - a recurring theme is better advice, from a trusted source, on a wide range of topics relevant to older people. More long term planning by individuals based on better information. This could be everything from guidance on a reliable tradesman to decisions about equity release. The latter is particularly important because of the very low level of interest in this and suspicion but there is considerable potential in drawing on equity for the majority of the older population in Worcestershire

Appendix 1 Home Choice Plus: How the Banding System Works

Extract from Home Choice Plus; working in partnership to offer choice from a range of housing options for people in housing need.

Once you have registered you will be asked about your circumstances. If you have an urgent need for re-housing, your individual housing needs will be assessed so that you are awarded the correct banding.

When your application is placed in a band (determined by your circumstances) you will be notified of this award, along with the length of time that it lasts. You will need to reapply for this award, depending on its limit, 3 months, 6 months or 12 months.

This is only a brief outline of each of the banding criteria and more detailed information is available upon request. Evidence will be collected and checked before households are placed into a band.

Note: If there is a significant change in your circumstances, which results in a higher banding being awarded, then your waiting time on the list will be effective from the date that the band changed.

If you have multiple housing needs, this may be reflected in the band you are allocated.

If the change in circumstances results in your banding being altered to a lower banding, then your waiting time on the list will be effective from the date you joined the list.

Banding due to homeless criteria, will only apply in the Local Authority area where that assessment was made.

Local Connection

We regard Local Connection as indicated below:

- Those who are normally resident in the Local Authority area. Local Government Association guidelines define this as having resided in the area for six of the last twelve months, or three out of the last five years, where residence has been out of choice;
- Those who are employed in the Local Authority area – the Local Government Association guidelines define this as employment other than of a casual nature;
- Those who have family connections in the Local Authority area – the Local

Government Association guidelines define this as immediate family members who have themselves lived in the area for five years.

Local Connection is defined in Part VII of the Housing Act 1996

Deliberately worsening circumstances

If there is evidence that an applicant has deliberately worsened their circumstances in order to qualify for a higher banding, no additional award will be given and their original banding will remain.

Examples of deliberately worsening your circumstances would include:

- Selling a property that is affordable and suitable for your needs.
- Moving from a secure Assured Tenancy to insecure, overcrowded accommodation with family or friends.
- Where there is evidence that you could have remained in your original accommodation

At the applicants request this decision may be reviewed after a period of at least 12 months.

Priority is initially awarded for three months and is only awarded where Home Choice Plus, has accepted a homeless duty under part VII of the Housing Act 1996 as amended.

- Homeless applicants will be expected to bid for all properties, for which they are eligible.
- Homeless applicants will be expected to have made a bid within the first 2 weeks. If they have not made a bid within this time, then bids will be made on their behalf, by Home Choice Plus, on properties for which they are eligible.
- If a suitable offer is refused the homelessness duty may be discharged and the applicant may cease to have a priority status.

Banding

Gold plus

Awarded for 6 months to applicants who have a local connection and is awarded for the following:

- Homeless applicants where there is no statutory duty to re-house (excluding those who are intentionally homeless).
- Households living in properties subject to certain enforcement notices.
- Households with a very high medical need, who need to move.
- Households under the threat of homelessness (through no fault of their own) e.g. notice to quit or repossession.
- Applicants who need to move from supported accommodation.
- Tenants of a partner Registered Social Landlord, who are living in family homes bigger than they need and wish to move to smaller housing.

Gold

Awarded for 12 months to applicants who have a local connection and is awarded for the following:

- Homeless applicants, who have been determined to have become homeless intentionally.
- Households who are suffering from harassment and domestic abuse, who need to move.
- Households who are, following a visit by Home Choice Plus, identified as experiencing overcrowding.
- Households who are identified as living in exceptional circumstances.
- Households with a child(ren) under 10 and living in an upstairs flat.

Silver Plus

Awarded for 6 months to applicants who have no local connection and is awarded for the following:

- Homeless applicants where there is no statutory duty to re-house (excluding those who are intentionally homeless).
- Households living in properties subject to certain enforcement notices.
- Households with a very high medical need, who need to move.
- Households under the threat of homelessness (through no fault of their own) e.g. notice to quit or repossession.
- Applicants who require to move on from supported accommodation.

- Tenants of a partner Registered Social Landlord, who are living in family homes bigger than they need and wish to move to smaller housing.

Silver

Awarded for 12 months to applicants who have no local connection and is awarded for the following:

- Homeless applicants, who have been determined to have become homeless intentionally.
- Households who are suffering from harassment and domestic abuse, who need to move.
- Households who are, following a visit by Home Choice Plus, identified as experiencing overcrowding.
- Households who are identified as living in exceptional circumstances.
- Households with a child(ren) under 10 and living in an upstairs flat.

Bronze Plus

There is no time limit on this banding and it is awarded for the following:

- All applicants who live, work or have a local connection, to a particular district of the Home Choice Plus partnership, but who have no housing need.

Bronze

There is no time limit on this banding and it is awarded for the following:

- All applicants who have no local connection to any of the districts in the Home Choice Plus partnership and have no housing need.

Appendix 2 Questionnaire

My Home, My Future, My Choice

Worcestershire, in common with the rest of the country, has a growing population of older people. We need to think about what type of housing and support should be available in the future. We would like to hear from you, whether you are already retired, or whether you are due to retire in the next 20 years. Your views will be used to help us shape our services for older people in the future.

Please complete your contact details at the end of the questionnaire to be in with a chance of winning one of five £50 cash prizes.

Please return your response by 15th December 2008. Please fold and seal the response slip and put it in the post, no stamp required.

For further copies of the questionnaire please contact the Supporting People Team on 01905 728820.

This questionnaire is anonymous and confidential and will only be used to help us plan future housing and support for older people.

Q1 Are you..? (Please tick **ONE only)**

Male Female

Q2 Which age category do you fall into? (Please tick **ONE only)**

55 to 59 65 to 69 75 to 79
60 to 64 70 to 74 80+

Q3 What is the current tenure of your home? (Please tick **ONE only)**

Owned outright or with mortgage/loan (including part-ownership).....
Rented from Housing Association/Registered Social Landlord.....
Rented from private landlord.....
Other.....
If Other, please specify: _____

Q4 What is your postcode? (Please enter below)

Q5 What type of accommodation do you currently live in? (Please tick **ONE only)**

House..... Bungalow..... Flat or Maisonette....

Q6 Has your current accommodation been adapted? (Please tick **ONE only)**

Yes..... No.....

Q7 How many bedrooms does your current accommodation have? (Please tick **ONE only)**

1 2 3 4 5+

Q8 What is the composition of your household? (Please tick **ONE only)**

Myself alone..... Myself and other family/ friends...
Myself and partner Myself and carer.....

Q9 Is your present home suitable for your needs? (Please tick **ONE only)**

Yes..... **Go to Q11** No..... **Go to Q10**

Q10 Please state why your current home is unsuitable for your needs? (Please tick **ALL that apply)**

Larger than I need.....	<input type="checkbox"/>	The mix of family ages.....	<input type="checkbox"/>
Smaller than I need.....	<input type="checkbox"/>	Poor public transport links.....	<input type="checkbox"/>
Difficult to afford	<input type="checkbox"/>	I no longer have the use of a car	<input type="checkbox"/>
Feels isolated from other people	<input type="checkbox"/>	I have problems getting about.....	<input type="checkbox"/>
Does not feel safe	<input type="checkbox"/>	Health problems	<input type="checkbox"/>
In a location I do not like.....	<input type="checkbox"/>	Partner/friend's health problem....	<input type="checkbox"/>
Far from shopping/leisure facilities	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

If unsuitable for other reasons, please explain:

Q11 What care and support requirements do you have? (Please tick ALL that apply)

- None.....
- Practical help, for example with managing money, claiming benefits.....
- Help with personal care (e.g. bathing, using the toilet, getting out of bed)..
- Help with shopping and cooking.....
- Help with gardening.....
- Adaptations to my home, for example help to get up and down stairs.....
- Meeting other people.....
- Need relatives or friends to help support me.....

Q12 Which of the following benefits do you currently receive? (Please tick ALL that apply)

- Attendance Allowance..... Neither.....
- Disability Allowance.....

Q13 Thinking about your housing requirements in the future, which of the following statements apply? (Please tick ALL that apply)

- I feel I have enough information about housing choices that may be available to me in later life.....
- I want to live in my current home for as long as I am able to manage it.....
- I would expect to receive such services I may need in the future to help me live independently at home.....
- I would want to make alterations and adaptations to my existing home if I become less able.....
- I would consider buying or part-buying somewhere in an older persons' housing development when I am less able (e.g. retirement housing run by a private company).....
- I would consider buying or part-buying somewhere in an older persons' housing development which caters for people as they become less able and may need care (e.g. 'extra care' housing run by a housing association).....
- If necessary, I would sell my present home to fund more suitable accommodation.....
- I would be interested in having more information about equity release schemes that provide money to improve or repair my home.....

- I expect to rent somewhere in an older persons' scheme when I am less able, for example in sheltered housing run by a housing association.*
- I would only want to move into a housing scheme for older people if no other options were available.....*
- I would like to live in a house with members of my family.....*

Q14 If you need alternative housing that's better suited to your requirements when do you think that is likely to be? (Please tick **ONE only)**

- Within the next 5 years.....* *Within the next 15 years.....*
- Within the next 10 years.....* *Within the next 20 years.....*

Q15 Thinking about your future housing requirements which area of Worcestershire do you want to live in? (Please tick **ONE only)**

- Bromsgrove District.....* *Wychavon District.....*
- Malvern Hills District.....* *Wyre Forest District.....*
- Redditch Borough.....* *Outside Worcestershire.....*
- Worcester City.....*

Q16 What type of factors might stop you from being able to move to housing that is better suited to your requirements in the future? (Please tick **ALL that apply)**

- Can't afford to move to alternative housing.....*
- Want to stay in the area I live in now.....*
- I don't know enough about the housing options that might be available.....*
- I don't know what help and support would be available to me if I move.....*
- Nothing suitable for me that meets my ethnic and cultural requirements.....*

Q17 If there are any other comments you want to make about your housing and support requirements in the future please write them below:

Q18 How would you describe your ethnicity?

- | | | | |
|---|--------------------------|--|--------------------------|
| <i>White British</i> | <input type="checkbox"/> | <i>Black or Black British: Caribbean</i> | <input type="checkbox"/> |
| <i>White Irish</i> | <input type="checkbox"/> | <i>Black or Black British: Other</i> | <input type="checkbox"/> |
| <i>White Other</i> | <input type="checkbox"/> | <i>Asian or Asian British: Indian</i> | <input type="checkbox"/> |
| <i>Mixed: White and Black African</i> | <input type="checkbox"/> | <i>Asian or Asian British: Pakistani</i> .. | <input type="checkbox"/> |
| <i>Mixed: White and Black Caribbean</i> | <input type="checkbox"/> | <i>Asian or Asian British: Bangladeshi</i> | <input type="checkbox"/> |
| <i>Mixed: White and Asian</i> | <input type="checkbox"/> | <i>Asian or Asian British: Other</i> | <input type="checkbox"/> |
| <i>Mixed: Other</i> | <input type="checkbox"/> | <i>Chinese</i> | <input type="checkbox"/> |
| <i>Black or Black British: African</i> | <input type="checkbox"/> | <i>Other</i> | <input type="checkbox"/> |

To be in with a chance of winning one of five £50 cash prizes, please enter your contact details below:

Name: _____
Address: _____

Telephone Number: _____

We will also be conducting some further research involving a number of focus groups. If you would like to take part in this further research, please tick the following box:

Thank you for giving up your time to complete this questionnaire your answers will help us plan future housing.

Please fold, seal and return this pre-paid slip by 15th December 2008.

Appendix 3 Health Needs

Mental health – depression

Between 10 and 15% of people aged 65 or over are estimated to have depression²⁶. Based on these figures, we can estimate that between 15,000 and 23,000 people aged 65 and over will suffer with depression by 2025, an increase of between 5,000 and 8,000²⁷.

Of these, 3-5% are estimated to suffer with severe depression, giving a current figure of between 3,000 and 5,000 people over 65 across the county. Based on the population projections this is likely to increase by some 50% to between 4,500 and 7,500 in the next 20 years.

Heart attacks, strokes, and respiratory conditions

Based on a range of health statistics and surveys, estimates indicate that the number of people aged 65 and over likely to suffer long-term health conditions in Worcestershire can be expected to increase as follows:

- ♦ Long-term health conditions caused by heart attacks are predicted to increase from 7,080 in 2008 to 10,819 in 2025
- ♦ Long-term health conditions following a stroke are predicted to increase from 2,599 in 2008 to 4,319 in 2025
- ♦ Long-term health conditions caused by Bronchitis and Emphysema are predicted to increase from 2,228 in 2008 to 3,363 in 2025²⁸

Falls

Falls can impact significantly on older people's health and mobility, and their ability to cope with everyday tasks such as shopping and self-care as well as their general health. For many people a fall can trigger a crisis and the need for care and support services either during transition or in the longer-term. In many cases this is likely to include a need for a community alarm service.

Based on current prevalence rates, the number of people aged 65 and over predicted to attend hospital Accident and Emergency departments in Worcestershire as a result of a fall is predicted to increase from 6,241 in 2008 to 10,172, and the number needing

²⁶ See Baldwin, R. (1996) *Depressive Illness*, in Jacoby, R. and Oppenheimer, C. (eds) *Psychiatry in the Elderly*, Oxford University Press.)

²⁷ All figures quoted here are taken from POPPI estimates based on mid-2006 projections

²⁸ POPPI estimates based on mid-2006 projections

admission to a hospital following a fall is predicted to increase from 2,132 in 2008 to 3,575 by 2025.

Physical Disabilities and Sensory Impairment

Nationally the number of disabled, older people is projected to double from 2.3 million in 2002 to approximately 4.6 million in 2041²⁹.

As the Government says:

“In an ageing society, disability is likely to become more prevalent as older cohorts grow. For example, the Department of Health estimates that the numbers of older people registered blind or partially-sighted will rise from 798,000 to 1,178,000 between 2008 to 2025, an increase of 380,000³⁰. We should also anticipate rising levels of other long term conditions such as arthritis, heart disease, strokes, diabetes, incontinence, osteoporosis, dementia, depression, and general loss of balance, strength and agility, many of which will interact to cause multiple co-morbidities and general frailty”

Restricted mobility significantly reduces people’s ability to manage routine domestic and personal care tasks and increases their need for care and support. Mobility is strongly related to age with 8% of 65 to 74 year olds and 24% of people aged 75 and over unable to manage at least one key mobility activity on their own – i.e. going out of doors and walking down the road; getting up or down stairs; walking around the house on the level; getting to the toilet; getting in and out of bed. **It is predicted that the number of people in Worcestershire aged 65 and over who are unable to manage one of these activities without help will increase from 15,728 in 2008 to 25,632 by 2025.**

Around 20% of people aged 75 and over are registered as blind or partially sighted. The predicted increase in these age groups within the population will in turn lead to increases in demands for services to support people as they develop these visual impairments.

Causes of death amongst older people

i. Cancer

Nationally 76% of deaths from cancer occur in people aged 65 years and over. Death rates from cancer rise with increasing age. However, the proportion of deaths caused by cancer decreases in this older age group – a quarter of all deaths amongst people over 65 compared, for example, with 36% of deaths amongst people aged under 65.

(Source: <http://info.cancerresearchuk.org/cancerstats/mortality/age>)

²⁹ “Lifetime homes, lifetime neighbourhoods; a national strategy for housing in a n ageing society, DCLG/DH/DWP, 2008

³⁰ POPPI, 2006

ii. Heart and circulatory diseases

Heart and circulatory diseases are the highest cause of death with just under 40% of deaths caused by cardiovascular disease. Coronary heart disease, the main form, causes around one in five of all deaths in men and one in six deaths in women, although death rates have been falling rapidly in recent years.

There are significant regional variations in the incidence of deaths from heart disease across the county. Table 58 below shows the number of deaths from Coronary Heart Disease in different Districts for people aged under 65 between 2004 and 2006.

Within Worcestershire deaths amongst men under 65 vary from 25 per 100,000 in Bromsgrove to 45.51 per 100,000 in Worcester and amongst women from 2.79 per 100,000 in Wychavon to 11.34 per 100,000 in Redditch.

Table 56: Deaths from Coronary Heart Disease

Local authority	No. of deaths 2004-6	Age standardised death rate per 100,000	No. of deaths 2004-6	Age standardised death rate per 100,000
Bromsgrove	36	25.00	7	4.68
Malvern Hills	37	31.31	6	4.65
Redditch	41	35.44	13	11.34
Worcester	54	45.41	10	7.87
Wychavon	68	35.94	5	2.79
Wyre Forest	51	30.03	11	6.42

Source: British Heart Foundation Statistics produced in partnership with ONS

Appendix 4 Notes of Group Discussion for Stakeholder Conference

Workshop 1: Focus

Infrastructure

- Develop clear plans/ strategy with milestones
- Identify models of provision to meet arising needs
- Need to ensure training/ recruitment/ succession planning to prepare for increase in staff demand

Needs

- Information/ raising awareness about options and in particular financial implications
- Higher expectations e.g. 2 bedroom/ some spending time abroad as cheaper etc.
- Need to provide for whole community irrespective of tenure
- Extra care provision favoured

Prevention

- Low level preventative services key to independent living
- Gardening/ cleaning/ laundry/ shopping/ changing light bulbs/ small repairs etc
- Telecare and Telehealth have a role to play – to enable services to target face to face when adds best value for the service user
- Role of Home Improvement Services
- Need for handyperson type services
- Social events – befriending/ luncheon clubs/ community events etc
- Floating support services – particularly relevant to meet gap in needs in rural areas

Service provision

- Not to undervalue the importance of face to face contact although accept can be conflict with cost effectiveness – recent experiences with changes to sheltered housing warden services not well received by some service users

Research into the Housing and Support Needs of Older People within Worcestershire

- Recognise valuable role of relatives/ friends/ carers/ voluntary sector
- Secure better funding for voluntary sector and enable more young people to volunteer – particularly important in rural areas
- Provide choice of solutions – not one size fits all even within a service – level and type of service needs to be flexible. From reassurance, support to care
- To promote independent living where this is the choice
- Aids and adaptations service is critical but is there enough budget to meet increasing demands – need more pragmatic approach and not a “gold-plated” service – could there be more communal provision rather than providing in every property – need improved options advice
- People often need help to access their finances e.g. transport to local banks/ post offices etc
- Need to support better transport by funding more services, some by voluntary agencies (Dial a Ride), not just for GP or hospital appointments but for social trips – could supermarkets and garden centres fund trips – may be issues getting to a bus stop or getting on and off a bus. Taxi costs can be high
- Utilise existing services in new ways e.g. use of milk round to sell groceries – also doubles up a check that someone is alright
- Choice and Control – people want more control and influence over how services are provided to them as an individual
- Need to build properties to the right standards e.g. reach sockets/ window locks and handles/ reach fuse boxes etc.

Service provision gaps

- In rural areas there seems to be less in terms of options partly due to financial viability of services in those areas. More risk of social isolation. Less community involvement than there used to be
- People with a learning disability – often not considered for older person accommodation – could intermediate housing solutions be offered as often elderly parents leave equity in the home – shared accommodation with floating support or supported housing
- People with dementia – need for more provision
- Transport “limited”
- Intergenerational projects – links to training

Necessary changes

- To consider new models of provision e.g. enhanced sheltered housing where there are higher levels of dependency, could Extra Care be used to meet current and future residential care need to improve outcomes for older people
- To make service provision more consistent across the country e.g. Home Improvement Agency services

- Cost of necessary provision to meet expected needs is too high without recourse to personal contribution/ equity release. However need to enable some equity/ savings to be protected for the individual – could a cap be imposed
- Impact of personalisation agenda
- Impact of economic climate on affordability to self fund a bit of a moving issue at the moment
- Will we see more people accepting “less than bets” solutions due to affordability issues/ choice
- Need to be less risk averse in design of services e.g. support people to be independent and not create dependency e.g. systems to help with medication
- Need to make services more flexible to meet changing needs e.g. ability to connect a dishwasher not just a washing machine or dryer

Workshop 2: Extra Care

Present

Andy Coel, BDHT RSL
Carolyn – Wyre Forest RSC
Tim Rice – Wyre Forest
Fred E & D Pension
Sue – BDHT RSL
Deb – Hanover RSL
Emma Thompson – BDHT RSL

1. Dispersed or gated community?

E & D Pensioners Group had concern that groups may become too intersticed and lack outward integration.

Once in an EC Scheme never seen again by community outside.

Important to have two way integration.

Definition of Extra Care – many models.

Danger of social alleviation.

RSL should encourage community interaction.

Can be 'them and us' scenario – Need to set policy from outset.

2. What makes EC different from residential care?

Own homes and independence – encouraging enabling independence.

Security of tenure.

Provides choice.

Builds community more naturally

Younger/able help and encourage more dependent clients.

Range of support
Dignity and control
Home for life (or rest of) last time buyer?

3. Should it be mixed tenure and if so what percentage mix?

They SHOULD BE MIXED.

Yes – Should be tenure blind and therefore no apparent difference between tenures should be visible.

Tenures need to reflect housing needs of councils.

Flexibility to change with financial accessibility.

Needs to be imbedded in planning policy frameworks by planners to prescribe provision under Section 106 and range of tenures.

C2 or C3 - ? Needs unpicking re use of these orders.

4. Should facilities be on site? – hard assets?

Needs to be carefully balanced on a 'scheme by scheme' basis, taking into account local facilities and location/transport facilities so as not to duplicate.

Can help overcome scheme isolation.

Depends on economies of scale of scheme.

On other hand – can encourage scheme to be too introverted – older people like to be able to access traditional services (High Street).

Overall we should encourage facilities on site as benefits of bringing in outsiders can overcome the danger of the scheme being too introvert as a result of scheme services being provided.

5. Should onsite facilities be available to all?

Not to anybody – could become a free for all!! – breakdown security of residents is a danger.

Yes, for older people in local community – needs a clear policy. Danger of being over prescriptive or limited too much by policy.

Training in use of facilities, gym, etc??

Careful design required to maintain security of homes in scheme.

6. What else should be provided?

Standard features

Shop, restaurant, hairdresser, IT, library, communal room, gardening club.

Concern over provision of gym and swimming pool that can be over provision and under used. Better to have some form of treatment centre catering for more specific health and well-being needs.

Extra features recommended

Gardening club – roof gardens, greenhouses
Hobby room – pottery, kiln, encouraging sales of pottery products.
Treatment room – to meeting individual needs.

Think about facilities that involve men, eg. Woodworking classes – sport watching on TV and organised trips out to matches – golf putting classes or matches at local 9 hotel courses.

Multi function, flexible rooms.

7. Dementia and extra care

Dementia cases can possibly be managed for longer in a familiar environment and can summon support from neighbours.

But there comes a stage when it has negative impact on other residents, therefore scope for integration up to a point but then special facilities may be necessary.

Therefore do we develop a dementia wing within extra care schemes? – Flexible approach needed.

Question rooms of flats – needs to be flexible because maybe one of a couple = dementia case.

8. How big should extra care schemes be?

Question Funding)
Question Needs) – Depends upon all these issues.
Question Neighbourhood)
Economical scale)

Needs to be big enough to deliver services/facilities – but not too big so as to be overwhelming and create too large older communities.

9. Could they work in rural localities?

Yes, if transport available.

But can be in danger of creating insulated communities.

Much debate to be had on Extra Care Villages – Planning.

Does it stack up financially for social/health services?

10. BME specific schemes?

Some building aspects to consider – direction of sleeping and praying arrangements, etc.
– Numbers of BME are small.

Favour maximum integration but dependent upon local community – Any special needs?

Workshop 3: Support & Housing Options

People don't understand the options available to them.

Trusted information –

Regulated

No small print

Advertising options locally:-

Church magazines

Local groups

Actually talking to people

Word of mouth

Talking face to face

Village agent schemes – Herefordshire & Gloucestershire

People want to stay in their own homes. Perceptions – safety options, medical advice – physical, etc. heating options, warmer home. Guilty about benefits.

Floating support available to homeowners – they currently don't know they can access this. People are frightened of this as they think they will be pressured to leave their own home.

Isolation in own home is a huge issue.

Transport inadequate – cannot access social activities.

Transport especially bad in some areas.

Shared knowledge basic project – though Access Centre could fill knowledge gap need to pick some other professionals can contribute.

HIA's and handyperson services – low level help, people at home makes people feel valued and supported.

Need to expect this, but need to be clear what is needed where.

Target preventative services at who you already have contact with and move out from there. Use partner agencies to identify people. – Need to be more proactive and less reactive.

Commissioning of services needs to be done in a more co-ordinated partnership way so that the best use can be made at by funding available. Sharing knowledge, joining up services, bringing together funding streams.

Voluntary service can find out volunteers if the remit is clear. Voluntary network is good as share information.

WiNN Project – lessons learnt especially around sharing information needs to be expanded to other areas.

Linking into professionals to draw information together. Communication network need to be improved. People out there doing it need to tap into it and bring it together.

Research into the Housing and Support Needs of Older People within Worcestershire

Accessing services, support can be very confusing too much red tape.

Perception that going through social services is admitting you are not coping and then you may have to leave your home.

Education needed that this is not the case – can we piggy back in things like well women clinics. Some people are already accessing to get preventative message out.

Cross working needed between agencies.

Trust and credibility for people providing support is vital.

Educating owner occupiers that they can access services. Need to look at people's communication requirements - lots of different options.

Cascade information down via volunteers, existing support workers, etc.

Making sure information is in a format that is easy to access.

Tailored to audience that you are trying to reach.

Personalisation – do not think for some people it will work at all.

Two different age groups 50 – 75 / 75+. Need to see difference in ability to cope with personalisation.

Danger that a gap between preventative services and linked sub sheltered will get bigger – Should SP be working to fill that gap. Making SP out and very low level preventative to this gap. Voluntary sector currently filling that gap but funding has not been in place. They have the skills, etc to do this but need better sharing of knowledge, etc.

Empowering service users to control information about themselves and to act as agent to bring together partners.

Personalisation – people don't understand that money is to pay for care and not to spend on themselves.

Health service currently focuses on short-term crisis intervention. Not good at early intervention/preventative services. Need to prevent crisis every happening.

When people are in crisis cannot look at prevention as are dealing with crises so go from crisis to crisis. Barriers – lack of information. If professionals don't know about options, services, etc how are service users supposed to know? Lack of knowledge actually causing crises, e.g. Hospitals discharging to very sheltered without social support.

Hospital staff having lack of community knowledge – make sure staff attend open days – shadowing, secondments for staff to widen knowledge – senior management also need to access this, they haven't done job or involved in field so don't understand it but are making decisions on these services.

Practitioner information events - voluntary sector.

GP practices are one of the biggest barriers to getting information out as they don't pass information on.

GP is in ideal position to pass information on. People will listen to GP.

More signposting needs to be done via GP's.

Different agendas between individuals or couple and wider family.

Especially difficult around safe risk taking. Not wanting or allowing people to take risks. They want to keep people safe and protected. Caused by lack of information, services are marketed at families not at individuals. – Keep people safe. Two tier level needs the information – individuals and families.

People (families) have unreal expectations of what services can be provided especially in sheltered accommodation.

Research into the Housing and Support Needs of Older People within Worcestershire

Scheme managers very good at picking up when preventative services are needed. Need to strengthen link between scheme managers and health and well-being team.

Information in assessments needs to be more accurate so services people access can be more appropriate. Currently inaccurate information leads to wrong people accessing services.

Localities – need more locality based responses. Commissioning needs to be done on a locality rather than countywide basis. Extra Care – not enough to respond to demand.

Nothing currently in Worcester and Malvern.

People choose sheltered because of the security/safety not because of the support service.

People want company. Staying in own home can be very isolating because of lack of transport. Poor transport is the biggest cause of social isolation.

Wide range of equipment now available to keep people in their homes longer.

People think when they move to sheltered accommodation it will be their last move. But this often isn't the case

One bed property prevents families visiting. Families often don't like live locally can no longer visit. Lots of couples don't stay together or not get 2 single beds in one room.

Will sheltered housing be accessed by 20% of people who are not owner occupiers? Will they have more complex needs, e.g. homeless, substance misuse, chaotic lifestyles, higher needs, can create a lot of problems.

People move into sheltered to feel safe so if you move people in who have complex issues they effect the feeling of safety and that person becomes isolated. Lifestyles of people moving into sheltered may change.

Telecare really vital – peace of mind, added security – should not act in isolation it should be working with a range of services, e.g. Befriending and HIA's, etc.

Use Telecare imaginatively.

Workshop 4: Options and advice

Sarah Phipps

Anita Cartmell

Peter Gill

Carol Houlstan

Margaret Porter

Glyn Edwards

Peter Newman (Facilitator)

Where do older people go for advice?

Vol. orgs (e.g. Age Concern, CAB), Access centre Helpline, Internet, landlords, churches, family, friends, HIA, HUBs, Fire Service, GPs.

Support workers (e.g. help with completing forms for attendance allowance)

Adverts for floating support services, surgeries in sheltered schemes (PCT & mental health).

Need buy-in from 3rd sector, links with hard-to-reach groups.

Role of statutory bodies, Hubs and one stop shops

Evesham - one stop shop. HUB – libraries

Statutory bodies have clear roles e.g. environmental health and grants for aids and adaptations. For other kinds of help, older people (especially those who are not social housing tenants) may be disinclined to approach the Local Authority, and may be wary of disclosing personal information.

Access to Handyman service via RSLs - popular/long waiting list.

Small jobs – e.g. curtain rails, tap washers – subsidised cost, but providers' reliability/trust more important.

Resources limited; problems with volunteers (commitment/reliability/organisation issues).

Education for professionals

Need to disseminate info across organisational and professional boundaries, eg via presentations at team meetings.

Information currently available

Targeting based on info held by LAs

Information needed

No access for residents in rural areas. Transport issues. Emulate Herefordshire “village visitor” service? Needs referral e.g. councillor or social care.

Should use Government IT systems to identify potential clients – e.g. those receiving cold weather payments.

Use IT to reach a younger generation of clients. Need to “join up” sources of information.

Short term

Use social care knowledge base (Bridgewater House), SP database, market intelligence (from existing networks).

Expand data (e.g. RSLs survey their residents)?

Promote existing services.

Research into the Housing and Support Needs of Older People within Worcestershire

Longer term

Build a knowledge base on services and clarify what the options/models are.

Change the language and marketing of new options. Provide info “wherever older people go”. Include Digital TV/Internet/mobile library/HIA.

Cross-referrals by caseworkers to other agencies.

Involve providers in strategic planning. Consult older people and their families/carers.

Use outreach to obtain data on individuals needing services.

Draw on international experience (US, Canada, Australia).

Clarify responsibility for resourcing of advice (ensure independence/trust).

Statutory funding for voluntary sector (e.g. Age Concern).

Appendix 5 Focus Group Feedback by District

1. What have you got now in the way of housing in this District/ Worcestershire and does it work? What are the important bits that work? What might make it better?

Bromsgrove:

- Gilbert Court - a 'very sheltered' scheme with warden - is a good example
- Increasing numbers of older people are after same resources. The demand from older people exceeds the amount of attractive accommodation. Places with good reputations are in full demand
- Lack of warden is hugely important issue for people locally

Malvern:

- People in Malvern wanted to know if they will be listened to
- Storer Court is good example - This is an extra care scheme, with full time warden. Fairly new and where the focus group took place
- Transport is an issue from Poolbrook
- Suggest using specific sites for new developments such as old health centre or residential care home sites
- People had a limited knowledge of grants to adapt owners' houses
- Negative impact on mental health on having to move to 'difficult' areas – two people attending this workshop had been offered and accepted accommodation in an area where they felt harassed. They stated this was impacting on their mental health and well being.
- People in sheltered accommodation like and value communal areas
- Malvern Link – all feel there is a problem with the housing estate in this area
- Elgar Avenue is a problem now it is general needs and not sheltered accommodation only. Two people felt choice based lettings discriminates against people wanting to move for reasons of harassment
- Owner occupier relies on neighbours for help with disabled son, and wondered how this would be replaced if she had to move. This owner was in her late 70s and cares for her learning disabled son in her own home. She, and he, rely on neighbours to 'keep an eye out' for them both. This is her main reason for not wanting to move, although she knows that at some point her health will change and they will have to move. If that sense of people not 'interfering' but just 'keeping an eye' was available in some form of 'supported accommodation' then she would be much happier about moving so that her son then doesn't have to face a move in crisis once she is unable to care. Extra Care could work if parent is owner and son as tenant in same complex but people had not thought of this/did not know it was possible

Research into the Housing and Support Needs of Older People within Worcestershire

Tenbury Wells:

- Concern that changes in funding and legislation has had an impact on support offered by sheltered housing
- Need to live near facilities with things to do as well as shops
- Bungalows are better
- People wanted to know what their options were
- HUB, run by the Local Authority where they could go for information, were useful
- Positive feedback about Occupational Therapists giving health and housing information but then long wait for DFG to come through
- Clarity needed on what care and support services actual offer to avoid confusion and what Disability Living Allowance or Attendance Allowance might pay for

Kidderminster:

- Arch Hill (a large extra care scheme) and Orchard Garden work well
- Need transport that is door to door
- Some examples of good shared ownership schemes
- William Bullock (sheltered housing and retirement housing run by Wyre Forest Housing) is good example
- What is not working:
 - Occupational health referrals and time scale to actions
 - Delays in work covered by building insurance
 - Using HUB is good but delay in response times

Kidderminster:

- Community warden working well, mixing older and younger people
- Arch Hill is good scheme
- Mixed thoughts about retirement villages although none available in Worcester yet
- Council estates have improved since more private owners so like mixed tenure sites
- Concern about having to move with onset of dementia from sheltered housing schemes
- Learning from cultures who have positive attitude to older people and respect for them e.g. Asian culture

Evesham:

- Upgrading sheltered accommodation to Extra Care makes sense
- Yates Court has good reputation
- English Churches offer good facilities at sheltered scheme
- Housing Associations generally seem to offer good services
- Charlton bungalows are good
- People liked bungalows more than flats but would like gardening services
- Home Smith House is private but offers 24 hour warden which people liked

Research into the Housing and Support Needs of Older People within Worcestershire

Droitwich:

- Rose Garden in Hereford had been visited and was cited as good model of extra care
- Herriots (Sheltered Housing Complex) very popular
- Need to advertise how support and care work better, along with how to get DFG
- Suggest more core and cluster schemes so that as people health needs change they don't have to move
- Bed sits and one room flats don't appeal to people now
- Residential Care does not inspire people although there are some good models, seen as last resort
- Care and repair service works well

Alvechurch:

- What has worked is historic sense of community. New accommodation should be based in community areas
- Withall is good(British Legion) good security and warden on site
- Anything new needs to be attractive enough for people to want to move
- Community activities are important and to live near like minded people
- Stairs and door openings need consideration by architects in designing new building
- If downstairs bedrooms personal security is an issues
- Lifeline response does not always seem prompt enough
- Would like more space than bed/sitting room in sheltered accommodation
- Warden contact is seen as essential in preventative/security and safety of tenants
- No warden is a really concerning people now
- Would like new buildings to be designed to consider the impact of falls e.g. enough space either side of the loo/bath to be able to get up off the floor with assistance
- Good future local sites include Crown Meadows. Local people would like to be part of site development and give their ideas for future needs. Appreciated this opportunity as part of focus group
- Concern that developers are building affordable homes in the area without shops or public services

Worcester:

- White Road, Community Housing, Abbeyfield and Billford Court all work well
- Care and repair works well for those that knew about it
- Age Concern offer good advice, as do Worcester Education Association
- Things that are not working so well:
 - Occupational Therapists attitude and lack of resource
 - Waiting times for OT at Moore St
 - NHS dentist to help people stay healthy
 - Need more information on what is available

Research into the Housing and Support Needs of Older People within Worcestershire

- Maintenance and repair services, again let people know what is going on and how to get them
- Paying for installing equipment can be prohibitive

Worcester (Asian men lunch club):

- Many people present said they were always being asked to give information but had little response in terms of feedback. They would like to have feedback following this report and requested a meeting with the leader of the council at the mosque.
- City centre is good location
- Access to bus routes is important
- People do not want to be offered housing or new accommodation in ‘trouble makers’ areas
- Perry Wood - an area in Worcester where many of the Asian community live, works well
- Community should be focussed around the mosque, schools, Tallow Hill and Arboretum area
- Would like more funds and information on how to make adaptations to own homes to prevent move into Housing Association/sheltered/residential
- Younger generation are not looking after their families as much and this will have a significant impact on need for paid support and care in the future

2. If you or your older family member became frail over the next 5 – 10 years what would you want in terms of accommodation? What would this look like? Is this possible in your existing home? How might these adaptations be funded?

Bromsgrove:

- Downsize before problems occur
- Adapt property early with ramps, stair lifts
- More single storey accommodation
- Heighten sockets and make more suitable
- In order to stay at home people will need- financial advice, gardening, shopping, meals

Malvern:

- Focused on example of private owner with disabled son who lives with her now. Her health is changing but she still wants to live near or with her son who is in his 50s. All thought the idea of extra care would work well if he was tenant and she bought her own separate accommodation in same complex also move early enough so they could both make their own connections/local support

Research into the Housing and Support Needs of Older People within Worcestershire

Kidderminster:

- Provide or move to 2 bedroom accommodation
- Wet room grants and widen doorways
- Adaptations throughout the property
- Would want warden on call
- Visitor flats
- Social clubs and activities

Kidderminster:

- Daily support at home
- Respite care
- Warden at sheltered care
- Stair lifts, ramps and wet rooms

Droitwich:

- Support workers coming into peoples homes
- Many people do not know about DFG grants and what they can/cannot be used for
- No one really aspired to move into residential care but accepted it may be essential
- Need more knowledge of grants for owners
- Equity release could work but many people had or knew of bad experiences in the past
- Concern that people did not know what would be health care funded in terms of support and what would be social care, and that they may be charged and then not afford to stay in their own homes

Alvechurch:

- Develop accommodation in one block which has lifts, with safe entrance, warden and communal eating if wanted
- If staying in own home need to consider transport as well as adapting building.
- Key themes were identified as mobility, independence, socialising, safety and transport

Worcester:

- People wanted the choice to stay where they were with adaptations
- Good domestic help
- Befriending service
- Sheltered housing as an options but where people do not have to move again
- Social care, and to know how to get an assessment
- Response to urgency and crisis situations
- Aid call without high charge – the system (call alarm) works well but charges a fee, which people felt was too high

Worcester:

- Live at home with support, may need to be paid.
- Women alone may prefer single sex accommodation

3. What equipment could be provided into your homes to help make them safer and you/ your older relative less dependent on you/ paid care

Bromsgrove:

- Gardening and maintenance schemes
- Use assistive technology but think about how isolated people may become

Malvern:

- Stair lifts for owners
- Adapted bathrooms
- Replacement windows for energy efficiency

Tenbury Wells:

- Walk in bathroom, wider doors, walk in showers
- Low light switches
- Low level access
- Door entry system
- Good street lighting

Kidderminster:

- Modernise all properties to prepare them so people don't have to move
- Storage for motability scooters etc
- Lunch and activity clubs, communication with warden,
- Energy efficiency
- Good car parking

Kidderminster:

- People felt this was really important question
- Work surfaces and electrics at suitable height
- Wet room as standard
- Use Assistive Technology for shutting curtains and similar applications

Evesham:

- Walk in shower, higher loo
- Use smart cards for doors
- Well situated kitchen cupboards
- Parking safely with lighting

Research into the Housing and Support Needs of Older People within Worcestershire

Droitwich:

- Ramps to be put everywhere
- Adaptations should already be built in new housing schemes
- Wider doors and space for hoist use
- Everyone should be able to access all of their home, not wait until they are frail or disabled
- More use of assistive technology but need to know how its funded especially for owners

Alvechurch:

- Reliable fast response to emergency (examples given of long delays for ambulance service)
- Assistive technology to remind about medication etc
- Lighting at sites is essential
- Any equipment need to be efficient
- Daily contact with warden or similar
- Let people know what equipment is available to help them, also information e.g. about transport

Worcester:

- More general help with small jobs
- Ground floor loo
- Handrails
- Double glazing to reduce high bills
- Telecare
- Befriending
- Accessible shower

Worcester:

- Library, community centre, discussion area, health facilities, prayer place, mixed accommodation

4. If you or your relative could prevent the need to move into residential care, what would you want as an alternative? When should you start planning for this?

Bromsgrove:

- Aids and adaptations in existing property
- Help with gardening
- Low level kitchens
- Warden services
- Communal facilities are important
- Begin planning about age 55

Research into the Housing and Support Needs of Older People within Worcestershire

Malvern:

- People did not aspire to residential care. Lack of privacy was a concern, having to share space, no privacy and possible bullying
- People would like flats, communal

Tenbury Wells:

- Sheltered housing, retirement properties
- Communal facilities with alarms and warden and fully adapted

Kidderminster:

- Some provision for care
- Dementia might require residential care
- Energy efficient property
- Might be funded by equity release
- Influence which care home relatives will move into even if Local Authority are paying
- Need to take account of where people came from and use this to inform where they want to live

Kidderminster:

- People want to stay in their own home and didn't really consider planning for older age or disability
- People should still be able to make decisions at right time in life
- Encourage people to downsize/change housing

Evesham:

- People want to stay at home and not have to move again
- Storage of buggies and equipment
- People want to stay in the area they are used to
- Transport need to improve

Alveschurch:

- Ease of access e.g. ramps
- Handrails
- Electric sockets
- Personal carer
- Wet room/walk in shower
- Good assessments by Occupational Therapist with speedy response

Worcester:

- Good communication with emergency services
- Fit walk in showers early
- Help from Age Concern, Red Cross and Carers Association

Worcester:

- People do not aspire to residential care
- Need good response from OT
- Adapt bathrooms, entrance to houses, stairs etc

5. How do you arrange repairs and improvements to your homes? Do you have ideas about how these services could change in the future?

Bromsgrove:

- There is a wait for OT assessment but people were clear about how to request assessment

Malvern:

- Increasing need for wet rooms and shower
- Festival Housing (a local housing association) is very good
- Switchboard for care and repair seem to decide who is priority
- DFG grant took 3 years for one person

Tenbury Wells:

- Everyone who was a tenant said they ring landlords for a maintenance service. Good response but delays in works for improvements
- Owners said they could get smoke detectors from fire brigade
- Would like opportunity to be able to use local workpeople
- SAFA can help with funding adaptations if people are eligible
- Citizen advice can help too. Along with Age Concern but needs more publicity

Evesham:

- Use yellow pages or phone!
- Reputation of workmen is what people try and establish
- Would like council to have list of reputable workpeople
- Need to know what is available
- Educate and inform people: people don't ask for help even if they need it

Droitwich:

- DFGs are not advertised enough and should be more available for private owners
- People organise work through a list of traders which the District Council provides

Alveschurch:

- People wanted more information and support in arranging repairs
- Could use parish office and one stop shop to distribute information

Worcester:

- Care and Repair well known
- The work standard is not good and not long lasting, people had experience of repeat works within a couple of years
- Service is requested via a translator which can cause delays and is not a good service
- Waiting list for work is too long
- Sometimes work is requested but no response or explanation as to where the request is up to

6. Are there any social or cultural issues particular to this District that people planning housing should know about/ reflect in the design and development?

Malvern:

- Real issue with drug users and impact of this on older people
- Sheltered accommodation is situated in general needs housing area and older/disabled people said they have felt intimidated

Tenbury Wells:

- Rural areas have different issues and generally people said they felt safe
- This was described as ‘not a multicultural area’ but if that changes then there needs to be wider variety of facilities
- Migrant workers and season workers on farms although they were not impacting on availability of accommodation
- Tenbury floods!

Kidderminster:

- Limited space for new development in this area but suggest using old factory sites that are near to town centre, which is what people want
- Many paid workers use very broken English or other languages to communicate with each other when providing support which makes it difficult to understand
- There are ground contaminated areas
- Do planners have hearts and souls? They need to use these when thinking about whether people want to live in the places and buildings they are approving

Kidderminster:

- Flooding
- Sewage and dredging of rivers is important to get right given the impact on flooded areas
- Lunch clubs remain important for socialising

Research into the Housing and Support Needs of Older People within Worcestershire

Evesham:

- Migrant workers/travellers are known in the area and there was some known prejudices towards them but they were seen as ‘necessary’ for the local economy

Droitwich:

- People wanted to have a say in where new building /schemes are developed and also who might live near them. Discussion about the arrangements for this and issues that it would raise in selecting your neighbours

Alveschurch:

- Rural areas need transport to match any provision - real issue for people

Worcester:

- Some provision is needed near the Arboretum area for Asian community
- Flooding is a problem
- Developments need to be on major bus routes with access to hospitals etc
- The council seem to respond well to specific local issues and have good knowledge of the area

Worcester:

- Housing Association tenants living near Canal Road area have been harassed. Warden or caretaker might help this situation
- This issue was addressed in a report done 8-9 years ago by Ashram Housing Association in Birmingham and people wanted to know what had happened to the report and action taken as a result

7. Money – how could some of these ideas be funded? Have you heard about equity release and would you consider this in the future if it enabled you to stay living in your house?

Malvern:

- One person had experience of asking for funds to adapt her private property. This was not made available so she is now local authority tenant and the works have been done to her council property. She would have preferred to stay in her own house
- Equity release –some people want to leave all their capital to their relatives so would not consider this, others wanted to know what is available and how safe it is
- If people used equity release they felt they might be ‘locked’ into one property that they then could not move from in the future
- There was a difference in view about whether bank lending or RSL offering equity release might be more attractive.

Tenbury Wells:

- Owners could be encouraged to look at some form of house swaps or become tenants in smaller accommodation with incentives that releases more housing stock/money
- Poor publicity about equity release and people are wary
- People want to leave village properties to their children otherwise they will never be able to afford to live in villages
- SAFA have funds as do DFG
- Current market has changed equity release appeal
- If using RSL for equity, how are they regulated?

Evesham:

- People wanted more information about equity release and about possible maintenance services within this
- They wanted security and to know they wouldn't be 'ripped off'
- Could make more DFG available to private owners. As more new properties are built there should be less demand on this fund as they will all be lifetime home standards so in theory there should be more funds available

Droitwich:

- Much of the current funds assume that people are on benefits and not owners who are capital rich but cash poor

8. What are the particular concerns about safety and security in this District/ area?

Bromsgrove:

- Need for positive images of older people
- Paths and high steps cause problems
- Racing cars at night has been issue but been raised at PACT meeting
- Need more community policing
- Learn from what has worked in the past

Malvern:

- Elgar Avenue is troubled area
- Drugs are real issue and impact on people not feeling safe
- Lack of policing. Someone gave an example of waiting 9 hrs for response about personal safety
- No one attending the group went out at night in Malvern
- More street lighting is needed

Tenbury Wells:

- Street lighting needed
- Fairly safe area and people had no issue in going out at night

Research into the Housing and Support Needs of Older People within Worcestershire

Kidderminster:

- Policing is an issue
- There are many misconceptions about people from different cultures so some people are afraid or have concerns
- Bewdley and Kidderminster are areas people would not chose to go into at night
- There is significant car vandalism in some places
- Some people do not go to certain areas even in the day time

Kidderminster:

- Window and door locks should be given more priority
- Much theft in Kidderminster especially in the day time so more policing needed
- Wardens on estates work well and link with schools
- Can there be more wardens/Community Police Officers funded from local council tax?

Evesham:

- The mobility centre is not accessible without a car so many people cant get there
- Transport is something which if provided well could help people feel safer
- Everyone in the group felt safe to go out at night
- There has been an impact of street drinking on people feeling unsafe

Alveschurch:

- Restricted lighting in some places
- Need drop curbs and stop parking on pavements
- Public transport timing is not great
- Young people have nothing to do so appear intimidating
- There is some community policing
- Lots of broken glass which implies some security issues

Worcester:

- Street lights need to be in more places
- People do not like alleyways
- More neighbourhood watch schemes are needed
- Drainage and people slipping was of concern
- University area is not a good place to be alone
- Half of the group said they would not go out at night

9. Some people need support to help them stay safe, well and keep their tenancies/homes. How can those people be encouraged to be more involved in their local communities? Can their neighbours/community do anything more? Is where people live influencing this? Where might be a good place to live if you tend to feel isolated - why?

Bromsgrove:

- Make it easy for people to be involved
- Encourage more people to do things as isolation has a big impact on health-use newsletters, and one stop shop etc
- Encourage communication
- Use Dial a Ride more so people feel safe
- Developers need to consider transport and social events when planning and access to hospital and GP surgeries
- Recognise that some people have limited income
- Build places that have social things going on, such as Gilbert Court on a bigger scales

Kidderminster:

- Find ways to encourage people to participate and support each other
- Good support staff can make all the difference

Kidderminster:

- Have community centres that are open to anyone
- Communal garden
- Schemes that promote shared interest
- Publicise people that are offering to do things for others e.g. gardening, collect things etc
- Use libraries and museums to promote events
- Co-ordinate and plan trips with sheltered housing tenants

Evesham:

- Advice centres to give info and coordinate people
- Newspapers to promote
- Set up a 'mature times' newspaper!
- Give health visitors and GPs more info to distribute
- There are more retired people so should be more befriending opportunities

Droitwich:

- Have integrated schemes rather than isolating older people
- Transport from rural areas into town would help

Alveschurch:

- Use local facilities, promote events through parish office, produce leaflet to promote events and service

Worcester:

- Build new places in local community so people can get out and about
- Design new schemes with communal areas to socialise

10. What do you want for yourself/ family in terms of future housing/ support preferences?

Bromsgrove:

- More sheltered housing where people can downsize, with good facilities on site. Should have visitor accommodation

Malvern:

- Disabled people need additional support
- Don't build sheltered accommodation in 'poor' locations
- Better policing to help keep people safe
- People need to know about choices- RSLs, housing options, benefits
- Still be independent
- Good care and support
- Bungalows are better than flats but think about gardening service
- Places for visiting family to stay- really important

Tenbury Wells:

- More 2 bed accommodation near facilities
- More opportunities for younger people near to where they live
- Next generation should have at least what is there now
- Expand affordable housing in towns and where facilities are
- People need to be able to stay local to where they have lived most of their lives
- More transport and communal space
- Think about the impact of building on local shops

Kidderminster:

- People concerned about having to move locality
- Future generations may be more willing to move
- Bungalows appeal
- Downstairs bathrooms and fully adapted
- More sheltered housing with warden/caretakers
- Carbon efficient/green

Kidderminster:

- Storage for equipment
- CCTV for more security
- Energy efficient homes with solar panels
- Access to transport
- Choice about where to live and not having to move

Research into the Housing and Support Needs of Older People within Worcestershire

- Sensible kitchens
- Designers and planner should consult people who are actually going to live in their homes
- Bungalows are attractive more than flats
- Need lighter building
- Children need play areas so that they don't always congregate near sheltered housing gardens

Evesham:

- People want to be able to chose the area they live in, not be selected out because they do not have connections there
- There should be separate housing for over 55s – noise and peace
- People should have choice
- People need to know what they are entitled to
- Plan with people early so they can stay in their own home
- Should be an increase in affordable housing
- 2 person properties not bedsits/1 person accommodation
- Choice based lettings puts people off
- Provide in villages
- Recognise that people need support and care

Droitwich:

- Make sure people know where to get care and support from and how much it will cost
- Recognise there is less support from family
- Linked bungalows where people can move if health changes so they can stay with friends etc
- No one wants single person accommodation- either bedsit or 1 bedroom. Many people move from family homes and need space
- Use more assistive technology
- Extra care schemes are very popular idea. People had been to visit in Herefordshire
- People want options to stay in their own homes
- More transport in rural areas
- Consider subsidised fuel bills
- Core and cluster is good model

Alveschurch:

- People like Gilbert Court in Bromsgrove as a good model for the future
- Have place for relatives to stay
- Spare bedroom
- Use assistive technology

Research into the Housing and Support Needs of Older People within Worcestershire

Worcester:

- Places have to be affordable
- Environmentally friendly buildings
- Above flood plains
- Near GP surgery, activities
- Community centres are really important
- Think local
- Greater use of technology for people to communicate with people outside their home
- Better transport
- Not sure if next generations will want the same given how society is changing
- Schemes need to aim to reduce isolation
- Know where to go for information
- Village wardens have worked well in other parts of the country

Worcester:

- Southwark was cited as good example of local authority provision
- Build near city and assume people cant drive
- Use more of the empty properties and make them accessible
- Better inter-department working at County Council and with District Councils
- Some people have gone from ownership to LA tenant as they felt it was the only financial options
- Grants available but not enough so had to move, can these be increased?
- Expand sheltered housing and put in library, community centre, discussion area, health facilities, restaurant etc
- Prayer place for women in accommodation but near mosque for men
- In mixed accommodation make sure there is enough space for women to have prayer place within the house