Communities
and Local Government

Housing Choices and Aspirations of Older People
Research from the New Horizons Programme

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Foreword

This report was commissioned by Communities and Local Government to inform the development of the strategy for housing in an ageing society. Karen Croucher, Research Fellow at the University of York, presents the findings from a series of discussion groups held across England with a range of older people and those who will be retiring over the coming decade and a half.

The report vividly captures their experiences, views and aspirations as they talk about their future housing intentions. The picture that emerges is highly complex, with many factors influencing everyday decisions about housing, from family and neighbours, to the neighbourhood and the suitability of the home to meet changing needs. This report should be a valuable reference point for those of us in central, regional and local government – and beyond – who are entrusted with planning the homes and neighbourhoods we will all be living in as we age both individually and as a society.

Baroness Andrews OBE
Parliamentary Under Secretary of State
Communities and Local Government

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Summary

This report was commissioned by Communities and Local Government as part of a larger project to support the development of the National Strategy for Housing in an Ageing Society. Researchers at the University of York undertook eight focus groups composed of 'younger' older people (aged 48 to 64), and 'older' old people (aged 65 and above) to explore the influences on participants' housing decisions, and their future housing intentions and aspirations. The groups were located in different parts of England, including rural, urban and suburban areas. Groups were purposefully recruited to include people who owned their own properties, or were renting from the social and private rented sectors, older people with disabilities, older people from black and minority ethnic (BME) communities, and older lesbian, gay, bisexual and transgender (LGBT) people. The key findings are reported below.

Key Findings

What influences decisions to move?
- Most participants expressed their determination to stay where they were currently living for as long as possible. The following factors underpinned decisions to move or to stay put, and were common to all the groups regardless of composition:
  - attachment to current home
  - complexity of family/caring relationships
  - neighbours and neighbourhood
  - access to services and amenities
  - health and well-being.

- Most people were happy with their current homes, and felt they would be able to stay put as they grew older. Some had already made changes to their homes (most usually installing walk-in showers and/or downstairs toilets) either because they were already experiencing difficulties or because it seemed a good way to prepare for possible future needs.

- Family relationships often determined housing decisions. The housing and care needs of the very old often influence the housing choices and decisions of their 'younger' older relatives, both in terms of being able to offer an older person a place to live, and also in terms of living near to older relatives to offer care and support as necessary. For those living in the public rented sector, choice of accommodation that sustained family relationships could be limited either in terms of size or location.

- Neighbours and neighbourhood were also a key influence on people's housing decisions and their satisfaction with where they lived. Good neighbours were an incentive to stay, however bad neighbours could force a move. The attitudes of neighbours and in the wider neighbourhood were of particular importance to participants in the LBGT group. While local neighbourhood services were valued,

effective and reasonably priced transport services were of particular priority as they enabled people to use a wider range of facilities.

• Most people acknowledged that it would be their health that would be the deciding factor if they were to move in the future. Almost all those who had or were in the process of moving or had moved more recently were to a greater or lesser extent experiencing health problems of one type or another, most usually mobility problems.

Future intentions

• Participants were generally reluctant to consider their future selves and what steps they might take now to make life easier and more comfortable in the future. Most participants felt their current homes could be successfully adapted if necessary, although wheelchair access would be problematic, but very few had made any significant changes to their homes in preparation for later life. Many felt that it was impossible to plan for future uncertainties, and that they could make any necessary adaptations if and when the need arose.

• However some older participants stressed the importance of considering housing options, and if necessary moving, when you are young enough to cope with moving.

• Those few people who had moved said they had been determined to make a deliberate choice to move to a particular place, rather than be forced to move when they might not have the capacity to look at different alternatives and make a considered decision as to what was best for them. For those who were moving, finding suitable properties either to buy or to rent was not always easy.

• Most people, whether or not they themselves intended to draw on the equity in their homes, were supportive of the principle of equity release especially if people did not have pensions, or family who would inherit. Some participants saw their housing equity as an essential source of income in later life. There were, however, some people who were adamant that they would not use the equity under any circumstances, particularly the older people from the African-Caribbean community who did not trust equity release products, or want to get into debt.

• Despite the general support for the principle of equity release, a lack of faith in current equity release products was evident in all the groups.

Housing options for older people

• Some participants, particularly those from the Asian community, would welcome better independent advice about the range of housing options available to them.

• Most people thought that bungalows are the best option for older people because of their perceived accessibility. Two bedrooms were seen as a minimum requirement for most people, as well as having reasonable space standards for the whole dwelling. Good access to local services and transport links was also essential.

• Few people spoke about the potential role of assistive technologies or the possibility of home care. The older disabled participants, however, had some experience of home care and were concerned about the quality of care, the sometimes difficult relationships and negotiations between carers and the person receiving care, and about the supervision of home carers. They noted a lack of support services that would generally make their lives easier, for example, help with small household repairs.

- The general view was that sheltered housing was a "good thing", but only really necessary for the very old or for those who were infirm. Sheltered housing was seen to be a more attractive option than a care home. Those participants who lived in sheltered housing appreciated the combination of independence and security.

- Very few people had heard of extra care housing, although some had heard of retirement communities and villages, usually through media reports. People generally had very low opinions of care homes. Their views were informed by the experience of visiting people, but also by negative media reports that highlighted cases of abuse or neglect.

- Future care and housing was a concern for the older lesbians and gay men. Most felt that they would want to stay in their own homes and receive home care due to concerns about possible homophobic attitudes among staff and other residents in specialist housing or care homes.

Chapter 1: Introduction

Researchers at the Centre for Housing Policy at the University of York are working on a project to inform the development of the National Strategy for Housing in an Ageing Society. As part of this wider project, a series of eight focus groups was undertaken in order to develop an understanding of the housing choices and preferences of older people, their views on the housing options available to them, and their future intentions and aspirations, and to draw on the experiences and views of both 'younger' older people (aged 48 to 64) and 'older' old people (aged 65 and above). This report details the outcomes of these discussions.

Composition of the groups

Groups were purposefully recruited by a market research organisation to include people who owned their own properties, or were renting from both the social and private rented sector in both the 'younger' old and 'older' old age groups. One group was composed of older people from the lesbian and gay community (age range 48–64), another was composed of older disabled people (age range 60–64), although it is to be noted that there were people with physical impairments and/or health problems in all the groups, and one was composed of elders from the African-Caribbean community. The groups were held in different locations in the England (Sheffield, York, Newcastle, Bradford, Cornwall, Manchester, and London).

A total of 49 individuals participated in 8 focus groups (male $n = 21$; female, $n = 28$). Twenty nine participants were aged between 48 and 64, and twenty were aged 65 and over. The oldest participant was 82. Twenty four participants lived alone, and twenty five lived with their partner or other family members.

Twenty one people owned their own homes, two shared ownership with a housing association, and 26 people were renting, including renting from the private sector ($n = 2$), local authority ($n = 5$), housing associations ($n = 8$), sheltered housing ($n = 6$), and extra care housing ($n = 2$). One participant lived in supported accommodation for disabled people, and another lived with her daughter and grandchildren.

The composition of the groups is summarised in the table below.

Table 1: Composition of the focus groups			
Location	**Ages**	**Composition**	**Tenure of participants**
Group 1: Cornwall	59–61	*N* = 5 Male = 2, Female = 3	Owner occupation (*n* = 5)
Group 2: Newcastle	65–80	*N* = 5 Male = 2 Female = 3	Owner occupation (*n* = 2) Renting from council (*n* = 1) Private rented sector (*n* = 1) Sheltered housing (*n* = 1)
Group 3: Newcastle	59–82	*N* = 5 Female = 5	Owner occupation (*n* = 2) Renting from council (*n* = 1) Private rented sector (*n* =1) Shared ownership (*n* = 1)
Group 4: Sheffield	51–67	*N* = 8 Male 4 Female 4	Renting from housing association (*n* = 7)
Group 5: York	65–85	*N* = 6 Male = 6	Owner occupation (*n* = 5) Sheltered housing (*n* = 1)
Group 6: Bradford (Older People from African-Caribbean Community)	68–80	*N* = 8 Male = 2 Female = 6	Owner occupation (*n* = 4) Sheltered housing (*n* = 1) Extra care housing (*n* = 2) Living with family (*n* = 1)
Group 7: London (Older Disabled People)	60–67	*N* = 4 Male = 3 Female = 1	Renting from council (*n* = 3) Supported housing (*n* = 1)
Group 8: Manchester (Older people from the Lesbian and Gay community)	48–64	*N* = 8 Male = 2 Female = 6	Owner occupation (*n* = 2) Renting from council (*n* = 1) Private rented sector (*n* = 2) Sheltered housing (*n* = 2) Shared ownership (*n* = 1)

In discussion it became clear that a number of those who were renting had previously owned their own properties. One couple had sold their home to move into the social rented sector primarily to release equity. Another participant had sold his property consequent to divorce, and now lived in sheltered housing. Another participant had previously owned her house, but moved into a council flat because it was more suitable for her disabled husband. In this case, she was considering buying the council flat under the Right to Buy at some point in the near future. One participant was moving because her accommodation was linked to her job, and she was retiring, and had opted for a shared ownership package with a housing association. Two of the older participants had sold properties to move into rented sheltered accommodation. In addition two individuals living in rented accommodation were expecting to inherit properties from their parents at some point in the future. These cases illustrate that patterns of tenure are subject to change in later life, among both younger and older old people.

In addition 33 members of an Asian elders' community group attended a discussion session in Leicester. In this group, seventeen people owned their own homes, and

sixteen lived in rented accommodation including sheltered housing. Eighteen women and seventeen men participated.[1]

Topics covered in discussion

We explored a number of topics with participants. Firstly we were interested in where people currently lived and how well this worked for them, and also what had influenced their decision to move to their current home. We were also interested in any adaptations people had made to their home either because of age or disability, or because they were 'planning ahead' and thinking about what they might need in the future. We also discussed whether people thought they might move in the future, what might prompt a move, and where they would move to. We explored what people knew and thought about the different housing options available to older people, for example, sheltered housing, extra care housing and residential care. Finally for those who owned their own properties we discussed whether they had or would consider drawing on the equity in their properties, and under what circumstances they would draw on the equity. The topic guide is presented in Appendix A.

Structure of the report

The discussions on these topics are reported below under the following headings:

• What influences decision to move (Chapter 2)

• Future intentions (Chapter 3)

• Housing options for older people (Chapter 4).

Chapter 5, 6, and 7 report the findings in relation to BME participants, LGBT participants, and disabled participants respectively.

For the purposes of anonymity the names of all participants have been changed.

There is a growing body of literature that addresses the housing aspirations and choices of older people. This literature is briefly reviewed in Appendix B.

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1 The size of the group meant it was difficult to have an in-depth discussion on the topics covered in the other groups, nevertheless the session provided some useful insights into the main concerns of the participants. Such concerns included: sourcing information on aids and adaptations; and transport and accessing community facilities. Findings from the group are included at relevant points in the report, including Chapter 5.

Chapter 2: What influences decisions to move?

It is to be noted that many of the participants in all the groups had lived in their current homes for many years, although a small number had moved more recently, and some were in the process of moving at the time of the discussion. In line with findings of other research[2] most participants expressed their determination to stay where they were currently living for as long as was possible, although most recognised that that their health would ultimately be the factor that determined where they lived.

When the participants in the groups were asked about why they had decided to move to where they were currently living, or – as many people had lived in their current homes for many years – why they chose to stay, a number of overarching and inter-related themes emerged through the discussions that clearly underpinned many people's housing decisions and choices, notably:

- Attachment to current home
- Complexity of family/caring relationships
- Neighbours and neighbourhood
- Access to services and amenities
- Health and well-being.

These themes are addressed below. It is important to note that the themes were common across all groups. For many participants it was not just one factor that underpinned their housing choices, and people spoke about complex combinations of reasons for staying in their home or moving elsewhere. For example, poor health could be a reason for moving, however the impact of poor health could be mitigated by family support, or supportive neighbours, or by living somewhere that was convenient and easy to manage.

Attachment to current home

People lived in a range of properties including larger detached houses, terraced houses, bungalows and flats, in a variety of urban, suburban and rural settings. Most people across all the groups were happy with their current homes, regardless of tenure, location or type of property or their age or ethnicity. They had their homes the way they wanted them, and many had invested considerable time and resources on interior decoration, their gardens, and so forth. Some people said their house was too big, or that they had difficulties with the stairs, but most felt that whatever problems they had with the property were not insurmountable. Others felt that the thought of moving was simply too overwhelming, as this would mean sorting through and disposing of accumulated possessions, which they could not bear to contemplate.

2 See for example, Appleton and Shreeve (2003); Clough et al (2003); Richards et al (2006).

"When I move from there, it's when they carry me out."

Pearl, aged 70, owner occupier.

Some had already made some adaptations, most usually the installation of a downstairs toilet or walk-in shower sometimes because they were already experiencing difficulties and sometimes because it seemed a sensible way of preparing for the future. Some of those who lived in the social rented sector had concerns about the amount of space they had, and additional concerns about service charges and rent increases, but nevertheless on the whole they liked the flats or houses where they lived. For those who had moved, or were in the process of moving, it was usually (although not always) health problems or a sense of vulnerability that were the primary motivation.

Family relationships

Family relationships were a hugely significant (but not the only) factor in determining housing decisions. Family relationships could be complex, particularly for younger participants. Participants spoke about relationship breakdown, divorce, second and sometimes third marriages, children from different previous relationships, elderly parents, and the needs of both older and younger family members with disabilities.

For those people with families, particularly the younger participants, their homes were often the "family" home, even when people lived alone. The importance of having space where other family members could come and stay not only for short visits, but sometimes for prolonged periods (for example, if family was visiting from abroad) was stressed. Participants noted how difficult it was for young people to find affordable accommodation, and how sometimes adult children would leave home, and then return, or remain living at home well into their twenties.

"We lived in Devon, they [the children] went away to University, but then they came back, because there wasn't work, so they came home to live, and then that's when we moved here – because they'd actually gone this time and the house was too big. But they don't go so quickly now, and there isn't rented accommodation that they can afford, and they do stay at home longer, or they go and come back, they appear … "

Tessa, aged 60, owner occupier.

"I'm 72 next month, living with my partner and my son – a layabout who hasn't decided what he wants to do with his life yet, he's 23 – and a daughter away at University, in her second year … . I'm very happy to have him there if only he'd pull his finger out … "

Simon, aged 71, owner occupier.

Some of the younger participants with older relatives had moved to be nearer older relatives, or had adapted their properties to allow an older relative to come and live with them, or found their relative a suitable place to live (usually sheltered housing) nearer them. It was important for the oldest among the participants who lived alone to have family close by. Although there is perhaps a contemporary assumption that families do not take care of their older relatives it was apparent in this relatively small sample of

individuals that the housing and care needs of the very old often influence the housing choices and decisions of their 'younger' older relatives, both in terms of being able to offer an older person a place to live, and also in terms of living near to older relatives to offer care and support as necessary. These influences could play out in a number of ways. For example, one participant had adapted his home to allow his disabled mother to move in, and felt that these adaptations would serve him in future, and reinforced his intention not to move. In one case, a couple had lived in a caravan near to the husband's parents, and then moved into the parents' house as they grew old and frail to look after them. It was a council house, which was purchased by the family under the Right to Buy partly to ensure that the couple could remain in the house after the parents' deaths.

For those living in the public rented sector, choice of accommodation that sustained family relationships could be limited either in terms of size or location, as explained by one of the participants in the group who was a community housing worker on a large council estate:

"I've been dealing with a couple, they've both been in hospital, the wife is at home and she's sleeping on the couch downstairs because she can't get upstairs, the husband has quite severe Parkinson's and can't manage the stairs, so at the moment they're on a medical priority, but that only lasts three months, and if they don't pursue houses city wide they'll lose their priority. But they can't afford to move away from the area because they need the support of their extended family to survive independent living, so it's like they're in a Catch 22 situation."

Penny, aged 59, renting from a council.

Another participant expressed ambivalent feelings about occupying a family home in the public rented sector when she lived alone, but also needed space for family to come and visit.

"The main reason I've decide to stay is because I've lived there so long and although it's a council house, I have done it to my standard, my taste, and obviously when you don't own it whatever you put into the property you lose. Although it's a three bedroom house, I've got a son and a daughter, and my daughter also has a partner and a son, and if any of them every come up to stay, I need the accommodation. Which I can see being a problem in the future, because I am occupying a family home, and I feel as I get older there are families they could probably use this home, but I would be loath to move into any sort of accommodation that didn't allow me to have family to stay, because all my family live away. I have no family at all in [City]."

Helen, aged 65, renting from a council.

Of course not everyone has close family relationships, or close family living nearby. Again the absence of family tended to influence people's housing decisions. People preferred to stay in a place where their non-family relationships were established, or where services and facilities were convenient, or in some cases had moved to sheltered accommodation.

Neighbours and neighbourhood

Neighbours and neighbourhood were also a key influence in people's housing decisions and their satisfaction with where they lived. Even when people lived in houses that they acknowledged were too big for them, or presented difficulties with stairs or maintenance, if they liked the neighbourhood and felt safe, and were fortunate enough to have good neighbours, it was an enormous incentive to stay in the same place. As Masie, who had been recently widowed, explains:

"To me, I've got friends round me, I got the car, I belong to the Neighbourhood Watch, I belong to the Council, and I just don't want to move because I don't want to lose the people I know. I'm not saying all the people on my road are lovely, they're not, and there are two I'd strangle willingly, but most of them … since [Husband] died, I've had about six meals out. If you go away from where you are, you might be jumping out, and it might be lovely, but on the other hand you could land yourself in a whole lot of trouble, you lose the friendships, the shops … "

Masie, aged 64, renting from a council.

"I wouldn't like to move cos I like living there, it's like a horse shoe street, it's very quiet, and it's handy for the buses. Shopping's a bit difficult as you have to get a bus. I did think about moving a few years ago, but decided I liked where I was. Nice and private. Nearly the same people in the little corner where I live that have been there all the time. There is younger ones moved in, but they live their own lives, they don't bother anybody."

Alice, aged 82, owner occupier.

Similarly for those who had moved, the surrounding neighbourhood was one of the deciding factors that prompted the move and influenced the choice of new location. For example, one participant had refused the offer of a council flat because it was on a "really nasty" estate, where he felt that it was not safe for his daughter to visit.

Disruptive neighbours or living in a poor neighbourhood could force a move. One of the participants had been forced to move from the estate where she previously lived due to threats and harassment. Another participant had moved into an extra care housing scheme following a burglary when she had woken up to find someone in her bedroom.

The attitudes of neighbours and in the wider neighbourhood were of particular importance to participants in the LGBT group. Participant spoke about the need for caution in displaying affection for their partners publicly, or the reluctance of some gay couples to live openly together as a couple for fear of harassment and victimisation. Most of the group said they had good neighbours and this was an incentive to stay living where they were. Homophobic attitudes from neighbours or people in the wider community could make life difficult, or even dangerous.

"My previous address was a pretty little cul-de-sac, but the local children made homophobic remarks, "Hey missus, are you a lezza?", and that was one of the factors that made me decide to move, I liked the house, but it got while I didn't want to go out to the shops, because the kids … so yeah, homophobic remarks from kids, not

youths … Where I am now, I'm anonymous, I disappear into the lift, and go up to the flat, so I just disappear … . "

Jenny, aged 60, shared ownership.

"We were lucky enough to buy a house from a gay friend … so we came to the area knowing that the neighbours would be supportive, that was very important to us. It's a very traditional area, you know, back to back terraced houses. Like Coronation Street with front gardens."

George, aged 48, owner occupier.

The importance of good neighbours was highlighted in the group with tenants from the social rented sector and with the group in a rural part of Cornwall. For the rural participants who all lived in a very small, relatively isolated settlement, the absence of local services, particularly transport, meant that neighbours were a crucial source of support. The participants noted that they were "lucky up to now" because none of the houses were second homes or holiday homes, and all the houses were occupied all the time.

"It's quiet, nobody bothers you, you know there's always someone about that you get on with, that you could call on for assistance if you need it."

Connie, aged 59, owner occupier.

In the discussion group with tenants in the social rented sector the anti-social behaviour of some fellow tenants became a main point of discussion. Some of these participants had experience of neighbours whose behaviour had made their lives a misery. There was a sense of frustration that the landlord organisations appeared to take "anybody", even when they had a history of anti-social behaviour and previously failed tenancies, with little regard for their existing tenants, and the consequences for them.

"As usual there's a problem about vetting, but it's social housing so we have to have every unpleasant person that the Council throws at us. They don't have to live in decent social housing, there should be sin bins … "

Peter, aged 51, renting from a housing association.

One couple were considering a move because of the behaviour of one tenant (and his visitors) in the block where they lived. They reported a catalogue of serious incidents which had left them feeling insecure and vulnerable in their home, which otherwise suited them very well. They were unhappy with the response by the landlord organisation to their complaints. They had many other very elderly neighbours and were concerned about who would move in when their old neighbours either died or could no longer look after themselves.

The discussion focused on whether older people and younger people should not be mixed together in social housing. There was a range of views. One participant (aged 51) noted that the very old residents in his block of flats depended on the younger residents to help them with shopping and small tasks, and others questioned how you would define "old" people. (Note that all the participants in this group were aged between 50 and 65.) Others however felt that mixing the very young with the old did not work.

"The actual fact of mixing young with old might sound idealistically good, the young help the old, and the young learn from older people, but it doesn't work. When you've passed fifty, you don't want the hassle, you don't want to listen to screaming kids, you might want to look at them playing football over there, and think, oh I remember when I used to do that, but you don't want them in front of your window, slamming doors and things like that. Part of our society that's gone wrong is this idea that everything must be inclusive. You can't say that certain people can't climb to the top of Mount Everest, even though they can't, some people will say they've got the right to. Admit to life like it is … "

Martin, aged 59, renting from a housing association.

In this and another group, participants also noted that elderly people could sometimes be difficult neighbours, for example, when people were deaf, and had radios and televisions turned up to full volume, or when people were confused and sometimes were thought to be a risk, or a responsibility for their neighbours.

A further concern in the group was that of the behaviour of tenants living in flats that had been sold under the Right to Buy and then rented out privately by the owners. The housing association appeared to have no authority over these tenants who did not appear to have the same conditions of tenure as the main body of tenants. For example, one 'private' tenant kept a dog although this was not allowed in the conditions of tenure of the housing association, and had large numbers of visitors who used all the parking spaces. Polite complaints about noise had not had any effect.

"We try and abide by the rules but they (Buy to Let tenants) don't, and we are powerless to do anything about them."

Maria, aged 59, renting from a housing association.

With regard to the wider neighbourhood, some people reflected on how attractive or not their wider neighbourhood or estate was. Perceptions of attractiveness were determined by feelings of safety, obvious vandalism, whether gardens and landscaping were well maintained, and crucially whether there were local services and facilities or good transport links.

Access to other services and facilities

Access to other services and facilities (not just the essentials such as health care facilities, shops and banks, but other amenities for leisure, entertainment and education) were also important determinants of housing choice. While local services were valued, effective and reasonably priced transport services were of particular priority as they enabled people to use a wider range of facilities. In one city, a new express city bus had recently been introduced on a main route linking one side of the city to another. Participants remarked that good as the service was, it was not all that helpful for older people who needed bus stops near their homes. Where good transport links were in place, these were again important incentives for staying put or moving to a particular place, and a number of our participants had willingly given up their cars knowing that public transport services were effective.

"When you asked about moving, perhaps if public transport links were worse I might consider it, but I walk across the road, bus into town, two every quarter of an hour … ."

Simon, aged 72, owner occupier.

Another had lived in a neighbourhood that was undergoing an extensive and lengthy regeneration programme which had left the neighbourhood without essential shops, and with poor transport services. She could not wait until the programme had been completed and new services put into place and had decided to move to a sheltered housing scheme.

"Whatever the facilities there might have been to alter the house, without the transport and the shops it was just a no-no, it just wasn't practical. I think it's a shame … It got steadily worse, and I got steadily older, but I got out while I could because I knew where I was going, and I didn't want to stay in the house to be moved, under circumstances under which I had no control. I didn't want to move, but the choice was to move rather than be moved, and that was very important to me."

Betty, late 70s, sheltered housing resident.

Health and well-being

Although most people expressed their determination to stay living in the same place, many acknowledged that it would be their health that would be the deciding factor if they were to move in the future. Almost all those who had or were in the process of moving or had moved more recently were to a greater or lesser extent experiencing health problems of one type or another, most usually mobility problems. Participants felt it was difficult to predict what would happen in the future particularly with regard to their health, and most were reluctant – understandably – to consider their "future selves". Some expected to remain in good health well into old age, however others, particularly those who did not enjoy good health or who were disabled in some way, were more circumspect about what the future might hold. Nevertheless most people felt that remaining in your own home would be the best option even if you were quite unwell.

"You can actually live in your own home and have a lot more things, things like community alarms, there are a lot more even than there used to be, having to be tuned in by a certain time, somebody can ring you back to make sure you're alright and I do feel quite vulnerable. I mean I've got quite bad health problems, I'm a diabetic, and I've been 15 weeks on crutches, so I've been immobile. And I'm quite lucky I've got a husband at the moment, but he's quite a lot older than I am, and I've got no children, and I've got no relatives in [city], and I like living in [city] so I see my future as being looked after by somebody. I don't want to go into a home, I would rather like to stay in my own space, I mean you get no space in these homes."

Jackie, aged 55, renting from a housing association.

Chapter 3: Future intentions

With regard to future housing intentions, most of the participants expressed their intention or hope to stay where they were currently living. Some were determined to stay put come what may, and were prepared to put up with what others might have thought were serious shortcomings in their homes. As Maria (aged 59), a wheelchair user living with her husband in a first floor flat in a block without a lift, explains:

"We've been offered a ground floor flat, but I don't want to move. When I'm on top there I feel comfortable. I can leave the windows open, we always sleep with the windows open … sometimes when I wake up in the night I sit and look out of the window. I try to imagine anywhere else where I'd like to live, but I can't."

Maria, aged 59, renting from a housing association.

However others were more circumspect and acknowledged that there might come a time when health problems might force them to move. Overall, however, participants were generally reluctant, particularly the younger participants, to consider their future selves, and how things might change in their lives, and what steps they might take now to make life easier and more comfortable in the future.

"Well, 75 is not old now. I'd expect to be perfectly healthy at 75, even at 85 I'd be expecting to live very healthily, I don't have any health problems, most people of my age haven't".

Peter, aged 51, renting from a housing association.

"I put it to the back of my mind honestly. I hope I'm never confronted with the decision on having to move out. If my partner died, if my children moved out, I still could cope downstairs because the house was adapted for my mother. I would be very loath to move from that. The top floors could crumble away as far as I was concerned as long I was happy downstairs."

Simon, aged 72, owner occupier.

"When you hear what Betty [another participant in the group] says about the trauma of moving and making new friends, really if you thought about it realistically you would make that move a little bit earlier wouldn't you, so you were capable of getting out and about, learning about your community and forming new friendships. But we don't, sometimes we bury our heads in the sand."

Helen, aged 65, renting from a council.

Staying put

Given the intention to stay put, participants were asked if they had made or were planning any significant changes to their homes that would enable them to remain living there in the future. As noted above, some had already given this some thought.

The first concern was with an accessible bathroom and toilet, and some had already installed downstairs toilets and walk-in showers, often remarking that it was "the best thing we've ever done". Others spoke about the possibility of installing a stair lift if the time came when they could no longer manage the stairs, or making a bedroom downstairs.

> "We want to stay there as long as we can. We could put a stair lift on the stairs, and have a bathroom downstairs. There are steps from some rooms to the other rooms, it's just the stair case to the upstairs. It would be the transport … . "

> Connie, aged 59, owner occupier.

Where people had needed assistance in getting adaptations, they were on the whole satisfied with the end result, however they also noted that it had taken a long time for the process to work. One council tenant noted it had taken 12 months for the chair lift to be installed, and six months for the walk in shower. Another had paid for a chair lift to be installed as there was a 12 month wait for assistance from the council. As she noted, "if you can't do the stairs, you can't wait 12 months". Eventually she had moved from her house to a flat, partly because it was easier to get around.

> "Another reason why I opted for a flat all on one level, so that it's easier to get around from room to room, and I do have to have a frame to get around. At the other place I had to have a Zimmer frame upstairs, and a Zimmer frame downstairs and a chair lift in between – stereophonic Zimmer frames".

> Jenny, aged 60, shared ownership.

Participants in the rural group noted that it could be enormously difficult to get planning permission for extensions in the settlement (designated an area of outstanding natural beauty) where they lived. Note that earlier work that considered the housing and support needs of older people in rural areas (Bevan and Croucher, 2005) also highlighted the difficulty of getting planning permission in some rural areas for necessary extensions and alteration which would enable older people to remain living in their own homes.

Having access to information about how to get help with the installation of these types of facilities was also important, as well as timely responses to requests for assistance. One participant spoke of waiting eight months for an Occupational Therapy assessment only to be told that her stair case was too narrow for the installation of a chair lift. It seemed to her a long time to wait to be told that there was nothing that could be done. Information was a particular issue for people in the BME community. There were many questions in the discussion session with older people from the Asian community about how to find out about getting help with adaptations to the house, usually downstairs toilets and better bathroom facilities. Some participants felt that getting assistance with adaptations to the home might be made more difficult because they lived with younger family members, or in properties that were owned by members of their families. Note too that information was a particular concern voiced by BME groups in the review of sheltered housing commissioned by the Scottish Executive (Croucher et al, 2007), where participants reflected on the lack of experience within migrant communities of ageing within the UK context, and lack of knowledge regarding the type and availability of services for older people and the various agencies involved, and in some case possible language barriers.

Most participants, however, had not made any significant preparations, but felt their current homes could be successfully adapted if necessary, although wheelchair access would be problematic. Many felt that it was impossible to plan for future uncertainties, and that they could make any necessary adaptations if and when the need arose. Some were concerned with how adaptations would impact on the resale value of their property.

"Take a stair lift for example, it would be a damned nuisance in my house at the moment, when you don't need it, and you might die or you might live another 20 years. There are so many uncertainties there, it doesn't make sense to me, it doesn't make any sense to plan for that. I can see if you'd prefer to live in a bungalow it makes sense to think about the move when you're fully fit and able to do a bit of DIY, to do that perhaps in your 60s."

Kenneth, aged 66, owner occupier.

A note of caution was sounded however by some of the participants who had moved or were planning to move in the near future. They noted that it was not always possible to make adaptations, and that other factors such as isolation, unexpected episodes of poor health and consequent disability, changes to the neighbourhood, or the need to be nearer main services and facilities could make moving necessary. Finding suitable alternative accommodation had not always been easy, and it could be hard to settle and make new friends. They noted the importance of considering housing options, and if necessary moving, when you are young enough to cope with moving, as one participant explains:

"Thinking back when I was 60 odd like some of these gentlemen here I thought I was bomb proof quite frankly, I didn't think about having to provide things that I might need later on, it's only when it begins to happen to you and things change that you think well I've now reached a point where I ought to do something, or I ought to think about something … . I said to my wife recently, we should have moved into a bungalow when we were 10 years younger, when I could have done a lot of the work myself, got things like we wanted it. You get to an age when you think I can't do it now, I may be willing but I'm not able, so we've got to look for something now that meets our standards without me having to do it, or the problem of getting someone in to do it for me, so we should have done it 10, 15 years ago. Looking back – in hindsight – now in my mid eighties, it's something everyone ought to think about at an age when you're able and capable of making these decisions and making the moves in preparation."

Donald, aged 85, owner occupier.

Other "movers" said they had been determined to make a deliberate choice to move to a particular place, rather than be forced to move in an emergency when they might not have the time or the energy and capacity to look at different alternatives and make a considered decision as to what was best for them. Penny (aged 59), a single woman who was about to move to a bungalow explains why she was moving to a new bungalow, and her thinking for the future:

"I know it happened with my own parents – a lot of people if they do leave it quite late before they make the move and then it's really difficult to make the move, the move's too traumatic really, so I feel the only thing that might make it difficult in 20

years time is that it's [a bungalow] on the top of a hill, but that gives me the view – you know what I mean, the house itself is all on the level, and potentially should be my home for life."

Penny, aged 59, renting from the council.

Availability of suitable properties

For those who were moving, finding suitable properties was not always easy. One participant was looking to buy a bungalow (see quotation above). He had found that bungalows in a suitable state of repair and decoration were difficult to find, as many had been occupied by older people, and were in a poor condition. Others, usually single people, had looked for rented sheltered housing. Here there were issues about service charges, and the size, condition, and location of properties. Properties were often too small or in poor condition. Often it had taken many months, and viewing a number of properties before something suitable had been offered.

"I've taken three years looking round this city, finding something I would accept, they [sheltered housing] are disgusting. The things I was offered and looked at, my friend and I couldn't run out quick enough."

Margaret, aged 70, moving to sheltered accommodation

One participant who was retiring and having to move from the accommodation that went with her job had chosen a shared ownership option. She had sold a previous property to move into the current flat. In the meantime house prices had risen and she was no longer in the position to be able to buy anything that suited her at retirement. She felt that the shared ownership option was the best available to her, as it had enabled her to move to a two bedroom bungalow on a small, new estate in a rural area where a proportion of the properties were for rent and others offered on shared ownership basis. She felt that as a single person it was highly unlikely that she would have been offered a two bedroom bungalow from any social landlord, and would not have had a choice of location. Shared ownership, although not a cheap option, allowed her more choice, as she explains:

"It's been a dream, and I had the opportunity to take up the dream, and there's probably the possibility later on – once I'm in a bungalow, I mean at my age I wouldn't have got a bungalow to rent, and I would probably have felt guilty taking one really, having the quarter share gave me more choice, that's the main thing it gave me, it's not a cheap option this shared ownership. You pay rent as well, then you've got service charges, and building fund and a management fee, it's not a cheap option. But what it has given me is more choice than I would have had otherwise, because if I'd been looking just to rent in [city], goodness knows where I would have wound up as a single person."

Penny, aged 50, renting from a council.

Using housing equity

In the groups we discussed with owner occupiers whether they would consider drawing on the housing equity in their properties at some point in the future. Perhaps the first point to make is that most people whether or not they themselves intended to draw on the equity in their homes, were supportive of the principle of equity release which seemed to be a sensible option in some circumstances, but particularly if people did not have family who would inherit. However, despite this overall acceptance of the principle of equity release, participants had diverse intentions. Some participants felt they would have no choice but to draw on the equity in their homes as a source of income in retirement as their pensions would not be enough to live on, or certainly not enough to maintain a comfortable standard of living. Others, however, felt that only an emergency (for example paying for private health care) would force them to draw on the equity because they had adequate pensions and/or other savings that would cover most of their financial needs. There were also people in the groups who had already sold their homes specifically to draw on the equity, in one instance downsizing to a smaller owner occupied property to release equity to assist a close family member who was in financial difficulties, and in another moving from owner occupation to the public rented sector to have more disposable income to enjoy life in retirement.

> "I'm lucky enough to have an index-linked pension, so I cannot see a time when I would need that kind of capital in order to live. I can see if you were an owner occupier and your income was very low, then you would need the capital in order to turn into income, but you're gambling then on the end of your life."
>
> Simon, aged 72, owner occupier.

> "If it's a good reliable company, there are a lot of bandits around. My friend's done it [released equity], and she's great. She off to Antarctica next year with some of the money, and she's had decorating done, and alterations done. She's brilliant, and I said you must have a bottomless pit, and she says, no, it's the equity. She's got no family, she hasn't got to think about leaving anything to anybody, and why should we?"
>
> Mary, aged 70, private rented sector.

> "Neither my partner or I have anybody who is expecting anything from us. My nephew and niece are much better off than we are, so there won't be any need for us to hang on to the house. Probably my fear is if that house will be enough."
>
> George, aged 48, owner occupier.

> "I've got nephews and nieces and [wife] has got nephews and nieces and to be honest they're all better off than what we are, so I ain't going to worry about them … . I don't really want to leave £250,000, and me live like a pauper."
>
> Mick, aged 65, owner occupier.

> "You come into retiring, you want to use what money you've got to enjoy what life you've got."
>
> Celia, aged 59, renting from a housing association.

Many owner occupier participants with families were keen to see the equity in their homes passed on to their children, however they were also aware in many cases their

children were comfortably off, and owned valuable properties themselves. There was some discussion about the necessity of 'going without' or not having some small luxuries (such as holidays) just to pass on money to children who did not really need it, and here people spoke about the possibility of releasing some equity to make life more comfortable, and still allow their children to inherit. Others felt that even if their children owned properties it would be difficult for them to make adequate provision for pensions in the future, thus their inheritance would serve as a pension fund.

> *"I have two sons, and I want them to have the value of my house when my wife and I are gone, but we're lucky we're both in decent pension schemes and we have enough money to live on now. My sons are also saving for pensions, but it is a hell of a lot more difficult for them than it was for us. Final salary schemes are few and far between nowadays and who knows what's going to happen to the other types of schemes where people are dependent on the stock market, assuming it's going to continue to rise – it might not, considering it's over a period of 20 to 30 years. I would hope the value of my house would help my sons with the value of their pensions when they reach retirement."*

> Kenneth, aged 66, owner occupier.

Similarly some were concerned about inheritance tax, and were considering equity release as a possible way of reducing inheritance tax liability even if they did not need the money to enhance their incomes.

> *"The government at the moment is finding numerous ways to get their hands on our money, on the equity in our houses, by stealth, and by stealth tax. And equally for me, it's my job, by stealth, to stop the government from getting money from my mother's estate, indeed our estate, and like lots of people we want to pass on whatever assets we have left on to our children."*

> David, aged 65, owner occupier.

There were of course people who were adamant that they would not use the equity under any circumstances, and this was particularly the case among the group of older people from the African-Caribbean community. They had no faith whatsoever ever in equity release schemes, and did not want to get into debt. They spoke about a recent media story where a man had borrowed a relatively small sum of money to repair his house, and then when he needed to move found that the interest on the debt was so high that it consumed almost the total resale value of the house and he could only afford to move into a caravan.

> *"Tricks they are, tricks."*

> Isobella, aged 75, sheltered housing resident.

> *"I wouldn't sleep one night if I had borrowed £20,000."*

> Pearl, aged 70, owner occupier.

This lack of faith in current equity release products was evident in all the groups. Many people noted the increasing number of advertisements in the media (particularly day time television), frequent leaflets through the door, and felt that equity release was being "pushed" to older people. They had also seen unfavourable reports in the media.

Many people were highly suspicious of these products, and noted other similar "scams" such as endowment mortgages, and problems with pension funds which had also promised much and failed to deliver.

Few people expressed the intention of moving to a smaller or less valuable property in order to release equity. One couple, living in an ex-council house they had bought under the Right to Buy, had considered moving to a caravan or Park Home (mobile homes used for residential purposes[3]), as this would be the only cheaper type of property available to them. On reflection they had decided that they did not want to move away from the village where they lived.

Of particular interest is that no one in the groups raised the possibility of needing or using the equity in their homes to pay for long term care. Note that work recently carried out by researchers at the Centre for Housing Policy (Croucher and Rhodes, 2006) explored people's attitudes towards the future funding of long term care, including among other options, the use of housing equity. Most – although not all – of those who participated in this earlier project were opposed to the use of housing equity for funding long term care. There were strongly held views that it was the state's responsibility to pay for care, and that it was inequitable that those who had "squandered and spent up" should have their care funded, while those who had saved and been responsible with money should have to lose their homes to pay for care. There was also some evidence of what researchers described as "asset dumping" where people were deliberately disposing of their assets to make sure they were eligible for state support. Discussions with a group of older people from the Punjabi community did, however, provide a contrast to the views of the majority of participants in the project. They were adamant that if their children were unwilling to look after them as they got older then they would not deserve to inherit property, and the equity in their homes would be used to fund their care.

3 http://www.communities.gov.uk/housing/buyingselling/parkmobile/

Chapter 4: Housing options for older people

In the groups we discussed what type of housing worked best for older people, both for the individuals in the groups, but also for older people more generally both now and into the future.

Some people acknowledged that there would be problems in the future if the housing needs of older people were not addressed.

> *"I think my main anxiety is that there's going to be a real backlog in terms of supply to meet people's needs, and there isn't going to be the suitable housing for older people as they get to the stage where they really need level housing or smaller housing, or really accessible housing because of mobility needs. It's just not going to be available, and I am not sure that it's going to be a fair system either in terms of who actually gets access to it."*
>
> Penny, aged 59, renting from a council.

More generally, some participants were angry at the way older people were treated.

> *"I think they've got to think a great deal more about the old people, and we've got to have a bigger voice. And they should give more to them not less. You should get more say in what happens, and the pensions should be better than they are. They shouldn't just dismiss you because your legs aren't working and your brain is working. Even if your brain isn't working, they should still take you as a person. … They got to take on board the old people, because sooner or later the old people are going to be like the young people, there's going to be a riot, well not a riot. You see them at Parliament now, all lobbying."*
>
> Masie, aged 64, renting from a council.

It was clear that many people did not know very much about the housing options available to older people, usually basing their views on personal experiences or experiences of close friends and family. As one participant noted, what many older people need is good information about all types of housing options, including maintenance, adaptations, benefits, equity release, places to move to, where to get assistance with moving and so forth, so that decisions are made in full awareness of the available options.

> *"Sometimes older people feel pressurised into making a decision to moving into sheltered housing because they are not aware of what their options are. I feel there should be an agency or individual, that could go out and tell them what their options are, not just the types of housing they could move to, but also having adaptations done to their house, so they could stay put. Also the act of physically moving, how to pack everything up, what to keep, and what not. It must be quite worrying deciding how you're going to put it on the market."*
>
> Helen, aged 65, renting from a council.

Ordinary housing

Although very few of the participants lived in bungalows, and were determined not to move, when asked what type of housing people felt would work best for them as they grew older, and older people generally, bungalows were seen to be the best solution. The crucial factor was accessibility within the home. Downstairs toilets and walk-in showers were seen as being essential as people got older. Of interest is that most of the participants talked about bungalows as being ideal for older people rather than flats, even though almost all those who were renting properties lived in flats. Here Helen describes her ideal, which is quite typical of what many people considered to be ideal for older people.

> "If it came to the stage [of moving] my ideal accommodation would be a two bed room bungalow but with reasonable sized rooms, because I'm used to space. I don't know whether I could cope with a garden because I have back problems, but I would like to have a garden around me, and I would like a little bit that was mine, that was private, because although I'm quite a sociable person, I quite like to be private as well."

> Helen, aged 65, renting from a council.

A key factor discussed was space, both in terms of the size and number of rooms in accommodation. Two bedrooms were seen as essential, for both single people and couples, but particularly important for retired couples who are spending more time at home together. Having space was not just about two bedrooms, but living spaces more generally which are important for other activities of daily life (for example, eating a meal at a table instead of from a tray), and crucially for activities that gave people interests, and "kept them going".

> "The problem is I'm a keen [on] DIY and a model engineer as well, so I need accommodation for that, I've got a workshop, things like that, so a flat wouldn't suit me because I am still fit enough to want to do the things I do actively. It would be wrong to lose your activities simply because you went into accommodation that stopped you doing them. It's one of the things that tend to make people decide that they're going to give up because they can't continue their activities, their interests and activities, any longer. It's just so important."

> Donald, aged 85, owner occupier.

> "I think when you're retired, and you're both at home – there's only me at home – when my husband's at home, you need more space. I do crafts at home, and we've got a walk-in cupboard that I keep my craft stuff and computer in, but if you had a second bedroom you could use that … ."

> Jackie, aged 55, renting from a housing association.

> "In the future as people will be retiring, people will be turning to art more to keep their heads going, 'specially with divorce and separation, so just a little bit of extra space would be good. I've got a galley kitchen, and it's also a workshop, and it's really difficult to keep tidy."

> Angela, aged 57, renting from a housing association.

For those in social rented housing, space was at a premium. Those people who were still living in the "family" home, sometimes alone and sometimes as a couple, recognised that if they wanted to move it would be highly unlikely that as a single person or a couple they would be offered anything other than a one bedroom property, and this was no incentive to move.

"Two bedroom flats are like gold dust for two people."

Jackie, aged 55, renting from a housing association.

A further concern was that of the location of properties and access to other services for older people. As noted above, access to services and facilities is a key factor around decisions to move or stay put. Transport services were seen as key elements in allowing access to a wide range of services and amenities, not just those in their immediate neighbourhood, but also those that might be more centrally located in towns and cities. The rural participants in particular acknowledged that transport and access to services as they grew older would be problematic. Most hoped they would manage and remain living in the settlement.

Support and care at home

Few people spoke about the potential role of assistive technologies or the possibility of home care which is perhaps surprising given the intention of most people we met to stay put. It is difficult to know whether this was because people were not really aware of the range of technologies or home care options that might be available or because they found it difficult to think about their care needs in the future.

The participants in the rural group, all of whom had experience of looking after elderly relatives at home, spoke about home care as a preferred option, as they did not want to move from the settlement. They also had low opinions of care homes.

Similarly the participants in the LGBT group spoke about preferences for being looked after at home, partly because they were concerned about the attitudes of staff and other residents in sheltered housing or other specialist settings towards gay people.

Of particular interest are the discussions in the group of older people with disabilities. Some were receiving home care, and others had relatives or other close families that were receiving it. They had concerns about the quality of the care that was delivered, the sometimes difficult relationships and negotiations between carers and the person receiving care, and about the supervision of home carers. They felt people without families to back them up were particularly vulnerable to poor services.

"What happens to the poor unfortunate persons that haven't got family behind them? They're virtually a prisoner."

Masie, aged 64, renting from a council.

"I don't get the things I need, we're still bumping heads. I can't get him [home carer] to wash my floor because he won't buy women's things, cleaning products and things like that … Why should he work hard for me – he's not paid enough".

Eddie, aged 60, renting from a council.

One participant also felt that home care had its limitations:

"And government should step in early, they shouldn't let people stay where they are if they are falling over and everything else and that. My sister is getting now that she can't look after herself, and she still won't move, and she'd just burned herself very badly, you know, and then I think somebody should step in and help people."

Masie, aged 64, renting from a council.

Participants in this group also noted how difficult it was to get what might be described as general assistance such as handy person services, and help with one-off tasks (for example, moving old furniture outside for the council to take away) which would make their lives much easier.

"The lights in my house were all broken so the council came and fixed them, but they didn't put the light bulbs in, so I had to sit in the dark."

Eddie, aged 60, renting from a council.

"They took the toilet seat off when [husband] was ill and put a disabled seat on and I didn't want it, I'm not that disabled, so two days after [husband] died the [disabled] toilet seat went back, and I'm left without a toilet seat, and there's the old one sitting beside the toilet as it had been all along. So in the end, I super-glued it on. And it hasn't got a top anymore, and it doesn't look right. It looks like a third world toilet."

Masie, aged 64, renting from a council.

A participant in another group talked about the lack of help available to his elderly mother who was moving into a sheltered flat nearer to the family.

"She [Mother] has always assumed that as an elderly person she would get some care and attention from social services. You would expect someone at that age perhaps to be visited once a year, just to say are you coping OK, is there anything we can help you with. But she has to take care of her own gardener, her own cleaner, her own transport if she has to get from A to B to do her shopping. I find that a bit disconcerting that the help is not available for elderly people now at this time in their lives. God forbid what is going to happen to us when we get into our 80s and 90s."

David, aged 65, owner occupier.

Sheltered housing

When exploring attitudes towards to the housing options currently available to older people, the general view among the participants who were in good health and living in their own homes was that sheltered housing was a "good thing", but only really necessary for the very old or for those who were infirm, for whom it was a more attractive option than a care home. Participants could see that the appeal of sheltered housing (and other specialist housing schemes for older people) was the combination of independence (i.e. having your own home and space, being able to come and go as you want) but also having help at hand should you need it. Sheltered housing was seen to be a useful way of prolonging people's independence.

"It's all to do with health, if we could think that we didn't need looking after, the thing is if you keep falling over and you can't get up without somebody's assistance then you're going to need that sort of thing [sheltered housing], but otherwise, no. It might be a bit better than a care home."

Sandra, aged 57, owner occupier.

"I would prefer the idea of my own four walls – the little villages and sheltered housing – rather than go into an actual care home, but again it would depend on our health."

Connie, 57, owner occupier.

The social isolation of many older people living in the community was also noted (as well as the social isolation of some younger people), and the opportunity to live in "a community" as opposed to "the community" was something that some people felt they would value as they grew older.

"To me I'd want to feel like I was living in a community, not just stuck in a section, or a flat or something, even though I couldn't get out, I'd like people to pop in, and I could pop out, do a bit of gardening. That's a home, isn't it, if you've got people around to interact with."

George, aged 48, owner occupier.

People's attitudes towards sheltered housing appeared to be shaped by what they knew about other people's experiences, and sometimes these were positive and sometimes not. Some felt that living in sheltered housing could promote gossip and "bitchiness". One participant had been dismayed when at a coffee morning in a scheme where a friend lived to hear people talking about a resident with dementia in an unkind and disrespectful way. Another participant talked about the scheme where his mother had lived, and the gradual reduction in on-site support to the point where there did not seem much point in her being there, given that what she had valued – the sense of security from knowing the warden was on site, regular visits from the warden, social events organised by the warden and so forth – had more or less disappeared. Another participant questioned whether a quick call or visit from the warden was useful, as it was intrusive for people who did not need a visit, and not sufficient for people who were very lonely or unwell. Others felt that the space standards were often very poor.

"If ever I did need to move somewhere like that, I'd want somebody there that was caring for me, not just to pick up the phone – I can do that now – especially if I was disabled."

Patrick, aged 57, renting in the private sector.

"This is one of the things that puts me off – not exactly puts me off – sheltered housing, there's no facilities for dining, they've got one living room and kitchen. There's no room in the living room for a table, and certainly not in the kitchen, and you don't want to have every meal off your lap."

Helen, aged 65, renting from a council.

"I looked at sheltered housing, but they were bed sits, I couldn't live like that."

Alice, aged 82, owner occupier.

"I think people who are my age now will want more than they're doing now. The next generation are not going to be happy with that [sheltered housing]."

Angela, aged 50, owner occupier.

A small number of the participants lived in sheltered housing, and said they were quite happy with it, although one participant said it was the only option available to him and he would not have gone if he had any choice. Others, however, had made a positive decision to move to sheltered housing. For most of them, health concerns and the difficulties they had been experiencing in their previous homes (for example with stairs) had prompted their decision to move, but other factors too had played a part, whether family support was available, whether other housing options were available to them, and the deterioration in the neighbourhood where they lived. In terms of choosing a particular scheme, decisions had been influenced by the quality and size of accommodation, preference for a flat or a bungalow, preference for a particular neighbourhood and location (again related to either remaining in the same neighbourhood and retaining existing social networks, and/or being near to family), access to transport and other services, and affordability. Sometimes it had taken some time to find the right place.

"Since moving in there [previous flat] my health has gone down, I need knee replacements and things, I've had a lot of adaptations, so I thought sheltered housing would be a good idea for me. I'd like to make the choice while I'm able to, that's why I'm making the move now rather than being pushed into something I don't want to go to … . I feel you do get this stigma going to sheltered housing, your poor old dear, and them in that place there, and I strongly object to terms like that, but I've been on my own for over 20 years, and when I weighed my situation up, my daughter doesn't live on the doorstep, I have to be independent. This [sheltered housing] gives me the opportunity to be independent but help is there if I need it … . "

Mary, aged 70, about to move to sheltered housing.

Other housing options

With the exception of participants in one group (see below) few people had heard of extra care housing, or knew very much about it, although some had heard of retirement communities and villages, and seen reports in the media. Some people were very uncomfortable with the idea of large age-segregated communities, but others liked the idea of a "village", partly because there were opportunities for more amenities and services. Some were also attracted by the idea of being part of a community.

As noted above, people generally had very low opinions of care homes. Their views were informed by the experience of visiting people, but also by negative media reports that highlighted cases of abuse or neglect.

Chapter 5: Housing options for older people from BME communities

The ages of the participants in the group of older people from the African-Caribbean community ranged from 68 to 80. In common with all the groups, the participants in the group of older people from the African-Caribbean community talked about their determination to stay in their current homes as long as was possible. The same themes of family, accessibility, attachment to home and neighbourhood came out of the discussions. In terms of differences, attitudes towards using housing equity (see above) were very negative in the group. People felt equity release schemes were "tricks", and were reluctant to get into debt.

Changing experiences of ageing in the African-Caribbean community

People in the group also acknowledged that theirs was the first generation of people from the African-Caribbean community to age in the UK, and that the experience for individuals and the community was new. The group felt that people were not always fully aware of the services that were available for older people, and how to access them, and that the tradition of older people being cared for in the community was being tested as the ideas and attitudes of both younger and older people changed. People felt that there were many people within the Caribbean community caring for older relatives who were not aware of the different types of support and benefits that were available to assist people. Janet (aged 70) reflects on the dilemma faced by older and younger people when people are no longer able to look after themselves:

> *"Some family because of tradition, they've grown up seeing that their father and mother caring for their grandfather and grandmother, and they've been told stories about the grandmother caring for their parents, and it's just natural for them to step in when it comes to their turn, when their mother and father come … because that's tradition. But the younger ones now are saying well that was then, this is now, because we like to go out … I said if I get to the stage where I'm going to be a burden, there's plenty of places, as long as they give me three meals a day, I'm not dirty, I'm clean, and I'm looked after, I don't mind, I'll go. But as long as I can do for myself, I'll stay where I am, as long as I'm not dependent on them to do. At the moment, my son – the eldest one – and the youngest daughter, there are times when we argue, they're saying you're not going into a home, we'll look after you. I'm saying OK, you're going to look after me, if I live to be 80, and I start doing things on myself, what are you going to do? He say, Mum you birthed me, so why can't I wash you? But you are a man. He say, it don't matter Mum, you birthed me. What happens if you're married and your wife doesn't want to look after me?"*

> Janet, aged 70, owner occupier.

Three of the group lived in sheltered or extra care housing, and one lived with her extended family. The rest were all owner occupiers and had lived in their houses for more than twenty years, and although their families had grown up, these houses were still considered the family home. For those who lived in the family home, most expressed their strong determination to stay where they were for as long as was possible. Attachment to the family home, living in a quiet safe neighbourhood and having good and trusted neighbours were all motivations for staying put, although in line with discussion in other groups, people reluctantly acknowledged that their health – good or bad – would probably dictate where they lived eventually.

> *"I've got an open mind, you say you don't want to move, but you don't know what's round the corner, and we're fit and everything … ."*

Clive, aged 68, owner occupier.

In the meantime, however, people spoke about the possibility of having stair lifts, or downstairs toilets installed or ensuring that access to the house was level if it came to the point where they could not climb the stairs. Some of the people in the group were already having difficulties with stairs, however none had actually made any changes to their homes. In line with the discussion in other groups, people said how difficult it was to know what the future would hold, and were reluctant to make adaptations or changes to their properties until these were needed.

As noted above, there were distinct differences between attitudes towards using housing equity compared to the views of participants in other groups. Most of the group were adamant that they would not draw on the equity in their property, partly because they did not trust equity release schemes, and because they would not want to get into debt.

With regard to where to move in the future if people's needs changed, there were mixed views in the group. One of the group had moved to sheltered housing (and sold her house) because she had lived alone, the house was too big, and she had become frightened of falling on the stairs. Her children had helped her move, and she had chosen to move to a sheltered housing scheme near to where she previously lived because she knew the neighbourhood and local facilities. Although the move had been upsetting she had settled quickly into her new home. Two members of the group lived in the extra care scheme where the group was hosted. One participant had moved because she had a stroke, and it was not physically possible to adapt her former home. Another had lived alone and did not have any family. She had been the victim of a burglary, and had been terrified by the experience of finding someone in her home in the middle of the night.

Attitudes towards extra care housing

The location for the focus group was an extra care housing scheme that had been recently developed following a long campaign by the local African-Caribbean community for services for the community's older people. The scheme was relatively new, and there were Asian, White British, and African-Caribbean residents. Services within the scheme were designed to reflect the cultural diversity and preferences of the residents. It was remarked that the development of the extra care scheme had split

opinions in the African-Caribbean community. Some had welcomed the scheme, others however were more cautious – it was new, and untried, and traditionally within the Caribbean community older people had been cared for by their families. The scheme was challenging that tradition. For older people without families, the scheme was acknowledged to be a good idea.

"Places like this are a good idea. They are a good idea. If you live out there on your own, and you've got no family, then it's a good place to come. At least you do get care, you do get looked after, and you've got security."

Janet, aged 70, owner occupier.

There had been various difficulties with the building, and some discussion between the housing association providing the support element and the voluntary sector group who had been active in developing the scheme regarding activities and stimulation for the residents. Here the concept of independent living was questioned as it meant that some frail elderly people had little of interest to do, although an activities co-ordinator had been recently appointed to address these issues.

Some of the group had been involved with the development of the scheme and reflected on what they would do differently if another scheme were to be developed. The main suggestion was for an events room or social club that was attached to scheme but not actually located inside it. Such a facility could be used by the whole community and would also offer opportunities for people living within the scheme to have some entertainment. Although there were facilities within the scheme that could be used by the wider community, people in the group felt that when people living outside came into the scheme to use these facilities it was disruptive to the people living in the scheme, and intruded on their privacy.

"This is their house, this is where they live."

Henry, aged 68, owner occupier.

Information needs of older people from the Asian community

The discussion with older people from the Asian community was less structured, however some similar points were raised regarding having a downstairs toilet and shower installed, as stairs were difficult to climb. Homes that had level access, and wheelchair access, were preferred. Here too information about services was required, many people asked about how to get information about adaptations, who to ask for assistance with getting out to do the shopping or visit the temple. Most of the people said they did not know what sheltered housing was, although some people in the group did live in sheltered housing. They said they were happy with their accommodation, although one person suggested that designers should think about different types of impairments, particularly visual impairment– not just wheelchair access – when thinking about housing for older people.

Related findings from other recent research

As noted above, there are marked similarities between the discussions in these groups and those of two discussion groups conducted recently with older people from Asian and Chinese communities in Scotland for a different project that explored older people's attitudes towards sheltered housing (see Croucher et al, 2007). Within these groups some people felt that there needed to be a discussion of older people's needs within the different communities that took account of social change, and the changing aspirations of both younger and older people. Moreover older people should be encouraged to think about their futures, and make plans. Many people did not know very much about sheltered housing or the other options (such as assistance with adaptations) that were available to them, and felt that better information was needed.[4]

Family and expectations of families were a focus of some discussion. Some participants felt that it was no longer the case that older people could depend on their families to look after them as they got older. Sometimes younger people did not want to look after their parents, and sometimes they simply could not. Some participants felt it was not always the best thing for the older person to live with their families. If the family was out all day at work, older people could become isolated. Overcrowding too could be an issue. The physical aspects of the family home – steps, bathroom facilities – were not always suitable for older people. It could be extremely difficult, however, for an older person to suggest that they should have their own flat. There could be considerable stigma attached to the family if they were not seen to be looking after their parents, even if their parents would prefer to have their own independent accommodation.

In the Scottish groups participants were asked what would make sheltered accommodation more attractive to people from BME communities. Participants discussed a number of ways in which sheltered housing could better meet their needs. Language was the key factor. Although some people were very comfortable and fluent in English, others were not, and language was a major difficulty for them. Even those however who were comfortable in English felt that having both staff and other residents who spoke their mother tongue, and shared their cultural beliefs and practices, was very important, for both offering assistance and addressing needs, but also for socialising and making friends. It was noted that often older people are dependent on family to act as interpreters, however this was not always desirable when people had things they wished to discuss that they might not want their family to hear. Alongside staff with language skills, participants also felt that schemes needed to address cultural beliefs and practices, for example, the preparation of particular kinds of food and drinks, and to recognise the diversity of different cultures and practices within different groups.

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4   Note that the community workers involved in setting up the groups felt that information and services generally for older people from BME communities were not as well developed in Scotland as compared to England.

Chapter 6: The housing needs of older people from the LGBT community

The ages of the participants (*n* = 7) in the group from the LGBT community ranged from 48 to 64. Two of the participants lived on their own in sheltered housing, two lived alone in housing association properties, and others lived with their partners either renting or as owner occupiers.

As noted above, a primary concern for this group was neighbourhood and the attitudes of neighbours towards gay people, and fears about homophobic attitudes, abuse, and the possibility of being victimised because of being openly gay. There were also concerns about attitudes within housing organisations towards gay people, both at organisational and operational levels, and the property and tenure rights of gay couples. The group was concerned that organisations acknowledged that not every one is heterosexual, and at the same time not to assume that everyone who is gay is the same.

> *"My partner and I are a gay couple. We are not like any other gay couple, anyone else might have been out for longer than us, or been together for two years or for twenty years … ."*

George, aged 48, owner occupier.

In thinking about later life, and housing options as people got older, in line with the discussion in all the groups, people spoke about the importance of level access, downstairs toilets and bathroom facilities, space, the desirability of bungalows for older people. Most felt that they would want to stay in their own homes as they got older, and while this is in line with the discussion in other groups, concerns about possible homophobic attitudes among staff and other residents made specialist housing or care homes less attractive options. The group discussed how 'coming out' was an on-going process, and that as people grew older and more vulnerable, and by necessity came into contact with more health and social care services, it became increasing onerous to explain who you are, and the nature of your relationships. For some older people it was easier to "go back into the closet", particularly if they had to go into sheltered housing or a care home.

> *"You have to constantly out yourself, don't you, all through life, it's not just once, it's over and over, time after time."*

Angela, aged 50, owner occupier.

Two of the group spoke about recent stays in hospital. One woman felt that she had been the focus of unwanted attention from other patients and staff because all her visitors were other lesbian women. Another participant explained that after a couple of days in hospital nursing staff had moved him to a different bay in the ward where there was another gay patient partly he felt because some of the other patients had been

hostile towards him and his partner. This had made him reflect on what might happen in the future.

> *"I think that's the first time I started to think, oh my god, what if I ended up somewhere where I was very much dependent on other people to look after me. I wouldn't say it keeps me awake at night, but I do think about it sometimes."*
>
> George, aged 48, owner occupier.

One of the group explained that she had chosen to move to sheltered housing following relationship breakdown because the other housing options offered to her by the council were on really rough estates and she knew she wouldn't cope with "living in that sort of accommodation". She had some medical problems and felt that sheltered housing would be a "wiser option" than being isolated on a council estate, although she had been concerned about being one of the youngest in the scheme. The deciding factor however had been the attitude of the resident manager in a particular sheltered housing scheme:

> *"It was a deciding factor in the scheme that I'm living in, that the scheme manager – the resident manager – had passed on information about vacancies via a couple of lesbian friends, and that's how I heard about the properties, so I knew when I went for the interview for the property that I was speaking to somebody who although she's straight, I knew she'd got lesbian friends … . Similarly she was aware of my status, and I think she wouldn't have let me go ahead with it if she knew that the people in that building were likely to be homophobic. She's been there for over 10 year as the manager … . that was a deciding factor, I just felt I could be more myself."*
>
> Gina, aged 55, sheltered housing resident.

There was some discussion regarding whether housing (and care homes) especially for gay older people were desirable or not. One member of the group felt that a lesbian only scheme would be ideal, and another felt he would be happy in a gay community for older people, however others were not supportive of the idea, partly because any such scheme or setting would be an obvious target for homophobic abuse, and also because they did not like the idea of "little ghettos" of different people, nor would everyone being gay necessarily mean that you would like or be comfortable with your neighbours.

> *"I can see the value of a woman only community but not a lesbian only community, because you'd be isolated, and everyone in the surrounding area would know that's the place where all the lesbians are."*
>
> Gina, aged 55, sheltered housing resident.

> *"If people were educated about the diversity of the population at large … . personally I don't like the idea of little ghettos of different people, I would prefer that people should all be mixed together, eventually maybe it will be … . "*
>
> Trisha, aged 64, renting from a council.

There has been little previous research into the housing needs of older people from the LGBT community[5], and while it would be unwise to generalise from one discussion group, the points made highlight some of the possible concerns that older gay people may have. In a recent study of different models of housing with care for later life, only one of more than 120 residents who participated in interviews and focus groups in seven different schemes spoke about being gay, and how this affected his relationships with other residents in the scheme where he lived. He explained how he had been cautious about coming out to other residents, however those he had taken into his confidence had been very accepting. He was very happy with the services and accommodation in the scheme, and particularly with the greater opportunities for socialising that the scheme gave him. He felt living in the scheme compared well with his previous experience of being in a care home, and also of receiving intensive home care in a bungalow where he had been extremely isolated and lonely. He also spoke very highly of the care staff in the scheme.

5   There is very little research that has explored the housing needs and aspirations of older people from the LGBT community in the UK, although there is a growing literature that considers the nature of gay relationship in later life (see for example, Heaphy and Yio, 2003; Blando, 2003). In addition the literature around the health, social care and housing needs of LGBT older people has been reviewed to support the development of the Strategy for Older People in Wales (Davies et al, undated). A now relatively dated survey (Hubbard and Rossington, 1995) indicates a desire, particularly among lesbian women, to have specific accommodation for older LGBT people as it was generally felt that 'straight' provision could be implicitly or explicitly sexist, for example, in the stress on family events or entertainments. There was a fear that going into sheltered housing could mean "going back to the closet". There was also a concern related to limited sheltered care provision for same sex couples.

Chapter 7: The housing needs of older disabled people

The group of disabled people were all users of a day centre in London. They were aged between 58 and 68. One participant lived with his son, and another lived in a very supported housing scheme, with care staff on duty 24 hours. The two other participants lived on their own in council flats.

Again the common themes about family, and neighbourhood, were raised in the group. Accessibility and safety in the neighbourhood were particularly emphasised by these participants. When asked what would improve their housing circumstances, having easier access to neighbourhood facilities and services was their highest priority. Their homes suited them well enough, (although one participant had been offered a number of flats by the council before he had accepted the flat where he currently lived), but it had taken some time to get suitable adaptations made to the properties. Note too that the complexities of the process could be off-putting. One of the participants had experienced a significant brain injury and, although physically well, had difficulties with speech and memory. He had been encouraged to seek assistance with installing a walk-in shower when his wife had been ill, but the process was all too much for him. Similarly, after his wife died, he had great difficulty in sorting out changes to his benefits.

In terms of future intentions and aspirations, some participants expressed their intention to maintain, and where possible improve their levels of independence. For example, the participant living in a very supported housing scheme was hoping to move to a more a independent living arrangement using Direct Payments. He felt the staff in his scheme were good but did too much for him which he described as "well-intentioned interference". Another participant was recovering from a stroke, and hoped that he would regain more independence over time. He was particularly fearful of being dependent on other people. Participants also felt that attitudes generally towards older people could be patronising, and insulting, particularly in care homes or settings for older people.

> "Just because you're 60, 70 your brain hasn't gone completely. And they want to do everything for you. I mean, I'm slow, alright I'm slow, and I drop things, that does not mean to say I don't know what I'm doing, it's just I can't hold onto things anymore, and I hate it when they say, let me help you dear, it's the way they say it, it's the way they treat people, and when you come to a certain age, they treat you different to when you were young. They think your brain's disappeared out the window."

> Masie, aged 64, renting from a council.

For the longer term, participants in this group were adamant that age-segregated living was not an option they would willingly seek for themselves. One of the group spoke about retirement villages, but felt these were only really for those who could not manage on their own, although the idea of having shops and amenities close at hand was appealing.

Conclusions

In line with the findings of other research (see for example, Clough et al, 2003; Tinker et al, 2001; Appleton, 2003) most people expressed their preference for remaining in their own homes, and most felt that their homes could be adapted for any future needs. However, those participants in the groups who had moved or were seeking to move highlighted the importance of making decisions when you are well and able to cope with change and upheaval, but also when you have the time to make considered decisions, and view different options. Finding new accommodation could take time. Similarly those who had made adaptations to their homes spoke about the time it took to complete the process. While most participants acknowledged that to plan ahead would be the wisest thing, very few were actually making plans. Participants also noted that growing older in the UK context is a relatively new experience for BME communities, and that planning for later life was something new and challenging for both older and younger people. It is clear that many people are highly reluctant to think of their older selves, or consider how their housing (and other) needs might change, and how they might prepare for those changes. A question then for policy makers is how to encourage older people to plan ahead, and what, if any, incentives there might be to encourage people to think about their future housing needs.

The relatively positive attitudes of participants to equity release are notable. This is in line with recent work commissioned by Communities and Local Government to explore the attitudes of vulnerable households towards Loan Finance to improve housing conditions. [6] Of particular interest is the recognition by some participants that in the future they would have no alternative but to draw on the equity in their homes to support themselves in later life. In line with the findings of other research, participants expressed little faith in equity release products (see for example, Appleton, 2003). The development of attractive equity products, and the appropriate promotion of such products to older people is an area that policy makers may wish to consider further.

As noted above, older people's housing decisions are influenced by a range of complex factors: attachment to home, family relationships, neighbours and neighbourhood, access to services and facilities. Housing has to be seen in the wider context, with particular attention to location, community safety, accessible transport, and the availability of sustainable local services. In particular, the complexity of family relationships (for example, the need to provide accommodation for young people, and to support older relatives) must be reflected in future housing provision, both in terms of design (for example, it would be wrong to assume that family housing does not need to take account of the need for adaptations, or accessible bathrooms and toilets) but also in terms of allocation of properties in the public sector.

With regard to the types of properties older people aspired to, of particular importance is the requirement for space in the home to accommodate visitors and enable the continuation of meaningful social and leisure activities. People were reluctant to move from 'family' homes if the alternative was somewhere pokey and small that would constrain their interests, activities, and family relationships. Most of our participants felt

6 http://www.communities.gov.uk/publications/housing/loanfinance

that two bedrooms was a minimum, and that space standards, particularly in the public rented sector could be more generous. There are messages here for both private and public sector housing developments in the future, both in terms of space standards, but also regarding the capacity of properties to be relatively easily adapted if required.

It was also clear that most participants had only very vague ideas about the housing options currently available for older people.[7] Some participants (particularly those from BME communities) felt that information about the range of housing options available to them would be helpful. This is supported by Clough et al (2003), who indicate the need for neutral advice specifically on the range of housing options for older people: including social and private sector housing, the policies of different provider organisations, care options, funding for adaptations and so forth. Better information about housing options might enable older people to make informed, proactive decisions as opposed to reactive decision at a point of crisis.

Most people had heard of sheltered housing, but thought it was only an option for people who were very frail and unwell. Those who had moved to sheltered housing valued the independence and security it offered. Although evidence suggests that sheltered housing is a popular option with those who live in it (Nocon and Pleace, 1999; Dalley, 2001; McClaren and Hakim, undated), the views of the very small sample of individuals appear to show that sheltered housing would not be an option they would consider while they were well and able. This raises questions about the future role of 'traditional' sheltered housing, and the relatively limited levels of support it offers. At the same time, it suggests that extra care housing with its intention of providing relatively high levels of care in a housing setting might be an attractive option. As noted above, very few participants had heard of extra care housing, thus it was difficult to gauge views or experiences.

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7   Mountain and Buri (2006) have evaluated the "Should I Stay or Should I Go" Programme that was intended to provide information about housing choices to older people.

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Appendix A: Topic guide for focus groups

Q1: Could we go round the group and ask everyone to say a little bit about themselves and where they live now

Q2: What were your motivations for moving to your current home?

Q3: When you moved to your current home, was it easy to find something that suited you?

Q4: Has anyone had their home altered or adapted in any way to make things easier for them?

Q5: What are the best things about where you live now?

Q6: Has anyone thought about the type of housing they might need as they get older, and whether they might need to move?

Q7: If you are thinking about moving, is there anything stopping you or making it difficult?

Q8: What do you think about the housing options that are available to older people now – I'm thinking about things like home care or sheltered housing? Do any of these appeal to you?

Q9: Where would be your ideal place to live as you get older?

For older homeowners

Q10: Have you ever thought about drawing on the equity in your property?

Q11: Are there any other comments people would like to make?

Appendix B: The wider literature

Much has been written about the housing needs and preferences of older people[8]. Here we reflect on the main themes that emerged from the focus groups, and the ways in which they are supported or contradicted by the wider literature. This is not a systematic review and the intention here is to highlight the findings of more recent studies and reviews that have addressed questions regarding older people's housing choices and preferences, and are therefore particularly pertinent to the development of the National Strategy for Housing in an Ageing Society. This appendix is structured around the following headings, which mirror the topics addressed in the focus groups:

- Satisfaction with housing;

- Reasons for moving;

- The use of housing equity;

- Specialist housing options for older people;

- Meeting diverse needs.

Satisfaction with housing

A high proportion of older people live in mainstream housing, most often the owner occupied sector, and research indicates that both the younger old and the older old are relatively contented with where they live. The discussion in the groups reflects this wider research. Few of our participants were dissatisfied with where they lived, and most expressed their intention to remain living where they were despite what might appear to others to be shortcomings in their accommodation.

Reasons for moving

Appleton and Shreeve (2003) suggest that when older people move house this often takes place within the mainstream housing market, and reflects circumstances common to the rest of the population: changes in household composition, a dislike of the area where they live, or a strong preference for living elsewhere, or the desire to live in a different style of housing more suited to needs. The findings from the groups suggest that motivations to stay or to move were complex, and focused on family, neighbourhood, access to services and facilities, and health status. These factors appear to underpin most people's decision to move, regardless of age, although certain characteristics of neighbourhood, or types of services may be more or less attractive depending on age (for example, access to local schools is more likely to be important for people with young families).

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8 See for example: Appleton and Shreeve, 2003; Banks et al, 2004; Boaz et al, 1999; Burholt and Windle, 2006; Dickinson and Whitting, 2002; Easterbrook, 2005; Hayden et al, 1999; Langan et al, 1996; Joseph Rowntree Foundation, 2003; Peace and Holland, 2001; Welsh Assembly Government, 2003.

The work of Clough et al (2003) contributes substantially to an understanding of the principles and priorities that drive the housing decision of older people, and highlights four main themes:

• Maintaining independence through the active exercising of choice;

• Importance of location to independence;

• Imperative for housing providers to recognise the on-going meaning of home to the individual;

• Capacity of all housing options to adapt to changing needs.

Again the discussions in the groups echo these themes. Clough et al demonstrated that although some people may not acknowledge the fact, others do give consideration to the possibility that their ability to look after themselves and their accommodation will decline. There is a desire that, in these circumstances, they will themselves be able to make the relevant decisions. Other research supports these views, for example, various studies of people living in housing with care settings (see for example, Croucher et al, 2003; Croucher et al, 2007b) found that a planned move to such settings was often perceived by older people as an expression of their independence in as much as they were making an informed decision and moving when they choose and where they choose. Older people making these decisions *in extremis* sometimes regret the choices made (see for example, Oldman, 2000). Those in the groups who were planning to move were often doing so to ensure that they were in a position to make choices rather than wait for a crisis to force a move on them. Indeed, the time it had taken some people to find somewhere suitable to live highlights the wisdom of planning in advance, and also offers some insights into the potential lack of attractive choices for older people, and/or the lack of information about what is available.

Information about housing choices

Although most of our participants were not actively seeking to move, some felt that better, independent information about the range of options should be available to older people. Again, this is supported by Clough et al, who indicate the need for neutral advice specifically on the range of housing options for older people: including social and private sector housing, the policies of different provider organisations, care options, funding for adaptations and so forth. Mountain and Buri (2006) have recently completed an evaluation of the "Should I Stay or Should I Go" Programme, co-ordinated by Care and Repair England that was intended to provide just this type of "Housing Options" service. While the services provided were welcomed by the older people who used them and broadly supported by other health and social care professionals, the projects demonstrated that there are limited choices available to older people who are seeking to move. Those wanting to move generally were moving on the grounds of poor health. The Elderly Accommodation Counsel database[9] also offers a useful means of searching for sheltered and supported housing options in both the public and private sector.

Importance of location

Location, not just in terms of access to services, but also for accessing and maintaining social networks and contacts, was often as important for our participants as the

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9 The database can be accessed via the Elderly Accommodation Counsel website at http://www.eac.org.uk/

dwelling where they lived. Again this echoes the findings of Clough et al, where the preference for accommodation that is located within reasonable walking distance of amenities such as shops, libraries, doctors' surgeries, and leisure facilities is stressed. Recent work for the Scottish Executive (Croucher et al, 2007a) has also highlighted the importance of access to <u>culturally</u> appropriate shops and services for older people from black and minority ethnic communities. Apart from the convenience of having amenities nearby, shared neighbourhood spaces have been shown to have a great social value (see for example, Worpole and Knox, 2007), however public spaces (including green spaces) can exclude older people by not providing certain amenities, for example, benches to sit on, shelters, and public toilets.

It is important to note however that while accessibility is important for some, it seems that older people in rural areas are often (although not always) prepared to forgo easy access in order to remain in a rural environment. Recent work (Bevan et al, 2006) on the housing and support needs of older people in rural areas also identified a determination by many older rural residents, particularly those who had lived in the countryside all their lives, to remain where they were, although others felt that as they got older they would prefer to move to larger settlements with better access to services and facilities. The participants in the rural group acknowledged that the lack of transport services could become a barrier to their remaining in a remote settlement.

Participants in this study also addressed other issues of concern about neighbourhood and location notably that of the importance of being in a 'good' neighbourhood (usually defined as being safe and relatively free from crime and vandalism). Those described as "good" neighbours were not just supportive and friendly, but also accepting of different life styles, and trustworthy. Again previously cited studies regarding the underlying motivations of older people moving to housing and care settings also highlight the importance of safety as an attraction of such settings, and poor neighbourhood safety as a motivation for moving away from particular places.

Meaning of 'home' to older people

Similarly attachment to home was very clear among the focus group participants. Other researchers (see for example, Heywood et al, 2002; Heywood, 2005) have explored in some depth the particular nature of attachment to home in later life, placing an emphasis on home as a physical representation of the life course and its achievements and events. This attachment to home, and the importance of home in presenting an image of 'self' may explain the reluctance of some older people to consider moving or to prepare their homes for later life (for example, by installing more accessible bathrooms), as this would indicate a recognition of ageing, something that many people are reluctant to acknowledge.

The issue of space is particularly important. Many older people spend more time in their homes than younger people and need space for visitors, hobbies, possessions, to express identity and individuality, as well as space for living (for example, having family for lunch, or celebrating special occasion). For those who are unwell, space is needed too for storing items like mobility aids, wheelchairs, and importantly to allow carers the space to assist someone if this is required.

There is a debate about the extent to which older people "under-occupy" much needed family sized homes, and the desirability or not of encouraging older people to move to smaller properties. These and other issues are explored in a recent report by the International Longevity Centre (Harding, 2007), which concludes that current housing shortages are not an age-driven problem.

Capacity of housing to adapt to changing needs

Again the requirement for housing to have the capacity to adapt to changing needs is reflected in the determination of many of our participants to remain living in their current homes, and have their home adapted if this was needed. Most frequently mentioned changes that people felt would assist them were walk-in showers, downstairs toilets (and where possible shower rooms), and chair lifts. Heywood[10] reports a fairly recent and major qualitative study of the effectiveness and value of housing adaptations (Heywood, 2004). Adults across a range of ages and children participated in the study. Heywood highlights the health impacts of adaptations, indicating that when these are well-designed and take into account individual preferences and importantly the meaning of home, they can provide beneficial and preventative effects on both physical and mental health in the long term. They can help reduce pain, reduce accidents and fear of accidents, and depression. These benefits extend not just to the individual with impairments, but also to their families and carers.

However, Heywood also notes that adaptations can sometimes fail, usually because of weaknesses in the original specification and can in such cases create a sense of intrusion, or loss of control of the home environment, as well as being a waste of resources. Delay was another cause of waste, leading to out-dated assessments, accidents and hospitalisation during waiting time. Heywood concludes that the study provides evidence for an input of additional capital resources, possibly from non-housing sources, as the benefits were felt in terms of reduced costs of health and social care (for example, reduced need to have assistance with bathing, reduced risk of falling etc). Other studies have explored the role of adaptations for people with particular types of impairment, exploring the different needs of different groups, including people with dementia (see for example, McClatchey et al, 2001) and visual impairment (for example, better or specific types of lighting for people with visual impairment, see for example, O'Neill et al, 2003). Overall the evidence suggest that adaptations to the home can make an enormous difference to individuals, however they need to be properly resourced, delivered within reasonable time periods, and undertaken with a high degree of sensitivity to individual needs and preferences.

Few of our participants spoke about the role of assistive technologies in enabling them either to stay at home, or indeed as an attractive feature that would promote their interest in moving to a new property. In policy terms, however, assistive technologies are expected to make an increasingly important contribution to older people's independence and autonomy (see for example, Audit Commission, 2004). Already items such as community alarms are widely used, and there are estimated to be 1.3 million in use in the UK (McCreadie and Tinker, 2005). Fisk (2001) provides a useful overview of the potential of technologies for use in the home. McCreadie and Tinker (2005) have explored the attitude of older people with impairments (aged 70 and above) towards technologies in their homes, suggesting a complex model of acceptability.

10 See other papers by Heywood including, Haywood (2001), and Haywood (2005).

They conclude that for technologies to be acceptable individuals need to recognise themselves that they need assistance, to be confident that the devices work properly, reliably and safely, and have sufficient information and advice and the financial resources to access the assistive technology.

The value of what might be described as low level support or preventative services for older people (and other vulnerable groups) has been well documented by a body of research (see for example, Clerk et al, 1998; Bevan et al, 2006; Care and Repair England, 2006; Quilgars, 2000; Parkinson and Pierpoint, 2000), and is to a limited extent supported by the discussion, particularly among those people who were disabled, or caring for an elderly relative. It is argued that low level support services are an important means of allowing older people to remain in their own homes, and thus such services should be given greater emphasis, given the preference for older people to live independently in their own homes.

Defining what 'preventative' services are or should be is problematic. Clearly falls prevention programmes, support following hospital discharge, intermediate care and other services with a health focus can be seen as 'preventative' services, however the net could be cast much wider to encompass services that broadly speaking promote independence and well-being. Community transport services, handy person schemes, helping people with shopping, lunch clubs, carers' support and so forth could also be described as preventative. Beyond definitional difficulties around preventative services, there are issues about how these services should be funded and commissioned across different agencies, each within its own set of priorities and constraints (see for example, Bevan et al, 2006).

How do older people envisage using their housing wealth?

The majority of older people are home owners, and the numbers of older people who will be home owners in the future is predicted to rise. Some individuals have considerable amount of equity tied up in properties, however other do not. Studies of homeownership in later life however indicate that homeownership can be onerous, and there are issues around paying for and organising home maintenance, and some question the sustainability of homeownership for older people (see for example, Hancock et al, 1999). Equity release schemes may be one way of enabling older home owners to release some of the capital tied up in their properties.

Many participants in the focus groups were broadly supportive of the principle of equity release, although other studies consistently indicate a strong resistance to equity release schemes and a determination to pass on housing equity to family members (see for example, Rowlingson and McKay, 2006). Participants were, however, suspicious of available equity release products, in line with the findings of other studies that have also shown a distrust of equity release products, and a perception that they provide poor value for money. Studies show that where people have used equity release schemes there is a tendency to use the capital to fund one-off housing improvements and holidays rather than to supplement income or finance care packages (see for example, Maxwell and Sodha, 2006; Appleton, 2003; Croucher and Rhodes, 2006; Hill et al, 2007). The market for equity release products is growing but at a slower rate than predicted (Baxter and Bennett, 2006; Terry and Leather, 2001). Recent work carried out

by Communities and Local Government has explored different types of loans available to vulnerable home owners to assist them with bringing their homes up to the Decent Homes Standard (Communities and Local Government, 2007).

An alternative to drawing on housing equity is the option of trading down and moving from a more valuable property to something less costly in order to release capital. Some of the participants in the focus groups had already sold properties to release equity, and another had considered this option, but decided against it as the only cheaper accommodation he could purchase would be a mobile home. Recent work by Maxwell and Sodha (2006) suggests that releasing equity by trading down to a smaller property might not be an accessible option for many people. They note the lack of suitable properties for those who want to "trade down", and the relatively small differences in the prices of two or three bedroom properties. When these are added to the costs associated with moving, it seems that only very few people would be able to release significant amount of their capital assets by moving to smaller properties.

The study by Mountain and Bhuri (2006) indicated that choices for older home owners looking to move within the owner occupied sector were particularly limited. Another alternative trading down is to change tenure and move to rented accommodation. The Review of Sheltered Housing in Scotland (see below) found that almost 40% of those living in public sector sheltered housing had previously been owner occupiers, and other studies have also found residents in housing with care schemes who have sold properties to move into rented or leasehold accommodation (see for example, Croucher et al, 2007; Croucher et al, 2003). It may be however that those who do chose to sell properties and move into rented accommodation do so because there is a lack of suitable, alternative accommodation to purchase on the open market.

Housing options for older people

The majority of participants in this study did not appear to be particularly attracted by specialist housing for older people, and considered them only suitable for the very frail and poorly. Many commentators question the desirability or need for "special" housing for older people, preferring to emphasise the need for all housing to be inclusive, and to take account of the needs of older people (see for example, Hanson, 2001; Heywood et al, 2002). Some find the idea of 'special' housing for older people inherently ageist. Some of our participants said they would be uncomfortable in an age-segregated setting, but other participants did talk about the desirability or not of mixing different age groups in public sector housing, and some felt that the old and young should not be mixed together. Reflecting on studies of housing for later life, it would appear that for some older people moving to an age-segregated setting is a positive choice for later life.

As might be expected there are particular issues around security and safety, knowing your neighbours will have a similar life style to yourself, and also for some people, a sense of sanctuary that comes from living in an environment where priority is given to the needs and preferences of older people, and where the physical environment is designed with older people in mind. In addition, specialist settings may offer opportunities for reducing social isolation and providing companionship and social activities for older people. Similarly knowing that help is at hand, and that maintenance

problems or difficulties will be addressed also enhance people's sense of security (see for example, Croucher et al, 2007; Bernard et al, 2004; Croucher et al, 2006).

Sheltered housing

The main form of special housing for older people is sheltered housing.[11] Although originally developed to provide an alternative to residential care, it remains primarily a form of housing with basic support aimed at reducing social isolation, and feelings of vulnerability and insecurity. Commentators have noted the ambiguity of its role, particularly following the reforms to community care consequent to the implementation of the NHS and Community Act 1990, where the focus has been on increasing levels of personal care provided in the home. Much of the sheltered housing stock in the UK was built at least 30 years ago, and recent changes consequent to the introduction of the European Working Time Directive, and the implementation of the Supporting People programme have resulted in considerable changes to sheltered housing provision, and often a re-thinking of its viability.

There have been concerns about difficult to let sheltered housing for a number of years (see for example, Tinker et al, 1995; McCafferty, 1994). Regional Housing Strategies and more local housing strategies often highlight low demand for some sheltered housing in some areas, and the poor quality of some accommodation both in terms of space (for example, bed-sitting room accommodation) and access for disabled people. There are also concerns about the increasing frailty of sheltered housing residents, including people who have lived in sheltered housing for many years and have aged in place, and also among some new residents. Service providers in some cases are moving towards more flexible, tenure-neutral, support services (for example, so-called 'floating' warden support, community alarms fitted in general needs housing) that do not require older people to move to particular locations to receive services and allow them to stay living in their own homes, and focusing on decommissioning accommodation considered no longer fit for purpose or remodelling some sheltered housing to increase its capacity to accommodate the very frail.

Whatever the concerns of policy makers and providers, and despite its ambiguous role on the spectrum of care services, available evidence consistently indicates that sheltered housing in both the public and private sector is greatly valued by its residents (Nocon and Pleace, 1999; Dalley, 2001; McClaren and Hakim, undated). The recent Review of Sheltered Housing in Scotland explored (via a survey, discussion groups, and interviews) residents' views about sheltered housing in both public and private sector schemes. The Review indicated that the majority of residents were quite contented with sheltered housing, and with their accommodation, and more than 90 per cent of those surveyed agreed that sheltered housing was a good option for older people. Nocon and Pleace (1999) found similarly high levels of support in an earlier study of sheltered housing in a rural English county.

Independence and security were at the heart of people's decision to move to sheltered housing. More than 40 per cent of residents in public sector sheltered housing had previously owned their own properties, suggesting either decreasing attractiveness of homeownership in later life, or lack of suitable alternative properties to purchase. Note too that those who moved into public sector sheltered housing (as opposed to

11 See Nocon and Pleace (1999) for a discussion of the policy drivers for the development of sheltered housing.

private sector) were more likely to cite health concerns as their motivation for moving. As in England, sheltered housing has undergone some changes, notably changes to the warden services, and these changes attracted the most negative comments from residents. Many felt that their sense of safety and security had been undermined by the reduction in warden services. There was considerable suspicion of community alarms services that provided links to a central call system when wardens were not on duty. Some of the residents were reluctant to use these systems and clearly did not fully understand how the systems operated.

In exploring issues of low demand with provider organisations in Scotland, it was clear that levels of demand could vary considerably in different localities. Patterns of demand were considered to reflect the number of schemes available, the quality of accommodation, the location of schemes, whether they were relatively new, and whether the scheme had a good reputation locally. Some provider organisations were moving towards decommissioning much of their sheltered housing stock, although others felt that sheltered housing was a valuable resource that was a popular option with older people. There was no real consensus among Scottish providers and commissioning agencies about the future role of sheltered housing.

New models of housing with care

The participants in the discussion groups appeared to know very little about some of the newer models of housing with care that have begun to emerge in recent years. Such models combine independent housing with relatively high levels of care. While there are a range of definitions (including assisted living, extra care, retirement housing, very sheltered housing, continuing care retirement communities), and a range of both public, not-for-profit and private sector provider organisations, such schemes have a shared conceptual base, and are intended to: promote independence, reduce social isolation, provide an alternative to more institutional models of care, and offer a home for life. There are great expectations of the new and emerging models of housing with care among policy makers and practitioners, but perhaps less awareness of these new models among older people.[12] Riseborough and Fletcher (2003) illustrate the key ingredients of extra care housing (see Table 1 below).

Table 1: Key ingredients of extra care housing	
Principles - Focus on individuals - Rehabilitation - Independence - Residents have control – tenancy rights separate from care - Access to community activities - Neighbourliness - Community resource	Care and leisure - Flexible care - Working with, not doing for residents - 24 hour support - Care team based in scheme - Access to meals - Domestic support - Supporting leisure and social opportunities
Design - Individual flats are seen as 'home' - Design allows for a range of social activities - Progressive privacy is built in for residents	Assessment and allocation - Joint assessment and allocation - Balance of dependency levels - Positive approach to mental health - Step up and step down places - Home for life

Source: Riseborough and Fletcher, 2003

12 As part of the Care Services Improvement Partnership (CSIP) the Housing Learning and Improvement Network (LIN) has produced a range of reference material that addresses different aspects of practice in extra care housing.

A recent systematic review (Croucher et al, 2006) examined the empirical UK evidence related to the effectiveness of housing with care in addressing the various needs of older people. The authors note that the evidence base is limited given the growing number of developments. In summary the review found that housing with care does promote independence and generates high levels of satisfaction among residents. Evidence from different studies which have evaluated a variety of schemes consistently shows that housing with care is perceived to be a very positive option by those who have chosen such schemes. The combination of independence and security offered by such schemes is very attractive to older people.

However, for frailer residents and particularly those suffering from dementia type illnesses, the evidence regarding social isolation, and the capacity of these models to provide an alternative to residential care and provide a home for life is more muted. All studies reviewed indicated that some residents moved on to residential or nursing home care. Most usually this was due to dementia type illnesses, but also because the schemes could not care for people with complex needs. Key questions remained unanswered, for example, the cost effectiveness of housing with care compared to other alternatives, the capacity of schemes to maintain a balance of fit and frail residents, and the attractiveness of such schemes to people from BME[13] groups, and the role of the private sector which has seen considerable growth in recent years.

Since the review was published other studies have examined housing with care schemes (notably Valleley et al, 2006; Croucher et al, 2007; Evans and Means, 2007). Again these studies show that older people who decide to move to housing with care schemes are – on the whole – very satisfied and are particularly satisfied with the combination of independence and security these schemes offer. The work of Croucher et al, explored a range of different models of housing with care. No single model appeared to dominate, although the study showed there were some advantages to having larger schemes as there were opportunities to provide a wider range of non-care related amenities and facilities for residents. With particular regard to the housing element of schemes, they noted that many of the residents in the study schemes were primarily seeking a secure, accessible, and affordable place to live. The study also demonstrated that some older home owners were willing to give up home ownership and move to rented property for a range of reasons including: the need to find a smaller, more manageable and/or accessible home, without the responsibilities of maintenance and repair; or to release equity. Age segregation was not a concern for the majority of people living in the schemes, and many residents felt safer and more comfortable among their peer group in an environment which focused on the needs and preferences of older people.

Where people did have complaints about the scheme where they lived, most usually this was around their accommodation. Space standards were a particular concern in some schemes (even some newly built schemes). In those schemes where space standards were more generous, the quality of the accommodation had been a significant 'pull' factor. Sensory and cognitive impairments appeared generally to be less well understood or addressed in design terms. The study did raise concerns about the inherent tension between the promotion of independence and the needs of some very frail older people, and the need for appropriate support (as opposed to care) services to sustain the concept of independence. A key point is that housing with care is not a panacea for all

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13 Note that work is on-going to explore extra care housing provision for Black Elders, see Jones (2006).

older people's housing, care and support needs, and the needs for alternative provision should be addressed.

Of importance, and in support of the evidence from earlier studies, the comparative evaluation highlighted that housing with care does not easily support people with dementia type illnesses, or with chronic and life limiting illnesses. Valleley et al (2007) addressed the key topic of dementia in housing with care settings. The study concluded that this form of provision offers a good quality of life to the majority of residents who have dementia, many of whom are very old, and additionally have complex health needs. Many older people with dementia recognised that, of the housing options available to them, extra care is more suitable in helping them to maintain their independence. The study found that people with dementia are demonstrably able to live independently within extra care for 2.13 years on average, nearly as long as residents without significant cognitive impairment. On the key question of whether extra care can provided a home for life, of the tenancies that ended, half resulted in moves to other care settings, mostly to nursing care. While the authors conclude that housing with care can work well for people with dementia, it raises questions about the skills and capacity of staff to work with residents with very challenging behaviours.

Recognising that there will be growing number of older homeowners, various providers both in the private and public sector are increasingly offering opportunities to buy properties within housing with care schemes. While we know little about private sector developments, one study (Evan and Means, 2007) has explored how well a mixed tenure retirement village operated by a charitable trust could accommodate people with a wide range of care needs, housing histories and from different socio-economic backgrounds. In this particular scheme properties were available both to rent and to buy. The study demonstrates that creating a "balanced" community is not without its challenges.

Meeting diverse needs

It is important to note that much of the literature stresses the need to avoid generalisation on the needs and preferences of older people, rightfully highlighting that older people as a group are highly diverse. Highly variable factors include health, income, gender, social integration, work history, child-rearing and caring history, location and housing conditions. It is also important to note that in the coming decades there will be increasing numbers of older people from BME communities. This variation means that provision of housing options will have to be equally varied, and move beyond focusing purely on issues relating to frailty to consider the needs of people who are active and relatively well.

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