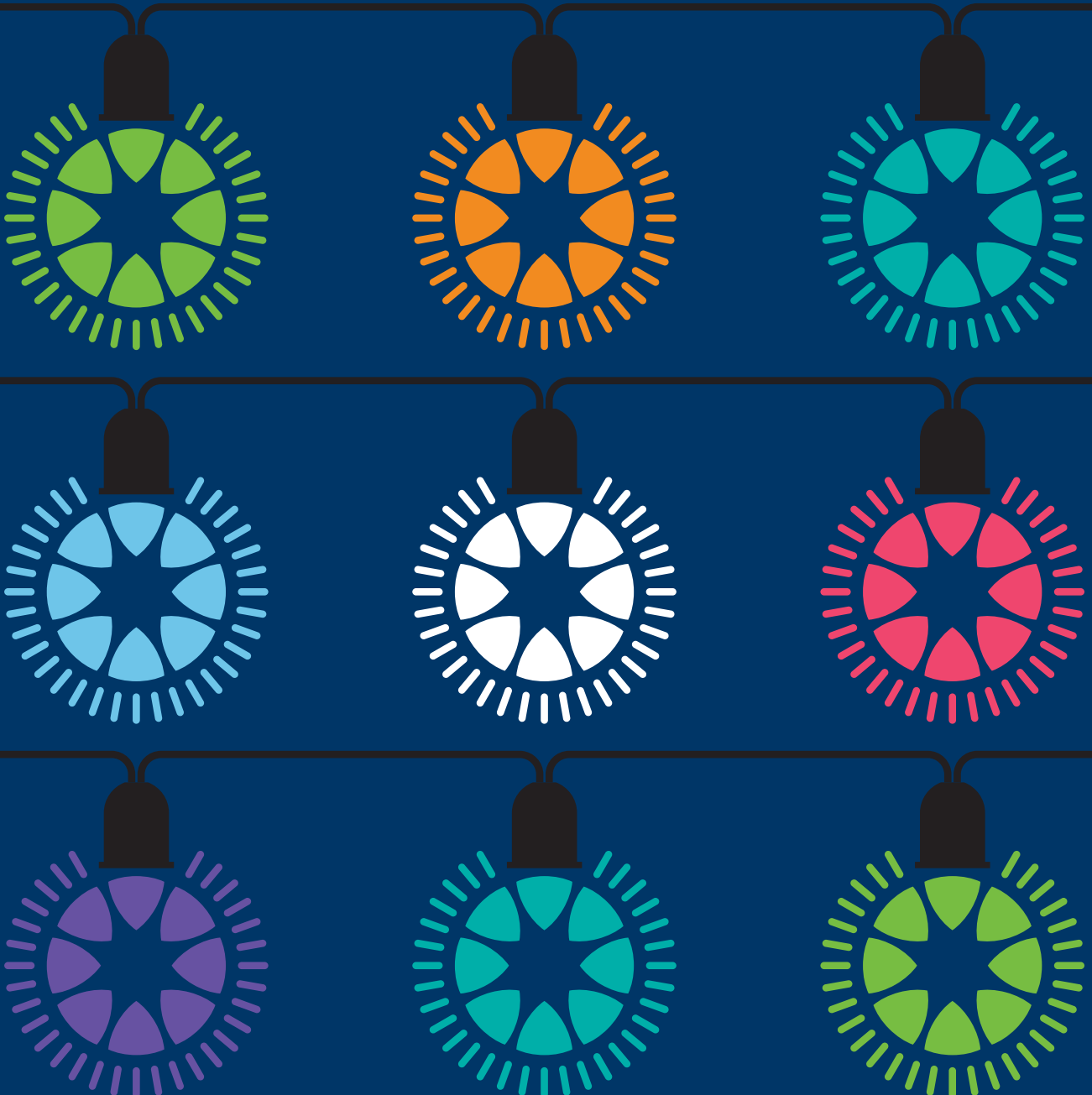




Setting Standards for
Retirement Communities

The Housing with Care Grey Paper

Personal stories and policy ideas on strengthening
housing with care for older people



About ARCO

ARCO (the Associated Retirement Community Operators) is the trade association for operators of housing with care developments for older people. ARCO was founded in 2012 and comprises over 30 private and not-for-profit operators of housing with care, representing approximately 50% of this sector which includes extra care settings and retirement villages. ARCO sets high standards and members must adhere to the externally assessed ARCO Consumer Code. The sector sits between traditional retirement houses (which have less extensive staffing and leisure facilities) and care homes.

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Foreword

The COVID-19 pandemic has illuminated many ways in which we must grow as a society, but right near the top is the urgent need to provide better support for older and more vulnerable people. NHS and social care workers up and down the country have worked exceptionally hard to look after those in their later years. We need to ensure the country we build from the crisis provides them with the strongest possible foundation to do their great work, and allows older people to flourish through active, healthy living.

Throughout the pandemic, housing with care settings (combining independent living with onsite care and support) have demonstrated that they can play a key role in the future of care and support for older people. Whether through the high-quality care they have continued to provide, the sense of safety and security they have offered during an unprecedented time, or the innovative ways they have fostered social connection and reduced loneliness, housing with care has risen to the challenge in an inspiring way.

And that brings us to another key lesson of the pandemic. If we really are to create a society which looks after older people properly, we've got to look at the big picture. At the ways in which housing, health and social care are inextricably linked in giving older people the opportunity to live a good life. Good quality housing with care and support on-hand improves health and wellbeing, reducing the need for older people to see their GP or go to the hospital. The recently published NHS White Paper recognised this, saying housing providers play a key part in keeping people well, and calling for them to be represented on what it calls Integrated Care System Boards.

It is the critical nature of the juncture we find ourselves in, with the worst of the pandemic hopefully behind us and the opportunities for transformation before us, that make the publication of this Housing with Care Grey Paper so timely. It's vital that at this key moment, we hear from voices far and wide as we decide on the best path to take to support older people, and that's why the cross-party and cross-society nature of this report is of such value. We hear from esteemed MPs and Peers from the Conservatives, Labour, Liberal Democrats and Scottish National Party, from experts across academia, investment, local politics and housing, and - crucially - from those working within the housing with care sector itself.

What ties the 14 excellent contributions together is the recognition that housing and care for older people is at once deeply personal and political. Personal, because housing with care affects everyone. It's about our parents and grandparents, and – at some point – about us. It's about creating the options for older people to live happily and safely, in communities that they can call home. Political, because creating this better world for older people requires Government to do its bit.

The ideas and recommendations for government policy in this Grey Paper are therefore hugely welcome. Together, the authors have produced a set of concrete actions that would help transform housing with care, and bring great benefits to hundreds of thousands more older people. From defining housing with care in the planning system to ensuring better financial incentives for older people to rightsize, and from properly honouring care workers to getting social care funding right, the suggestions made in this Grey Paper should be taken seriously.

While each author has chosen a different policy idea to focus on, a conclusion we can draw from all the pieces is that cross-government working will be crucial if we are to make progress. This could be via a new Housing with Care Task Force, as recommended by Lord Foulkes. What's certain is that the Department of Health and Social Care and Ministry of Housing, Communities and Local Government, plus others, have a great opportunity to collaborate and shape our country for the better. It is pivotal we look beyond traditional departmental boundaries.

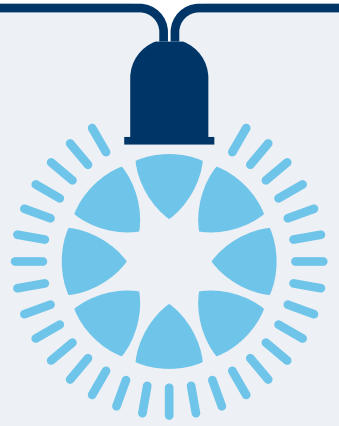
After the devastating impact COVID-19 has had on older and vulnerable people across the country, after the heroic work done by NHS and social care workers to look after those in need, we have a duty to transform our housing and care provision for older people so that it provides security, dignity, health and flourishing in later life.



We can usher in this brighter dawn if we act now.



The view from Westminster



Baroness Sally Greengross OBE is a Crossbench Peer in the House of Lords, and Chief Executive of the International Longevity Centre – UK.

Housing with care needs to be part of the “build, build, build” agenda

Baroness Sally Greengross, Crossbench Peer and Chief Executive of the International Longevity Centre – UK, says housing with care can simultaneously help meet the challenges of an ageing population and re-stimulate the economy.

As a result of the COVID-19 pandemic the economic outlook for the next few years is set to be very challenging. Recently the Prime Minister said the Government planned to “build, build, build” to try and re-stimulate the economy. Building more housing with care facilities would be an excellent way to stimulate the economy and ensure that we have appropriate housing in the future to meet the needs of our ageing population.

I have been an enthusiastic advocate for the housing with care concept for many years. My family had a very positive experience of this type of living arrangement when my parents were still alive. When my father was diagnosed with terminal cancer, my parents moved into a housing with care facility just near where they had been living. I visited this facility with them before they moved in and was delighted with how it was set up and the services it offered. Sadly, my father died a few weeks after moving, but was happy knowing that my mother would be able to live in comfort in this housing with care complex for the rest of her life. She lived there until her death five years later, and as a family we were impressed with the suitable, friendly and appropriate care this facility provided.



Building more housing with care facilities would be an excellent way to stimulate the economy and ensure that we have appropriate housing in the future.

My enthusiasm for housing with care has not diminished since this experience and I believe this is the appropriate form of care many people need in later life. With an ageing population, having living arrangements where people can continue to live happy, independent lives but have access to care and support if they need it is so important. The housing with care sector needs to grow and become an everyday feature in all our communities so more people can live this way. This type of living also helps to prevent loneliness as it provides communal living spaces while still allowing people privacy if they prefer to stay in their own apartment.

The Government is currently reviewing planning laws in response to the growing shortage of suitable housing in the UK. Any changes should make it easier for housing with care developments to be built so we have enough available to meet the growing demand over the coming decades. As well as planning laws the Government need to work proactively with local authorities and industry to support these developments and promote the benefits of housing with care.

These facilities should not be limited to the older population, as they can benefit people of all ages. It is important that as a society we break down silos and encourage intergenerational integration, and this could be done as part of housing with care developments.

As a society many of us still hold on to the idea that an Englishman's home is his castle, and there can be a reluctance to move from the family home to housing with care facilities even if doing so would improve quality of life and improve care and support for many. We need to continue to promote the value of housing with care, remove red tape and unnecessary bureaucracy so that this type of housing can be built, and make it as easy as possible for people to move into housing with care.



With an ageing population, having living arrangements where people can continue to live happy, independent lives but have access to care and support if they need it is so important.



Bob Blackman is the Conservative MP for Harrow East, and a member of the Housing, Communities and Local Government Select Committee.



Housing with care promotes independence, health, and social integration – we need proper targets to expand the sector

Bob Blackman MP, Member of the Housing, Communities and Local Government Committee, says the benefits of housing with care are clear, but that we need more consistent terminology and stronger housing targets.

There is growing interest and investment from both the public and private sector in housing schemes for older people that allow independent living to be combined with relatively high levels of care.

One of the difficulties associated with the literature on housing with care for older people is the use of a range of terms to describe and categorise different schemes. A variety of terms such as 'very sheltered housing', 'enhanced sheltered housing', 'supported housing', 'integrated care', 'extra care', 'ExtraCare', 'close care', 'flexi-care', 'assisted living', 'retirement village', 'retirement community' and 'continuing care retirement community' are used to refer to grouped housing schemes for older people.

Over the past 20 years or more housing providers, largely local authority housing departments and housing associations, have been quietly responding to the changing needs of the tenants in their sheltered housing schemes. Only recently have social and health care professionals become more interested in housing with care models, particularly in their potential to reduce the need for residential care and maintain independence, resulting in an increasing number of developments of housing with care that 'conform neither to pure sheltered housing nor pure residential care.



In the UK there is a clear need to establish a policy that promotes independence, health, social integration, a home for life which would be an alternative to residential care.

Different provider organisations, definitions, models and typologies have placed different emphasis on the housing or care element of their provision, depending on whether they were trying to promote their schemes as alternatives to residential care, or setting out to promote something they felt was conceptually different from what had gone before. It is clear that there are great expectations of housing with care.

Sadly, my parents passed away before they required such housing and care provision, however I regularly assist constituents who contact me to ask about their housing issues. This can be people who want to plan for their future, or those I assist by connecting them with third parties once they have chosen to move, so that they can continue to live independently.

In the future, four key variables must be combined to create an acceptable model of housing and care for older people:

- housing and support-provider relationships
- buildings (scale of development, range of facilities, type of accommodation)
- allocation and eligibility
- tenure

In many ways this model is attractive. It provides one way of imposing a framework, albeit a very broad framework, and some order on a wide range of provision. These four variables highlight key distinctions between previously different models, as each variable will shape a scheme in different ways.

Models combining housing with care are being seen as a way to support older people and reduce the use of institutionalised care across the industrialised world. There are various definitional problems, and very few schemes are exactly alike. But a number of common features emerge, including a focus on a 'homely' rather than institutional environment and services that promote independence and autonomy.

In the UK there is a clear need to establish a policy that promotes independence, health, social integration, a home for life which would be an alternative to residential care. The housing must be cost effective and affordable.

During the 2016 London Mayor campaign, Sadiq Khan pledged to build 80,000 homes in four years – including 40,000 genuinely affordable homes, some of which could be purchased by the older generations. In reality, only 12,546 homes have started being built with unknown completion dates.

In London and the whole of the UK, what is needed is an independent model that will be able to offer and set accurate and realistic housing targets which can be properly funded, and the targets met. This would not solve the problem completely but would make the decisive first step in getting more housing with care settings off the ground.



Recently social and health care professionals have become more interested in housing with care models, particularly in their potential to reduce the need for residential care and maintain independence.



Lord Foulkes of Cumnock is a Labour Peer and former MP, MSP, Director of Age Concern Scotland and Chair of Age Scotland.



National government and local councils must work together to champion older people's housing

Labour Peer and former Director of Age Concern Scotland, Lord Foulkes, says we need a government-led Housing with Care Task Force to expand housing options for older people and learn from other countries.

When I was asked to become Chair of Age Scotland just over six years ago, the Chief Executive kindly reminded me that I had been Director of Age Concern Scotland in the 70's but now I would understand the issues better because I was in my 70's!

He meant it kindly. But it is true. The realities of ageing are only too obvious and stark when experienced personally. It is not just increased problems of illness and mobility but the reality of the decreased role in society with feelings of reduced influence, responsibility and purpose. The reality of mortality also becomes starker.

But there are also the balancing factors of greater leisure time to pursue new activities and opportunities to travel, when not restrained by a pandemic. But all this depends on the availability of the necessary finance and infrastructure to make it possible, and one of the central requirements is access to suitable housing.

I was born at the end of the Second World War and grew up in the era of rationing and few choices of any of the things now considered the necessities of life. Because of family circumstances I was sent to Keith, a small town in the North East of Scotland, to stay with my grandparents who were then in their 60's, so considered quite elderly at the time.



There is now a debate about inter-generational rivalry. It should instead be about inter-generational harmony.

I was lucky because my Grandfather, who had served in the First World War, was a retired master butcher, although spending some time also working on the railway, so we lived in a decent house, owned by my grandparents. It was close to a pub, which suited Granddad, and near the shops. Excuse me for reverting to the mores of the time, but that pleased Grandma. It had a bedroom downstairs and an inside toilet and bath, so all in all, was a relatively suitable accommodation for them as they grew older.

A few others in the town were not so lucky, with outside toilets and no bath or shower. But they were very few compared to the numbers I came to see in the big cities of Edinburgh and, particularly, Glasgow.

Variety is key in older people's housing

Working with Age Concern in the 70's, having seen the poor housing in Edinburgh as a student, it was one of our priorities to develop a policy to get adequate housing provided for older people, particularly those with a disability. There was no such thing as "sheltered housing" then in Scotland where frail old people could get the combination of a degree of supervision while retaining their freedom. The only option was to go to an Old Folks Home, most of which were undesirable.

So we had a major campaign then to get sheltered housing expanded, and we now see the results around the country. But the care options should not be limited to sheltered housing or a care home. Some of the care homes have been seen to be problematic during the pandemic.

So there should be a variety of options, just as there is with all housing. That is why I welcome and strongly support the development of "Housing with Care". The pandemic has dramatically shown how Housing with Care complexes can effectively shield older people while providing them with necessary care and support.

Yesterday I saw a report of a development in Edinburgh where residents had access to a library and a cinema in the complex. We

need innovative ideas which respond to the needs of older people both in terms of care and in providing opportunities for developing their interests and having a worthwhile time in retirement, which is now a longer period of one's life than ever before.

But these developments should not be isolated in a ghetto of older people but integrated with other housing schemes. There is now a debate about inter-generational rivalry. It should instead be about inter-generational harmony. Young people can both help and learn from older people and vice-versa. In Edinburgh student housing ghettos have been erected by developers, in order to get a quick buck. They are not equitable either socially or financially and there should be a moratorium on this homogeneous housing.

We need a Housing with Care Task Force

The Housing with Care sector has, rightly, called for a Task Force to promote and develop a range of suitable housing for older people. This Task Force should draw on good experience in other countries, like Australia, New Zealand and Denmark.

I strongly support this but would go further. It is not just the responsibility of the UK Government but also the devolved governments and local councils. In the Fair Trade campaign I worked on, we urged councils to designate themselves as Fair Trade Councils and promote and purchase goods which were produced in a sustainable and compassionate manner.

In order to promote the expansion of a range of suitable housing for older people we should be encouraging all councils to become Champions of Housing for Older People. Not the best acronym, I'm afraid!



The Housing with Care sector has, rightly, called for a Task Force to promote and develop a range of suitable housing for older people.



Damian Green is the Conservative MP for Ashford, and Chair of the All-Party Parliamentary Group on Longevity.



We need to turn longer lifespans into longer healthspans – here's how

Damian Green MP, Chair of the All Party Group on Longevity, says targets for older people's housing in local areas and reforms to the planning system are key to boosting healthy ageing.

My interest in the provision of care moved from the purely political to the very personal when my father, in his last few years, required increasing amounts of care because of dementia. His loving wife enabled him to stay in their home for as long as possible, but in the end he needed residential care.

Like millions of other families we saw the stresses and strains of the current system. This has given rise to wider thoughts, not just about care provision but about the wider issue of suitable housing for older people. It goes without saying that such housing should be planned to enable as many people as possible to stay in their own home for as long as possible.

We have a care system on the brink of collapse, but until now we have lacked the political will to save it. The vast majority of people agree that we need to spend more on social care. At the same time they are insistent that they should not themselves pay any extra tax. We need a serious national conversation about this.

Social care, especially for the elderly, is too often opaque to those trying to understand it, with no apparent logic to the conditions which receive free NHS treatment, and those which do not. It is also apparently unfair in not rewarding a lifetime of prudence. Those who have saved feel that their savings will simply disappear, while those who have not saved receive the same level of care.



How to achieve a longer healthspan, as opposed to lifespan, will inform all our work on innovation.

Less well known is the fact that funding social care out of council tax means that local authorities are reluctant to allow too many care homes to be built. An ageing population means that already more than two fifths of council spending goes on social care. This figure will only increase over the years, so councils are fearful that all their other services will be swamped by the rising demands of the social care system.

Five objectives to fix the care crisis

In 2019 I published a paper for the Centre for Policy Studies on "Fixing the Care Crisis" which dealt specifically with the problem of care for older people.

A new system will need to meet five objectives.

- Provide enough money to cope with an increasingly ageing population.
- Be fair across generations, meaning that today's working taxpayers are not asked both to pay for their own care and the care of the generation above them.
- Be fair between individuals, ensuring that no one has to sell their own home to pay for care, and ending the "dementia lottery" where one condition is treated on the NHS and another is not.
- Lead to an increase in the supply of care beds and retirement housing.
- Secure cross-party consensus, with an extensive consultation before the law is changed.

Learning from the pension system

We should look as a model to the pension system. In recent years the basic State Pension has been increased significantly, taking many pensioners out of poverty. At the same time most people save additionally through their working years to provide comfort and security in old age. Auto-enrolment has been a great cross-party success story, encouraging millions more to save towards extra security in old age. The benefits will not come for decades, but they will be huge when they arrive.

Similarly, just as the basic State Pension has been improved in recent years, I believe we should offer a Universal Care Entitlement, offering a better level of care both for homecare and residential care. For those who need residential care this would cover the core residential costs. Needs would be assessed locally but the money would come from central government. This would take away the pressures on local councils.

In addition we need to find an acceptable way to allow those with the capacity to improve their own provision to do so. This would come through a Care Supplement, a new form of insurance designed specifically to fund more extensive care costs in old age.

This is just like the private pension system, which for millions of people tops up their state pension. It would allow people to buy insurance at the level they can afford to provide peace of mind. It would not be compulsory (as pension auto-enrolment is not compulsory), so could not be stigmatised as a Death Tax or Dementia Tax. People could save for it over many years or make a one-off payment (possibly using equity release from a part of their house value) at a suitable time in their lives.

Improving housing for older people

As for the wider housing issue, I support two new measures. These are to require every council to have a target of housing for older people in their local area, with a strategy on how this will be achieved. Also, I would create a new "use class" in the planning system to help meet this target.

I should add finally that these changes are simply part of a wider debate that we need to have about longevity. I am chairing the All-Party Group on Longevity in Parliament, and our first ambition is to change the whole terms of debate on the fact that we have an aging population. That more of us will live longer than previous generations. Conventional wisdom has it that this is a problem. We think it is one of the great opportunities of the 21st century.

The Government has set a goal that by 2035 we should all be able to live five extra healthy, independent years. It's how to achieve that longer healthspan, as opposed to lifespan, that will inform all our work on innovation including AI, and which is the basis for turning this problem into a boon for millions of people, for the economy, and for society. Better housing will play an important role in this vital project.



More of us will live longer than previous generations. Conventional wisdom has it that this is a problem. We think it is one of the great opportunities of the 21st century.



Dr Lisa Cameron is the Scottish National Party MP for East Kilbride Strathaven & Lesmahagow, and chairs the All-Party Parliamentary Group on Health.



COVID-19 has issued the direst of warnings – now the Government must respond

Dr Lisa Cameron MP, Chair of the All-Party Parliamentary Group for Health, argues it's time to properly honour both paid and unpaid care workers, and create parity for social care funding alongside the NHS.

A working paper released by the Institute of Fiscal Studies before Christmas found that average per person spending on over 65s social care in England fell 31% between 2009 and 2018 under successive Conservative governments. As part of his election campaign, Boris Johnson went to great lengths to assure the British electorate that he would “fix social care once and for all.” A year and a half on, the gaping holes in social care left by years of cuts, coupled with massive staff shortages and high staff turnover rates, were laid bare by the Coronavirus pandemic.

Latest figures on deaths in care homes show that over 32,000 care home residents have died as a result of COVID-19 since the start of the pandemic, representing over a third of COVID-19 related fatalities. In its spending review published on the 25th November the Government stated that it is “committed to sustainable improvement of the adult social care system and will bring forward proposals next year.” In the absence of any detail, at the time of writing, of what these improvements will entail, I would like to take this opportunity to make some of my own recommendations for some long overdue changes to the social care system.



COVID-19 has issued the Government the direst of warnings as to the consequences of continued neglect of older adults' service provision in its budget allocations.

Honouring care workers – both paid and unpaid

The first change that would be beneficial in reforming the care system, is one that values caring as a profession and honours carers with a decent wage that they deserve. Carers striking over menial pay packets are a regular feature of local news and clear symptom of the government cuts I mentioned earlier. Wages for carers both in care homes and those attending home visits in assisted accommodation often barely scrape above the minimum wage. More than 800,000 carers in the UK are currently paid less than the living wage. With this in mind it is little wonder that vacancies in the care industry sit at over 100,000 in England alone.

In addition to securing a better deal for carers out of this pandemic, we must also do far more to support those who are currently classed as ‘unpaid carers’, who have continually sacrificed to care for elderly loved ones. Evidence released by Carers UK found that unpaid carers have saved the UK £530 million a day in care costs since the start of the pandemic, with 81% of unpaid carers reportedly taking on more care duties. The Centre for Ageing Better has found that unsuitable housing for elderly residents costs the NHS around £624 million a year in excess cold hazards and falls, the vast majority of which could have been prevented had small changes to elderly homes such as handrails, ramps and level access showers been installed.

Creating parity for social care

Over the past decade government funding for social care has consistently lagged behind that of the NHS. Carers have often been left as the “forgotten frontline” against this pandemic. They have been left understaffed and insufficiently trained to deal with the catastrophic impact of the Coronavirus on those in care homes and in assisted living settings.

Before the pandemic, Age UK predicted that 1.5 million people aged over 65 have an unmet care need, with this number set to reach 2.1 million if immediate and drastic measures are not taken. The Government predicts that by 2040, one in seven people will be over the age of 75. The situation we face is stark. If we fail to plug the employment gap in care roles, fail to adequately compensate unpaid carers through an increase in Carer’s Allowance, and fail to equip accommodation with appropriate aids, I fear that we will continue to see the most vulnerable in our society suffer with otherwise preventable illnesses and injury long after this Coronavirus pandemic has passed.

COVID-19 has issued the Government the direst of warnings as to the consequences of continued neglect of older adults’ service provision in its budget allocations. I dearly hope the Prime Minister and Chancellor will pay this appropriate heed going forward.



If we fail to plug the employment gap in care roles, fail to adequately compensate unpaid carers through an increase in Carer’s Allowance, and fail to equip accommodation with appropriate aids, I fear that we will continue to see the most vulnerable in our society suffer.



Lord Shipley OBE is a Liberal Democrat Peer, and formerly the party's Spokesperson for Housing. Until 2010 he was Leader of Newcastle City Council.



Sir Andrew Dilnot can still be the basis of our social care policy

Lord Shipley, Liberal Democrat Peer and the party's former Spokesperson for Housing, says a fairer distribution of care costs are desperately needed, to strike a balance between the state and the individual.

I feel I am a pretty fortunate person in my retirement.

My wife and I have worked hard throughout our lives and we have saved consistently to provide for our old age. Our intention has always been to pay our own costs as far as we can, should residential care be necessary. We are fortunate to be in that financial position but, for avoidance of doubt, we accept - and always have done - that our assets must be part of that consideration.

My experience of residential care within my family is restricted to an aunt, widowed and living near us, who had no family. Her husband had been a teacher and they had savings from earned income. She paid for her own care supported by attendance allowance. It mattered to her that she could stay in her own bungalow for as long as possible. Meals on wheels and regular visits each day by me, my wife, and the British Nursing Association were essential in enabling her to do this before residential care became unavoidable after hospitalisation at the age of 90.



Successive governments have proved unequal to the task of creating a new public policy on adult social care which commands all-party support.

Like her, I hope to stay in my own home for as long as possible too. I've passed my 'three score years and ten' and am very aware that aches, pains and pills consumed are increasing.

As life expectancy increases, it is little surprise that the financial pressures on adult social care are becoming more acute. The public purse must surely concentrate on those with fewer personal resources.

Creating a better lifestyle for older people

I have little interest myself in moving to a retirement village or to a residential 'extra care' development. It wouldn't be right for me and anyway my immediate neighbourhood is full of friends and has very accessible services. Leaving before it is necessary strikes me as contrary to my interests. I accept though that the time may come when I will have to.

That said, I accept that for others moving may mean a better lifestyle, less loneliness with a guarantee of personal help when needed. Downsizing can have advantages for older people and of course it frees up a larger property for younger people. Perhaps the Government should consider stamp duty relief for those who move to smaller properties. But for myself, the prospect of losing my garden and having nowhere to put my books or pictures is too much to contemplate.

It is a matter of great regret that successive governments have proved unequal to the task of creating a new public policy on adult social care which commands all-party support. We never seem to have a proper debate on what is the responsibility of the state and what must lie with the individual. That is needed because those in middle age need to be able to plan with a greater degree of certainty.

A three-pronged approach to government policy

Three core priorities must lie at the heart of a stronger focus on adult social care from the Government:

- The preference of individuals to have choice in their old age, with lifetime homes becoming a more central part of the planning system.
- Protecting those with limited incomes or assets to ensure their well-being throughout their old age.
- The need to join up health and social care much more effectively with the aim of reducing pressures on local government services in the face of rising demand.

It has been two and a half years since the Conservatives said they would resolve the crisis in social care provision and nearly four years since they shelved the cross-party agreement achieved under Sir Andrew Dilnot which agreed a fairer distribution of the costs of care. Sir Andrew Dilnot had the right approach to cap care costs and to recognise that as we grow older other conditions can severely restrict quality of life. Dilnot can still be the basis of our future policy.

Finally, the issue of public money cannot be avoided. The Liberal Democrats have been calling for a penny in the pound on income tax to give social care the direct cash injection it needs as a first step to address the funding problems. That remains the right approach while future funding models are debated.



Sir Andrew Dilnot had the right approach to cap care costs and to recognise that as we grow older other conditions can severely restrict quality of life.



The view from the housing with care sector



Jane Ashcroft CBE is Chief Executive of Anchor Hanover and Vice Chair of ARCO.



We need not just to live longer but to love living in later life

Jane Ashcroft CBE, Chief Executive of Anchor Hanover, argues that the Government must finalise its “clear plan” for social care reform as an immediate priority so that everyone can live happily in their later years.

The number of people living alone has hit a record high of above eight million, and nearly half of them are over-65s. Some 3.9 million pensioners are living by themselves, up 500,000 from 2008, according to the Office for National Statistics.

For some, living alone is a proactive choice but for many older people, the lack of suitable specialist retirement housing means they are denied the option to move into somewhere that is more appropriate to their needs.

Improving housing options for today's older people benefits everyone and in turn, specialist retirement housing improves the lives of the people who live there. As ARCO research shows, residents in retirement communities have a greater sense of

safety – with 93% feeling there is a safety net if things go wrong (compared to 40% of non-residents). They are more active – up to five times more likely to participate in activities than in the past. And they are twice as likely as non-residents to feel safe and secure. Yet government has not done enough to support providers to address the woefully short supply of specialist housing.

We want more people in later life to have a home where they love living. Advances in technology, medicine and living standards mean life expectancies have never been higher. In the next 15 years, 4.4 million more people will be aged 65 or over. The number of those aged over 85 is set to double.



In the next 15 years, 4.4million more people will be aged 65 or over. We cannot wait any longer to secure a positive future for today's and tomorrow's older generations.

Transforming housing, care and society

In order to reap the benefits of one of the most significant developments in human existence, we must transform not only housing and care but our society. Housing and care services, and commissioners of those services, must evolve. Much stronger links must be made with health to realise the huge savings to the public purse that good housing and care can deliver. But the older people we serve have told us that the issues are also much broader.

Older people are hugely significant consumers and more likely to be working longer, meaning businesses need to adapt to their changing needs as customers and employees. Public and retail spaces must also change to become more age-friendly.

Older people are also often care-givers, for husbands, wives, grandchildren, neighbours, and friends, as well as being receivers of care. And we must ensure that whatever position people find themselves in they feel valued and are treated with respect.

While we work hard to tackle discrimination in all its forms, ageism is one of the few "isms" which is considered acceptable, often humorous. Using labels that blame older people for a problem not of their making and of which they are victims is both immoral and perverse. Yet older people trapped in hospital because of failings in social care are described as "bed-blockers". Those stuck in larger properties than they want or need because of a lack of retirement housing are seen as "bedroom blockers".

Time to stop "all talk no action" on social care

At the heart of this must be efforts to address the pent-up demand for specialist housing and care services. Providers of such services are already significant employers and contributors to local communities and the country's GDP, meaning growth in this sector would also have positive knock-on effects for the economy and employment.

Social care services cannot continue to be a victim of political turbulence – hundreds of thousands of older people have already suffered after years of inaction and broken promises.

It's no surprise that Anchor Hanover's research shows 91% of older people are fed up with successive governments' 'all talk no action' approach to social care reform. To restore public trust, we need long-term solutions now – social care cannot survive on emergency cash injections.

For too long, knee-jerk decisions have been made with little attempt to listen to those most affected. Our Programme for Change, shaped by the experiences of older people, lays out a tangible plan of action.

In the next 15 years, 4.4million more people will be aged 65 or over. We cannot wait any longer to secure a positive future for today's and tomorrow's older generations – we demand the Government finalises its "clear plan" to reform social care as an immediate priority.

These are challenges for us all; for businesses, for public services and for each one of us as individuals. Action now can positively change how we age. And ensure we all not only live longer but love living in later life.



In order to reap the benefits of one of the most significant developments in human existence, we must transform not only housing and care but our society.



Nick Sanderson is Founder and Chief Executive of Audley Villages, and Chair of ARCO.



The UK needs a retirement living revolution – here's how we can achieve it

Nick Sanderson, Founder and Chief Executive of Audley Villages, argues that we need to stop fixing broken models and instead back new solutions like retirement villages if we are to empower older people.

The lack of retirement living options in the UK was first brought into sharp focus for me when searching on behalf of my grandmother in the early 1980s. I was seeking good quality accommodation with care but could find nothing suitable in Tunbridge Wells or the surrounding area. Flexibility or anything remotely personalised which could adapt to suit a range of (changing) needs to provide continued independence and dignity was simply not in existence.

Unable to find anything approaching luxury retirement living, I teamed up with an old school friend, Dr Andrew MacDonald, and together we co-founded Beaumont Healthcare, one of the first private pay nursing care home groups. I was fortunate that my father was experienced in the housebuilding sector, having founded Bovis Homes, so was I able to call on his advice as I ran the property side of Beaumont, and Andrew, who was a GP, ran the care side.



The country is in desperate need of a rational conversation around care. For too long, people have avoided taking decisions, or seeking advice, meaning they end up in hospital, blocking beds, before being passed straight to a care home.

Beaumont Healthcare was a successful business, but we soon found we were attracting significant numbers of older people who didn't need the intensive level of care that was on offer. In response to that lesser need, Beaumont launched 'Close Care,' which sold properties close to care homes, similar to the independent living units offered at many care communities to this day.

We need new solutions – not the fixing of broken models

However, I soon realised that with Beaumont, we were trying to fix a broken care home model, instead of creating a solution that was fit for purpose. This proved the genesis of the concept of luxury retirement living with flexible care, from which Audley was launched. We now have 20 villages across the Audley Villages and Mayfield Villages brands, serving both the luxury and mid-market. The model has worked so well that my parents-in-law eventually moved to Audley Willicombe Park, our first village.

I am very aware that despite the success of Audley and other operators which have followed the model of integrated care in a rich and varied living environment, the UK is still failing older people when it comes to care.

First, the UK housing model is broken at a systemic level. Supply is too low, keeping demand and thus pricing high. Incentives to support first time buyers have had some impact, but for many, property is still out of reach. Older homeowners are also reluctant to leave the family home, despite it being wholly unsuitable as their care needs increase. Added to this is a climate of political uncertainty, the likes of which we have not seen in peace times in recent years, resulting in plummeting transactions as would-be buyers and sellers sit on their hands.

Second, the care home market has for too long been seen as a one-size-fits-all option, when in reality the care provided is too intensive for many older people. There is also an understandable fear of the expenses, with family members worried about how to fund the bills. This means decisions are delayed and the best outcomes are often not achieved, for the individual or their family.

A better care conversation

The country is in desperate need of a rational conversation around care. For too long, people have avoided taking decisions, or seeking advice, meaning they end up in hospital, blocking beds, before being passed straight to a care home. This is unsustainable, both economically and from a humanitarian perspective.

Other countries around the globe have made a success of retirement villages, notably in New Zealand and Australia, and it is from these markets which we must learn. The British public holds home ownership close to its heart but with the generation approaching, or indeed at, retirement, seeking more from their later life, these attitudes are likely to change.

We need a concerted focus on encouraging discussion around later life living options. For some, retirement properties may never appeal, but for many, they will provide the much-needed flexibility required in older age. Critically, many of our property owners downsize, releasing capital to pay for care in a way that they choose. At Audley, we encourage wellness in our owners; we want people to improve their health and fitness when they move to one of our villages and go to great lengths to provide the choices needed to make this a reality, in our restaurants and wellness centres. All this goes a long way to making a move to a care home of hospital less likely.

Planning policy is key

If we can encourage older homeowners to consider retirement living, whatever their financial means, it will also help trigger tax receipts for the treasury through Stamp Duty and help keep a lid on house prices as transaction volumes rise. This will also help younger families, currently stuck in flats and starter homes, move up the ladder as more stock comes to the market.

Policy makers have for too long been looking in the wrong place. We need to start sooner, encouraging those in their fifties to think in the long term about where they want to be and how they want to live. We need to empower people to make the decisions that support their lifestyle wishes. But we need to offer the range of specialist retirement living options to allow them to fulfil those wishes. That is only possible if construction targets for specialist retirement villages are specified by the Government, and planning policy is supportive to make those targets achievable.

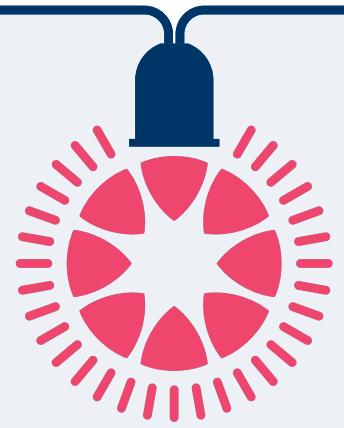
If that can happen, the UK will almost certainly have its own retirement living revolution.



Policy makers have been looking in the wrong place. We need to start sooner, encouraging those in their fifties to think in the long term about where they want to be and how they want to live.



Philippa Fieldhouse is Managing Director of Richmond Care Villages



Cultural change is just as important as planning change for the growth of retirement communities

Philippa Fieldhouse, Managing Director of Richmond Care Villages, says we need to see downsizing and moving to a retirement community as an aspiration and truly positive step.

My parents are now in their 80s and recently decided to prepare for the next stage of their life by downsizing and relocating to the North Devon coast, where they'd always wanted to live.

Having loved gardening all their life, they were struggling to look after their own garden but still wanted to enjoy an outdoor space. They were also attracted to the thought of a house requiring less maintenance. As such they chose to move to a newly developed two-bedroom ground floor apartment with a privately managed garden, meaning they can still enjoy the outdoors but in a much more manageable way.

As a daughter, I'm confident that they made the right decision for them and it would be great to see more people in the older age being able to follow the same path. In reality though, the infrastructure still isn't there to support it.



We need to have sector-specific regulation that provides reassurance for current and future residents and allows retirement communities to flourish.

Downsizing into the local community

We need more readily available options for those retiring, which encourage them to downsize while being part of a community. A wide range of housing options should be developed so older people have the choice to live wherever they want, whether it is in an urban environment or a rural setting.

Retirement housing should also range from affordable, to mid-range and higher end with different levels of services. It would be great to see further expansion of flexible models of tenure, whether it is rental, shared ownership, ownership and a wider scale of fees which can match people's financial circumstances and allow them to release money to pay for the care they want.

Finally, I can't emphasise enough the importance of developing a community environment within retirement housing. It is well documented that strong interactions help people stay happy and independent longer. Those communities can either be provided as purely for retired residents or be multi-generational but should have a real focus on ensuring they provide the type of activities and interactions that residents want.

Planning change and cultural change hand-in-hand

In order to reach this, there are a number of things that need to change. On the more practical side, the planning landscape needs to evolve so it is less complex and includes reference to retirement housing.

We also need a cultural change, which sees downsizing and moving to a retirement community as an aspiration and truly positive step. The evidence is clear, and without doubt the community setting with care available gives people confidence and allows them to remain more independent and improve their wellbeing. Beyond that it can reduce the burden on the health and community services.

In order to achieve this, we need to have sector-specific regulation that provides reassurance for current and future residents and allows retirement communities to flourish.



A wide range of housing options should be developed so older people have the choice to live wherever they want, whether it is in an urban environment or a rural setting.



Chandra McGowan was CEO of The Whiteley Homes Trust between 2014-2019, and is now a coach for personal, organisational, and social change.

Housing should promote choice and independence for older people – financial planning incentives are key

Chandra McGowan, former CEO of Whitely Homes Trust, says the building of lifetime homes and financial incentives for older people are crucial for independence in later life.

My parents' experience with housing and care

As a family we were lucky to live in a detached home that my father had designed and then had built. However, there was no thought of future-proofing at that stage, although there was sufficient space and downstairs bathroom facilities if care was to be required in the future. Indeed this was the case when my father at 60 was diagnosed with cancer and died within a year. The coordination of care and equipment was facilitated by the local hospice and the space we had available at ground floor level was incredibly helpful in ensuring he could be at home with my mum.

23 years on it is a different story for my mother. She very sensibly sold the family home a few years after my father died and moved to a bungalow in the village (where she and dad had lived all their lives). As an ex-occupational therapist I was keen for her to adapt the new home from the start, for example putting in a walk-in shower, but she was not mentally ready to accept that she might need help in the future. Her new home worked very well for about 10 years, until mobility issues and deepening depression took hold.



The actual home should be able to accommodate my partner and I in a space that doesn't shout "I'm old".

It was then that she had a fall and needed carers to come in and support her. Another fall knocked hers confidence, and ours, and we found ourselves looking for a local care home. That is where she lives now aged 86. It has taken her two years to fully adjust to this massive change in lifestyle and this has been hard for us as a family to watch. We have seen her experience a huge sense of loss in terms of physical, social, and financial independence. Alongside this, the natural rhythms of her day have been disrupted to accommodate the others she lives with. Her real choices are limited, increasing by default her dependence.

All of this upheaval exacerbated her sense of no longer being of “any use”, at what was already a traumatic and very vulnerable time in her life. We all know in our heart of hearts that moves at this age should ideally be planned in advance of a crisis. She did too, and yet will still found ourselves in a predictable, yet preventable situation, along with most of the population with relatives over 80.

Promoting choice and independence

So, when I think about my own future, I know I would like a home next door to, or in the same place as, my children. The bricks and mortar are important, but secondary to enabling meaningful relationships in my life. I want my home to facilitate these relationships practically, economically, and technologically, but it will never replace them. The actual home should be able to accommodate my partner and I in a space that does not shout “I’m old”. The fixtures, fittings and layout should appear normal, but so cleverly designed that their use is flexible and easily adjusted for any change in our health and mobility.

In terms of care I wish for input in a way that supports myself and my family to do what we can, but to be assured there is back-up if necessary. I do not want to live in a regulated environment. I do want to be able to make my own choices, risky or not, without feeling I am asking for something that makes staff feel uncomfortable because it doesn’t comply with regulations. For example, I do not want to take a special form with me should I decide to go out, which states where I live and whether I have capacity or not. I do not want to sleep in a separate bed from my partner. My experience of regulated care environments is that these are common occurrences and mitigate against personal choice.



The type of home is important, but secondary to enabling meaningful relationships in my life.

What needs to happen to get us there

All new homes must be built as life-time homes. All mortgages for over 50s buying existing housing should have conditions attached which ask for additional work to be undertaken to future proof at least one downstairs room for older age, as part of the conditions of the loan.

A discount for moving early could help move the market along. For example, a tax incentive for moving into the right type of future-proofed accommodation before you reach 70 might have hugely beneficial effects on health, and a family’s ability to continue supporting ageing relatives in situ.

The word “retirement” should be taken out of housing options for sale. It creates certain expectations and marginalises older people, preventing them sharing their knowledge and skills for the benefit of younger generations. It also connotes “giving up” and being a recipient rather than a contributor. All communities need all citizens – both young and old - to contribute to a healthy and well-integrated society, that values everyone.

An experiment to convert the housing stock of a whole town could be undertaken, by incentivising the residents to do what they can to adapt their homes for older age living. This could be bolstered with NHS and local authority money to measure the effects of good quality lifetime homes on state provided care and support. The redistribution of financial resources across a whole population so that the focus is on prevention rather than acute and crisis interventions would be a great way to demonstrate what the possibilities are. I see a big opportunity for a TV serial over several years, tracking the changes and seeing the impact from a human perspective. Reality TV for older people!

Financial planning incentives

For those fortunate enough to have some capital before they retire there should be financial planning incentives which help older people to buy an adapted home at a certain age (below 70). This would have the added benefit of protecting children’s inheritance in the future. This would be an easy political win for any government and mean that many older people were able to stay longer in homes that they love and have become accustomed to, well before any crisis happens and takes away their ability to make choices at the right time about the support they need.



An expert lens



Les Mayhew, Head of Global Research at the International Longevity Centre - UK and Professor of Statistics at City University's Business School



My mother's later years show why we need age-appropriate housing

Professor Les Mayhew of City University's Business School reflects on why his mother would have benefited from age-appropriate housing – and how we can ensure tomorrow's older generation are better placed.

My mother died in 2004 in her 92nd year. I would describe her as a very active woman who could still play tennis in her 80s. Unlike my father who died at age 75, she was a non-smoker, but neither of my parents drank alcohol and both were physically active for most of their lives. She lived independently in the upper floor of a maisonette which she and my father bought for under a £1000 in 1939 when she was 26 and he was 28.

Although she had a heart condition in her later years this did not stop her from doing most things around the house, shopping on her own or going to tea dances. As she grew older my sister, who worked close by, would look in on her most days to check she was OK. We had her assessed by social services to see if she qualified for a home care package but she fell under the threshold according to the eligibility rules then.



The root problem in all three cases was inappropriate housing – especially having to manage staircases and in the case of my mother the lack of access to care.

I particularly remember this to be an incredibly frustrating experience and recall a frosty exchange of correspondence with the then director of social services that got us nowhere. She was hospitalised at least twice following falls down the stairs to her front door – but we suspect that there were more falls that she didn't tell us about. On one occasion she broke both wrists and on the second occasion she broke her shoulder so that she could no longer raise her hand above her head. She did have an alarm pendant but she often forgot wear it – in any case she was quite proud and for her to wear it would have been a sign of failure.

We think that she would have lived for much longer but it was another fall – in this case simply tripping over her handbag- that proved to be the last straw. Interestingly, her side of the family were blessed with good genes and her two sisters also lived into their 90s but also in each case it was falls in the home that proved fatal.

So what conclusions do I draw from this experience? I think the root problem in all three cases was inappropriate housing – especially having to manage staircases and in the case of my mother the lack of access to care. With the benefit of hindsight it is fairly clear that my mother deserved to live in more age-friendly accommodation with care services closer to hand.

She owned her property and had a state pension and small pension from my father. She also said in retirement that she had never felt 'better off' - which obviously pleased us – but on the other hand she never spent much money and often stayed with us at weekends. Even so it would have been a financial stretch for her to move at that time even if there had been housing opportunities at close hand. In the case of my aunties the council providing good domiciliary care but re-housing them would have been a better option.

My mother is one of at least two million pensioners that are what I describe as asset-rich and income-poor – they have wealth locked up in their property which they can't access as long as they are alive. Obviously many prefer to stay in their own home but many others wished they had planned their retirement better.

There are many policies I would like to see changed but one of the most important is being able to make better use of housing wealth to pay for care. For example I have long advocated an insurance product that contributes towards the cost of home care, long term care of both in which the premium is not paid until after death or transfer into residential care. My second suggestion is for cleverer financial products that make it easier and more affordable to downsize earlier in life into age-friendlier accommodation - which, by the way, can have huge health benefits and extend lives.

Obviously the private sector has a big role to play here in terms of tackling the woeful shortage of retirement housing for rent or purchase. However, the Government also needs to do more – it's not just about putting more money into social care but also getting rid of the means testing system with its arbitrary thresholds and replacing it with a more sensible cost sharing system. It is also about reforming the planning system to make it easier to invest in retirement living.



The private sector has a big role to play here in terms of tackling the woeful shortage of retirement housing for rent or purchase. However, the Government also needs to do more.



Phil Bayliss is CEO of Senior Living at Legal & General.



We will be judged poorly by future generations unless legislative changes boost housing with care

Phil Bayliss, CEO of Senior Living at Legal & General, argues that long-term, large-scale investment to expand housing with care will only come about through quick Government action – including on planning policy.

My grandfather retired at 75. Prior to this, he had owned and run a banana farm in rural Australia. He was a proud man; the patriarch of our family. Tragically, two years into his retirement, he had a stroke which left him partially paralysed and unable to talk. What followed was a period of rapid physical and mental decline, in part due to the substandard care he received from an ill-equipped local care home. My family's feeling of helplessness during this time has stayed with me. Sadly, my experience is not unique. It is an unacceptable reality for many older people and their families, particularly in the UK, where the provision of appropriate retirement housing lags behind the rest of the world.

In the UK, there are around 12 million over 65s, a figure expected to increase by 50 per cent over the next 20 years. We are – in so many ways – completely unprepared to meet the needs of this ageing demographic; and this has been even more starkly highlighted during the pandemic.



Retirement villages dedicated to physical, cognitive and social activation are already becoming mainstream options in the US and Australia.

Changing the way we age

Each year, just 7000 new retirement homes are built, compared to the 3.1 million potential last time buyers looking to downsize. This is a huge supply and demand imbalance. Over and above this, there is an extraordinary opportunity to deliver a product which can really change the way we age. One built around connectivity and part of the fabric of the local community, enabling residents to maximise their healthy years. Research has shown that age-appropriate housing with care can reduce GP visits by 50% and overall NHS spend by 40%. Appropriate later living housing also has the potential to play a huge role in tackling the UK's loneliness epidemic, which sees around 1.2 million older people suffering.

Retirement villages dedicated to physical, cognitive and social activation are already becoming mainstream options in the US and Australia. These countries see 6% of over 65s living in later living communities, compared with just 0.6% in the UK. Changing this and increasing the provision of age appropriate housing is something which is at the forefront of Legal & General's investment mandate. In the last three years, we have established two businesses, Inspired Villages and Guild Living, dedicated to meeting the needs of our ageing demographic. 1,000 homes have already been delivered.

For the UK's later living sector to make the shift from nascent to mature, however, further large scale, long-term capital investment is needed. The current Government's housing policy does not reflect the nuanced nature of demand which is deterring investment.

The Government's role in increasing provision

The UK remains one of the only countries without a specific land use classification for retirement communities. The Government, therefore, has an important role to play in increasing the provision. A new use-class, recognising the intrinsic link between housing, health and local planning policies, will be paramount to increasing much needed volumes. We also need a national planning framework that incentivises local authorities to allocate more land to building these kinds of schemes.

When it comes to ageing the UK has got it very wrong. Living longer isn't the problem. The problem is that we aren't ageing well and where we live drives material health outcomes. Helpfully, there is already large volumes of capital wanting to invest in the sector. Policy changes, which can help level the playing field against traditional house builders, will make a huge difference to unlocking this and increasing supply – without the need for any government funding.

As we recover from COVID-19 and reassess the societal challenges we face – specifically housing, health and care – we will be judged poorly by future generations if we don't now take the opportunity to act. We know the issues and have the means to address them, but have chosen to do nothing. It is time that the UK catches up with the rest of the world and legislative change is the first big step.



We know the issues and have the means to address them, but have chosen to do nothing. It is time that the UK catches up with the rest of the world and legislative change is the first big step.



Cllr David Fothergill is the Adult Social Care Spokesperson for the County Councils Network (CCN)



We can transform the lives of older people if we get planning reform right

Cllr David Fothergill, Adult Social Care Spokesperson for the County Councils Network, says that greater clarity in the planning system lies at the heart of boosting housing with care.

Not so long ago my family faced limited options to ensure my mother's care as she became more infirm in older age. The UK largely had a binary choice for housing in retirement – stay living independently in an inappropriately equipped family home for as long as possible, or uproot to an institution with on-site care but limited flexibility to cater for individual needs. That this was accepted without much question perhaps pays tribute to the stoicism of an age-group usually referred to as “the greatest generation”.

Fast forward two or three decades, though, and it is clear that citizens such as those I represent in Somerset have moved towards much more sophisticated expectations for their retirement than generations past. The baby boomers retiring today expect to continue living their lives to the full for some time. But equally this affords them more opportunity to use foresight to plan more fully for when they do eventually become infirm, rather than coasting along in inappropriate housing until a health crisis precipitates a move into a care or nursing home. Hence the increased enthusiasm for ‘downsizing’ or adapting their existing property to accommodate the needs of ageing.



This mid-way option revolutionises the options available for older people - guaranteeing the opportunity of full independence in later life but with the security of on-site care facilities ‘just in case’.

That is why models of 'housing with care' such as retirement communities are becoming increasingly popular. This mid-way option revolutionises the options available for older people - guaranteeing the opportunity of full independence in later life but with the security of on-site care facilities 'just in case'.

Unfortunately, though, housing policy is only just beginning to catch up with the shift in demand – with England offering just a tenth of this sort of provision compared to countries such as the US, Australia or New Zealand. In Somerset we have already green-lit extra care facilities and plan to commission more. But in two-tier council areas this can be a more bureaucratic process as whilst the county council can develop a county-wide social care strategy, planning decisions are made within smaller district councils.

I am fortunate to have collaborative district council colleagues locally which has enabled our strategy in Somerset. But I also recognise the challenges my counterparts in the districts have when needing to balance the income they might receive from, say, luxury flats, compared to the foregoing of S106 contributions which may be afforded to a retirement community.

This is why the County Councils Network's recent report with ARCO, Planning for Retirement, made recommendations to help ease the development of retirement communities in two-tier areas. These include creating a new 'C2R' planning category to designate retirement communities as separate from either care homes or retirement flats, offering clarity for both providers and planners. The report also called on the Government to ensure district councils are fully compensated for any loss in S106 income they might incur from prioritising housing with care over commercial builds.

It is my hope that by introducing such reforms the housing options available to the next generation retiring will be richer and more fulfilling than my own parents could ever have dreamed of.



It is my hope that by introducing such reforms the housing options available to the next generation retiring will be richer and more fulfilling than my own parents could ever have dreamed of.



Jeremy Porteus is Founder and Chief Executive of the Housing Learning and Improvement Network



A roadmap to housing for an ageing population

Jeremy Porteus, Chief Executive of the Housing Learning and Improvement Network, sets out five key steps towards good quality housing for older people, and says better advice and information about local options is crucial.

Both my parents are in their 80s and still live at home in their respective properties. Their care needs are currently around failing health rather than social care. Because of this they make use of the local NHS primary and hospital services in the areas where they each live.

My mother has problems with deteriorating health. While she can manage at home without support, she sees her GP frequently, and on occasions is admitted to hospital for treatment.

She lives in a converted first floor, two bed flat, in a typical city suburb. Her flat accommodates her needs at present but there is no lift access and getting up and down stairs is becoming increasingly difficult. She has investigated what retirement communities exist in her neighbourhood. Much of this is for sale and she claims is unaffordable. As a result, she has no desire to move and is content with her immediate community links and friendship circle.



We need lifetime neighbourhoods. This includes rejuvenating high streets by making them age-friendly, creating more accessible public venues, and improving public transport.

My mother is also a carer and the size of her flat enables my brother to stay over from time to time. However, in the past, she has mentioned that she could let out a room or take in a homesharer should she need help or company.

My father is frailer and fractured his shoulder in a recent fall. It will not fully recover. As a result, he also is a frequent NHS user, especially of local outpatient services. He lives in a small rural hamlet and is no longer able to drive. He is dependent on his partner and neighbours for transport, the majority of whom are also of retirement age. It's a naturally occurring retirement community.

My father doesn't yet need personal care and is fortunate that he lives in an area where people look out for each other. There may come a time when he will deteriorate physically and will require home care and/or adaptations so that he can live independently. He has recently replaced his bath with a walk-in shower and is aware of the possibility of further futureproofing their home to accommodate changing needs, as the nearest purpose-built retirement community is over 15 miles away.

In terms of my own requirements, my partner and I have already adapted our home so that it is modern and spacious, but also a 'care ready' environment. Our house meets the needs of my disabled partner and myself and will enable us to either manage our own care, or to access personal care in future. We have also chosen to live in a small town within walking distance of all facilities and public transport. Should we want (or need) to move, we would prefer an affordable (private rented or owned), urban and contemporary apartment, which is adaptable and is still within easy walking distance to local amenities and transport.

Five key steps towards housing for an ageing population

To get to the future of housing for our ageing population we need a roadmap which involves changes to local and national policies on planning, design, care provision, and financial incentives for operators, whether public or commercial.

- **Local planning:** We need lifetime neighbourhoods. This includes rejuvenating high streets by making them age-friendly, creating more accessible public venues, and improving public transport. Intergenerational estates and schemes have benefits for all residents, and should be more widely promoted.
- **National Design Standards:** Government needs to improve guidance on HAPPY/Lifetime Homes. Doing so will improve the design quality and standards of all new build homes as well as adapting existing ones.
- **Planning and market shaping:** Government needs to improve local authority planning guidance for our ageing population and promote the wider economic benefit to the housing market.
- **Investment:** Introduction of a range of personal finance options, through housing equity and access to low interest 'help to retire' loans, to meet the cost of moving and whatever we might require financial assistance with to enable us to continue to live independently.
- **Consumer confidence:** Buyers want to know that their apartments and scheme have been designed and operated to a high standard. Government needs to introduce retirement community legislation and legally enforceable standards. A consumer code for retirement housing is also needed.

Impartial and independent advice is crucial

- **Advice and information:** Better informed older consumers will demand improvements in the range of local housing options that can best meet their changing needs and lifestyles. Access to impartial and independent advice and information about our future housing and care choices in later life is therefore crucial.



Buyers want to know that their apartments and scheme have been designed and operated to a high standard. Government needs to introduce retirement community legislation and legally enforceable standards.

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