Assessment of Older Person's Housing and Accommodation including with Care and Care Ready

For Cardiff & Vale of Glamorgan Regional Partnership Board

Housing LIN

Final Version

2018

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Executive Summary

Existing provision of older people's housing and accommodation

Cardiff has the following provision of older people's housing and accommodation:

	Age designated housing (units)	Sheltered housing (units)	Private retirement housing (units)	Extra care housing for rent & for sale (units)	Residential care (beds)	Nursing care (beds)
Total	1423	1847	1022	267	711	1051

NB. There are 1,423 units of 'age designated' housing, i.e. typically flats or bungalows whereby all tenants are over a certain age (generally age 50 or 55 for flats and 60 for bungalows).

In summary:

- Overall there is a mix of social rent and private retirement housing offers for older people in the city.

- There is limited extra care housing/housing with care provision compared with the prevalence of residential care beds.

- The most prevalent type of older people's housing is sheltered housing (and other age-designated housing) in the social rented sector.

- The current private retirement housing does provide a mix of housing choices for different equity and income groups.

Vale of Glamorgan has the following provision of older people's housing and accommodation:

Localities	Age designated housing (units)	Sheltered housing (units)	Private retirement housing (units)	Extra care housing for rent & for sale (units)	Residential care (beds)	Nursing care (beds)
Total	927	625	204	42	464	462

NB. There are 927 units of 'age designated' housing, i.e. typically flats or bungalows whereby all tenants are over a certain age (generally age 50 or 55 for flats and 60 for bungalows).

In summary:

- The most prevalent type of older people's housing is sheltered housing (and other age-designated housing) in the social rented sector.

- There is very limited extra care housing/housing with care provision compared with the prevalence of residential care beds.

- The current private retirement housing provides some mix of housing choices for different equity and income groups

The future suitability of this provision to meet the needs of a significantly increasing older population will be constrained by the following factors:

- The majority of older people's housing schemes, over 90% have level and/or ramped access; however, the available data indicates that no more than approximately 20% of units are identified as wheelchair accessible. The profile of an ageing population with increased prevalence of mobility and care related needs indicates that there is likely to be increased need for wheelchair adapted housing or, as a minimum, housing that has been built to HAPPI[1] design principles.

- Approximately 50% of older people's housing schemes have a lift. Older people's housing schemes without a lift are likely to present a challenge with an anticipated ageing resident profile.

- Providers of existing older people's housing can expect the proportion of their existing residents who will have care and support needs to increase in the future. As the prevalence of care needs increases, the suitability (for this cohort of older people) of the most prevalent types of older people's housing, i.e. sheltered housing and private retirement housing, is likely to decrease over time.

- It can be anticipated that there will be an increasing proportion of older people with care needs including dementia related needs living in all types of housing.

- To secure greater cost effectiveness from the supply of housing and accommodation for older people it is likely to be necessary to consider:

  o Increasing the provision of extra care housing, as a direct alternative to the use of general residential care beds.

  o Increasing the supply of HAPPI inspired 'care ready' contemporary sheltered/retirement housing for older people, i.e. housing that is suitable for ageing in place, (as per extra care housing), i.e. accessible living space, bathroom, kitchen and able to be used by wheelchair users which allows domiciliary care to be provided as required by an individual without necessitating a move to residential care.

In addition, there will be increasing demand for adaptations and/or technology enabled care to support older people to continue to live in mainstream housing, both in the rented and owner-occupied sectors.

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[1] Housing our Ageing Population Panel for Innovation.
https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

Future need for housing and accommodation for older people

Demographic change is significant: the 75+ population is expected to increase by 62% in Cardiff and 71% in Vale of Glamorgan by 2035.

Estimated need for older people's housing and accommodation to 2035 is based on the following assumptions:

- Estimate of the future need for different housing and accommodation types based on demographic change.

- Increased need for older people's housing (contemporary sheltered housing for rent and/or shared ownership and market retirement housing for rent and/or leasehold) based on projected older people's population growth.

- Reduced use of residential care by not increasing provision to 2035 beyond current levels of provision.

- Increased need for housing with care (extra care housing and assisted living) over time in direct proportion to the assumed decrease in the use of residential care to 2035.

- Estimated increased need for nursing care based on projected older people's population growth.

Cardiff: estimated overall future need for older people's housing and accommodation to 2035

Type	Current Provision	2035
Older people's housing[2] (units)	2869	4656
Housing with care[3] (units)	267	876
Residential care (beds)	711	711
Nursing care (beds)	1051	1706

This indicates estimated overall net additional need by 2035 of:

- Older people's housing (units): 1787

- Housing with care (units): 609

- Residential care (beds): 0

- Nursing care (beds): 655

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[2] Contemporary sheltered/retirement housing
[3] Extra care housing and assisted living

Vale of Glamorgan: estimated overall future need for older people's housing and accommodation to 2035

Type	Current Provision	2035
Older people's housing[4] (units)	829	1415
Housing with care[5] (units)	42	400
Residential care (beds)	464	464
Nursing care (beds)	462	788

This indicates estimated net overall additional need by 2035 of:

- Older people's housing (units): 586

- Housing with care (units): 358

- Residential care (beds): 0

- Nursing care (beds): 326

Need for older people's housing, contemporary sheltered housing/private retirement housing, is estimated to increase significantly to 2035 for both Cardiff and the Vale due to the projected growth in the older people's population. This aligns with the strategic objective of both authorities to increase the availability of housing options for older people for rent and for sale.

There is significant estimated need for housing with care (extra care housing and assisted living services) for Cardiff and the Vale. This aligns with the policy objectives of reducing the inappropriate use of longer term and more intensive care and providing a range of housing and accommodation options that enable people to remain living in their own homes.

These estimated increases in housing need reflect the requirement for 'downsizer' housing options of all tenures to meet the needs of older people who are owner occupiers as well as older people who wish to rent or part-buy.

The estimated increased need for nursing care provision reflects the increasing older people's population and the evidence of a projected increase in the personal care needs amongst the older population for example, the increasing prevalence of older people living with dementia and/or chronic conditions.

Older people's views and perspectives

The following key messages are based on a survey and a series of focus groups and interviews with older people across Cardiff and the Vale.

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[4] Contemporary sheltered/retirement housing
[5] Extra care housing and assisted living

For those wishing to 'stay put' in their existing homes, the most popular adaptations, either already made or that older people are planning to make, are:

- Adaptations to bathrooms.

- Grab rails.

- Improved access such as ramps.

- Installation of stair lifts/lifts.

28% of older people are planning to move in the next 5 years; 37% within the next 10 years. The primary reasons for considering a move are:

- To live in a smaller home.

- To live in a more accessible home.

- To move nearer to family or friends.

- To have access to care services.

The most popular types of locations for a move are either near to a town/neighbourhood centre or on the outskirts of a town with good transport links.

The most popular localities that older people wish to move to are:

- Cardiff north

- Cardiff west

- Western Vale

- Eastern Vale

The most popular types of housing that older people are seeking to move to are bungalows, followed by houses, followed by flats.

60% of older people want at least 2 bedrooms in a property they would consider 'downsizing' (or in some cases, 'upsizing') to.

The most important aspects of the housing/accommodation a person may be considering 'downsizing' to are:

- Safety/security.

- Having a private garden.

- Adequate storage.

- Having a garage or parking.

- Moving to an area with cafes/shops.

46% of older people indicated that they would not consider a move to housing designated for older people; Although nearly a third (29%) of older people would consider such a move.

Interestingly, for those older people considering a move to older people's designated housing, a significant minority are seeking a visiting or on-site staff presence.

Overall, the majority of older people considering a move are seeking to buy their home.

Recommendations

Based on the evidence from this research the following recommendations are proposed:

- To meet older people's needs and aspirations develop a **mix of** purpose-built **housing types and tenures** that will facilitate **'downsizing'/'rightsizing',** creating a climate where moving in later life becomes a realistic and positive choice, including:

   o **Contemporary 'care ready' sheltered/retirement housing**, for rent and for sale, that is HAPPI[6] compliant i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.

   o Mainstream housing developments that include well designed units to appeal to older people, i.e. that offer the features of 'care ready' housing but is part of an **inter-generational housing** offer to appeal to older people who don't want to move to age-designated housing.

   o Increase the delivery of housing with care options including **extra care housing, for rent and for sale;** however, it needs to remain a vibrant community and the benefits need to be effectively marketed to older people.

   o For Cardiff, estimated future need for older people's housing and housing with care to 2035 by locality and tenure.

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[6] Housing our Ageing Population Panel for Innovation.
https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

Type	City		East		North		South east		South west		West		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[7] (units)	247	269 / 132	213	232 / 114	778	417 / 846	520	422 / 422	479	521 / 256	632	339 / 687	2869	2200 / 2456
Total	247	401	213	346	778	1263	520	844	479	777	632	1026	2869	4656
Housing with care[8] (units)	0	39 / 19	15	70 / 34	212	115 / 234	0	36 / 36	0	63 / 31	40	66 / 133	267	389 / 487
Total	0	58	15	104	212	349	0	72	0	94	40	199	267	876

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

- o For Vale of Glamorgan, estimated future need[9] for older people's housing and housing with care to 2035 by locality and tenure.

Type	Central		Eastern		Western		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[10] (units)	297	254 / 253	445	250 / 509	87	37 / 111	829	541 / 873
Total	297	507	445	759	87	148	829	1415
Housing with care[11] (units)	42	85 / 85	0	47 / 94	0	22 / 67	42	154 / 246
Total	42	170	0	141	0	89	42	400

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

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[7] Contemporary sheltered and retirement housing
[8] Extra care housing and assisted living
[9] Final report will break down between low cost rent/ownership
[10] Contemporary sheltered and retirement housing
[11] Extra care housing and assisted living

- o Develop models of **extra care housing 'lite'[12]** which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This is an opportunity to bring a housing with care offer to a greater number of locations including rural areas.

- o Consider the development of a **retirement village** serving Cardiff and the Vale with a large number of housing units of mixed tenure with a wide range of facilities including on-site care.

- o Support and nurture novel housing approaches; for example, developing **co-operative or community-led housing** and the feasibility of supporting **co-housing** initiatives for older people.

- Extend the range of information, advice and assistance available to homeowners to make adaptations and/or assistive technology as necessary to support enable ageing in place for older people wish to **remain living in their existing housing**.

- Develop a comprehensive **information and advice service in relation to housing options for older people** that enables older people and their families to be well informed in relation to planning future moves.

- As part of an asset review, identify existing **sheltered housing** schemes that can be improved, remodelled or adapted to better support ageing in place for an anticipated older population with increasing care and support needs, including the potential for remodelling to extra care housing as a short term action.

- Consider decommissioning existing sheltered housing schemes and replace with **extra care housing** where the site can accommodate a larger footprint.

- Proactively consider the housing and accommodation requirements of the increasing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the potential development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.

- Scale up the development of **'step-down' housing-based models of care** as part of existing reablement strategies to support timely discharge from hospital and/or prevent unnecessary readmissions.

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[12] There is no universal definition of extra care housing or of extra care housing 'lite'. In other areas where developing extra care schemes at a scale of say 50+ units is not feasible, e.g. due to smaller levels of population in rural areas or limited availability of suitable sites, then consideration has been given to developing an extra care 'lite' model which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This would generally not have the wider range of communal facilities typically associated with larger extra care housing schemes.

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- The Regional Partnership Board to discuss with Welsh Government current targets for affordable housing and the potential for guidance and/or targets in relation to housing better suited for older people.

- There is a need to collect, in relation to waiting list applicants aged 50+, further information about the types of housing they want/need.

- There is a need to review the approach to holding waiting lists for extra care housing schemes to provide more extensive and accurate data about the requirements of people seeking extra care housing.

- To work with providers care services and care homes:

    - In relation to residential care services, consider alternative service models including provision of nursing care services.

    - To facilitate the provision of additional nursing care capacity.

- The Regional Partnership Board to undertake a mapping exercise to identify all available capital resources across the partnership, e.g. ICF, Housing, Regeneration, Health in order to identify and align potential capital funding streams. It is likely that the development of mixed tenure older people's housing schemes may be required to cross subsidise the affordable housing components of new developments.

- Extend the use of technology, including **care enabled technology,** in older people's housing schemes to enhance the health and independence of individuals.

1. Introduction

This is a report from the Housing Learning and Improvement Network (Housing LIN)[13] for the Cardiff and Vale of Glamorgan Regional Partnership Board.

It is intended to identify the future housing and associated care requirements amongst people aged 50+ in order to inform future capital investment programmes for housing and accommodation for older people.

There were estimated to be 7,815[14] people over the age of 65 living in Cardiff and the Vale of Glamorgan in 2015, with 63% residing in Cardiff and 37% in the Vale of Glamorgan.

The 65-84 year old population is projected to increase by 45% and 30% over the next 20 years in Cardiff and the Vale of Glamorgan respectively.

The 85+ year old population is projected to increase by 88% and 130% over the next 20 years in Cardiff and the Vale of Glamorgan respectively.

Across the region are three 'localities' – Cardiff North and West, Cardiff South and East, and Vale of Glamorgan. In 2015, the locality with the highest concentration of people over the age of 65 and 85 was the Vale of Glamorgan where 20.4%[15] of the population are aged 65+ and 3% are aged 85+. This is followed by Cardiff North and West, where 17.4% of the population are aged 65+ and 2.5% 85+, and Cardiff South and East where 8.7% of the population are aged 65+ and 1.3% 85+.

The research undertaken seeks to:

- Provide a comprehensive understanding of the nature of current housing and accommodation provision for older people.

- Identify the requirements and aspirations of older people in later life specifically in relation to housing and accommodation.

- Identify the need for older people's housing and accommodation, including different types of housing such as extra care housing, sheltered and retirement housing.

- Set out a specification of the types of housing and accommodation that will meet the identified need and requirements of older people.

The research has been undertaken with guidance from a steering group, the membership of which includes Cardiff and Vale University Health Board, City of Cardiff Council, Vale of Glamorgan Council and Wales & West Housing.

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[13] http://www.housinglin.org.uk/
[14] Daffodil Cymru (2017). *Population by Age*. From: http://www.daffodilcymru.org.uk/index.php
[15] Office for National Statistics (2016). *Small Area Population Estimates: Mid-2015*. From: https://www.ons.gov.uk/releases/smallareapopulationestimatesinenglandandwalesmid2015

The structure of the report is:

- Section 2: existing provision of housing and accommodation for older people.
- Section 3: future need for older people's housing and accommodation.
- Section 4: older people's views and perspectives.
- Section 5: an older people's housing and accommodation typology and specification based on the evidence of future need and older people's views and perspectives.

2. Existing provision of housing and accommodation for older people

2.1. Approach and purpose

This section includes:

- Identification and analysis of the current provision of housing and accommodation for older people aged 50+ across the Cardiff and Vale of Glamorgan area. This includes data in relation to housing and accommodation for people aged 50+ available from local authority, Registered Social Landlord (RSL), charitable/third sector, and private sector providers:

    - The number and type of units
    - Type of housing provider
    - Tenure, e.g. social rent, shared ownership, ownership.
    - Age and property related features in relation to meeting the needs of people aged 50+
    - Typical services and facilities provided

- Analysis of the suitability of the identified housing and associated services from the portfolio in terms of its likely suitability to meet the future needs of older people

- An assessment of the projected care and support profile of older people, including current and future residents of older people's housing. , The cost effectiveness considerations for the local authorities and NHS in meeting any identified increases in care and support needs of this population in relation to the use of different types of older people's housing and accommodation.

- An assessment of how suitable and effective current access arrangements, such as allocations policies and procedures, and information and advice are in relation to access to existing housing resources for older people.

2.2. Provision of older people's housing and accommodation services

The approach taken to establishing and analysing the older people's housing and accommodation provision/portfolio has involved reviewing the following data:

- The Elderly Accommodation Counsel's (EAC) national database of older people's housing provision data, to confirm the current housing and care supply across the Cardiff and Vale of Glamorgan area. This includes social and private sector housing for older people and registered care.

- Checking of the EAC data with existing data held by Cardiff Council and Vale of Glamorgan Council in relation to older people's housing and accommodation services in each local authority area.

- Calibrating EAC data with other sources of locally held data including data that has been used and/or published by the Cardiff and Vale of Glamorgan Regional Partnership Board, such as for the Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy: Care and Support Services for Older People (2017 – 2022)[16].

The purpose of using these multiple sources of secondary data has been to derive the most up to date and accurate data in relation to older people's housing and accommodation services.

Based on the approach set out above the provision of housing and accommodation services for people aged 50+ has been identified across Cardiff and Vale of Glamorgan:

- Cardiff including the six locality areas: City & South, South East, South West, West, East and North.

- Vale of Glamorgan including the three locality areas: Central, Eastern, and Western.

The definitions of older people's housing and accommodation tend not to be used across the UK in a consistent way. For the purposes of this research the following definitions have been used:

- **Sheltered housing.** These schemes typically offer self-contained accommodation for rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation is offered for rent, based on need, by local councils or housing associations.

- **Private sector retirement housing**. Retirement housing is usually built by private developers or in some cases by RSLs. Once all the properties have been sold, the scheme is usually run by a separate management company who employ the scheme manager and organise maintenance and other services.

- **Housing with care** (often referred to as **'extra care housing'** when provided by housing associations and local authorities and **'assisted living'** by private sector providers). Extra care housing is designed with the needs of older people, some with higher levels of care and support in mind, and most services have eligibility criteria. Residents live in self-contained homes. It typically has more communal facilities and offers access to on-site domestic and personal care support.

- **Age designated social housing**. Age designated social housing usually relates to flats or bungalow whereby all tenants are over a certain age (generally age 50 or 55 for flats and 60 for bungalows). There are no staff available on site and usually there are no arranged activities. However, there may be a communal lounge.

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[16] http://www.cvihsc.co.uk/wp-content/uploads/2017/12/MPS_English-051217-Final.pdf

- **Care Home**. A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. The term 'care home' covers any establishment providing accommodation with either: just personal care; or personal care together with nursing care.

Cardiff: provision of older people's housing and accommodation

Table 2.1 shows a summary of the provision of older people's housing and accommodation in Cardiff. Detailed information about the provision of older people's housing and accommodation is shown at Annexe 1.

Table 2.1. Cardiff: older people's housing and accommodation

Localities	Sheltered housing (units)	Private retirement housing (units)	Extra care housing for rent & for sale (units)	Residential care (beds)	Nursing care (beds)
City	247	0	0	123	49
East	143	70	15	91	188
North	398	380	212	257	221
South East	437	83	0	70	180
South West	372	107	0	122	200
West	250	382	40	48	213
Total	1847	1022	267	711	1051

In addition to the accommodation shown in table 2.1 there are 1,423 units of age-designated housing, a mix of flats and bungalows, provided by both the local authority and RSLs.

Key features of the provision of older people's housing and accommodation:

- 1847 units of sheltered housing, with the greatest concentration in the south east, north and south west localities.

- 82% of sheltered housing units are provided by RSLs.

- 1022 units of private retirement housing concentrated in the north and west localities. 69% of the units are provided by private operators. 31% of the leasehold retirement housing is owned and operated by RSLs.

- 157 units of (social rented) housing with care/extra care housing concentrated in the north and west localities.

- 110 units of private housing with care/assisted living in the north locality.

- In relation to housing with care/extra care housing 53% of units are provided by RSLs and 41% by private operators.

- 711 residential care beds provided with 55% of the beds in the north, city and south west localities.

- 1,051 nursing care beds with 60% of the beds in the north, west and south west localities.

In summary:

- Overall there is a mix of social rent and private retirement housing offers for older people in the city.

- There is limited housing with care provision compared with the prevalence of residential care beds.

- The current private retirement housing does provide a mix of housing choices for different equity and income groups however there are limited offers outside of the north and west localities.

- The most prevalent type of older people's housing is sheltered and age-designated housing in the social rented sector.

Vale of Glamorgan: provision of older people's housing and accommodation services

Table 2.2 shows a summary of the provision of older people's housing and accommodation in the Vale. Detailed information about the provision of older people's housing and accommodation is shown at Annexe 1.

Table 2.2. Vale: older people's housing and accommodation

Localities	Sheltered housing (units)	Private retirement housing (units)	Extra care housing for rent & for sale (units)	Residential care (beds)	Nursing care (beds)
Central	278	19	42	250	196
Eastern	279	166	0	182	206
Western	68	19	0	32	60
Total	625	204	42	464	462

In addition to the accommodation shown in table 2.2 there are 927 units of age-designated housing, a mix of flats and bungalows, provided by both the local authority and RSLs.

Key features of the provision of older people's housing and accommodation:

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- 625 units of sheltered housing, with the greatest concentration in the central and eastern localities.

- Sheltered housing: 54% of units are provided by the local authority and 46% by RSLs.

- 204 units of private retirement housing concentrated in the eastern locality. 45% of the units are provided by private operators with the majority, 55%, of the leasehold retirement housing is owned and operated by RSLs.

- 42 units of (social rented) housing with care/extra care housing in the central locality.

- 0 units of private housing with care/assisted living.

- In relation to housing with care/extra care housing 100% of units are provided by one RSL.

- 464 residential care beds[17] provided with 93% of the beds in the central and eastern localities.

- 462 nursing care beds[18] with 87% of the beds in the central and eastern localities.

- There is very limited housing with care provision compared with the prevalence of residential care beds.

In summary:

- The most prevalent type of older people's housing is sheltered and age-designated housing in the social rented sector.

- There is very limited housing with care provision compared with the prevalence of residential care beds.

- The current private retirement housing provides some mix of housing choices for different equity and income groups

- There is limited older people's housing provision in the western locality.

2.3. Suitability of older people's housing services to meet future needs.

Features and characteristics of existing older people's housing

The likely future suitability of the current provision of older people's housing (i.e. sheltered housing, extra care housing and private retirement housing) to meet the needs of an ageing population has been analysed based on data from the EAC and from data held by Cardiff Council and Vale of Glamorgan Council.

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[17] 15 placements for older people in residential care homes in the Vale were made by Cardiff Council (2017/18)

[18] 12 placements for older people in nursing care homes in the Vale were made by Cardiff Council (2017/18)

From analysis of the available evidence in relation to existing older people's housing services the following characteristics in terms of the range and types of facilities have been identified.

The most prevalent facilities are:

- Alarms (telecare)
- Communal lounges
- Laundry facilities
- Guest suite/room
- Lifts

The least prevalent facilities are:

- Café/restaurant/bar
- Activities room/s
- Assisted bathroom

Given the profile of older people's housing across Cardiff and the Vale, with the majority of older people's housing being either sheltered housing or private retirement housing, then the most prevalent facilities are typical of similar older people's housing in other areas and reflect the historic design of these housing typologies. The facilities that are least prevalent are typically found in extra care housing type services of which there is relatively limited provision.

In relation to the costs of older people's housing, from data available:

- Weekly rent/service charges for a 1 bed flat in sheltered housing operated by a social landlord are typically in the range of £95-£120 per week.

- Weekly rent/service charges for a 1 bed flat in extra care housing operate by a social landlord are typically in the range of £246-£286 (inclusive of meal charges).

The provision of support services for older people living in older people's housing is variable; this reflects the changes to funding for support services for older people particularly in relation to the use of funding from the Supporting People programme, i.e. a move to support being for people across all tenures rather than being linked to specific types of housing for older people. This reflects a UK wide trend in relation to older people's housing, provided by social landlords, over the last decade.

In age-designated housing for older people, the offer to residents does not include, by definition support, typically solely access to an alarm service.

In private retirement housing, in both schemes operated by private operators and RSLs, leaseholders are typically paying for a non-resident staff presence during a 'core' period, typically during working hours, to provide a supportive offer to residents.

In housing-based models for older people, on-site 24/7 care is provided within extra care housing schemes. As noted above there are relatively few extra care schemes. Within residential care and nursing care homes, 24/7 care provision is a registration requirement.

Within the extra care provision owned by RSLs, volumes of domiciliary care commissioned has been relatively consistent in Cardiff over the period from 2013/14 to 2015/16 (68,042 hours per annum in 2015/16). In the Vale, with a lower level of extra care provision, the volume of care hours commissioned in 2015/16 was 22,356 per annum[19].

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In summary, from analysis of the available evidence in relation to existing older people's housing services the following characteristics in terms of its likely future suitability for an ageing population has been identified.

- 90%+ of older people's housing schemes offer assistive technology/telecare.

- Approximately 50% of older people's housing schemes have a lift.

- The majority of older people's housing schemes, over 90% have level and/or ramped access; however, the available data indicates that no more than approximately 20% of units are identified as wheelchair accessible.

- In relation to the age of the older people's housing stock, analysis of available data has indicated that approximately 50% of the older people's housing stock is 30 years old or older:

  o 15% of older people's housing dates from the 1960s and 1970s.
  o 34% of older people's housing dates from the 1980s.
  o 29% of older people's housing dates from the 1990s.
  o 22% of older people's housing dates from 2000.

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Care and support needs of older people

The projected care and support needs of older people living in Cardiff and Vale and the implications of this for older people's housing and accommodation provision, now and in the future, is considered. From the available evidence[20] the age profile of people living in older people's housing indicates:

- The majority of people living in sheltered housing are aged 65+.

- The majority of people living in extra care housing are aged 75+.

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[19] Summary of Current Position: Services for Older People. (2017). Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership
[20] Data held by social landlords. Summary of Current Position: Services for Older People (2017). Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership

Evidence of potential demand for care and support is drawn from the Daffodil dataset[21] (which identifies data in relation to the likely prevalence of care needs) and the Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy: Care and Support Services for Older People 2017-2022 and the associated base data.

From the Daffodil dataset the following trends in factors that will influence demand for care and support for older people, including those already living in older people's housing and those living in mainstream housing, are identifiable as set out in table 2.3:

Table 2.3. Trends in factors that will influence demand for care and support for older people to 2035

	Cardiff. % change	Vale of Glamorgan. % change
People aged 65 and over predicted to have a limiting long-term illness projected to 2035	+50%	+46%
People aged 65 and over unable to manage at least one domestic task on their own projected to 2035	+53%	+55%
People aged 65 and over unable to manage at least one mobility activity on their own projected to 2035	+55%	+61%
People aged 65 and over unable to manage at least one self-care activity on their own projected to 2035	+53%	+55%

Source: Daffodil. http://www.daffodilcymru.org.uk/

An assessment of potential need for social care services in Cardiff and Vale of Glamorgan was undertaken in 2015[22]. This was based on a 'frailty' model, i.e. estimating the numbers of older people experiencing frailty in the form of a 'frailty index' as a proxy for potential demand for social care and other forms of support. Figure 2.1 provides a profile of the increase in demand expected from the rising frail population. This indicates, for example, that whilst the 65+ population will rise by 22% up to 2024 a frailty index for the Vale of Glamorgan would see demand grow by 31%, for Cardiff South & East by 18% and for Cardiff North & West by 25%.

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[21] http://www.daffodilcymru.org.uk/
[22] Cardiff and Vale of Glamorgan Integrated Health & Social Care Programme. (2015). Fast Tracking Integration of Health and Social Care Services: a review of community health and social care services and options for integration.

Figure 2.1. Increase in demand arising from estimates of frailty in Cardiff and the Vale

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total >65	1.00	1.02	1.04	1.06	1.08	1.10	1.12	1.14	1.17	1.19	1.22
Vale frailty	1.00	1.02	1.05	1.08	1.11	1.14	1.17	1.20	1.24	1.28	1.31
Cardiff S&E frailty	1.00	1.01	1.02	1.04	1.06	1.07	1.09	1.11	1.13	1.16	1.18
Cardiff N&W frailty	1.00	1.02	1.03	1.06	1.08	1.11	1.13	1.15	1.18	1.22	1.25
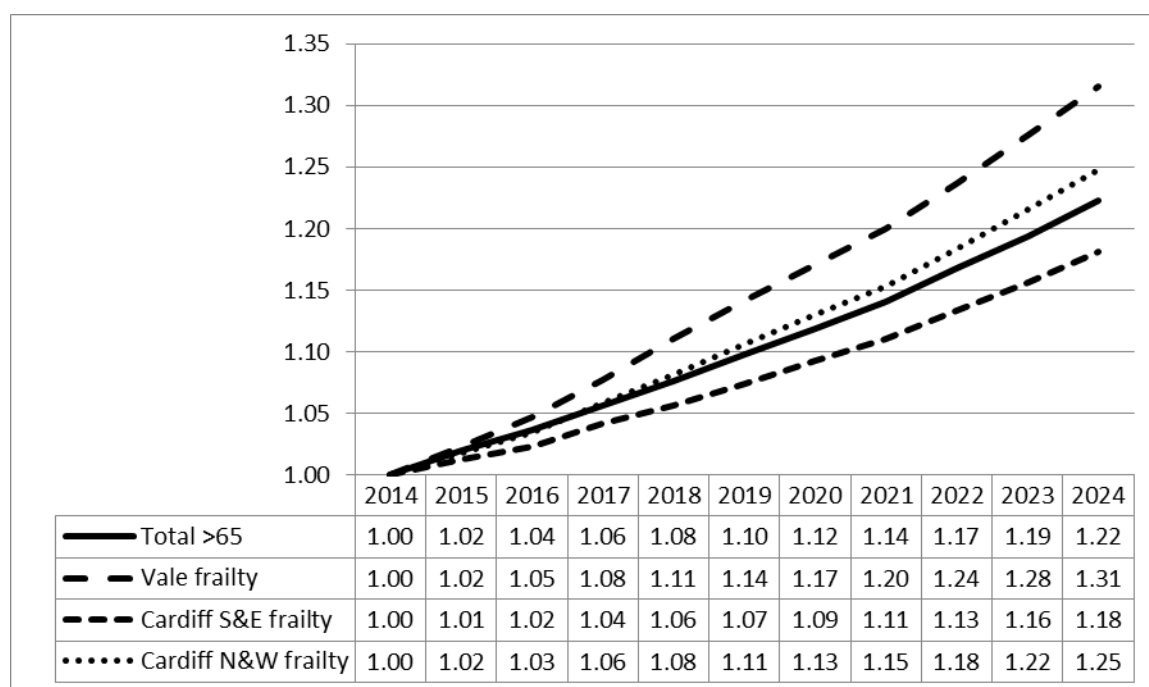
This model was used to estimate the additional social care services and expenditure, in terms of care home placements and care at home, for both Cardiff and Vale of Glamorgan, an additional 245 people and 134 people by 2018 (from 2014) respectively (however this was not disaggregated by locality area).

The Market Position Statement[23] identifies the following in relation to older people's care and support needs:

- In relation to people aged 85+ living with dementia the greatest prevalence of need is in: Cardiff North (1,212 people); Cardiff West (655 people); Eastern Vale (665 people); Central Vale (760 people).
- In relation to older people aged 65+ with limited day-to-day activity the greatest prevalence of need is in: Cardiff East (68%); Cardiff South East (67%); City and Cardiff South (69%); Central Vale (59%).

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[23] http://www.cvihsc.co.uk/wp-content/uploads/2017/12/MPS_English-051217-Final.pdf

In summary the evidence in relation to the future care and support needs of older people living in both mainstream and age-designated housing indicates the following trends:

- The proportion of older people with mobility limitations is estimated to increase significantly.

- The proportion of older people with a need for assistance with self-care and domestic tasks is estimated to increase significantly.

- There is likely to be an increasing prevalence of people living with frailty. This indicates a growing demand for care and support amongst this cohort. This will be particularly prevalent in Cardiff North, Cardiff West, and all localities in Vale of Glamorgan.

- The proportion of older people living with dementia is likely to increase; this will be particularly prevalent in Cardiff North, Cardiff West, Eastern Vale and Central Vale.

- The proportion of older people living with limited day-to-day activity is likely to increase; this will be particularly prevalent in Cardiff East, Cardiff South East, City and Cardiff South, and Central Vale.

Cost effectiveness considerations

To consider the relative cost effectiveness of the existing pattern of housing and care provision, a comparison of the costs of extra care housing and residential care is provided as these are often used as cost comparators by social care and health commissioners.

The costs of extra care housing in Cardiff and the Vale[24] are shown below in table 2.4.

Table 2.4. Cost of extra care housing (2015/16)

	Hours of care (pa)	Hourly rate for care (£)	No. of units of extra care	Average care cost per unit per week	Housing cost per week (£)	Average total cost per unit per week (£)
Cardiff	68042	14.20	157	118.34	246.08	364.42
Vale	22356	12.00	42	123.00	286.50	409.50

The cost of general residential care in Cardiff and the Vale[25] is shown in table 2.5.

Table 2.5. Cost of general residential care (2015/16)

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[24] Summary of Current Position: Services for Older People. (2017). Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership

[25] Ibid

	Average weekly cost of general residential care for people aged 65+ (£)
Cardiff	631.33
Vale	540.00
Regional	585.67

NB. Cost assumed to be gross

The comparison between the average cost per week of a unit in extra care with a bed in general residential care, including considering the housing costs as well as care costs in extra care, is shown in table 2.6[26].

Table 2.6. Cost comparison: general residential care and extra care housing (2015/16)

	Average weekly cost of general residential care for people aged 65+ (£)	Average total cost per unit per week for extra care housing (£)
Cardiff	631.33	364.42
Vale	540.00	409.50

NB. Cost assumed to be gross

This indicates that extra care housing on average is a more cost-effective option compared to the use of general residential care for people aged 65+. This does need to be treated with a degree of caution as it assumes an equivalent profile of care needs of individuals using residential care and extra care housing (which may not be the case). However, evidence from discussion with social care commissioners indicates that extra care housing is considered to be a more cost-effective option in practice than the use of general residential care.

The limited current supply of extra care housing in comparison to the provision and use of general residential care beds will limit the potential cost effectiveness that can be achieved for social care and health commissioners.

To secure greater cost effectiveness from the supply of housing and accommodation for older people it is likely to be necessary to consider:

- Increasing the provision of extra care housing, as a direct alternative to the use of general residential care beds

- Increasing the supply of 'care ready' housing for older people, i.e. housing that is suitable for ageing in place, as per extra care housing, (i.e. accessible living space, bathroom, kitchen and able to be used by wheelchair users) which allows domiciliary care to be provided as required by an individual without necessitating a move to residential care

- Considering the potential for some existing sheltered housing schemes, for example that have greater space standards, are larger in scale, and/or have a relatively higher prevalence of tenants with packages of domiciliary care, to become housing with care services, i.e. considering the potential for these to have on-site care provision.

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Access to older people's housing and accommodation

Waiting list evidence and allocations policies

The evidence from waiting lists for older people's housing indicates that demand for this type of housing exceeds the current supply. In relation to Cardiff there were 595 applicant households aged 65+ on the waiting list at August 2017. Of these 339 applicants expressed an interest in older people's accommodation, however it should be noted that there is an issue in relation to the utility of this figure given need to have greater information about the types of housing that people on the waiting list require. In relation to the Vale there were 323 applicant households aged 65+ on the waiting list as at August 2017. Of these 219 applicants expressed an interest in sheltered housing.

In relation to extra care housing, in 2015/16, in the Vale there were 31 people aged 50+ on the waiting list; in Cardiff there were 90 people on the waiting list (however this has since been revised downwards)[27]. It should be noted that there is an ongoing issue in relation to the accuracy and use of waiting list data for extra care housing.

In relation to the use of registered care services, in august 2016 there were a total of 306 older people waiting for beds across all types of registered care services. This is shown in table 2.7.

Table 2.7. Waiting List Information by Home Registration Status (Category of Care)

	Cardiff	**Vale**	**Total**
Residential – general	2	5	7
Residential – EMH	11	27	38
Nursing – general	7	45	52
Nursing – EMH	0	0	0
Dual registered: Residential	14	19	33
Dual registered: Nursing	24	38	62
Dual registered: Residential and nursing	93	21	114
Total	151	155	306

Source: CSSIW Care Home Market Census August 2016

However, it should be noted that at the same reporting period (August 2016) there were 244 vacant registered care beds across Cardiff and the Vale, implying a mismatch between the type of need and the type of registered care provision available.

In Cardiff the Council operates a common housing waiting list for social housing, with its RSL partners, from which suitable applicants are identified to be offered available properties. Cardiff uses a local letting plan' long term lettings initiative' to let age designated and sheltered housing.

In the Vale the allocation scheme is the 'Vale of Glamorgan Homes4U Scheme' and is a choice based letting scheme where applicants are able to bid for advertised vacant

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[27] Ibid

properties. This system applies to access to older people's housing except for extra care housing.

Feedback from stakeholders was mixed indicating that there is further work required to ensure that the allocations mechanism are operationally effective in linking appropriate older applicants to vacancies within older people's housing, including the extent to lettings are prioritised on the basis of need rather than age. Issues in relation to transfers were raised by participants in the older people's research (Section 4).

Advice and information

The Cardiff Housing website[28] provides some information about different types of older people's accommodation including sheltered housing. It also provides summary information about Cardiff Council's sheltered housing schemes, links to RSL websites and a link to AgeCymru and the retirement housing locator element of the EAC's website.

Vale Council provides a leaflet about Housing for Older or Disabled People[29]. It explains what sheltered housing is provided by the Council.

The evidence from the primary research with older people (section 4) indicates that people are seeking:

- Comprehensive information about the full range of housing options for older people, i.e. in addition to renting from social landlords.

- Expert *advice* in relation to older peoples housing options as well as information.

- Access to online and paper-based resources that allow them to weigh up the advantage and disadvantages of different housing options.

2.4. Findings and implications

Older people's housing schemes without a lift are likely to present a challenge with an anticipated ageing resident profile. Whilst this can be addressed to a degree through allocating ground floor properties to older people with significant mobility related needs, schemes without lifts will become less suitable over time for an existing ageing resident population and for a future anticipated population with increasing mobility and care related needs.

A minority of existing schemes have fully wheelchair accessible properties. The profile of an ageing population with increased prevalence of mobility and care related needs indicates that there is likely to be increased need for wheelchair adapted housing. The adaptation of

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[28]http://www.cardiffhousing.co.uk/index.php?section=accommodation&option=Housing_Options_for_Older_People
[29]http://www.valeofglamorgan.gov.uk/files/Living/Housing/Public_Sector/Housing%20for%20older%20disabled%20people.pdf

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some existing older people's housing is likely to be constrained due to design and existing space standards. Whilst some existing older people's housing schemes/units may be more feasible in terms of alteration to meet the needs of full time wheelchair users, the implication is that the specification of new build housing for older people needs to include wheelchair adapted units as well as space standards that permit 'future proofing' in terms of allowing for ageing in place.

Older people's housing provides a telecare alarm type service with response service. The survey evidence from older people (section 4) indicates that access to an alarm is highly valued. However, there is less evidence of use of care enabled technology that can support independent living.

The context of an existing ageing resident population in older people's housing and an older population with increasing mobility and care related needs, and a preference amongst some older people to move to older people's housing for reasons of perceived safety and security (section 3), indicate that housing providers will need to consider the extent to which a support offer through a staff presence, whether on-site or visiting, can be provided (or potentially increased). This may be influenced by the UK Government's current funding proposals for sheltered and extra care housing with housing costs continuing to be met through housing benefit but with a yet to be determined 'cap' on overall rent and service charges ('sheltered rent'[30]), and specifically the extent to which the Welsh Government will have discretion about how such a policy is to be implemented in Wales; and also the extent to which residents are willing to pay for additional support services, which are not eligible for housing benefit.

Providers of existing older people's housing can expect the proportion of their existing residents who will have care and support needs to increase in the future. As the prevalence of care needs increases, the suitability (for this cohort of older people) of the most prevalent types of older people's housing, i.e. sheltered housing and private retirement housing, is likely to decrease over time.

It can be anticipated that there will be an increasing proportion of older people with care needs including dementia related needs living in all types of housing. Given the relatively low level of extra care provision currently, it would be prudent to consider the option of some sheltered housing schemes also being used as 'housing with care' e.g. where a sheltered housing scheme has relatively greater levels of physical accessibility and already has a relatively high prevalence of residents receiving a domiciliary care package.

In order to accommodate effectively an increasing number of older people living with dementia older people's designated housing will need to be adapted and designed to be dementia friendly, e.g. through differentiating between storeys in blocks of flats, use of lighting, and highlighting floors in hallways and other communal areas[31].

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[30] https://www.gov.uk/government/consultations/funding-for-supported-housing-two-consultations
[31] http://www.cih.org/resources/PDF/Scotland%20general/Improving%20the%20design%20of%20housing%20to%20assist%20people%20with%20dementia%20-%20FINAL.pdf

- Housing and care providers will increasingly need to train their front line staff in how to effectively support people living with dementia.

- Consideration will need to be given to the types of accommodation, both housing-based and registered care-based models, that can support people living with dementia to live well until end of life and offer a range of accommodation and care choices.

There will be increasing demand for adaptations to support older people to continue to live in mainstream housing, both in the rented and owner-occupied sectors.

3. Future need for older people's housing and accommodation

This section sets out:

- An assessment of future population-based need to inform older people's housing and accommodation required across Cardiff and Vale of Glamorgan.

- The number, location and type of older people's housing and accommodation required in Cardiff and Vale of Glamorgan to 2035.

3.1. Approach

The approach uses a version of the Housing LIN's SHOP@[32] older people's housing and accommodation need modelling tool that has been adapted to meet local requirements for a population-based housing need assessment. This includes future need for:

1. Older people's housing:
   a. Contemporary sheltered housing (including 'care-ready' housing[33]), i.e. typically older people's housing provided by social landlords for rent.
   b. Market retirement housing (including 'care ready' housing), i.e. older people's housing provided for sale (typically leasehold) by private operators and housing associations.
2. Housing with care:
   a. Extra care housing, typically provided by housing associations, charitable organisations and local authorities (can be mixed tenure).
   b. Assisted living, typically a privately-operated model of extra care housing provided for sale by private operators.
3. Residential care services
4. Nursing care services.

The housing and accommodation need assessment is based on two scenarios (following discussion and agreement with the steering group):

Scenario 1

An estimate of the future need for different older people's housing and accommodation types to 2035 based solely on demographic-based change in the older people's population

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[32] https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/WhatisSHOPAT/

[33] Care ready housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.

applied to current levels of provision. Estimated future need for older people's housing and accommodation is shown by both local authority areas.

Scenario 2

An estimate of the future need for different housing and accommodation types to 2035 based on demographic change and assumptions based on the Regional Partnership Board's and the local authorities' published plans. Estimated future need for older people's housing and accommodation is shown by both local authority areas and by localities.

3.2. Future need for older people's housing and accommodation: Scenario 1

This is a quantitative projection of future need for older people's housing and accommodation that uses ONS population figures from May 2016[34]. SHOP@ focuses on projecting housing and accommodation need based on the population of people 75+ up to 2035 as the population-based benchmark that is the most useful age-indicator of need for a move to older people's housing.

Table 3.1 and table 3.2 show the projected population aged 75+ for Cardiff and the Vale respectively.

Table 3.1. Cardiff. Population aged 75+ to 2035

Locality	2017	2020	2025	2030	2035
City	1311	1386	1624	1853	2127
East	2640	2791	3270	3731	4285
North	8668	9163	10737	12251	14067
South East	2180	2304	2700	3081	3538
South West	3329	3519	4124	4705	5403
West	5437	5747	6735	7684	8824
Total	23565	24910	29190	33305	38244

Table 3.2. Vale. Population aged 75+ to 2035

Locality	2017	2020	2025	2030	2035
Central	4997	5543	6723	7633	8526
Eastern	4123	4573	5547	6298	7035
Western	2610	2895	3512	3987	4453
Total	11730	13011	15782	17918	20014

The 75+ population is expected to increase significantly by 2035, by 62% in Cardiff and 71% in Vale of Glamorgan (table 3.3).

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[34] ONS population data. Table SAPE19DT14: Mid-2016 MSOA population estimates

Table 3.3. Population increase (%) Cardiff and Vale of Glamorgan 75+ to 2035

	2020	**2025**	**2030**	**2035**
Cardiff	5.7	23.0	41.3	62.3
Vale of Glamorgan	10.9	34.6	52.7	70.6

For Scenario 1 the modelling of future population-based need of the number and types of housing and accommodation required across Cardiff and Vale of Glamorgan is based on the current provision of older people's housing and accommodation adjusted by the percentage increases in the older population to 2035 (Table 3.3). The current provision of different types of housing and accommodation is based on the data from Section 2.

Table 3.4 shows estimated future need for different older people's housing and accommodation types to 2035 for Cardiff based on demographic change (increases) in the older people's population.

Table 3.4. Scenario 1. Cardiff: estimated future need for older people's housing and accommodation to 2035

Type	**Current Provision**	**2020**	**2025**	**2030**	**2035**
Older people's housing[35] (units)	2869	3033	3554	4055	4656
Housing with care[36] (units)	267	282	328	377	433
Residential care (beds)	711	752	881	1005	1154
Nursing care (beds)	1051	1111	1302	1485	1706

This indicates net additional need by 2035 of:

- Older people's housing (units): 1787
- Housing with care (units): 166
- Residential care (beds): 443
- Nursing care (beds): 655

The assessment of future need for each type of older people's housing and accommodation by locality is shown at Annexe 2.

Table 3.5 shows estimated future need for different older people's housing and accommodation types to 2035 for the Vale based on demographic change in the older people's population.

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[35] Contemporary sheltered and retirement housing
[36] Extra care housing and assisted living

Table 3.5. Scenario 1. Vale: estimated future need for older people's housing and accommodation to 2035

Type	Current Provision	2020	2025	2030	2035
Older people's housing[37] (units)	829	920	1115	1266	1415
Housing with care[38] (units)	42	47	55	64	72
Residential care (beds)	464	515	624	709	792
Nursing care (beds)	462	512	622	706	788

This indicates net additional need by 2035 of:

- Older people's housing (units): 586
- Housing with care (units): 30
- Residential care (beds): 328
- Nursing care (beds): 326

The assessment of future need for each type of older people's housing and accommodation by locality is shown at Annexe 2.

This shows that for both Cardiff and the Vale demographic change, projected increases in the older population, will drive estimated increased need for all types of older people's housing and accommodation. The scale of increases in need for all types of older people's housing and accommodation do not reflect any local strategic objectives or policies.

3.3. Future need for older people's housing and accommodation: Scenario 2

For Scenario 2 (as for Scenario 1) the modelling of future population-based need of the number and types of housing and accommodation required across Cardiff and Vale of Glamorgan is based on the current provision of older people's housing and accommodation adjusted by the percentage increases in the older population to 2035 (Table 3.3). The current provision of different types of housing and accommodation is based on the data from Section 2. However, in addition, more realistic assumptions are used based on the strategic objectives of the Cardiff and Vale of Glamorgan Regional Partnership Board and its constituent organisations. These strategic objectives include:

- Reduce the use of residential care over time (*"reduce the inappropriate use of longer term and more intensive or acute care"[39]*).

- Increase the use of housing with care options as an alternative to the use of residential care. (*"Work together with partners to jointly plan and provide a range of*

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[37] Contemporary sheltered and retirement housing
[38] Extra care housing
[39] http://www.cvihsc.co.uk/wp-content/uploads/2017/06/PSB-Draft-Market-Position-Statement-July-2017.pdf

future accommodation options to meet demand and enable people to remain at home for as long as possible."[40])

- Increase the volume and availability of housing options for older people, for rent and for sale. (*Cardiff Council and Vale of Glamorgan housing strategies[41][42]*).

Based on these strategic objectives the following assumptions have been applied to the Scenario 2 housing and accommodation need assessment:

- Reduce the use of residential care projected in Scenario 1 by not increasing provision to 2035 beyond current levels of provision.

- Increase the use of housing with care (extra care housing and assisted living) over time in direct proportion to the assumed decrease in the use of residential care to 2035. This is consistent with the policy of many local authorities across the UK to develop greater capacity of housing with care services to meet the needs of people who might otherwise have moved to residential care and also reflecting evidence of older people's preferences to have more housing with care options available in place of residential care (section 4).

- Increase the volume and availability of older people's housing (contemporary sheltered housing and market retirement housing) to 2035 based on projected older people's population growth.

- Estimated need for nursing care to 2035 based on projected older people's population growth.

In relation to applying a tenure split to estimated future need, the SHOP@ model uses the relative affluence/deprivation of each locality, based on Welsh Index of Multiple Deprivation (WIMD) scores/ranking, and applies these to the estimates of housing need by locality to estimate the split between low cost/social rent and for sale (owner occupation). Annexe 2 shows the relative WIMD rankings for the localities in Cardiff/Vale and how the split between estimated units for rent/ownership is 'weighted', e.g. the estimated percentage of units for owner occupation would be higher in Cardiff North locality compared to City locality. These percentage splits of estimated rent/sale are applied to the estimates of future need.

Table 3.6 shows estimated future need for different older people's housing and accommodation types to 2035 for Cardiff derived from demographic-based change (increases) in the older people's population and the Scenario 2 assumptions.

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[40] Ibid
[41] https://www.cardiff.gov.uk/ENG/resident/Housing/Cardiff-Housing-Strategy/Documents/CardiffHousingStrategy.pdf
[42] http://www.valeofglamorgan.gov.uk/Documents/Living/Housing/Housing%20Strategy/Local-Housing-Strategy/Vale-of-Glamorgan-Council---Local-Housing-Strategy---2015-20.pdf

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Table 3.6. Scenario 2. Cardiff: estimated future need for older people's housing and accommodation to 2035

Type	Current Provision	2020	2025	2030	2035
Older people's housing[43] (units)	2869	3033	3554	4055	4656
Housing with care[44] (units)	267	359	523	689	876
Residential care (beds)	711	711	711	711	711
Nursing care (beds)	1051	1111	1302	1485	1706

This indicates estimated net additional need by 2035 of:

- Older people's housing (units): 1787
- Housing with care (units): 609
- Residential care (beds): 0
- Nursing care (beds): 655

The estimated future need by type of older people's housing and accommodation by 2035 is shown by locality and tenure split in table 3.7. The assessment of future need for each type of older people's housing and accommodation by locality is shown at Annexe 2.

Table 3.7. Scenario 2. Cardiff: estimated future need for older people's housing and accommodation by 2035 by locality and tenure split.

Type	City		East		North		South east		South west		West		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[45] (units)	247	269 / 132	213	232 / 114	778	417 / 846	520	422 / 422	479	521 / 256	632	339 / 687	2869	2200 / 2456
Total	247	401	213	346	778	1263	520	844	479	777	632	1026	2869	4656
Housing with care[46] (units)	0	39 / 19	15	70 / 34	212	115 / 234	0	36 / 36	0	63 / 31	40	66 / 133	267	389 / 487
Total	0	58	15	104	212	349	0	72	0	94	40	199	267	876
Residential care (beds)	123	123	91	91	257	257	70	70	122	122	48	48	711	711
Nursing care (beds)	49	80	188	305	221	359	180	292	200	325	213	346	1051	1706

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

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[43] Contemporary sheltered and retirement housing
[44] Extra care housing and assisted living
[45] Contemporary sheltered and retirement housing
[46] Extra care housing and assisted living

Table 3.8 shows estimated future need for different older people's housing and accommodation types to 2035 for the Vale derived from demographic-based change in the older people's population and the Scenario 2 assumptions.

Table 3.8. Scenario 2. Vale: estimated future need for older people's housing and accommodation to 2035

Type	Current Provision	2020	2025	2030	2035
Older people's housing[47] (units)	829	920	1115	1266	1415
Housing with care[48] (units)	42	102	202	302	400
Residential care (beds)	464	464	464	464	464
Nursing care (beds)	462	512	622	706	788

This indicates estimated net additional need by 2035 of:

- Older people's housing (units): 586
- Housing with care (units): 358
- Residential care (beds): 0
- Nursing care (beds): 326

The estimated future need by type of older people's housing and accommodation by 2035 is shown by locality and tenure split in table 3.9. The assessment of future need for each type of older people's housing and accommodation by locality is shown at Annexe 2.

Table 3.9. Scenario 2. Vale: estimated future need for older people's housing and accommodation by 2035 by locality and tenure split

Type	Central		Eastern		Western		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[49] (units)		254		250		37		541
	297	253	445	509	87	111	829	873
Total	297	507	445	759	87	148	829	1415
Housing with care[50] (units)		85		47		22		154
	42	85	0	94	0	67	42	246
Total	42	170	0	141	0	89	42	400
Residential care (beds)	250	250	182	182	32	32	464	464
Nursing care (beds)	196	334	206	352	60	102	462	788

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

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[47] Sheltered and retirement housing
[48] Extra care housing and assisted living
[49] Sheltered and retirement housing
[50] Extra care housing and assisted living

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3.4. Findings and implications

Need for older people's housing, contemporary sheltered housing and private retirement housing, is estimated to increase significantly to 2035 for both Cardiff and the Vale due to the projected growth in the older people's population. This aligns with the strategic objective to increase the availability of housing options for older people for rent and for sale.

The application of the Scenario 2 assumptions in relation to housing with care and residential care results in significant estimated need for housing with care (extra care housing and assisted living services) for Cardiff and the Vale. This aligns with the policy objectives for reducing the inappropriate use of longer term and more intensive care and providing a range of housing and accommodation options that meet demand and enable people to remain living in their own homes and is a more realistic assessment of future need.

Projected estimated increased need for types of older people's housing (contemporary sheltered housing and private retirement housing) and housing with care indicates that there will be a need for housing options of all tenures to meet the needs of older people who are owner occupiers as well as older people who wish to rent or part-buy. The specific nature of demand for different tenure options will vary between localities depending on relative levels of home ownership and renting, the willingness of older people to downsize within specific localities and development site constraints.

It should be noted that:

- Some estimated need for older people's housing to 2035 may be met by existing age-designated housing where this is sufficiently attractive to some older people.
- Estimated need for older people's housing may increase further over the period to 2035 if any of the existing provision at 2018 is decommissioned or used for purposes other than for housing older people.
- It is possible over the period to 2035 that estimated need may increase, if as more older people's housing development takes place, this stimulates interest and demand for these types of housing further.

The projected estimates of need for nursing care provision reflect the increasing older people's population. It is also consistent with the evidence from Section 2 in relation to the projected increase in the care needs amongst the older population, for example the increasing prevalence of older people living with dementia.

The overall estimated levels of need for different older people's housing options is consistent with evidence in relation to the numbers of people aged 65+ on local authority waiting lists[51] (for any type of housing, not solely older people's housing).

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[51] Summary of Current Position. Services for Older People (2017). Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership. (2015/16: Cardiff 915 people aged 65+; Vale 472 people aged 65+).

4. Housing and accommodation: Older people's views and perspectives

4.1. Approach

The purpose was to gain a comprehensive insight into the views and aspirations of older people across Cardiff and Vale of Glamorgan in relation to the current range of provision and the nature of the future housing provision required. The intention is to base future commissioning in terms of housing and accommodation and associated facilities and care/support services on a good understanding of what older people need and aspire to.

To better understand these views and aspirations, primary research was conducted in the form of:

- A survey, primarily on-line with paper-based version also distributed locally. This was intended to generate insights into future housing and accommodation preferences and intentions.

- 6 focus groups and 20 1:1 interviews across Cardiff and the Vale targeting older people (aged 50+) from the following 'cohorts':

  - Older people living in market housing as owner occupiers; private renters; people living in leasehold retirement housing.

  - Older people living in general needs social rented housing.

  - Older people living in sheltered housing and extra care housing.

The focus groups and 1:1 interviews were intended to generate deeper insights into views and perspectives about moving, staying put, and preferences for different types of housing and care services.

The fieldwork and survey were conducted during February and March 2018. The approach taken is summarised in Annexe 3.

## 4.2. Survey: Views and perspectives of older people in relation to housing

There were 503 on-line responses to the survey from people aged 50+. The demographic breakdown of the respondents is shown at Annexe 3. In summary:

- In relation to age profile, 34% of respondents were aged 50-59 years; 39% of respondents were aged 60-69 years; 26% of respondents were aged 70+. This has provided perspectives from a broad range of age cohorts and provides insights from all these age cohorts .

- 56% of respondents were female and 44% male.

- Of those respondents that identified as having a disability, the most prevalent disabilities were sensory disabilities, long term conditions and mobility impairments.

In relation to their current housing status, 77% of respondents were owner occupiers with 15% renting from either a housing association or local authority and 7% renting privately. One aim of the survey was to ensure that the housing aspirations and requirements of older owner occupiers were captured.

Figure 4.1 Housing tenure[52].
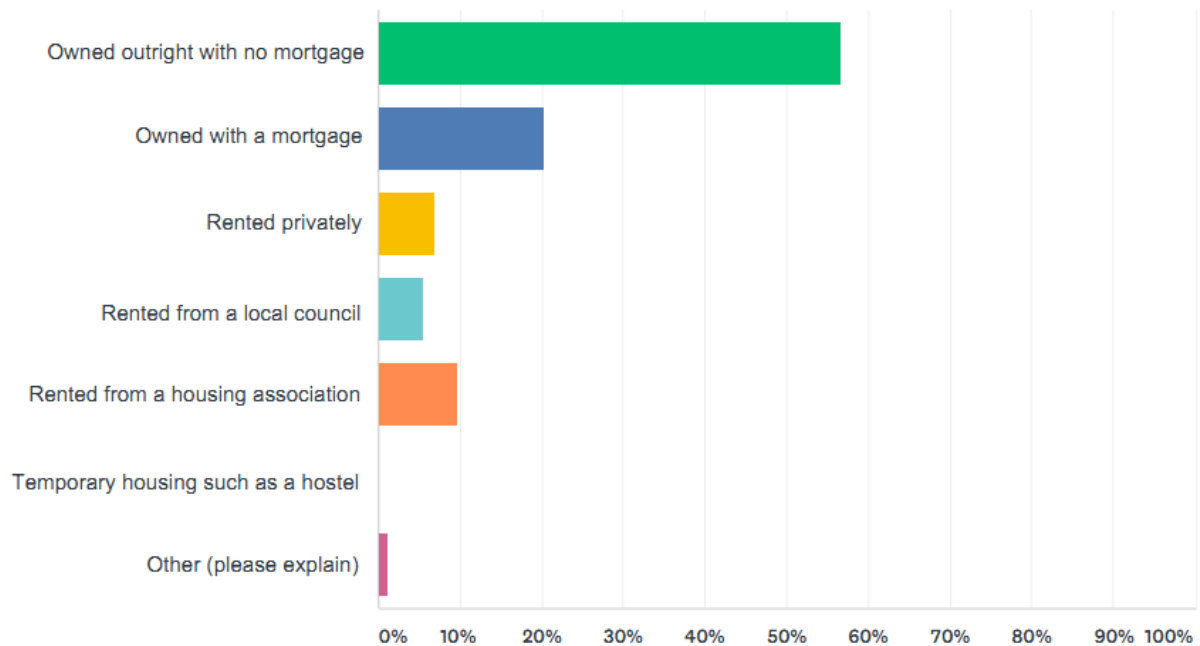
In relation to their current living arrangements, 58% of respondents live with a partner/spouse, 30% live alone and approximately 9% live with family or friends (figure 4.2).

Figure 4.2. Survey respondents: living arrangements

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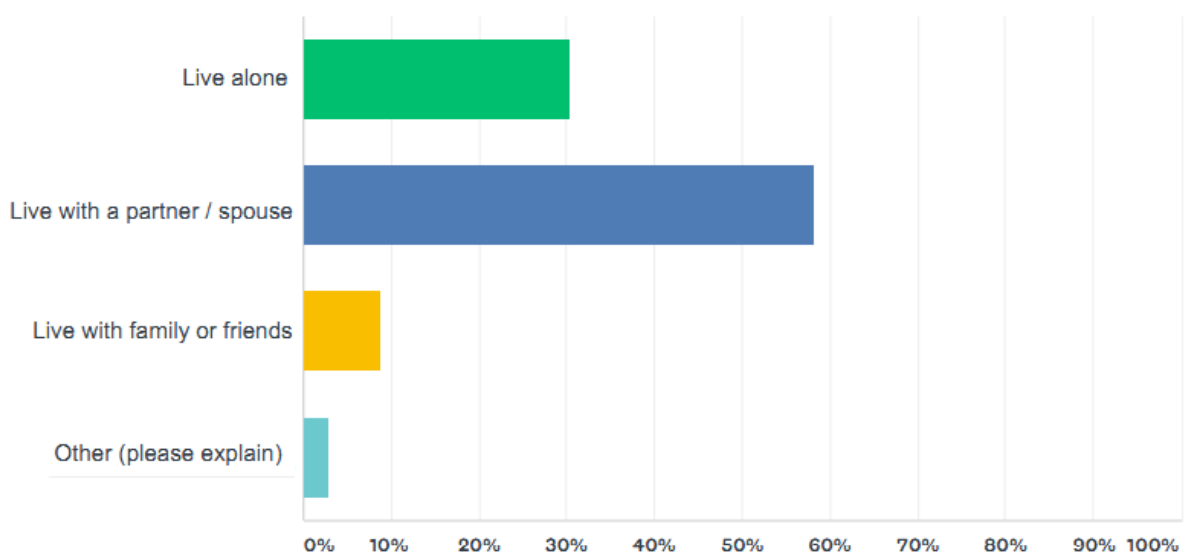
14% of respondents had already moved home for age related reasons. Of those that had moved:

- 50% had moved to live in a smaller home.

- 34% had moved to live in a more accessible home.

- 33% had moved to be nearer to a town centre.

From these responses it is clear that a minority of older people have already made the decision to 'downsize' to a smaller and/or more accessible home. The reasons why these older people have already moved reflect the reasons given by other respondents who are planning to move (figure 4.4).

Respondents were asked to identify any changes and adaptations which they have made or are planning to make to their current home. The purpose of this was to identify the most typical types of adaptations that people have made or plan to make to maintain their independence in their *existing* housing. The adaptations that were most prevalent in terms of respondents having made these changes or planning to do so were (see table 4.1):

- Adaptations to bathrooms (23%)

- Grab rails (22%)

- Improved access such as ramps (9%)

- Installation of stair lifts/lifts (8%)

This provides evidence of the types of adaptations that are likely to see growth in demand as the older population increases (section 3), covering both minor adaptations and major adaptions including demand from both self-funders and older people who may be eligible for funding from Disabled Facilities Grants.

Table 4.1. Changes and adaptations which respondents have made or are planning to make to their current home

	NOT NEEDED CURRENTLY	ALREADY HAD DONE	PLANNING TO HAVE DONE	TOTAL	WEIGHTED AVERAGE
Grab rails	77.90% 349	15.85% 71	6.25% 28	448	1.28
Stair lift	96.34% 395	1.95% 8	1.71% 7	410	1.05
Lift	95.81% 389	2.96% 12	1.23% 5	406	1.05
Adaptations to bathrooms	76.52% 339	16.70% 74	6.77% 30	443	1.30
Relocation of sleeping arrangements	92.82% 388	5.02% 21	2.15% 9	418	1.09
Improved access such as ramps	90.87% 378	4.81% 20	4.33% 18	416	1.13

When asked if they were considering moving home in the future, 44% of all respondents said they were considering a move (figure 4.3). In relation to timescales, this is disaggregated as follows:

- 15% within the next two years.

- 13% in the next 3-5 years.

- 9% in 6-10 years.

- 7% in more than 10 years.

Amongst all respondents approximately 28% of respondents, the majority of whom are home owners, said they were planning to move within the next 5 years. Amongst respondents who are renting the equivalent figure is higher, 40%. This is a significantly higher percentage of potential movers than has been recorded in similar surveys undertaken by the Housing LIN over the last 2 years. The variation in responses from respondents who are homeowners, renters, under 70 years of age and over 70 years of age are shown respectively at figures 4.3.1. to 4.3.4.

Figure 4.3 Respondents considering a move in the future

Housing LIN
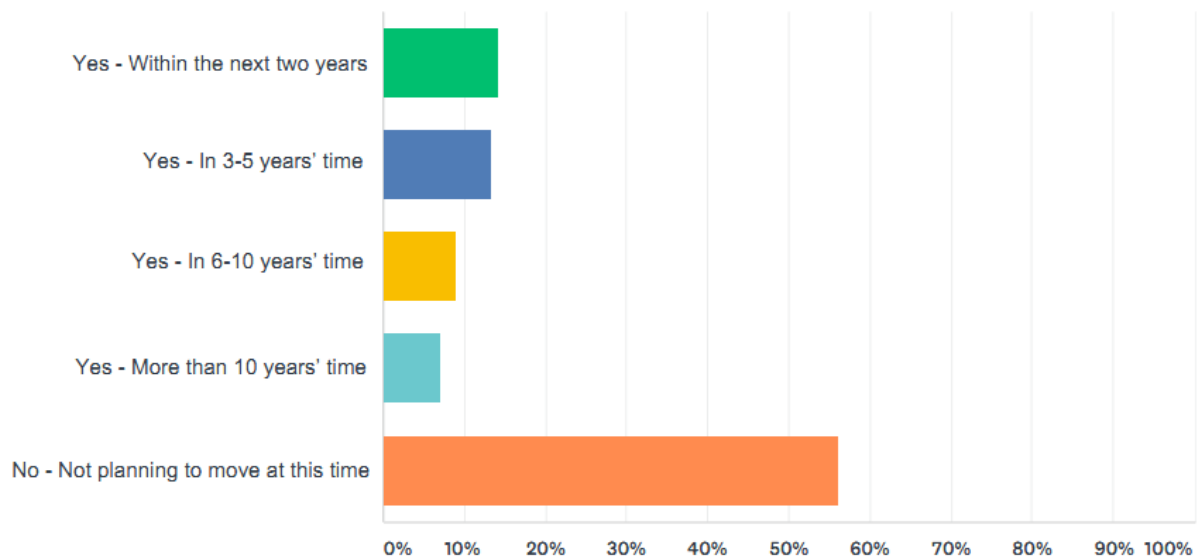
Figure 4.3.1 Respondents (homeowners) considering a move in the future
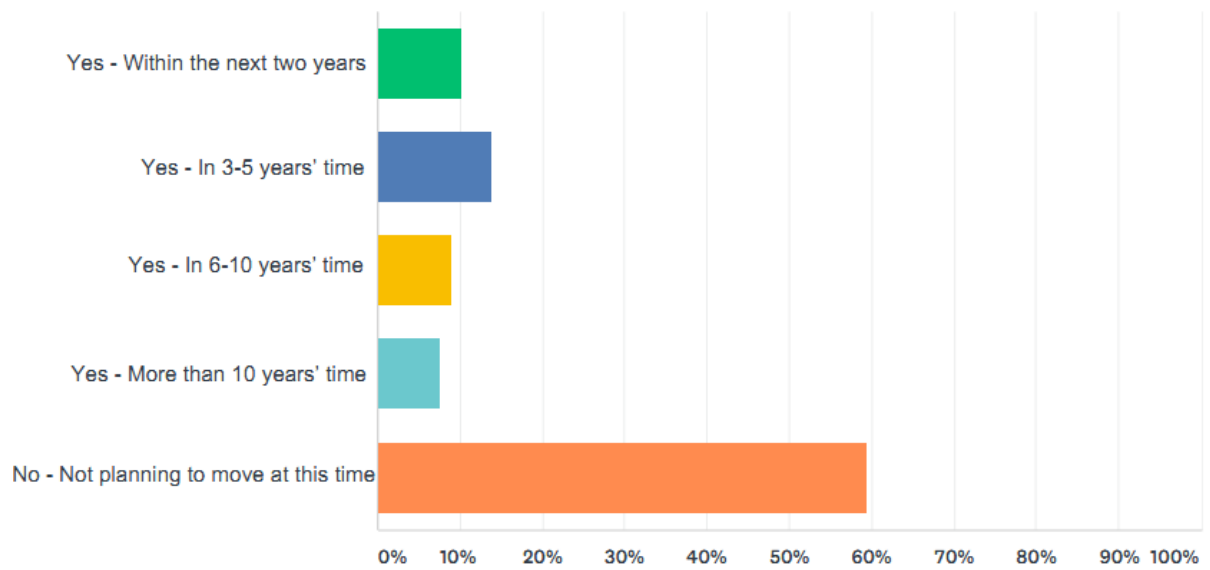

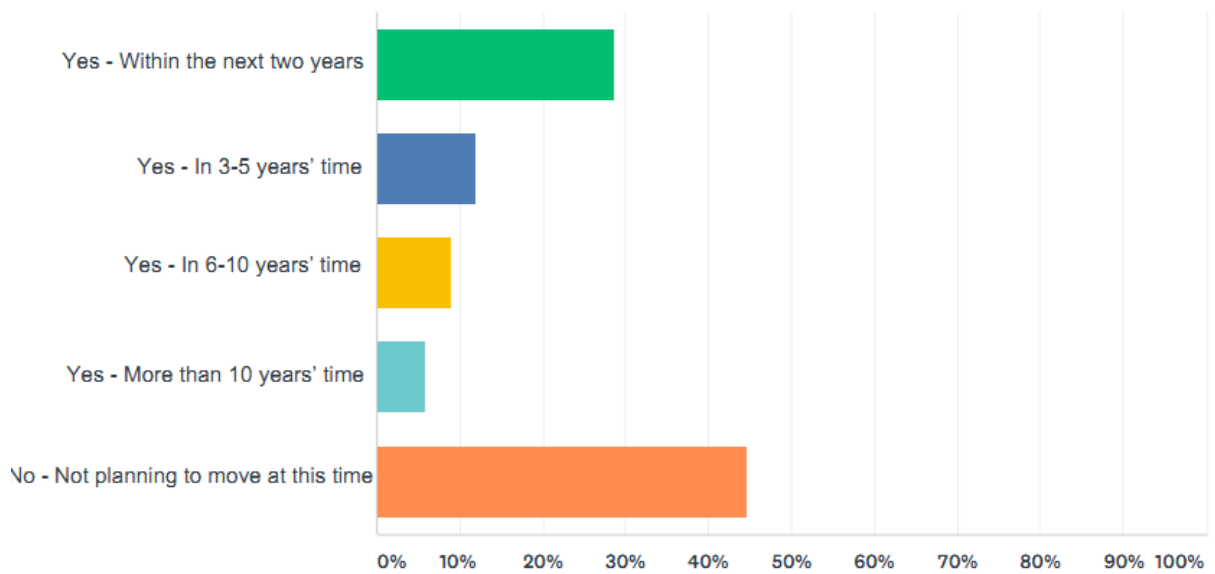Figure 4.3.2 Respondents (renting) considering a move in the future

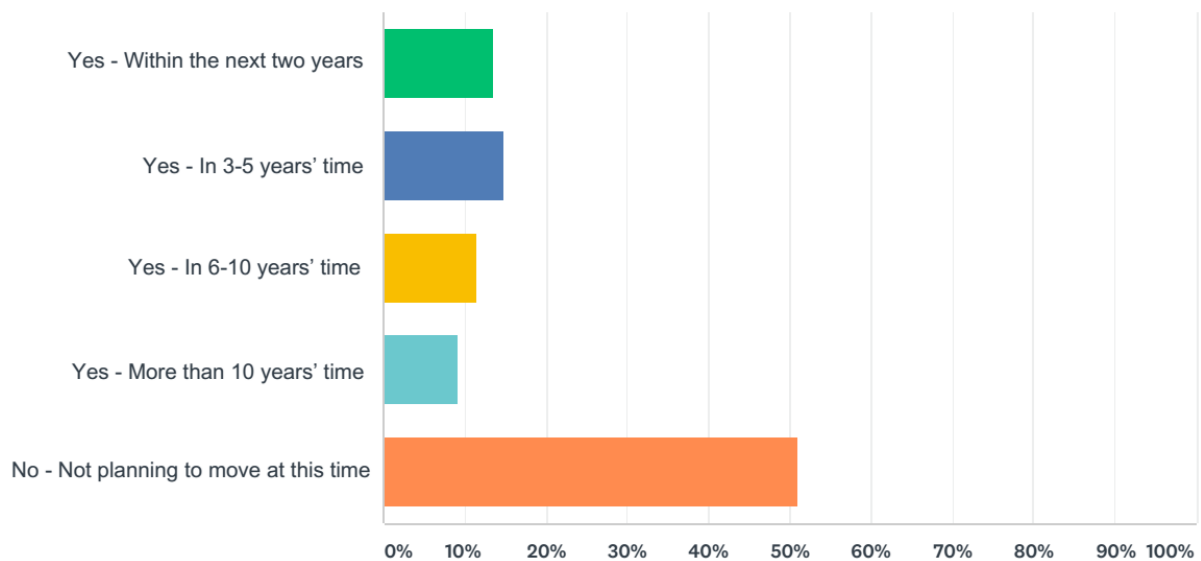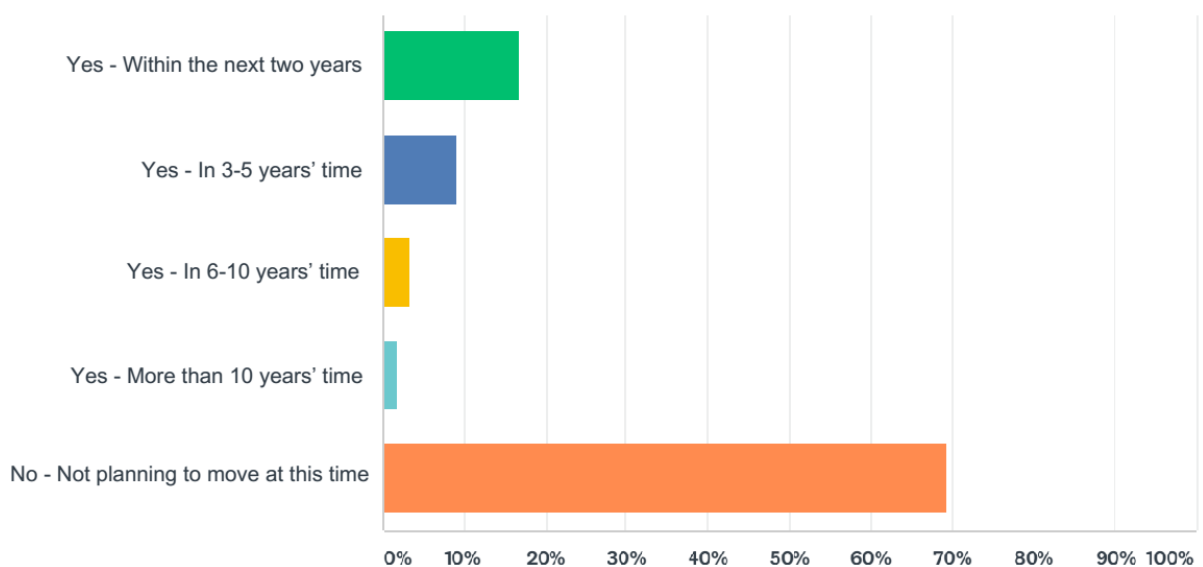Figure 4.3.3 Respondents (under 70 years) considering a move in the future

Figure 4.3.4 Respondents (over 70 years) considering a move in the future

In relation to the main reasons motivating people to consider a move (figure 4.4), the most significant factors amongst respondents overall are:

- To live in a smaller home (40% of responses)
- To live in a more accessible home (25% of responses)
- To move nearer to family or friends (17% of responses)
- To have access to care services (15% of responses)

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The variation in responses from respondents who are homeowners, renters, under 70 years of age and over 70 years of age are shown respectively at figures 4.4.1. to 4.4.4.
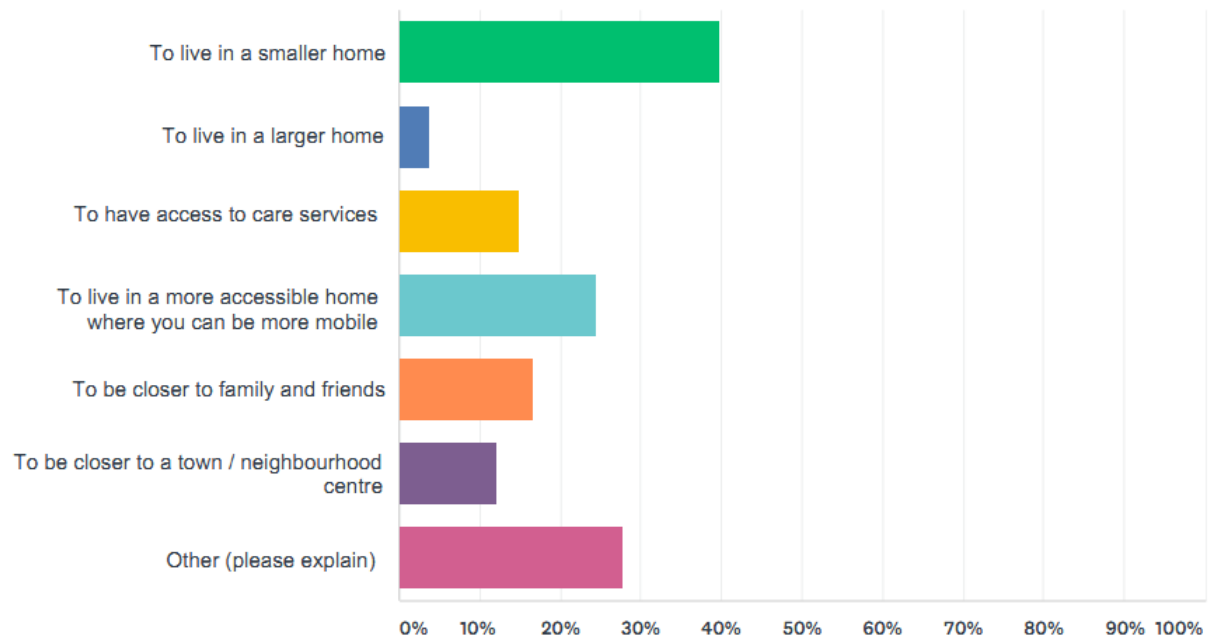
Figure 4.4. Main reasons for considering a move

Figure 4.4.1. Main reasons for considering a move (homeowners)
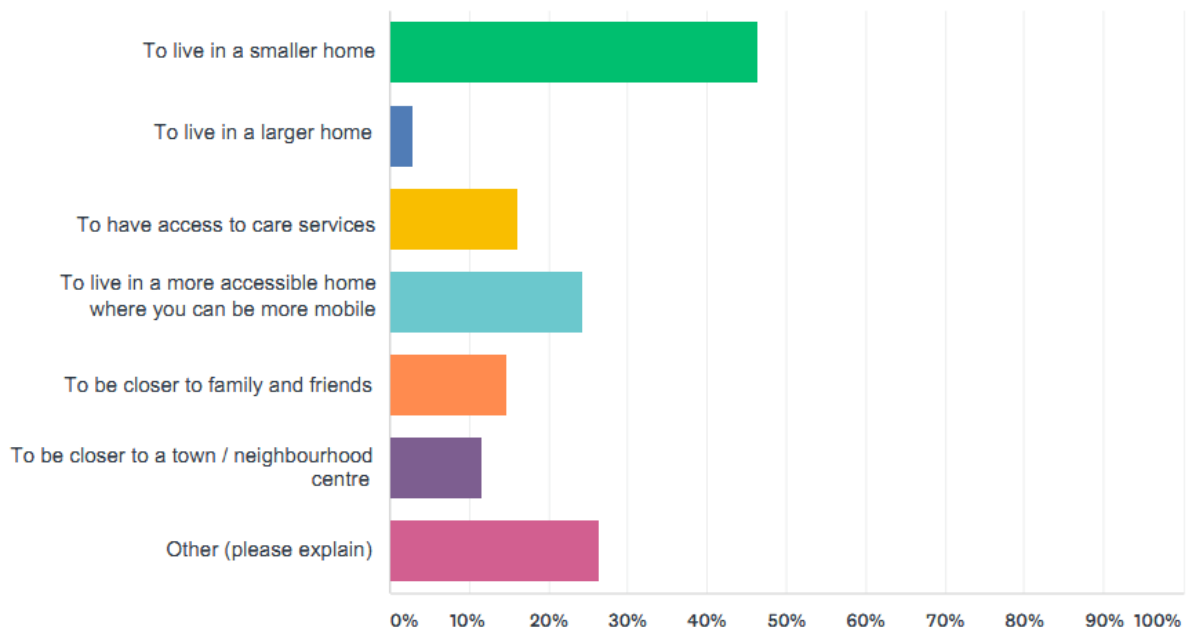
Housing LIN

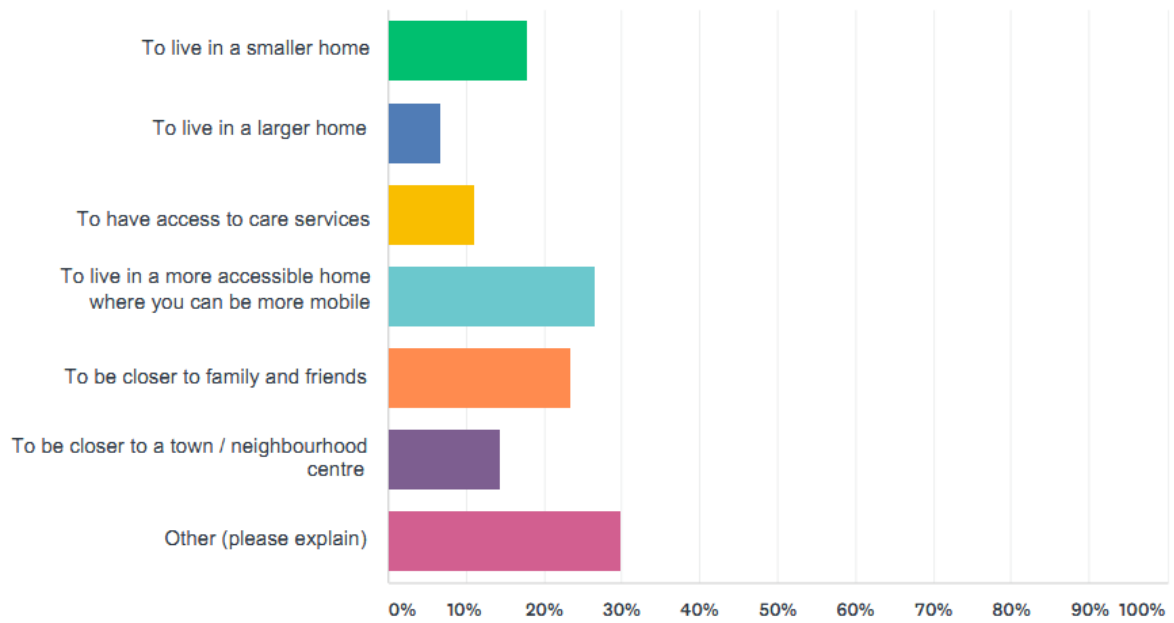Figure 4.4.2. Main reasons for considering a move (respondents renting)

Figure 4.4.3. Main reasons for considering a move (respondents under 70 years)
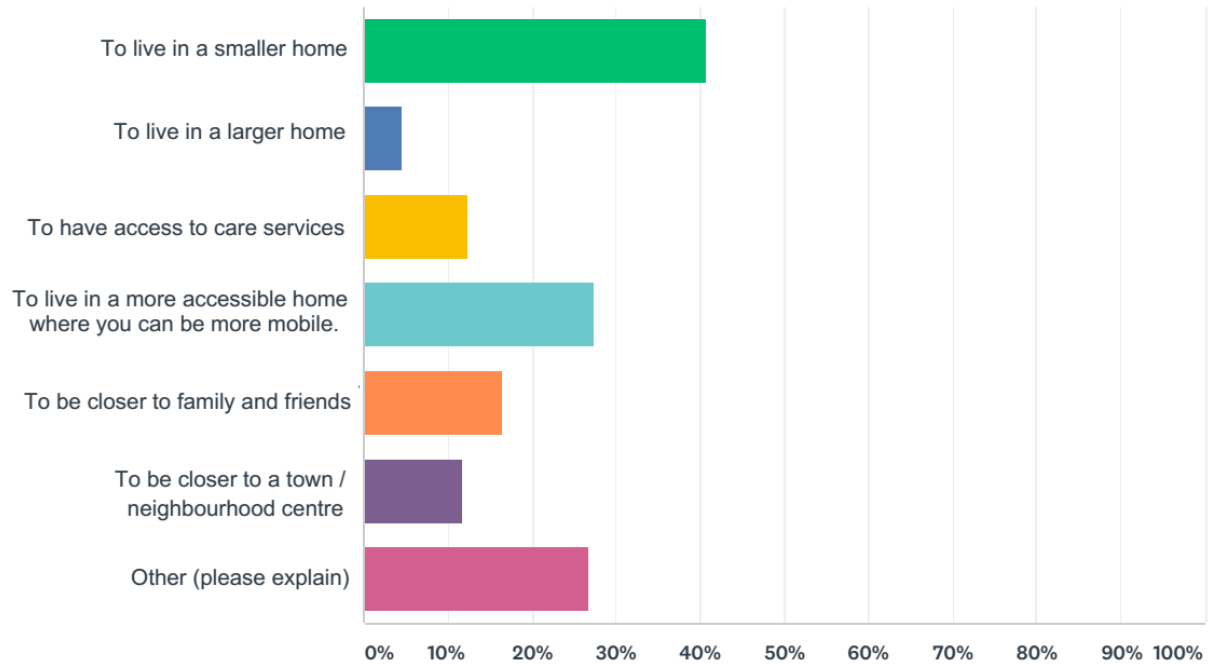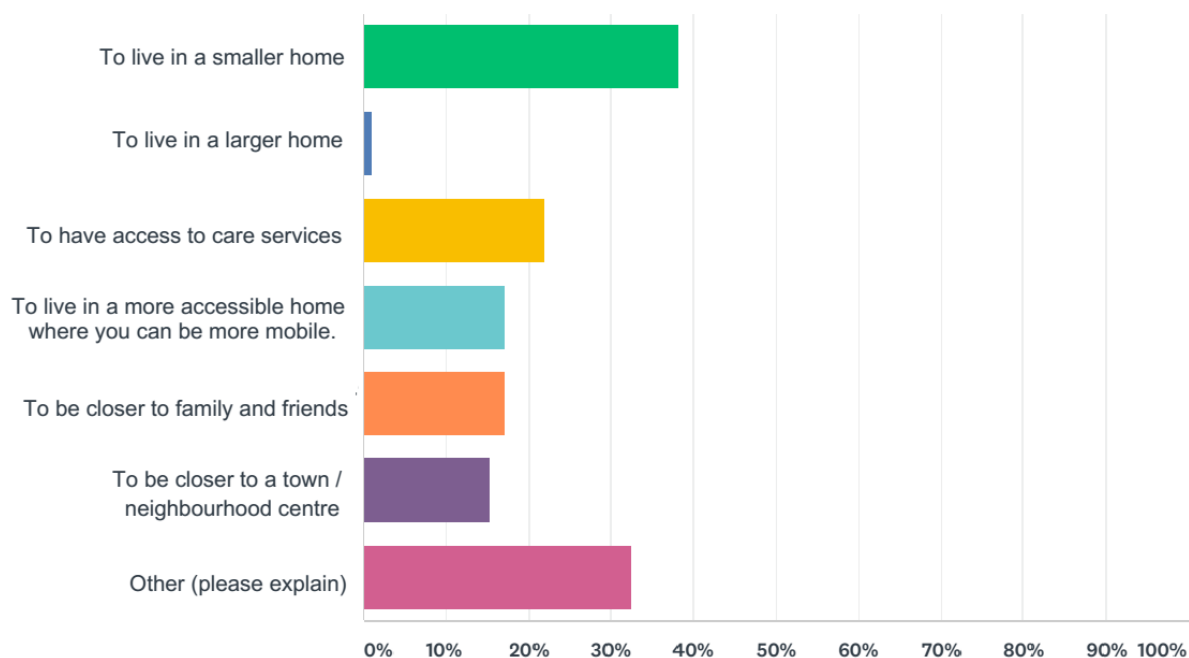
Figure 4.4.4. Main reasons for considering a move (respondents over 70 years)

The clear majority of respondents, if they were to move, were seeking to move either to a town/neighbourhood centre or to the outskirts of a town provided there were good transport links (table 4.2). Locations for future housing developments for older people need to be located close to amenities or with transport links that enable people to access facilities and amenities.

Table 4.2. Type of location preferences if considering a move

ANSWER CHOICES	RESPONSES	
Near a town / neighbourhood centre	45.12%	208
Outskirts of town with good transport	26.03%	120
By the coast	11.93%	55
Rural village/setting	8.03%	37
Other (please specify)	8.89%	41
TOTAL		461

The most popular localities identified by respondents in relation to moving preferences were:

- Cardiff north: 29% of responses
- Cardiff west: 28% of responses
- Western Vale: 21% of responses
- Eastern Vale: 21% of responses

22% of responses were for a move to outside of Cardiff and the Vale.

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The relatively high response for Western Vale, which is relatively rural, contrasts with the responses to the previous question (i.e. relatively low preference for moving to rural/village settings), indicating the complexity of the considerations that influence older people's moving decisions.

In relation to the housing type, there was strong preference amongst respondents overall for a move to a bungalow (46%), significantly higher than preferences or a move to a house (29%) or a move to a flat (21%) (figure 4.5). This indicates that to attract downsizing a mix of housing types will need to be provided and that developments that rely solely on flatted accommodation are likely to have a smaller 'pool' of potential downsizers. It also indicates that there is scope to use the bungalow form in various ways to attract the widest group of potential downsizers, e.g. the recent trend towards developing terraced chalet bungalows aimed at older downsizers[53]. The variation in responses from respondents who are homeowners, renters, under 70 years of age and over 70 years of age are shown respectively at figures 4.5.1. to 4.5.4.

Figure 4.5. housing types preferences amongst potential movers

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[53] http://housinginnovations.org/news/post/birmingham-city-council2
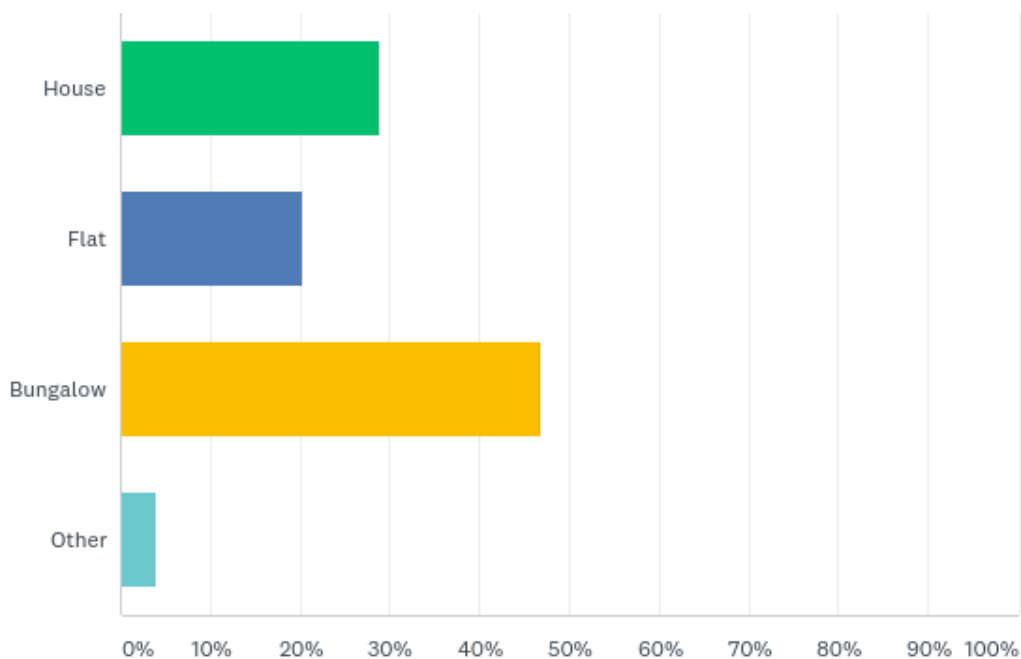
Figure 4.5.1 housing types preferences amongst potential movers (homeowners)
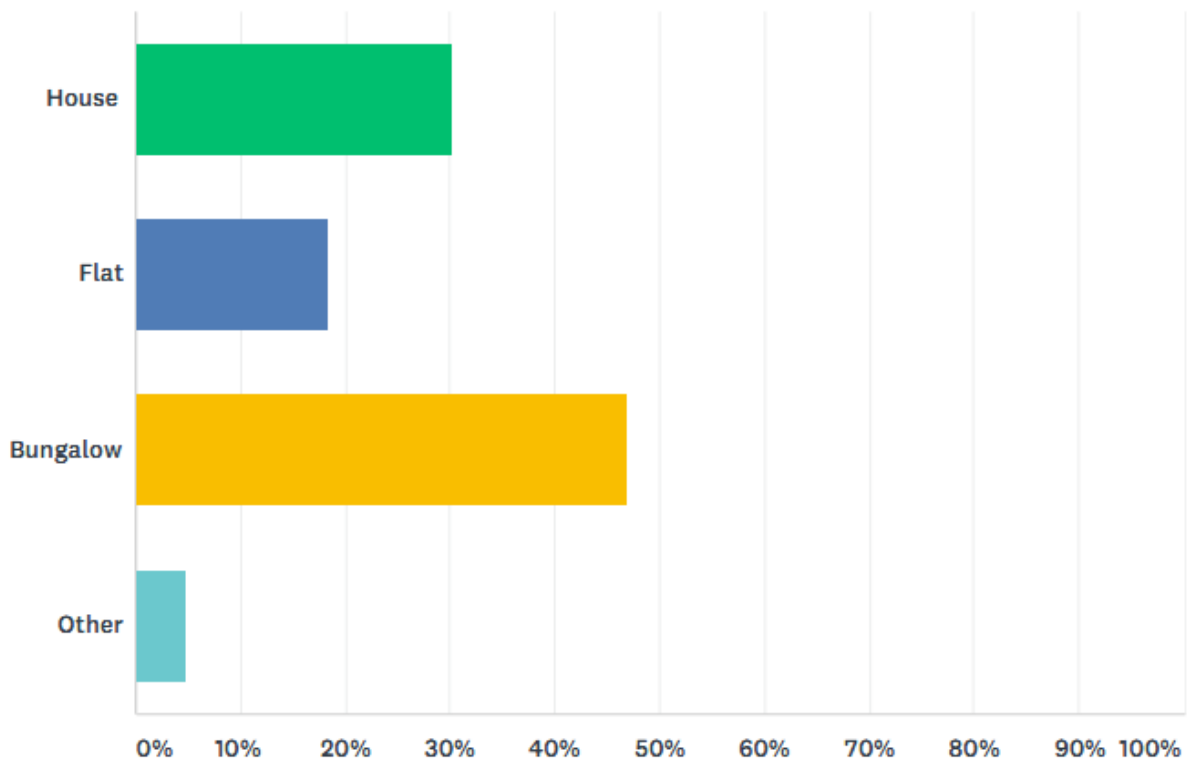
Figure 4.5.2 housing types preferences amongst potential movers (respondents renting)

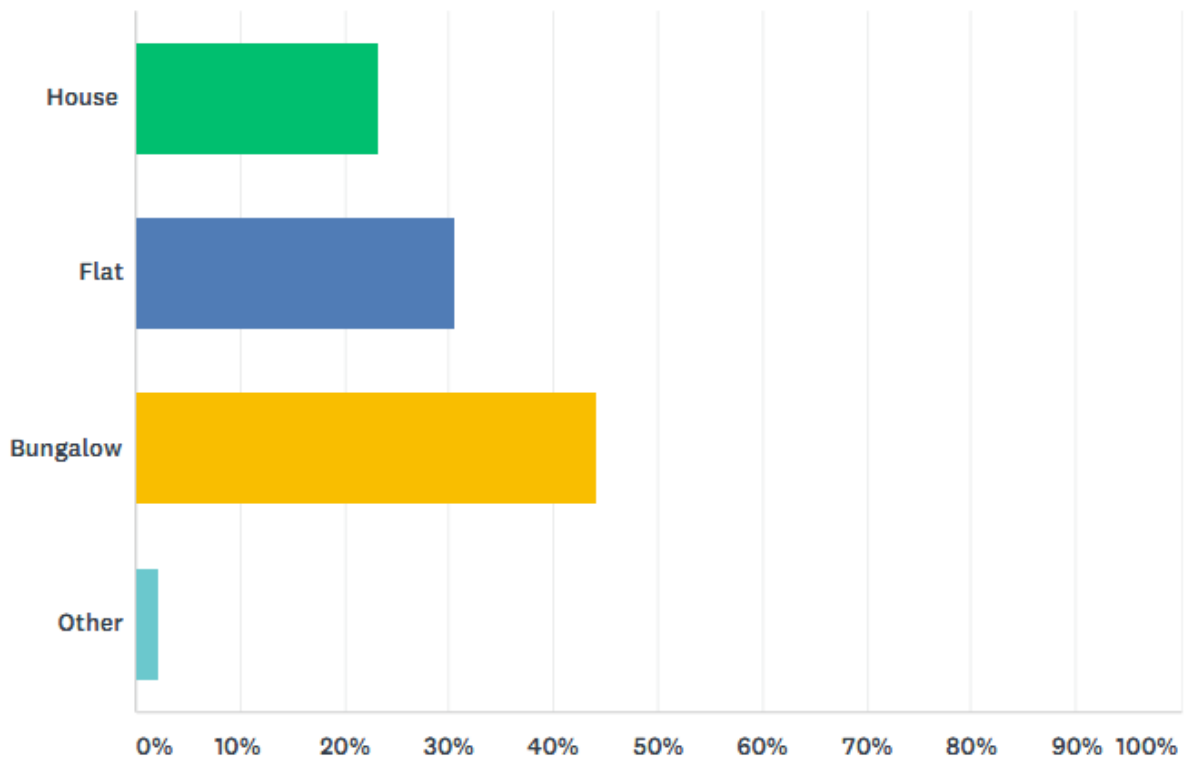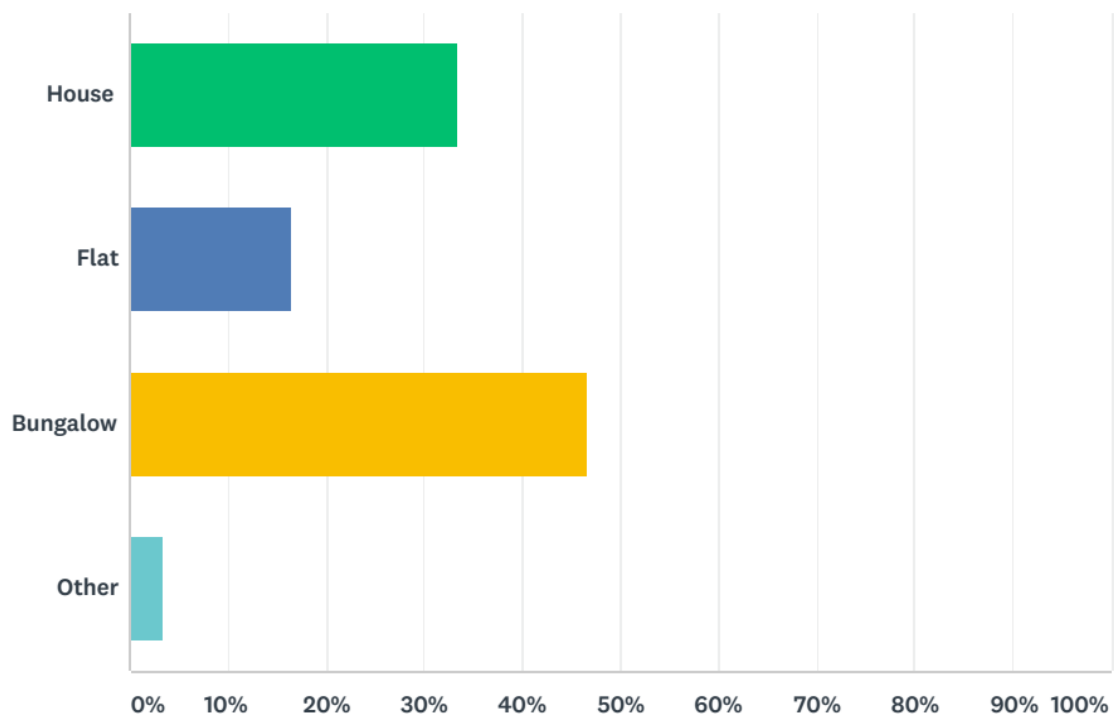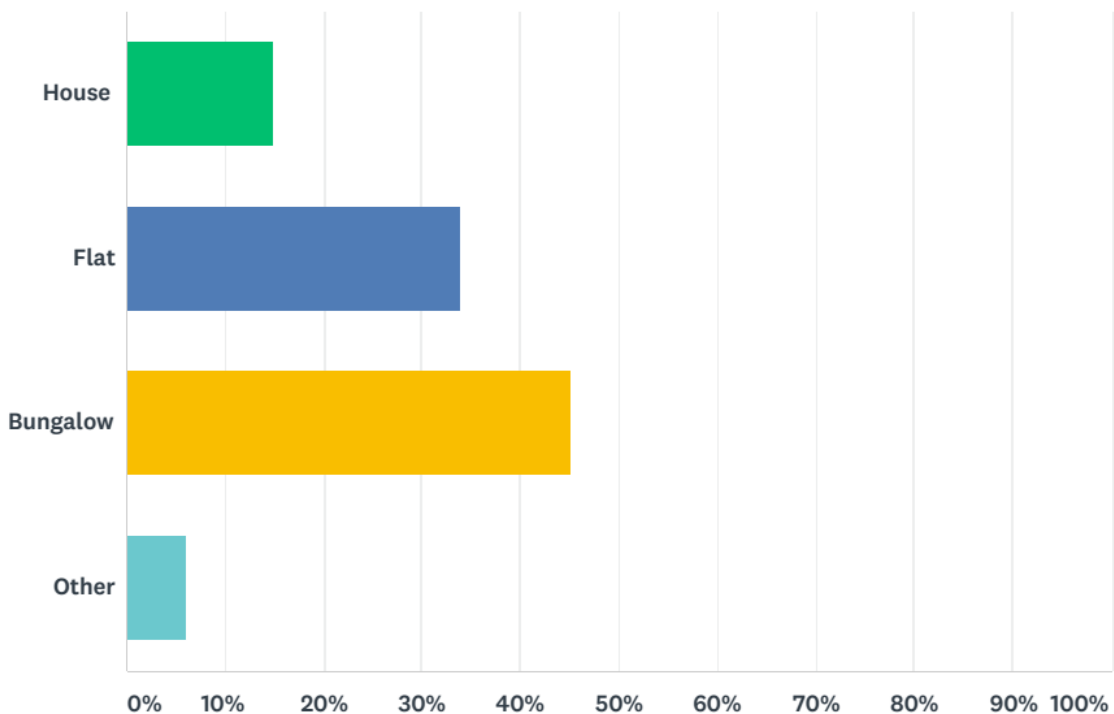Figure 4.5.3 housing types preferences amongst potential movers (under 70 years)

Figure 4.5.4 housing types preferences amongst potential movers (over 70 years)

Amongst respondents considering a move there was a strong preference overall for moving to a property with at least 2 bedrooms (58%) compared with one bedroom (10%). 29% of respondents were seeking to move to a property with 3 bedrooms. This confirms other

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published research and research undertaken by the Housing LIN that most older people will only be attracted to downsize/rightsize to a property with at least 2 bedrooms.

In relation to the most important aspects of the housing/accommodation a person may be considering moving to, these were:

- Safety/security (67% of responses).

- Having a private garden (66% of responses).

- Adequate storage (62% of responses).

- Having a garage or parking (62% of responses).

- Moving to an area with cafes/shops (61% of responses).

These preferences highlight the importance of good quality design (safety/security and storage), creating private garden spaces, whether through a sufficiently large balcony or ground floor garden, the potential for staff presence (safety/security) and the importance paned on car ownership/usage (garage/parking). Other important factors included:

- Having social opportunities (41% of responses)

- Ability to bring pets (39% of responses)

- A more accessible home (37% of responses)

These factors highlight the importance of accessible design features, creating opportunities through the provision of communal/social spaces or through facilitating socialising opportunities, and being able to manage the presence of pets.

Respondents were asked whether, if they were considering moving home, would their preference be to live in housing designated for older people. Overall, 47% of respondents would not consider a move to housing designated for older people, 27% of respondents would consider moving to age designated housing (figure 4.6), however amongst respondents renting approximately 45% would consider moving to age designated housing; 26% did not know. The implication is that almost half of potential downsizers are seeking a move to housing that is not designated for older people, i.e. this is not a feature that will attract them to downsize. Approximately a quarter of potential downsizers will consider a designated older people's housing offer. The fact that a quarter of respondents don't know, indicates that housing commissioners and developers will need to provide clear information and marketing messages as well as an attractive housing product to this cohort in relation to a move to housing designated for older people. The variation in responses from respondents who are homeowners, renters, under 70 years of age and over 70 years of age are shown respectively at figures 4.6.1. to 4.6.4.

Figure 4.6. If you were to consider moving home, would your preference be to live in housing designated for older people

Figure 4.6.1 If you were to consider moving home, would your preference be to live in housing designated for older people (homeowners)

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Figure 4.6.2 If you were to consider moving home, would your preference be to live in housing designated for older people (respondents renting)
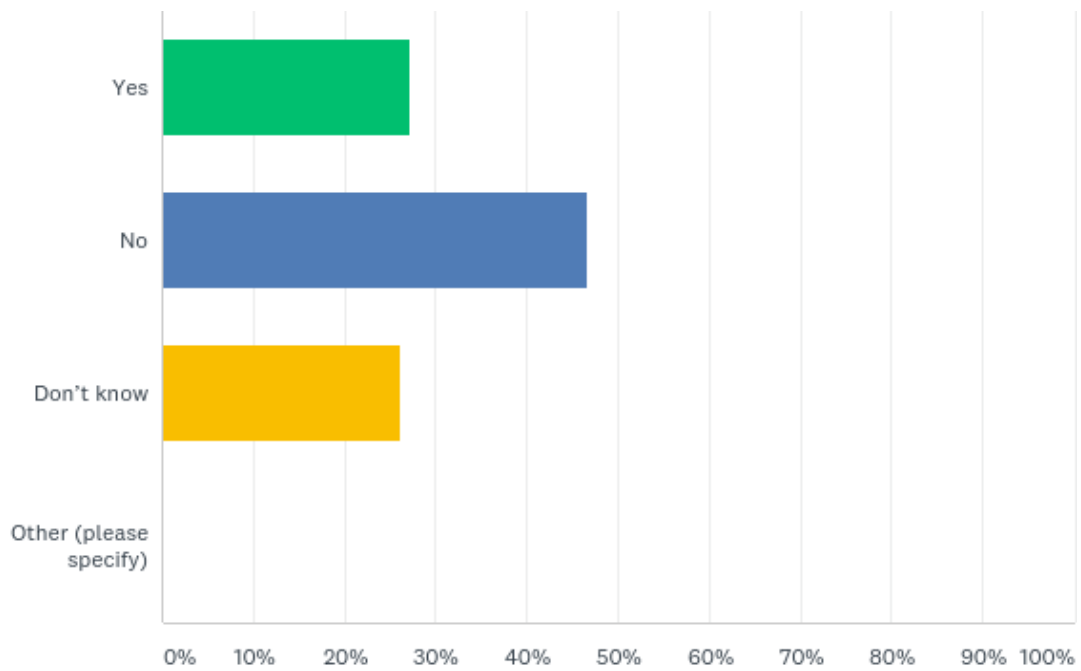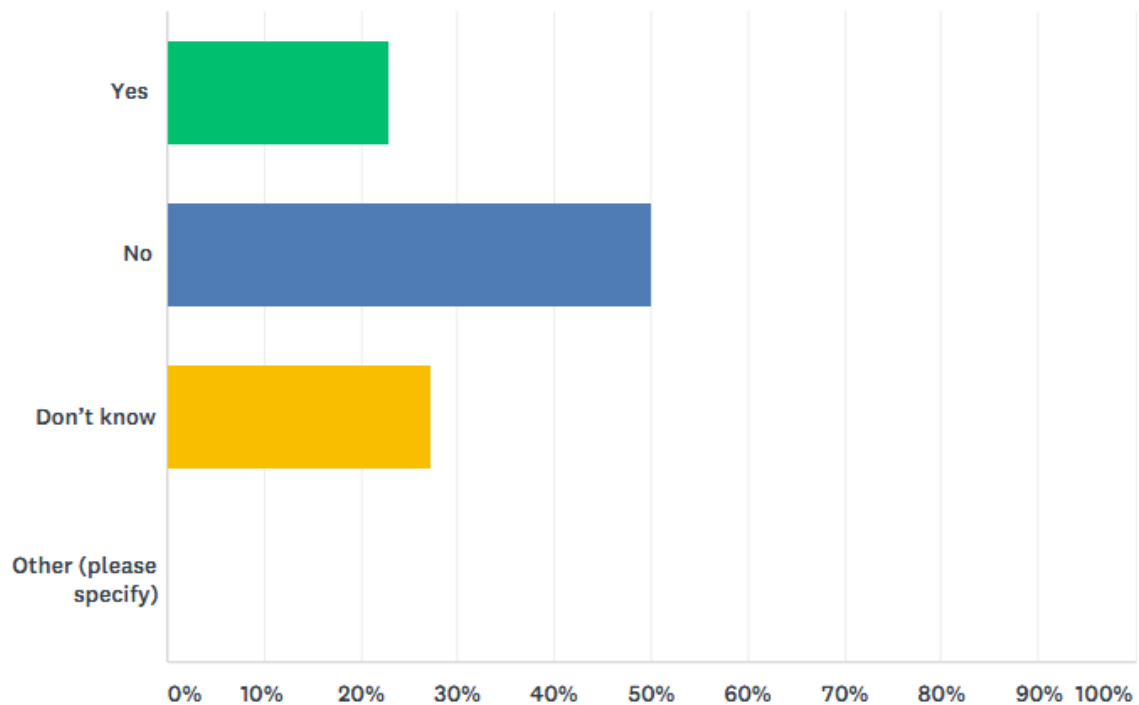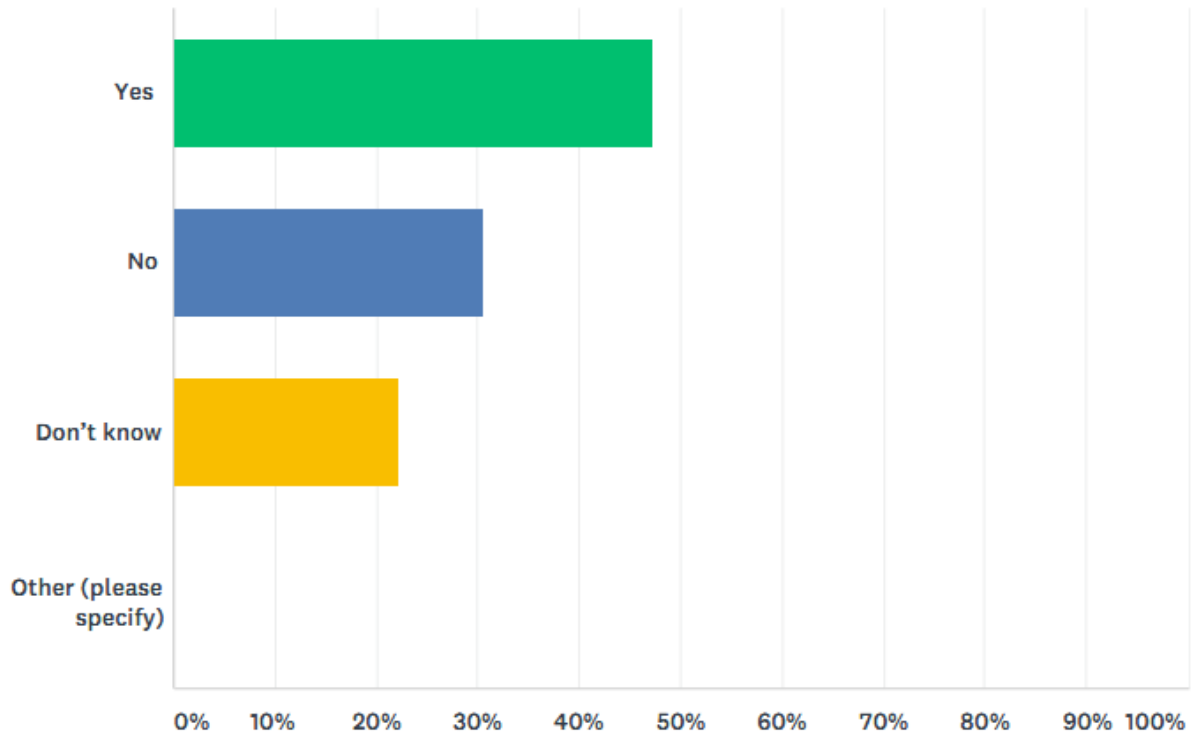

Figure 4.6.3 If you were to consider moving home, would your preference be to live in housing designated for older people (under 70 years)
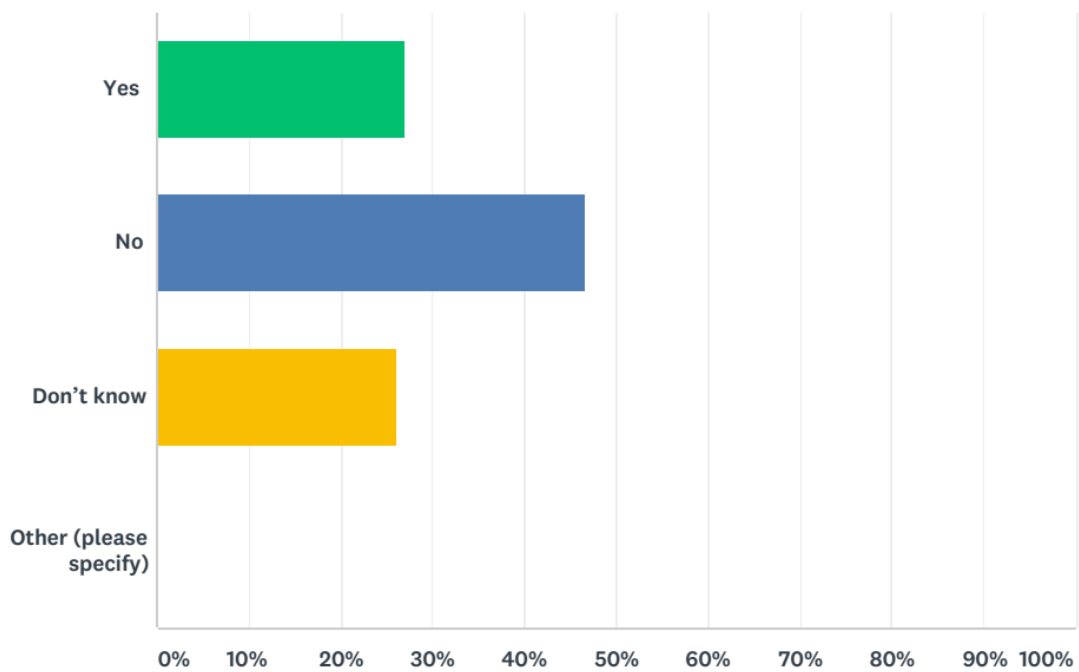
Figure 4.6.4 If you were to consider moving home, would your preference be to live in housing designated for older people (over 70 years)
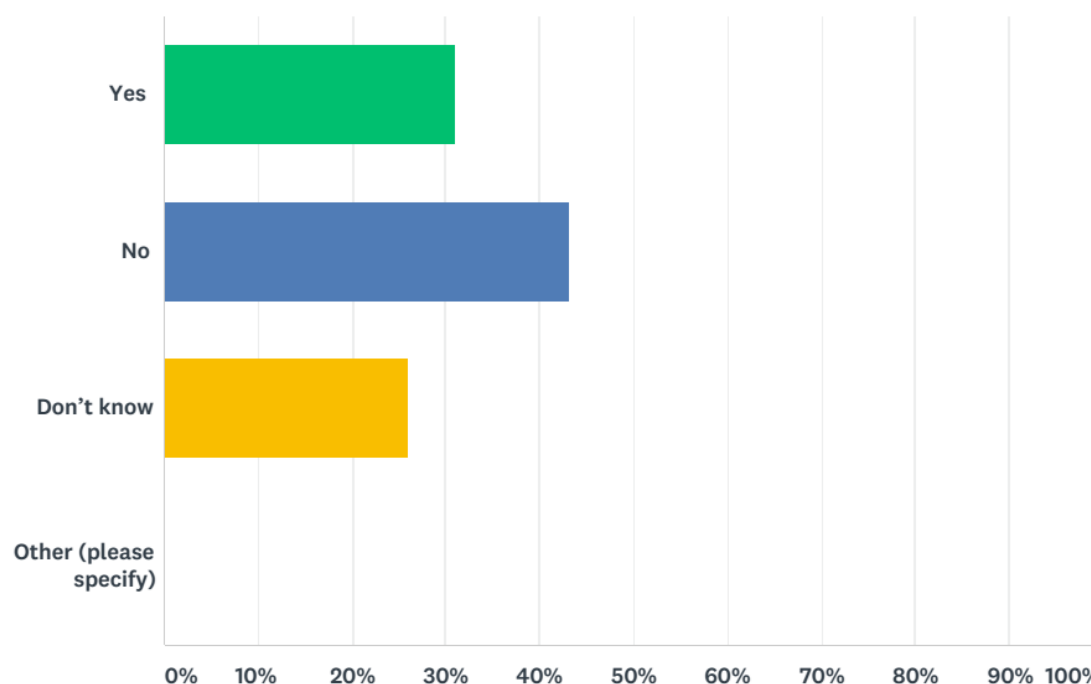
In relation to the types of services that are important to those residents who did express a preference to move, table 4.3 identifies that having an alarm is the most important service that older people are seeking, followed by access to staff, either visiting to provide support (27% of responses) or being on site 24/7 (19% of responses).

Table 4.3. Would it be important to have access to any of the following services if you were to move?

ANSWER CHOICES	RESPONSES	
A member of staff on site 24/7	18.63%	38
Day time cover by accommodation/scheme manager	17.65%	36
Staff who visit to provide support	26.96%	55
Care staff on site	8.33%	17
Having an alarm to call for help when I need it	81.37%	166
Total Respondents: 204		

When asked about the type of housing and tenure (figure 4.7) respondents overall would prefer if they were to move to designated older people's housing (answered by 88% of respondents), a clear majority were interested in buying outright (61% of respondents). 16% would prefer to rent from a council and 15% would prefer to rent from a housing association. 6% would be interested in shared equity forms of tenure. The variation in

responses from respondents who are homeowners, renters, under 70 years of age and over 70 years of age are shown respectively at figures 4.7.1. to 4.7.4.

Amongst respondents who are homeowners over 70% are seeking to buy outright. Amongst respondents renting over 80% are seeking to rent from either a housing association or a council.

Figure 4.7. When moving into older people's housing, would you rather

Figure 4.7.1 When moving into older people's housing, would you rather (homeowners):

Figure 4.7.2 Of those that are not home owners: When moving into older people's housing, would you rather (respondents renting):

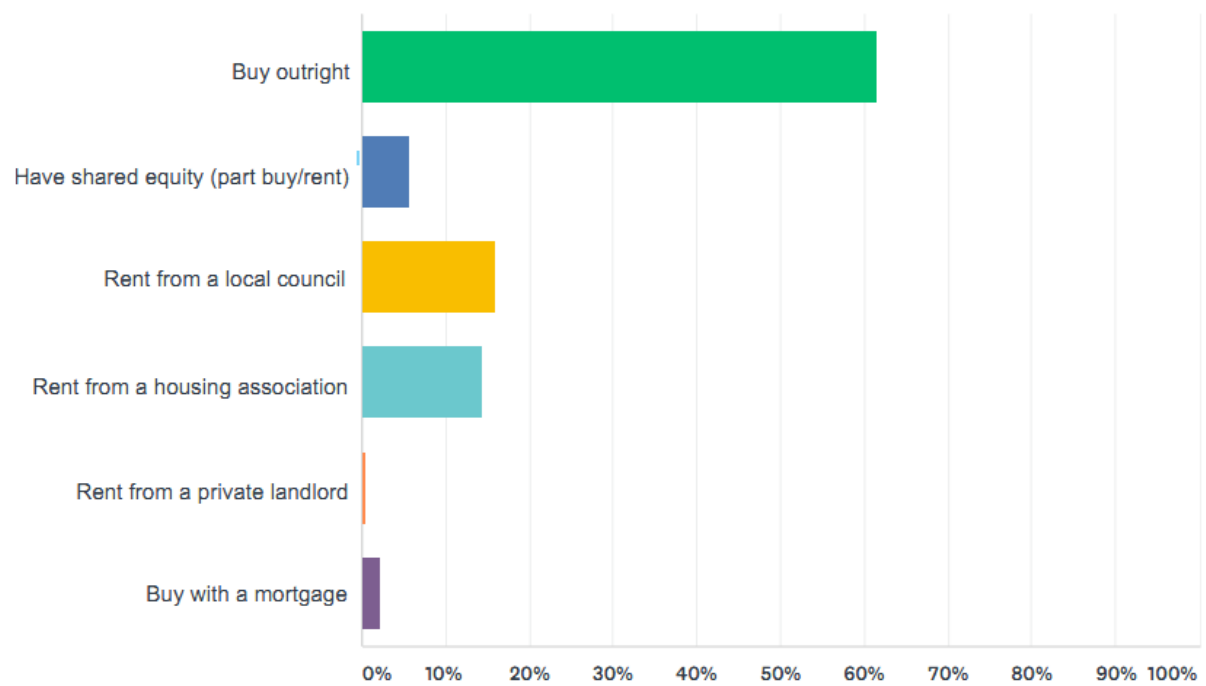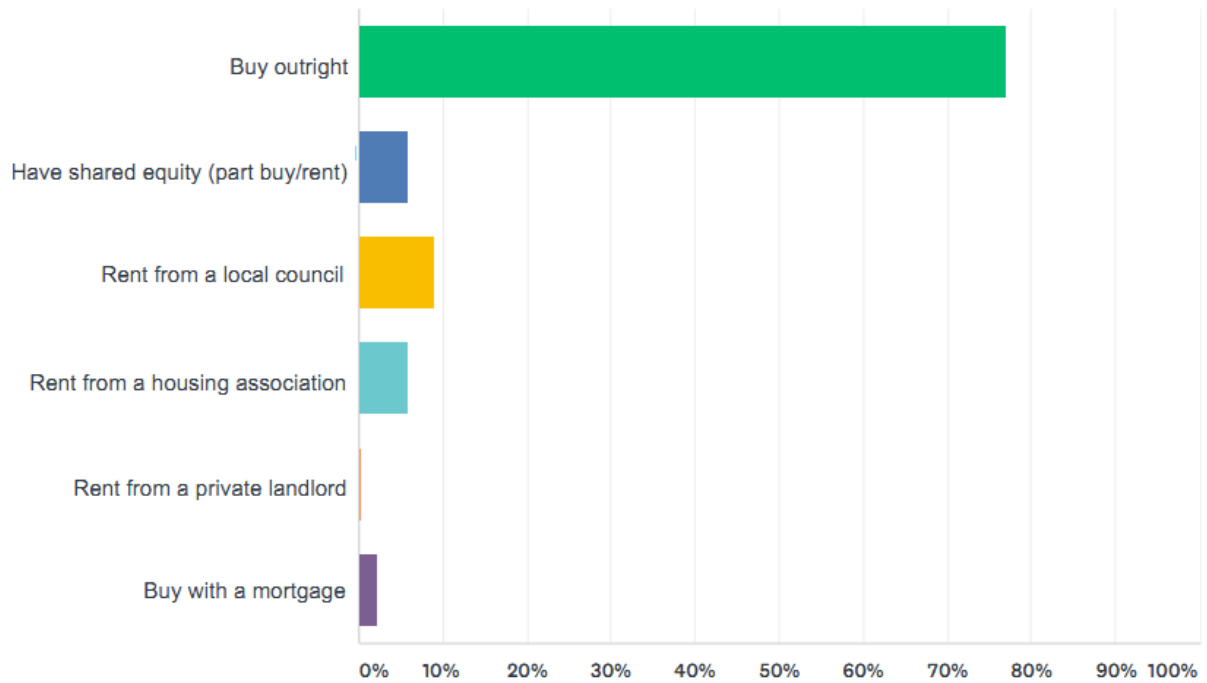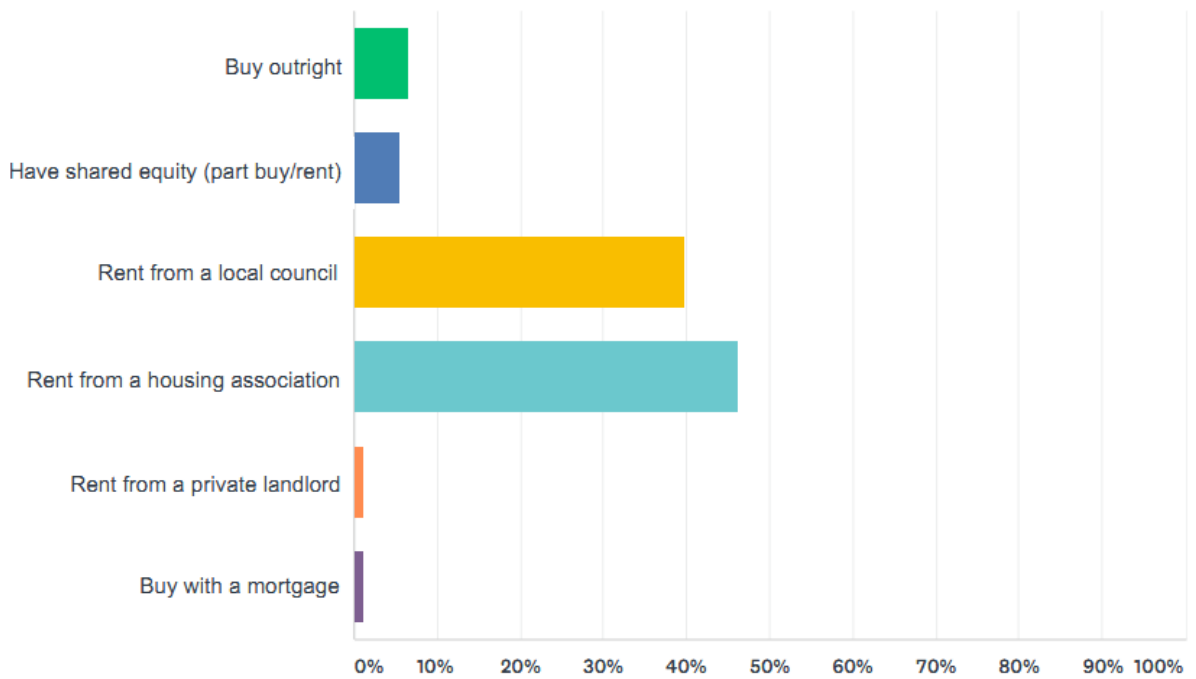Figure 4.7.3 When moving into older people's housing, would you rather (under 70 years):
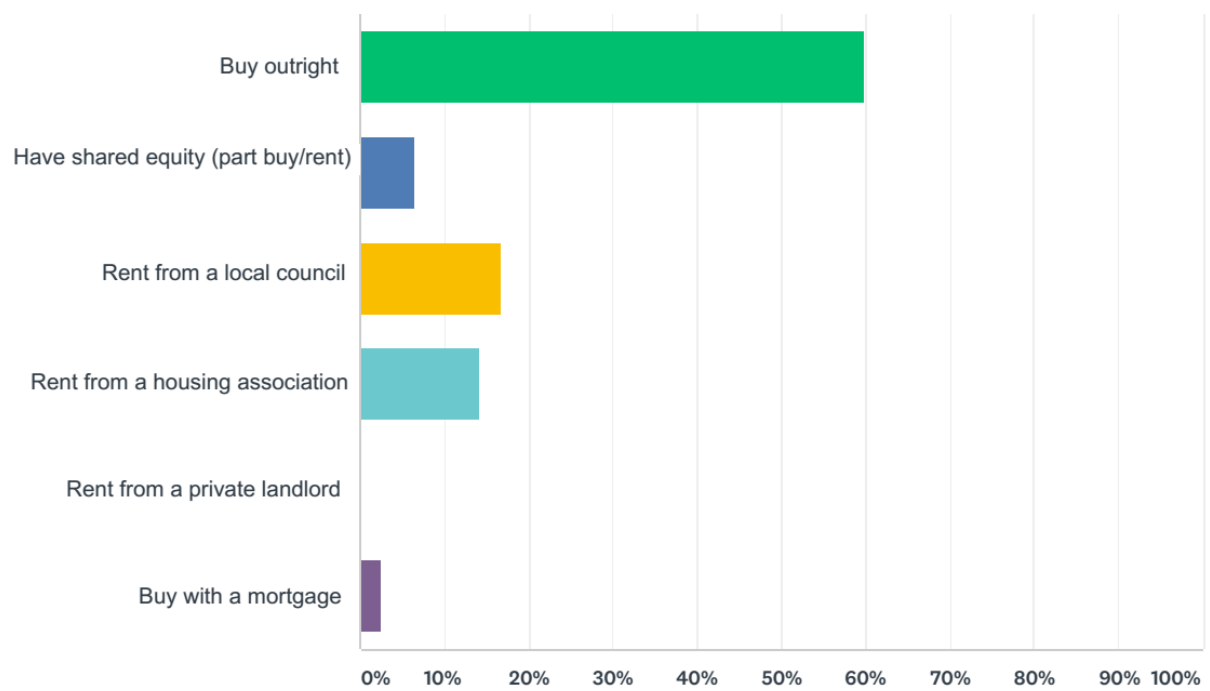
Figure 4.7.4 When moving into older people's housing, would you rather (over 70 years):

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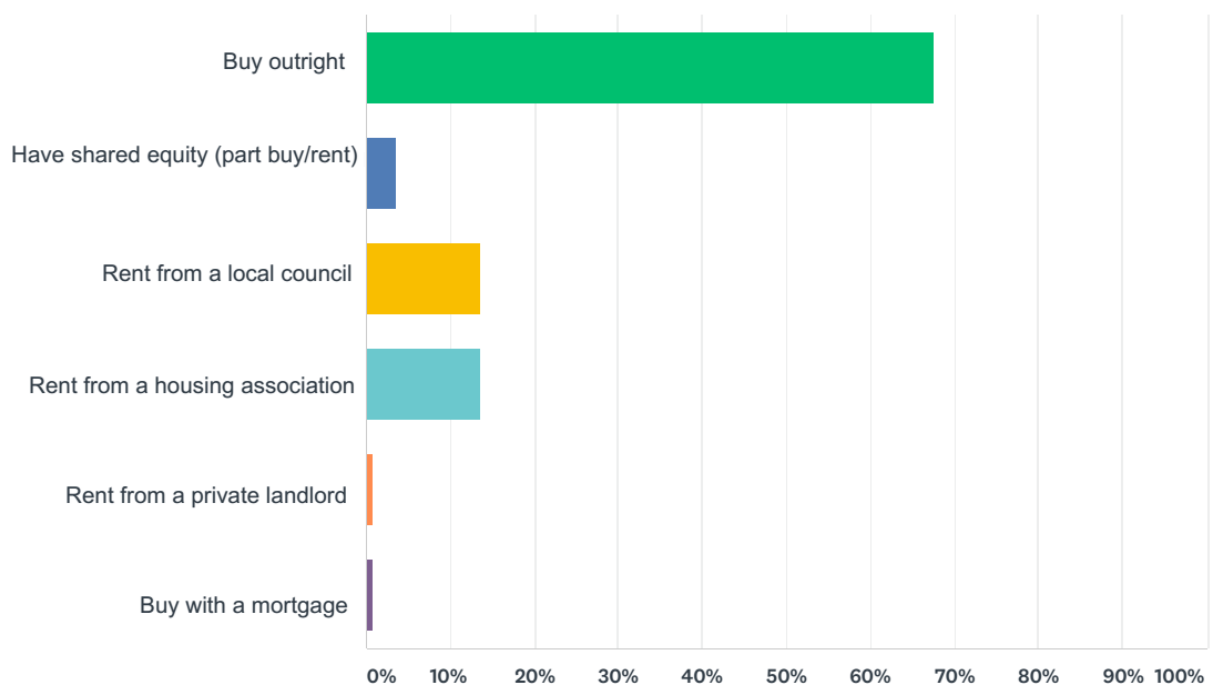
4.4. Focus groups and interviews

A summary of the key messages and findings from the qualitative research with older people is set out below. A detailed report of the findings is shown at Annexe 4.

The fieldwork and survey were conducted during February and March 2018. The approach taken is summarised in Annexe 4.

Key messages: what matters to older people

The age range from 50 to 90+ is very wide. Participants said that a diversity of housing and accommodation options is required, definitely not a 'one size fits all' approach.

There is interest in a wide range of housing options being available including innovative options such as co-housing and housing co-operatives.

Owner occupiers, people living in private retirement housing and private renters

Older owner occupiers said that even if they are interested in downsizing, they are put off by what they perceive to be a lack of attractive housing choices.

There is interest in extra care housing but typically as a 'later' move and there are concerns about the affordability of current models for self-funders.

In relation to housing types:

- There is a strong interest in moving to a bungalow, but it is certainly not the preference of all older people.
- Flats are not popular with some older people – negatives include that they are perceived to be too small, potential for noisy neighbours, lack of outside space. There are also some negative perceptions about leasehold as a tenure.

Older people who wish to move are seeking a minimum of 2 bedrooms.

There is a desire for comprehensive information and *face-to-face* advice about different housing options that may be suitable for older people

Some older people wish to remain living in rural areas (in existing homes or to downsize) but this can be difficult due to a lack of public transport and, for example, access to good quality internet services.

Even when people have moved to an older people's housing scheme, many older people wish to have access to community activities that are 'inter-generational'.

Those who have moved to retirement housing schemes are generally satisfied and liked the safety/security offered, locations (close to shops and amenities), having a scheme manager, having like-minded neighbours.

Other people who had moved into private retirement housing said that it is important for more information to be available about leasehold sales including exit fees, ownership of the freehold, future increases in ground rent, charges for changes to the property, 'right to manage' arrangements.

Some participants expressed concerns about the suitability of retirement housing as people develop more significant care needs; some people would like to see more extra care housing and assisted living type schemes, particularly for self-funders.

A small number of people have rented private retirement housing and were happy to do so; i.e. retirement housing at market rent is an option that is attractive to some older people.

A small number of participants who had lived in the general private rented sector had not had a positive experience of this as a suitable housing option for older people.

Older people living in sheltered and extra care housing

For people living in sheltered or extra care housing, safety, loneliness, declining physical health (self or partner) and availability of a warden or staff on site 24/7 were all important reasons for moving.

Participants identified that lots of people don't know about sheltered and extra care housing, and therefore may miss out on opportunities: *"People need to be woken up to what's available."*

Overall, for people living in sheltered and extra care housing, the most important factors were safety and the combination of company and privacy: "*It's not lonely – always someone to say hello to...but you can stay in your flat if you want.*"

Participants also identified the importance of the local environment and amenities, especially shops and public transport. Still being near to the friends, family and community (where they had lived before moving) was also important. Activities and support from staff were important in both sheltered and extra care housing.

There was very positive feedback from those living in extra care housing and on the availability of 24/7 staffing: *"This is the way the council needs to go".*

In sheltered housing, both interview and focus group participants were unhappy about the decrease in 'warden' services, particularly in what is seen as a reduction in supporting social activities.

People are willing to downsize to an older people's housing scheme provided there is support available to help make the move and clarity about the costs involved.

When considering a move and location, participants wanted easy access to public transport, shops and cultural activities and felt that these were especially important for older people with disabilities, sensory impairments or long-term health conditions.

There was positive feedback about sheltered housing: for example, one participant said *"It's quiet and we have good neighbours. Everyone is a similar age. It feels safe."* The drawback in one scheme was no lift to upper floor flats.

There was a perception amongst those in sheltered housing that they would not be able to afford to move into extra care housing. People did not know what benefits would cover, or where they could get advice.

Participants who were residents of extra care housing were generally positive: *"We are very lucky – but as with everything there are little problems. If they build another one, they should speak to us."*

Older people living in general needs social housing

Focus group participants were aware that their needs may change as they get older: only a minority think that their current property is suitable.

Most don't think that where they live now will be suitable for them as they get older (and isn't suitable now) for the following reasons:

- not accessible for those with a disability (for example steep gradient of road);
- steps to gain access;
- stairs inside the property;
- managing a large garden;
- issues about mobility scooter storage for upper floor flats.

There are mixed views about moving to older people's housing; one participant would much prefer a bungalow, but definitely wants to remain living in a mixed-age community, and feels strongly that *"people need to be integrated, shouldn't be ghetto-ised"* in older people's housing

Some participants said they would like to live in housing for older people, but although most knew about sheltered housing, they were not very interested in this as an option for themselves.

Relatively few people were aware of extra care housing and those that were, were concerned about it being too expensive to move to.

In relation to moving, whether or not to older people's housing, many people felt that it is more the people within part of an area (rather than the larger locality) and the quality of the property they were offered that determines whether they would consider moving.

There was a preference for bungalows, although two people already living in ground floor flats were happy with this type of housing; some participants would not consider moving from a house to a flat.

Those living in ground floor flats felt that the flats themselves will be suitable for them as they get older, because they are accessible. Others said that their flat is already or will become unsuitable due to steps outside and stairs inside.

Some people felt strongly about having a garden; most participants either had or were interested in having pets. Private outdoor space or garden was important, especially as people become less mobile with age. Participants felt that communal gardens are not the same: they are *"not yours, they are just a bit of ground"*.

Accessibility was important to all participants and a community that is close to shops, public transport and other amenities

4.5. Summary

The survey, focus groups and 1:1 interviews with older people were intended to provide qualitative insight and data about the views and preferences of older people, e.g. the types of housing required, willingness/propensity to move, interest in different tenures etc, rather than provide additional data that can be applied numerically to estimated future need.

The data from the survey, focus groups and interviews, in effect corroborates the quantitative estimates of future need by providing an additional source of evidence, for example, of significant interest in 'downsizing/rightsizing'.

The evidence from the survey and focus groups is providing evidence about the nature/type of the future mix of housing options required to facilitate this downsizing/rightsizing and meet the estimated need.

5. Developing Older People's Housing and Accommodation including Housing with Care and Care Ready Housing

This section sets out:

- The policy and practice context that influences older people's housing and accommodation development.

- The implications of the policy context and evidence base for developing older people's housing and accommodation including housing with care and care ready housing.

- A typology and specification for developing older people's housing and accommodation.

5.1. Policy and practice context

National policy context: Older people and housing

There is a clear policy context in relation to supporting a good quality of life for an ageing population. The Social Services and Well-Being (Wales) Act 2014 reframes the responsibilities of local authorities and their statutory partners in Wales. It emphasises the promotion of well-being and the prevention or delay of the need for formal social and health interventions. A principal goal of the Social Services and Well-being Wales Act is to enable people as they age, to overcome the barriers which prevent them from achieving and maintaining well-being and to do so as far as possible without having to turn to formal social care interventions.

Better quality and suitably located housing can make it possible for people to live at home for longer; it has the potential to create more resilient and connected communities and should be seen as a key component in delivering the vision set out in the Well-being of Future Generations (Wales) Act 2015.

The Strategy for Older People in Wales sets out the ambition that "older people have access to housing and services that supports their needs and promotes their independence"[54]. One of the outcomes within the recent National Outcomes Framework for people who need care and support, and for carers who need support (March 2016) is: *"I live in a home that best supports me to achieve my well-being."*

Whilst there is a clear acknowledgement in policy terms of the importance of housing for older people in promoting their health and well-being, less emphasis and clarity has been

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[54] Welsh Government Strategy for Older People in Wales 2013 – 2023

given specifically to the role of housing in supporting an ageing population and in particular the need to develop more attractive and aspirational forms of housing aimed at older people.

The report by the Expert Group for Housing an Ageing Population in Wales for the Welsh Government, published last year, sought to attempt to fill this gap[55]. The report highlighted a number of both issues and aspirations in relation to widening the range of housing choices available to older people in Wales; in summary:

- The current housing supply in Wales does not reflect the lifestyle choices that people want or need as they age.

- There is a need for a good mix of both affordable and private homes for sale and rent, designed to the 'age-friendly' and 'care ready' HAPPI principles.

- Wales needs to be more ambitious, i.e. to be a place where public, private and third sectors work well together to innovate and co-create housing opportunities that will meet the nedes of an ageing population.

- The need for innovation and investment in a broader range of housing options which promote wellbeing to lessen demand on health and social care services; there is a need for closer partnership working between Housing, Health, Social Care and the third sector to achieve this.

- Avoiding a "one size fits all" approach; local authorities in particular should aim to develop a better strategic understanding of the housing needs of different groups and communities, particularly the most vulnerable and disadvantaged, and plan and facilitate better housing options.

- It is necessary to fully and properly understand the housing requirements of older people beyond the demographic trends.

- Local authority planning systems should prioritise development for older people.

- There is a requirement for different stakeholders to stimulate the market, creating demand with innovative solutions and providing choice for older people.

- Access to information, support and advice is crucial. Older people and their families need information to help them make the right housing choices at the right time and in the right way.

- There is an even greater need for action by government in those areas of Wales where house builders perceive that development is uneconomic. In those areas, public agencies should be prepared to consider financial incentives aimed at ensuring

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[55] Expert Group on housing an ageing population (2017) Welsh Government. http://gov.wales/topics/housing-and-regeneration/housing-supply/expert-group-on-housing-an-ageing-population/?lang=en

that development is financially viable and that homeowners do have an incentive to move.

Although the Expert Group's report is intended to have a wide set of audiences, much of the text and actions are aimed at local authorities albeit with their partners.

Supported housing funding policy

Funding Supported Housing: Policy Statement and Consultation was published by UK Government on 31st October 2017[56]. This sets out UK Government's proposed policy and funding model for supported housing from April 2020.

The policy statement abandons the use of the previously proposed Local Housing Allowance (LHA) 'cap' for supported housing; this is a complete policy U-turn. The previous policy of applying a LHA cap had the effect of creating a hiatus in development of older people's housing, as the uncertainty caused Registered Providers in particular to place on hold or withdraw development plans.

The policy is 'segmented' into three broad categories of supported housing:

- Sheltered and extra care housing (typically for older people but will include some working age adults).

- Long term supported housing (typically for people with learning or physical disabilities or mental ill health).

- Short-term supported housing (typically for homeless people with support needs and other groups who need shorter-term supported housing for up to 2 years). This is treated as not applicable for the purposes of this report.

Sheltered and extra care housing is to be funded as now through Housing Benefit for eligible individuals. A proposed 'sheltered rent' model which will set the upper limit for rent/service charges in this type of housing from April 2020. This is likely to mean continuing development of these types of supported housing for older people as the market is sufficiently reassured in relation to the removal of the proposal to cap rents/service charges at LHA. Government expects demand for this provision to grow significantly in the future.

It is also not yet clear how (or whether) this proposal will be implemented in Wales. However, these proposals do remove the prospect of an LHA 'cap' and provide a framework for RSLs to plan development of older people's housing (where the tenants will include older people eligible for housing benefit).

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[56] https://www.gov.uk/government/publications/funding-for-supported-housing

Local policy context: Older people and housing

A design principle of the Cardiff and Vale of Glamorgan Regional Partnership Board in relation to older people's services is *Home First*: enabling people to live at home, or as close to home as possible, in accommodation appropriate to their needs and where they can live well, thrive and remain independent.

The strategic objectives of the Cardiff and Vale of Glamorgan Regional Partnership Board and its constituent organisations that need to be reflected in the mix of housing and accommodation options available to older people include a strategic intent to:

- Reduce the use of residential care over time (*"reduce the inappropriate use of longer term and more intensive or acute care"*[57]).

- Increase the use of housing with care options (including but not exclusively using extra care housing) as an alternative to the use of residential care. (*"Work together with partners to jointly plan and provide a range of future accommodation options to meet demand and enable people to remain at home for as long as possible."*[58])

- Increase the volume and availability of housing options for older people, for rent and for sale. (*Cardiff Council and Vale of Glamorgan housing strategies*[59][60]).

There is an opportunity to consider the use of this evidence base in terms of estimated need for older people's housing and accommodation in relation to local planning policy and guidance.

5.2. Older people's housing trends

The preferences of older people are not always well supported by the choices available in the current housing market. A variety of housing alternatives are required that focus on providing attractive housing offers that support healthy, longer-term independent living and build greater personal and community resilience, thereby reducing pressures on social care and health services in the longer term.

The overall trend in the provision of housing and care for older people has been geared, over the past decade or more, to shift care provision from institutional settings toward more independent housing typologies that integrate housing and support for older people into the community.

'Housing our Ageing Population: Panel for Innovation' (or HAPPI)[61] has arguably been the single most important 'unofficial' policy driver affecting the future for older peoples housing

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[57] http://www.cvihsc.co.uk/wp-content/uploads/2017/06/PSB-Draft-Market-Position-Statement-July-2017.pdf
[58] Ibid
[59] https://www.cardiff.gov.uk/ENG/resident/Housing/Cardiff-Housing-Strategy/Documents/CardiffHousingStrategy.pdf
[60] http://www.valeofglamorgan.gov.uk/Documents/Living/Housing/Housing%20Strategy/Local-Housing-Strategy/Vale-of-Glamorgan-Council---Local-Housing-Strategy---2015-20.pdf
[61] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

and associated services. This is a developing body of work with three reports so far and a fourth published in May 2018. And as recognised by the Expert Group, if housing for older people, including sheltered housing and extra care housing, is to reflect the aspirational needs and expectations of current and future older people in Wales, the development and adoption of more aspirational designs for all forms of housing for older people is necessary, reflecting the HAPPI principles.

In particular, HAPPI 1[62] highlighted a series of inspirational case studies and examples of housing that reflect the needs and aspirations of an ageing society, suggesting that:

- we should all plan ahead positively, creating demand for better choice through a greater range of housing opportunities.

- housing for older people should become an exemplar for mainstream housing and meet higher design standards for space and quality.

The subsequent All Party Parliamentary Group (APPG) inquiry report, HAPPI 2[63]: 'Plan for Implementation', set out how better housing options for older people could have economic benefits in the form of reduced health and social care costs, and increased housing options for younger people if older people could be encouraged to downsize. The specific recommendations included:

- bring forward more projects that accord with HAPPI design standards and meet the breadth of retirement needs.

- take forward the emerging technological changes through telecare and telehealth that will support independence, security and wellbeing in retirement housing schemes.

- develop shared ownership housing to provide for those older home owners in lower value properties for whom the full cost of new retirement apartments is too high.

- explore further the options for 'senior living' and 'co-housing' whereby a group of older people play an active part in the planning and subsequent management of their retirement accommodation.

More recently HAPPI 3, 'Making Retirement Living A Positive Choice'[64] takes forward some positive ideas for ways in which government policy as well as action by housing developers and providers can enhance the housing offer to potential 'right-sizers', which are reflected in the report by the Expert Group for housing an ageing population in Wales for the Welsh Government.

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[62] https://www.housinglin.org.uk/Topics/type/The-Housing-our-Ageing-Population-Panel-for-Innovation-HAPPI-Report-2009/
[63] https://www.housinglin.org.uk/Topics/type/Housing-our-Ageing-Population-Plan-for-Implementation-HAPPI2-Report-2012/
[64] https://www.housinglin.org.uk/Topics/type/Housing-our-Ageing-Population-Positive-Ideas-HAPPI-3-Making-retirement-living-a-positive-choice/

The current UK Government All Party Parliamentary Group HAPPI inquiry is examining the housing needs of older people in rural areas. Due to report next month, HAPPI 4 recommends that the ageing population in rural areas also deserves a new drive for more and better homes, preferably where older people can stay close to friends and family - and their informal networks they provide - and always where their independence can be preserved. It finds that creative, well-designed HAPPI inspired homes need to be available for sale, and at both market and affordable rents. And the release of larger properties helps families find the homes that suit them.

The review of extra care housing in Wales[65] also identified a series of relevant recommendations:

- Clarify the role specialist provision (including extra care) will play in meeting the housing needs of an ageing population (based on an understanding of local housing and accommodation needs of older people).

- Public subsidy is vital to the future growth of the extra care sector and that the Welsh Government might consider ring-fencing a portion of Social Housing Grant (SHG) to support further growth of the sector. However, evidence from the survey and to a qualified extent from the qualitative research indicates that some older owner occupiers are seeking a for sale extra care housing offer, as part of a wider mix of housing offers.

- Manage uncertainty in revenue funding and promote creativity in provision. Whilst it remains unclear the precise impact of the UK Government's proposal for funding older people's housing, 'sheltered rent', there is likely to be a tendency to reduce the weekly costs of extra care provision through reducing the scale of communal space and facilities.

- New developments should follow design good practice. It is clear that the HAPPI standards have helped to improve the quality of a range of new older people's housing developments. The evidence from the qualitative research indicates that in order to attract 'downsizing'/'rightsizing' older people are seeking a high quality, well designed housing offer.

Last year's English Local Government Association's report *Housing our ageing population: Learning from councils meeting the housing need for our ageing population*[66] focusses on good practice by local authorities in relation to meeting the housing needs of older people. This report includes examples from other large UK cities, for example Birmingham and Newcastle.

Birmingham City Council has developed its own unique specification for an older people's housing model through research and consultation with older people in the city. The housing solutions in response to this have included:

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[65] http://gov.wales/statistics-and-research/evaluation-extra-care/?lang=en
[66] https://www.local.gov.uk/housing-our-ageing-population

- The enhancement of housing choices for older citizens through the development of a number of extra-care villages in the city. To support the delivery of this specialist housing, the council has worked closely with other housing providers, particularly the Extra Care Charitable Trust, to deliver 5 extra care 'villages' each with approximately, 250 units, across all tenures (social rented, shared ownership and full leasehold sale), across the city. This size and scale of retirement village development is the largest of any city in the UK.

- The development of a two-bedroom 'dormer style bungalow' housing model, each with a ground floor bedroom and shower room, a lounge and kitchen and also a second bedroom and bathroom upstairs. The design is based on HAPPI principles. This has been rolled out across the city using Council owned brown field sites.

Newcastle City Council has developed an Older People's Housing Delivery Plan 2013-2018[67] to deliver its vision of a wide range of housing options being available for older people. By 2020 the Council expects the older people's housing market to provide a choice of mixed tenure housing options linked to care by:

- Facilitating the construction of almost 400 new housing with care homes for older people, including, 170 bungalows and Tyneside flats with 71 of these being specialist units for people with dementia. This is intended to support more households to remain independent at home and prevent crisis moves into residential care.

- Providing adaptations and improvements to housing association and private homes so that over 300 households per year who have physical disabilities or sensory loss can live in a home which meets their requirements.

- Ensuring the quality of existing sheltered housing is improved, with remodelling of a number of existing schemes.

In Wales, in relation to a more rural area, Powys County Council has produced an Accommodation for an ageing population Market Position Statement (2017)[68] which sets out the housing and accommodation requirements of its older population to 2035 by locality.

In semi-urban and rural areas, HAPPI 4 highlights that it is essential that policy makers and local authorities recognise the growing housing needs of older people in the countryside, within villages and new 'hubs' in market towns where services can be brought together under one roof.

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[67] https://www.newcastle.gov.uk/sites/default/files/wwwfileroot/housing/supported_and_sheltered_housing/older_peoples_housing_delivery_plan_2013-2018.pdf

[68] http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Market_Position_Statement_V1.0_6March17.pdf

5.3. The policy context and evidence base: implications for developing older people's housing and accommodation including with support/care and care ready housing.

The implications of the policy and practice context, the supply and demand assessment, and the key findings of from the research with older people, for developing older people's housing and accommodation include:

- To meet the full range of needs and aspirations it will be necessary to offer a choice of housing which is most likely to meet the housing requirements of the local older population; this will require a **mix of housing types and tenures.**

- Drawing on the evidence from engagement with older people, there is increasing demand, across all tenures and dwelling types (general needs and specialist provision) in relation to the housing offers that will facilitate **'downsizing'/'rightsizing',** creating a climate where moving in later life becomes a realistic and positive choice. The evidence from the survey and qualitative research is that older people are seeking a well-designed HAPPI housing product that offers an attractive lifestyle without the high service charges associated with some older people's housing.

- However, many older people wish to **remain living in their existing housing** making adaptations as necessary to enable ageing in place. There will be a growing demand for adaptations, such as bathrooms being replaced with wet rooms, to enable this to happen.

- There is no desire amongst some older people to move to age-designated housing. They are seeking a well-designed downsizing opportunity that is part of an **inter-generational housing** offer.

- There is a requirement for growth in delivery of housing with care options if the use of residential care is to decrease. These options need to include **extra care housing** but it needs to remain a vibrant community and the benefits need to be effectively marketed to older people.

- Consider developing an **extra care 'lite'** model[69] which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This is an opportunity to bring a housing with care offer to a greater number of locations including rural areas.

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[69] There is no universal definition of extra care housing or of extra care housing 'lite'. In other areas where developing extra care schemes at a scale of say 50+ units is not feasible, e.g. due to smaller levels of population in rural areas or limited availability of suitable sites, then consideration has been given to developing an extra care 'lite' model which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This would generally not have the wider range of communal facilities typically associated with larger extra care housing schemes.

- Other forms of housing with care will need to include **'care ready' housing** for rent and for sale, i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.

- There is a need over time to identify existing **sheltered housing** schemes that can be improved to better support ageing in place for an increasing older population with growing care and support needs. Over time this is likely to mean that more people living in sheltered housing will have support needs.

- Older people's housing schemes will need to be able to cater for growing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.

- Cardiff and the Vale have the scale of overall population to potentially support development of a **retirement village** model with a large number of housing units of mixed tenure with a wide range of facilities.

- There is an opportunity to support and nurture novel housing approaches, for example developing **co-operative or community-led housing** and the feasibility of supporting **co-housing** initiatives for older people.

- There is scope to increase the development of **'step-down' housing-based models of care** as part of a wider reablement strategy to ensure timely discharge from hospital and/or prevent unnecessary readmissions. These can be potentially incorporated into more multi-disciplinary housing, health and care service models

- A generational shift is underway and, over time, older people will become **increasingly sophisticated in their use of technology and social media**. There is an opportunity to make homes technologically smarter and to maximise the use of technology, including **telecare**, to enhance the health and independence of individuals.

- There is scope to test out new **housing choices and ownership models** for people in later life including the scope to expand the use made of shared ownership aimed at older people: for example, to offer downsizing options to both 'care ready' and extra care housing.

- And as recognised by the recent UK Government Homes, Communities and Local Government Select Committee[70] and the Welsh Government's Expert Group on housing for older people in Wales, there is a need for a comprehensive **information and advice service in relation to housing options for older people** that enables

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[70] https://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/news-parliament-2017/housing-for-older-people-report-17-19/

older people and their families to be well informed in relation to planning future moves.

In summary, a well-balanced approach to widening housing choices for older people will include:

- Matching different housing options to identified need in particular locations/communities to ensure there is a balance and mix of housing options (dwelling and tenure) developed and available to meet future need.

- Developing a range of new age-designated housing, for rent and for sale, that will encourage and attract downsizing.

- Applying HAPPI principles[71] as far as possible both to new build designed for older people specifically and to a proportion of mainstream market housing.

- Adapting and improving existing sheltered housing where feasible.

- Having a mix of care and support delivery models.

- Improved use of technology that enables and supports lifestyle choices and meets care/support needs where appropriate and desired by older people.

5.4. Older people's housing and accommodation: A typology and specification

The evidence of what is needed to meet older people's future housing and accommodation requirements is complex suggesting that a sophisticated mix of housing models and approaches will be required over the next 10-20 years.

A typology (i.e. a way of describing and understanding housing/accommodation options for an ageing population) is set out in Figure 5.1. This is based on the DWELL programme[72]. This shows the range of housing and accommodation options in relation to addressing the needs of an ageing population. This range covers general needs (mainstream) housing, specialist housing (i.e. housing specifically for older people) and care-based provision (residential/nursing care, hospital based care). This typology is suggested as a *guide* to specifying the housing and accommodation requirements that are indicated by the evidence base, specifically estimated housing and accommodation need and what older people say they need and want.

For the types of housing and accommodation outlined above in section 5.3 and summarised in the typology in Figure 5.1, an outline specification and description is provided for each type:

- General needs housing: existing housing/adapted housing

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[71] https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/
[72] http://dwell.group.shef.ac.uk/

- General needs housing: new mainstream housing including Lifetime Homes[73] wheelchair adapted homes. Potential for inter-generational housing.

- Age designated housing and sheltered/retirement housing

- Extra care housing

- Co-housing schemes

- Retirement village

- Dementia specific housing and accommodation

Whilst the typology set out in Figure 5.1 clearly identifies housing types for downsizing purposes, the evidence from this research indicates that all the different general needs and specialist forms of housing will present downsizing opportunities if they are sufficiently well designed and located to respond to what are the different motivations for downsizing at different ages.

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[73] http://www.lifetimehomes.org.uk/

Figure 5.1. Older people's housing and accommodation: A typology
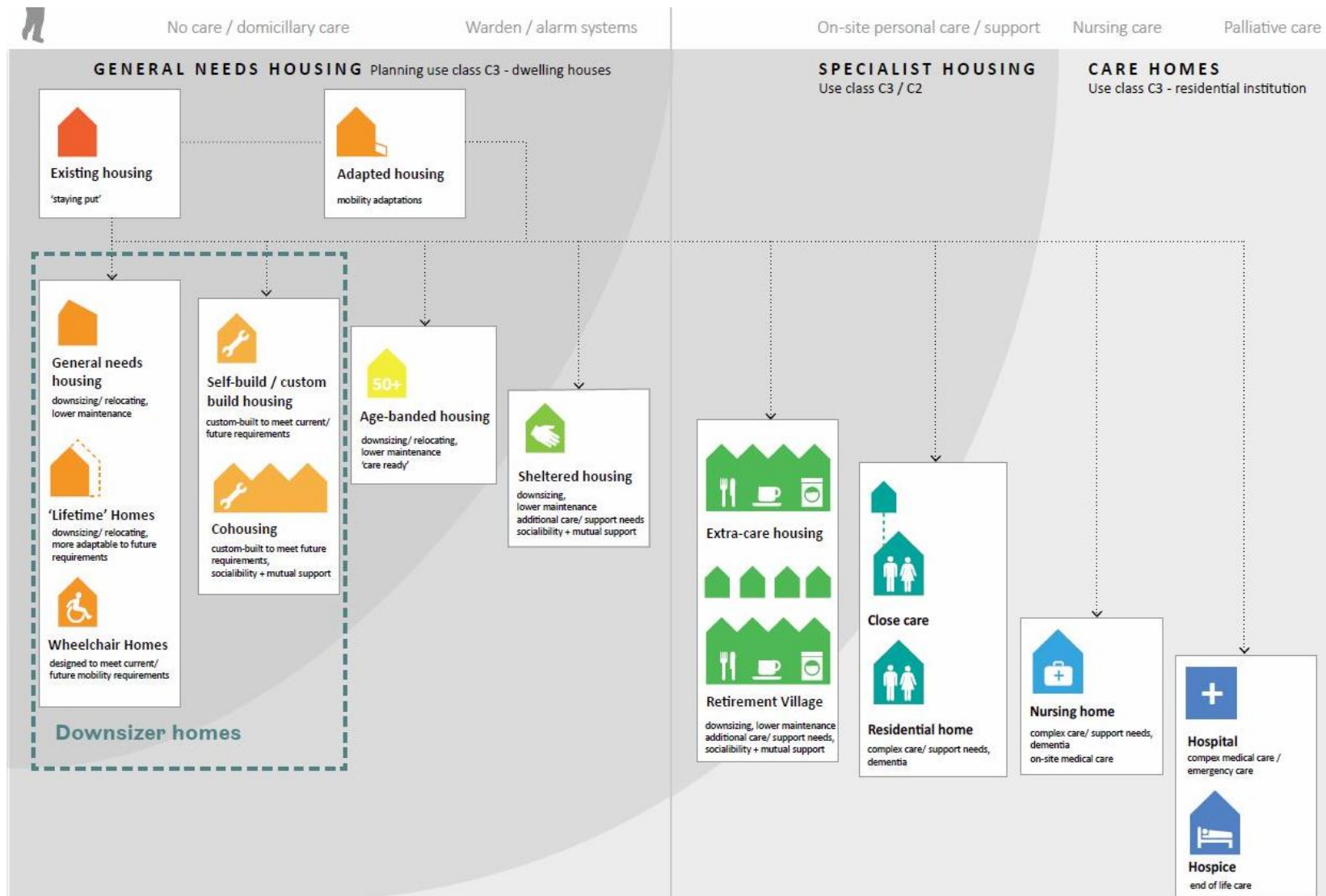
Housing and accommodation typology specifications

An outline summary specification/description is provided for each type of housing:

- General needs housing: existing housing/adapted housing

- General needs housing: new mainstream housing including Lifetime Homes[74]/wheelchair adapted homes. Potential for inter-generational housing.

- Contemporary 'care ready' sheltered/retirement housing

- Extra care housing

- Co-housing schemes

- Retirement village

- Dementia specific housing and accommodation

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[74] Lifetime Homes are ordinary homes designed to incorporate 16 Design Criteria that can be universally applied to new homes. Lifetime Homes are all about flexibility and adaptability; they are not 'special' but are thoughtfully designed to create and encourage better living environments. http://www.lifetimehomes.org.uk/index.php

Housing LIN

Type	General needs housing: existing housing/adapted housing – 'staying put'
Description of type of housing/accommodation	Existing mainstream housing for rent and for sale.
Range of facilities and care to be provided	Facilities: not applicable Care: domiciliary care where required by individuals
Suggested size of the proposed types of housing, numbers of units and tenure mix	Existing housing; of all sizes and tenures
Target customers/service users. Expected needs of people.	This is where the majority of older people live now and will continue to live in the future Applicable to 50+ and over. However, the proportions of the older population for whom this is no longer a sustainable option due, for example increasing care needs, will increase at 75+ and 85+.
The type of outcomes the housing and accommodation would provide,	The majority of older people who responded to the survey said they did not intend to move. However, to reduce demand for care and registered care services it will be necessary to adapt more existing homes and provide preventative support services.
Funding considerations.	There is likely to be increased demand for funding for adaptations for eligible individuals e.g. Disabled Facilities Grants for major adaptations. However, many older people will need to self-fund any adaptations to their existing homes.
Workforce implications/requirements	Workforce implications relate primarily to the ability to recruit staff to undertake domiciliary care in harder to recruit to areas e.g. in rural areas; areas with high levels of alternative employment.
Location factors	Applicable across all localities.

Housing LIN

Type	General needs housing: new mainstream housing as a downsizing opportunity including Lifetime Homes/wheelchair adapted homes
Description of type of housing/accommodation	New build housing development, some of which will appeal to older people who wish to move/rightsize. Enabling people with restricted mobility, care or health needs to live independently can be achieved by providing housing as a part of new build housing development that meets *Lifetime Homes Standards* &/or *HAPPI* design principles but does not necessarily have any age or care related restriction on its occupancy. There is scope to use planning policy to guide the inclusion of these types of housing units within new build development.
Range of facilities and care to be provided	No communal facilities would be required, and the layout could provide each unit with both dedicated parking and private garden areas, maintaining parity with the amenities expected in open market general needs stock. Care: domiciliary care where required by individuals
Suggested size of the proposed types of housing, numbers of units and tenure mix	Could comprise a relatively wide mix of house types from 1 to 4 beds, including dormer bungalows, with a mix of tenures to suit a variety of household sizes and needs, including multi generation households, downsizers and sharers.
Target customers/service users. Expected needs of people.	People aged 55+ and 65+ seeking a 'lifestyle' downsizing move People aged 55+ with disabilities requiring a wheelchair accessible or fully wheelchair adapted home
The type of outcomes the housing and accommodation would provide,	Improved quality of life for people aged 55+ with mobility and other disabilities Promoting health benefits and potentially reducing demand for social care through provision of housing better suited to ageing in place
Funding considerations.	Developing housing to Lifetime Homes standards is a cost addition to ordinary housing capital development costs (c£1,100 per dwelling)[75]. There is resistance from mainstream housing developers to fund these additional costs. These options may require development by housing associations

[75] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353387/021c_Cost_Report_11th_Sept_2014_FINAL.pdf

Housing LIN

Type	General needs housing: new mainstream housing as a downsizing opportunity including Lifetime Homes/wheelchair adapted homes
	For rented housing, there are typically no additional service charge costs associated with Lifetime Homes/wheelchair adapted homes.
Workforce implications/requirements	Workforce implications relate primarily to the ability to recruit staff to undertake domiciliary care in harder to recruit to areas e.g. in rural areas; areas with high levels of alternative employment.
Location factors	This housing model also has no specific scaling requirement and could be delivered on a range of sites, e.g. from 5-50 units, making it suitable for both urban and rural locations.
Example/s	Habinteg Housing Association **Goodrich Court** in Hounslow, an inclusive housing scheme of Lifetime Homes and wheelchair accessible properties. A high specification example of the type of mainstream inclusive housing design required to meet the inclusive demands of an ageing population. The scheme also provides a housing development where disabled and non-disabled people can live as neighbours. https://www.habinteg.org.uk/latest-news/habinteg-proud-to-open-goodrich-court-our-new-inclusive-housing-scheme-in-hounslow-1060

Type	Contemporary 'care ready' sheltered/retirement housing
Description of type of housing/accommodation	There is an increasing distinction between contemporary sheltered/retirement housing: • That does not have communal facilities • That does have some limited communal facilities and services. These developments offer minimal communal provision such as a lounge and activity spaces for the residents. In both cases the housing is designed to 'inclusive' standards to be care-ready and maximise the potential for people to age in place.
Range of facilities and care to be provided	Facilities ranging from: • No communal facilities; possibly a concierge type service • A limited range of communal facilities, e.g. shared communal kitchen/lounge Care: domiciliary care where required by individuals; not care on-site.
Suggested size of the proposed types of housing, numbers of units and tenure mix	Existing schemes are typically flats with some other housing types, e.g. dormer bungalows Existing schemes are typically 10-40 units (with some larger developments) Full mix of tenures to cater for a wide range of older people
Target customers/service users. Expected needs of people.	Age range will vary but typically, 65+ This is a downsizer housing product aimed at 'younger' older people, attracted by the quality of design, lifestyle factors, reduced maintenance costs, safety and security considerations.
The type of outcomes the housing and accommodation would provide,	Improved quality of life for people aged 65+ with mobility and other disabilities and through social interaction in sheltered/retirement housing. Promoting health benefits and potentially reducing demand for social care through provision of housing better suited to ageing in place
Funding considerations.	Development costs will depend on location, size of scheme and facilities to be provided. Rents where applicable are typically social rents. Service charges are lower than, for example, extra care housing due to no/fewer communal facilities.
Workforce implications/requirements	In sheltered/retirement housing models there is usually either an on-site or visiting staff presence from

Type	Contemporary 'care ready' sheltered/retirement housing
	the housing provider, i.e. a low-level staffing model. Other workforce implications relate primarily to the ability to recruit staff to undertake domiciliary care in harder to recruit to areas e.g. in rural areas; areas with high levels of alternative employment.
Location factors	Applicable across all localities, depending on size/scale of development. In urban areas larger scale is possible depending on site constraints. In rural areas, smaller scale of development will be more appropriate.
Example/s	Examples of new build mixed-tenure older people's housing include **Hanover Housing Association's** new offer aimed at a 'downsizer' market. These are homes for those aged over 55 are set in locations in London and the south east. They are designed to appeal to both homeowners and renters who want to 'downsize'. http://www.downsizer-homes.co.uk/ B**irmingham City Council's** 'downsizer' bungalow model. These developments and housing models vary in scale, whilst the 'downsizer' bungalows in Birmingham tend to occupy relatively small sites and are for rent. Both examples have the following common features: • Designed to HAPPI principles • Care ready • Aspirational housing • Extensive use of technology to support lifestyle and support/carte needs http://housinginnovations.org/news/post/birmingham-city-council2 **Ocean Housing's** Prince Charles house in St Austell, Cornwall has 31 apartments for rent: • Designed to Lifetime Homes and HAPPI principles • Care ready • Aspirational housing • Promote health and wellbeing though design and provision of communal space and outside space. https://www.oceanhousing.com/home/about-us/development-2/ **Optivo's (**formerly **Viridian Housing)** Halton Court is a 170-unit purpose-built housing scheme for people 55 years and over. Located in Kidbrooke Village on the site of the former Ferrier Estate in the

Type	Contemporary 'care ready' sheltered/retirement housing
	Royal Borough of Greenwich. Whilst Halton Court has extensive communal facilities, it is not an extra care housing scheme, but a quality, mixed tenure, 'care ready' housing led development targeting older people wishing to downsize regardless of care needs http://www.housinglin.org.uk/HousingRegions/London/?parent=1027&child=8962

Housing LIN

Type	Extra care housing
Description of type of housing/accommodation	Over the past 15-20 years the great majority of new sheltered accommodation developed in the affordable housing sector has been extra care housing. The principal features and benefits of extra care are therefore: • Self-contained flats which promote independence • Communal facilities which promote social interaction • Security • 24-hour cover, care and support that can be tailored to individual needs • Efficiency in terms of care delivery due to economies of scale. There has been a trend towards larger extra care schemes (from original models of 30-40 units) to schemes of 100+ units.
Range of facilities and care to be provided	Communal facilities would generally include a resident's lounge and dining room, a hairdressing salon, activity room and guest bedroom. On-site 24/7 care provision. Care and support facilities would include an assisted bathroom, staff office, rest and changing facilities, a laundry and in some schemes a full catering kitchen
Suggested size of the proposed types of housing, numbers of units and tenure mix	The unit of accommodation in extra care has generally been a one bedroom flat designed to Lifetime Homes, if not full wheelchair standards. More recently, however, a greater proportion of two-bedroom flats has been included as the second bedroom offers greater flexibility as a bedroom for relatives or carers, or simply more space in the interests of meeting higher aspirations and future-proofing. Existing schemes are typically flats with some other housing types, e.g. dormer bungalows associated with a flatted scheme Schemes are typically 50+ units to be sustainable (with some larger developments) Full mix of tenures to cater for a wide range of older people
Target customers/service users. Expected needs of people.	Age range will vary but typically, 55/60+ however the average age of entry to extra care is more typically 75+ Some extra care schemes will attract 'younger' older people seeking to downsize to a housing schemes that is future proofed in terms of having access to care on-site but a majority will be older people aged

Type	Extra care housing
	75+ making a last time move. The profile of care needs of residents will vary depending on: - In housing association/social landlord schemes, the agreement between the housing provider and local authority regarding the proportions of residents with different levels of care needs - In private 'assisted living' schemes, the care profile of residents depending on the operator's policies and the care needs of purchasers.
The type of outcomes the housing and accommodation would provide	Improved quality of life for people aged 55+ with mobility and other disabilities and through social interaction Design of housing enables ageing in place Promoting health benefits through 24/7 on-site staffing to help avoid unplanned hospital admissions and to enable timely hospital discharge Reducing demand for residential care provision through provision of on-site 24/7 care service
Funding considerations.	Development costs will depend on location, size of scheme and facilities to be provided. The recent review of extra care in Wales[76] identified average scheme development costs of £8.47m Rents and service charges are typically in the range of £180-£250 per week depending on the level of facilities provided and the size of the scheme.
Workforce implications/requirements	Workforce implications - Provision of on-site manager/support staff - Provision of on-site care staff The volume of staffing required will depend on the size of the scheme and volume of residents' care needs.
Location factors	In urban localities a minimum size of 50+units is desirable to ensure sustainability. In small town/rural locations (e.g. in the Vale) it may be necessary to develop a model of extra care 'lite' which may include smaller scale new-build development and redesigning some appropriate sheltered housing schemes to include on-site care provision that is a care 'hub' that can support people living the neighbouring community in order to promote sustainability of the care service.

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[76] http://gov.wales/statistics-and-research/evaluation-extra-care/?lang=en

Type	Extra care housing
Example/s	Examples of recent mixed tenure extra care housing schemes of a sustainable size include: Malvern, Worcestershire owned by a housing association, **Fortis.** 101 units. Mixed tenure: 51 units for sale; 50 units for shared ownership and for rent. On site care team provided by private domiciliary care provider. Wide range of communal facilities including restaurant, bar, large communal 'hall', gym/wellbeing suite, hairdressers. http://www.clarencepark.org/ **Guinness Partnership**, Tones, Devon. New scheme consists of 60 apartments, 30 of these will be for sale and 30 are for affordable rent for those aged 55 or over. Facilities include an onsite café, meeting/activity rooms, hairdressing salon, spa assisted bathroom and landscaped communal gardens Staff presence 24/7 comprising a Registered Manager, a Concierge and care staff. http://www.guinnesspartnership.com/care-services/extra-care/quayside-totnes/ A smaller rural example of extra care housing is **Esk Moors** in North Yorkshire. This is a small scale 12-unit scheme with care provision also supporting older and disabled people in the neighbouring community. https://www.northyorks.gov.uk/esk-moors-lodge-extra-care-housing-scheme-castleton

Type	Co-housing
Description of type of housing/accommodation	A form of group living set up and run by the people who live in it. Occupants subscribe to a set of defined values and aims; they enjoy their own accommodation, personal space and privacy, but in addition have common areas in which to meet and share joint activities. The aim is to promote neighbourliness, combat isolation and offer mutual support; residents are typically encouraged to become involved with the local community. A type of co-living that prioritises resident and community governance. Typically, residents and sometimes the wider community are actively involved in the planning, development and management of the co-housing community. These types of housing schemes may or may not include an element of self-build/custom build. https://cohousing.org.uk/
Range of facilities and care to be provided	Facilities: a limited range of communal facilities, e.g. shared communal kitchen/dining facilities Care: domiciliary care where required by individuals; not typically care on-site.
Suggested size of the proposed types of housing, numbers of units and tenure mix	Existing schemes are typically flats with some other housing types, e.g. dormer bungalows Existing schemes are typically 20-30 units Full mix of tenures to cater for a wide range of older people
Target customers/service users. Expected needs of people.	Age range will vary; typically, 55+ and upwards Individuals are usually attracted by the co-housing model and ethos rather than by age related factors Residents will have a range of needs
The type of outcomes the housing and accommodation would provide	Improved quality of life for people aged 55+ with mobility and other disabilities and through social interaction. Promoting health benefits and potentially reducing demand for social care through provision of housing better suited to ageing in place
Funding considerations.	Development costs will depend on location, size of scheme and facilities to be provided. Rents/service charges are typically lower than, for example, extra care housing due to fewer communal facilities and a 'self-help' ethos of support.
Workforce implications/requirements	Workforce implications relate primarily to the ability to recruit staff to undertake domiciliary care in

Housing LIN

Type	Co-housing
	harder to recruit to areas e.g. in rural areas; areas with high levels of alternative employment.
Location factors	Applicable in localities where there is a local demand for this type of housing model. This will be influenced by the presence of a group of older people who are highly motivated to develop a co-housing scheme and typically a housing association/developer partner willing to invest additional time in such a housing development.
Example/s	**New Ground Cohousing – Older Women's co-housing (OWCH)** A development of 25 self-contained flats with shared communal facilities and gardens, managed on cohousing principles. It consists of 11 one-bed, 11 two-bed and 3 three-bed room flats plus a common room, guest room, laundry and attractive gardens. 17 flats are owned by their occupants on 250- year leases; 8 are for social renters on assured tenancies and are managed by OWCH and Housing for Women. The OWCH scheme is not sheltered housing, nor a retirement community. http://www.owch.org.uk/

Type	Retirement village
Description of type of housing/accommodation	A 'Retirement Village' is the broad term for a larger scale age-restricted housing-based community which promotes social interaction through common interests. The models currently being developed vary widely in terms of their: • Tenure • Philosophy and provision of care and support • Range and scale of communal facilities • Relationship to their surrounding communities • Density • Location These models vary depending on the type of operator (private, charitable or housing association). Most of these models in the UK are located in England. The model most suitable to Cardiff and the Vale is likely to be an extra care type of retirement village which could meet the needs of a range of older people from different backgrounds and circumstances (including financial and care/support).
Range of facilities and care to be provided	A wide range of communal and leisure facilities is generally provided and is affordable due to the scale of these developments which generally provide upwards of 150 dwellings. Extensive range of on-site facilities available typically including village hall, bar and bistro, gym, IT suite, hair and beauty salon and shop. 24-hour cover is offered in terms of care and support and facilities on site will include office, rest and changing facilities for staff.
Suggested size of the proposed types of housing, numbers of units and tenure mix	Scale is likely to be 150+ units, ideally with a mix of housing types, i.e. not solely a flatted development, e.g. apartments, bungalows or cottages, or a mix of the three. Predominantly 2 bed units. Tenure is generally mixed and usually pepper-potted to provide leasehold sale, shared ownership and affordable rental.
Target customers/service users. Expected needs of people.	A retirement village will attract older people from different cohorts: 65+ cohort for downsizing and lifestyle motivations

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Type	Retirement village
	75+ and 85+ cohort for 'future proofing' and access to care services A retirement village will typically therefore have residents with a wide range of care and support needs, from none to significant care needs. A key consideration is whether to include a registered care component in a retirement village model (there are examples of villages with and without registered care provision on-site). Given the anticipated demand for nursing care in the future, there is a case for a mixed housing/registered care model of retirement village for Cardiff/Vale.
The type of outcomes the housing and accommodation would provide	Improved quality of life for people aged 65+ through access to support when required and social interaction Design of housing enables ageing in place Promoting health benefits through 24/7 on-site staffing to help avoid unplanned hospital admissions and to enable timely hospital discharge Reducing demand for residential care provision through provision of on-site 24/7 care service
Funding considerations.	A high cost model in development terms. Development cost will vary widely depending on location, scale and facilities, however development costs of 3-4 times the cost of an average extra care scheme should be anticipated. Rents and service charges are typically in the range of £180-£250 per week depending on the level of facilities provided and the size of the scheme.
Workforce implications/requirements	Workforce implications are higher than for an average extra care scheme • Provision of on-site manager/support staff • Provision of on-site care staff • Provision of on-site catering and facilities staff The volume of staffing required will depend on the size of the scheme and volume of residents' care needs.
Location factors	Given the size of a retirement village scheme, there are like to be relatively few sites across Cardiff and the Vale where such a scheme could be located.
Example/s	Examples include:

Housing LIN

Type	Retirement village
	St Monica Trust, a charity, operating in Bristol and North Somerset. Example of an urban high-density retirement village scheme in Bristol and a mixed housing/nursing care retirement village model in North Somerset. https://www.stmonicatrust.org.uk/ **Extra Care Charitable Trust**. The largest provider of retirement villages in the UK. Typically, 250 housing units with extensive communal facilities and amenities. No registered care facilities on-site. https://www.extracare.org.uk/villages-and-schemes/retirement-villages/

Type	Dementia specific housing and accommodation with care
Description of type of housing/accommodation	There will be some incidence of dementia in any housing development for older people and the design should consider good practice in terms of design for dementia. There are several different approaches to accommodating older people with mild to moderate levels of dementia in extra care housing. These range from small dedicated units or wings specifically for this group, to clusters of flats with shared communal facilities, to a pepper-potted approach where individual care needs are simply catered for within their flats. Another model is an integrated housing and registered care scheme, typically no larger than an average extra care scheme (e.g. 40-50 units) where the registered provision is nursing care for people living with dementia and the housing element is for people with and without dementia. This enables, for example, couples where one spouse is living with dementia to remain living together. This is a housing/accommodation model that is not available in Cardiff and Vale currently and would represent a new housing/accommodation offer to a growing older population with an increasing prevalence of people living with dementia.
Range of facilities and care to be provided	Communal facilities would generally include a resident's lounge and dining room, activity room and guest bedroom. On-site 24/7 care provision. Care and support facilities would include an assisted bathroom, staff office, rest and changing facilities, a laundry and in some schemes a full catering kitchen
Suggested size of the proposed types of housing, numbers of units and tenure mix	Scale is likely to be 40-50+ housing units, ideally with a mix of housing types, i.e. not solely a flatted development, e.g. apartments, bungalows or cottages, or a mix of the three. Predominantly 2 bed units. Tenure is generally mixed and usually pepper-potted to provide leasehold sale, shared ownership and affordable rental. Provision of registered care, typically nursing care.

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Type	Dementia specific housing and accommodation with care
Target customers/service users. Expected needs of people.	Age range will vary but typically, 55/60+ however the average age of entry to would be typically 75+ It will predominantly target individuals living with dementia and couples where one spouse is living with dementia. The scheme would cater for people with a wide range of care and support needs through to end of life care
The type of outcomes the housing and accommodation would provide	Improved quality of life for people aged 55+ living with dementia through access to care when required and social interaction Provision of housing and registered care enables people to remain living in the scheme as care needs increase Reducing demand for EMH residential care provision through provision of on-site 24/7 care service and nursing care if required.
Funding considerations.	Similar development costs to extra care housing, depending on scale/size and extent of registered care provision. Rents and service charges are typically in the range of £180-£250 per week depending on the level of facilities provided and the size of the scheme.
Workforce implications/requirements	Workforce implications are higher than for an average extra care scheme • Provision of on-site manager/support staff • Provision of on-site care staff The volume of care staffing required will depend on the size of the scheme and volume of residents' care needs.
Location factors	Given the specialist nature of such a scheme it could be located at an appropriate site within Cardiff/Vale and cater for older people from across both areas.
Example/s	Examples include: Housing association extra care housing schemes that cater for people living with dementia, e.g. through dedicated wings in schemes. The Wales & West Housing Association extra care scheme in Mold, Flintshire includes 15 apartments specifically for people living with dementia.

Type	Dementia specific housing and accommodation with care
	http://www.wwha.co.uk/About-Us/Our%20Services%20for%20Older%20People/Pages/Llys-Jasmine-Extra-Care-Housing.aspx A 'village' model that provides a mix of housing, care and registered care provision. The primary example of this in the UK is **Belong** villages, which are designed to offer four key services: • Households offering 24-hour care for people who need some degree of personal, dementia or nursing care. These are registered care facilities. Each Belong household is grouped into an 'extended family' sized community for 11 or 12 residents, with modern bedrooms that lead directly onto an open-plan, shared communal space. • Apartments which can be bought or rented and where people continue to live independently and can access care/support as required. • A village centre with a range of facilities open to the public, and where a specialist day care service – Belong Experience Days – are provided. • The Belong at Home domiciliary care, which goes out into the wider community to support people in their own homes https://www.belong.org.uk/

5.5. Care enabled technology

Technology enabled healthcare should be viewed as a core component of all the proposed types of housing and accommodation.

Recent policy across the UK in relation to care has identified telecare as a core component of supporting older and disabled people. Telecare involves using digital technology to support independent living and to give commissioners and providers better insight into individuals' needs.

One area that has not changed dramatically over the last 30 years are the telecare systems that provide care and reassurance for older people /vulnerable living in their homes. These systems are still analogue-based in the main and not suitable to take advantage of the Internet of Things.

As the proliferation of internet-connected devices and the Internet of Things continues, the use of digital technology is not only going to be fundamental in supporting older people to manage their own health, it also provides new opportunities for residents to remain connected to friends, family and the outside world.

Providing residents access to broadband internet services can be a simple way to improve the quality of care provision for many people; some housing providers have already done this. Whilst use amongst older people has traditionally been lower than in the wider population, this is changing. Women aged over 75 are the fastest growing segment of new users.

Many housing providers are considering moving away from analogue based telecare system to digital platforms ahead of the Digital 'switch over' by 2025. Digital care systems provide a platform for services such as unobtrusive fall detection through discreet motion detectors. Integrated fire and smoke alarms can alert residents and blue-light services simultaneously.

It is important to gain a better understanding of technology-enabled care including how specific apps and programmes could be utilised to support older people to live more independently. There is also an expectation that technology could reduce costs (e.g. alarm services, staff tracking, lone worker arrangements) and be better integrated into work processes.

The demand for housing that better meets the needs of an ageing population will be accelerated by rising customer expectations amongst older people. They will expect better quality and choice – housing that meets their lifestyle preferences and that promotes access to services that facilitate independence in later life including access to and through the use of digital technology.

For example, many housing providers' care, and support and older peoples' strategies refer to a number of key areas where digital technologies may have a role as part of a 'digital by default' strategy. This could include loneliness and isolation support, personalised technology-enabled care, Internet of Things, smart meters, environmental control systems,

health and wellbeing, peer support, coordinated hospital discharges, prevention approaches, improved carer tracking, access to re-ablement, adaptations and assistive technologies.

These digital technologies will provide a range of benefits:

- Enable older people to have access to technology that offers greater control over the way personal care or support is delivered.

- For commissioners it offers the opportunity to use technology to better support older people to remain independent for longer

- For providers it offers the potential for easier communication with residents and potential for cost efficiencies.

However, there is also likely to be a small cohort of older people who are not technology-enabled and/or do not have (or wish to have) access to Wi-Fi, where there may be ongoing intensive housing management and/or support requirements.

5.6. Health and wellbeing

There is both growing evidence and a clear policy steer towards recognising and strengthening the role of housing in relation to a range of health and wellbeing issues including how well designed housing for older people can help reduce the need for adult social care and demand on NHS services (e.g. reducing residential care admissions, preventing hospital admissions/reablement, combating isolation or loneliness, better at home care coordination, a wider community resource, and opportunities for greater personal and community resilience).

There is a growing body of evidence to support this including:

- A longitudinal study by Aston University[77] for The Extra Care Charitable Trust which identified savings to councils in relation to social care of £4,500 per annum for high care customers and £1,700 for low care needs customers. In addition, the study suggests a reduction of GP visits of almost 50 per cent.

- A BRE[78] studies which suggests poor quality housing costs the NHS £1.4 billion per annum with £500m directly related to older people.

- A Housing LIN study[79] for Trailway Court in Dorset which compared wellbeing after entering the scheme to before moving into an extra care housing scheme.

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[77]http://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Aston_ECCT_research.pdf
[78] http://www.bre.co.uk/healthbriefings
[79] http://www.housinglin.org.uk/Topics/type/Blazing-a-trail-Extra-Care-Housing-in-Blandford-Forum-Dorset

- A case study from NE Lincolnshire[80] which evaluated a new extra care scheme using a control group of residents which as concluded savings of £4,000 per annum per extra care unit in terms of care cost savings to councils

Integration between health and social care is a key national priority in Wales. A proactive approach is to develop an explicit 'health and housing' service offer, i.e. where housing providers are being funded by NHS commissioners and local authorities to avoid or reduce delayed transfers of care, prevent unplanned hospital admissions and promote health and wellbeing of older people. There is an opportunity for older people's housing to be part of a more integrated health and housing offer that is effective at supporting older people to maintain their independence.

A number of flats are used currently in Cardiff and the Vale for this type of step-down provision. The evidence of increasing prevalence of care needs amongst the growing older population indicates that there is likely to be growing potential to scale up the housing based step-down offer as part of increasing the availability of housing with care in Cardiff and the Vale. Some other examples are shown below where this approach has been scaled up with older people's housing as part of the model.

Nottingham City Homes (NCH) provides a Hospital to Home/Housing Health Coordinators (HHC) scheme which:

- Supports people's transition from a reablement bed to self-care/supported living at home.

- Facilitates earlier discharge from hospital where inappropriate housing is the delaying factor in discharge.

- Provides early intervention in supporting people affected by poor or inappropriate housing.

- Provides access to sheltered housing where this will best meet an individual's needs

- Improves the uptake of empty social housing properties for older persons in the city.

- Improves the health and wellbeing of people who are negatively affected by poor or inappropriate housing.

The service is funded by Nottingham City NHS Clinical Commissioning Group (CCG).

Curo's 'step down' scheme in Bath provides step-down accommodation upon discharge from hospital for vulnerable patients. It is for adults who are ready to discharge from hospital but cannot return home. The service offers six self-contained one-bedroom flats or bungalows with dedicated support and access to 24-hour care teams allowing people to see how they manage with a care and support package in a place that is like a home rather than hospital. The service is provided on a 'free at the point of delivery' basis and is available 7 days a week for periods of time agreed at the point of discharge. Curo's step-down service

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[80] http://www.housinglin.org.uk/Topics/type/Evaluating-extra-care-valuing-what-really-matters-The-case-for-taking-relationships-seriously/

can offer transport from hospital, avoiding the delays inherent in access to non-emergency ambulance services. The emphasis is on relearning skills to improve future independence and reduce the risk of re-admission.

Inter-generational housing approaches

The evidence from the survey and from the qualitative research with older people identified an interest in 'inter-generational' housing amongst older people, i.e. if moving, a preference not to move to age-designated housing.

Inter-generational housing doesn't have a universally consistent definition. It can refer to:

- Housing development that includes provision for all ages.

- Inter-generational family living units.

- Approaches to inter-generational living linked to care/support services.

However, it may also be characterised by strengthened 'multigenerational bonds' inside and outside the home. The convergence of several phenomena makes the subject of intergenerational living increasingly important in terms of policy and practice.

These include demographic change and an ageing society, rising house prices in much of the country since the financial crisis, as well as youth unemployment, underemployment, and the difficulty faced by young people getting on the housing ladder.

Other interrelated issues include crises in the care sector, both in terms of childcare and care of older people and under-occupation of the current housing stock. Intergenerational living may have a particular role to play in addressing the crisis of loneliness that spans the generations.

Building on the HAPPI design principles, the University of Sheffield School of Architecture's influential DWELL research[81] showed strong demand amongst older people for better quality and more adaptable homes, where people can continue to live and socialise in mixed-age communities. Other examples include:

Parkside, Matlock[82]

Not designed or built with older people in mind, this 4-storey building of 10 2 bed, 'open market' leasehold apartments is located in the heart of the town. Its central location, off the High Street en route to the town's main green space, make it a natural location for ground floor mixed use, including a popular café that has provided convenient catering support for those living above. 9 out of the 10 apartments sold for cash to older people. Its USP is that it allows residents to integrate with the surrounding community, instead of feeling isolated in an institutional setting.

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[81] https://www.housinglin.org.uk/_assets/DWELL_DesigningWithDownsizers.pdf
[82] https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HLIN_CaseStudyReport_HDA.pdf

Inter-generational housing development: Castlemaine Court in Byfleet, Surrey[83].

The development is designed to offer affordable, fully accessible, high-quality, multigenerational, sustainable one and two-bedroom homes for people of all ages. The apartments allow single people, couples and families to be housed within one community with door widths and circulation spaces also allowing wheelchair access. Built to replace low-demand bedsit accommodation for older people.

Inter-generational urban extra care housing: Aylesbury Estate, Walworth, in south London[84]. The extra care housing scheme comprises 50 units of mixed tenure accommodation (40 target rent and 10 shared ownership), a community facility, general needs housing (apartments and maisonettes) around a shared, enclosed courtyard.

The concept of inter-generational inclusion was driven by visits to a number of existing Notting Hill Housing Trust run extra care housing developments across London, the most successful and vibrant of which encouraged the residents to interact with children and younger adults.

And in Europe there are a small but growing number of inter-generational living examples. They include:

In the Netherlands, Humanitas[85] is one of the main social services and community building organisations. It offers a range of services including retirement housing and care villages for older people. This is an example of an intergenerational project that provides free accommodation for students. In return they commit to spending at least 30 hours of their time every month with their older co-residents.

In Finland, a pilot project run by the City of Helsinki[86] involves people under the age of 25 provided with cheap accommodation inside the city's Rudolf Seniors Home for one year. The proviso is that they give a minimum of between three and five hours of their time to their older neighbours each week.

Both the Dutch and Finnish examples are more akin to younger people living in a care home, or possibly extra care housing scheme (in a UK context) with free or lower cost housing in exchange for providing support to older residents.

There is an opportunity through the development of housing and accommodation for older people in Cardiff and Vale to consider inter-generational approaches in relation to:

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[83]https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_116_CastlemaineCourt.pdf

[84]https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_126_Aylesbury.pdf

[85] https://www.housinglin.org.uk/Topics/type/Humanitas-Retirement-Home-Jurrien-Mentinks-story/

[86] http://omanmuotoinenkoti.munstadi.fi/in-english/

- Development of general needs housing, i.e. that will be attractive to older people as well as younger households

- Age designated housing within a larger housing development

- Housing types that facilitate inter-generational living.

5.5. Recommendations

Based on the evidence from this research the following recommendations are proposed:

- To meet older people's needs and aspirations develop a **mix of** purpose-built **housing types and tenures** that will facilitate **'downsizing'/'rightsizing',** creating a climate where moving in later life becomes a realistic and positive choice, including:

    - **Contemporary 'care ready' sheltered/retirement housing**, for rent and for sale, that is HAPPI[87] compliant i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.

    - Mainstream housing developments that include well designed units to appeal to older people, i.e. that offer the features of 'care ready' housing but is part of an **inter-generational housing** offer to appeal to older people who don't want to move to age-designated housing.

    - Increase the delivery of housing with care options including **extra care housing, for rent and for sale;** however, it needs to remain a vibrant community and the benefits need to be effectively marketed to older people.

    - For Cardiff, estimated future need[88] for older people's housing and housing with care to 2035 by locality and tenure.

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[87] Housing our Ageing Population Panel for Innovation.
https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/
[88] Final report will break down between low cost rent/ownership

Type	City		East		North		South east		South west		West		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[89] (units)	247	269	213	232	778	417	520	422	479	521	632	339	2869	2200
		132		114		846		422		256		687		2456
Total	247	401	213	346	778	1263	520	844	479	777	632	1026	2869	4656
Housing with care[90] (units)	0	39	15	70	212	115	0	36	0	63	40	66	267	389
		19		34		234		36		31		133		487
Total	0	58	15	104	212	349	0	72	0	94	40	199	267	876

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

- For Vale of Glamorgan, estimated future need[91] for older people's housing and housing with care to 2035 by locality and tenure.

Type	Central		Eastern		Western		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[92] (units)	297	254	445	250	87	37	829	541
		253		509		111		873
Total	297	507	445	759	87	148	829	1415
Housing with care[93] (units)	42	85	0	47	0	22	42	154
		85		94		67		246
Total	42	170	0	141	0	89	42	400

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

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[89] Sheltered and retirement housing
[90] Extra care housing and assisted living
[91] Final report will break down between low cost rent/ownership
[92] Sheltered and retirement housing
[93] Extra care housing and assisted living

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- o Develop models of **extra care housing 'lite'**[94] which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This is an opportunity to bring a housing with care offer to a greater number of locations including rural areas.

- o Consider the development of a **retirement village** serving Cardiff and the Vale with a large number of housing units of mixed tenure with a wide range of facilities including on-site care.

- o Support and nurture novel housing approaches; for example, developing **co-operative or community-led housing** and the feasibility of supporting **co-housing** initiatives for older people.

- Extend the range of information, advice and assistance available to homeowners to make adaptations and/or assistive technology as necessary to support enable ageing in place for older people wish to **remain living in their existing housing**.

- Develop a comprehensive **information and advice service in relation to housing options for older people** that enables older people and their families to be well informed in relation to planning future moves.

- As part of an asset review, identify existing **sheltered housing** schemes that can be improved, remodelled or adapted to better support ageing in place for an anticipated older population with increasing care and support needs, including the potential for remodelling to extra care housing as a short term action.

- Consider decommissioning existing sheltered housing schemes and replace with **extra care housing** where the site can accommodate a larger footprint.

- Proactively consider the housing and accommodation requirements of the increasing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the potential development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.

- Scale up the development of **'step-down' housing-based models of care** as part of existing reablement strategies to support timely discharge from hospital and/or prevent unnecessary readmissions.

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[94] There is no universal definition of extra care housing or of extra care housing 'lite'. In other areas where developing extra care schemes at a scale of say 50+ units is not feasible, e.g. due to smaller levels of population in rural areas or limited availability of suitable sites, then consideration has been given to developing an extra care 'lite' model which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This would generally not have the wider range of communal facilities typically associated with larger extra care housing schemes.

- The Regional Partnership Board to discuss with Welsh Government current targets for affordable housing and the potential for guidance and/or targets in relation to housing better suited for older people.

- There is a need to collect, in relation to waiting list applicants aged 50+, further information about the types of housing they want/need.

- There is a need to review the approach to holding waiting lists for extra care housing schemes to provide more extensive and accurate data about the requirements of people seeking extra care housing.

- To work with providers care services and care homes:

  - In relation to residential care services, consider alternative service models including provision of nursing care services.

  - To facilitate the provision of additional nursing care capacity.

- The Regional Partnership Board to undertake a mapping exercise to identify all available capital resources across the partnership, e.g. ICF, Housing, Regeneration, Health in order to identify and align potential capital funding streams. It is likely that the development of mixed tenure older people's housing schemes may be required to cross subsidise the affordable housing components of new developments.

- Extend the use of technology, including **care enabled technology,** in older people's housing schemes to enhance the health and independence of individuals.

Annexe 1. Older people's housing and accommodation provision

Cardiff: provision of older people's housing and accommodation

Table 1 and figure 1 show the number of units of sheltered housing currently provided, 1,847 in total across all localities.

The south east, north and south west localities have the greatest proportion of sheltered housing units, collectively 65% of the total number of units.

Table 1. Cardiff: provision of sheltered housing units

Localities	Sheltered housing units
City	247
East	143
North	398
South East	437
South West	372
West	250
Total	1847

Source: MPS

Figure 1. Cardiff: provision of sheltered housing units
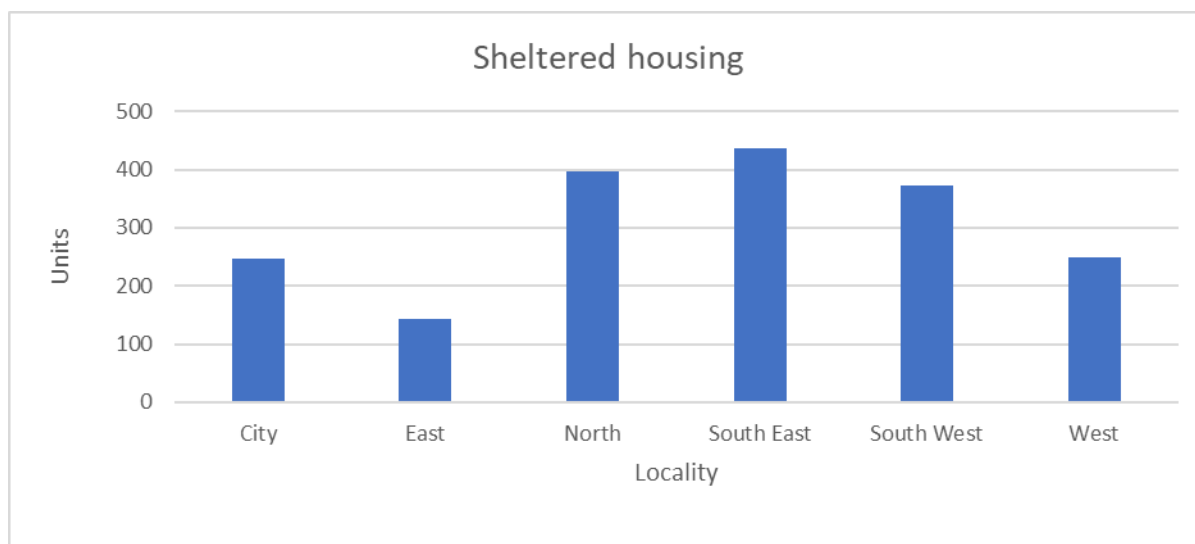
Table 2 and figure 2 show the number of units of private retirement housing currently provided, 1,022 in total across all localities.

The north and west localities have the greatest proportion of private retirement housing units, collectively 75% of the total number of units.

Table 2. Cardiff: provision of private retirement housing units

Localities	Private retirement housing
City	0
East	70
North	380
South East	83
South West	107
West	382
Total	1022

Source: EAC

Figure 2. Cardiff: provision of private retirement housing units

Table 3 and figure 3 show the number of units of housing with care (social housing provider) currently provided, 157 in total across all localities.

The north and west localities have the greatest proportion of housing with care units, collectively 90% of the total number of units.

Table 3. Cardiff: provision of housing with care (social housing provider) units

Localities	Housing with care (social housing provider)
City	0
East	15
North	102
South East	0
South West	0
West	40
Total	157

Housing LIN

Figure 3. Cardiff: provision of housing with care (social housing provider) units
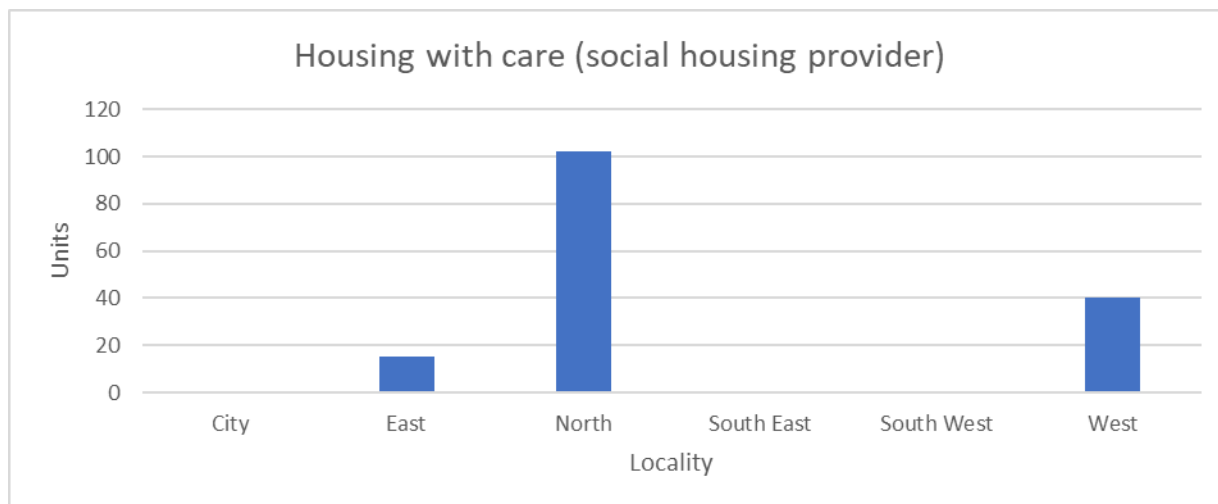
Table 4 and figure 4 show the number of units of housing with care (private provider) currently provided, 110 in total across all localities.

This provision is located exclusively in the north locality.

Table 4. Cardiff: provision of housing with care (private housing provider) units

Localities	Housing with care (private housing provider)
City	0
East	0
North	110
South East	0
South West	0
West	0
Total	110

Figure 4. Cardiff: provision of housing with care (private housing provider) units

Housing with care (private provider)
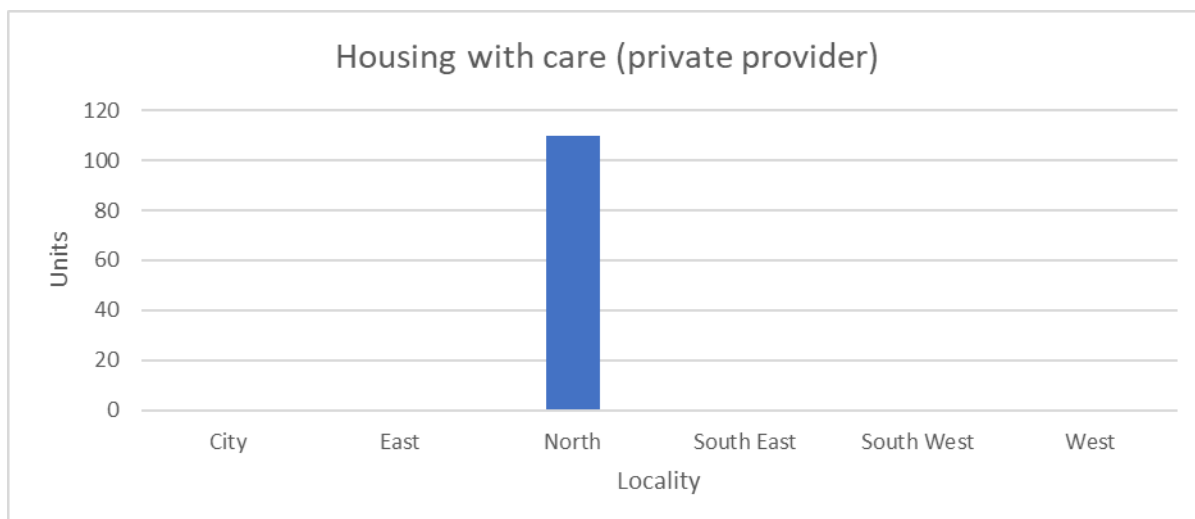
In addition, there are 1,423 units of age-designated housing, a mix of flats and bungalows, provided by both the local authority and RSLs.[95]

Table 5 and figure 5 show the number of residential care beds currently provided, 711 in total across all localities.

The north, city and south west localities have the greatest proportion of residential care beds, collectively 55% of the total number of beds.

Table 5. Cardiff: provision of residential care beds

Localities	Residential care beds
City	123
East	91
North	257
South East	70
South West	122
West	48
Total	711

Source: EAC

Figure 5. Cardiff: provision of residential care beds

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[95] Summary of Current Position: Services for Older People. (2017). Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership

Residential care provision
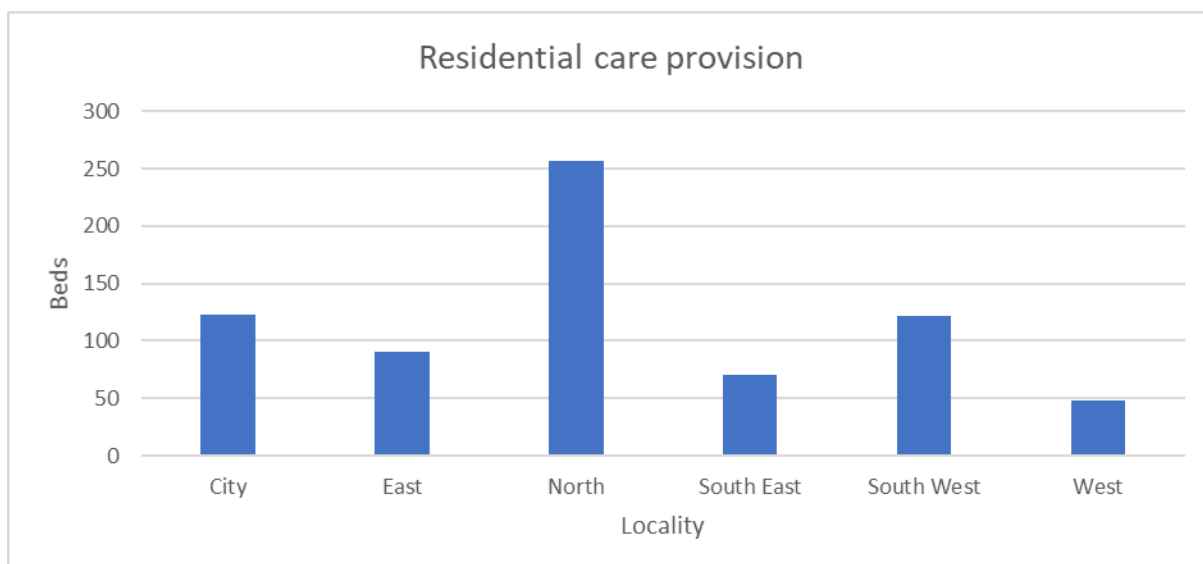
Table 6 and figure 6 show the number of nursing care beds currently provided, 1,051 in total across all localities.

The north, west and south west localities have the greatest proportion of nursing care beds, collectively 60% of the total number of beds, however there is a relatively even spread of beds across all localities apart from City locality.

Table 6. Cardiff: provision of nursing care beds

Localities	Nursing care beds
City	49
East	188
North	221
South East	180
South West	200
West	213
Total	1051

Source: EAC

Figure 6. Cardiff: provision of nursing care beds
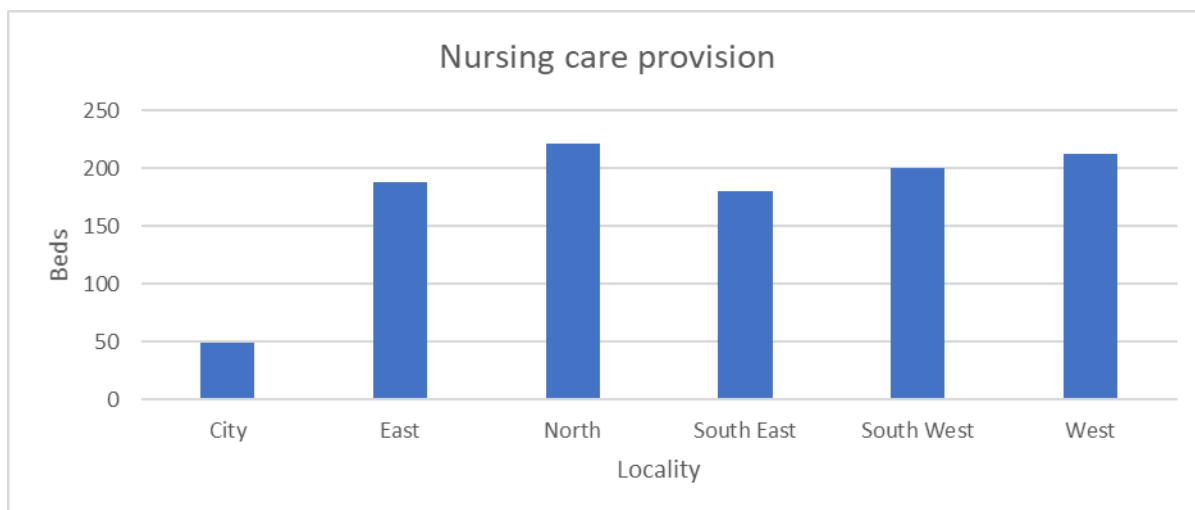
Housing LIN

Nursing care provision

In relation to the types of housing providers delivering these housing options for older people, a breakdown by provider types is shown at tables 7 to 9 and figures 7 to 9.

In relation to sheltered housing 82% of units are provided by RSLs.

Table 7. Provider type: provision of sheltered housing

Provider type	Sheltered housing units
RSL	1515
Local authority	332
Charity/voluntary	0
Total units	1847

Source: MPS

Figure 7. Provider type: provision of sheltered housing

Housing LIN

Sheltered housing: provider type
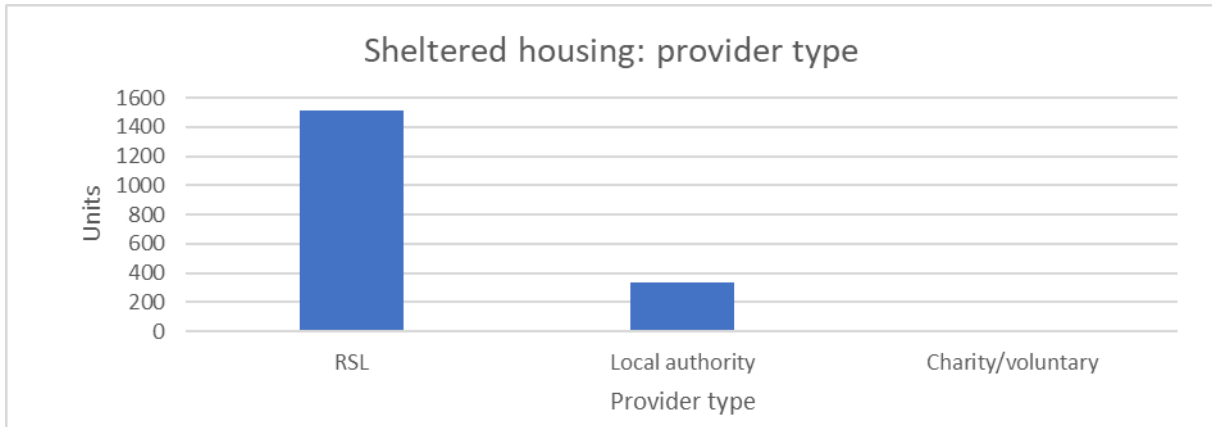
In relation to private retirement (leasehold) housing 69% of the units are provided by private operators (most of this provision is managed by a single operator). 31% of the leasehold retirement housing is owned and operated by RSLs, reflecting an earlier period when RSLs developed this type of older people's housing aimed at lower equity/lower income home owners.

Table 8. Provider type: provision of private retirement housing

Provider type	Private retirement housing units
RSL	316
Private company	706
Total units	1022

Source: EAC

Figure 8. Provider type: provision of private retirement housing
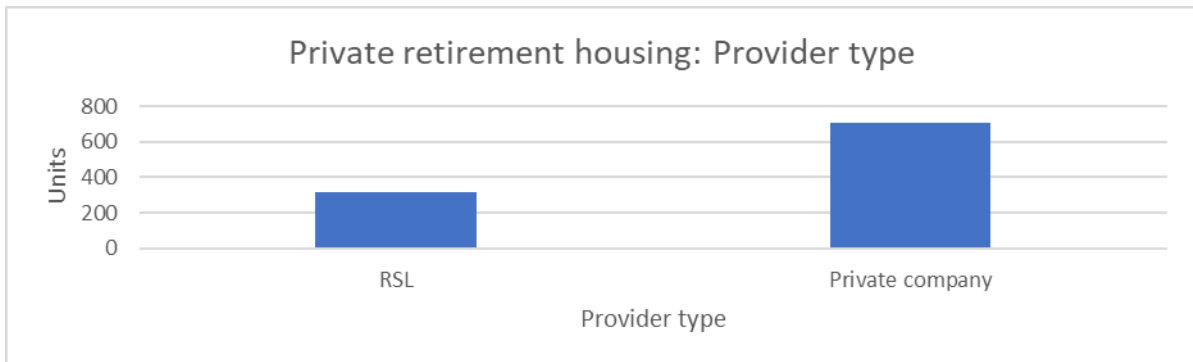
In relation to housing with care, 53% of units are provided by RSLs (a single RSL) and 41% by private operators.

Table 9. Provider type: provision of housing with care

Housing LIN

Provider type	Housing with care units
RSL	142
Private	110
Charity/voluntary	15
Total units	267

Figure 9. Provider type: provision of housing with care
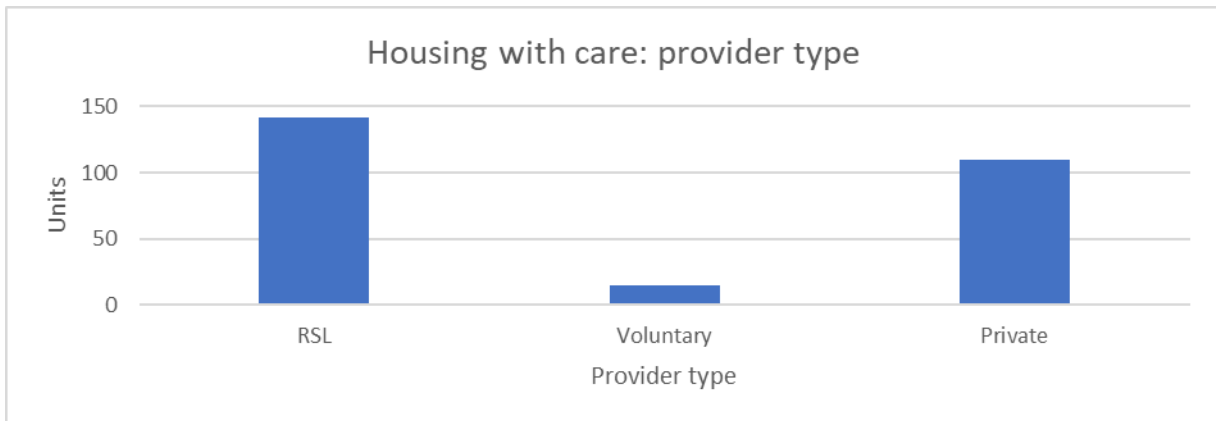
In relation to the types of tenure provided in this older people's housing stock, a breakdown by tenure is shown at tables 10 to 11 and figures 10 to 11.

In relation to sheltered housing 63% of units are for social rent and 36% are for leasehold sale. Very little is provided as a shared ownership form of tenure.

Table 10. Tenure type: provision of sheltered housing/private retirement housing

Tenure type	Sheltered housing/private retirement housing units
Social rent	1814
Shared ownership	33
Leasehold sale	1022
Total units	2869

Figure 10. Tenure type: provision of sheltered housing/private retirement housing
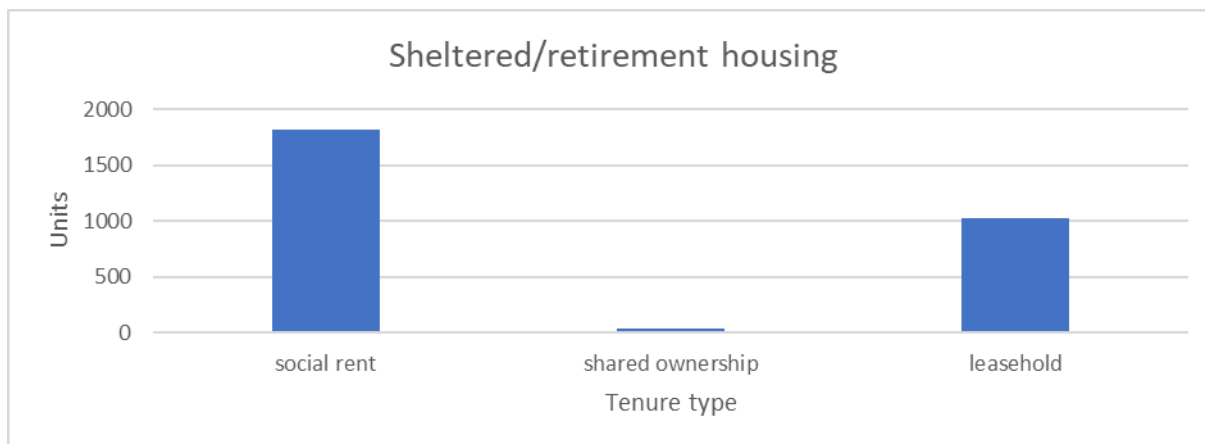
In relation to housing with care 59% of units are for social rent and 41% are for leasehold sale.

Table 11. Tenure type: provision of housing with care

Tenure type	Housing with care units
Social rent	157
Shared ownership	0
Leasehold sale	110
Total units	267

Figure 11. Tenure type: provision of housing with care

Housing LIN
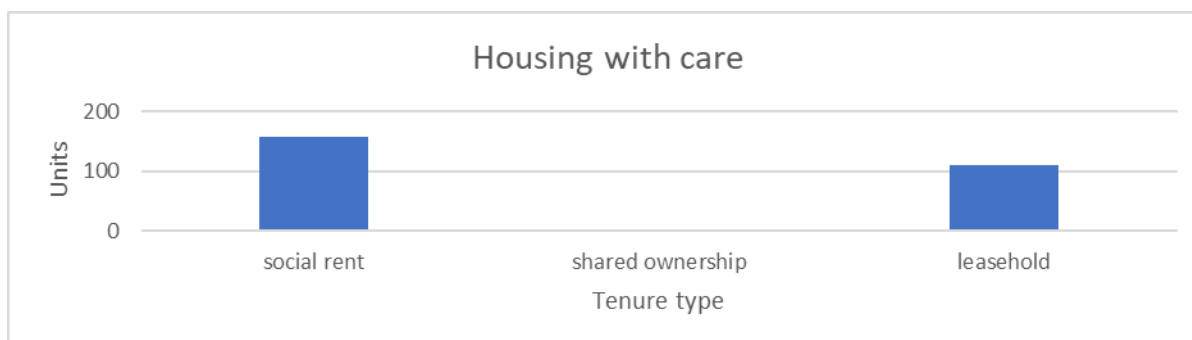
Vale of Glamorgan: provision of older people's housing and accommodation services

Table 12 and figure 12 show the number of units of sheltered housing currently provided, 625 in total across all localities.

The central and eastern localities have the greatest proportion of sheltered housing units, collectively 89% of the total number of units.

Table 12. Vale of Glamorgan: provision of sheltered housing units

Localities	Sheltered housing units
Central	278
Eastern	279
Western	68
Total	625

Source: MPS

Figure 12. Vale of Glamorgan: provision of sheltered housing units
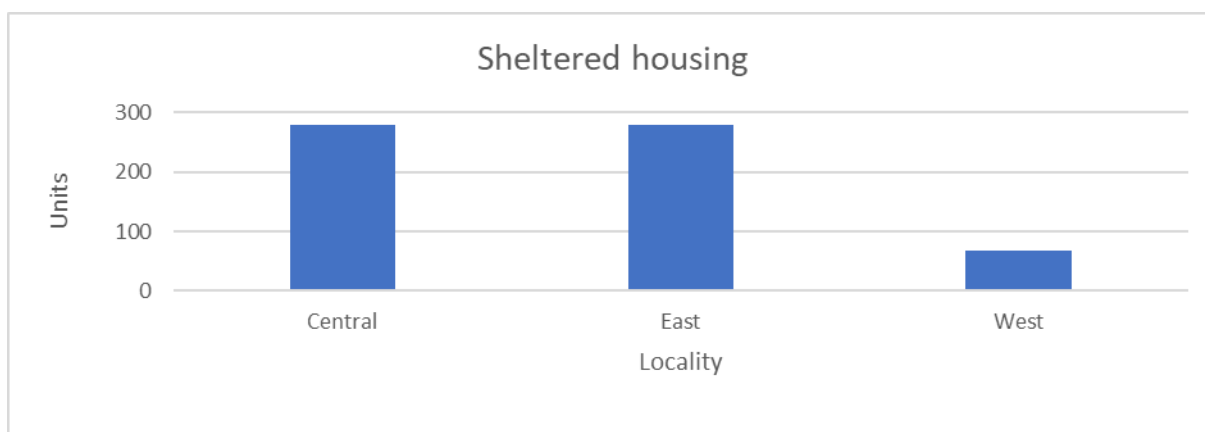
Table 13 and figure 13 show the number of units of private retirement housing currently provided, 204 units in total across all localities.

The eastern locality has the greatest proportion of private retirement housing units, 81% of the total number of units.

Table 13. Vale: provision of private retirement housing units

Localities	Private retirement housing units
Central	19
Eastern	166
Western	19
Total	204

Source: EAC

Housing LIN

Figure 13. Vale: provision of private retirement housing units

In addition, there are 927 units of age-designated housing, a mix of flats and bungalows, provided by both the local authority and RSLs.

Table 14 and figure 14 show the number of units of housing with care (social housing provider) currently provided, 42 units in the central locality. There is no private provision of housing with care.

Table 14. Vale: provision of housing with care (social housing provider) units

Localities	Housing with care (social housing provider) units
Central	42
East	0
West	0
Total	42

Source: EAC

Figure 14. Vale: provision of housing with care (social housing provider) units

In addition, there are 927 units of age-designated housing, a mix of flats and bungalows, provided by both the local authority and RSLs.

Table 15 and figure 15 show the number of residential care beds currently provided, 464 in total across all localities.

The central and eastern localities have the greatest proportion of residential care beds, collectively 93% of the total number of beds.

Housing LIN

Table 15. Vale: provision of residential care beds

Vale localities	Residential care beds
Central	250
East	182
West	32
Total	464

Source: EAC

Figure 15. Vale: provision of residential care beds
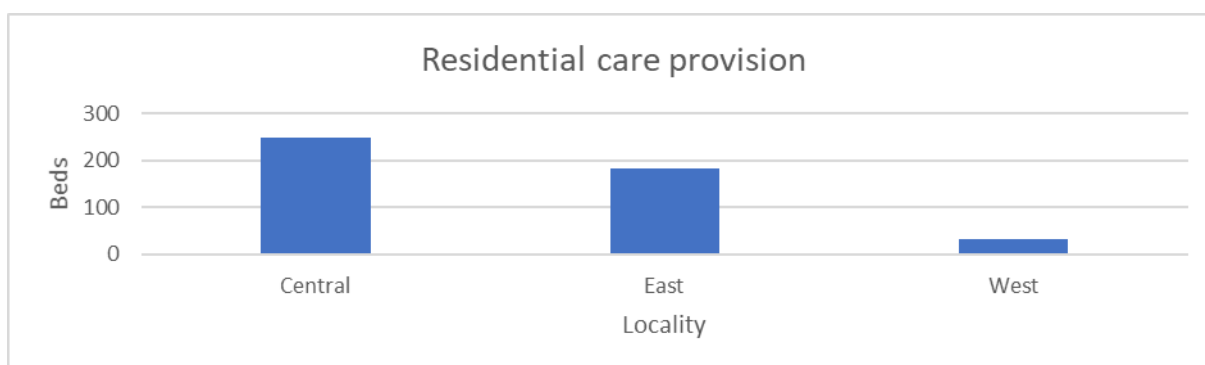
Table 16 and figure16 show the number of nursing care beds currently provided, 462 in total across all localities.

The central and east localities have the greatest proportion of residential care beds, collectively 87% of the total number of beds.

Table 16. Vale: provision of nursing care beds

Localities	Nursing care beds
Central	196
East	206
West	60
Total	462

Source: EAC

Figure 16. Vale: provision of nursing care beds
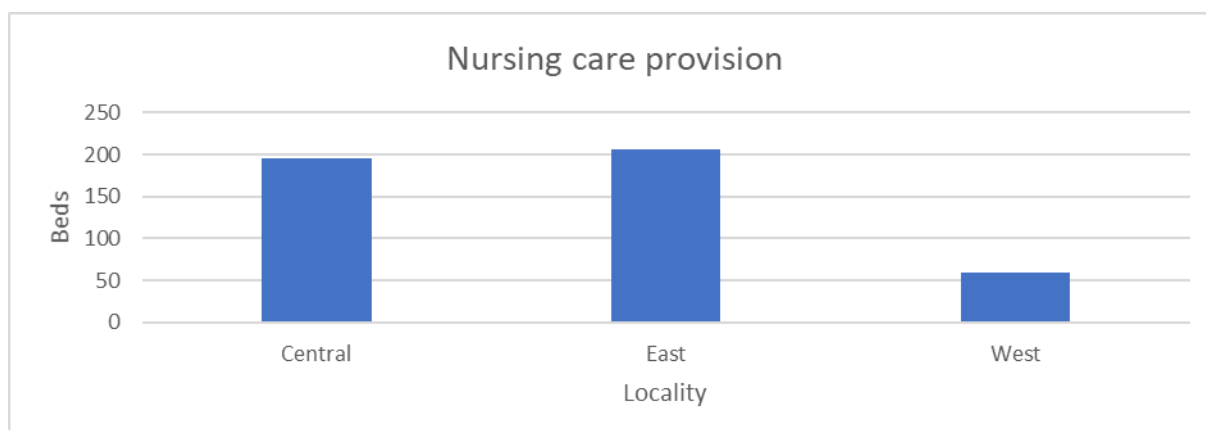
In relation to the types of housing providers delivering these housing options for older people, a breakdown by provider types is shown at tables 17 to 19 and figures 17 to 19.

In relation to sheltered housing 54% of units are provided by the local authority and 46% by RSLs.

Table 17. Provider type: provision of sheltered housing

Provider type	Sheltered housing units
RSL	290
Local authority	335
Charity/voluntary	0
Total units	625

Source: MPS

Figure 17. Provider type: provision of sheltered housing
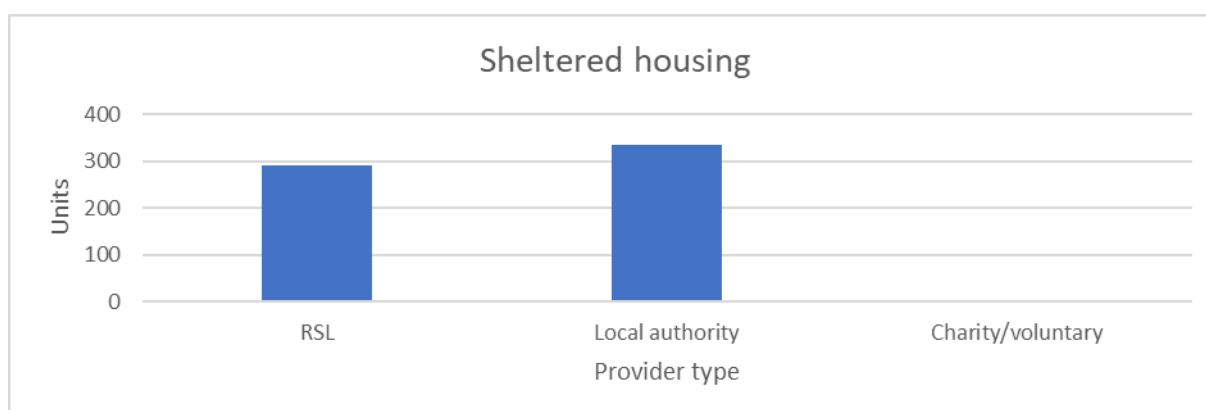
In relation to private retirement (leasehold) housing 45% of the units are provided by private operators with the majority, 55%, of the leasehold retirement housing owned and operated

by RSLs, reflecting an earlier period when RSLs developed this type of older people's housing aimed at lower equity/lower income home owners.

Table 18. Provider type: provision of private retirement housing

Provider type	Private retirement housing units
RSL	113
Private company	91
Total units	204

Source: EAC

Figure 18. Provider type: provision of private retirement housing
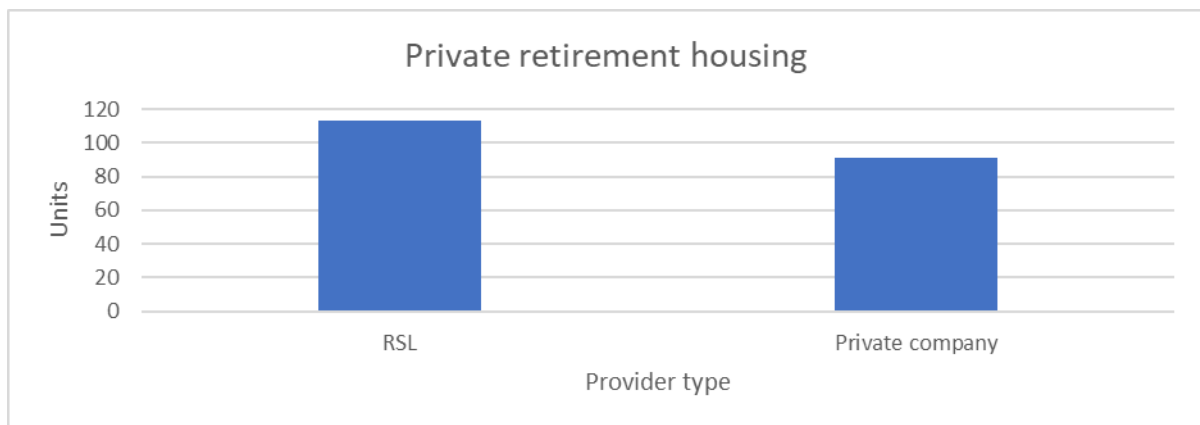
In relation to housing with care, 100% of units are provided by a RSL and none by private or charitable operators.

Table 19. Provider type: provision of housing with care

Provider type	Housing with care units
RSL	42
Private	0
Charity/voluntary	0
Total units	42

Source: EAC

Figure 19. Provider type: provision of housing with care
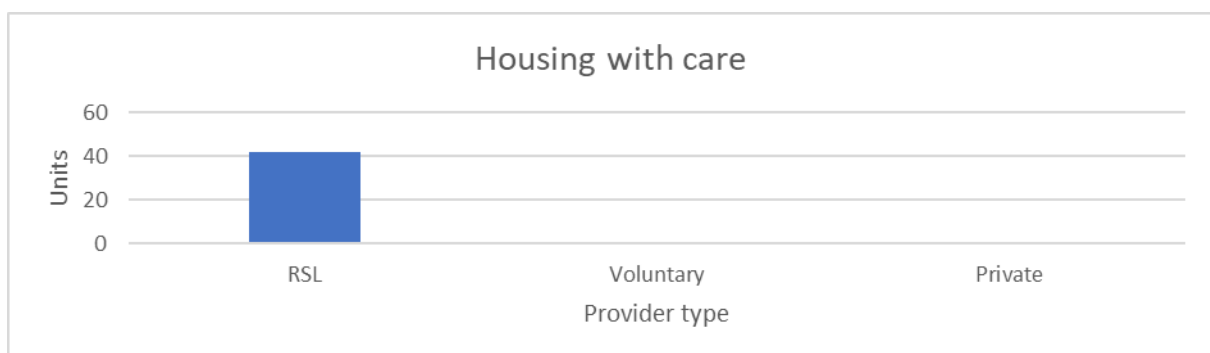
In relation to the types of tenure provided in this older people's housing stock, a breakdown by tenure is shown at tables 20 to 21 and figures 20 to 21.

In relation to sheltered housing 63% of units are for social rent and 36% are for leasehold sale. Very little is provided as a shared ownership form of tenure.

Table 20. Tenure type: provision of sheltered housing/private retirement housing

Tenure type	Sheltered housing/private retirement housing units
Social rent	625
Shared ownership	0
Leasehold sale	204
Total units	829

Source: MPS/EAC

Figure 20. Tenure type: provision of sheltered housing/private retirement housing

In relation to housing with care 100% of units are for social rent with none for shared ownership or leasehold sale.

Table 21. Tenure type: provision of housing with care

Tenure type	Housing with care units
Social rent	42
Shared ownership	0
Leasehold sale	0
Total units	42

Figure 21. Tenure type: provision of housing with care

Housing with care

Housing LIN
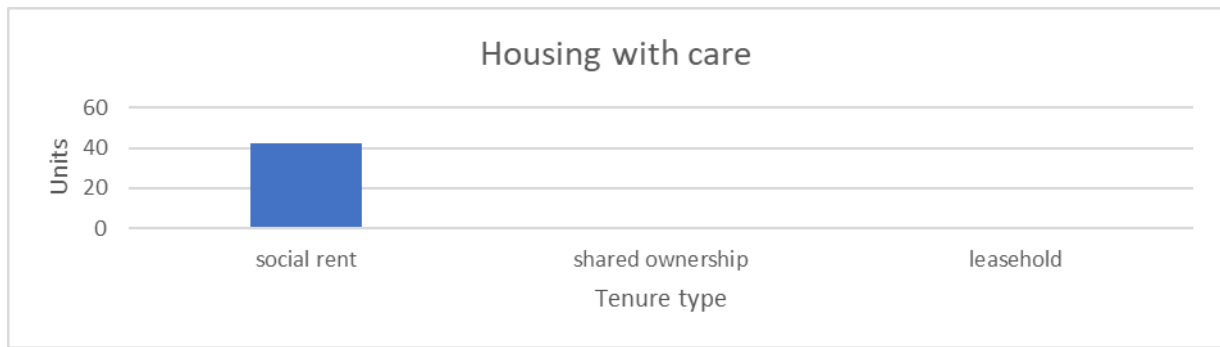
Annexe 2. Future need for older people's housing and accommodation

Scenario 1

Cardiff: Future need for older people's housing and accommodation

An estimate of the future need for different older people's housing and accommodation types to 2035 solely on demographic-based change in the older people's population applied to current levels of provision. The following tables show the estimated future need for different types of older people's housing and accommodation by locality.

1. Older people's housing:
    a. Contemporary sheltered housing (including 'care-ready' housing[96]), i.e. typically older people's housing provided by social landlords for rent.
    b. Market retirement housing (including 'care ready' housing), i.e. older people's housing provided for sale (typically leasehold) by private operators and housing associations.

Cardiff. Total projected need: Older people's housing – sheltered housing and market retirement housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
City	247	261	306	349	401
East	213	225	264	301	346
North	778	822	964	1100	1263
South East	520	550	644	735	844
South West	479	506	593	677	777
West	632	668	783	893	1026
Total	2869	3033	3554	4055	4656

2. Housing with care:
    a. Extra care housing, typically provided by housing associations, charitable organisations and local authorities; can be mixed tenure.
    b. Assisted living, typically a privately-operated model of extra care housing provided for sale by private operators

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[96] 'Care ready' housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.

Cardiff. Total projected need: Housing with care – extra care housing and assisted living housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
City	0	0	0	0	0
East	15	16	18	21	24
North	212	224	261	300	344
South East	0	0	0	0	0
South West	0	0	0	0	0
West	40	42	49	57	65
Total	267	282	328	377	433

NB. The estimated need for City, South east and South west shows no additional need due to there being no existing provision to derive an estimated growth in need from; in practice the overall estimated need of 433 units of housing with care would be distributed across all localities (this is estimated for scenario 2).

3. Projected need: Residential care provision (beds)

Locality	Current Provision (beds)	2020	2025	2030	2035
City	123	130	152	174	200
East	91	96	113	129	148
North	257	272	318	363	417
South East	70	74	87	99	114
South West	122	129	151	172	198
West	48	51	59	68	78
Total	711	752	881	1005	1154

4. Projected need: Nursing care provision

Locality	Current Provision (beds)	2020	2025	2030	2035
City	49	52	61	69	80
East	188	199	233	266	305
North	221	234	274	312	359
South East	180	190	223	254	292
South West	200	211	248	283	325
West	213	225	264	301	346
Total	1051	1111	1302	1485	1706

Vale of Glamorgan: Future need for older people's housing and accommodation

An estimate of the future need for different older people's housing and accommodation types to 2035 solely on demographic-based change in the older people's population applied to current levels of provision. The following tables show the estimated future need for different types of older people's housing and accommodation by locality.

1. Older people's housing:
    a. Contemporary sheltered housing (including 'care-ready' housing), i.e. typically older people's housing provided by social landlords for rent.
    b. Market retirement housing (including 'care ready' housing), i.e. older people's housing provided for sale (typically leasehold) by private operators and housing associations.

Vale. Total projected need: Older people's housing – sheltered housing and market retirement housing

Locality	Current Provision (units)	2020	2025	2030	2035
Central	297	329	400	454	507
Eastern	445	494	599	680	759
Western	87	97	117	133	148
Total	829	920	1115	1266	1415

2. Housing with care:
    a. Extra care housing, typically provided by housing associations, charitable organisations and local authorities; can be mixed tenure.
    b. Assisted living, typically a privately-operated model of extra care housing provided for sale by private operators

Vale. Total projected need: Housing with care – extra care housing and assisted living housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
Central	42	47	55	64	72
Eastern	0	0	0	0	0
Western	0	0	0	0	0
Total	42	47	55	64	72

NB. The estimated need for Eastern and Western shows no additional need due to there being no existing provision to derive an estimated growth in need from; in practice the overall estimated need of 72 units of housing with care would be distributed across all localities (this is estimated for scenario 2).

3. Projected need: Residential care provision

Locality	Current provision (beds)	2020	2025	2030	2035
Central	250	277	336	382	427
Eastern	182	202	245	278	311
Western	32	35	43	49	55
Total	464	515	624	709	792

Housing LIN

4. Projected need: Nursing care provision

Locality	Current provision (beds)	2020	2025	2030	2035
Central	196	217	264	299	334
Eastern	206	229	277	315	352
Western	60	67	81	92	102
Total	462	512	622	706	788

Scenario 2

An estimate of the future need for different older people's housing and accommodation types to 2035 using demographic-based change in the older people's population applied to current levels of provision and the Scenario 2 housing and accommodation need assessment assumptions:

- Reduce the use of residential care by not increasing provision to 2035 beyond current levels of provision.

- Increase the use of housing with care (extra care housing and assisted living) over time in proportion to the assumed decrease in the use of residential care to 2035.

- Increase the volume and availability of older people's housing (contemporary sheltered housing and market retirement housing) to 2035 based on projected older people's population growth.

- Estimated need for nursing care to 2035 based on projected older people's population growth.

In relation to applying a tenure split to estimated future need, the SHOP@ need model uses the relative affluence/deprivation of each locality, based on Welsh Index of Multiple Deprivation (WIMD) scores/ranking, and applies these to the estimates of housing need by locality to estimate the split between low cost/social rent and for sale (owner occupation). The table below shows the relative WIMD rankings for the localities in Cardiff/Vale and how the split between estimated units for rent/ownership is 'weighted', e.g. the estimated percentage of units for owner occupation would be higher in Cardiff North locality compared to City locality. These percentage splits of estimated rent/sale are applied to the estimates of future need.

Future need for older people's housing and accommodation: Tenure split

Locality	Local Authority	WIMD 2014 Overall Rank	WIMD 2014 Overall Quintile	Social rent/ownership assumption (%)
City & South	Cardiff	683	2	67/33
East	Cardiff	471	2	67/33
North	Cardiff	1509	4	33/67
South East	Cardiff	786	3	50/50
South West	Cardiff	608	2	67/33
West	Cardiff	1311	4	33/67
Central	Vale of Glamorgan	929	3	50/50
East	Vale of Glamorgan	1509	4	33/67
West	Vale of Glamorgan	1585	5	25/75

Cardiff: Future need for older people's housing and accommodation

The following tables show the estimated future need for different types of older people's housing and accommodation by locality.

1. Older people's housing:
   a. Contemporary sheltered housing (including 'care-ready' housing), i.e. typically older people's housing provided by social landlords for rent.
   b. Market retirement housing (including 'care ready' housing), i.e. older people's housing provided for sale (typically leasehold) by private operators and housing associations.

Cardiff. Total projected need: Older people's housing – sheltered housing and market retirement housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
City	247	261	306	349	401
East	213	225	264	301	346
North	778	822	964	1100	1263
South East	520	550	644	735	844
South West	479	506	593	677	777
West	632	668	783	893	1026
Total	2869	3033	3554	4055	4656

NB. Increased volume and availability of older people's housing (contemporary sheltered housing and market retirement housing) to 2035 based on projected older people's population growth.

2. Housing with care:
    a. Extra care housing, typically provided by housing associations, charitable organisations and local authorities; can be mixed tenure.
    b. Assisted living, typically a privately-operated model of extra care housing provided for sale by private operators

Cardiff. Total projected need: Housing with care – extra care housing and assisted living housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
City	0	11	23	35	58
East	15	30	55	80	104
North	212	224	261	300	349
South East	0	12	32	52	72
South West	0	16	42	68	94
West	40	66	110	154	199
Total	267	359	523	689	876

NB. The estimated need for housing with care is based on apportioning overall estimated need between localities based on the relative distribution of the 75+ population across the localities; this address the issue in Scenario 1 in relation to localities with no current provision.

3. Projected need: Residential care provision (beds)

Locality	Current Provision (beds)	2020	2025	2030	2035
City	123	123	123	123	123
East	91	91	91	91	91
North	257	257	257	257	257
South East	70	70	70	70	70
South West	122	122	122	122	122
West	48	48	48	48	48
Total	711	711	711	711	711

NB. Use of residential care: by not increasing provision to 2035 beyond current levels of provision.

4. Projected need: Nursing care provision

Locality	Current Provision (beds)	2020	2025	2030	2035
City	49	52	61	69	80
East	188	199	233	266	305
North	221	234	274	312	359
South East	180	190	223	254	292
South West	200	211	248	283	325
West	213	225	264	301	346
Total	1051	1111	1302	1485	1706

NB. Estimated need for nursing care to 2035 based on projected older people's population growth.

Housing LIN

5. Overall summary of estimated future need to 2035 including tenure split

Type	City		East		North		South east		South west		West		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[97] (units)	247	269	213	232	778	417	520	422	479	521	632	339	2869	2200
		132		114		846		422		256		687		2456
Total	247	401	213	346	778	1263	520	844	479	777	632	1026	2869	4656
Housing with care[98] (units)	0	39	15	70	212	115	0	36	0	63	40	66	267	389
		19		34		234		36		31		133		487
Total	0	58	15	104	212	349	0	72	0	94	40	199	267	876
Residential care (beds)	123	123	91	91	257	257	70	70	122	122	48	48	711	711
Nursing care (beds)	49	80	188	305	221	359	180	292	200	325	213	346	1051	1706

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

Vale of Glamorgan: Future need for older people's housing and accommodation

The following tables show the estimated future need for different types of older people's housing and accommodation by locality.

1. Older people's housing:
   a. Contemporary sheltered housing (including 'care-ready' housing), i.e. typically older people's housing provided by social landlords for rent.
   b. Market retirement housing (including 'care ready' housing), i.e. older people's housing provided for sale (typically leasehold) by private operators and housing associations.

Vale. Total projected need: Older people's housing – sheltered housing and market retirement housing

Locality	Current Provision (units)	2020	2025	2030	2035
Central	297	329	400	454	507
Eastern	445	494	599	680	759
Western	87	97	117	133	148
Total	829	920	1115	1266	1415

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[97] Contemporary sheltered and retirement housing
[98] Extra care housing and assisted living

NB. Increased volume and availability of older people's housing (contemporary sheltered housing and market retirement housing) to 2035 based on projected older people's population growth.

2. Housing with care:
   a. Extra care housing, typically provided by housing associations, charitable organisations and local authorities; can be mixed tenure.
   b. Assisted living, typically a privately-operated model of extra care housing provided for sale by private operators

Vale. Total projected need: Housing with care – extra care housing and assisted living housing (units)

Locality	Current Provision (units)	2020	2025	2030	2035
Central	42	63	99	135	170
Eastern	0	24	63	102	141
Western	0	15	40	65	89
Total	42	102	202	302	400

NB. The estimated need for housing with care is based on apportioning overall estimated need between localities based on the relative distribution of the 75+ population across the localities; this address the issue in Scenario 1 in relation to localities with no current provision.

3. Projected need: Residential care provision

Locality	Current provision (beds)	2020	2025	2030	2035
Central	250	250	250	250	250
Eastern	182	182	182	182	182
Western	32	32	32	32	32
Total	464	464	464	464	464

NB. Use of residential care: by not increasing provision to 2035 beyond current levels of provision.

4. Projected need: Nursing care provision

Locality	Current provision (beds)	2020	2025	2030	2035
Central	196	217	264	299	334
Eastern	206	229	277	315	352
Western	60	67	81	92	102
Total	462	512	622	706	788

NB. Estimated need for nursing care to 2035 based on projected older people's population growth.

5. Overall summary of estimated future need to 2035 including tenure split

Type	Central		Eastern		Western		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[99] (units)		254		250		37		541
	297	253	445	509	87	111	829	873
Total	297	507	445	759	87	148	829	1415
Housing with care[100] (units)		85		47		22		154
	42	85	0	94	0	67	42	246
Total	42	170	0	141	0	89	42	400
Residential care (beds)	250	250	182	182	32	32	464	464
Nursing care (beds)	196	334	206	352	60	102	462	788

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units

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[99] Contemporary sheltered and retirement housing
[100] Extra care housing and assisted living

Housing LIN

Annexe 3. Approach and demographics: primary research with older people

Activity	Location	Approach to recruit participants
Focus groups	6 in total: • 3 in Cardiff • 3 in the Vale Sample: • 2 groups for tenants of older people's housing (e.g. sheltered housing/extra care) • 2 groups for older tenants living in general needs social housing (including potential for rental downsizers) • 2 groups for older owner occupiers/private renters (including potential for ownership downsizer)	Support from RSLs/social landlords to identify participants; provide venues; provide refreshments Support from the local authorities to help identify potential owner occupiers/private renters e.g. via Citizen Panels; local voluntary/charitable groups; provide venues; provide refreshments
1:1 interviews	20 participants (depending on resources/timescales) • 10 in Cardiff • 10 in the Vale Sample included: • People living in older people's housing (sheltered housing/extra care housing) • People living in general needs social housing • People who are owner occupiers/private renters • People living in private sector retirement housing • Carers • People with and without care/support needs • People from BAME communities	Support from RSLs/social landlords to identify participants in older people's housing schemes and older people living in general needs social housing Support from the local authorities to help identify potential participants (e.g. through local voluntary groups): • People who are owner occupiers/private renters • People living in private sector retirement housing

Activity	Location	Approach to recruit participants
Survey	A survey using a mix of on-line and paper-based methods. Sample included: • People living in older people's housing (sheltered housing/extra care housing) • People living in general needs social housing • People who are owner occupiers/private renters • People living in private sector retirement housing	Support from RSLs/social landlords to distribute paper copies of the survey and cascade links to the online version Support from the local authorities distribute paper copies of the survey and cascade links to the online version, e.g. through local voluntary groups and through social media

Survey: Demographic breakdown of participants

Age profile of respondents

ANSWER CHOICES	RESPONSES	
50-54	17.25%	79
55-59	17.25%	79
60-64	20.74%	95
65-69	18.56%	85
70-74	15.07%	69
75-79	6.77%	31
80-84	3.06%	14
85-89	1.31%	6
90+	0.00%	0
TOTAL		458

Answered: 458. Non-response: 45

Gender of respondents

ANSWER CHOICES	RESPONSES	
Male	44.01%	202
Female	55.34%	254
Other (please specify)	0.65%	3
TOTAL		459

Answered: 459. Non-response: 44

Disability. Self-identification by participants.

ANSWER CHOICES	RESPONSES	
Yes	18.78%	86
No	77.73%	356
Prefer not to say	3.49%	16
TOTAL		458

Answered: 458. Non-response: 45

Housing LIN

Disability. Self-identification by participants.

ANSWER CHOICES	RESPONSES	
Deaf/ Deafened/ Hard of hearing	30.52%	47
Mobility impairment	37.01%	57
Mental health difficulties	16.23%	25
Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma)	50.00%	77
Learning impairment/ difficulties	1.95%	3
Visual impairment	7.79%	12
Wheelchair user	3.25%	5
Prefer not to say	4.55%	7
Other (please specify)	16.23%	25
Total Respondents: 154		

Answered: 154. Non-response: 349

Religion

ANSWER CHOICES	RESPONSES	
Buddhist	2.23%	5
Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)	85.71%	192
Hindu	0.89%	2
Jewish	0.89%	2
Muslim	0.45%	1
Sikh	0.45%	1
Prefer not to say	4.02%	9
Other (please specify)	5.36%	12
TOTAL		224

Answered: 224. Non-response: 279

Relationship status

Housing LIN

ANSWER CHOICES	RESPONSES	
Single	21.49%	98
Living together	6.80%	31
Married	53.95%	246
In a same-sex Civil Partnership	0.88%	4
Separated/divorced or legally separated if formerly in a same-sex Civil Partnership	7.68%	35
Widowed	6.80%	31
Other (please specify)	2.41%	11
TOTAL		456

Answered: 456. Non-response: 47

Welsh language skills

ANSWER CHOICES	RESPONSES	
Fluent	2.20%	10
Moderate	4.41%	20
Basic	18.50%	84
Learner	9.91%	45
None	64.98%	295
TOTAL		454

Answered: 454. Non-response: 49

Ethnic group

Housing LIN

ANSWER CHOICES	RESPONSES	
White - Welsh/English/Scottish/Northern Irish/British	92.94%	421
White - Irish	0.44%	2
White - Gypsy or Irish Traveller	0.00%	0
White - Any other white background (please specify)	1.99%	9
Mixed/Multiple Ethnic Groups - White and Black Caribbean Mixed/Multiple Ethnic Groups - White and Black African	0.22%	1
Mixed/Multiple Ethnic Groups - White & Asian	0.00%	0
Mixed/Multiple Ethnic Groups - Any other (please specify)	0.22%	1
Asian/Asian British - Chinese	0.44%	2
Asian/Asian British - Pakistani	0.22%	1
Asian/Asian British - Bangladeshi	0.00%	0
Asian/Asian British - Indian	0.66%	3
Asian/Asian British - Any other (please specify	0.22%	1
Black/ African/ Caribbean/ Black British - African	0.00%	0
Black/ African/ Caribbean/Black British - Caribbean	0.00%	0
Black/African/Caribbean/Black British - Any other (please specify)	0.22%	1
Arab	0.00%	0
Prefer not to say	2.43%	11
TOTAL		453

Answered: 453. Non-response: 50

Annexe 4. Research with older people: Focus groups and interviews

Introduction

This report contains:

- Method and approach
- Key themes by cohort

    o Market cohort (owner-occupiers, retirement housing leaseholders, private tenants) Cardiff and Vale of Glamorgan
    o Older people's housing cohort: social tenants, Cardiff
    o Older people's housing cohort: social tenants, Vale of Glamorgan
    o General needs social housing cohort: social tenants, Cardiff
    o General needs social housing cohort: social tenants, Vale of Glamorgan
- Implications for housing, care and support requirements for older people in the future
- Annexe A: Methods and approach
- Annexe B: Demographics
- Annexe C: Research tools *(not included)*

Method and approach

The qualitative resident consultation consisted of six focus groups and up to 20 individual interviews with residents aged 50+. Flyers, topic guides, consent forms and demographic questionnaires were drafted and submitted for approval during February. Copies are at Annexe C. Fieldwork took place between 21st February and 14th March.

There were six focus groups: three in the Vale and three in Cardiff. There were 37 participants overall (21 Cardiff, 16 Vale):

- Social general needs tenants: 9 Cardiff, 6 Vale;
- Social sheltered/extra-care housing: 8 Cardiff, 5 Vale;
- 'Market' group: 4 Cardiff, 5 Vale: eight owner-occupiers, one former private tenant.

There were 19 detailed interviews (9 Cardiff, 10 Vale). This included three interviews with general needs social tenants (2 Cardiff, 1 Vale) and four with tenants in age-restricted or sheltered housing (1 Cardiff, 3 Vale). There were six 'market' interviews in Cardiff and six in the Vale. In Cardiff this included three retirement housing leaseholders, an owner-occupier and two private tenants. In the Vale, except for one with experience of private renting, all were owner-occupiers in all-age housing: one had down-sized recently to a bungalow.

A quarter of participants (14 out of 56) were also carers; most were caring for a spouse/partner.

<u>Summary of demographic characteristics</u>

There was a wide age-range (from early 50s to 90+) across interviews and focus groups. There were fewer men (4) than women (13) for interviews, but a good balance between male and female participants at most groups.

Half (29) lived alone (and identified as single, divorced or widowed). Only one person still had a dependent child (as well as adult children) at home. Six more participants were living in households with three (or more) adults, mainly adult children: not surprisingly, these participants were all aged under 75: four were aged 50- 59, two were 60-69 and one was 70-74.

Most participants identified as White Welsh/English/Scottish/Northern Irish/British: many of these identified specifically as Welsh. There was one Arab, one Asian/Asian British-Pakistani and one Black/African/Caribbean/Black British-African; all three (two male, one female) were in Cardiff.

There were more social tenants from housing associations than from the two councils. A third of respondents (18) identified as disabled (many reporting more than one disability).

Summary and key themes by cohort. Market cohort: Cardiff and Vale

This section covers both Cardiff and the Vale, from two focus groups (five participants Vale, four participants Cardiff) and 12 interviews:

- owner-occupied mainstream housing (Cardiff one interview, Vale five interviews, two focus groups Cardiff and Vale);
- owner-occupied leasehold retirement housing (Cardiff three interviews and one member of focus group);
- renting in leasehold retirement housing (one Cardiff interview); and
- private renting in mainstream housing (one Cardiff interview, one Vale interview).

This is because most of the issues raised by participants are similar across both council areas. We spoke to no leaseholders in the Vale (although we are aware of a number of leasehold developments) and only one (out of six) owner occupier interviews was in Cardiff. We accept that there may be particular issues that are not covered here, including those experienced by owner-occupiers who are living in poor condition housing, and/or in very rural areas, and in park homes; there was one rural owner-occupier (Vale focus group).

Mainstream owner-occupied housing

The inspiring aspect to this question (across both focus group and interview participants) was the range of alternative ideas that participants came up with; some were also well-informed about other models (in Europe and Japan, as well as the UK) including the DWELL report (Sheffield University). Ideas included co-housing (mixed-age preferred to model such

as co-housing for older women); housing co-ops; multi-generational housing; and a mixed-age intentional community (perhaps self-build).

The Vale focus group pointed out the problems with assumptions made by policy-makers and housing providers about moving (or not) and ageing. They asked for recognition that the term 'older people' incorporates a huge age span, and a wide variety of circumstances: in particular that older people want different things at different points in their lives, and despite the 'last time buyers' attitude to older people, "we might still move two or three more times!" Participants felt strongly that lifetime homes are very important and there was a preference for bringing services in, rather than moving.

The Cardiff focus group participants also reflected on what they would like if they moved. It is interesting that this was not so much to do with future housing needs, but more about dreams for their future life, and following retirement for those who were still working, such as moving abroad or travelling.

This section looks at the following issues:
- Staying put rather than moving?
- Views on older people's housing models
- Support to move?
- Rural issues

Staying put rather than moving?

As owner-occupiers, participants were aware that they had other options than moving, if they could adapt their home, although some rejected this because of cost, practicalities and housing in unsuitable locations as they age (for example hilly areas or not near to facilities). Some respondents were more aware of the need to plan because of experience of making arrangements for much older relatives.

The Vale focus group pointed out that even if someone wanted to move, for owner occupiers there are very limited options because nothing appropriate comes up to buy. They discussed staying put and adaptations in some detail, whilst acknowledging that lots of owner occupiers are cash poor, so find it hard to maintain properties, pay for adaptations etc. They also talked about the important service provided by Care and Repair.

An older interviewee living in a house with no ground floor WC is keen to remain in her local community: one possibility was to convert an outbuilding to provide a ground floor WC (and perhaps shower room) but family have instead recommended selling the house and buy something more suitable (probably a flat nearer the town centre).

Views on housing models for older people

Extra care housing

The Vale focus group was held at a meeting of the Vale 50+ Strategy Forum housing sub-group so they had the best understanding of different models; members had been involved in planning Golau Caredig so were the best-informed of all our participants about extra care housing: they thought it was "an excellent place" but in some cases "it isn't for me" and they

were aware that cost can be an issue (especially for self-funders). Their discussion was as much about other people's needs as their own.

<u>Mixed views on bungalows</u>

Bungalows were the 'Marmite' option: loved or hated in equal measure.

The Cardiff focus group discussed the merits of bungalows, and for them, the advantages (no stairs) seemed to be outweighed by the disadvantages (no upstairs) and disliking people walking past their windows, and bedroom/s on the ground floor.

However, many interview participants were more positive about bungalows, including the Vale focus group, which observed that there is a shortage of bungalows, because none are being built, and they go really quickly because demand outstrips supply.

One participant and her husband had downsized to a 2-bed bungalow from a 3-bed semi-detached house. They were delighted and felt strongly that there should be more bungalows: they reported that lots of their friends say they would love to move into a bungalow like theirs. This participant noted that not only are developers not building new bungalows, but there is also a loss of existing bungalows where they are bought for the site and demolished or extended and turned into houses.

<u>Views on flats</u>

Most participants did not want to move into any type of flat (retirement or mixed- age), and no-one was living in a flat. Reasons included not being able to have pets, no private gardens, poor sound insulation, too close contact with your neighbours (compared with houses) and feeling trapped in an upper floor flat with no lift (or if lift breaks down). A major issue was there aversion to leasehold because all were living in freehold houses, and some had previous bad experiences of leasehold problems: see more detail below concerning retirement leasehold housing. They also commented that too many retirement flats have only one bedroom. At the Vale focus group, we were told that fire is a major worry for older people, even for two storey properties.

Support to move?

The Cardiff focus group had some suggestions, though for other people, not themselves. They pointed out that there are financial, legal and practical issues, and moving/downsizing is a long process, so different help is needed at different stages. They knew about organisations that can help you to move, but they aren't cheap. In terms of where to go for advice, their experience was varied. One said that they wouldn't know where to look; another aid that they wouldn't think to look on the council website, as they would assume that was all to do with renting, not owning. All were computer-literate but said that even if you go online it can be hard to find, and overwhelming when all you want is someone to talk to!

Rural issues

The Vale focus group raised the question of rural areas, pointing out that there is a large rural community. One participant living in a rural area said that the reduction in public transport had encouraged people to move due to lack of transport. However, it was reported to be
hard to sell (especially larger properties). Participants commented how national policies, reduction in transport and amenities (such as post office closure), poor internet etc. make it hard to live in rural areas, and some don't even have a mobile phone signal. Similar issues were also raised by a general needs tenant in Cardiff who had moved from an isolated rural location into Cardiff through a mutual exchange.

Owner-occupied (leasehold) retirement housing

There were three individual interviews with retirement leaseholders living in a private development, and one focus group participant, a leaseholder who had bought into a LSE (Leasehold Scheme for the Elderly) housing association retirement development, all in Cardiff, i.e. all people who had moved to retirement housing.

This section follows the journey of the residents:

- deciding to move into leasehold retirement housing;
- views on leasehold retirement housing;
- suitability of leasehold retirement housing when people need more help or personal care;
- leasehold issues.

Deciding to move into retirement (leasehold) housing

Respondents had moved at different stages: all were 'careful planners' who had downsized:

- two moved into retirement housing when younger (50s-60s) well ahead of 'needing' to;
- two moved when older, on the advice of family members: one to be nearer to family support, the other because family were living a long way away, and were concerned about safety, security and future maintenance in a large house.

The three in the private development had specifically chosen a development with two-bedroom flats (which they knew were less common in most older developments). The LSE leaseholder was happy in a one-bedroom flat.

Although they had chosen to move into retirement housing, two participants stressed the need to remain connected to younger people. One (late 80s) said that she loves to see children in the local park and is an active member of her local community activities. Another younger participant commented that he had consciously done things with younger people – volunteer work, going to the gym and so on. This shows that the choice between all-age and older people's housing is not clear-cut: people can still access all-age activities when living in retirement housing that is well-connected to the local community.

Views on leasehold retirement housing

All were generally satisfied with their retirement housing in terms of the location, their flats and the facilities in their developments, apart from specific points below. They all liked the safety and security, location (close to shops, facilities, public transport), the house/scheme manager, the community alarm (if required).   The LSE occupier had no concerns about leasehold, perhaps because of confidence that the development was owned and managed by a large housing association. Over many years there had been issues about leasehold at the private development and one respondent was very well-informed on this (see discussion below on leasehold and issues with freeholders).

There were some specific issues of concern about their flats and the facilities in the development, some of which are also echoed in social retirement housing:

- communal laundry facilities: competition for machines, would prefer room for washing machines in flats but kitchens too small and permission would probably be refused anyway;
- lift(s): only one lift, long walk to lift from some flats, people can be marooned on upper floors if lift breaks down (long wait for parts); new developments should have two lifts; stairlift has been proposed, would provide an alternative (but the freeholder refuses permission);
- car parking: not always enough spaces (planning requirement is for fewer spaces for retirement developments) but depends on life-stage of scheme/residents: more residents had cars when first built, fewer now, but spaces also needed for carer and family visits;
- social activities and resident committees: as developments and residents age, fewer residents are willing/able to take responsibilities on resident committees or organise activities; and the role of the house/scheme manager in organising activities varies greatly between developments.

How suitable is leasehold retirement housing when people need more help or personal care?

At the private development, one older participant had experience of caring for her husband for many years before widowhood: she stressed the importance of the availability locally of carers, GP, regular health checks, care plans.

At the same development, there was concern about the lack of information about what is on offer in retirement leasehold for new purchasers (and their families) so that sometimes people with high care needs move in; apparently there is no system for vetting purchasers (for health and care needs) in this type of scheme. This means that other residents are concerned about people who buy and move in with significant health problems. The managing agent's estate agency has told leaseholders that they are not allowed to ask about health and care needs, and many private sales go through local estate agents. However, Girlings Retirement Rentals (who let flats on assured tenancies in similar blocks) do ask for detailed information: see section on renting in retirement housing below.

One interviewee thought that these purchasers would be better suited to assisted living, although this has much higher costs than retirement housing, and has only recently become available in the private sector: "Lots of people here have carers coming in – some manage beautifully – they keep active and have attentive families. But once you need full-time care,

for example to rescue you off the floor, especially if you have lots of falls, I think you need assisted living. If people sign a form and give us a key, I stay with the person until the ambulance arrives." This participant commented that she knows a few residents who pay for the Cardiff mobile warden service as individuals.

We discussed extra care housing/assisted living, and one well-informed participant thought that "As assisted living takes hold, more might go for this …" but she was also concerned about local services: "Our GP surgery is already overstretched, you have to wait a month for an appointment …" so she asked if there was any regulation about that. For example, there are two large developments (retirement housing and assisted living) under construction in the local area.

Leasehold issues

The participant in a LSE (Leasehold Scheme for the Elderly) development managed by a large housing association expressed no concern about the principle of moving from a freehold house to a leasehold scheme, and had researched it thoroughly, and also commented that the flat was a very reasonable price (compared with similar non-retirement flats).

The others were in a development where the freehold was owned by someone with a reputation amongst national leaseholder support organisations, and there had been previous problems with management by a company that had been owned by the same person. One participant had bought off-plan and lived in the development since it was new: "I bought off-plan and did not get proper information – I knew nothing about leasehold – I'd always lived in a freehold house". Given the choice, this participant said that she would have seriously considered renting as an alternative to leasehold purchase if that had been available at the time. Two other participants had moved in within the past few years but again had little information; families were involved in the purchases, and as one said, "I just accepted it".

Issues include lack of information on the 'offer' in retirement leasehold housing for new purchasers; freeholder potential for exploitation; exit fees; fear of increasing ground rent; high charges for permission for changes inside the flat; and poor management. Although 'Right to Manage' is now available (as for all leaseholders) it is not a suitable option for retirement housing in many cases and may not overcome issues with the freeholder.

There are different ways of finding and buying a retirement leasehold flat:

- off-plan when new or site not fully sold, from developer;
- via a websearch (on Rightmove, or EAC's housingcare.org) or other platforms;
- local word of mouth;
- House Manager, acting on behalf of the managing agent (many developments have a permanent notice outside saying flats for sale or rent);
- the managing agent may have its own estate agency arm (e.g. Retirement Homesearch);
- via local estate agents.

Conveyancing firms/solicitors may not explain retirement leasehold well to prospective purchasers/family members either.

Lack of information about what is on offer in retirement leasehold can be an issue, so that sometimes people with high care needs move in; there is no system for vetting purchasers (for health and care needs) in this type of scheme; Retirement Homesearch have told our participant that they are not allowed to ask for sales. However, Girlings Retirement Rentals (who let flats on assured tenancies in similar blocks) do ask for detailed information.

Issues concerning ownership of freehold: many freeholds, including the development where some participants lived, are owned by a person who has a history concerning many financial matters including retirement housing.

Exit fees: 1% to freeholder (participant unhappy about this: "What does he do?") and 1% to contingency fund (considered acceptable as it benefits future leaseholders).

Fear of increasing ground rents payable to freeholder; for example, at the development visited, the cost was currently reasonable and fixed for 10 years, but leaseholders have no idea what the next increase will be.

High charges for changes, including for letters (e.g. £60 for 1st letter, £40 for 2nd letter so £100 every time: she asked for justification of costs – used to be £40 total) for permission for alterations (e.g. new kitchen, bath to shower) and permission to let the flat (e.g. when someone goes into a care home, or family inherit but can't/don't want to live there;

Poor management: participant at development visited has confidence in current House Manager, but history of problems with previous managing agent which then changed its name.

'Right to Manage' (RTM) now available but may not be a suitable option in many cases for retirement leaseholders. Participant commented that it is difficult to get older people to serve on the residents' committee, especially as residents get older: most residents now mid-late 80s but were in their early 70s when development opened. She also knows of cases where residents have gone for RTM but this was opposed by the freeholder: he paid for expensive barristers and if the RTM application failed they had to pay his costs too; however, residents at a development in Weymouth have recently succeeded with RTM and with no opposition from this freeholder.

Private rented housing

Private renting in leasehold retirement housing

One participant had experience of renting for over a year. Family helped with this, including finding flats to rent in the area: they looked on the internet and there was a choice of three or four. It took with Girlings Retirement Rentals for them to check on finances: they needed evidence of income and contacted the estate agent to check details of the sale her property. They also checked on health and care needs and ability to live independently. The interviewee agreed (now) that this was reasonable but said "It felt intrusive at the time". Then all went smoothly: the flat was in very good condition and nothing needed doing.

She definitely wanted to buy, although renting was useful for her short-term and it took a long time to sell her other property, but she would not have chosen to remain as a tenant. Girlings let nearly all their properties on Assured Tenancies; they report that many of their tenants in the same position as this participant choose to remain as tenants even if they had expected to buy once their property is sold.

<u>Private rented mainstream housing</u>

We interviewed two people (one in Cardiff, one in the Vale) with experience of a number of different properties in the private rented sector (PRS). They both identified the following problems:

- poor quality housing (including damp);
- unsafe housing (including very steep stairs);
- unsafe, dangerous and faulty gas appliances, no gas safety inspections/certificates, carbon monoxide risk;
- risk of retaliatory eviction;
- unprofessional management;
- lack of security of tenure with Assured Shorthold Tenancies (ASTs);
- expensive and potentially unaffordable rents.

One interviewee knew about the recent PRS regulatory improvements in Wales from the Welsh Government, including mandatory licensing for landlords and agents and a requirement for an annual service for gas appliances (as well as the mandatory annual gas safety inspection).

At the time of the interview, one had already moved from the PRS into social housing on medical grounds but also after problems in the PRS. The other would like to do so, but her family situation is complicated with both dependent and non-dependent (young adult) children. After many years on the council housing list, the only offer had been unaffordable PRS housing further away from the interviewee's work and child's school; she was taken off the list but later re-instated.

Despite many problems, both liked the convenient locations, in places where they had friends (and in one case, family) nearby. Relationships with landlords were complex: in one case, although the property is in poor condition, something close to a friendship has developed between landlord and tenant over many years. In another case, a landlord was trusted because the family was known to the tenant.

Summary and key themes by cohort: Older people's housing cohort: Cardiff

There was one interview with a sheltered housing council tenant, and one focus group with eight participants. Focus group participants came from another council sheltered scheme, and two housing association extra care schemes. Both the focus group and the individual interview are reported together below.

This section follows the journey of the residents:

- deciding to move in;

- their views on where they are now living;
- what we can learn from their experiences of the 'downsizing' and moving process, including support and financial issues.

Deciding to move

Safety, loneliness, declining physical health (self or partner) and availability of a warden or staff on site 24/7 were all themes. No steps or stairs were also mentioned and everyone agreed this was a good thing. All the focus group participants thought that they had moved in at the right time in their lives: one in early 60s, most in their 70s, and a couple in their 80s.

The interviewee knew about sheltered housing from friends who lived there. Group participants identified that lots of people don't know about sheltered and extra care housing, and therefore may miss out on opportunities: "People need to be woken up to what's available."

Focus group participants were all very clear that their family had not prompted them to move, had not been very involved in the move, and that their move (to sheltered or extra care housing) had been their choice: although sheltered housing tenants agreed, the strongest comments came from the extra care tenants: "People sometimes feel abandoned here – if their family has sent them and it is not their choice." A number of participants also noted the stigma that exists around older peoples' housing and the high levels of misunderstanding (among the general public) about the difference between sheltered housing, extra care housing, and care homes.

Views on older people's housing

Overall, the most important factors were safety and the combination of company and privacy: "It's not lonely – always someone to say hello to…but you can stay in your flat if you want." Participants also identified the importance of the local environment and amenities, especially shops and public transport. Still being near to the friends, family and community (where they had lived before moving) was also important. Activities and support from staff were important in both sheltered and extra care housing.

There was very positive feedback from those living in the two extra care housing schemes, and on the availability of 24/7 staffing: "This is the way the council needs to go".

A major topic at both the interview and the focus group was the decrease in activities and entertainment over the past few years, in both sheltered and extra care housing. Participants living in extra care linked this to the change in the resident mix since the scheme opened, with more recent arrivals reported to be more disabled. They thought that there were now more barriers to some residents attending, because of having to pay care staff to take them to and from activities and entertainment: "It's not an issue with couples – one can push the other… but with single people … it could cost someone £30 just to get to bingo and back … Health and safety stops us helping other people."

In sheltered housing, both interview and focus group participants were unhappy about the decrease in the warden service, affecting minor repairs as well as supporting social activities.

Focus group participants commented: "We have a warden – which is rare these days … there's a lot less wardens now." The interviewee talked enthusiastically about a previous full-time non-resident warden who used to encourage social activities, organise trips, liaise with the council about transfers, and also chase up repairs. Now the warden is only there 2-3 days a week for 2-3 hours "upstairs doing their paperwork" and only two or three people came to the communal room: "There isn't an atmosphere of friendliness, there are people I don't know …most don't communicate with each other now."

There was very little discussion about housing design at the focus group (either individual flats or communal facilities, for extra care or sheltered housing). There was some discussion about white goods and carpets at the extra care scheme when flats are re-let; some felt that it was a shame to rip up carpets, white goods and kitchens when they are fine, because we were told that everything is stripped out from the housing association flats and replaced. On the other hand, they were not happy with being left "horrible white goods" in council sheltered flats.

The sheltered housing interviewee said, "I love my shower" (replacing the previous bath) and thought that "one bedroom flats are fine" (as long as there is enough cupboard space) but there should be a lift to upper floor flats. This was linked to concerns about how ground floor flats are allocated to residents who need to move from the first floor (in sheltered housing with no lift) and who appeared no longer to get any preference for transfer to a ground floor flats in the same scheme.

There were some issues related to practical problems such as use of laundry room and repairs reporting. The interviewee was unhappy with the quality and timeliness of maintenance and repairs, and sheltered housing residents agreed that "repairs are a big issue". At the focus group, a participant also commented on issues about a time limit in the laundry (two hours a week) which wasn't long enough. We note that this was also an issue in retirement leasehold housing.

Support to move

Focus group participants had encountered significant stress during the move. Most identified being given very small 'windows' within which to make the decision, and then to move. Other significant factors were:
- having periods of dual rent;
- arranging utilities (a major cause of stress);
- understanding the benefits system (a major issue for most participants).

There was an interesting discussion on downsizing. When asked about their thoughts on downsizing, the whole group sighed! There were lots of comments similar to one participant who explained: "I was given two weeks to downsize and move – it was awful. I don't know how I did it."

No-one reported any assistance with moving costs, even if they were downsizing from social housing. They would have liked to only be paying rent on one property during transition, whilst still having both properties for a short period, longer to decide and to move, and some assistance with removals: participants were clear that they did not want removals to be cost-free, but instead wanted help with moving on a practical level.

Housing LIN

Asked about service charges, at the focus group, there was some confusion over what was rent, what was utilities and what was service charges, and quite a lot of confusion about what was and was not covered in the service charge.

They knew that there were issues about paying more for more services as this had been raised at one of the extra care schemes. We were told that not enough residents were willing to pay £4 a week extra for a security guard at night, but "you've got to have everyone paying, so if some won't pay, it won't work." The interviewee was (in principle) willing to pay more for a better warden service.

Summary and key themes by cohort: Older people's housing cohort: Vale of Glamorgan

There was one focus group with five participants, and one interview with a tenant living in age-restricted housing. Group participants came from an extra care scheme, one housing association sheltered scheme, and one council sheltered scheme.

This section follows the journey of the focus group residents, with additional points from the interviewee where relevant:

- deciding to move in;
- their views on where they are now living;
- what we can learn from their experiences of the 'downsizing' and moving process, including support and financial issues.

Deciding to move

Most moved into older people's housing because of disability, sensory impairment and ill-health. Other factors concerned their previous property: isolation (poor bus service; unable to have mobility scooter), poor state of repair, and size: either downsizing (former owner-occupier) or moving out from an overcrowded property.

Views on older people's housing

Everyone thought that there should be a wide choice of housing for older people, and a mix of one and two bedroom properties, acknowledging that some people (including a participant) need two bedrooms for medical reasons. Everyone agreed that it was desirable to have communal outdoor space, and if possible, a private patio/ garden/ balcony; some also thought it important that people should be able to have a pet. Mobility scooter storage is important.

One participant said that his wife liked the feeling of security in an upper floor flat: everyone thought that lofts were an important feature for upper floor flats. When discussing location, participants wanted easy access to public transport, shops and cultural activities and felt that these were especially important for older people with disabilities, sensory impairments or long-term health conditions.

Views on sheltered housing

There was some positive feedback on both sheltered schemes: for example, one participant said "It's quiet and we have good neighbours. Everyone is a similar age. It feels safe."   The drawback in one scheme was no lift to upper floor flats, although we were told that some tenants had been allowed to put in stairlifts.

There was concern that few residents used the communal room or took part in social activities, and a lack of clarity about how far (if at all) this was something the warden should do: "the warden says it's not their job to encourage people to come to things."

We asked how suitable sheltered housing was if people's care needs increased and were told that "some people stay till their dying day" with carers coming in (paid for privately); however, clearly people could be isolated in upper floor flats with no lift.

Views on extra care housing

Participants who were residents were generally positive: "We are very lucky – but as with everything there are little problems." If they build another one they should speak to us." They have found that "Staff are very friendly and helpful", but they commented on how things had changed since they moved in three years ago when the scheme opened: "When we first came it was lovely – then people passed away – the client group changed." They felt that this had impacted on the overall atmosphere and on activities and entertainment.

Some appeared unsure whether they could stay in current housing if their needs increased: "One thing I wanted to know before I moved in was the thresholds in terms of care – will there be a time when my support needs are too high and I need to move again? No one could tell me the answer."

They also had many comments on the scheme design, and although they understood the limitations of the site (with its small footprint) they thought that people such as the architects, council, builders (etc) didn't think about practicalities. They didn't like the floor-to-ceiling windows in their flats which are "impossible to clean", nor the seating and design in the communal areas which they thought are not "comfy, intimate" and too "austere" with very upright chairs, nor the lack of outside space/garden and parking, nor the kitchen in the basement and restaurant on the 9th floor, saying that food was cold by the time it came up there. There was also discussion about lots of issues around rubbish and recycling, and the impact of a recent policy change on recycling and rubbish collection: they said that there is "nowhere to put the bins and sort it" in their flats.

There was some discussion about the policy (as reported to us) that residents couldn't change anything in their flats (such as kitchens or bathrooms) and that everything had to be returned to its original condition when flats were re-let.

Support to move

The majority of participants reflected that the process of moving into their current housing (extra care, sheltered) had been time pressured and decisions were rushed: "There was no

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time to think about it. I had to sign up then and there." Another (moving into sheltered housing) said "The council just gave me the keys. The warden was helpful though." The interviewee had been on the transfer list a long time and has not had any suitable offers.

There was a perception amongst those in sheltered housing that they would not be able to afford to move into extra care housing. People did not know what benefits would cover, or where they could get advice.

There were mixed comments on benefits advice. Extra care residents said, "We got advice about benefits - we couldn't afford it without benefits." One participant said benefits are "a minefield" but someone else said that the council had been "really helpful about benefit claims" and the interviewee talked about Age Concern in Barry running surgeries, including for benefits advice.

Summary and key themes by cohort. Older people living in social housing: Cardiff

There were two interviews (with a council tenant and a housing association tenant) and one focus group with nine participants. Four focus group participants came from council housing; seven came from a number of housing associations. Because of the very different issues that arose, the interviews and the focus group are reported separately under the two main headings.

Many focus group participants were very keen to talk about the problems they had with their existing housing (a mix of houses and flats) and about half wanted to move to more suitable housing.
Both interviewees had disabilities; they were generally very happy with their housing. One interviewee had recently done a mutual exchange into a terraced house with a garden; the other interviewee had moved from a tower block to a low-rise ground floor flat in a small block. This meant that both had already moved to housing that suits their needs better than before.

This section follows the order of the topic guide:

- Where you live now
- What would attract you if you did want or need to move
- Support to move

Where you live now

Both interviewees liked their properties and the location. One interviewee was still living in the part of Cardiff where she had lived all her life, with a good neighbour next door. The other interviewee had moved into a house in Cardiff through a mutual exchange, from a very rural location with no buses, where she felt very isolated once she could no longer drive and had to leave her paid work. She was revelling in the excellent bus service and cheap taxi fares to nearby shops and leisure facilities, especially compared with her previous housing. She also liked the sense of community: "People are so friendly around here, there's a really strong community spirit."

Both were aware that at some time in the longer-term future their current housing may no longer be suitable as they age, but for now they would not contemplate moving. The interviewee who had exchanged was also pleased to have more than one bedroom, to allow a carer to stay, as well as visits from adult children. Now in later life and with disabilities, this interviewee was very happy to be a tenant, with the housing association taking care of repairs, comparing that with past experience (when younger) as a home-owner with full responsibility for housing maintenance and repairs.

At the focus group, some liked the area that they live in, because of neighbours, environment ("pleasant woodland scenery") and convenient location for shops, but some needed to move for different reasons.

Focus group participants were aware that their care needs may change as they get older: only two of the nine think that their current property is suitable, because of location and ground-floor; one added that his flat is also well-insulated.

Most don't think that where they live now will be suitable for them as they get older (and isn't suitable now) for the following reasons:

- not accessible for those with a disability (for example steep gradient of road);
- steps to gain access;
- stairs inside the property;
- managing a large garden;
- issues about mobility scooter storage for upper floor flats.

For most focus group participants, noise was also an important issue, both externally and within the property. Outside there was often nowhere for children to play; inside, sound-proofing was often reported to be poor and floors especially were not adequately sound-proofed, so there was a lot of noise (especially in flats, and if there were families with children above).There was also concern about the poor quality of some newer properties, including leaking windows.

What would attract you if you did want or need to move?

The interviewee in a ground floor flat in a small block is happy now, but wouldn't ever live again in a multi-storey or tower block: "I don't think they're very safe … and the lifts were always breaking down!" When needing to move from the tower block, this interviewee had considered sheltered housing (in her local community) but there was too long a wait, and now doesn't want to move again.

The homeswap interviewee had thought ahead about the implications of living in a house with a worsening degenerative condition and future danger from stairs. This participant would much prefer a bungalow, but definitely wants to remain living live in a mixed-age community and feels strongly that "people need to be integrated, shouldn't be ghetto-ised" in older people's housing. In terms of areas, after waiting over three years for a suitable

swap, and rejecting some (area unsafe/ property too small/in poor condition) "I'd just given up on it." However, like one of the focus group tenant transfers (below), the mutual exchange was into an area that didn't have such a good reputation, but the area has turned out to be much better than expected.

There was a lot of discontent (especially from council tenants) about the neighbourhoods in which they were living, mostly due to their experience of anti-social behaviour. Participants commented that the reputation of an area changes over time and felt that It is more the people within part of an area (rather than the larger locality) and the quality of the property they were offered that determines whether they would consider moving there – or not. For example, one participant had been happy to move from a 'desirable' northern suburb to an area that has had something of a reputation (and to the surprise of friends) when offered a transfer to a nice new-build flat

There was a preference for bungalows, although two people already living in ground floor flats are happy with that; four would not move from a house to a flat.

There was a general consensus that there is a need to update older housing stock. Features that mattered most included having two WCs in houses (on the ground floor, as well as upstairs), and for some, a wet room was desirable, because of disability. Note that although these tenants are living in general needs housing, they also stressed how important it is to have provision for mobility scooter storage, not just in sheltered and extra care housing, but also in general needs housing; one participant spoke movingly of feeling marooned in an upper floor flat as there was nowhere to store a scooter.

Some felt strongly about having a garden; most participants either had or were interested in having pets. We were told that rules on keeping pets are unclear; there had apparently been cases where people were told they couldn't keep dog(s) in a flat (so had made other arrangements before moving in), but then found that neighbours had dogs and nothing was done about this.

Six out of the nine participants said they would like to live in housing for older people, but although most knew about sheltered housing, they were not very interested in this as an option for themselves.   Some thought that sheltered schemes were "a bit depressing" (although one participant said it worked well for his father ... but maybe that was why it didn't appeal to him yet?). Others felt that sheltered housing does not offer enough in the way of facilities or support from staff.

Only one participant (with a friend in an extra care scheme) had heard of extra care housing, and thinks it is "fantastic". On the whole the response to extra care was positive (in theory) although it appeared that some people weren't answering for themselves but were thinking more generally.   This was partly due to the perceived expense of extra care housing: someone mentioned that some schemes cost £200 a week. Initially people scoffed at this amount, although once it was explained that this can included utility bills (etc) and some may be entitled to help from benefits, participants generally seemed to think it was a very good idea; someone even commented "to my mind extra care housing is the future". However, it was unclear whether this was for them (in the foreseeable future) or for other (much older) people.

Although in theory, many would like to have a more inter-generational style of living, some participants had bad experiences with anti-social behaviour, so this appeared to encourage them to prefer living only with people their own age.

Support to move

Around half of focus group participants are looking to move (including potential downsizers) but have been very disappointed with what they have been offered and were very critical of housing staff showing them properties in bad condition, especially if their current property is in excellent condition. This suggests that high quality new-build is more likely to encourage downsizing than offering poor quality housing. Linked to this was the anger from some participants about what they told us about a limit on offers, and then being taken off the transfer list if they turned down properties: this also meant that they were barred from trying to move through one of the homeswap websites.

There was a short discussion towards the end of the focus group about sources of information and advice: they didn't know much about different housing options, but what they did know appeared to come from family and friends rather than the Council or other sources. Also (as above) they were concerned about the poor quality of information when they were offered properties that were not ready to move into.

Summary and key themes by cohort. Older people living in social housing: Vale of Glamorgan

There was one focus group with six participants (two council tenants and four tenants from one housing association) and one interview (a tenant from the same housing association). Both the focus group and the interview findings are reported together below.

This section covers:

- Where you live now
- What would attract you if you did want or need to move
- Support to move

Where you live now

There were many positive comments about their existing properties (e.g. spacious flats, nice aspect), location (near to local amenities: buses, shops, parks) and positive comments about a housing association for their repairs service.   One participant now living in a 2-bed house enjoys it because "it is my own domain" (compared to her previous flat with communal space).

Another participant said their flat is "perfect except for the neighbours" and would have liked to "pick it up and put it somewhere else". Neighbours were the main problem, with the majority of participants complaining about this. They felt that no action was taken against antisocial behaviour, including from neighbours said to be alcoholics and drug users. Single/widowed female tenants were anxious because of the (reported) high proportion of

single males now, compared to the past. There was worry about "who your neighbours might be in the future", including concern if tenants had moved in when the property was designated for people aged over 55 but this had now changed, so "you can't guarantee who will move in when older people leave".

Two participants had no problem with neighbours and accepted that there will always be some noise from those living in close proximity; the interviewee now had "very quiet" private rent neighbours who were no problem (following Right to Buy and now Buy to Let) compared to previous problems in the past from social tenants.

Those living in ground floor flats felt that the flats themselves will be suitable for them as they get older, because they are accessible. Others (focus group and interviewee) said that their flat is already or will become unsuitable due to steps outside and stairs inside; some had applied for transfers (see below). The group questioned why someone had been refused permission to install a stairlift (even if they paid for it) to an upper floor flat (perhaps on a communal staircase?) and about mobility scooter storage as they are not allowed in flats.

What would attract you if you did want or need to move?

Ground floor flats and bungalows were the preferred options. However, upper floor flats with a lift would be as (or perhaps more) acceptable to some because of the greater privacy and sometimes being lighter with a better outlook. Two bedrooms were attractive but rare "like gold dust"; one participant was sad that there was no room for grandchildren to stay overnight in a one-bedroom flat.

Private outdoor space or garden was important, especially as people become less mobile with age. Participants felt that communal gardens are not the same: they are "not yours, they are just a bit of ground". Pets were important for some: "they are quite therapeutic … you've got a reason to get up in the morning".

Accessibility was important to everyone, and a community that is close to shops, public transport and other amenities. Some local older persons' housing was reported to be situated in hilly areas which are not easily accessible.

Two (out of seven participants) were interested in sheltered or extra care housing. Whilst in theory the other five preferred to live in all-age housing, this would depend on who their neighbours are.   Although moving to age-restricted housing may be a way to get away from undesirable neighbours, this was not the preferred option: they would prefer the landlord to deal effectively with anti-social behaviour.

Participants were all familiar with sheltered housing. Only one much older participant expressed a clear preference for sheltered housing, feeling that unless you are in sheltered housing when you get older, there is "no one to look after you". This participant was starting to feel more vulnerable because of having "no 'back up'" if needed and thought that there is a greater sense of "communal spirit in sheltered housing". Another younger participant preferred all-age housing but could possibly consider sheltered housing, depending on both location and scheme; an elderly relative had moved to one sheltered scheme but disliked the long corridors and lack of direct access to outside space and found it "very claustrophobic".

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They were less familiar with extra care housing, although one had heard of it from her previous work, but thought it was expensive and likely to be unaffordable. Another younger participant knew of extra care housing because a social worker had suggested it for an elderly relative, but although "I wouldn't write it off" there was concern that "I don't feel elderly … most of my friends are a generation younger than me".

Support to move

Most participants felt that little or no help is given to those who want or need to move: this dominated the focus group discussion and was a major issue for the interviewee. There was hardly any discussion of incentives or meeting costs, because in their view, the current transfer system is not suitable for older people, although a housing association tenant said that for downsizing to a one-bed property, the cost of removals and re-installing white goods would be covered.

They said that registering for a transfer (for both council and housing association tenants) can only be done online. Most participants were not computer-literate, so would prefer to have some personal contact with a member of staff, and to be able to fill in paper forms than online versions. Family members needed to help them with exchange or transfer applications, and the participant who had successfully exchanged had only been able to do so with family help.

Participants said that the transfer waiting list is extremely long (200+ people), and that applicants are not informed when their bids are unsuccessful, so they are left "in the dark" which increased their anxiety. Participants said they are only allowed to say 'No' to a property three times before "you are kicked off the transfer list" (even for downsizers). People can feel pressured into making a decision quickly if they have been shown a property and may settle for something that isn't quite right for them.

Although they knew that the list was long, participants found it hard to understand why there was such a long wait, even for tenants in the highest 'Gold +' band. We were told that there were long waits, both for those with serious health issues (including long-term degenerative conditions) and when downsizing would give back a larger property suitable for a family. Participants understood that suitable housing is needed, not only for their own well-being, but also because it would save money for health and social care in future (for example for those at risk of falls).

Respondents from minority communities

There were three participants from BAME communities; two discussed their views on future housing as they get older, and the third was happily settled in a suitable housing association property in an area that this participant liked.

One participant did not discuss views on future housing needs. The 'family dream' is to buy a house with a garden big enough for all of them, hopefully when the adult children start earning. Family would be expected to play a role in any future care: "In our culture we don't put our people in care homes! It's our duty to look after our parents, after what they have

done for us …it's difficult to throw away your responsibility … and it's better for the council if the family look after old people".

Another participant was interested in downsizing and thought that the ideal would be to develop an intentional mixed-age community with like-minded people.

Implications for housing, care and support requirements for older people in the future

Over-arching themes	Implications: future housing provision	Implications: future care/support provision
Wide variety of respondents: age, housing journeys, personal circumstances, needs and desires for future housing	Need for wide choice and a number of different approaches cross-tenure	Lack of choice will discourage moving to more suitable housing; risk of falls and other housing-related health and care needs
High level of interest in the topic from interviews and focus group participants	Older people are willing to be involved in discussing and perhaps co-producing housing solutions; some forums already exist; see also DWELL report	Older people are willing to be involved in co-producing housing, care and support solutions; also worth talking to existing extra care residents to learn from their experience
Different attitudes to ageing and thinking about future housing and related needs	Information and advice needs to be tailored to people's needs at the time; many people have other priorities than planning future housing	Thinking about care is a turn-off, especially for younger/fitter older people;
Staying put versus moving/downsizing	Staying put remains a preference if housing is suitably located and can be adapted (especially for owner-occupiers); social tenants can be willing to move if attractive housing provided, but transfer system appears a problem	Staying put may encourage informal support if older person is well-established in neighbourhood; may be better for emotional health and well-being than moving (especially if move is away from their community links)
Lack of choice across all tenures (including owner-occupiers) for those considering a move	Need for wide choice and a number of different approaches cross-tenure; use powers to encourage this (including planning)	Lack of choice will discourage moving to more suitable housing; risk of falls and other housing-related health and care needs
Lack of knowledge about some options (including extra care)	Need for information and advice, including about affordability of extra care; open days at existing extra care schemes	
Preference for all-age housing in mixed communities by most participants	Older people's housing not confined to sheltered/retirement/extra care	

ANNEXE A: detail on methods and approach

Approach to qualitative part of the project

The purpose of qualitative research methods is to look for meaning (i.e. to understand the why and how behind things). It is therefore about developing *richness* in data based on an in-depth understanding rather than *representativeness* which is the preserve of quantitative research methods. The sample of people or situations required for qualitative research methods is therefore small in number but includes the widest range of people or situations (rather than being representative). Age UK recommends from below 10 to no more than 30 people for interviews, and between 3 and 6 focus groups with around 4 to 8 people in each group. (Source: Age UK guidance, April 2017).
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/guidance--sample_size_estimation_for_qualitative_methods_april2017.pdf

We undertook 19 interviews and six groups with 37 participants, ranging from 4 to 9 participants (average: 6).

Research tools

Flyers, topic guides, consent forms and demographic questionnaires were drafted and submitted for approval during February. Copies are at Annexe C.
The topic guides are similar for focus groups and for individual interviews, with a number of sub-headings and prompts: they are topic *guides* so it was never intended to ask every question (and related prompts).

We had to adapt the questions according to the different focus groups and interview participants. We had an overall time (1.5 hours for focus groups and 1-1.5 hours for most interviews) and that included around 10 minutes to introduce the research and explain ground rules, and for participants to complete consent forms and demographic questionnaires.

We had to make judgements about the areas on which to concentrate, especially in the focus groups, taking account of the group dynamics. It was not always possible or appropriate to explore every issue. This was especially true of questions about sheltered/extra care housing and related services/charges: many participants had already made clear their strong desire to remain in all-age housing in mixed-communities earlier in the discussion.

Accessing participants and locations

Both councils undertook to circulate the flyers to invite participants for focus groups and individual interviews.

We also made direct e-mail and phone contact with a number of housing associations and other organisations to try to obtain more people for focus groups and for individual interviews. Interview participants were contacted by e-mail and/or telephone to agree timing and location. Most chose to be interviewed at their home, but a few preferred a neutral venue, including sheltered housing common room, library, café, club, advice agency. The

interviewer (Jenny Pannell) carried photo ID and her DBS enhanced certificate, but no-one asked to see it.

Focus Groups

Six focus groups of 1.5 hours took place: three in the Vale and three in Cardiff, for social general needs tenants, social tenants in housing for older people, and owner-occupiers. There were places for up to 10 participants per group (total: 60 people) to allow for 'no-shows'. At all but one group, there were two or three apologies or 'no-shows', although some of these were picked up as individual interviews. There were 37 participants overall (21 Cardiff, 16 Vale).

The largest group (Cardiff) had nine participants, and the smallest group had four participants: this was the Cardiff 'market' group postponed from 1st March because of the snow. Originally this group had six participants: one transferred to an individual telephone interview as he was not in Cardiff on the re-arranged date; one did not turn up. At the end of every group, participants said that they had enjoyed it and found it interesting.

Interviews

There were over 20 potential interviewees and we recruited 19 interviewees (9 Cardiff, 10 Vale):

Other potential participants were unable to take part for a variety of reasons:

- One person (Cardiff) was keen to participate but had experienced a number of bereavements and funerals throughout the fieldwork period; by the time she contacted us to arrange her interview, we had finished the fieldwork phase.
- A husband and wife (Vale) were due to be interviewed in Barry on the day that the M4 was closed from 6am to around 3pm; there was gridlock on the alternative routes so their interview had to be postponed and we were unable to find an alternative date before the end of the fieldwork.
- One participant (Vale) who contacted us in mid March was working in London during the final week of fieldwork so could not be interviewed.
- We had two contacts (Cardiff and Vale) to obtain carer participants, but in the short timeframe this was not possible, however other carers were interviewed as part of the 19 interviews

ANNEXE B: Demographics: further details

The purpose of this section is to show that we were able to speak to a wide variety of people across different characteristics.

Male/female balance

There was a good balance between male and female participants (and participation) at most groups. No group was single-sex. There were fewer men (4) than women (15) for interviews.

Household

Over half (29) lived alone (and identified as single, divorced or widowed). Only one person still had a dependent child (as well as adult children) at home. Six more participants were living in households with three (or more) adults, mainly adult children: not surprisingly, these were all aged under 75: four were aged 50- 59, two were 60-69 and one was 70-74.

Age ranges

Participants ranged from early 50s to over 90.

Age	Vale Interviews	Vale FG	Vale total		Cardiff Interviews	Cardiff FG	Cardiff total
50-54					1	3	4
55-59		1	1			1	1
60-64		1	1		2	2	4
65-69	4	7	10			4	4
70-74	2	2	4		1	5	6
75-79		3	3				
80-84	3	2	5		1	3	4
85-89					4	3	6
90+	1		1				
TOTAL	**10**	**16**	**26**		**9**	**21**	**30**

Disability

A third of respondents (18) identified as disabled (many reporting more than one disability). Some were still living in general needs social housing or owner-occupied housing. Others had moved into retirement, sheltered or extra-care housing. The most frequent disabilities were mobility (14) and longstanding illness/condition (12, including COPD and Parkinsons) and deaf/deafened/hard of hearing (7); there was also one participant with a learning disability but living independently with some support.

Ethnicity and religion

Most participants identified as White Welsh/English/Scottish/Northern Irish/British: many of these identified specifically as Welsh. There was one Arab, one Asian/Asian British-Pakistani and one Black/African/Caribbean/Black British-African; all three were in Cardiff. There was

Housing LIN

one Hindu participant and one Muslim participant. Just over half of participants identified as Christian. 'Other' included 'humanist' and 'Buddhist/Quaker'.

Welsh language skills

In describing their Welsh language skills, only two respondents identified as a 'learner' (one coming from a minority ethnic group). No-one was 'fluent', although one was 'moderate'; most identified as 'none', with a few opting for 'basic'.

Tenure and location

There was a good balance of owner-occupiers and social tenants, as well as two private tenants. There were more social tenants from housing associations than from the two councils. The two focus groups for older people's housing tenants included participants from both council sheltered housing and housing association extra-care schemes.