At home

age UK

Improving later life

ILC

Community Matters: At home

Overview

'At home' is the second in a series of three seminars from ILC-UK and Age UK - exploring how communities need to adapt to an ageing society. This briefing is designed to provide context and background to the discussion in the seminar.

The home environment is an important factor in the wellbeing of people of all ages. For older people who are likely to be spending a substantial proportion of their time at home, the significance of a home environment that supports their wellbeing and an active lifestyle within their communities is of amplified importance. Housing issues impact on independence, personal choice, prevention, and joined-up cross-sector services impact substantially on health and wellbeing - with subsequent repercussions on community engagement.

Effective use of housing adaptations can support older people to remain functional in their homes and remain independent. There is strong evidence in support of housing adaptations facilitating continued home living for older people. Quantitative evidence has shown that housing adaptations are the joint most important factor (alongside tenure type) in determining whether older people opt to remain living in their communities. Results from qualitative enquiry indicate that housing adaptations can contribute to an enhanced perception of security and belonging for older people.

The empirical link between housing and health is well established and it is for older people that this association is most pronounced. Among the negative health outcomes that can be associated with poor quality housing are: rheumatism, arthritis and mental ill-health. Research has shown that poor quality housing can take a mental toll on our health through various guises, including anxiety and sense of identity. Poor housing can also exacerbate the pressures of fuel poverty which results in many deaths among older people.

Housing tenure for older people is an issue that receives substantial media attention. While pejorative terms such as 'bedroom blockers' are all too readily banded about within this debate, housing wealth in the UK is concentrated to a degree within older people. When looking at tenure type by age of household reference person, the proportion of owner occupiers is highest among the 65-74 year old category, at 29.1%. Yet there is also evidence to suggest that a growing number of older people are inclined to downsize, and potentially move into alternative housing models such as retirement housing and extra care housing as well as more suitable mainstream housing such as bungalows. These forms of housing can, under the right conditions, promote social connections for their residents.

Housing adaptions

There is compelling evidence to suggest that housing adaptations can support older people in remaining independent and able to continue living in residential housing within their communities.

Hwang et al performed a multiple regression analysis to explore the effects of home modifications on ageing in place, using the ENABLE-AGE UK sample (N=376). Results for ageing in place showed that home modifications and housing type are the most determinative factors for ageing in place. The results indicated that those who had home modifications done were likely to stay longer at their existing housing than those who did not (Hwang et al 2011). Through conducting qualitative interviews, Petersson et al produced evidence to show that ageing in place through the aid of housing adaptations fosters a sense of security and belonging among older people that is positive for their wellbeing in Sweden. Interview participants communicated that feeling at home both in their dwelling as well as in their surroundings was important in helping them to feel safe and secure. To this end home adaptations were found to have a facilitating role (Petersson et al 2012).

There is a raft of further empirical evidence to suggest that housing adaptations allow older people greater independence. Tanner et al found that home modifications strengthened personal and social meaning of home for older people (Tanner et al 2008). Connell et al found that home modifications lessened dependence in performing daily activities (Connell et al 1993). Watson and Crowther found that in their sample in Nottingham, 89% of people reported a 'major impact' on quality of life and 65% a 'major impact' on independence (Watson & Crowther 2005).

Yet while the evidence in favour of housing adaptations is convincing, the implications are tempered somewhat by the cost of housing adaptations, which can act as a deterrent for some older people. Gliderbloom & Markham found that cost deterred older people from adapting their homes, even when income was controlled for (Gilderbloom & Markham 1996).

However the wider economic rationale for housing adaptations is convincing. Evidence suggests that the most consistent health outcome of housing interventions is improved mental health, which can lead to other healthcare improvements. For example, women with depression face a 30% higher risk of hip fracture. Evidence also suggests that the chance of risk-fracture for those with poor depth-perception is six times higher than for those with standard levels of depth-perception. Poor quality lighting in the homes of older people increases their risk of suffering a fractured hip significantly. Research conducted in Sweden indicates large savings are to be made through improvements to housing and suitable equipment for people with visual impairment (Heywood & Turner 2007). Housing adaptations also defer older people from taking up residential care, which represents substantial savings.

Government recognises the role of housing design and functionality in promoting wellbeing, as evident in the national strategy for housing in an ageing society, Lifetime Homes, Lifetime Neighbourhoods, published by DCLG in 2008. This strategy stated that, 'good design works well for people of all ages, but for those with mobility problems or with sensory or cognitive impairments it can make the difference between independent living and social exclusion' (DCLG 2008). Design can also be used to transform aspects of existing housing stock, making spaces at home more accessible – such as the kitchen, as detailed in Peace and colleagues' work as part of the New Dynamics of Ageing programme, which considered, among other issues, how older people's kitchens can be modified as their needs change (Peace et al).

Housing and health for older people

A number of longitudinal studies demonstrate a clear link between housing tenure and health (for example, see Dedman et al 2001 and Marsh et al 2000).

It is among older people that the impact of poor housing on health is most deleterious. Older people have the highest prevalence of long-term conditions, and also spend the highest proportion of time in their homes compared to other age groups - those over 85 spend 90% of their time at home (Donald 2009).

Poor quality housing can be linked to a number of adverse health outcomes among older people. Cold, damp housing can cause rheumatism and arthritis. Additionally, there is other evidence to suggest home improvements are clearly linked to improved mental health (Edwards & Harding 2008).

Housing can upset psychosocial processes which can come to affect mental health in a number of ways such as identity, anxiety about structural hazards, worry and lack of control over maintenance (Howden-Chapman et al 2011). The effect of housing on the mental health of older people was a topic taken up by Howard-Chapman et al through their study into differences in trajectories of self-reported mental health in an ageing cohort, according to their housing. Their study utilised the General Health Questionnaire which was measured on six occasions as part of the Whitehall II cohort study. The overall statistical results showed that inequalities in housing quality and ability to deal with household financial problems will become increasingly important mental health issues as the population ages (Howden-Chapman et al 2011).

The harmful effects of fuel poverty are experienced by a substantial number of older people in the UK; in comparison with other countries with far more severe cold weather, the UK consistently has significantly more deaths on account of fuel poverty. Office for National Statistics figures estimated 31,100 excess winter deaths occurred in England and Wales in 2012/2013, a 29% increase compared with the previous winter (ONS 2013). Rapidly rising energy prices in recent years have also contributed to higher rates of fuel poverty.

The housing design experienced by older people living with dementia will come to influence their ability to remain independent. Better design, housing adaptations and the use of technology can all contribute to this independence. 800,000 people in the UK are currently living with dementia, and over two thirds of these are living in the community (Alzheimer's Society 2012). While dementia friendly homes remains an under-researched topic, there are some guides that have been produced that outline simple steps that a carer can take to better prepare a home environment host for someone living with dementia, including fitting smooth floor coverings and open or glass covered cupboards (Warner 2000).

Housing tenure for older people
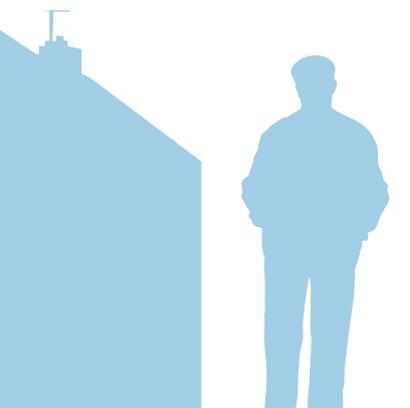
The proportion
of outright
owner-occupiers

11.4%
45-54
age category

24.9%
55-64
age category

29.1%
65-74
age category

(DCLG 2013).

English Housing Survey data informs us that a high proportion of older people own their properties outright in comparison with younger age groups, and thus a large proportion of housing wealth is concentrated among older people. The proportion of outright owner-occupiers among the 45-54 age category is 11.4%, this rises to 24.9% among the 55-64 category, and 29.1% among those 65-74. Conversely the greatest concentration of private renters can be found among younger people, 34.7% of those 25-34 rent in the private sector, compared to just 6.6% of those 55-64 and 4% of those 65-74 (DCLG 2013).

Many older people view their home as an important part of their lives, providing fundamental benefits to their health, wellbeing and quality of life (Care and Repair 2013). Conversely, others may come to view their traditional home as unsuitable to meeting their needs, and they may come to view specialist housing as a better solution. Retirement housing, co-housing and extra care offer more supportive living arrangements, and each will have significant implications for the sense of community that their occupants perceive.

There is strong evidence to suggest that older people are interested in downsizing. Polling of the over 60s concerning their housing aspirations, as undertaken by Demos, showed that more than half of the sample (57%) were interested in downsizing, a proportion that rose to 76% among people currently occupying three, four and five-bedroom houses (Wood 2013).

Retirement housing can represent an attractive proposition for older people and research has shown that it works. While certain commentators have argued that retirement housing provides its residents with an artificial community, lacking in genuine intergenerational contact, there is evidence to suggest that retirement housing promotes social interaction, and can help prevent loneliness. In a large survey of older people living in retirement housing, undertaken to inform the 2011 Elderly Accommodation Counsel Awards, 92% of respondents agreed with the statement 'this is a place where you can choose to live very privately and join in when you wish' (Blood & Pannell 2012). Further support for the social engagement value of retirement has been shown in furtherresearch (for example see Bernard et al 2007).

Selected examples of alternative approaches to retirement housing

Co-housing is a further alternative housing tenure that can provide a different community for older people, one that is potentially more socially inclusive. On a conceptual level, co-housing units are intentional communities, in that they are formed by a group of individuals who wish to manage a shared community in which mutual support is at hand if needed. For older people, co-housing can represent a living arrangement to combat isolation and loneliness, through a supportive and neighbourly environment. Co-housing for older people is prevalent in Sweden, Denmark, the Netherlands and also Finland. Researching residents' perceptions on their environment at a co-housing site in Finland, Tyvimaa found that the co-housing site engendered a very close social network and fostered a strong sense of community. The study found that key to social interaction in the co-housing scheme was the communal space, with well-designed common areas stimulating social activities (Tyvimaa 2011). A senior co-housing community has yet to establish itself in the UK to date, although a number of networks and groups have begun to take up the idea in recent years (Brenton 2013).

Extra care housing 'is a model that combines purpose-built and ergonomically designed housing for older people with onsite flexible care that adapts to residents changing needs' (Kneale 2011, p. 4), although there remains local variation in the extra care model. Kneale's research found that extra care housing could be associated with a lower uptake of hospital beds, translated into fewer falls, and resulted in substantially lower costs to the state in the long term. The research also found extra care housing to be a good environment for those with care needs; for those living in extra care housing with domiciliary needs, they were less likely to enter institutional care than those living in the community (Kneale 2011).
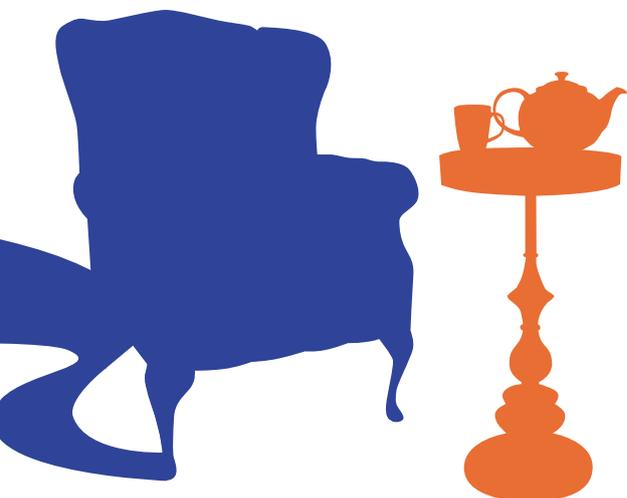
Case studies

University-linked retirement communities (ULRCs)
United States

Retirement housing schemes are often perceived as an artificial community, separate to mainstream society, in which older people can only interact with their peers. However, a scheme from the United States that places a retirement community within a university campus, promoted shared use of facilities and encouraged inter-generational contact.

A University Retirement Community has been built on a 10-acre site adjacent to the University of California. The community includes a wide range of living options and amenities including a library, cafes and a fitness centre. Residents can also use the university amenities such as its hospital, watch university sports events and use the library. Academics also come to give talks to the residents of the retirement community.

The benefits of this model of housing for older people work both ways between the scheme and the university. The retirement community creates jobs for students which also facilitate intergenerational contact and financial benefit through rent of the land. Such developments have largely been privately driven initiatives in the United States (McCormick et al 2009).

Programme of All-Inclusive Care for the Elderly (PACE)
United States

PACE enables older people living in California, who have been have been deemed in need of nursing home care, to remain in their own homes and remain within their communities'.

Within the PACE service area are On Lock Lifeways Centres, which represent the hub of the programme and at which participants have access to medical care, social activities, exercise and meals. Each PACE participant receives an expert-designed, individual package of care based on their specific requirements. Depending on these requirements, a home care assistant will visit the PACE participant one or more times per-week.

The programme is an interdisciplinary approach and a care team will typically consist of experts that can provide necessary care across: nursing, nutrition, social services, physical and occupational therapy (http://www.onlok.org/HowPACEWorks.aspx).

Case studies

Senior Citizen Label
Netherlands

In 1991, upon the initiative of the Steering Committee for Experiments in Public Housing (SEV) and Dutch associations, the Senior Citizen Label was adopted and defined as a 'consumer quality certificate for housing for older people'. The Label was developed as part of efforts to support older people's wishes to live independently in their own homes for as long as possible.

In order to be eligible for the Label (ie to be designated as 'suitable' for older people) building projects must satisfy 31 basic requirements, based on four principles: flexibility, cost neutrality, importance of the environment and space for 'local accents' (local requirements).

Once the development is complete, it can be certified with the senior citizen label (Davey et al 2004).

Healthy Homes Campaign
Liverpool

The Healthy Homes campaign in Liverpool was initiated by Liverpool City Council in 2009. Liverpool has a low life expectancy and 44,100 households in fuel poverty.

The campaign uses healthy home advocates who visit targeted areas of the city to carry out assessments of the health needs of residents', as well as the condition of their housing. The advocates hold enforcement powers for rented properties, to ensure that landlords make any needed improvements. Where advocates encounter an owner-occupied property in need of improvement, they provide a plan and potential assistance for the resident.

The programme has proved very successful. Since it began, 500 home risk assessments have identified 3,300 serious housing hazards that have been remedied or are in the process of being remedied. The programme's overall benefits to society, including savings to the NHS are estimated at £11 million over ten years (PHE 2013).

The GiraffPlus Project
Europe

The GiraffPlus project is funded by the European Community's Framework Programme Seven (FP7). The aim of the project is to assist older people to remain living in their homes through technology and advanced warning systems.

The home system consists of a network of home sensors which monitor residents' and are able to detect patterns and incidents such as: for example, blood pressure, whether someone has fallen from a chair. This data is then interpreted in terms of activities, health and well-being. Events can trigger alerts or reminders to a healthcare provider, or be analysed by a healthcare professional. A telepresence robot, Giraff, can be moved around in the home of someone who is online via the Internet, e.g. a caregiver or family member, and helps the user to keep their social connections alive (http://www.giraffplus.eu/index.php?option=com_content&view=article&id=70&Itemid=53&lang=en).

Questions for discussion

- What constitutes a home and community environment that can promote wellbeing? What is the relationship between housing and age-friendly neighbourhoods?

- What scope is there for improvement in home adaptations and their delivery? Do we have sufficient current evidence to demonstrate the preventative benefits of home adaptation – and that these benefits are reaching older people in need of them? Do we need a more holistic approach to services that facilitate independent living, including initiatives targeting cold and unhealthy housing stock? Have we got the right balance between measure to allow older people to receive care and support in their own home and the development of retirement housing?

- How can we ensure that Health and Wellbeing Boards and Clinical Commissioning Groups are aware of the importance of housing to the health and independence of older people; as well as ensuring that housing is included in these groups' planning strategies? What further evidence will be needed to ensure that services such as home adaptation are commissioned within their budgets?

- What type of housing do older people, both now and in the future, desire and how might this develop in the future? What have been the barriers to progress in existing models of retirement housing – e.g. cohousing? Are there other models of retirement housing we need to consider and do they have any features in common e.g. greater privacy, control, links with a local community? How far are these models transferable to this country? Should we be promoting mixed age developments with balanced communities rather than segregated forms of provision? Should we be seeking improvement in design for all new homes (such as the lifetime homes standard) or should we be focusing on specialised forms of housing?

- Should we do more to encourage older people to downsize and would this make a significant difference to the overall supply of housing? What factors or policy changes would make it easier for older owners to downsize from family housing e.g. stamp duty reform?

- How do inequalities in housing wealth affect the housing options open to older people? Who can afford the types of retirement housing being developed? Is the government's approach to housing tenure working in favour of older people particularly in terms of an expanding private rental sector?

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