

The APPROPRIATE

Accommodation Provision for People of Retirement Age
or Older, Predicated on Research and Investigation
using Approved Techniques and Evidence

and

RIGHTSIZING

Study



Summary Document

Gwent Regional Health, Social Care and Housing Strategic Partnership

January 2019

Independent Living

Good housing plays a critical role in healthy, independent ageing. Enabling people to stay in their homes for longer brings significant health, social and economic benefits. We need the right kind of housing in the right place that matches people's needs. In some cases, these will be purpose-built, in others, through adaptations to existing homes.

We will:

Accelerate our support for new and innovative housing designs to meet challenges including pressing housing need, fuel poverty, climate change and demographic change.

Incentivise housing providers to build homes which respond to the challenges of an ageing population and which enable people to live independently and safely in their own homes for longer.

Welsh Government. Prosperity for All. September 2017

Produced for: The Gwent Regional Health, Social Care and Housing Strategic Partnership

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Introduction

This report presents the findings of a study for the Gwent Health, Social Care and Housing Partnership which researches the aspirations for appropriate housing solutions for older people in Gwent, which would enable them to live happily, healthily, safely and independently in later life. The report also describes the reasons why older people do not want to move to appropriate housing in later life and how this issue could be addressed.

It is hoped that the findings from this study, many of which echo work that has already been done nationally and locally, can be used to inform future housing provision in Gwent, and that the suggestions about helping older people to contemplate the advantages of “RIGHTSIZING” to encourage them to make the proactive move to appropriate accommodation will be useful.

Ageing Well in Wales 2014-2019 highlighted five priority areas to improve the health and well-being of older people in Wales: age friendly communities, dementia supportive communities, falls prevention, minimisation of loneliness and isolation and opportunities for learning and employment. All of these ambitions can be assisted through the planning and provision of appropriate accommodation for older people.

Currently there is not enough housing for our older population, but also it is not all of a standard that could enable them to lead a happy, healthy, safe and independent life. In addition, most of the current housing is not of a type where it is easy to provide or receive ‘Care Closer to Home’, which is usually the preferred nursing care choice for most older patients living in the UK, and will also be an essential method of providing most healthcare to the growing older frail population in the future because there will not be enough resources available to provide a commensurate amount of residential or hospital care as historically has been the case. It is, therefore, very important that more appropriate housing is provided for our ageing population soon, in age friendly communities and that they are encouraged to move into it, as the over 85-year-old population in Wales, including Gwent, is predicted to double in the next twenty years. (PHW 17: 2018)

Although the projected demographic and related epidemiological context presents a very challenging picture for the future of service provision for older people in Wales, there is currently a very positive political and strategic context which indicates a strong willingness to address these issues. In Gwent we are ahead of the game as we have the pioneering Gwent Health, Social Care and Housing Partnership, which is working to identify any issues or areas where value can be added across the three different sectors, and is eager to address collaboratively the challenge of the increasing older population, to ensure that they get the services they deserve and need to enable them to have as good a later life as possible.

Recommendations

- The demographic, epidemiological and economic information in this study, along with the Welsh Government Regional Affordable Housing (needs mapping) Study, which is to be undertaken in 2019, should be used to help justify additional resources for the provision of sufficient appropriate housing for older people in Gwent.
- The findings of this study should be used to inform accommodation design and surrounding infrastructure provision, to achieve appropriate and aspirational housing solutions for older people to enable them to live happily, healthily, safely and independently in later life.
- Any new accommodation built for older people in Gwent should aspire to HAPPI design principles and be 'Care Ready', and a significant proportion of general needs housing constructed should be built to Lifetime Home standards, in preparation for older people in the future.
- The future possibilities for use of assistive technology in older peoples accommodation should be investigated to ensure ways of maximising health and well-being outcomes for residents, and efficient use of resources for service providers.
- All accommodation built specifically for older people should have at least two bedrooms and easy access both inside and out, lots of light and space, be safe and secure, be easy to maintain and to keep at a comfortable temperature, have some outside space, allow pets if possible, have a convenient parking space for visitors and care providers, and be situated in Age Friendly Communities which facilitate connectivity with good quality care and support available closer and in the home when needed.
- Ensure that the community infrastructure is "age friendly" and encourages older people to go out and about e.g. "Section 106 monies" could help fund public toilets, benches, bus shelters with seats for good public / community transport.
- To add to the good work that is already being performed by the voluntary and statutory sector, (e.g. Care and Repair, WAST / ABUHB Falls Response Service, Community Reablement Teams, the Royal Gwent Hospital Discharge Co-ordinator Team, Age Cymru Hospital Discharge Scheme, Gwent Supporting People, Home First), a range of good quality housing support services, domiciliary and social care support should be available either permanently or at

Recommendations

specific times, to enable older residents to stay happily and safely in their home when chronically ill, or to return to their home as soon as possible after a hospital admission.

- Facilitate, at pace and scale, a standardised recruitment and accredited programme for care and support workers across Gwent, to enable their older residents to stay in their own homes when ill or frail if they do not clinically need to be hospitalised.
- Standardized training should be provided to all housing service providers and support workers on falls awareness prevention and bone health, sight loss, dementia, mental health and alcohol misuse, all of which are significant health issues that need to be addressed when promoting positive outcomes through appropriate and effective service provision for older people.
- Encourage the use of the positive word “rightsizing” instead of the negative word “downsizing” for the concept of older people moving on to more appropriate accommodation for later life.
- As members of the population become older, they should be encouraged by health, social care, housing, and third sector workers, using MECC (Make Every Contact Count) techniques to think about their future housing needs and to find out the options available to them from a non profit making, reliable source of information.
- The option and feasibility of having a RIGHTSIZING / Staying Put for Life housing service in each Local Authority area should be explored. This would provide older people with information, advice and assistance to enable them to choose the best accommodation solution for their later life, thereby enabling them to take some responsibility for their own accommodation-related future health and well-being.
- A standardised graduated scale of disability provision should be displayed when advertising potential homes to clients, i.e. a one to five wheelchair symbol system, to allow carers or disabled people to make appropriate choices for viewing properties.
- The adoption of the “Best Match” accommodation allocation scheme throughout Gwent should be considered.

Recommendations

- Measures need to be taken to ensure that community and other stakeholder engagement and consultation is performed at every stage of housing provision for older people in Gwent, including the design stage, in the planning process, for health impact assessments, post-occupancy evaluations and on the very sensitive occasions when re-housing has to take place due to closure or demolition of social housing schemes where older people live.
- Building on the good relationships within the Gwent Health, Social Care and Housing Partnership, ensure sufficient training is provided within each sector at all levels regarding the function and duties of the other two sectors to enable the three sectors to work efficiently and symbiotically together, so that appropriate health, social care and housing solutions can be delivered to the older person “seamlessly”.
- The possibility should be investigated of the partners of the Health, Social Care and Housing Partnership sharing, donating or making easily available to their partner organisations information, resources, assets, and infrastructure that will benefit the agenda of providing sufficient appropriate accommodation for the older population in Gwent, e.g. using land for providing various Independent Living options and sheltered or extra care accommodation schemes.
- The Gwent Health, Social Care and Housing Partnership should maintain good links with the Housing LIN as they are an excellent source of good quality information and resources for addressing the needs and aspirations of older people and accommodation.

Consideration

Rather than the use of the word “Independent” which is frequently used when discussing future housing needs for older people, using the word “Interdependent” might be more appropriate. We do not want older people to be functioning on their own in social isolation, instead we would like them to be using their Longevity Dividend to be full giving and taking members within their families and communities.

Study Method

To perform the study that commissioners had requested, a method was designed and undertaken which consisted of a mixed approach involving the collection, collation, interpretation and presentation of quantitative and qualitative data from both primary and secondary sources. This research entailed:

- Establishing the context of the study.
- Ethical approval was sought and granted from Aneurin Bevan University Health Board and Public Health Wales for this study.
- Collecting data and information from conferences, workshops and literature searches (grey and academic) to identify and retrieve epidemiological information, statistics, and examples of best practice. Undertaking site visits to various accommodation schemes which covered a range of examples of different accommodation solutions addressing different levels of independent living options for older people.
- Conducting seven community consultation events, and collecting information at four community groups using a speculative housing design model as an aid.
- Using the Newport Citizen Panel to respond to the research questions.
- Performing a questionnaire survey with working age adults.
- Conducting a consultation event with service providers, a focus group with specific service provider groups, and email consultations with service providers who found it difficult to attend any of the above i.e. the emergency services.

In total 359 members of the public, 50 service providers, the views of the Gwent, Health Social Care and Housing Operational Group and the Gwent Citizen Panel, along with six site visits, information from three conferences, two workshops and at least 50 pieces of literary work on this subject contributed to this study.

Although a considerable amount of varied research was conducted for this study, there are many caveats to bear in mind when considering the results:

- The definition of “older people” varies in different domains, as can be seen by the different age specific inclusion criteria used by the various organisations and services i.e. Welsh Government: over 50 years; housing: 55 years and over; free bus pass scheme: 60 years and over; National Pension Scheme: 65-67 years (depending on birth year); National Health Service: 65 years and over. This lack of standardisation can hinder the chance of accuracy in a study like this one.
- A lot of the subject-specific literature available to be used for this study was undertaken in England which, although culturally similar to Wales (compared with

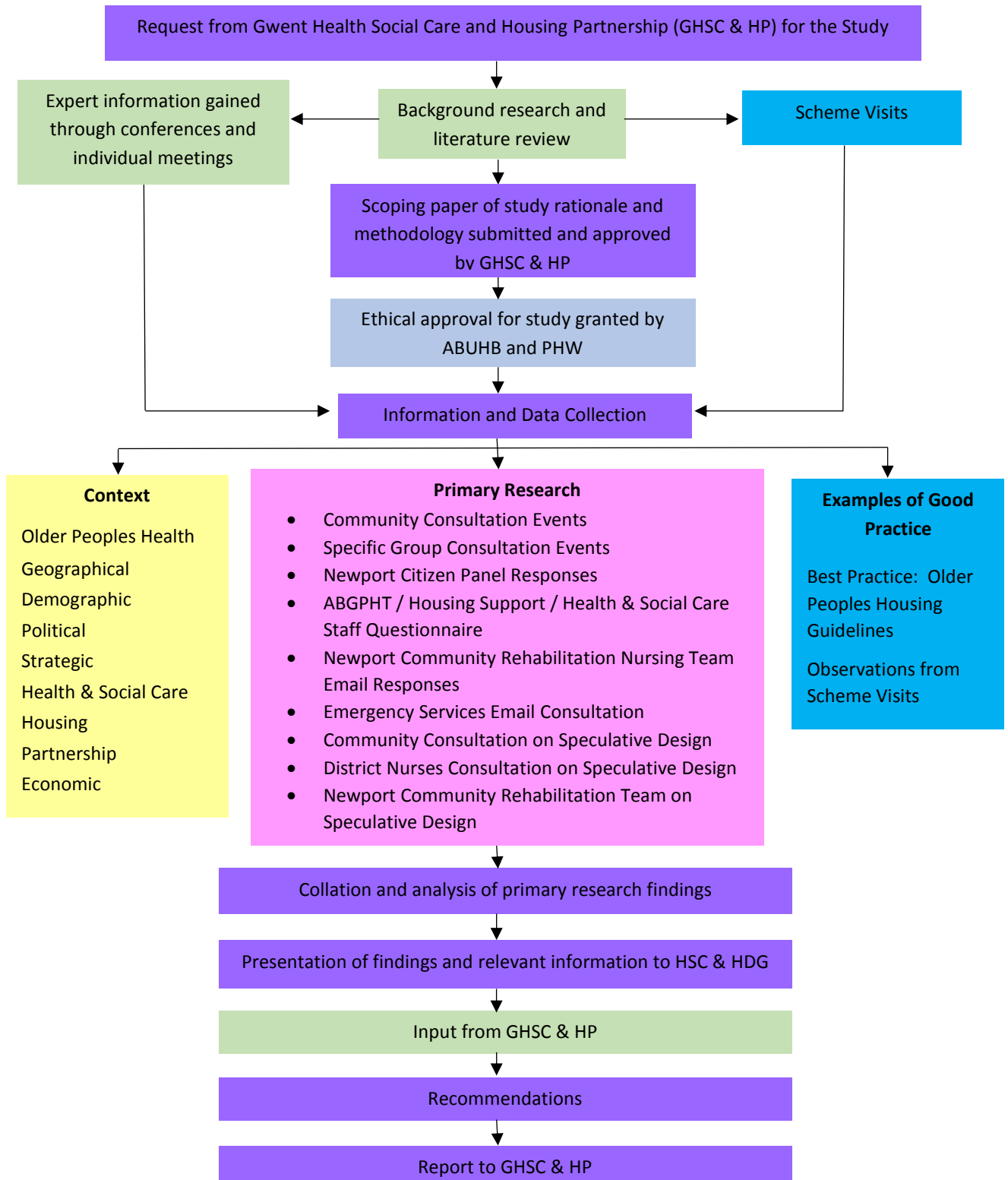
Study Method

other European countries), has overall a different social history and is subject to a different housing provision system as housing provision is devolved in Wales.

- Some of the data projections used in the study are based on foresight extrapolations calculated using data for England and Wales together. Thus in many cases the figures quoted relating to the predicted numbers for disease prevalence and housing requirements could be an understatement as Wales has and will have proportionately more older people than England.
- The sampling method that had to be used for the public consultation events and focus groups was not robust as the participants were self-selecting and therefore the results will inherently include an element of bias. To try to mitigate against this, invitations to take part in the consultation were extended to as many different social groups and people as possible via as many routes as possible, including public houses, churches, mosques, Castle Bingo, hairdressers, Rotary Clubs, Community Connectors, GP surgeries, Facebook and by approaching people on the streets across Gwent.
- It was observed that the respondents from the Newport Citizen Panel overtly exhibited sampling bias as the majority of the respondents were from the electoral ward areas which are the least deprived in Newport.
- This study has mainly been performed by only one person, myself, and although I have tried my best to be as objective as possible in its execution and impartial with the findings, trying to be objectively reflective of all of the evidence and representative of everyone's views, there will inevitably be an element of unconscious bias in the interpretation of the findings which will be compounded by the fact that I work in the health sector and not the care or housing sector. To address this issue all of the primary research has been presented in as robust a manner as possible.
- An insurmountable flaw in the study is that the planning and provision of housing schemes takes a long time, so what might appear desirable now might not in the future and the target cohort for this future service provision are not yet old enough to have experienced living with the challenges of later life. Also expectations, culture, technological determinism and fashion will have changed by the time they get to later life. In an attempt to ameliorate this and to improve the validity of the findings, opinions from a much younger cohort - working age adults (i.e. Staff Questionnaires) - were also collected in a type of cross checking future proofing exercise.

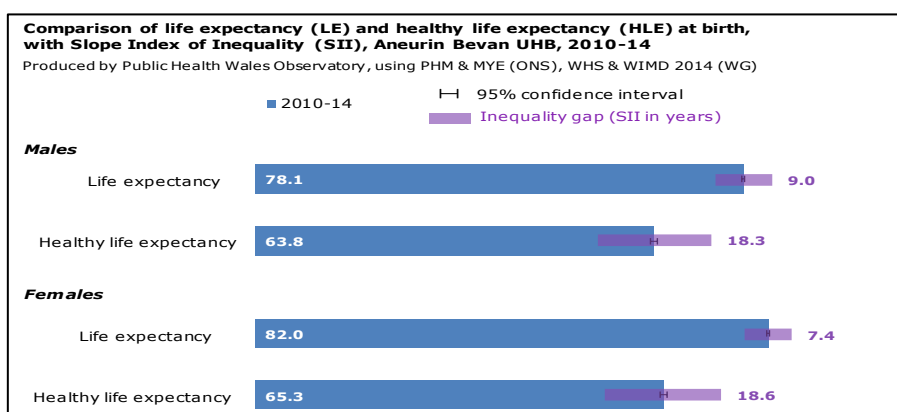
Study Method

The process used for the study to inform the development of aspirational housing options for older people in Gwent to enable them to live happily, healthily, safely and independently in later life



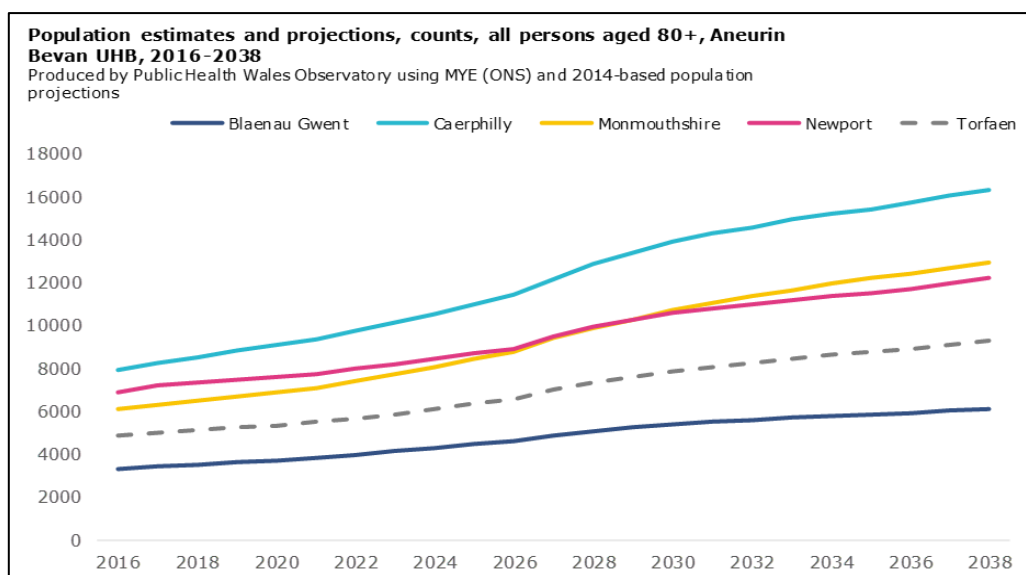
Older People’s Health and Well-being Context

- The older a person gets the more likely they are to suffer from chronic conditions, such as those affecting the heart, musculoskeletal and circulatory systems, and to experience poor health.
- It is estimated that between a quarter and a half of people aged over 85 in the (UK) are frail, which is associated with disability and crisis admissions to hospitals. (Gov.Office for Science 156: 2016)
- There were 18,763 people aged 75 and over with a registerable eye condition in 2017 in Wales: this figure is predicted to be 29,563 by 2035. (PHW 38: 2018)
- There are currently between 27,300 to 34,100 individuals over the age of 65 in the Gwent region who have poor eyesight or problems with their bones, joints and muscles: it is estimated that this will rise to between 30,500 and 38,100 by 2038. (PHW Observatory 2018)
- There were 44,275 people over 65 years in 2017 living with dementia in Wales, and by 2035 this could increase to 72,769 (PHW 37: 2018) and is predicted to be 7,768 in the ABUHB area in 2017 and 12,833 in 2035 (Daffodil. 2014).
- Social isolation and loneliness affects 7-17% of older adults in the UK and is becoming more prevalent. (Gov.Office for Science 163: 2015) People with a high degree of loneliness are twice as likely to develop Alzheimer’s as people with a low degree of loneliness. (Gov.Office for Science 203: 2016)
- Approximately one in four adults living in the most deprived fifth of Wales report that they feel lonely compared with one in eight adults living in the least deprived fifth of Wales. (PHW 7: 2018)
- Although life expectancy is increasing in the UK, currently healthy life expectancy is not increasing at the same rate. This discrepancy is known to vary due to socio-economic factors, producing a larger gap between life expectancy and healthy life expectancy in more socio-economically deprived areas than in the less deprived areas. It therefore also varies across the individual Local Authority (LA) areas in the ABUHB area. If the socio-economic circumstances remain the same then the gap is likely to widen.



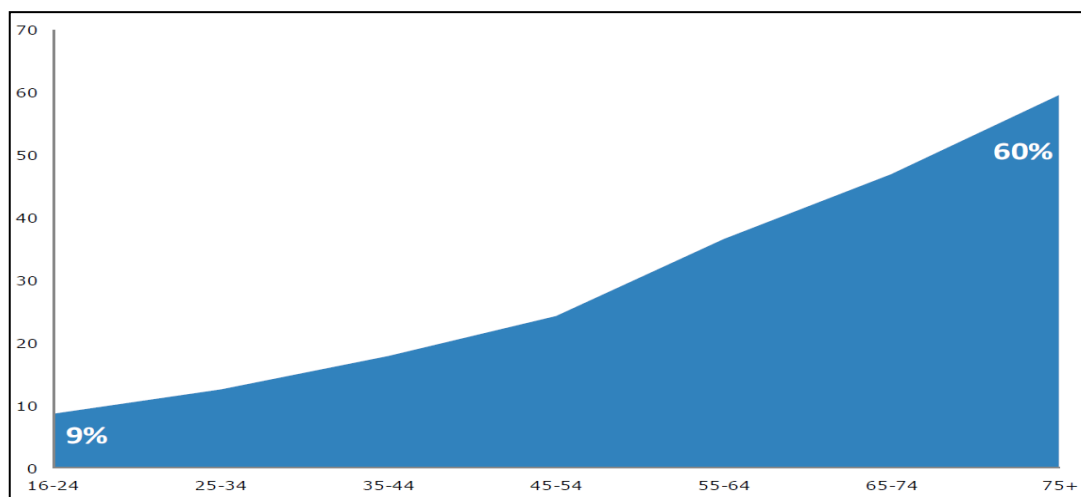
Demographic Context

Due to increased life expectancy in the UK the over 80 population in the ABUHB area is predicted to rise over the next 20 years. However, as can be seen from the graph below, this will be at different rates across the five individual LA areas in the Health Board Area.



Unfortunately, the increased life expectancy is not always in line with increased healthy life expectancy because as people get older they are more likely to suffer from chronic conditions or limiting long term illnesses, all of which can increase a person's risk of frailty, which necessitates an increasing amount of health and social care as they age: currently 60% of people 75 years and older in Wales have at least 2 chronic conditions.

Percentage of the population who have two or more chronic conditions, Wales, by age. (2015) (source: PHW Observatory / WHS 2016)

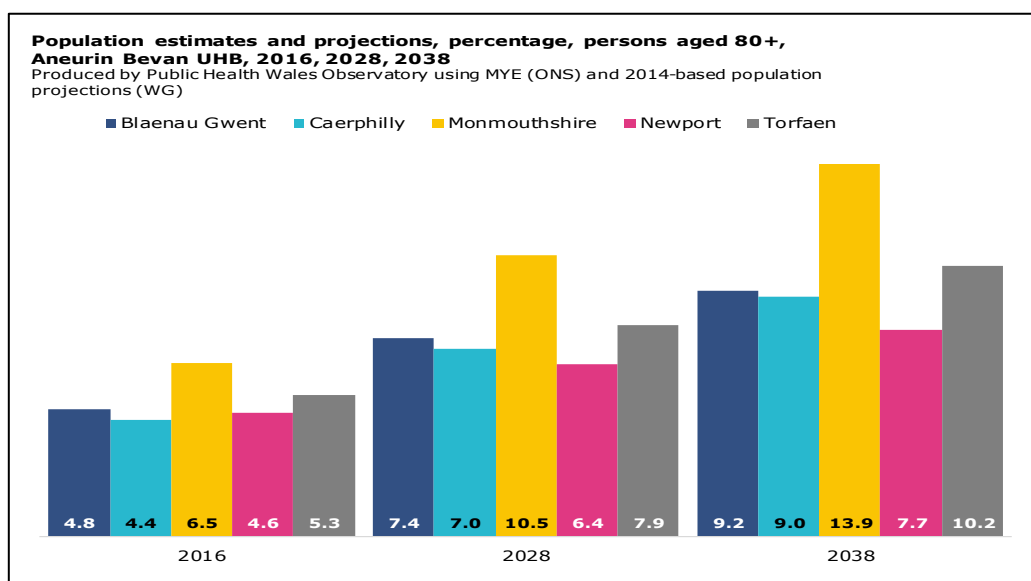


Demographic Context

Much of the care for older frail people living in the community is provided by unpaid carers i.e. family or friends, who are usually younger than the person they are caring for. They are often the grown up children of the older frail person and could be in their 50s, 60s or early 70s. But when these people get older in their turn there will be fewer young people around to help to care for them. This is due to an ageing population profile resulting from historic fertility rates. This change in demography in the ABUHB (Gwent) area is illustrated in the table below:

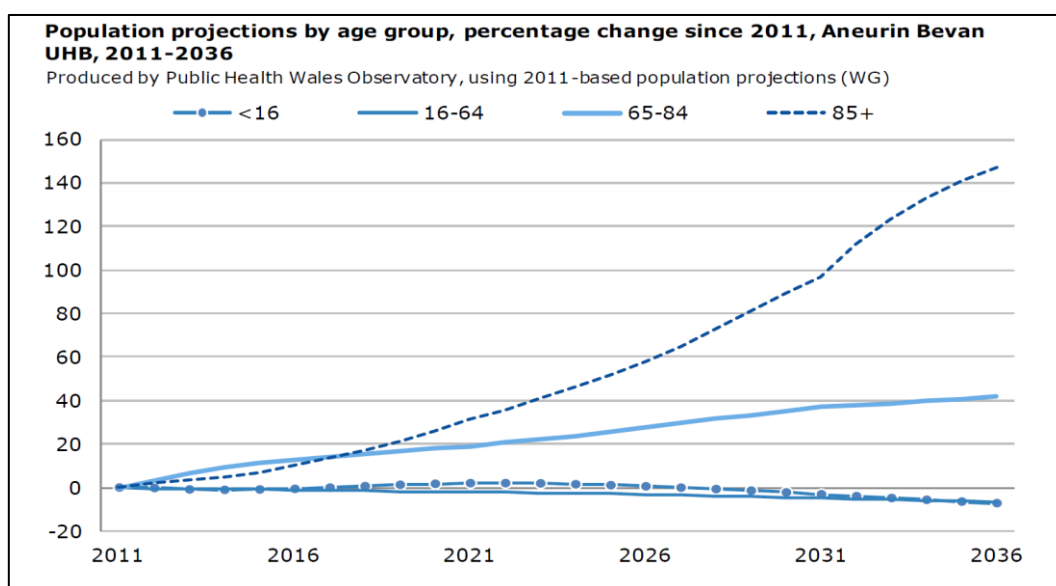
	2018			2028			2038		
	50-69	70-79	80+	50-69	70-79	80+	50-69	70-79	80+
Blaenau Gwent	18,110	6,589	3,501	17,857	6,652	5,077	16,094	8,072	6,113
Caerphilly	46,142	16,443	8,535	45,967	17,953	12,863	43,110	20,604	16,325
Monmouthshire	28,017	10,525	6,509	27,347	11,976	9,879	23,246	14,238	12,927
Newport	35,449	12,079	7,315	35,984	12,866	9,929	33,821	16,388	12,225
Torfaen	24,006	8,613	5,105	23,026	9,450	7,326	20,851	10,934	9,288
Gwent	151,724	54,249	30,965	150,181	58,897	45,074	137,122	70,236	56,878

As can be seen from the graph below, the percentage of over 80 year olds will increase over the next 20 years in all LA areas, and the consequent dependency ratio of older frail people to the rest of the population will increase.



Demographic Context

This increasing number of older people and relative and actual decrease in younger people as depicted in the graph below, will not only mean that there will be fewer unpaid carers in the community but there could also be fewer paid carers for each cohort of older people that need care. A decline in the working-age population relative to the number of pensioners could result in lower tax revenues being collected, placing a strain on the local economy and on the resources needed to provide health and social care.



It also needs to be taken into account that there might be a significant demographic change due to migration policies related to BREXIT, i.e. a net migration from the UK of young adult eastern European workers who currently provide a lot of health and social care in the community. Hence there might be fewer paid carers available to look after the increased proportion of old and frailer people in the community.

The Importance of Appropriate Housing for Older People

It is recognised that poor housing standards can contribute to preventable diseases and injuries and subsequent costs to the health service for all ages. This is especially so for those at the two ends of the life course i.e. the very young and the very old, as they are much more vulnerable to their surrounding environment.

Not all well-being issues or health problems in the older population can be addressed by the provision of appropriate accommodation, but there seems to be evidence that the following problems can be ameliorated by the provision of suitable housing: memory loss and dementia; excess winter deaths; slips, trips and falls; social isolation and loneliness; and mental health problems. (PHW 44: 2018)

Memory Loss and Dementia

It is known that the older a person gets the more likely they are to suffer from memory loss and dementia, and it is important to ensure that everything is in place to enable these people to be as independent as possible whilst ensuring their safety e.g.

- Contact hobs on cookers
- Temperature controlled hot water
- Taps that turn off after a certain amount of time
- Contact mats to detect movement in and out of bed or in and out of the dwelling
- Digital monitoring systems e.g. buddi bracelets
- Security cameras
- Appropriate lighting and colour schemes to aid visibility

If these features were incorporated into the domestic setting, then they could help to keep some older people living with memory loss or dementia safe, and prevent accidents from happening to them.

Winter Deaths

Ensuring that the homes older people live in are warm enough during the winter months through the provision of sufficient heating and insulation has the potential to reduce the incidence of hypothermia and “excess winter deaths”.

In the 2016 to 2017 winter period, there were an estimated 34,300 excess winter deaths (EWDs) in England and Wales, which represents an excess winter mortality index of 20.9%. (ONS 2018)

The Importance of Appropriate Housing for Older People

Slips Trips and Falls

As people get older and frailer they are more likely to slip, trip or fall due to “balance problems, muscle weakness, poor vision and long term health conditions, such as heart disease, dementia or low blood pressure which can lead to dizziness and brief loss of consciousness: this is exacerbated in people over 65 if they take little or no exercise”. (CHEME 46: 2018)

“Around a third of people aged 65 and over fall each year, increasing to half of those aged 80 and over.” (CHEME 46: 2018)

Falls are a major cause of disability and death in older people in Wales, and are the most common cause of injury in people aged 65 years and older. (CHEME 50: 2018)

Elderly falls account for 11% of all 999 calls to the Welsh Ambulance Service. (Beecham, J. Personal communication. 2019)

Everything possible should be done to prevent falls from happening to older people as these accidents can have a devastating effect on the health and confidence of the patient and also can be very expensive for the health service to treat.

The median length of stay in hospital for each person that has a hip fracture in Wales is 34.1 days. (National Hip Fracture Data-base 2017)

Falls are estimated to cost the NHS in the UK more than £2.3 billion per year. Prevention is key to addressing the cost of falls and requires joint pro-active efforts. (CHEME 8: 2018)

Preventing a fall leading to a hip fracture saves on average £32,000.(CHEME10: 2018)

To help prevent falls it is essential that the internal infrastructure and outside design of the older person’s home environment is configured and maintained in such a way as not to add to the above risk factors. Appropriate design, planning and installation of adaptations can help to reduce slips, trips and falls.

NICE CG 124 recommends that older people who have received treatment in hospital following a fall should be offered a home hazard assessment carried out by suitably trained healthcare professionals, such as occupational therapists, followed by necessary interventions / modifications. (NICE 2013)

The Importance of Appropriate Housing for Older People

A Cochrane Collaboration systematic review concluded that if this intervention was carried out by occupational therapists in the homes of people who had fallen previously, it could reduce the rate of repeated falls by 19%. (Gillespie L.D, Robertson M.C, and Gillespie WJ et. al. 2012)

It is known that many of the falls in older people that result in hip fractures occur in the home. Although the rate of hip fractures in older people in the ABUHB area on average is lower than the all Wales average (see table below), many of them could be prevented by minimising trip hazards in homes and ensuring that all of the appropriate adaptations and aids to prevent people from falling have been installed.

Hip fracture European age-standardised rates (EASR) per 100,000 all persons aged 65 and over, 2016-2017.

	Wales	ABUHB	Blaenau -Gwent	Caerphilly	Monmouth- shire	Newport	Torfaen
Count	3719	630	95	177	99	165	94
EASR	597	574	749	584	432	643	516
95% CI	578-616	530-621	605-916	500-678	351-526	594-750	416-630

Once a person has fallen they are likely to be less inclined to venture out and socialise, partly because their mobility could have been impaired or because they lose confidence that they will be safe on their feet. Thus they can become socially isolated which can contribute to mental health problems such as depression.

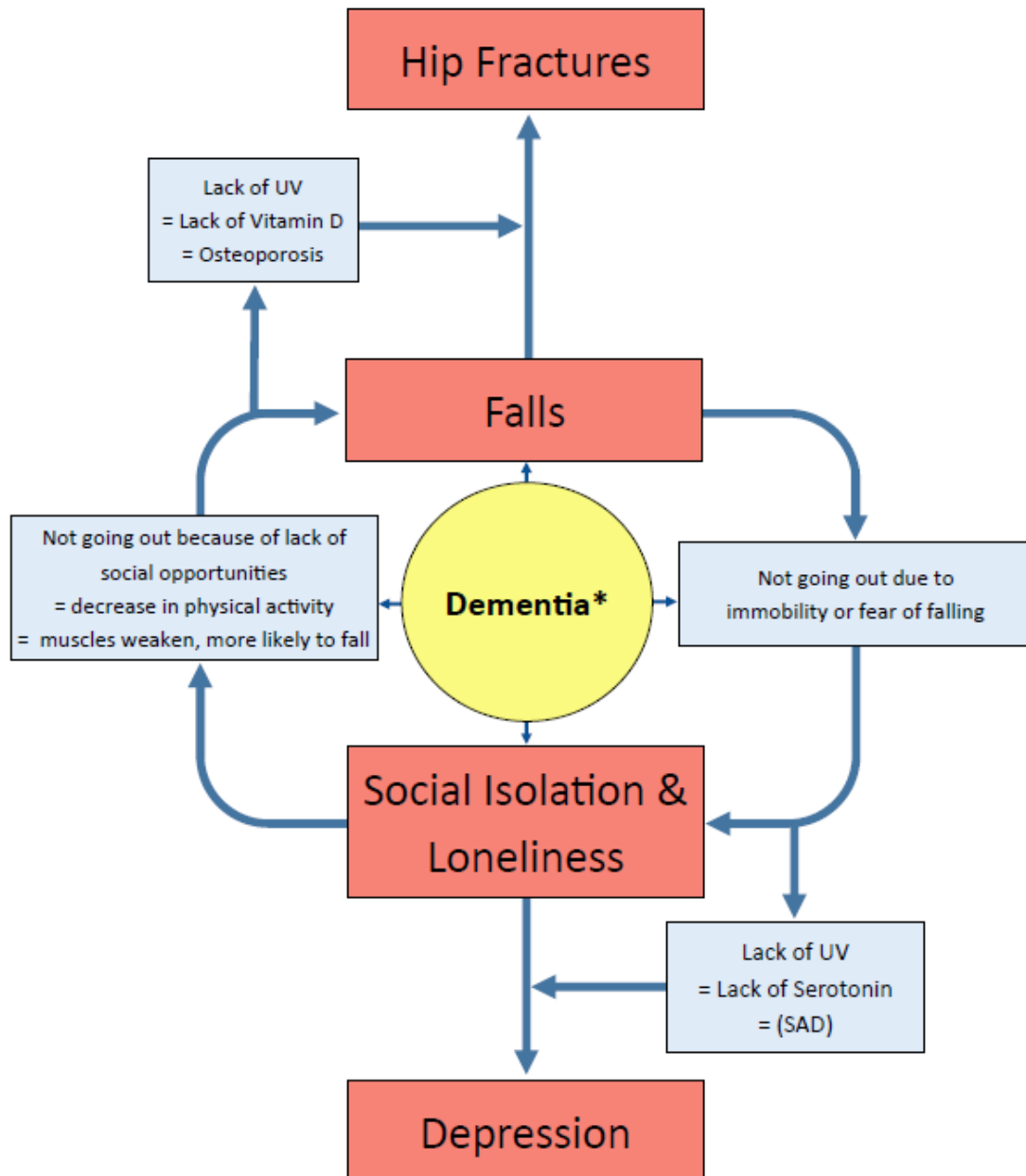
The relationship between slips, trips and falls, social isolation, loneliness and mental health problems can very often result in a downward spiral of health and well-being for older people. It is known that if the person is living with dementia this situation can be exacerbated. The aetiology for this downward spiral of decline of health and well-being is illustrated in the diagram opposite.

It is very important that everything is done to maintain older peoples' mental health and wellbeing to prevent their quality of life deteriorating as they age.

"Maintaining mental well-being and independence has been cited as a best buy for public health." (CHEME 7: 2018)

The Importance of Appropriate Housing for Older People

The Downward Spiral of Health and Well-being for Older People



*Dementia is an added risk factor for everything in this downward spiral of health and well-being for older people

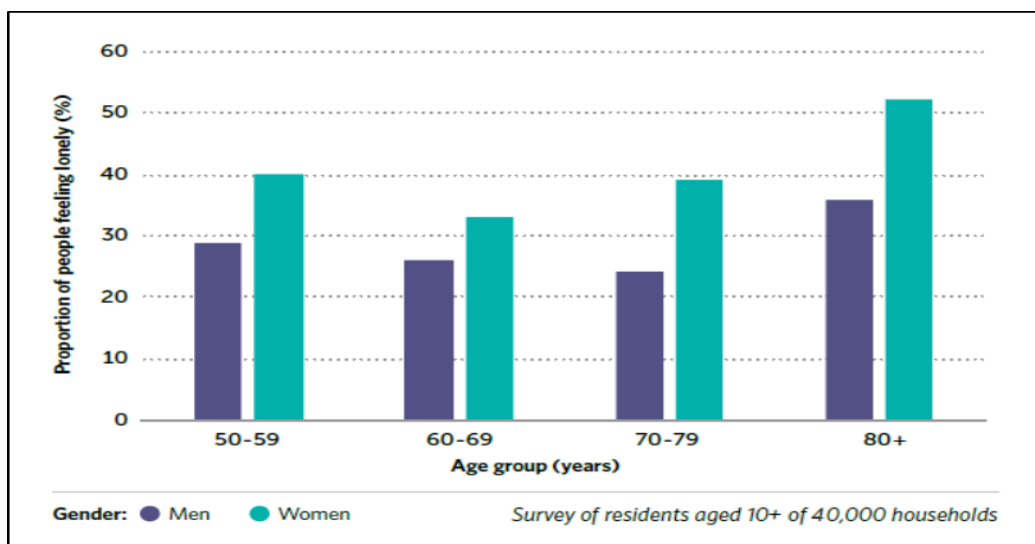
The Importance of Appropriate Housing for Older People

Social Isolation and Loneliness

High levels of social isolation are being reported by an increasing number of people, across the UK. Data from the Cognitive Function and Ageing Study - Wales found that 25.3% of older people in Wales reported being lonely and 26.9% socially isolated. (National Assembly for Wales 9: 2017)

Some groups, such as lone pensioner households, carers and people suffering poor mental health or living with dementia are especially vulnerable to social isolation: this situation is likely to worsen in the next twenty years due to the projected increase of older people in Wales.

A large proportion of older people “feel lonely some of the time or often”, with those in the oldest age groups being most likely to feel this way, as illustrated in the graph below.



Loneliness is now known to have a very detrimental causative and associational effect on mental and physical health. Some of the outcomes related to loneliness are described below. (CHEME 7: 2018)

Older people who are lonely compared with those who are not, on average are:

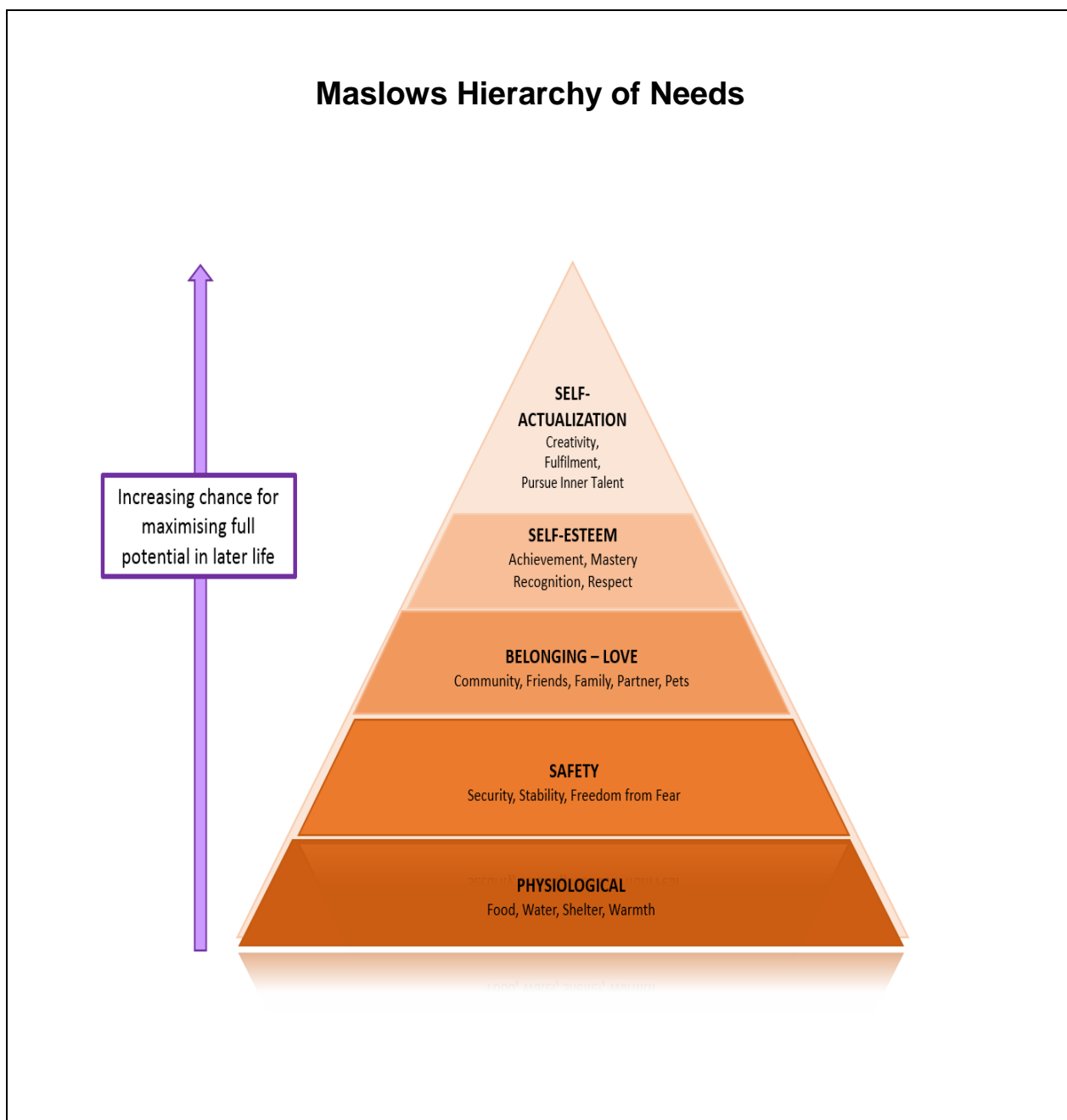
- 3.5 x more likely to live in local authority funded residential care
- 3.4 x more likely to suffer from depression
- 1.8 x more likely to visit their GP
- 1.6 x more likely to visit A&E
- 1.3 x more likely to have emergency admissions to hospital

They also have a 14% increased likelihood of having coronary heart disease, 8% increased likelihood of a stroke and 7% increased likelihood of diabetes.

The Importance of Appropriate Housing for Older People

It is known that factors such as housing, transport, community facilities, health and well-being can all impact on a person's social isolation and loneliness and that this is disproportionately so for older people (National Assembly for Wales 7: 2017).

Appropriate housing for older people should not only provide them with the basic requirements of a safe and comfortable place to dwell, but should also enable them to live a sociable, happy, healthy, and independent later life where it is as easy as possible for them to be able to meet their needs and achieve their full potential, i.e. self-actualization as illustrated in the Figure below - Maslow's Hierarchy of Needs, 1943.



Primary Research

Consultation Activities: Gwent Residents	Number of Participants	Owner Occupiers
Over 50s Public Consultation Events		Rounded %
Newport	19	79%
Torfaen	19	74%
Monmouthshire	13	70%
Carers	5	40%
Cwmbran Over 50s	22	82%
Gwent Dermatological Group	7	100%
Tuesday Luncheon Club	18	83%
Total	103	71% (of all)
Web Based Consultation Exercise		
Newport Citizen Panel	187	Not known
Total	187	Not known
Under 50s Public (Staff) Questionnaires		
Aneurin Bevan Gwent Public Health Team	14	86%
Housing Support, Health and Social Care Providers	23	95%
Total	37	97% (of all)
Consultation Activities: Gwent Service Providers		
Newport Community Nursing Rehabilitation Team collated email Consultation Responses	5	Not needed
Emergency Services collated email Consultation Responses	8	Not needed
Housing Support, Health & Social Care Providers Consultation Event	21	Not needed
Total	34	Not needed
Speculative Design Consultation / Community Focus Groups		
MECHANIC Group	5	80%
Newport Over 50s Event Participants	8	100%
Pakistani Men`s Elder Group - Dostana	7	100%
Asian Women`s Group - Coffee `n` Laughs	12	100%
Total	32	97% (of all)
Speculative Design Consultation / Service Providers Focus Groups		
Newport District Nurses Team	8	Not needed
Newport Community Reablement Team	8	Not needed
Total	16	Not needed
Total number of participants in Primary Research - Members of the Public TOTAL	359	
Total number of participants in Primary Research - Service Providers TOTAL	50	

Primary Research

Most of the primary research undertaken for this study was qualitative in nature. Consultation exercises and focus groups were performed throughout Gwent with members of the public and service providers to establish what was considered appropriate and desirable for future housing provision for older people, and what was needed to encourage older people to move to suitable housing in order to enable them to have as good a later life as possible.

Three half day consultation events were organised for over 50 year olds in community venues in Newport, Blaenavon and Usk. The events were promoted using many different communication vehicles and conduits.

The two consultation questions that were used to prompt discussion at the events were:

1. What do you think is the most important consideration when building new homes for older people?
2. What do you think stops older people moving to “age friendly” purpose built or adapted homes for later life?

A specific all Gwent consultation event for carers of over 50 year olds was also organised, which took place in Cwmbran.

1. What issues related to your housing hinder you from carrying out your caring duties and roles in your current home?
2. What are the things that should be considered when developing and providing accommodation for disabled people who live with their carers?

There were also three community groups included in the consultation for the study that voluntarily requested to take part. These were:

- The Cwmbran Over 50s Forum
- The Gwent Dermatological Group
- The Tuesday Luncheon Club

The questions were tailored appropriately for the target audiences.

All consultation events were well attended and lots of feedback was collected for collation and analysis, apart from the Carers Consultation event. Although this event was extensively advertised and promoted and travel expenses and respite care were available to allow the carers to attend, only five people turned up. Despite this, the information gained from this event was very valuable.

Primary Research

Web-based feedback was also collected from the Newport Citizens Panel and questionnaires designed for those of pre-retirement age were also disseminated to colleagues i.e. staff working for ABGPHT and housing support and health and social care staff working in Gwent, to get the views of people who were not considered old yet. The questions asked were:

1. Please list three desirable (not necessarily essential) things that you would like to have in your ideal home for later life?
2. What reasons would prevent you from moving (if you wanted to), to a place of your own that would be specially designed to enable people to live happily, healthily and independently later in life?
3. Where would you like to live in later life and why?

Consultation activities were also performed with the public to collect feedback on a speculative design plan of a low maintenance, all-on-one-floor accommodation model, specifically designed to be age friendly by DWELL - Sheffield University. This “consultation tool” was used with 3 minority ethnic community groups specifically to help overcome any potential language barriers and proved to be a very effective catalyst for engaging the audience in discussion about housing for older people in later life, producing insightful feedback from all of the groups it was used with.

The groups that this tool was used with were:

- MECHANIC - Minority ethnic communities and service providers group
- Over 50s Newport Forum Attendees Group
- Dostana - Pakistani Male Elders Group
- Coffee 'n' Laughs - Asian Older Women's Group

A Gwent-wide consultation event was undertaken with service providers from housing support, social care and health and an email consultation event was carried out with emergency service providers i.e. Wales Ambulance Service Trust (WAST), Gwent Police and South Wales Fire and Rescue Service. The two discussion questions used were:

1. What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?
2. What do you think are the key considerations that planners should take into account when building homes for older people?

Primary Research

Also two separate focus groups were held using the speculative design tool with:

- Newport District Nurses South West Division
- Newport Community Rehabilitation Team

The responses from all of the public consultations, speculative design model exercise, questionnaires and anonymous demographic details of all participants were collected, collated and analysed along with the responses from the service providers.



Torfaen



Asian Women's Group



Newport District Nurses



Newport Community Rehabilitation Team

Summary of Scheme Visits

Accommodation for Older People - Scheme Visits		
Scheme Name	Management and Location	Type of Scheme
Riverside Court	McCarthy & Stone, Abergavenny	Independent Living
Pleasant Court,	Bron Afon, Abersychan	Independent Living
Aneurin Bevan Court	Newport City Homes, Newport	Extra Sheltered Accommodation
The Chocolate Quarter	St. Monica Trust, Keynsham	Independent Living. Care available at cost
Golau Caredig,	Hafod Care, Barry	Independent Living / Extra Care
Woodside Road	Birmingham Municipal Housing Trust. Birmingham	Independent Living, Care Ready Houses

Six visits were undertaken to a selection of accommodation schemes providing a variety of potential residential and *in situ* care options for their residents, ranging from Independent Living for older people with shared communal facilities that offered no generic care function, to Independent Living houses that were built to be “Care Ready” homes where someone could live in later life if they needed full home care.

These schemes selected for visits were also built at different times and with very different socio-economic cohorts of residents in mind. When they were built however they were all considered to be good examples of accommodation solutions for older people.

When viewing the properties, the HAPPI Recommendations (Best Practice Guidelines for designing and building specialist housing for older people, see next page) were considered when trying to assess how appropriate the accommodation might be for its function i.e. providing suitable and appealing accommodation for older people. It was found that sometimes these building principles were evident in the construction of the accommodation but were not always apparent in all parts of any individual scheme, and therefore execution was hard to audit. However, there were instances where these best practice details were evident in the design as identified in the following descriptions.

Best Practice: Older Persons Housing Guidelines

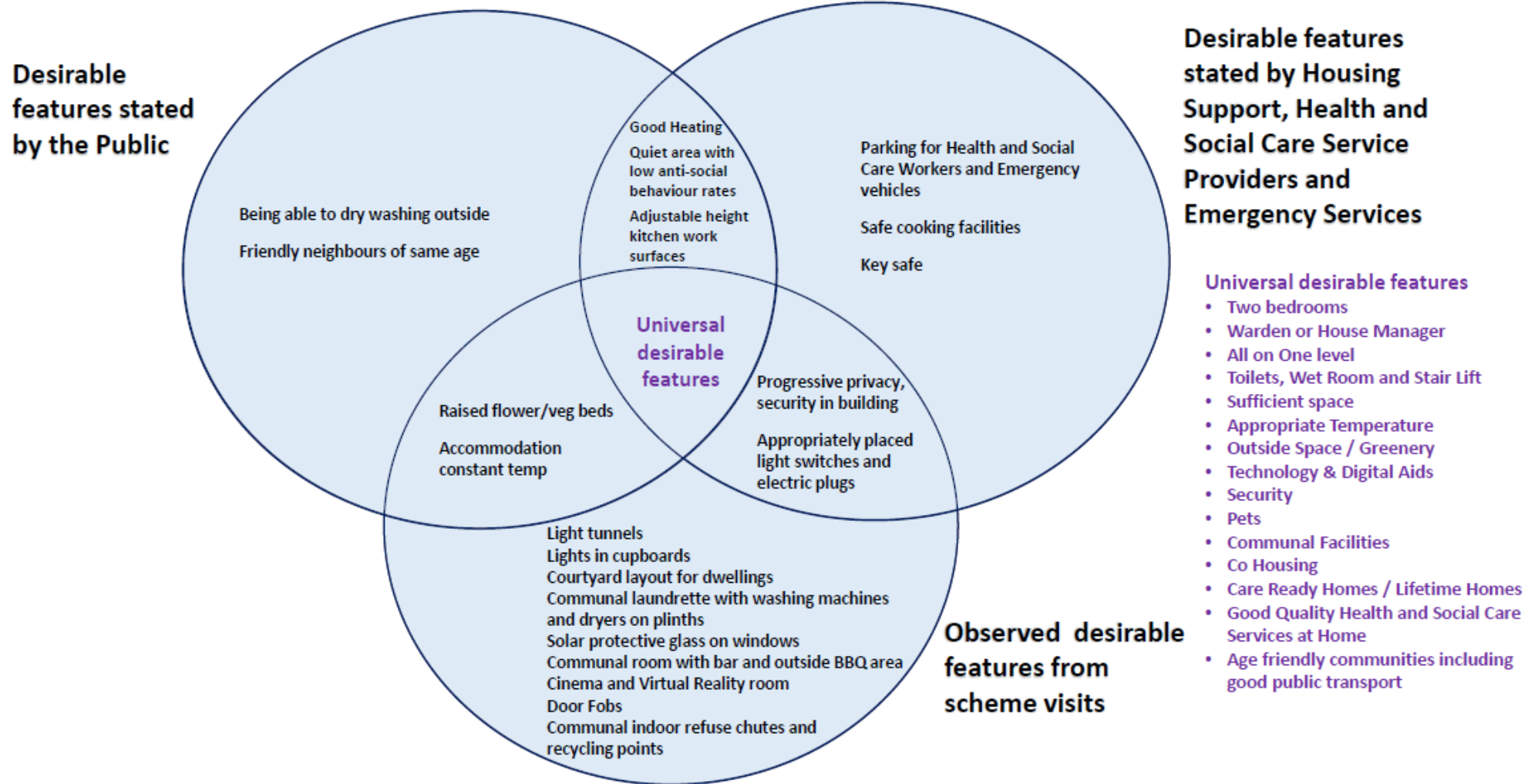
The 10 HAPPI Recommendations

- 1. Generous / flexible space standards.**
- 2. Natural light including circulation spaces.**
- 3. Avoidance of internal corridors and single aspect dwellings for light and ventilation.**
- 4. 'Care Ready' homes to accommodate emerging technologies.**
- 5. Circulation that avoids institutionalisation and encourages interaction.**
- 6. Lively multi-purpose social spaces that link with the community.**
- 7. Engagement with the street.**
- 8. Energy efficient 'green' buildings.**
- 9. Adequate storage inside and outside home.**
- 10. Homezone design of outside spaces with pedestrian priority.**

The Housing our Ageing Population Panel for Innovation (HAPPI) Report (2009)

Ref: <https://www.housinglin.org.uk/HAPPI/>

Synopsis of Stated and Observed Desirable Features for Housing Options for Older People



Study Findings

All of the people in the study were aware of the importance of appropriate housing for older people in later life if they are to be happy, healthy, safe and independent.

The public participants in the study expressed their pleasure at having the chance to contribute to the consultation as all of them thought that it was a very important issue and that it was essential that the public should be included in having their say on what they think would be appropriate and desirable for future housing for older people in their community, especially as this housing could be for them, their family or friends.

The service providers were also extremely enthusiastic about being able to contribute their suggestions to the study. They had many good ideas about how housing could be made more suitable for older people and how they could provide their services more effectively for the older residents they visited.

The overwhelming feeling of both providers and potential residents was that there should be a variety of accommodation options available for people in later life to suit their different needs, situations and preferences, i.e. different tenures: rented, owned, leased, affordable social housing, private housing; different types of housing: bungalows, flats, houses; different types of setting such as blocks, cul-de-sacs, streets arranged around courtyards; and accommodating people in different types of social arrangements: co-sharing, communal, and private.

Many of the desirable accommodation features suggested by the older people in the study relate to space and connectivity, both of which are essential for residents to pursue their self-actualisation needs. The overall preference was for older people to be housed in a community with all of the necessary amenities, but preferably with other older people, not necessarily in a multigenerational situation.

It was also made very clear by all of the responses in the study that it is not just appropriate accommodation (“bricks and mortar”) that is needed for a good later life, there also has to be easy access to an “age friendly” community, with suitable infrastructure to be able to remain in contact with family, friends and relevant services. There also needs to be easy access to “good quality care and support to keep older people out of hospital”.

The working-aged adults and older people and service providers in this study suggested many desirable features for future housing provision for older people, and some were observed in reality on scheme visits. Although some of these features might currently be considered to be a challenge to provide, especially from a resource perspective, they could help to prevent many potential harmful outcomes for future residents. The key “desirable reported and observed features of accommodation for older people” from the study are discussed below.

Key Findings: Desirable Reported and Observed Features of Accommodation

Two Bedrooms

In the study the most frequently mentioned desirable feature for accommodation for older people in later life was a second bedroom.

Although building and maintaining a property with a second bedroom is more expensive, if the following points are taken into consideration the addition of this feature if there were no “bedroom tax” to pay could make personal and economic sense and promote good outcomes, for the following reasons:

If the resident had friends and relatives visiting from away they would have somewhere to sleep.

Having friends and family to stay is very important for people who have moved from their community as it ensures that friendships and family connections can be maintained and can therefore help prevent loneliness.

Blaenavon resident, Man 80+: *“I`d have to have at least two bedrooms if I moved for when my sister comes to stay – she can` t sleep on the settee, she`s 87.”*

Somewhere for a partner to sleep if one of the couple is ill or restless thus preventing the other person from losing sleep.

Lack of sleep can have adverse effects on health, and can cause confusion, irritability, apathy and an inability to cope. Lack of sleep has also been highlighted as a factor which can hinder recovery in older people. (Eds. Kydd,A., Duffy,T., and Duffy,F. 290: 2009)

Gwent Dermatological Group, Woman 70+: *“It is so important to be able to get a good night`s sleep if you have to look after someone who is prone to bouts of bad health.”*

A bedroom where grandchildren can sleep when visiting / being “looked after”.

Most older people like having their grandchildren to visit, and many provide unofficial child care services for their own children when they are working or busy. A second bedroom enables this culturally established activity to continue when an older person moves into appropriate accommodation for later life.

Key Findings: Desirable Reported and Observed Features of Accommodation

The value of childcare contributions that grandparents (50+) make equates to £325 million in Wales per annum. (CHEME 6: 2018)

A room for an unpaid / paid carer to rest in whilst providing care at night.

An ageing population is likely to be accompanied by an increase in the number of carers needed who might require somewhere to sleep when performing their caring duties, if the person they are caring for needs round the clock observation / support / care. Supporting these paid or informal carers by ensuring that they have somewhere comfortable and convenient to rest at night is potentially an effective investment in reducing the pressure on health and social care services.

Strategic Aim 6 of the Gwent Palliative Care Strategy 2015-2018 is to promote patient choice and facilitate Preferred Place of Care and Preferred Place of Death. It notes that research shows that most people have a preference to be cared for and die at home (Gnomes et. al. 2013) - hence the necessity for a paid carer or relative or friend to be with the patient continuously in the later stage of their life. This would be made easier if there were a separate bedroom for them to rest in.

In Wales, nearly 1 in 3 people over 50 are informal carers. The amount of care provided by unpaid older carers annually saves the Welsh economy an estimated £1.88 billion and is predicted to rise to £2.44 billion by 2030. (CHEME 17: 2018)

The room can provide a space for pursuing hobbies and learning in the home.

Learning can stimulate or maintain mental well-being by providing new challenges and self-fulfilment. Continuous learning throughout life can bring people a range of benefits. Education and training improve mental capital, which in turn can increase resilience in later life. Learning can also help improve physical and mental health, reducing pressure on family and community resources. (Gov. Office for Science, 61: 2016)

Key Findings: Desirable Reported and Observed Features of Accommodation

Leisure or interest-related learning can increase life satisfaction and decrease depression in women. (Gov. Office for Science, 68: 2016) One of the strategic aims of “Ageing Well in Wales 2014-2019” is to ensure that the experience of older people in Wales is optimised through continued learning and employment.

It can be used as a work space. Many older people need or want to work – it can help improve and maintain their financial resilience and well-being.

Working from home allows people to provide unpaid care for a dependent family member while pursuing a paid occupation. In the future, home-working is likely to become more common. Older people are particularly likely to work from home. In a survey it was found that the percentages of UK workers using their home as a workplace in 2014 by age group were: 5.1% - 16-24 age group; 12.3% - 25-49 age group; 18.3% - 50-64 age group; and 38.3% - 65+ age group. (Gov. Office for Science, 61: 2016). That means that:

Approximately 1 in 5 of older people between the age of 50-64 who work and just over 1 in 3 aged over 65 who are still working work from home.

To enable this work to be more satisfying and to be carried out more efficiently and safely it would usually be better to have a separate space for it i.e. another room away from the daily function of the home.

It allows extra space for the storage of bulky items.

To ensure the living room is as clutter free as possible (thereby preventing accidents) items such as large boxes of continence pads (very often delivered to the home in large amounts on a three or six-month contract), wheelchairs, Zimmer frames, toys for the grandchildren and treasured possessions could be stored out of harm’s way. This could help to prevent accidents such as trips and falls around the part of the home where most of the domestic activity takes place.

Therefore, if we want older owner-occupiers to move into more appropriate accommodation, to enhance their chance of a happy, healthy, safe and independent life, it appears that these properties will need to have two bedrooms to act as “a pull factor”. An analysis of moves by older households in the previous five years (2007-2012) in England within the private sector (rent or owner occupier) shows that 87% moved into a dwelling with two or more bedrooms. (Joseph Rowntree Foundation, 2012)

Key Findings: Desirable Reported and Observed Features of Accommodation

Warden or House Manager

Many of the people in the consultation events said they would like to have a warden linked to the scheme if they were to live in one.

Tuesday Luncheon Club, Newport, Woman 80+: *“I would like to have a safe and private home with a warden on site just to check I`m ok now and again – I might fall or anything.”*

On the scheme visits where wardens were present they appeared to be valued and performed a useful function. In the private Independent Living schemes visited it could be seen that the house managers not only managed the effective running of the establishment but offered a lot of informal support to the residents, which they seemed to welcome. In one scheme there were also volunteer “helpers” which appeared to work very well.

All on One Level – Inside and Out

All service providers and members of the various communities stressed the importance of both the inside and outside of homes for older people being all on one level with no steps.

Blaenavon Resident, Woman 73: *“What’s the point in having a purpose built home for an older person – when you have to crawl up a load of steep steps to get to the door.”*

Many residents said the ideal level accommodation would be an easy to maintain bungalow in a flat area. However most of them appreciated that there were not always enough resources or building land available for this and said they would not mind the thought of being in an apartment as long as the block was no more than three storeys high, and there was a lift and more than one easy route to get to the ground floor (in the wake of the Grenfell Disaster) i.e. a second flight of stairs.

Living all on one level is a good idea for older people as they are less likely to have slips, trips and falls and if necessary would be able to use a wheelchair and walking aids more easily. Also living in an apartment complex would mean that they would be less likely to be socially isolated.

Key Findings: Desirable Reported and Observed Features of Accommodation

Toilets, Wet Rooms and Stair Lifts

All of the service providers and most of the community members in the study considered that if the premises for the older person had more than one storey there should be a toilet and wet room on the ground floor, and at the first sign of need a stair lift should be installed.

Tuesday Luncheon Club Member, Woman 60+: *“As long as I had a toilet and one of those walk in wet shower rooms downstairs then I would be able to stay in my own home forever – I could have my bed in my lounge - I wouldn't like a stair lift as they look a bit dangerous to me and I would not want those handrails everywhere - they look messy.”*

The aspiration of having a downstairs wet room fitted in their home to enable them to “stay put” was echoed as a preferred option by many residents who lived in their own two storey homes.

Many of the older people in the study had strong views about the criteria for the design of the toilet facilities in the accommodation. Most considered that it was essential to have two toilets in their dwelling, if the home had two storeys. One toilet should be upstairs and one downstairs. The family carers expressed how useful a “wishy washy” toilet was when looking after a person and providing their personal hygiene care, as this facility allowed the dignity of the person they were looking after to be maintained whilst “saving their back”. It also prevented the patient from falling over whilst standing up to be washed. Many of the older Muslim women stated that they would be very keen on having a “wishy washy” toilet or a bidet in their bathroom for their ritual ablutions.

Most people agreed that having plenty of grab rails at appropriate heights in the toilet and wet rooms and in the rest of the home was an excellent idea to help prevent slips and falls.

Also most of them were also quite receptive to the idea of having a stair-lift put in their homes. For many people who are attached to their home and community, staying put and having all of the necessary adaptations made to keep them as safe as possible in their “general needs home” might be the right decision e.g. those living with mild dementia; as the surroundings will be familiar to them and hence easier to navigate and utilise, or older people who have strong local social links, facing disability: as this option might help prevent social isolation and loneliness in such cases.

Key Findings: Desirable Reported and Observed Features of Accommodation

Bespoke Doors

A number of issues relating to the need for appropriate provision and placement of doors were mentioned.

Some of the district nurses and carers flagged up the fact that they were increasingly having to provide care for bariatric patients, and getting them through doorways for their daily care routines was sometimes extremely difficult. Therefore, they thought it would be better if the doors were wider and also opened both ways, to make their job easier, for example, to be able to rescue someone who might have fallen behind the door in the bathroom.

A two door system (“Jack and Jill”) was flagged up as a good idea to be used with the “en suite” toilet for the bedroom by an older couple in the study so it could be accessed by visitors when not being used by the resident from the bedroom, and also so there would be less distance to travel to the toilet at night and therefore less likelihood of falling. The “Jack and Jill” concept was also considered a good idea by the healthcare providers as it would be easier to get to the patient should they fall.

The need for the doors to open both ways and to be lightweight so they did not have to struggle with them when they were pushing a wheelchair was also highlighted by one of the elderly carers:

Carer, Torfaen, Woman 78: *“What happens is the fire doors are so heavy and awkward that people wedge them open – then apparently that makes them no good even when they are closed because this loosens their hinges and this can let smoke in if there is a fire. I have asked for a push button opener but that can’t be fitted because of health and safety – but they don’t understand my son is a big man and I find it a nightmare to get him out of the flats unless there is someone with me. Lord only knows what I would do if there were a fire, it worries me.”*

Ensuring all doors facilitated safety in emergency situations was considered a priority by many of the service providers consulted:

South Wales Fire and Rescue Services: *“Easy access and egress in case of emergency - easier access for emergency workers and elderly exiting the property.”*

Key Findings: Desirable Reported and Observed Features of Accommodation

Adequate Light

Availability of adequate light was a major necessity that was brought up by the potential residents and service providers.

In one of the schemes visited the wet rooms had low level LED lights for finding the way at night if the resident does not want to switch the main lights on. This helps to prevent tripping and then falling on the hard surfaces in a bathroom.

Very often older people do not want to put the light on at night for fear of waking themselves or someone else up, or because the light switch is not near their bed. In these circumstances it is a good idea to make sure that there is LED low level lighting in the corridor or bathroom to prevent trips and falls.

The inappropriate placing of light switches was an issue that had been brought to the notice of the Emergency Services on many occasions when they had attended “a fall”, along with the appropriate placing of plug sockets, both of which can be the cause of falls both directly and indirectly.

Welsh Ambulance Service NHS Trust Officer: *“Tripping in dark trying to find the light switch – put in nightlights / automatic lighting which comes on when people get out of bed.”*

As people age their eyesight deteriorates and this can have many negative health consequences for them in their home and they are more likely to have accidents such as slips, trips and falls, scalds and burns. Also they will be less able to engage in leisure pursuits e.g. reading and arts and crafts etc. Although extra light does not restore their vision it does make things easier to see. Great care has to be taken with light to ensure that it is not dazzling however, when providing appropriate accommodation for people with dementia, because this can be very confusing for them.

Also it is known that low levels of artificial and natural light can negatively affect both mental and physical health. (Gov.Office for Science 114: 2016) During the day a lot of light can be provided in the home by large windows. If designed appropriately, i.e. low level windows, these can also provide a place for the older person to sit and pass the time and see what is going on in the neighbourhood, giving them a sense of place.

Caerphilly Woman 50 +: *“My mother, who had very bad arthritis used to sit in the window all day just watching what went on in the road - she knew everything that was going on - she was like MI5 - she loved it.”*

Key Findings: Desirable Reported and Observed Features of Accommodation

An adequate light supply is also essential when providing health and social care in patient's homes. Many of the District Nurses in the study said how difficult it was carrying out procedures like putting in PICC lines and taking blood from patients in poor lighting conditions, especially where patients relied on low energy bulbs.

District Nurse Newport: *"I have had to use my mobile phone torch app on more than one occasion to see to put a line up or take blood."*

If the person does have sleep problems, then it is best if the LED lights are orange in colour rather than the usual blue colour as the latter tends to wake people up.

In one of the schemes visited which consisted of a terrace of Care Ready dormer bungalows, light was provided to the upstairs landing by a "light tunnel". This system illuminated the stairs from directly above in the day time, helping to prevent slips, trips and falls.

In another scheme there were lights in all of the fitted cupboards and drawers which automatically came on when they were opened – which was proving to be very helpful to all of the residents in the scheme, even those who did not have any eyesight problems.

In their consultation response the police stressed the importance of there being good light outside of and at the entrance to the residence, not just as a security feature but again to prevent slips, trips and falls when leaving or returning to the accommodation.

Sufficient Space

Many of the residents said if they were to move they would like to have enough space in their new accommodation to be able to move around easily and for storage. The health and social care providers stressed the need for sufficient space to be able to deliver their care safely, easily and effectively.

District Nurse, Newport: *"You end up having to crawl over boxes of continence pads to check a patient's drip because frankly there is often no other place to store them except in the patient's bedroom."*

Carer, Blaenau Gwent: *"I have known it when we have needed two of us to turn a patient and we could hardly both get in the room it was so small – it's so easy to do your back in in those situations."*

Key Findings: Desirable Reported and Observed Features of Accommodation

Sufficient space is an important factor: homes built recently in the UK are smaller than in the past. (Gov. Office for Science, 120: 2016) In comparison with the UK, other Western European countries build larger new homes: for example, an average new home in Denmark, (the Western European country with the largest new homes), is 80% bigger than in the UK. (Gov. Office for Science, 137: 2016)

Space is important so the resident can move around freely, maintaining their balance and agility, rather than moving by holding on to the furniture. Also if the resident does have mobility problems and requires mobility aids, there should be enough room in the home for them to be used safely.

People also need sufficient space to be able to receive and entertain guests in their home, an important factor in preventing social isolation.

Residents also need enough storage space for domestic and leisure equipment and for their treasured possessions.

Monmouthshire Resident, Woman 60+: *“I would have to have somewhere I could put all of my stuff – otherwise I would not move. That stuff might look like junk to other people but it is very important to me – my children`s teddies, and the things they made for me at school, my husband`s beer mug collection – things like that.”*

One of the social housing Independent Living schemes visited had very large walk-in individual lockable storage cupboards, which was a very popular feature with the residents. However, another Independent Living scheme (private) had hardly any storage facilities at all, a cause of a large amount of discontent amongst the residents once they had moved into the property.

Appropriate Temperature

All of the service providers and potential residents mentioned that it was essential that any housing provision should be easy and efficient to heat. Many of the older people also stated they wanted a place that could be kept cool in the summer.

Monmouthshire Resident, Woman 60+: *“I`d like a place that was nice and warm in the winter and nice and cool in the summer.”*

It is known that as people get older they are less able to adapt to extremes of temperature. In the UK historically it has usually been low temperature extremes that have affected the well-being of older people, often due to the difficulty of staying warm during the winter months. This may be due to fuel poverty, particularly in rural areas

Key Findings: Desirable Reported and Observed Features of Accommodation

where there is a greater reliance on expensive solid fuel. Poorly heated homes can cause a lot of unnecessary suffering for the affected older people and it contributes to the Excess Winter Deaths which are seen in the older population annually in the UK.

Gwent Police Officer: *“Some older people in the winter months only have a fire on in the one main room (lounge) as they cannot afford to have heat on in the other rooms. This encourages them to sleep on the sofa and not to go to bed. In the long run this contributes to lack of sleep and disruption in the sleep pattern.”*

If their home is not warm enough it does not encourage older people to move about freely within the home which can have the effect of reducing their mobility due to loss of muscle strength and balance. It is very important that their rooms are kept warm in the winter months. Ideally there should be underfloor heating in the bathroom / wet rooms which can facilitate more comfortable mobility and minimise jerky movements caused by cold patches of floor: this, along with grab rails and non-slip surfaces, could help prevent many of the falls experienced by older people in their bathrooms.

Due to climate change and higher summer temperatures, older people are also experiencing, and are predicted to experience, greater morbidity and mortality as a result of excessive high temperatures.

Heat related deaths are predicted to show an increase from a crude rate of 2.4 per 100,000 in 2000 to a crude rate of 10.6 per 100,000 in 2080.

Cold related deaths are predicted to decrease from 83.9 crude rate per 100,000 in 2000 to 48.7 crude rate per 100,000 in 2080.

PHW Observatory using Health Protection Agency figures in Futures for Wales (52 2018)

These high temperatures can be reduced in a home if there is good ventilation, i.e. cross ventilation as depicted in the DWELL Speculative Design Plan used in the consultation process, and by the use of Solar Protective Glass, as used in two of the complexes seen on the scheme visits.

Key Findings: Desirable Reported and Observed Features of Accommodation

Outdoor Space and Greenery

Most older people in the study stated they wanted some type of outdoor space, but not all of them wanted to be responsible for a garden: some were happy with an outdoor communal sitting area or a balcony if they lived in an apartment.

Many of the people in the community consultations said that they would be happy with a communal garden or an allotment nearby. “Less than 30 minutes of allotment gardening can result in improvements in self-esteem and mood through reductions in tension and depression.” (Wood,C .and Griffin, M. 336: 2016)

Gardening is a very good form of exercise for older people especially if they are tending to appropriate height raised beds, good examples of which were seen in the court yards of the two Social Housing and Sheltered Housing schemes visited. Also laying the accommodation out around a courtyard, as in these two schemes, not only provides greater access to light in the building but provides the accommodation blocks with an outside facility which was shared in the warmer months by most of the residents giving them an opportunity for social interaction.

It is good for older people to go outside of their homes as it gives them a chance to meet people and socialise, and enjoying the sunlight for limited periods can be beneficial for a persons health

Exposure to daylight is good for people of all ages: it contains Ultra Violet light which can produce Vitamin D in the body and thus help prevent osteoporosis which can cause brittle bones. It also stimulates the pineal gland in the brain to produce serotonin which is a natural biological mood enhancer which can help prevent depression.

It is important that all older people are encouraged to spend times outdoors so they can reap the benefits mentioned above. Their accommodation must therefore facilitate this.

Carer, 78, Living in Social Housing: *“The flat we live in is meant to be for disabled people and yet to go to the garden you have to go down a thin wobbly wobbly path and then down a step to get to the front lawn outside of our living room window - I can` t get the wheelchair down there - so my poor son (who is 52) can never go and sit in the garden.”*

Key Findings: Desirable Reported and Observed Features of Accommodation

Newport Resident, Woman 80 +: *“I have a beautiful flat, it’s perfect. I have wonderful views and a balcony to sit on - but the only trouble is I am not allowed to dry my clothes outside on the balcony, but they won’t let me - it’s not right drying your clothes inside. I used to love talking to my neighbour out in the garden when hanging the washing out finding out what was going on - she’s dead now and I’ve moved to these flats – I’d like to be able to do this from my balcony”*

Technology and Digital Aids

Digital solutions to security and monitoring safety and well-being issues were strongly advocated by many of the service providers and some of the community members – however it was acknowledged that they were only useful if used properly.

Although Information Communication Technology (ICT) and the Internet of Things are not a feature in every older person’s home, it is certain that they will be more prevalent in the future as an inevitable consequence of technological determinism and economic pressures. Although many older people are beginning to use ICT to remain in contact with friends and family e.g. Skype and Facebook, ICT is not a tool used by all older people. In 2014, of the 6.4 million people in the UK (13% of the population) who had not used the internet, 5.6 million were aged 55 and over. (Gov. Office for Science, 223: 2016) This is due to the fact that:

- Many older adults perceive ICT to be a luxury and are reluctant to spend money on items that need continual updates and maintenance. (Gov. Office for Science, 227: 2016)
- Many older adults fear that using ICT will have a negative effect on their sense of privacy and personal security. (Gov. Office for Science, 70: 2016)
- There are accessibility issues with some types of technology physically, and due to lack of technological competence which can also prevent uptake. (Gov. Office for Science, 70: 2016)

Age Cymru Manager Gwent: *“Some of the older people we help do not have any IT skills and yet everything is done on the internet these days – it really makes them feel inadequate when they have to ask for help with things like filling in forms on line for benefits and housing etc.”*

Although it should be remembered that ICT could lead to the breakdown of traditional forms of social interaction, and is often used to reinforce existing social contacts, rather than to build new ones (Gov. Office for Science, 70: 2016), communication technology

Key Findings: Desirable Reported and Observed Features of Accommodation

offers a very important benefit to older people in the form of emergency call systems.

Emergency pull cords with rapid response was something that most of the people in the study said they would want in their home in later life.

In all of the schemes visited there was a varied provision of accessible emergency pull cords attached to Emergency Hubs – in some of the schemes however the residents had to pay extra if they wanted this service activated in their personal accommodation.

Smart home technology can enable remote monitoring of patients, and could turn the home into a place of healthcare, providing residents and carers with a greater degree of flexibility and choice about where the patient receives their healthcare, as professionals would be able to provide treatment instructions or advice in the home via technology, lowering the frequency of costly emergency visits and unnecessary hospitalisation.

Although predicting the nature and impact of future technologies is challenging and there is uncertainty about its current cost-effectiveness, there is significant potential for future savings in health spending. (Gov. Office for Science, 117: 2016)

Below are some of the key benefits of digital change from a resident's perspective that Meeting Expectations with Digital Care (Appello and Maisling LIN 13: 2018) found in their study:

- **Telecare Apps** - enabling alarms and video calls to be placed from anywhere in a home.
- **Video Door Entry** - adds security as users can see who's outside without having to open the door.
- **Smart Lights** - can be set to automatically turn on / off at certain times, helping to avoid falls, for example when a resident gets up in the night.
- **Smart Blinds and Heating** - introduces convenience for residents, enabling them to be opened or closed with ease from the comfort of anywhere in the home.
- **Video Calling** - reduces loneliness, creating community environments and improving independent living.
- **Voice Activation** - enabling convenience through devices being controlled remotely.

Key Findings: Desirable Reported and Observed Features of Accommodation

Apart from the voice activation tools, all of the above were frequently flagged up as potentially good technological devices that could be useful in accommodation for older people in the community consultations which took place across Gwent. However, it was the voice activation devices that were heralded as the way forward especially as a more effective substitute for emergency alert devices, at the last two conferences on older people and housing that I have attended :

Age-Friendly Housing and Communities Conference. Housing & Care 21.
Birmingham, 18/10/18.

Live Smart, Live Well - Housing LIN Cymru Symposium. Newport, 7/11/18.

Security

Feeling secure and safe was something that the public thought was an essential feature of any home designed for an older person.

Many people stated that they would not want to live in an area where there was a high level of antisocial behaviour as this would put them off going out. This in turn could lead to social isolation, loneliness and mental health problems, as well as a lack of physical activity which could cause muscle wastage and an increased risk of osteoporosis due to lack of exposure to sunlight which in turn is likely to increase the possibility of hip fractures if a fall occurs. This phenomenon is very common amongst older Asian women in the UK.

Police Officer, Newport: *“With older people the fear of crime is a big problem – there is only so much we can do to help with this as we are so under resourced.”*

Sadly, even if older people do not go out due to fear of being robbed or mugged they can still be victims of a crime.

Age Cymru Manager Gwent: *“What can happen is an older person who does not go out due to fear or frailty might ask someone they know who comes to their house to provide them with support to do their banking for them. They give them their bank details and card and the person that they trusted to do this (very often paid) task for them they steal money from their account – this can have a devastating effect on their mental health and trust of people.”* Especially as “Home” is commonly associated with protection from both physical threats and mental pressures, a place of privacy. (Osmond, T. 2012)

Key Findings: Desirable Reported and Observed Features of Accommodation

The people in the consultations thought that good street lighting in the evening was not only essential to prevent slips, trips and falls, but also to enable older people who had a fear of crime to be less frightened, thereby encouraging them to remain socially active as it could also help to prevent crime itself.

Police Officer, Monmouthshire: *“Security that prevents criminal intrusion to the home can vary a lot with older people: some are very trusting and leave their door unlocked on a regular basis for the carers to make their calls - others won’t even open the door to the police.”*

Many of the participants in the consultation groups thought front door cameras were a good and reassuring idea for older people so they could see who was at the door before they opened it.

The health and social care workers in the study thought that external key safes were a good idea. However, there have been some concerns from older people recently that insurers will charge them more if there is a key safe in use at their property.

At an Independent Living - Extra Care scheme visited, which consisted of apartments, communal spaces and retail businesses, the latter two facilities were accessible to both the public and to residents: the security was managed using a “progressive privacy policy” operated by fobs owned by the residents. This fob allows the resident to go anywhere in the block whilst restricting entry to outsiders to certain communal areas and private properties without the permission of the management, or entry to the apartments which can be permitted by residents using an intercom system. These fobs are very easy to use and are helpful for people with manual dexterity problems - unlike traditional keys.

Communal Social Facilities

Most of the people in the study who said they might be interested in moving to accommodation specifically designed for older people, or who thought such a move would be a good idea for other older people, considered that there should be a communal lounge or a “hub” for social activities.

Five out of six schemes visited for the study were “under one roof” and all five had a communal lounge which was used for various activities providing varying levels and different varieties of cognitive, psychological and physical fulfilment for the residents, e.g. Residents Committee meetings, art classes, quiz nights, family history lessons, parties, fish and chip suppers, barbecues, Tai Chi, strength / balance exercise classes, film nights.

Key Findings: Desirable Reported and Observed Features of Accommodation

The exercise classes are a particularly good idea as there is strong evidence that such activities help prevent falls in older people. The film nights are also very good if the films are from a familiar era for the audience as this can stimulate and help older people with memory loss and communication difficulties to engage in meaningful communication with their peers, which is good for their self-esteem and dignity.

The staff in the places visited with the communal lounges all said they were well used and seemed very popular with the residents for group activities, which appeared to help to prevent social isolation and loneliness.

Although the available evidence base is weak it has been suggested that “offering social activity and / or support within a group format and where older adults are active participants are characteristics of integrative interventions that are likely to be more effective” in addressing issues of loneliness and isolation. (PHW 2017)

Only two out of the five communal lounges visited had a licensed bar. Paradoxically in this setting not having a bar that sells alcohol could be considered to be a bad thing – as it was found that where there was no bar the residents would drink in their own rooms or bring bottles of drink down to the lounge very often to share with others.

Private Independent Living Scheme Resident: Woman 74: *“I`m glad we have not got a bar here it`s so much easier and cheaper having your own drink and not having to go up to the bar all the time... we have some brilliant nights here.”*

It is lovely that older people are enjoying themselves, but it is known that:

- The more accessible available and affordable alcohol is the more it is likely to be misused.
- Currently older people are less aware than the rest of the adult population of guidelines for safe drinking.
- The older a person gets the less likely they are to be able to detoxify the alcohol in their blood stream.
- Alcohol is a key cause of slips, trips and falls.
- Alcohol is a key contributor to dementia, cancer, high blood pressure and mental health problems.
- Alcohol can interact with medication.
- Alcohol can lead to unfriendly, unsociable and uninhibited behaviour – the social consequences of which are hard to escape from in a semi closed community.

Key Findings: Desirable Reported and Observed Features of Accommodation

Currently people 65 and over have the highest rates for drinking on five or more days with 24 per cent of men and 13 per cent of women partaking compared to other age groups (Local Government Association 3: 2018)

Not everyone wants to be involved in prescribed and organised social activities, but it is important that accommodation is planned that will enable residents to have some social contact with other people and not be totally socially isolated. If the accommodation is “under one roof” then the provision of communal features and service utilities can provide this function e.g. gardens, peripatetic hairdressers, beauticians, laundrettes and refuse and recycling collection points.

During the public consultation events neither communal laundrettes or refuse / recycling facilities were mentioned as a desirable feature by any of the groups and yet on the scheme visits their popularity as a place to meet neighbours and have a chat was overtly evident.

Communal laundrettes

Independent Living Scheme Resident Woman 80+: *“This is where I find out what is going on.”*

In one of the schemes visited there was a communal laundrette which was particularly well designed as it had the washing machines and tumble dryers on a solid plinth, which meant that there was no bending required by the resident when loading or unloading the washing machines or tumble dryers, reducing the possibility of them toppling over or straining muscles.

The house manager at this site said that the laundrette was the real social hub of the complex, and that because it was visited by all but one person in the scheme it ensured that everyone had some type of natural social contact when they first arrived, which often developed into friendships.

The provision of this facility also frees up precious space in the residents’ accommodation which can be used for storage.

Communal laundrettes will not be suitable for all residents living in accommodation schemes designed for older people, and flexible solutions should be available for such residents e.g. those with dermatological problems and allergies, faecal incontinence or some with phobias or obsessional compulsive disorders relating to cleanliness. However, for many residents of the schemes visited this facility appeared very popular, especially when comfortable chairs and tea and coffee making equipment are provided for the residents.

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Communal Indoor Refuse and Recycling Collection Points.

Where present, these facilities meant that residents did not have to take all of the rubbish outside in the cold and wet. Again the refuse and recycling points were a place for natural social interaction, usually for the men where couples were concerned.

In two of the schemes visited there were refuse chutes for the upstairs residents which meant that they did not have to carry bags of rubbish too far, thus decreasing the risk of slips, trips and falls while preserving their independence and dignity.

Many of the older people in the study who lived in their own homes said that “putting the rubbish out” was something that they often found difficult physically and practically with all of the different recycling requirements.

For some of these older people, living on their own and putting the rubbish out seemed quite a dangerous occupation as many of them had fallen while doing so.

Newport Resident, Woman 83: *“I suddenly remembered it was bin day next day – so I was rushing to get it all done before it started to rain and I tripped and spilt all of the rubbish over the garden and broke both of my wrists – so I then ended up in hospital and was there for weeks because I got a stomach bug when I was there.”*

Pets

Being able to have pets living with them was a very important accommodation requirement for many of the participants in the study.

All of the Community Reablement Team that took part in the study focus groups agreed that pets are really important for some older people as often they were the only companions they had, and gave many older people a reason to get up in the mornings.

Evidence from many psychology studies show that “animals have the potential to contribute significantly to our well-being and quality of life”. (Wells, D. 2011: 172) According to the BMJ “Over 90% of pet owners regard their pet as a valued family member. Pets may be of particular value to older people”. (BMJ 2005; 331: 1252)

A good deal of thought has to be put into an “under one roof” accommodation scheme where some of the residents might want their pets to live with them. It is unfair to inflict pets on residents who are allergic to animals or do not like having pets around e.g. many south Asian people do not like having pets in the home, especially dogs. The participants in the study thought that pets should only be allowed in ground floor flats and not in communal areas and that some schemes available should always be pet free.

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Co-Housing

Although the term “co-housing” was not used by many of the participants in the study the concept was frequently discussed as a viable option.

Very often leading on from debate about what should and should not be allowed in accommodation schemes the concept of “co-housing”, i.e. sharing accommodation with like-minded people who could support each other, was discussed as a positive housing solution for older people.

Speculative Design Engagement Exercise Older Asian Women`s Group “These flats would be good - what we would like, would be say ten of these flats in a block together with a shared washing room and a communal kitchen - for us older women who are widows or divorced, we could all support each other then - it can sometimes be a bit of a strain living with our daughters in law - we would want someone to help us with this we would not know where to begin.”

Care Ready Homes / Lifetime Homes

Many of the people in the study said that if they did move they would want to move to somewhere where they could stay for the rest of their lives if they became ill.

It was thought that if older people were to “move on” then it would be best for them to be able to move to a “Care Ready Home” that had design features incorporated into it which also meant that it was dementia friendly e.g. appropriate lighting and colour schemes, glass doors on cupboards etc. The health and social care providers echoed this, and also said that it would make sense if all new properties were “Care Ready” i.e. hazard free with walls and ceilings constructed to be able to house hoists and tracking, downstairs shower rooms that could be turned into wet rooms, extra wide doors, appropriately placed light switches and plugs, adjustable height kitchens and cupboards and level floors. Such houses could be “grown into” and adjusted as necessary to meet the health and social care needs of the older person, thereby enabling them to receive as much of their care closer to home as possible and avoiding unnecessary hospital admissions. Many had said in the consultations that all homes should be built to such standards i.e. Lifetime Home Design Criteria (Park,J. and Prteus, J. 22: 2018), so that they were ready to cater for many potential situations throughout the life course e.g. the ability to accommodate the use of pushchairs and wheelchairs, convert downstairs toilets to wetrooms etc. to prevent people having to move at different stages in their lives.

Key Findings: Desirable Reported and Observed Features of Accommodation

Provision of Good Quality Health and Social Care Services at Home

The importance of good health and social care services delivered closer to home was acknowledged by everyone in the study.

All of the study participants agreed that if you are to have a healthy later life, as well as appropriate accommodation you might often require care and support when needed due to the fact that as you get older the more likely it is that your health will deteriorate, and at times you might need some extra care and support at home to prevent you from getting so ill that you have to be admitted to hospital for specialised treatment.

Blaenavon Resident, Man 81: *“When you live on your own and you get a bout of illness what you really need is someone to help look after you to get you through the rough patch so you don’t have to go into hospital – once you go in there you’ll never come out – they’ll find all types of things wrong with you – especially at my age.”*

A key issue that was discussed about the provision of health and social care services for older people in their homes was the fact that when the carers/nurses visited the patients they did not spend long enough with them, which was considered a shame because for many of these older people these carers/nurses were the only people they might see all day. Many of the care providers consulted for the study said that they usually had very busy schedules and that a lot of time was wasted trying to find somewhere to park when going to see the patient. Only a few of the people (however all of the Asian people) in the study flagged up the need for their own parking space, although some did mention parking spaces for visitors. This however was important to the service providers so they did not have to spend time trying to park and then often have to carry heavy bags a long way to the patient’s home. This plea was also made by the emergency services who said they cannot always get as close as they need to the person’s house when dealing with an emergency.

The provision of easier parking arrangements for service providers might enable the improvement of the quality of care and other services provided to people in their own homes, along with improving the job satisfaction of these service providers.

Key Findings: Desirable Reported and Observed Features of Accommodation

Age Friendly Communities Including Good Public Transport

All of the people involved in the consultation events stated that as well as appropriate housing and care, it was also important that the accommodation should be situated in an area which was dementia/ and age friendly .

Currently there are many things that hinder this aspiration of age friendly communities locally, especially the built environment and lack of public transport.

After the need for two bedrooms in any accommodation the next biggest issue to be raised by the public and service providers was lack of appropriate public transport – even though the consultation was about appropriate housing provision for later life.

If an older person cannot get out and about locally, they are at risk of becoming “a prisoner in their own home”

(Inclusive Design for Getting Outdoors 2011)

Usk Resident, Woman 61: *“Transport is crucial: what’s the point in having a bus pass if you cannot use it?”*

For every £1 invested in community transport £3 is saved.

(CHEME 20:2018)

The lack of appropriate and well maintained pathways, safe pavements and safe road crossings were also raised – these issues prevented many people from going out and walking.

“In the UK, older people represent around 23% of the population, cover 19% of all trips and miles walked, yet account for around 44% of all pedestrians killed” (Gov. Office for Science 217: 2016)

An associated complaint is the paucity of appropriately placed benches and public toilets.

A Help the Aged study found that:

- 80% of respondents did not find it easy to locate a public toilet
- 78% found public toilets not open when they needed them
- 52% agreed that the lack of provision prevented them from going out as often as they liked

(CHEME 27: 2018)

Key Findings: Desirable Reported and Observed Features of Accommodation

Going out is important for many reasons including providing older people with a way of improving their mental well-being by incorporating “The Five Ways to Well-being” into their daily routine. “The Five Ways to Well-being” also recognises the growing evidence that contact with the natural environment is both a buffer against mental ill health and an enhancer of mental health. (New Economics Foundation: 2008)

The Five Ways to Well-being



Connect



Be active



Take notice



Keep
learning



Give

Going out also provides older people with a way of being able to improve their physical health by taking exercise: “Older People should aim to be active daily. Over a week, activity should add up at least to 150 minutes (2.5hours) of moderate intensive activity in bouts of 10 minutes or more e.g. 30 minutes on a least 5 days a week”. (The British Heart Foundation 2012).

Getting out and about is very important also for older people to maintain a fulfilling social life and helps to prevent social isolation. The surrounding environment and community where they live should be one that encourages and enables them to get out and stay physically and socially active.

Older People`s Commissioner. Newport (2018): *“What we need are environments that enable people rather than disable people.”*

All of the local authority areas in Gwent are signed up to the Dublin Declaration (Blood, I et. al. 16: 2015), to be WHO Age Friendly Communities (2008), the focal elements of which are illustrated in the WHO Age Friendly Communities logo below.

Key Findings: Desirable Reported and Observed Features of Accommodation




<https://www.ifa-fiv.org/wp-content/uploads/2015/03/2-Dublin-Declaration-on-AFC-2013.pdf>



As Wales has a policy of an “ageing in place” approach to housing for our older people (Public Policy Institute for Wales 3: 2015), whether they choose to “age in place” by staying put or “age in place” by moving on to appropriate designed accommodation for older people, it is very important, as highlighted by the consultation, that the community and environment that older people live in is as age friendly as possible, in order to maximise their later life potential.

Many of the older people in the consultation who had stayed put had had adaptations made to their homes by “Care and Repair” and had had help to enable them to stay in their home from Supporting People Services. Both of these services are highly valued by the older people themselves and by other service providers, as they enable many older people to stay in their established home to “age in place”, which is currently very often the preferred option for many older people in Gwent and can very often be the best option for those with memory loss or the first stages of dementia.

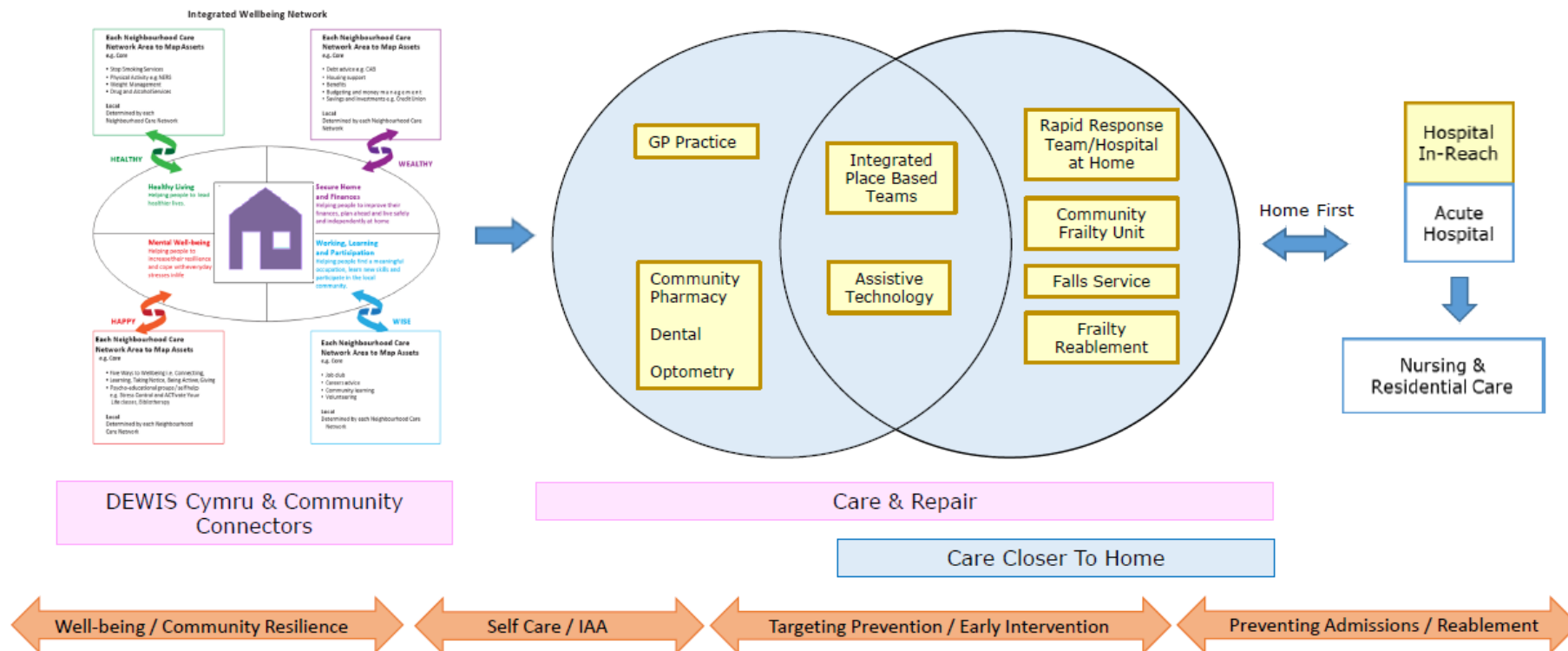
The pre-requisites identified in this study that could enable older people to “age in place” and have a happy, healthy, safe and independent later life are illustrated in the diagram opposite.

The Necessary Service and Community Provision to Maintain Health, Independence and Well-being for Older People and to enable them to “Age in Place”

 Appropriate Housing for Older People either Lifetime Homes standard if General Needs Housing or HAPPI standards if Specialist Housing

 Age friendly communities including good public transport to enable them to “age in place” 

Supporting People Programmes & Third Sector Services



RIGHTSIZING or Staying Put

This section of the study reports on the findings of issues related to older people moving on to (downsizing) or not moving on to (staying put) appropriate accommodation in later life.

There is evidence that “downsizing”, especially to housing with care available, can improve the quality of life, physical health and social well-being of older people.

Unfortunately, not many older people actually do move on, and if they do, they usually do it at the most inappropriate time, i.e. when they become ill or lose their partner or when it is too late to make the most of the new accommodation .

Independent Living Scheme. House Manager: *“It is usually when they are too old to make the most of their new surroundings and be able to socialise and make new friends.”*

The fact that older people don` t usually move on to more appropriate accommodation in a timely manner is illustrated by the following: “In England 85% of homes with three bedrooms or more are released by older people due to death rather than a move to a smaller house”. (Joseph Rowntree Foundation. 2012)

This study, which was predominantly one of private owner-occupiers (approximately 71% overall) over 60 years old, found the following reasons for not wishing to “downsize” in preparation for later life, all of which had been found in other similar studies.

- Attachment to their home (and the possessions in it).
- Perceived loss of identity.
- Not wishing to leave their family, friends and community.
- Do not want to be without their pets.
- Negative connotations of and perception of “downsizing”.
- It`s not for them: it`s something sensible for other older people to do.
- Owner occupiers not knowing that appropriate accommodation is available to them or how or where to get information or help with this.
- Fear of change and the unknown.
- The mental and physical effort of moving.
- Financial reasons.
- Lack of desirable or appropriate accommodation available to move to.

If older people are to move on (downsize) to more appropriate accommodation for later life, then these issues need to be considered, and if possible addressed, using information, advice and assistance in a very respectful and sensitive way.

RIGHTSIZING or Staying Put

Throughout the consultation many themes emerged repeatedly. One was the negative perception of downsizing, not just “conceptually” but also “semantically”, as can be seen from the quotes below. This applied even when the concept was considered a good idea, albeit “for older people” and not often for the person themselves.

Dostana Group, Man 73: *“Downsizing - what down into the ground when you are dead? - that’s the only type of downsizing I want to do.”*

Dostana Group, Man 76: *“Oh dear, downsizing that sounds so negative - it hardly encourages you to think about it in a positive way does it.”*

Gwent Dermatological Group Member, Woman 65: *“I actually think the name (downsizing) makes people feel sad - it’s like they do not need anything anymore as they are not important anymore.”*

If we are to encourage older people to move to more appropriate accommodation so they can be happy, healthy, safe and independent in later life, we need a cultural (i.e. a way of thinking, feeling and behaving) paradigm shift around the perception of moving to more appropriate housing.

The words we use can have a big effect on the way we feel and think about things and consequently our resulting behaviour. (Williams, N., 129: 2004)

Therefore, I suggest, as I have also seen proposed in some other texts, that “downsizing” should not be used as the word to describe the process of older people moving on to more appropriate accommodation. Instead I would suggest that “rightsizing”, a more positive word, could be used instead.

This semantic change could also be a catalyst for a change of practice in our society and eradicate the prevalent cultural negative attitudes towards downsizing for older people. This could lead to a change to people moving on at the right time, and not in a crisis. This would enable them to make a more positive informed choice about their move if they were provided with all of the relevant information, advice and assistance they needed at the time, which would hopefully increase the chance of their move being a positive experience with a positive long-term outcome.

Downsizing = No choice of action (reactive move) + wrong time + not necessarily the right place = less chance of a positive experience and outcome.

Rightsizing = Right choice of action (proactive decision) + right time + right place = a greater chance of a positive experience and outcome.

RIGHTSIZING or Staying Put

As Dr. Sarah Hillcoat-Nalletamby (Public Policy Institute for Wales, 2: 2015) points out:

“The majority of people over 65 in Wales are home-owners - the likelihood of moving in later life decreases as we age, and is primarily in response to changing needs for support, or anticipated events such as loss of a partner or the onset of illness. The increase in the likelihood of residential relocation around the pre-retirement phase in Wales could provide a window of opportunity for intervention or prevention programme initiatives, and broaden options and choices for ageing in place (‘staying put’) or relocating (‘moving on’).”

Many of the owner occupiers in the study thought that only people living in social housing were entitled to social housing designed specifically for older people. Also many thought they were not entitled to Care and Repair services.

They also said they would not know how to go about being considered for older people’s accommodation.

Newport Resident, Man 50+: *“People are unsure how to access information and advice.”*

And with the people that were aware that they could access more appropriate accommodation to live in, there was an overall feeling that it is a difficult process.

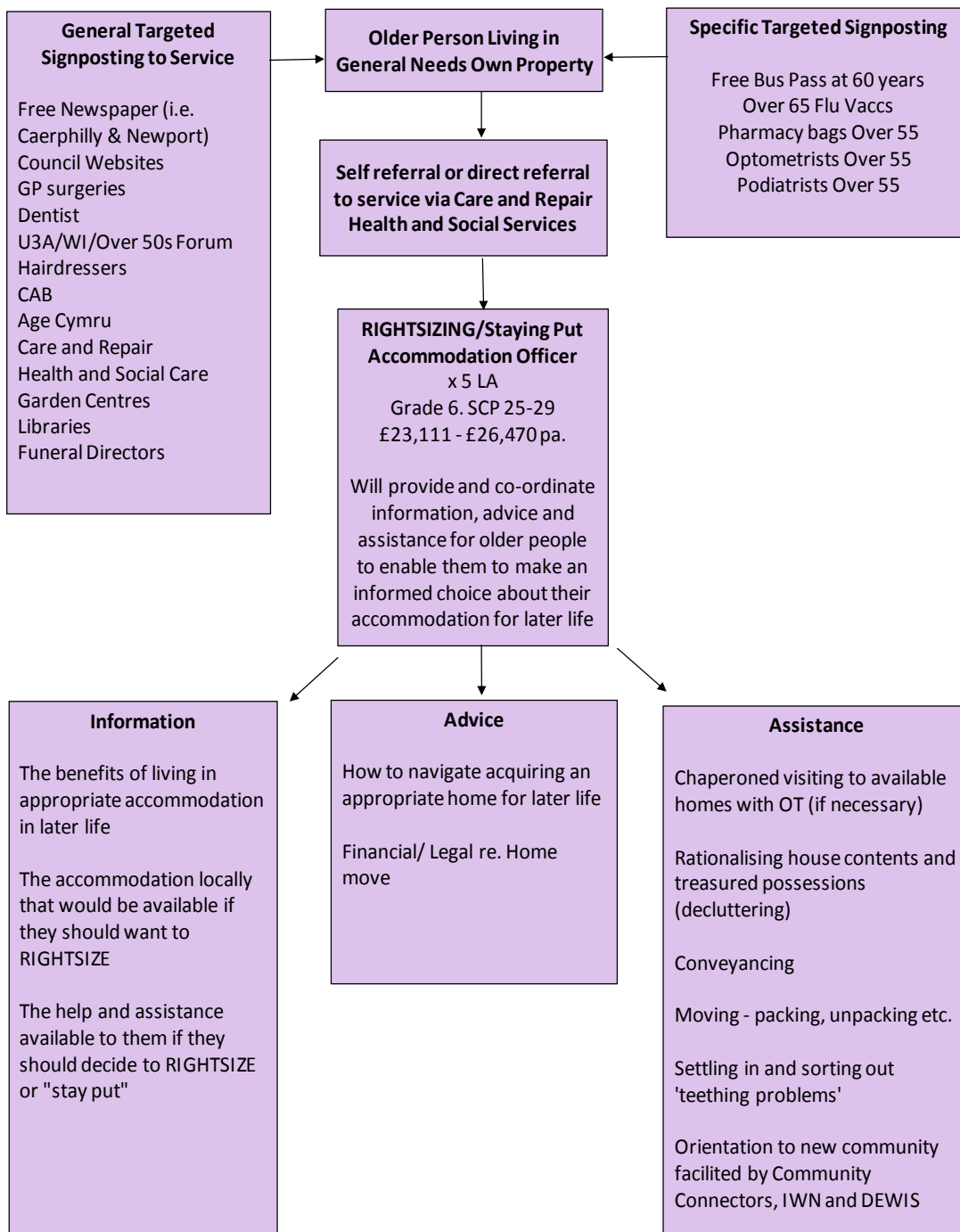
Newport Resident, Woman 70+: *“Experience can dissuade people from attempting – long time required, poor customer service, complex systems.”*

To address this issue, a service could be set up in every local authority area to inform, advise and assist clients who had self-referred or had been referred by other service providers involved with the older person’s well-being. An outline of the proposed **RIGHTSIZING or Staying Put Service** can be seen opposite.

To encourage referrals to the service, MECC (Making Every Contact Count) techniques could be used to encourage the client “to make the healthy choice” i.e. move to appropriate accommodation for later life as mentioned above.

RIGHTSIZING or Staying Put

The RIGHTSIZING & "Staying Put" Service



RIGHTSIZING or Staying Put

The proposed “RIGHTSIZING and Staying Put Service” could also be advertised to the target cohort using the following methods:

- Information leaflets in prescription bags of over 55 year olds.
- Information leaflets given to over 55 year olds by podiatrists or in waiting rooms.
- Information leaflets given to over 55 year olds by optometrists or opticians.
- Information leaflets in libraries, leisure centres, garden centres, bingo halls, public houses, cafes, hairdressers, GPs, dentists etc.
- Information provision to 60 year olds when collecting their bus passes from their designated Local Authority. This could produce a steady flow of interested clients as can be seen from the table below of “Population estimates by local authority area and age”.

Population estimates by age for each local authority area of the Gwent Region in Mid 2017

Local Authority Area Mid 2017	Aged 59	Aged 60	Aged 61	Average number people reaching their 60 th birthday	
				per year	per month
Blaenau Gwent	852	889	820	854	72
Caerphilly	2,224	2,276	2,153	2218	185
Monmouthshire	1,309	1,344	1,222	1292	107
Newport	1,770	1,697	1,535	1667	139
Torfaen	1,233	1,109	1,094	1145	95

<https://statswales.gov.wales/v/DvGF> - accessed 28-08-2018

- Information provision at flu vaccination sessions for 65 year olds and over. As the flu vaccine is given in the autumn and winter there might be less interest in considering moving at this time of the year. However, there would be a big cohort of people receiving information about the service in each local authority area by this method, so even if only a small proportion of this group were to access the service this could still yield a large uptake.

RIGHTSIZING or Staying Put

2017/18 Summary of flu immunisation uptake in Gwent general practices for ages 65+

Local Authority Area	Denominator	Immunised	Uptake %
Blaenau Gwent	14,313	9,491	66.3%
Caerphilly	36,265	24,273	66.9%
Monmouthshire	24,104	17,701	73.4%
Newport	26,507	18,856	71.1%
Torfaen	18,997	13,570	71.4%
Total	120,186	83,891	69.8%

All of these proposed targeting methods have been discussed with the relevant professionals and with a certain amount of effort and in line with “The Five Ways of Working” (Well-being of Future Generations (Wales) Act 2015) would be achievable and could be effective.

The information, advice and assistance about RIGHTSIZING or Staying Put needs to be given by a person who is knowledgeable about the benefits of “rightsizing” for older people, the current housing market / stock of appropriate accommodation for older people, the legal and financial implications and be able to describe to the client the services available to help them to enable the client to make an informed choice. They would also need to be fully empathetic to the clients they work with, as for many people RIGHTSIZING or having adaptations made to their home might be a frightening physical and emotional ordeal that they would rather not have to deal with. So they might need to be emotionally supported and kept motivated throughout the whole process.

The assistance that might be necessary to help a person to RIGHTSIZE is:

- Letting the person know realistically what is available on the market for them to rent, lease or buy that might be appropriate for their needs i.e. “Best Matching”.
- Taking them to view the property, with an occupational therapist if necessary.
- Assisting with the financial and legal transactions of the home sale and new contract.
- Helping and supporting the client to de-clutter if necessary.
- Help with moving out of their home and moving in to the new place, hands-on if needed rather than just sorting out the logistics.
- Support with the orientation and operating of the new home at the client’s pace.
- Providing information about the new location and arranging for a community befriender to visit or meet up with the new client if they wish.

Finally

For people to be able to RIGHTSIZED at the right time there must be enough appropriate housing options available to them in the right place. Also, once living in the right place, in order to fully maximise their health and well-being in later life it must be remembered that it is not just the provision of appropriate housing that is necessary to achieve this ideal: service providers need to work together to ensure that the necessary services and environments are provided to maintain independence and well-being for older people in their own homes so they can happily “age in place” and have the chance to maximise their “longevity dividend”.

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