

# **THE IMPACT OF POPULATION AGEING ON HOUSING IN SCOTLAND**

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## **Executive Summary**

Population ageing poses a massive challenge to future public service delivery in Scotland, particularly to many areas of housing policy. The main impacts are on changing demands for housing supply and the housing stock; in support for people to remain at home; and on adaptations to housing stock. Each of these types of housing needs is projected to rise rapidly as a result of population ageing.

### **Baseline assessment**

- Costs are projected to continue to rise for support for people to remain at home.
- Specialist housing is under pressure, as some older stock is unsuitable, and yet it remains popular with residents.
- Care and Repair services to older people vary widely in cost and extent across Scottish Local Authorities but can help to keep older people in their own homes.
- Adaptations can be very cost effective in keeping people in their own homes, but have to be timely and appropriate.
- Building homes that are accessible to as wide a range of people as possible and are better suited to adaptation to meet our changing needs should help to reduce pressure in future by improving the suitability of newbuild for older people.

### **Understanding Population Ageing for Housing**

- The population aged 65 and over is projected to rise from 857,000 in 2008, to 1,409,000 in 2033. The number of households with a head of household aged over 65 is projected to increase from 594,330 to 951,770 over the same period.
- The population aged 65 and over with a life limiting illness or disability is projected to rise over the same period, though patterns vary by local authority. Using the Attendance Allowance eligibility figures, those eligible for this benefit is projected to rise from 168,000 in 2008 to 271,000
- Disabled pensioners are more common in areas of high multiple deprivation.

### **Housing Stock**

- Levels of sheltered housing stock have been in decline since 2006.
- At current levels the ratio of sheltered housing stock to disabled pensioners is projected to fall in all areas of Scotland. This would be worse if the current rate of decline in stock is maintained.
- In order to maintain current ratios of provision to probable need, the combined numbers of sheltered and very sheltered housing stock would need to rise from 38,000 in 2008/9, to 45,900 in 2018 and to 61,400 in 2033, a rise of 23,400 units over the period.

### **Support**

- Pressure on informal and family support is projected to rise as age ratios change.
- Costs of formal housing support have been rising for local authorities
- Numbers of people requiring support for people to remain at home or Free Personal and Nursing Care are projected to continue to rise, particularly as those aged over 75 years grows even more rapidly than the overall pensioner population.

### **Adaptations**

- Large numbers of dwellings have already been adapted, however, there is a constant need with differing requirements.
- Overall pensioner households requiring adaptations are projected to rise from 66,300 households in 2008 to 106,174 in 2033, all things remaining equal.

- Bathrooms and shower adaptations are the most common requirements for adaptations.
- Rates of adaptations required vary from 10% of total households in West Dunbartonshire to less than 1% in the City of Edinburgh, the Scottish average is 4% of households.
- Glasgow has the highest number of households in need of adaptation at 11,000.

### **Implications**

- Increasing numbers of pensioner owner occupier households and reducing numbers of working age owner occupier households may affect the future housing market.
- Large numbers of later middle aged people will reach retirement age at the same time and may need to access equity in their houses or to sell their house which may affect the future housing market.
- Older Home owners are more likely to want to move to a smaller property than to a larger property.

## **1 Section One: Introduction**

The impact of population ageing both at Scotland and the UK level will be considerable for Scotland's housing system. A system that currently supports an over 65 population of 856,000 people will have to cope with 1.408 million by 2033 (General Register Office for Scotland, 2008). In addition, the working age section of the population is in decline both absolutely and relatively, which will mean fewer people to provide both formal and informal support to older people. The consequences of this for housing are not well understood at present, however a variety of pressure points particularly in relation to certain types of housing and support for older people to remain at home are considered in this paper.

The main areas that this paper will cover are in relation to specialist housing stock, housing adaptations and support for people to remain at home. For housing supply the focus is on the supply of specialist housing as evidence shows that the vast majority of older people prefer to remain in their own homes (Tribal Consulting, 2006).

## **2 Section Two: Current Issues in Older People's Housing**

There is a growing body of work on the challenges posed by Scotland's ageing population, and a considerable body of work on housing for older people, however, there is little that connects the two, particularly in the Scottish context. There is little literature specifically on older people's housing in Scotland (Croucher, 2009), although this evidence base has been growing over the last few years. Several main themes are prevalent in the existing research on the ageing population and on housing for older people: the costs of providing housing and support for older people to remain at home; the needs for and role of specialist housing; the lifetime homes agenda; and smaller scale needs for care and repair or adaptations. Each of these themes will be tackled in turn.

### **Costs of Housing to the Scottish Government**

A series of reports has been produced covering both Scotland and England attempting to project costs of the ageing population. The Audit Commission (2010) investigated the overall financial consequences of the ageing population for local authorities; Audit Scotland (2008) produced a report on the costs of free personal care for older people, a theme also examined in work for the Joseph Rowntree Foundation by Bell (2010a, and with Bowes 2006). Specific projections for the impact of population on housing in Scotland have not been generally produced, though local authorities are advised to consider older people and the ageing population when they produce their Housing Needs and Demands Assessments (Scottish Government, 2008:49-50).

The Audit Commission's report for England, which focused more on social care costs than housing costs, demonstrated that costs of care for older people has already risen by 46%<sup>1</sup> from 2000/1 to 2007/8 (Audit Commission, 2010:4) and projects that costs, both to the public purse and through private care provisions, will more than double by 2040 (Audit Commission, 2010:11). Audit Scotland's work reviewing the Free Personal Care for older people policy showed that between 2002/3 and 2005/6 allocations from the then Scottish Executive for this policy rose from £107m to £153m, whilst the costs to local councils of the policy rose from £91m to £216m over the same period, and they project that the costs will continue to rise as a result of the ageing population (Audit Scotland, 2007:27). Free personal care does have housing consequences, as it was originally designed to ensure that people

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<sup>1</sup> It is unclear from the original Audit commission report whether this increase is in nominal or real terms. However the scale of the increase is nonetheless extremely large.

can remain in their present home for longer (Care Development Group, 2001:14), however, in the original evidence document recommending Free Personal Care (Care Development Group, 2001) the consequences for housing policy of the implementation of the policy were not examined.

Bell (2010a) assessed the relative costs of long-term care in the light of devolution in the four countries of the UK. His work suggests that whilst ageing is a common problem in all of the countries of the UK there has been little work attempting to learn lessons by the constituent authorities from other nations within the UK. He also argues that the devolution settlement has meant that there has been a gulf between the two systems for support for older people, one run by DWP and the other by the devolved nations and administered through their local authorities. He documents how this gulf has led to, for example, the Scottish Government saving DWP £200 million through its free personal care scheme, without redress from the Department for Work and Pensions (Bell, 2010a:6). The benefits structure for long term care for older people, which is financed by DWP, was shown to be a constraint on trying radical policies in the devolved nations. (Bell, 2010a:1).

Fenton and Markkanen (2009) in their report for the Scottish Government were optimistic about the possibilities for modelling need and demand for suitable housing, care and support services for older people in Scotland. They suggest that the datasets do exist and could be used to project these needs for the Government.

## **The Role of Specialist Housing in Scotland**

Specialist housing for older people is found in a variety of forms in Scotland. These include extra care housing, very sheltered Housing, sheltered housing and medium dependency or 'amenity housing'.<sup>2</sup> Of these, sheltered housing has attracted the most attention, perhaps because it accounts for more properties than any of the others (Housing Statistics for Scotland, 2009). The Scottish Government's *Review of Sheltered Housing in Scotland* (Croucher et al., 2008) demonstrated clearly the importance of the sector, however, it also suggested that it was undergoing a significant change of role for a variety of reasons, for example, due to the implementation of the European Working Time directive, or because of changes in the types of people who accessed the services that sheltered housing provides. The review identified significant variance in the stock of sheltered housing between the regions of Scotland, and also the stock relative to the number of older people in those regions. The review suggested that sheltered housing is very popular with those who live in it (Croucher et al., 2008) but that considerable challenges are facing the sector. These challenges included: erosion of housing support; the likely increased demand; problems with non-viable stock; poor space standards, particularly for older couples, and the costs of support for people remaining their home both to providers and, where appropriate, to individual clients. This is by no means an exhaustive list of the questions identified by the review but they are some of the most important.

Extra care housing has been a significant growth area, (Croucher et al., 2008:x) but one which also faces challenges. 85% of extra care housing was found to be in the RSL sector (Croucher et al., 2008:17) and varied widely by area and by cost to the resident (or funder if the resident was not self funding). In common with sheltered housing, extra care housing was found to vary considerably both in stock numbers and in the local authority level ratio of

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<sup>2</sup> There have been mentions of retirement communities and co-housing for older people in Scotland, e.g. Scottish Executive (2006). However it has been noted that whilst these housing choices have been popular in other countries, and that in the UK these housing options have been 'slow to deliver' (Scottish Executive, 2006:2).

stock to older people (who may require its services). In addition Croucher identifies a significant lack of evidence as to the cost-effectiveness of extra care housing: 'As yet the evidence does not demonstrate that housing with care offers a cost-effective alternative to residential care, or to care in the home' (Croucher et al 2006: 80)

Croucher (2009) suggests that various different models of housing with care (which includes sheltered housing) are popular and show good satisfaction levels amongst residents (Croucher, 2009:11). Her work suggests however, that two further concerns should be considered significant in relation to specialist housing: firstly, in relation to issues of social isolation, on which the evidence for effectiveness is somewhat unclear and, secondly, that there may be an inherent tension in pushes towards personalisation and promoting independence on the one hand, and the need to provide support to those older people on the other (Croucher, 2009:11).

### **Care and Repair, and Adaptations**

These areas are crucial in relation to older people's housing and have been grouped here as they all require minor alterations or improvements in the home to ensure that it better fits the needs of its residents. Care and Repair schemes are generally aimed at assisting older owner occupiers (ODS Consulting, 2009:5) previously funded primarily through the Private Sector Housing Grant.

The Review of Care and Repair Projects (ODS Consulting, 2009) found that there were considerable differences between local authority areas in the cost and spend for care and repair services per older and disabled person. At the bottom end, Falkirk council was shown to have spent just £1.48 per older and disabled person on adaptations in a year with the highest spenders being Eilean Siar which spent £43.00 per person, followed by Orkney and Argyll and Bute. The review suggested that some of the difference may have come from the difficulties and expense of providing personal services in remote rural areas. The Review identified three main activities that care and repair projects tended to undertake: small repairs and handyperson services in house; organising repairs and adaptations – i.e. management and commissioning of the work; and providing Information and Advice services.

The role of adaptations is less clear than care and repair services. Heywood (2005) showed that when done well adaptations can strongly improve the lives of people who need them but when done inappropriately can be both costly and ineffective. Although Heywood's work refers to a study of adaptations for disabled people as a whole, rather than just older people, it did include groups of adults over 60. The work identified several causes for seeking housing adaptations which included:

- Difficulties climbing stairs to access a toilet or bathroom
- Problems using the bath, shower or toilet
- Access in and out of the house
- Fear of falling or worries about accidents
- Pain
- Difficulties in supplying care to others
- Wanting to avoid admission to residential care

(Heywood, 2005:537)

The vast majority of the adaptations undertaken were level access showers, stairlifts, ramps and access adaptations, safety measures e.g. grabrails, (Heywood, 2005:538) although a large variety of other adaptations were undertaken in small numbers. The work identified that

whilst many of the adaptations did improve people's lives, some adaptations did not produce the intended improvement in life quality.

Alterations to the home that produced an unacceptable image of self that did not restore privacy and a sense of primal security, nor respect the respondent's control within their home, all produced unsatisfactory results. (Heywood, 2005:531).

Other work by Heywood for the Joseph Rowntree Foundation showed that adaptations were an effective use of public resources but highlighted that where the work was implemented too slowly, and the assessments became outdated, the adaptations were less likely to be useful. (Heywood, 2001).

### **Lifetime Homes and Housing for Varying Needs**

For at least a decade, one of the key considerations in relation to older people's housing has been the question of 'lifetime homes' and the related subject of supporting independent living. The idea of lifetime homes is fundamentally the idea of making changes to 'future-proof' society (Department for Communities and Local Government, 2008), by building homes to standards which will make them suitable for life-long occupation and which can be adapted cost-effectively in the future. The focus for lifetime homes has been on design and building standards, rather than adaptation of current stock, but the aim is not specifically to produce homes for older people:

While not aimed at any particular age or client group, lifetime homes address the different needs of families and households by house design that creates accessible homes, which will adapt to the changing needs of all the people who live in them as they age and change, and to meet the varying needs of different occupiers of the same home. (Kelly, 2001:57)

The Lifetime Homes standards, are used in England and have also been adopted by Wales and Northern Ireland. These standards are a set of 16 criteria for building design and construction and mean that any home built to them, is suitable for a wide range of people, including older people. These standards include directions over external access to the building, ground floor toilets, allowing for wheelchair turning space, and sufficient area downstairs for converting a living room to a bedroom. Standards for fixtures and fittings such as light sockets and window sills are also included (Sangster, 1997). The situation in Scotland is slightly different as identified in the paragraph below.

In 2007, revisions to Scottish building regulations introduced a range of measures to improve accessibility and ease of use in new homes. Accordingly, the majority of the good practice guidance identified by the Lifetime Home standards is now incorporated and embedded within these regulations and the supporting documents, (Scottish Government Building Standards, 2009, Standard 3.11). Building regulations apply to all new domestic buildings, across both private and public sectors and all tenures. This may help to increase the delivery rate of housing that is both more accessible and better suited to adaptation to address the varying needs of householders.

New homes through current building regulations and any built to voluntary Lifetime Homes standards could help to reduce the pressure for specialist housing in the future, something that fits with the known aspirations for many older people to age in their current home (Croucher, Holmans and Wilcox, 2009). Indeed research for DCLG suggested that even where people held positive views of specialist housing, the majority of older people and



those people aged 48 to 64, felt that they would be able to stay in their current home as they grew older. This suggests that most people do not feel that they will need specialist housing, even where they view that housing positively. Instead the most common concerns in older peoples housing choices were around family relationships and neighbours and neighbourhoods. (Croucher, 2008)

In order to meet the needs of older people who do wish to stay in their current house, DCLG along with the Department of Health and the Homes and Communities Agency established HAPPI, the 'Housing our Ageing Population Panel for Innovation', who reported a further set of recommendations which covered a range of issues, both touching on the physical fabric of the buildings, such as ensuring that buildings are 'care ready', but also ensuring that newly built developments for older people are better integrated into the surrounding communities, streets and neighbourhoods. (HAPPI, 2010:38);

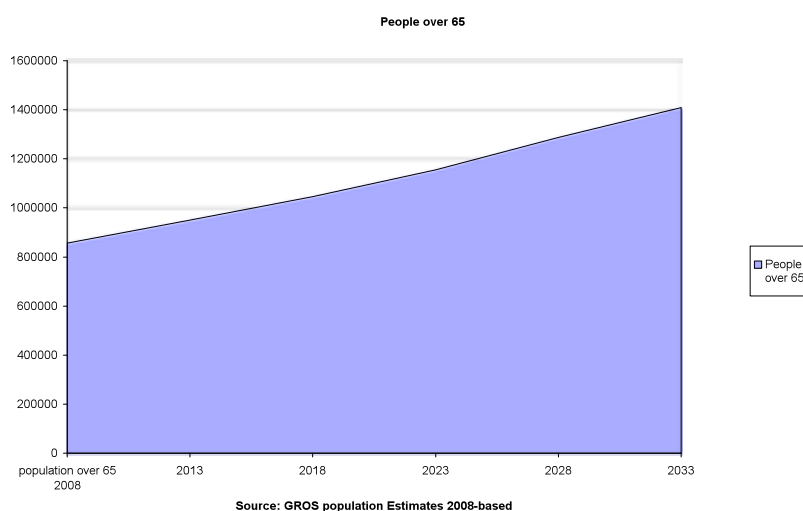
### **3 Section Three: Understanding Population Ageing for Housing**

This section will outline the principal challenges that population ageing poses for Scottish housing. There has already been substantial growth in the number of older people in Scotland, largely as a consequence of increasing life expectancy (GROS, 2006), however, the disproportionately large baby boomer cohort is also now approaching, or indeed already at, retirement age which further increases the number of people who will be aged over 65. Tomassini for The Office of National Statistics (2005) states that the crucial group in terms of state interventions may be the over 85 group, rather than merely the 65 and over group,<sup>3</sup> however she also demonstrates the serious data deficiencies in working on this group (Tomassini 2005; 2006a &2006b). Survey data in particular can struggle to identify or analyse these groups, often because of the sample size, (Tomassini 2005: 15). For this reason our projections, which are based on data largely from the Scottish Household Survey and the Scottish House Condition Survey, use a base of people aged 65 and over in order to be based upon a sufficient sample size.

Below is a simple representation of the Scottish population aged over 65 based on the General Register Office for Scotland (GROS) projections (GROS, October 2009). It shows the overall 65+ Scottish population growing rapidly over the years to 2033, from a total of 856543 in 2008, to 1,408,868 in 2033.

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<sup>3</sup> It is worthwhile quoting in full her analysis: 'people aged 85 and over are more likely to experience frailty, illness and dependence in comparison with young old people (those aged 64-84). For example statistics on residents in communal establishments usually include 85 and over as a group since the oldest old are at higher risk of institutionalisation' (Tomassini, 2005:15).



**Figure 3.1**

The changing population shown above does not imply a one-to-one correlation with support for people to remain at home, supply, or adaptation needs. The vast majority of the pensioner population is expected to continue meeting their needs in the general housing stock. However, vulnerable pensioners' numbers are also expected to increase and, as this group represents the number most likely to require support, it is they who are of most interest in projecting need.

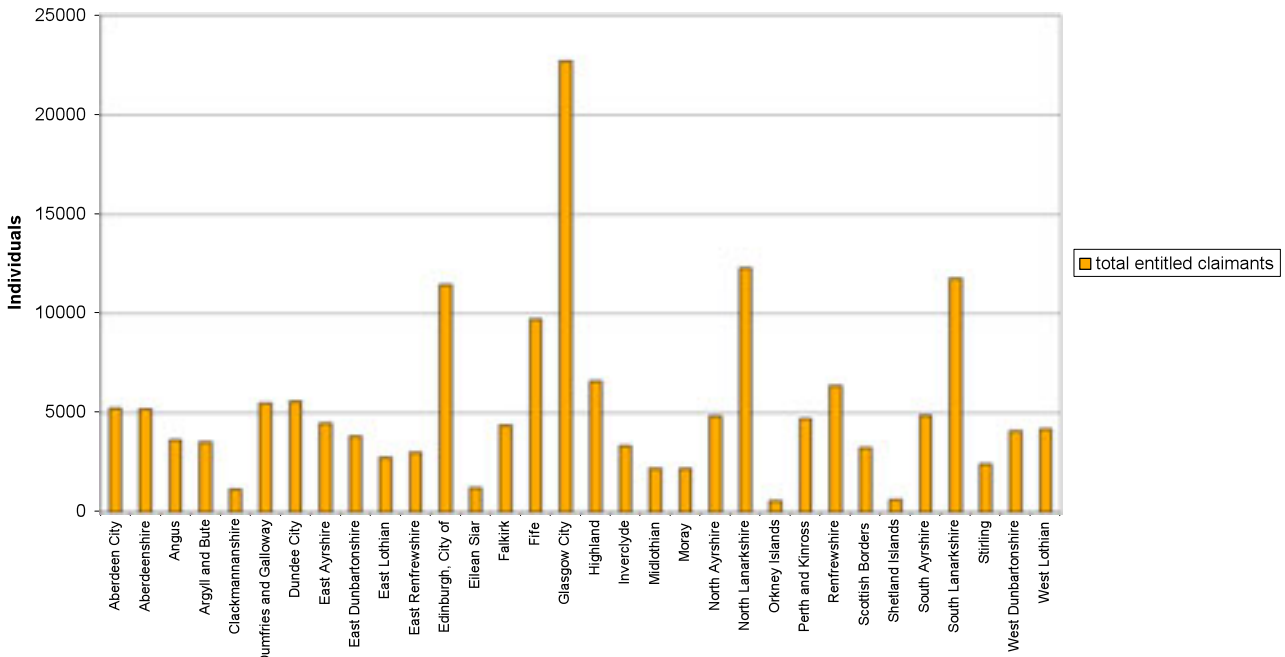
Identifying people who are likely to need support or specialist housing is not something that can be done directly consequently proxies must be found.<sup>4</sup> In this instance, we use the number of people eligible for attendance allowance. The use of which is supported by Fenton and Markkanen, (2009: 13). Attendance allowance, paid by the Department for Work and Pensions, is available for people *aged 65 or over who need help with personal care or have needed supervision because of a physical or mental disability for at least six months.*<sup>5</sup> Attendance Allowance eligibility rates, both in terms of total take-up and take-up as a proportion of the total pensioner population in an area vary significantly<sup>6</sup> as can be seen from Figure's 3.2 and 3.3. In terms of absolute numbers, shown in Figure 3.2 Glasgow stands out, followed by North Lanarkshire, South Lanarkshire and Edinburgh City.

<sup>4</sup> There are numbers on the number of sheltered housing units, produced by [Housing Statistics for Scotland](#), and there are numbers of people in care homes collected by [Health and Community Care Statistics](#) for Scotland, but Scottish Government does not collect statistics for the number of people in sheltered housing, see Scottish Parliamentary Question number [S3W-32389](#).

<sup>5</sup> Department for Work and Pensions eligibility criteria are found here: [http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/AttendanceAllowance/DG\\_10012438](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/AttendanceAllowance/DG_10012438) (11th February, 2010)

<sup>6</sup> As attendance allowance is paid to people who both within and outside specialist housing (excluding those receiving Free Personal Care in Care Homes, see Audit Scotland, 2007:11) it is not a perfect measure of likely need for specialist housing, but it is paid following a medical assessment of disability in older people which makes it a uniquely objective measure of older people's health.

**Total entitled Attendance allowance claimants**

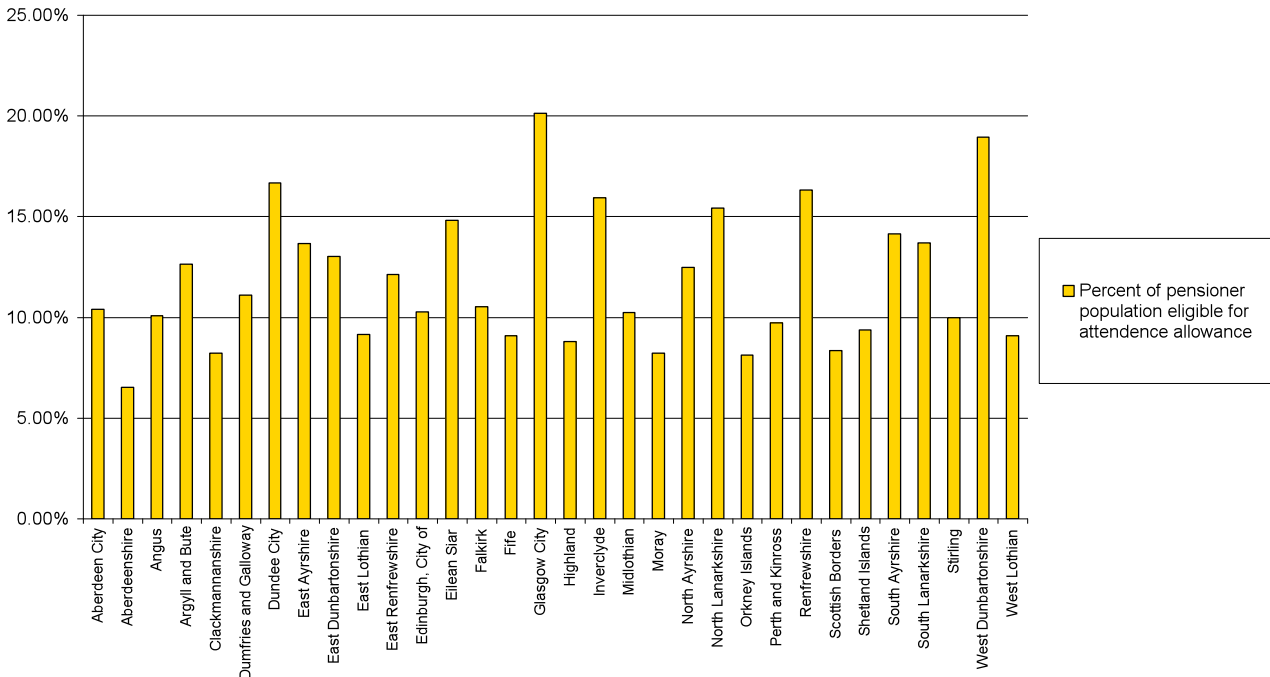


Source: DWP Tabtool

**Figure 3.2**

When we convert the figures into the proportion of over 65 year olds who are eligible for attendance allowance however there is a considerable flattening of the picture, as seen in Figure 3.3

**Percent of pensioner population eligible for attendance allowance**



Source: DWP Tabtool

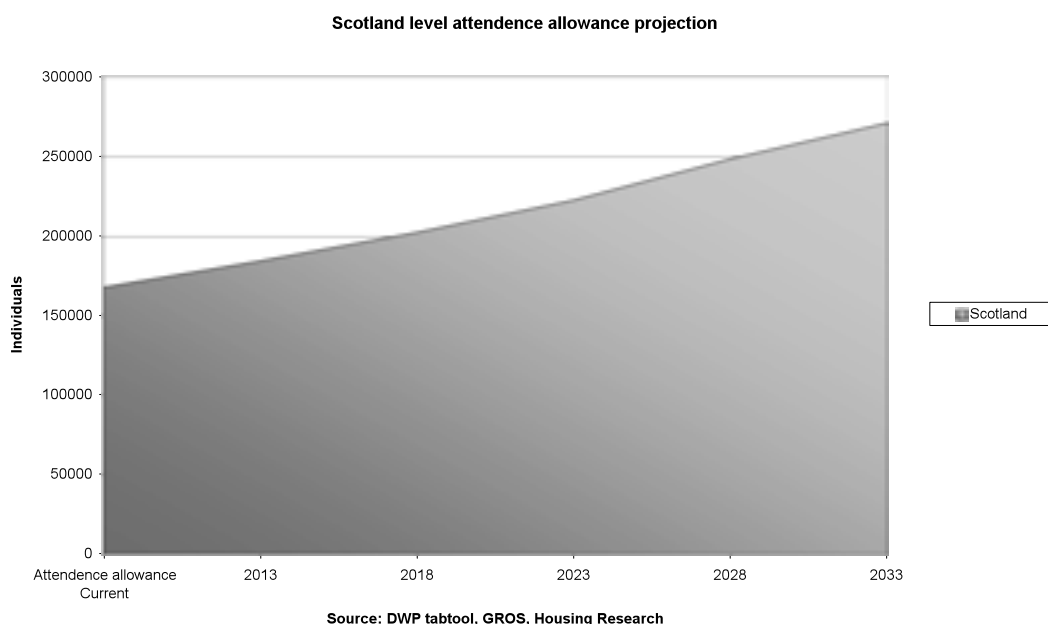
**Figure 3.3**

Glasgow remains the place of greatest relative need, but the gap with other authorities is not nearly as large, and Edinburgh, for example drops from a place of high need to one of

moderate relative need. In the absence of statistics covering residents of specialist housing, attendance allowance is useful as it is given only after a medical examination of need.

We can analyse the differences in distribution of attendance allowance recipients across Scottish local authorities (shown in Figure 3.2 and 3.3 above) in order to look for different drivers. Analysis has shown two factors to be significant, the level of self reported life limiting illness (as reported by the Scottish Household Survey, 2010), and the level of deprivation in the area, as measured by the Scottish Index of Multiple Deprivation. The level of self-reported illness explained 37% of the differences between local authorities' rates of attendance allowance receipt. This suggests that areas with higher levels of self reported illness are likely to have higher levels of pensioners being assessed as medically eligible for attendance allowance. More significantly, 61% of the differences between local authorities were explained by their relative local share of deprivation measured by the Scottish Index of Multiple Deprivation.<sup>7</sup> **This suggests that living in a deprived area is a more powerful driver of need for attendance allowance than living in an area with a higher prevalence of disability and life limiting illness.** This finding fits with international studies on the subject of the links between disability and deprivation, (e.g. Kondo, et al. 2008). It also accords with studies showing a link between living in areas of housing deprivation and health, (Marsh et al, 2000).<sup>8</sup> This is the basis for using projections based not purely on population numbers but on numbers of people who are medically assessed as being in need of assistance.

The Scotland level attendance allowance projections show a rapid and substantial increase in recipients, from 167930 currently to 271173 in 2033, shown in Figure 3.3 below.



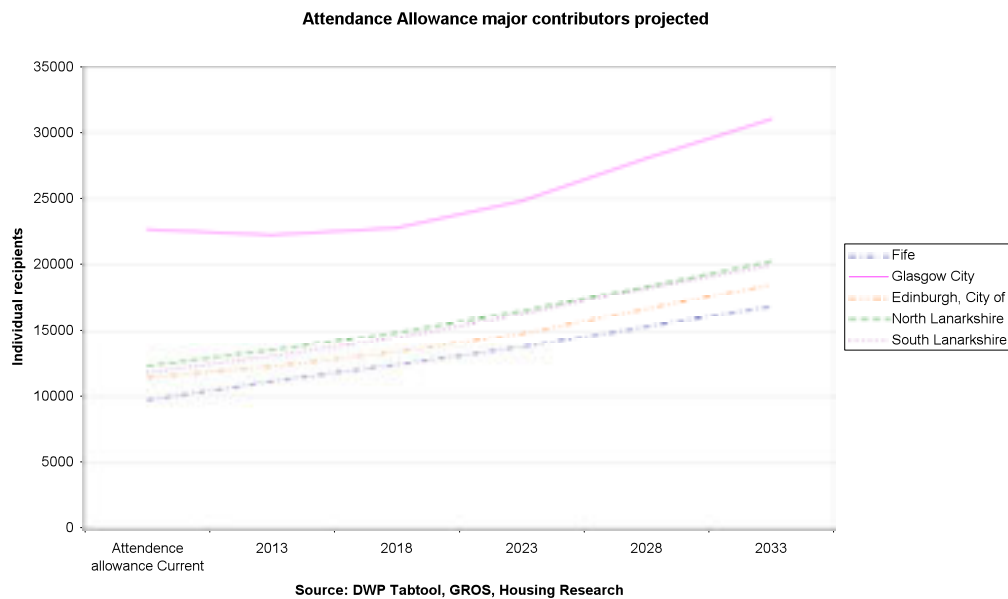
**Figure 3.4**

The picture at local authority level is more complex, with Glasgow an outlier both in terms of its scale of need, and its significantly different trajectory. Figure 3.5 shows the five local

<sup>7</sup> These figures are not mutually exclusive, so they do not sum to 100%. This is partially reflective of the strong link between disability and deprivation e.g. Kondo et al. (2008).

<sup>8</sup> It is worth noting that Marsh (et al 2000) demonstrates that these effects persist even after a person has left housing deprivation, and so housing deprivation can impact on people's health many years after it is no longer being experienced.

authorities with the highest level of need, which together represent 40% of the take up of attendance allowance currently:



**Figure 3.5**

This shows quite clearly the relatively stable rise in Fife, Edinburgh, and North and South Lanarkshire. However Glasgow, shown as the pink line, has a much higher level with a trend that only begins to rise in 2023. The influence of the ‘Glasgow Effect’ on health (Walsh et al, 2010) may well be in evidence to explain the different curve, in which Glasgow’s persistent excess mortality depresses the projected increase in numbers of pensioners.<sup>9</sup>

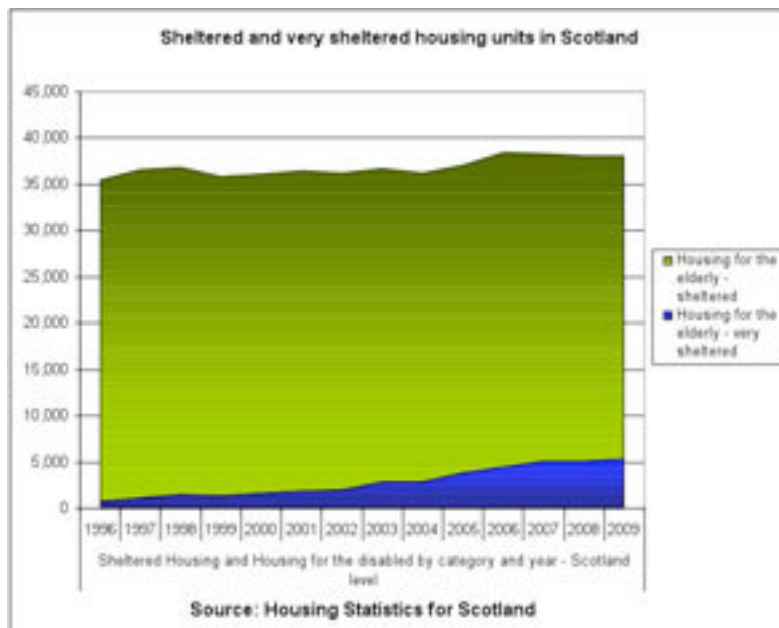
Having a larger number of pensioners will have impacts for the non-pensioner population as well. It is unclear at this point exactly the nature of these impacts, however, there have been suggestions that there may be considerable difficulties associated with the ageing population for the working age population. The first and most apparent of these is through under-occupation, (single people, or couples occupying houses much larger than they require) which is likely to rise as the population ages. As the population ages, in general, people become progressively less likely to move house (Croucher, Holmans and Wilcox, 2009:18). The supply of second-hand housing is also likely to be constrained, as most people choose to age in the general housing stock rather than move into smaller or specialised housing. Clearly longer life expectancies over a largely fixed stock will lead to fewer vacancies. This has already been seen in the social housing stock, but the effect may begin to be felt in the private sector as well.

**4 Section Four: Housing Stock**

Ensuring suitable housing supply for the ageing population poses a variety of problems, as outlined in section two which includes: providing homes for people’s life course; ensuring overall supply of the general housing stock as the majority of the older population will be living there; ensuring adequate supply of specialist sheltered, very sheltered, extra care and medium dependency housing. The Scottish Government commissioned a Review of Sheltered Housing (Croucher et al, 2008), which highlighted the variability of demand for sheltered housing, and also emphasised the likely rise in demand for privately provided sheltered housing. Neither of these findings would be disputed by the evidence here. Figure

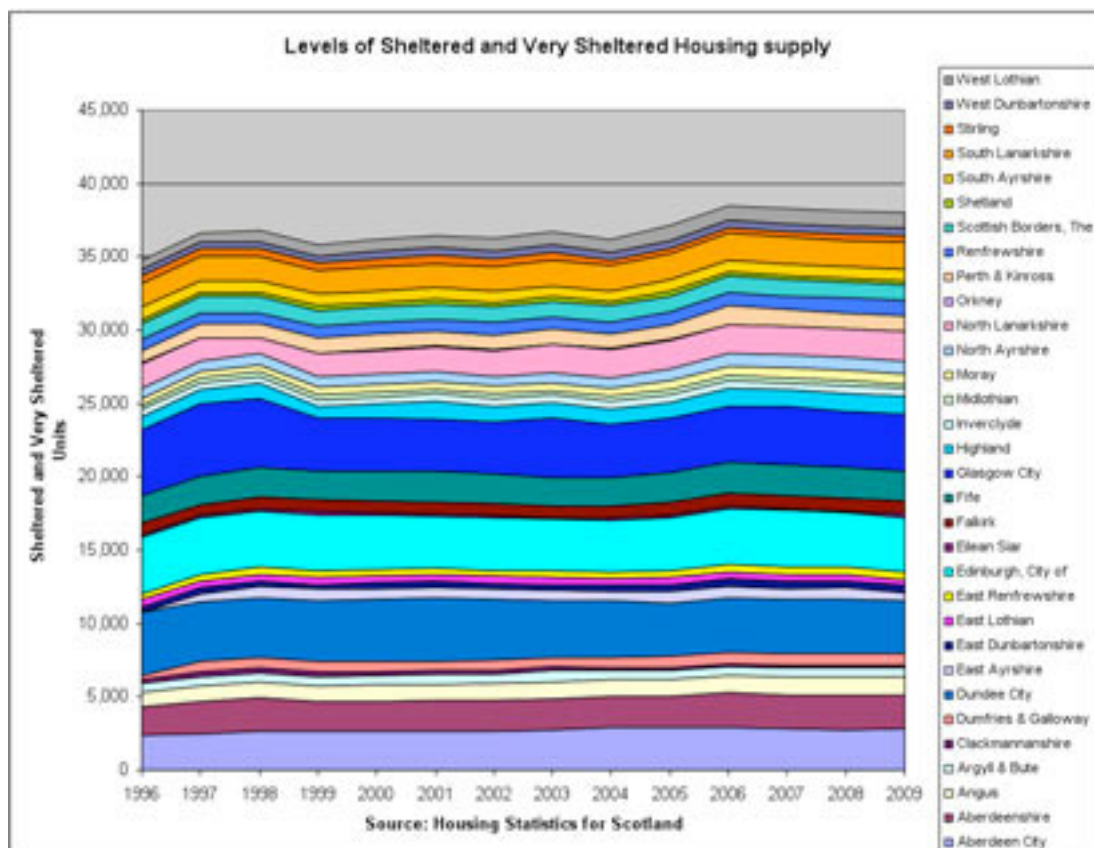
<sup>9</sup> Projected numbers of pensioners in receipt of attendance allowance for all local authorities and for Scotland are included as Appendix 1.

4.1 below shows the growth in the combined total of sheltered and very sheltered housing since 1996. Combined numbers peaked in 2006 and have fallen slightly (by an average of 0.83% per year) since then, however, that decline is in sheltered housing only as numbers of very sheltered housing units have increased over the period. Much of the change will be in reclassification and in conversions of sheltered into very sheltered housing.



**Figure 4.1**

It is extremely difficult to establish likely demand for sheltered housing, not least because recent research for the Joint Improvement Team (2009) of the Scottish Government showed that supply was already seen as the major issue for older people's housing and current stock levels were seen as being already of concern. Very sheltered and sheltered housing units vary considerably between Scottish Local Authorities, as can be seen by the graph below, which shows stock levels of sheltered and very sheltered housing.



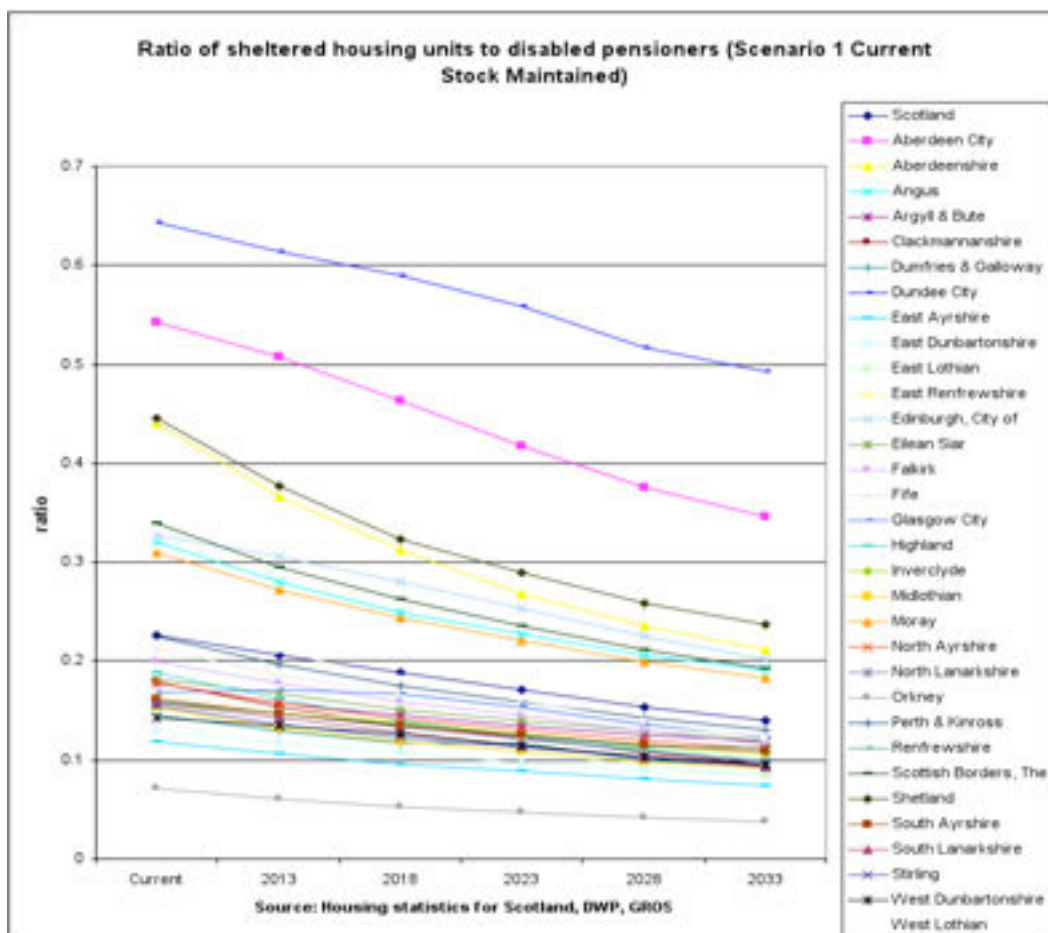
**Figure 4.2**

These numbers will be crucial in establishing the future projections of relative need for supply of specialist housing, and it is worth bearing in mind the relative ‘flatness’ of the majority of stripes over the course of the last 13 years, with increases at the Scotland level only in 1996-7 and 2004-2006, and with declines in the 1998-9 years and 2006-2009 periods. Overall there is no picture of concerted increase or decrease, but instead variation in a few Local Authorities accounts for most of the change to the topline, whilst the rest of the Local Authorities remain relatively stable across the period.

In order to project need the current stock levels were important but so too were establishing rates of need – i.e. likely customers for sheltered and very sheltered housing. As we saw in the last section we do not have current numbers of people in sheltered housing, so the attendance allowance proxy is used. This does recognise that most people receiving attendance allowance do not live in specialist housing, but as it is the only medically assessed measure of need for older people it is the basis for our ratios, as we use it to find likely relative rates of need. We also used the age bracket of 65 and over, as age is the significant indicator, rather than pension eligibility. This does mean that we do not alter the projections for the forthcoming change in pensionable age, but as it does not seem likely that a change in pension age will precipitate a change in health and disability outcomes, this seems a reasonable assumption.

The first projection therefore assumes a constant level of housing stock and illustrates the falls in ratio between the current level of sheltered and very sheltered housing supply and the population of likely disabled pensioners in each Local Authority. It shows quite clearly, that initially there are considerable differences between Local Authorities, with Dundee and Aberdeen with the highest (best) ratios of stock to potential need and Orkney at the lowest (worst) ratio.



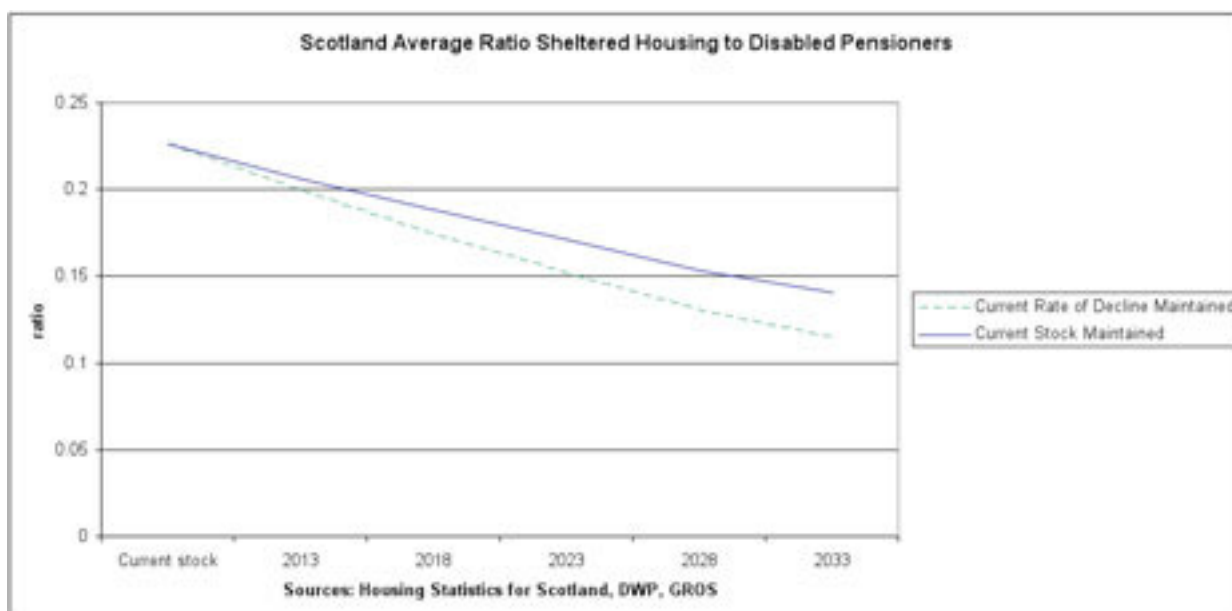


**Figure 4.3**

Clearly local factors will have a considerable impact on these figures. Additionally, given the high relatively higher levels of older people choosing to live in rural areas, it should not be a surprise that the ratios appear better in urban than rural authorities, however, regression has shown that this effect (rural-urban differences) accounts for less than 13% of the overall variance between authorities. This rural-urban difference was noted also in the Scottish Executive commissioned 'Time to Move' literature review, (Tribal, 2006) Nevertheless the overall picture is bleak, with declining provision to need ratios across the board, and this decline accounts for a narrowing of difference in performance between local authorities.

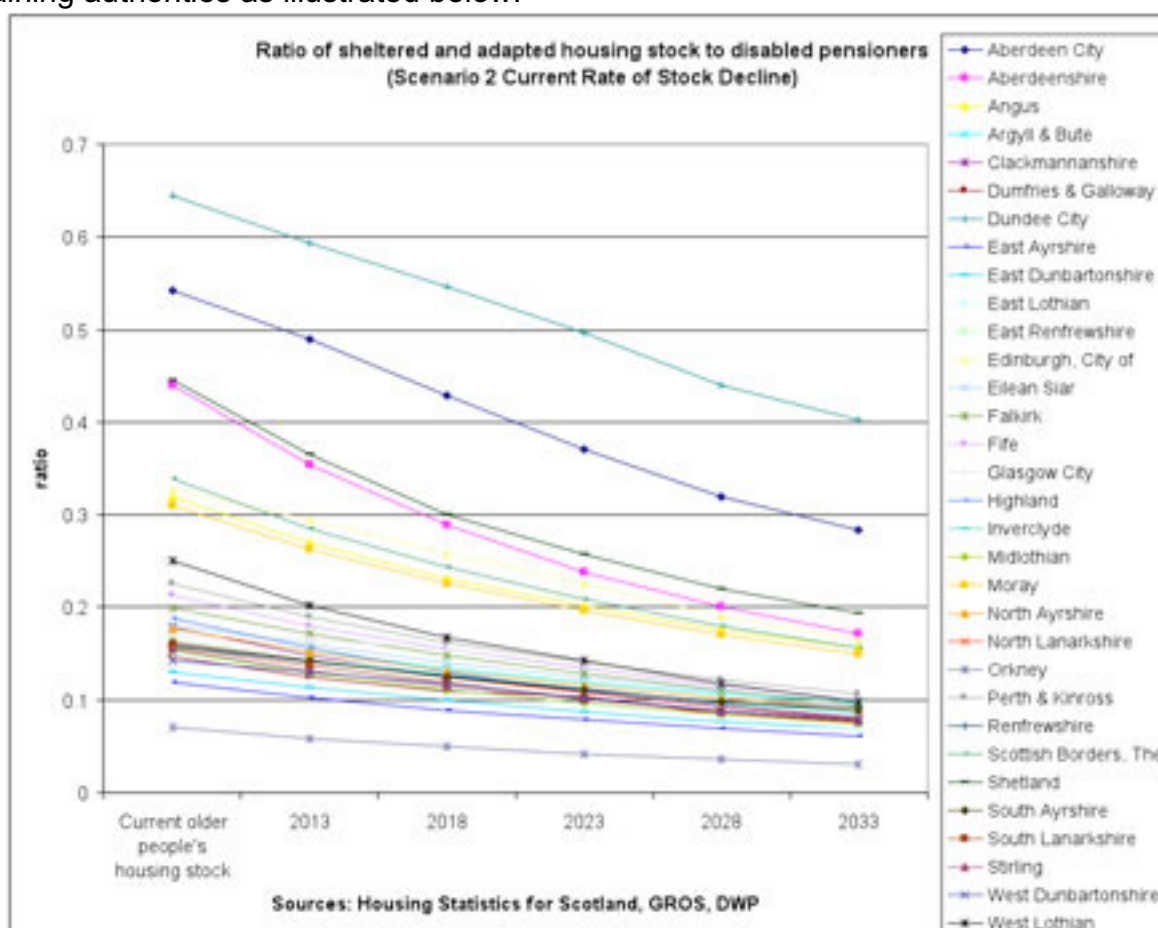
Stock levels have not remained constant over the last three years, instead they have fallen by an average of 0.83% per annum. As a consequence the second projection assumes this rate of change continues. Unsurprisingly this makes the ratios worse at every point, and has a surprisingly strong effect overall on the Scottish average ratio. Over the period from 2008-9 to 2033 the average ratio of sheltered and very sheltered housing to likely disabled pensioners declines from the current level of 0.23 to 0.12 units in 2033 (as opposed to 0.14 if current stock is maintained) this is illustrated in the graph below.





**Figure 4.4**

In some local authorities the effect is even more stark as this graph shows with declines in the best performing local authority of nearly a further 0.1 unit and further falls in all the remaining authorities as illustrated below.



**Figure 4.5**

The decline in the ratio of units to disabled pensioners is therefore considerable across the whole of Scotland and is projected to be considerable in each of the individual Local Authorities. To maintain the current stock to disabled pensioner ratios a major building or extensive adaptation programme would be required. Assuming that the rates of eligible

pensioners remains relatively constant it is possible to project the supply needs in each local authority in order to maintain their current ratio:

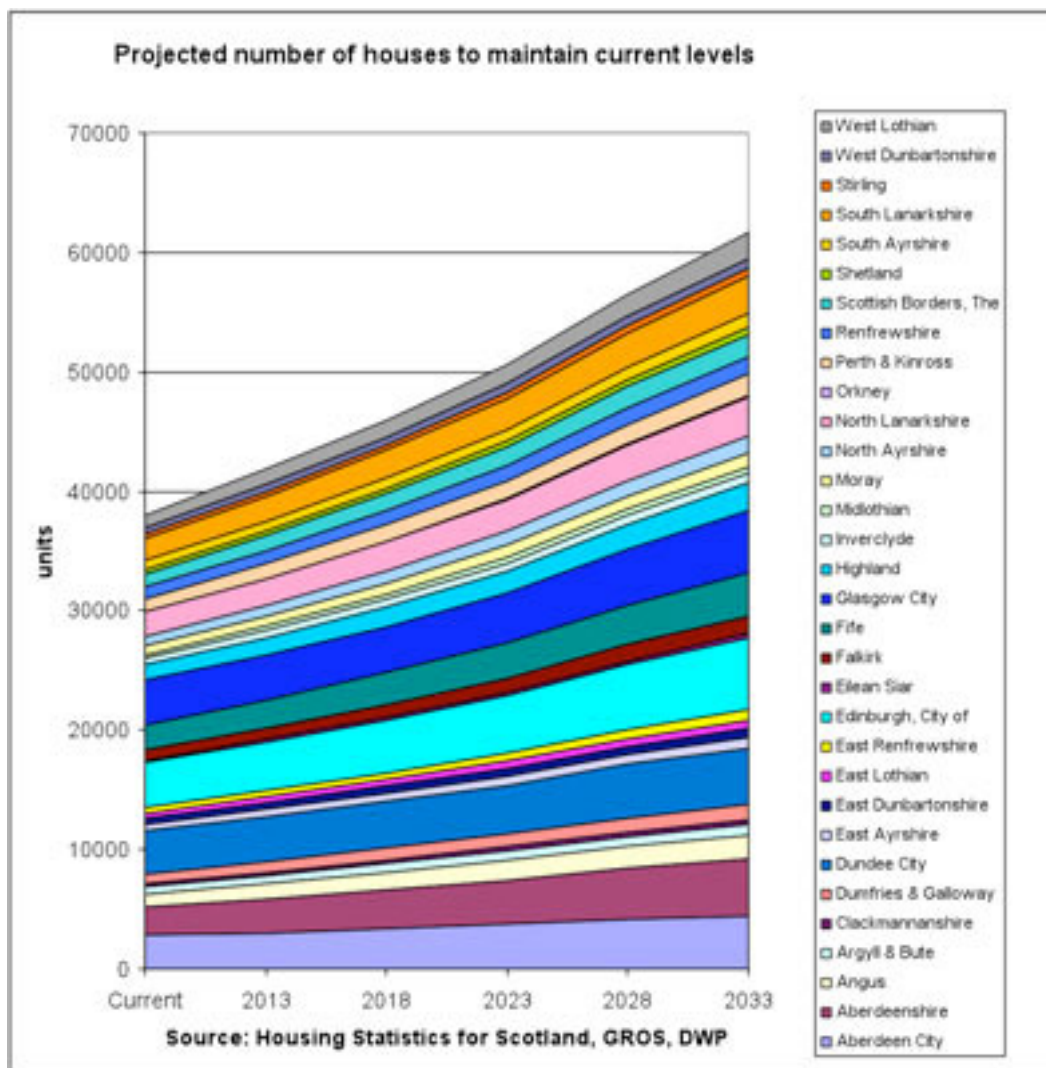


Figure 4.6

At a Scotland level therefore it can be projected that the supply requirements to maintain the current ratio of stock to disabled pensioners is as follows.

	Current Stock (2009)	2013	2018	2023	2028	2033
Net additions over period	0	3795	4020	4579	5891	5101
Cumulative net additions	0	3795	7814	12393	18284	23385
Scotland level requirements	38037 <sup>10</sup>	41832	45851	50430	56321	61422

Figure 4.7

Total requirements: 23385 units by 2033. This makes an annual target of 759 units until 2013. 804 each year from 2013 to 2018. 915 each year from 2018 to 2023. 1178 each year

<sup>10</sup> Note that this is the current stock, as was noted above there are concerns over this level to begin with.

from 2023 to 2028. 1020 each year from 2028 to 2033.<sup>11</sup> It is worth bearing in mind that these are net of any demolitions, so in years where stock is demolished the totals must be increased by an equivalent amount. Additionally this is only to maintain current ratios so this is the 'standing still level'.

## 5 Section Five: Support at home

Support at home is a crucial part of the picture in enabling older people's housing choices.<sup>12</sup> In Scotland, following the enacting of [Free Personal and Nursing Care](#) in 2001 there has been a commitment to providing care at home to those that need it. That is not the only form of housing support however, and the Audit Commission argues that formal paid-for support is vastly overshadowed by informal support given by family and friends – they estimate that 'Carers over 60 provide care worth twice public spending on care services for older people', (Audit Commission, 2010:4). Bell in new (unpublished) work for the Scottish Government suggests that this group is not even the main care providing group and that instead caring peaks in the 50- 60 year old age group. This section then will consider both informal and formal home care services for older people.

### Informal and Unpaid Home Care/ Support

Informal support is an area of considerable concern in the wider policy arena. The Audit Commission's report highlighted its value to the public purse but Bell, (2010b) highlighted serious concerns over the future viability of continuing reliance on unpaid support in the face of major demographic shifts. Bell's work shows that there is a distinct trend over the lifecourse in people's likelihoods of becoming either informal care givers or care receivers (see figure 5.1.) To give a sense of scale, the Scottish House Condition Survey (2010) has estimated that approximately 72,000 Scottish households are in receipt of care from friends, relations or neighbours, approximately 3% of the total number of Scottish households.

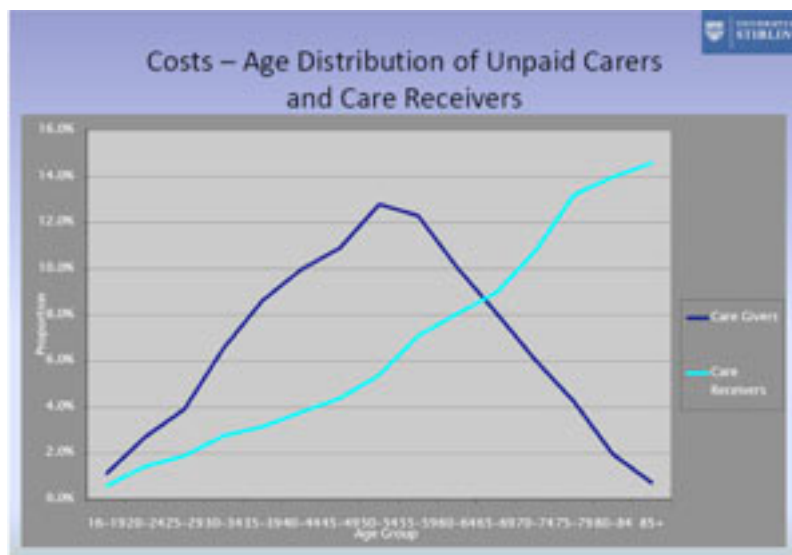
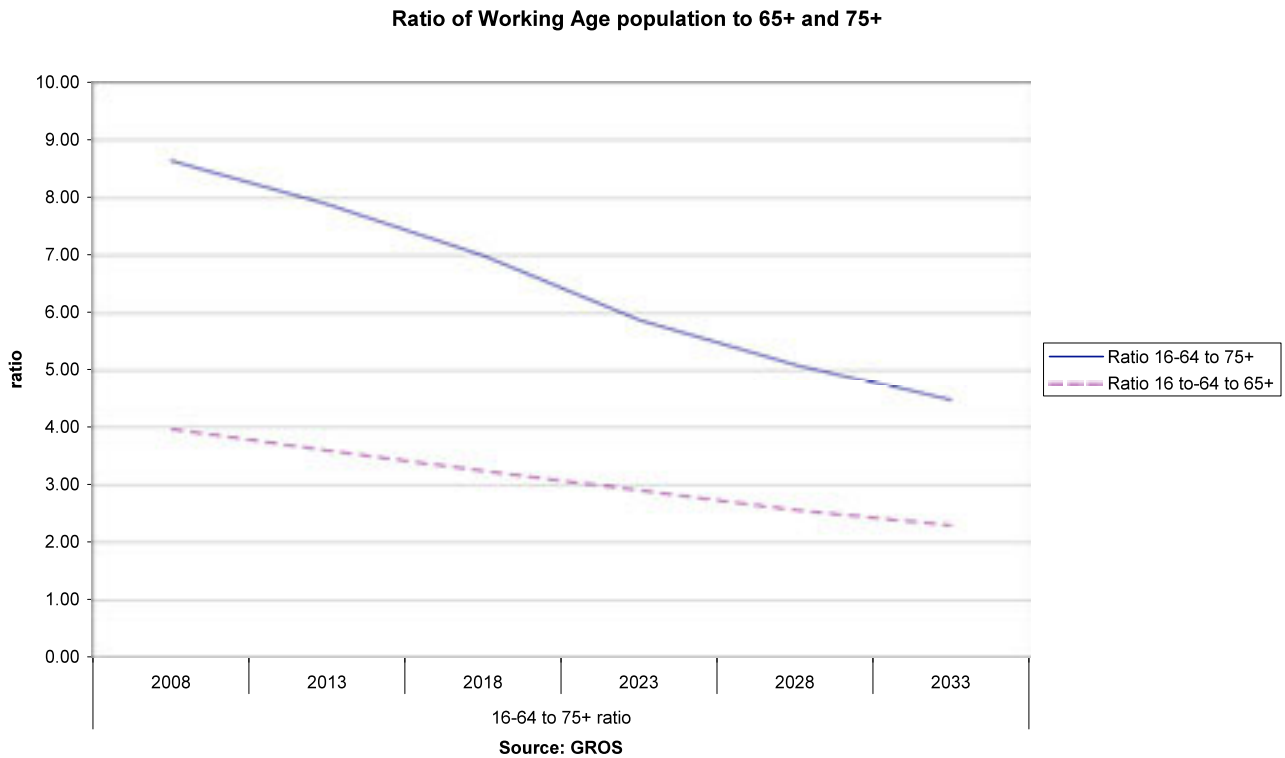


Figure 5.1 (From Bell, 2010b)

<sup>11</sup> Differences are due to rounding between years, however, they only result in a single additional unit over the 25 year period.

<sup>12</sup> I am not at this point limiting myself to housing support under the narrow definition of services that would previously have been supplied through the Supporting People funding, but rather am using a broader conception of services that allow people to remain within their own home.

Bell's work demonstrates that as people age their likelihood of becoming care receivers rises rapidly (Light blue line in Figure 4.1). It shows that a very different pattern exists for informal care givers, who rise from youth, peak in middle age, and then decline into the older age groups. Demographic changes which will reduce size of the middle age group produce the possibility of serious shortages of unpaid carers. Overall the shifts in age ratios will reduce the working age to 65+ year olds as can be seen from new 2008 based projections from GROS:



**Figure 5.2**

It is significant in figure 5.2 that both of these lines are in clear decline, the lower line representing the ratio of 65+ year olds to the working age group, and the higher line the 75+ year olds to the working age population. At present there are more than 8 people aged 16-64 to every person aged 75 or over, and this is projected by GROS to decline to just under 4.5 people 16-64 to every 75+ year old in 2033. Likewise the present ratio of just under 4 people aged 16-64 to people aged 65+ is projected to decline to just over 2 people aged 16-64 in 2033.

Bell's 2010 work (figure 5.1) showed that as the bulk of the carers are in the working age group, declines in the relative size of this group may increase pressures in the home care system. Bell's own projections, based on the ideal of maintaining the current levels of unpaid and informal home care and support suggest that there may be an increasing 'deficit'. By this he means that the demographic changes will result in a smaller working age population relative to the older age groups and the carer age group will be smaller in size. This 'deficit' is not evenly distributed across Scotland but instead is considerably worse in some (most commonly rural) areas than it is in others (principally the large urban areas).

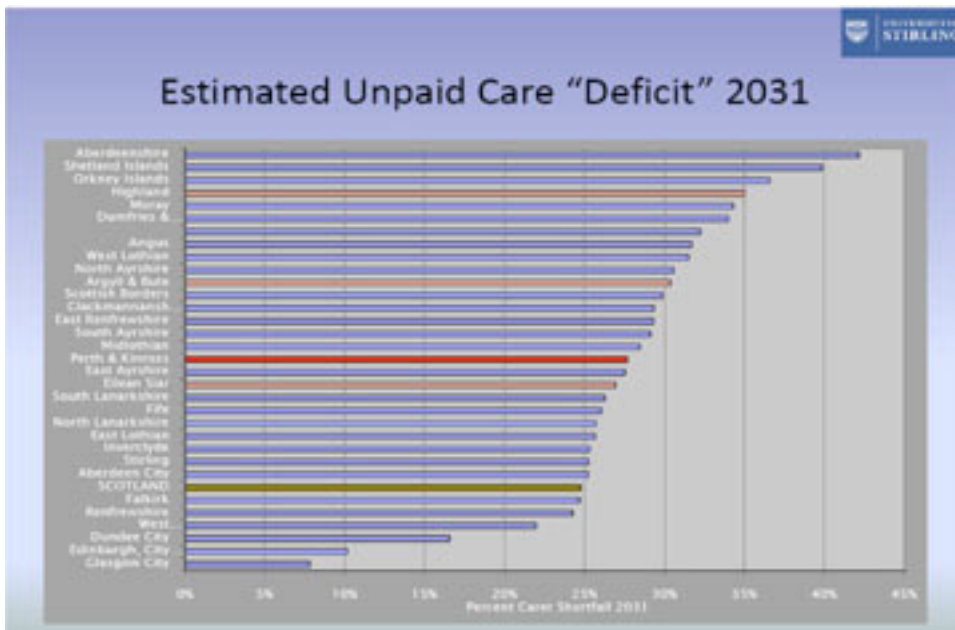


Figure 5.3 (from Bell, 2010b)

### Formal/Paid for Support for people to remain at home

Much of the focus of the analysis and policy work has been on the costs of providing home care or housing support to an ageing population. This was the case both with the Audit Commission's report for England (2010) and for Audit Scotland's (2007) review of free personal and nursing care. Audit Scotland's review in particular highlighted the rising costs of providing this care and provided figures showing that the costs to local authorities were above the allocations provided by the then Scottish Executive, and that the difference between the two was rising sharply:

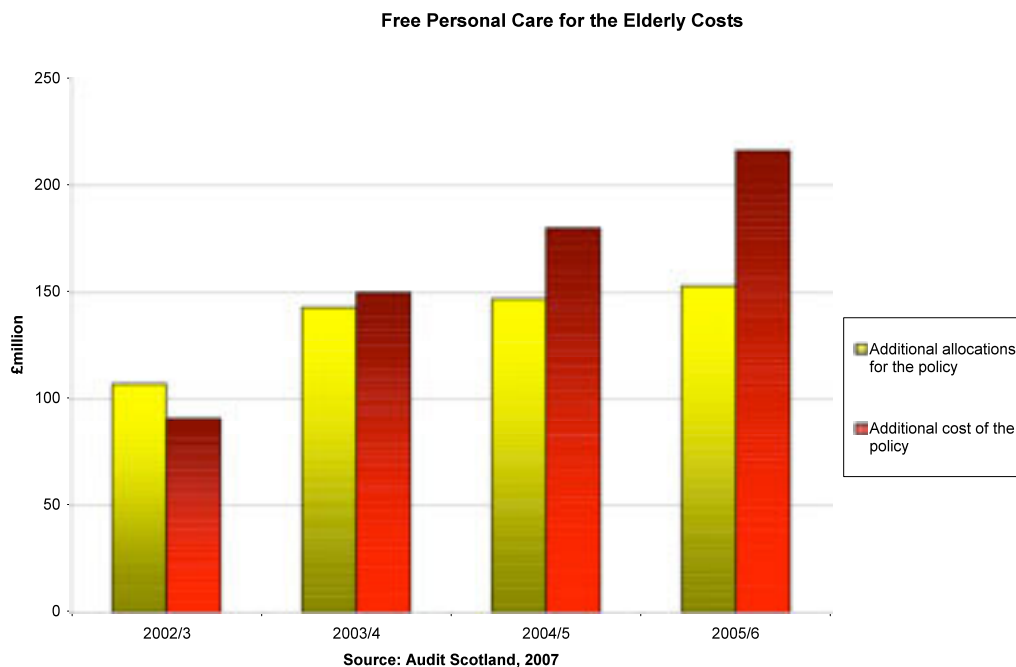
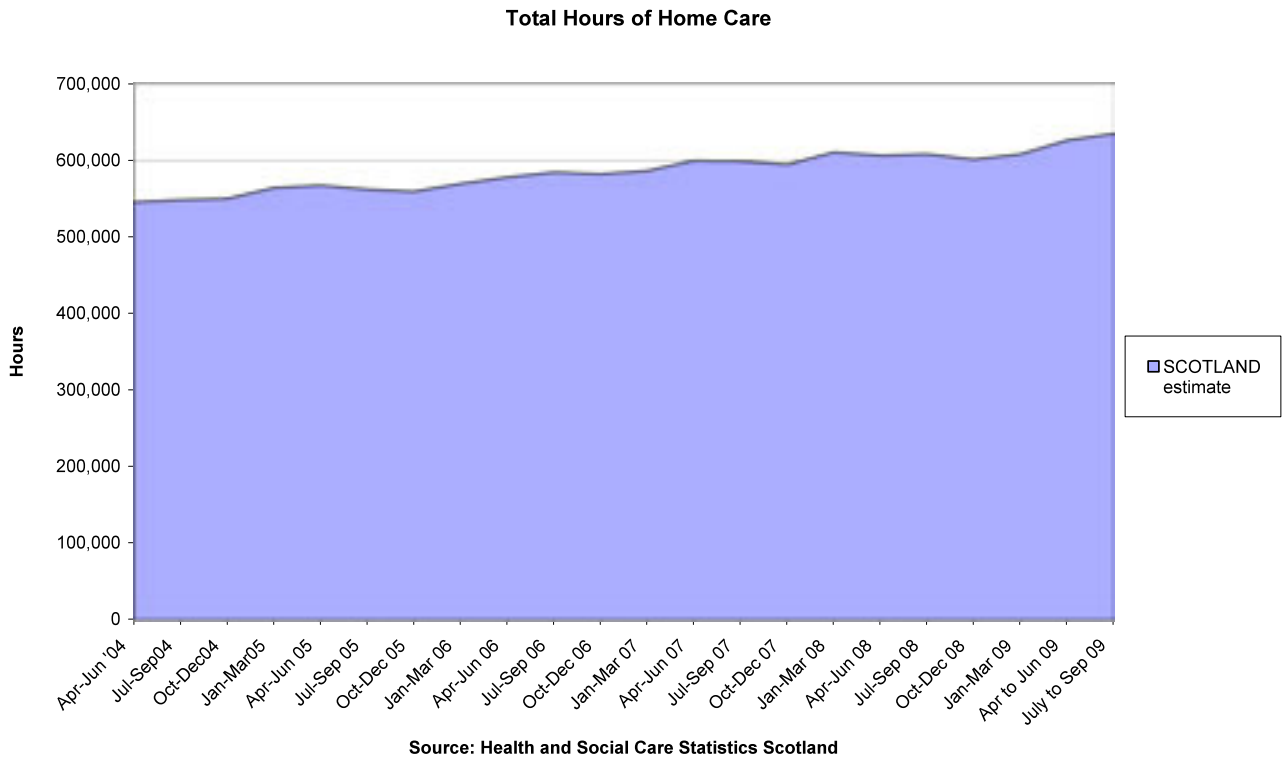


Figure 5.4

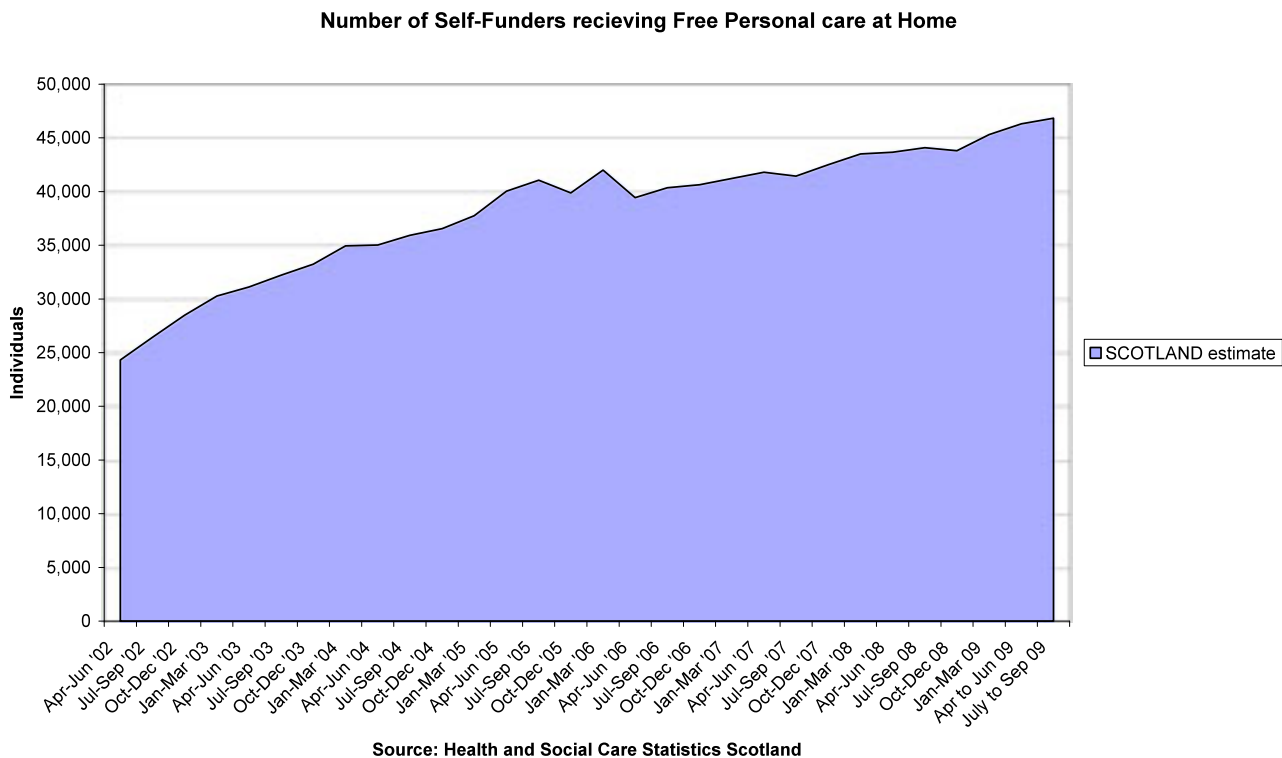
Until the Concordat with Local Government in Scotland, (Scottish Government, 2007), the separate 'Supporting People' budget meant that it was possible to track spending on

providing housing services to older people in terms of the numbers of clients which it supported.

Post Concordat, it is not possible to see if this has been maintained, however, it is possible to measure both the number of hours of home care supplied and the number of individuals receiving free personal care at home. On both measures (shown in Figures 5.5 and 5.6) we can see the numbers have risen from 2004:



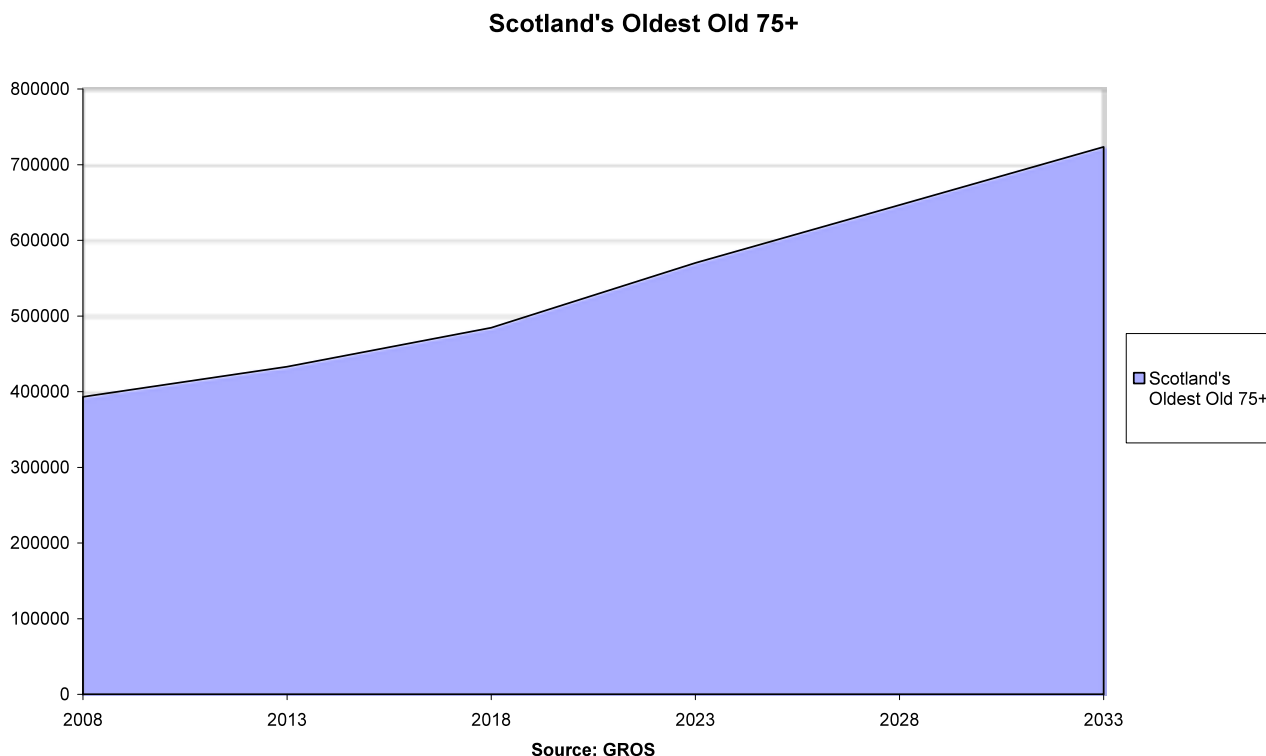
**Figure 5.5**



**Figure 5.6**



In both Figure 5.5 and 5.6 the overall picture is similar, one of rising provision over the years since the introduction of the free personal and nursing care policy. Whilst from quarter to quarter there has been some variation, particularly in Figure 5.6 on claimant numbers, overall the long term trend has been upwards from 24,313 individuals in 2003 to 46,839 by quarter 2 of 2009. Scotland's oldest group (75+) has been growing at an even faster rate than the overall pensioner population. As the likelihood of need for home care increases with age (Bell, 2010b) the growth in this group may mean that there is increased needs for support overall. The increase in the 75+ group is an almost uniform trend across Scotland, however the rate of change is projected by GROS to increase particularly quickly from 2018 onwards:



**Figure 5.7**

Using the GROS projections for 75+ year olds as a base, and assuming all things remain equal, it is relatively straightforward to project the likely scenario going forward which is one of increased need as follows:

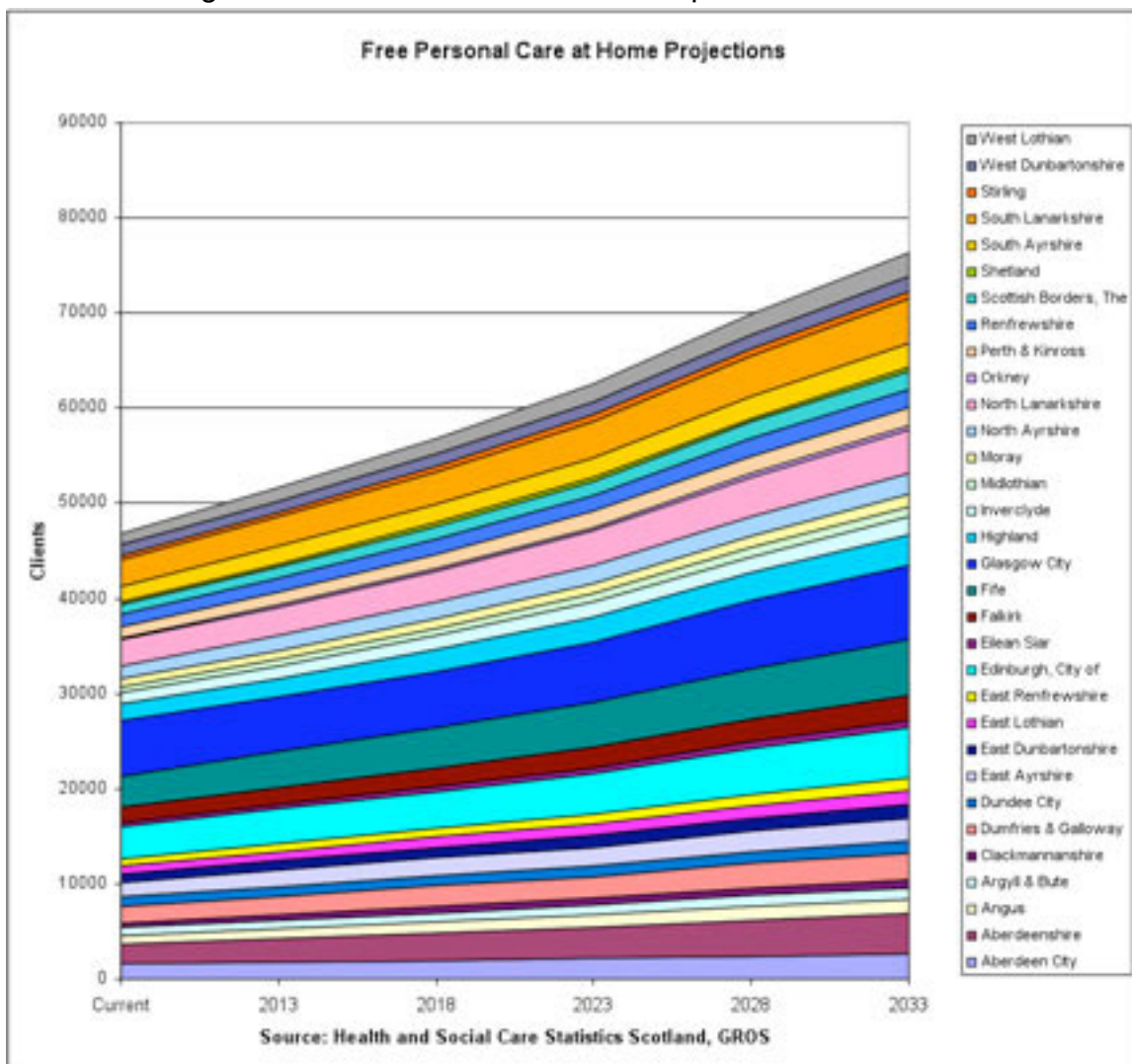
	Scotland's Free Personal Homecare recipients					
	Current	2013	2018	2023	2028	2033
Number of FPC recipients based on 75+ age group	46800 <sup>13</sup>	51500	57500	67100	76600	85600
Percentage of all 65+	5.47%	5.42%	5.50%	5.81%	5.95%	6.07%

**Figure 5.8**

The projected need can be set against Local Authorities by following their individual 75+ projections against their own ratio of current recipients. In this example, current provision of Free Personal Care at Home is used as the main determinant of likely future need with differentials between local authorities expected to remain steady. Any change either to the

<sup>13</sup> All figures rounded to the nearest 100. For exact figures the percentage shown can be set against the GROS tables.

rate of provision in a local area or the rate of provision relative to overall 65+ year olds would necessitate recalculation. Unsurprisingly the largest authorities by population have the largest number and growth in numbers in need for free personal care at home.



**Figure 5.9**

Overall the graph shows a very steep increase in the need for care at home, which, it should be noted is projected separately from the projection for growth in specialist housing supply. What is meant by this is that this need will increase as will the need for specialist housing, and at the same time. It is possible that care at home can supplement or replace some specialist housing, but that further increases the upwards pressure on this curve, which already represents a phenomenal growth in fundamental need.

**6 Section Six: Adaptations**

As was shown in section two, when done well adaptations can greatly improve people’s lives, and their abilities to continue living independently for a relatively cost-effective spend (Heywood, 2005). Needs for adaptation vary widely, both when considering the type and extent of adaptations and also when looking at the location, as rates for adaptations required vary quite strongly by local authority. Very little work, if any, has been done to produce national estimates of need for adaptations to current stock for the pensioner population, indeed Fenton and Markkanen (2009) highlight the difficulties in assessing adaptation needs and adaptability as being one of the main challenges in creating a future model of housing need for older people. They suggest that in order to do this accurately a major research

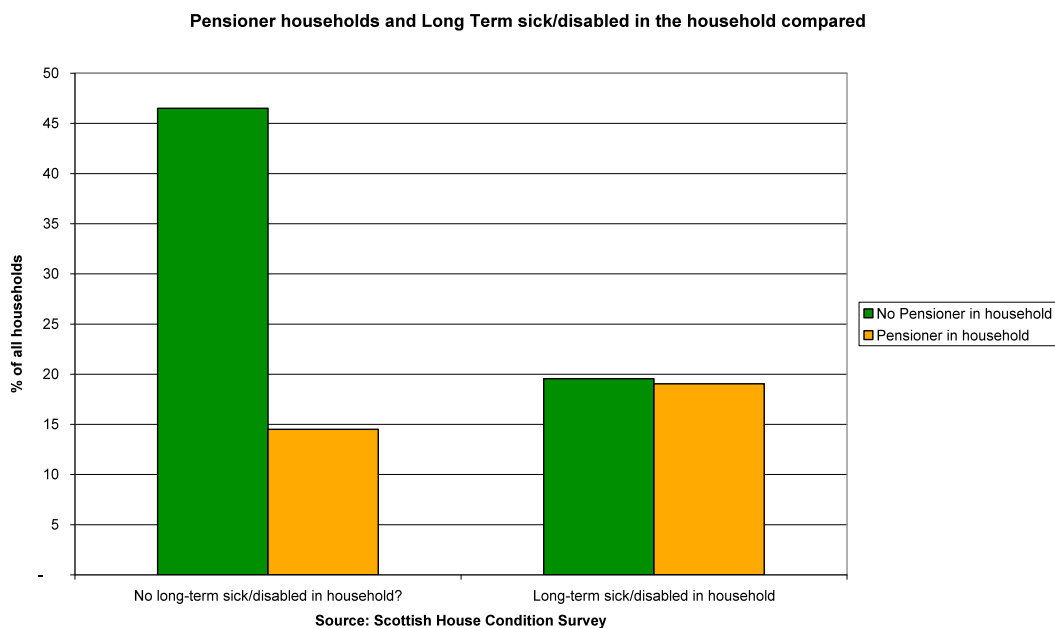


project would be required. Their emphasis particularly is on assessing the suitability of the stock for adaptation, highlighting the fact that much stock is more difficult to adapt sensibly, particularly older stock and tenement flats and that much of the most easily adaptable stock such as newbuild is most likely to be occupied by young families. This preference of older people for older and more traditional stock was noted by several private sector respondents in research for the Joint Improvement Team (JIT, 2009). The interview respondents noted that this can generate a mismatch between the types of housing preferred and that which is most suitable for their needs (JIT, 2006:6).

Difficult as it may be to assess accurately suitability of the stock for adaptation to older people's needs, it is, however, possible to identify the numbers of older people who will need their property to be adapted through the Scottish House Condition Survey which can identify numbers of people with life limiting illness or disability who are in houses that need adaptation. We can also identify from the SHCS those adaptations that are most commonly needed in Scotland, and also the areas in which adaptations are most commonly needed, all of which will be examined in the following section.

### Overall needs for adaptations

More than half of households which contain a pensioner also contain someone with a life limiting illness or disability which is a much higher proportion than is found in households which do not contain one pensioner. Both of these observations can be seen in Figure 6.1.



**Figure 6.1**

It cannot be assumed, however, that every household which includes someone with a life limiting illness or disability is in need of adaptation.<sup>14</sup> This means that to identify needs for adaptations we need to make a further set of calculations. The SHCS asks of all people who report a life limiting illness or disability whether their houses are in need of some sort of adaptation. Overall the SHCS identified 15% of households in which someone with a life limiting illness or disability required their property adapted. Assuming, therefore, that 15% of

<sup>14</sup> I would suggest this may be for at least two reasons, firstly, because not every life limiting illness or disability requires a household to make adaptations, and secondly because many households have already had adaptations undertaken for them. However the evidence is weak.

the 442,000 of pensioner households in which someone reports a life limiting illness or disability<sup>15</sup> will be in need of adaptation we can suggest that around **66,300** pensioner households are likely to be in need of adaptation.

This maps relatively realistically onto the SHCS breakdown of types of adaptation required, in which the most common type of adaptation is to specially designed bathrooms or showers, needed by 44,000 households. As many households will need multiple adaptations, and as the remaining adaptation types decline rapidly in frequency of need, this makes the estimated figure seem to be at least in the right scale of magnitude. Using this as a basis for future projections we can take the all things remaining equal assumption and apply it to the increasing older population. Using the same formula and set of assumptions then, and basing against the growth in older population groups we would estimate future need at a household level to be as follows:

Pensioner households with someone with a life limiting illness with a need for adaptations					
2008	2013	2018	2023	2028	2033
66300	72578	79634	87660	97216	106174

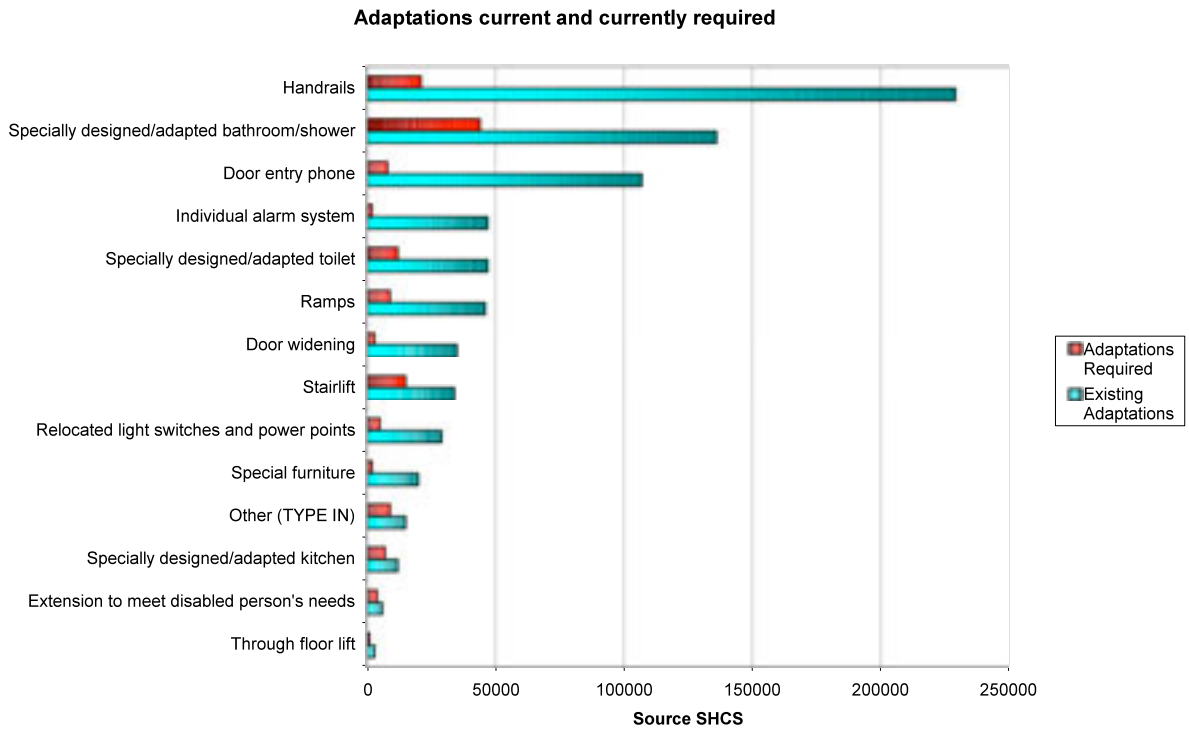
This is an estimate of the increasing scale of the **waiting list for housing adaptations**. Note here that many households may be in need of multiple adaptations, this is a formula for projecting the number of households, *not* the number of adaptations. Clearly the trend is in rapid growth, to a near doubling of adaptations required to 2033. This does not take into account the speed it takes to implement adaptations which as Heywood (2005) showed was crucial to their overall success, and increasing the speed of supplying adaptations would reduce the need. Previous research for the then Scottish Executive on the question of **waiting times for adaptation** demonstrated that waiting times for housing adaptations varied widely both between and within local authorities, and by type of adaptation (Hall with the Social Work Services Inspectorate, 2001:13).

### Types of adaptation currently required

Work on housing adaptations has been progressing for many years so a large number of properties have already been adapted. However there is a constant new demand for adaptations so the number of houses with adaptations is only indicative of previous work on adaptations. As privately owned houses which have been adapted are sold on the open market, and there is no restriction on the sale of private housing with adaptations the map of need and supply is complex, as there will be houses with unneeded adaptations, alongside those with unmet needs in the same area.<sup>16</sup> One way of understanding this is by contrasting the number of houses with particular adaptations against the number of households with unmet needs for that type of adaptation which is shown here.

<sup>15</sup> There is a difficulty here of assuming that pensioners and all households will have a similar ratio of needs for adaptations to their overall life limiting illness reporting rate, but there is no separate evidence which would make me rebase the projections to an alternate scenario. This is an area which may repay further study considerably.

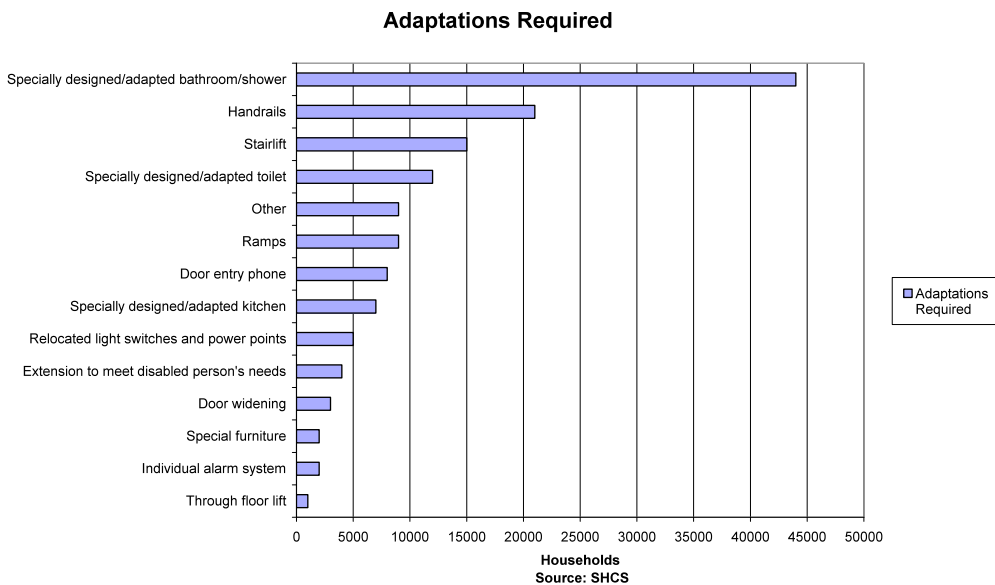
<sup>16</sup> In social housing where stock allocation is possible it may be possible to ensure a better pattern of allocating adapted housing to people with specific needs, providing good stock information is present, but most older people live in owner occupied housing, and as was shown in Croucher, Holmans and Wilcox, (2009) most prefer to remain in their own home.



**Figure 6.2**

The challenge with adaptations – in Figure 6.2 shown in the red columns – is smaller than the number of adaptations already undertaken. As a proportion of historic need then, much adaptation has already taken place. Adapting one person’s home does not mean that the next person’s home will not need to be adapted so, whilst the evidence of adaptations already undertaken is encouraging, there will be a continual stream of new need for adaptations.

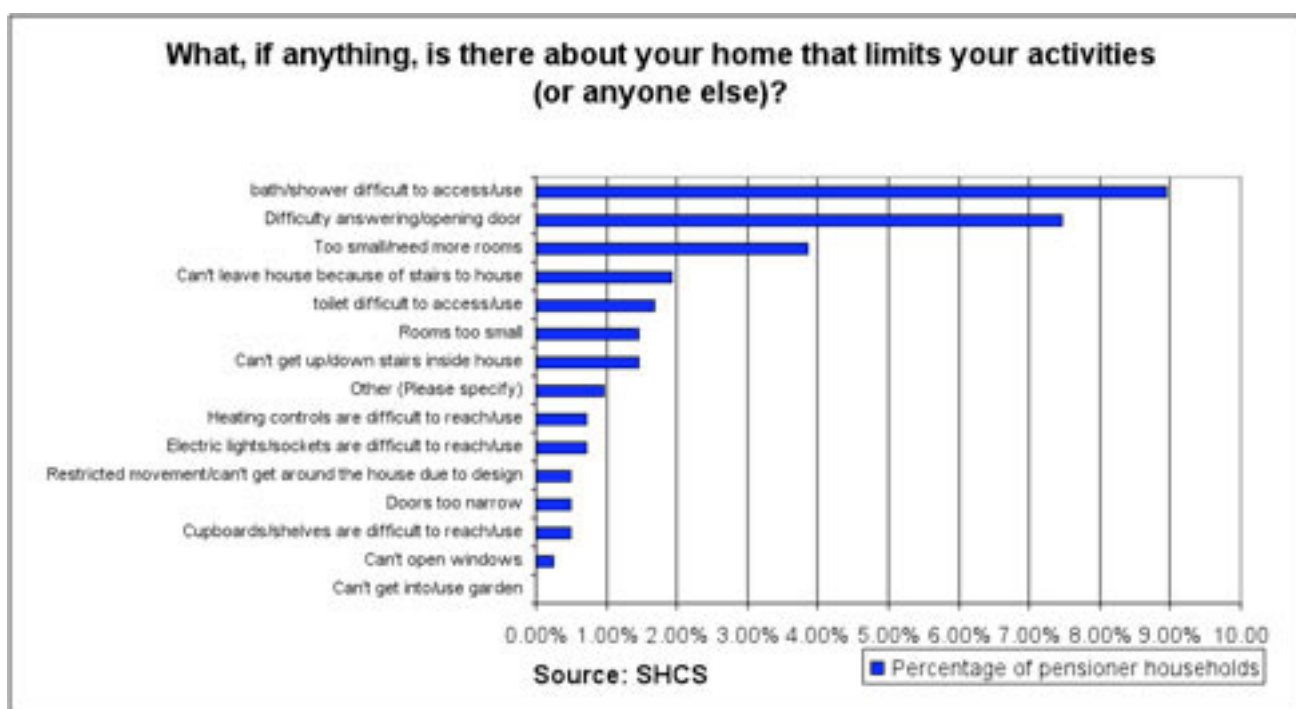
Looking in more detail at the adaptations required (from the SHCS data) we can see that there are distinctly different patterns of need. Figure 6.3 shows the households that need each kind of adaptation. Note that households could need more than one of these adaptations and so one cannot simply sum them in order to assess overall need. Additionally, not all of the required adaptations will be feasible in the property in which the person is currently residing and so these are notional adaptations rather than fully costed or committed works.



**Figure 6.3**

The most commonly stated need was for specially designed bathrooms or showers at 44,000 households across Scotland. The next most common needs were for handrails, stairlifts and adapted toilets. Handrails and specially adapted bathrooms were also the two most commonly provided adaptations. Heywood (2001) also noted that grabrails were the most commonly fitted adaptation though Heywood's later work also put shower adaptations high on the list.

In order to understand how need related to people's daily activities we can contrast the adaptations required with the questions surrounding the types of activities that people had difficulty undertaking. Respondents were asked if there was anything about their homes which limited their activities and as can be seen in Figure 6.4 very similar patterns of needs emerged.



**Figure 6.4**

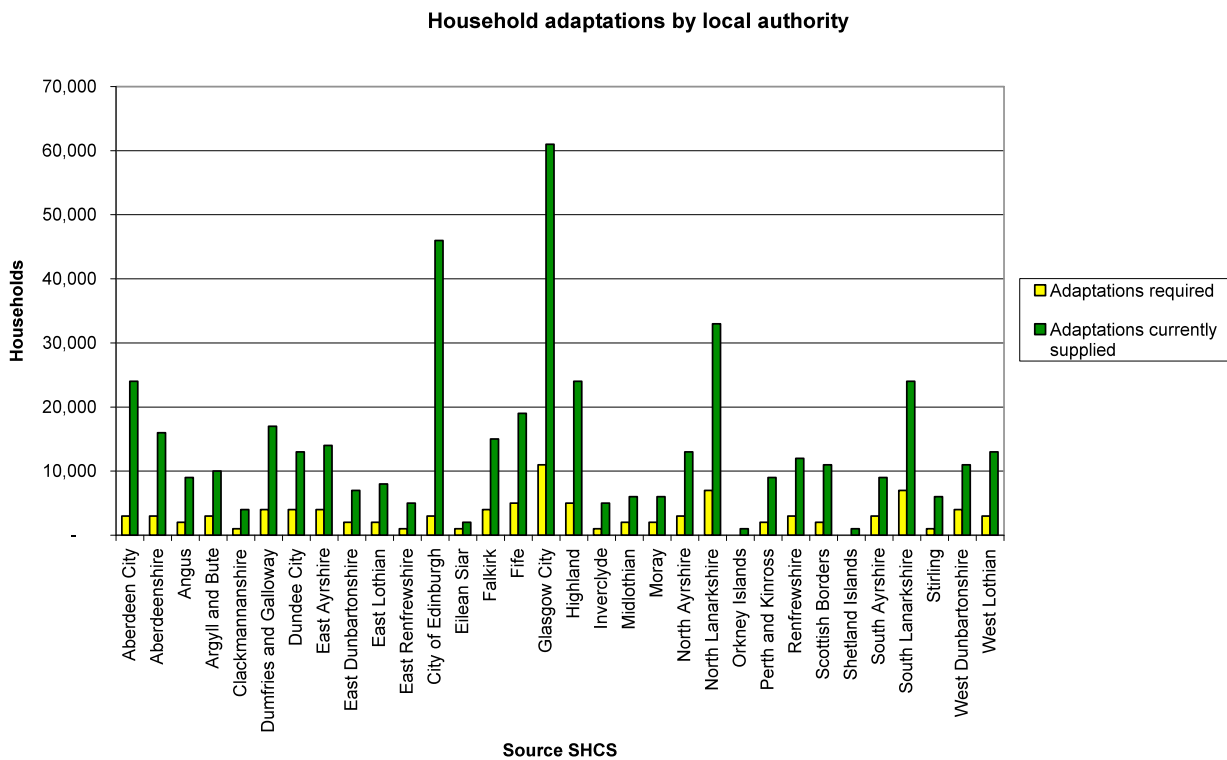
The most commonly stated problem was with bath and shower access which unsurprisingly maps directly onto the most commonly stated need. All of the difficulties people experience which may require adaptations are subjects which were identified by Heywood (2001:6) in research on the cost-effectiveness of adaptations in England and in Heywood's research, problems surrounding baths were also the most frequent identified.

### Areas of Specific need

The pattern across Scotland in terms of needs for adaptations is not uniform. In one local authority, West Dunbartonshire, 10% of the total households in the local authority require at least one adaptation, whereas in the City of Edinburgh and Orkney that figure is 1% or less (SHCS). The Scottish Average is around 4% of households in a local authority, however, this figure is for total adaptations rather than adaptations due to ageing or for older people.<sup>17</sup>

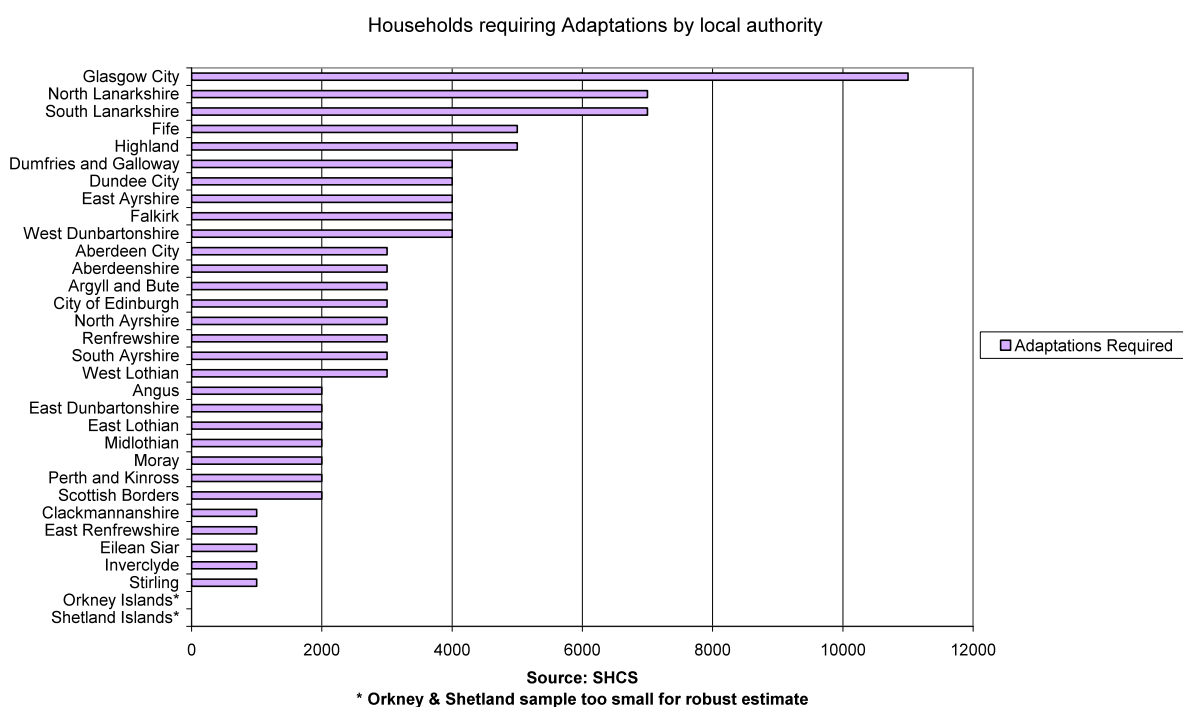
<sup>17</sup> It is not possible to project in a statistically reliable way the proportion of adaptations in a local authority which will be due to ageing rather than those due to other reasons.

Looking at adaptations across Scotland then we can see that both needs and supply vary considerably:



**Figure 6.5**

In Figure 6.5 the green line represents adaptations currently existing in properties and the yellow line represents those households requiring adaptations. It is clear that Glasgow City has both the highest historic supply of adaptations, and also the greatest current need, however patterns vary locally. Edinburgh, for example, has supplied very large numbers of adaptations and has a much smaller number of households requiring adaptations. Looking just at adaptations required, and ranking the local authorities, there are differences in the amount of households which require adaptations.



**Figure 6.6**

In Figure 6.6 there is an artificial flattening of the data, as the SHCS will not estimate households at below 1000 in a local authority; the trend is more important than any local authority's individual figure.<sup>18</sup> There is not an easy pattern here, in that adaptations required do not correlate to any statistically significant degree either with deprivation or population size.

### **Adaptations, Relocations and the Aspirations to Stay at Home**

Numerous studies (e.g. Croucher, 2008; Appleton and Shreeve, 2003) have shown that the majority of older people want to remain in their own current home for as long as possible into old age. Successful physical adaptations to older people's housing allow them to fulfil this aspiration, and provide the added benefit for Government of being on average considerably cheaper than providing new specialist or sheltered accommodation. Indeed Heywood (2001) titles his study of the value of adaptations 'money well spent'. However as the complexity of problems facing people increases, and larger numbers or more expensive types of adaptation<sup>19</sup> are required the cost of providing adaptations can rise considerably.

Relocations for older people can be not only costly, but also physically, emotionally and mentally demanding. In focus groups with older people JIT found that a variety of concerns both practical and emotional surrounded moving from one's present home into sheltered accommodation or other specialist housing for older people:

The strong emotional ties that older people have to the home in which they live; the neighbourhood; and, in the case where they are moving to smaller accommodation, the belongings they may have to leave behind or give away were all apparent in the focus groups. Also mentioned were leaving

<sup>18</sup> This explains the apparent lack of need for any adaptations in Orkney and Shetland. We do not project a complete lack of need in these two areas, but instead we accept that the sample is too small to be statistically robust.

<sup>19</sup> This excludes the cost of providing home care or assistance, which is clearly also of relevance here.

neighbours who had become friends, and possibly having to leave pets. This was strongly linked to fears of isolation, and not necessarily being able to make their own decisions about what to take and what to leave. On a practical level giving furniture and other things away was seen as difficult as charity shops often declined their offers, and both physically and emotionally packing was felt to be harder for older people. (JIT, 2010:6)

All of these factors need to be addressed in order for an individual older person to make a successful transition from general needs housing into specialist housing. If adaptations can affordably provide a way to avoid having to relocate, then they can save money for the public purse; help people to maintain their aspiration to remain in their current home; and help older people to avoid the challenges associated with moving house into specialist housing.

## 7 Section Seven: Consequences for the Wider Housing Context

House price equity has long been seen as a significant source of wealth and also a form of personal security into retirement. The ageing population and attendant rise in the needs for services may incline the population more to access this wealth through equity release or downsizing although, in the past, this population has been reluctant to access this in a large scale. In the long term however there have been suggestions, such as by Myers and Ryu, that relying on house price equity may not be a secure investment for retirement. They highlight the age profile in the American context, demonstrating that the 'baby boomer generation' has been the major mover in American housing markets, a finding that is likely to be similar here. Using an age profile curve however they suggest that as the baby boomers cross the buy/sell age line (shown below) there may be substantial downward pressure on house price fundamentals.

Myers and Ryu: Aging Baby Boomers and the Generational Housing Bubble

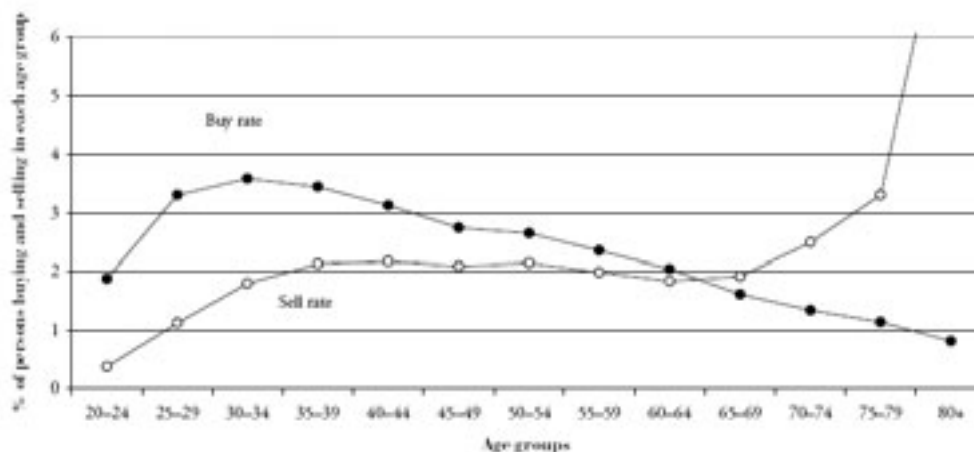


Figure 3. Average annual percent of persons buying and selling homes in each age group, for the United States, 1995 to 2000.

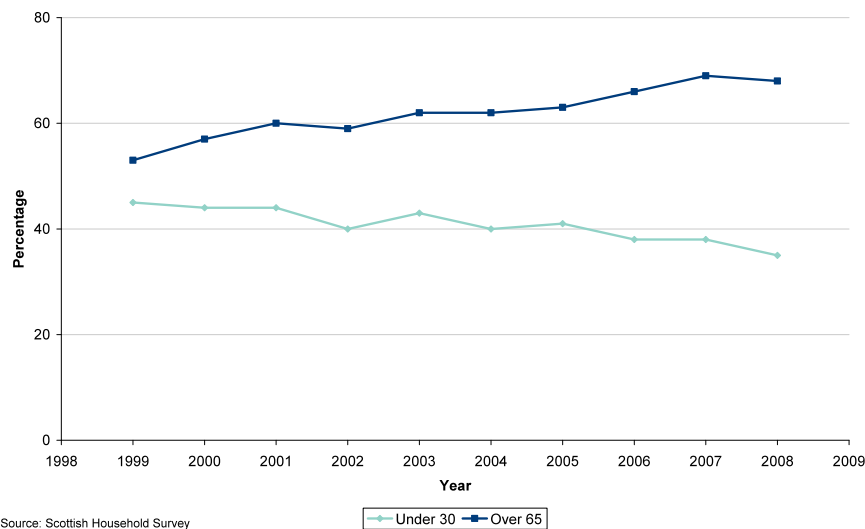
Note:  
On average, 8.8% of persons 80 and older sold homes each year.

### Figure 7.1

The curve here illustrates likelihood of individuals at a certain age buying or selling a house in the United States. As age increases the likelihood of selling increases, whereas the buy rate peaks at 30-34. The point that Myers and Ryu (2007) make is that the baby boomer generation, the largest in the USA (and the UK, and Scotland incidentally), is just about to hit the crossing point at 65, at which point they become substantially more likely to sell than buy. With a greater ratio of likely sellers to buyers they suggest the fundamentals for house

price equity are not promising. Similar evidence has been produced for Australia by Guest (2007) who projected that the changing population profile would lead to a 10% projected fall in real house prices between 2002 and 2052, as a result of the ageing population and similar demographic shifts.

Scottish evidence is showing very strongly that ownership patterns are changing rapidly although it is unclear what the consequences for housing equity will be. Analysis of the Scottish Household Survey shows that home ownership is in rapid decline amongst younger households, from 45% of households under 30 in 1998 to 35% of under 30's in 2009 and has been rising rapidly amongst older age groups from 53% of over 65s to 68% over the same period (illustrated in Figure 7.2)



**Figure 7.2**

It is more likely that the change in the over 65s is more to do with home owners entering this age group than through their own new activity in the housing market, as relatively speaking they are far less likely to buy a house than younger groups, providing that Scotland follows a similar pattern to that identified by Myers and Ryu (2007). In Scotland a large homeowner group entering their retirement years may have similar effects as is projected for the USA, however, there is no directly comparable data to that produced by Myers and Ryu.

Attitudes to home ownership in later life will be important in Scotland in the future, and have been changing rapidly. Analysis of the Scottish Public Opinion Monitor SPOM shows that since 2007 future plans have shifted quite considerably. Home owners in 2010 have become much more likely to wish to move in order to live in a smaller property than they were in 2007. Indeed if the rate of change were to continue we project that next year (2011) home owners would be more likely to want to move to a smaller property than a larger one:



Proportion of homeowners who want to move to a larger house against those who want to move to a smaller property

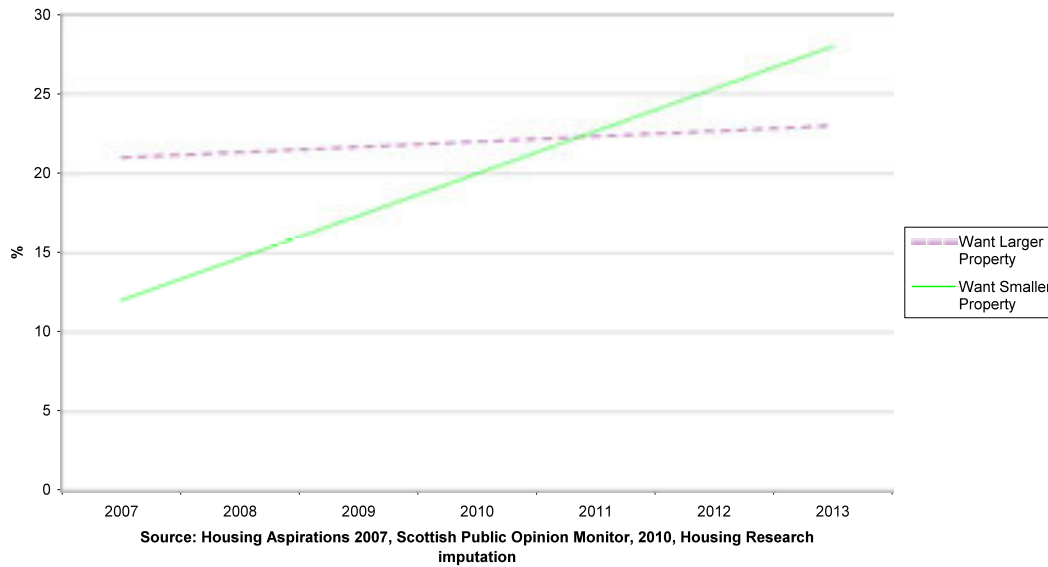


Figure 7.3

This difference is very likely to be age related. Older people are much more likely to be in home ownership than are younger people (Scottish Household Survey, 2009), and as we can see in Figure 7.4 Older people are more likely to want to move to a smaller home than a larger one, and considerably more likely to want to move to a smaller home than younger people.

Reason for move by age

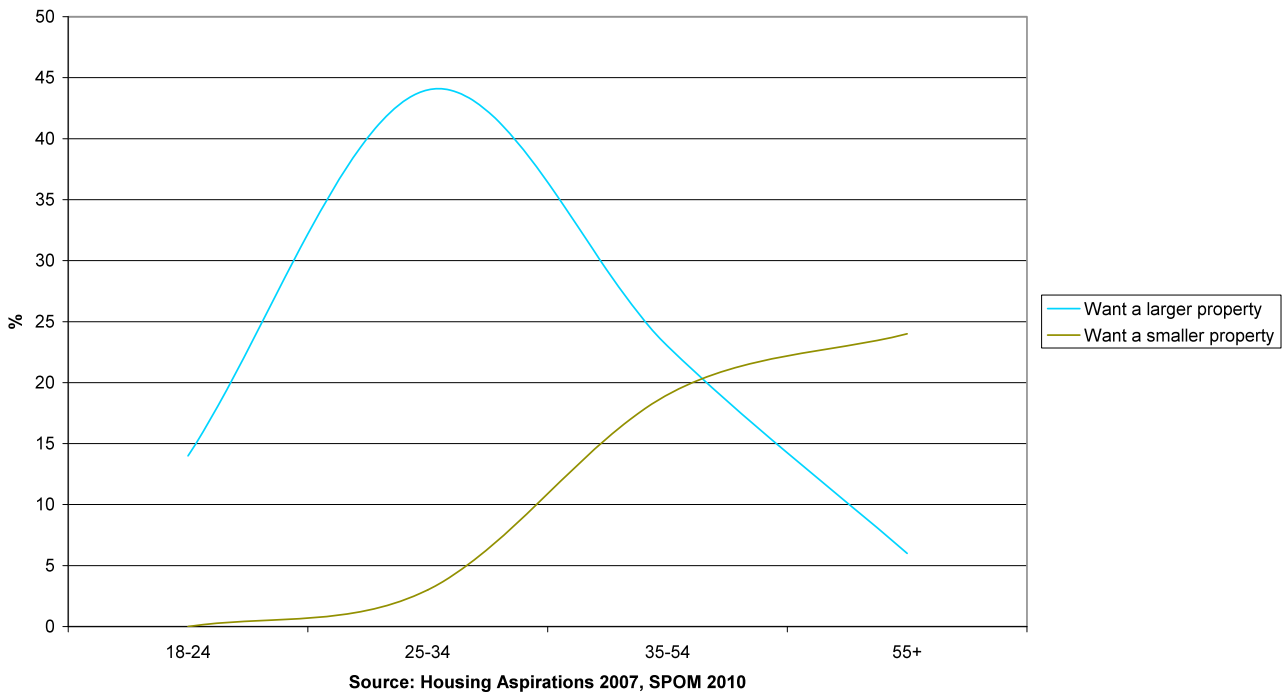


Figure 7.4

This diagram suggests a slightly different future to that projected by Myers and Ryu (2007) and Guest (2007), for the USA and Australia respectively. Instead it suggests that in the

Scottish context rather than a desire to sell-up, people would rather remain home owners, **but move down to a smaller property, as they age.** The large peak in people's late twenties and early thirties corresponds to the periods of peak fertility, in which people are most likely to have children (GROS, August 2009), and during which they are most likely to wish to move to a larger property. The rise in people's desire to move to a smaller property increases as the desire for a larger property declines across the age bracket.

## 8 Section Eight: Conclusions

This research on ageing has highlighted that three areas pose particular challenges as the Scottish population ages, and the age profile changes. These areas are Housing Supply, Adaptations and Support, though other consequences have been suggested, such as the impact on the housing system as a whole and the housing market, of having a very different age profile. Clearly against a background of an extremely tight fiscal position for the foreseeable future, large-scale spending commitments are going to be difficult to carry out. The ageing population places a particular challenge in this direction as it implies consistently growing costs for providing the same levels of service at present. The ratios of specialist housing stock to pensioners likely to need it in section four provided a good example of this, as unless provision is to fall, then costs will rise. There is not an easy 'stand-still' position, instead the choices will be to provide services differently, more cheaply or manage their decline in quality and/or the relative scale of provision.

### Brief Conclusions

- The projections here suggest Scotland will have **many more people ageing in their current homes** both as a total number, and as a proportion of the pensioner population. If there is a constant proportion of older people in need of specialist housing then **demand for specialist housing would grow commensurately**. This could mean either greater pressure for public sector delivery, or the Scottish Government could facilitate its being built in the private sector.<sup>20</sup>
- This research has highlighted the **lack of an accurate picture of the people who use sheltered housing** with no current regular collection of statistics on specialist housing residents. This kind of a collection could greatly improve the understanding of the specialist housing system, which in turn could lead to more accurate projections of future need.
- The research here has shown that **prior decisions**, such as those made by the Scottish Executive in favour of free personal care at home, though they had significant housing impacts, have not always taken into account the sometimes very significant consequences of their decisions for the housing system.
- **Support for people to remain at home both formal and informal** (following David Bell's work) **was shown to be under great pressure**. Costs have risen, though as the Supporting People data is no-longer collected we cannot be sure by how much. There is a significant challenge posed by the ageing population profile, with the large population cohort which is currently in the key later middle aged group moving into old age. This group supplies a very large proportion of the informal homecare, and will soon be moving from the age bracket which is most likely to give care, to that which is most likely to be in need of care.
- Research has shown that there are **great disparities between local authorities in terms of the amount that they spend on adaptations per-head of pensioner population**, and this is not easily explained by the rural-urban differential (or deprivation or other standard analytic factor). Speed of adaptation services are also important, as it has been shown that the longer it takes to enact an adaptation, the lower will be its likely effectiveness.

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<sup>20</sup> Private sector delivery may chime better with people's housing aspirations, as a majority (56%) of people aged 55 or over would prefer to be in home ownership (Ipsos-MORI, 2010) and only 13% would want to rent their home from a Social Landlord.

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## Appendix 1.

<b>Scotland projected numbers eligible for attendance allowance</b>	<b>Current</b>	<b>2013</b>	<b>2018</b>	<b>2023</b>	<b>2028</b>	<b>2033</b>
<i>Scotland</i>	167930	184683	202430	222645	248653	271173
Aberdeen City	5250	5621	6159	6840	7601	8229
Aberdeenshire	5210	6254	7355	8546	9733	10886
Angus	3640	4171	4671	5111	5652	6097
Argyll & Bute	3550	4000	4359	4695	5042	5309
Clackmannanshire	1180	1380	1555	1731	1954	2192
Dumfries & Galloway	5500	6211	6851	6851	8066	8567
Dundee City	5590	5866	6103	6447	6963	7303
East Ayrshire	4480	5011	5523	5987	6578	7189
East Dunbartonshire	3820	4255	4637	5092	5616	5894
East Lothian	2770	3139	3484	3906	4431	4964
East Renfrewshire	3020	3331	3603	3992	4486	4826
Edinburgh, City of	11430	12265	13383	14782	16652	18523
Eilean Siar	1240	1351	1486	1605	1746	1877
Falkirk	4380	4899	5465	6011	6728	7500
Fife	9720	11144	12413	13767	15326	16811
Glasgow City	22700	22298	22826	24869	28082	31027
Highland	6600	7706	8882	10035	11274	12423
Inverclyde	3340	3570	3831	4144	4599	4913
Midlothian	2220	2566	2860	3127	3452	3710
Moray	2220	2531	2829	3123	3457	3760
North Ayrshire	4860	5496	6077	6631	7221	7749
North Lanarkshire	12280	13539	14870	16471	18347	20279
Orkney	580	675	772	870	983	1093
Perth & Kinross	4720	5399	6058	6706	7447	8170
Renfrewshire	6370	6933	7474	8063	8937	8937
Scottish Borders, The	3240	3721	4181	4655	5207	5708
Shetland	640	755	881	985	1102	1206
South Ayrshire	4880	5385	5860	6345	6862	7265
South Lanarkshire	11780	13079	14492	16263	18237	19995
Stirling	2430	2766	3062	3324	3666	3991
West Dunbartonshire	4110	4362	4646	5103	5622	6094
West Lothian	4180	5005	5781	6567	7586	8687

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