

Rural Housing, Older People and The Big Society

This paper originated in a piece of work originally explored with the Commission for Rural Communities in late 2009 and commissioned by it in early 2010. Since then a General Election has intervened and the funding and policy landscape has changed. A number of agencies which have rural housing and the needs of rural older people as part of their brief have been advised of their imminent closure or some form of recalibration which may not serve the interests of rural elders so well.

Reordering and updating this briefing for the Housing Learning and Improvement Network (LIN) may prove a useful reminder of just how much has been said and written about the rural dimension of housing choice and care provision. It also builds on the Housing LIN Factsheet no12, An introduction to Extra Care in Rural Areas.

Contents

	Page
Introduction and Context	3
Part 1: Introduction: Ageing in Place	6
Part 2: Prevalent Themes	9
Part 3: Housing an Ageing Rural Population: Challenge or Opportunity	18
Part 4: Building On Recent Initiatives	27
Appendix 1: Useful Exemplars	32

Introduction and Context

The paper identifies a number of gaps and deficits in both our thinking and action on housing for rural older people but also makes clear that we do not have to reinvent the wheel. A brief scan of the literature over the last ten years should convince that we are not short of ideas. Notwithstanding that, we are embracing new policy and funding arrangements that are powered by new thinking and new objectives, centred on the self determining pluralism of 'The Big Society', the rolling back of central Government and on specific themes and processes such as Localism.

The merits of 'independent living' are a key feature of the policies and literature since 2000 identified here. In many ways, the approach taken by the Coalition Government now brings these to a head. In particular, the new Government favours a marked culture shift to preventive strategies intended to keep older people out of expensive NHS and long term residential care and it wants to see far more people able and equipped to live independently in the community. The prevailing emphasis therefore is on investing in the existing housing stock - the homes older people already occupy - to enable them to remain there - to 'stay put'.

Intrinsically, there is nothing new in this but the drive and determination to make this happen, while disengaging from alternatives such as local authority and housing association-led sheltered and extra care housing is of an unfamiliar order. A number of alternatives have already been foreclosed or sources of capital funding reduced or ring-fencing removed. New initiatives may emerge. Following the recent Spending Review, the new Department of Health Circular on capital allocations for councils with adult social care responsibilities (DH, 2010) highlights how councils can consider making further investment in extra care housing as part of an overall strategic approach to meeting the portfolio of local housing, care and support needs.

In addition, with reductions in the Homes and Communities Agency Affordable Housing Programme in the next few years, the ability of housing associations to deliver rural housing generally and that for older people specifically is likely to be limited. Early indications of thinking in a forthcoming Government policy strategy - '*A UK Rural Review*' (at the time of writing awaiting outcomes from the Spending Review) do little to dispel the view, evident throughout the last decade, that when making provision for rural housing we focus almost exclusively on its' fit with economic development, labour mobility and the specific housing needs of the young.

On the evidence of recent months, DCLG programmes and investment look certain to be shaped by the emerging Localism agenda; by a strong shift towards decentralisation; by cost effective third party funding and delivery through collaboration and partnership; and by a maturing of the pluralism, self-determination and volunteering values embedded in The Big Society. Some of the outcomes we are likely to see in housing for later life include:

- a push in the social rented sector to make better use of downsizing and of adapted properties to meet the needs of older people and free up larger properties for families (see Housing LIN Viewpoint on Downsizing);

- the development by local planning authorities (LPAs) of downsizing strategies for older people; more use of telecare and assistive technology to enable older rural people to stay put;
- investment in handypersons and Home Improvement Agencies (HIAs) to fund home improvements or undertake adaptations;
- enabling 'staying put' as a means of reducing the cost of NHS admissions/readmissions and long stay residential care; and
- linking the home improvement strategy with high quality housing and care Information and Advice from organisations like FirstStop, particularly in areas like hospital discharge; and more national partnering of and some pump-priming for local delivery innovators.

Elsewhere, the launch in July of the Commission for the Funding of Care and Support illustrates the Government's wider ambition to place under the microscope the funding system for care and support in England. We can therefore expect the Commission to report on the best way to meet care and support costs through partnership between individuals and the state; on the ways and means an individual's assets can be protected against the cost of care; and how public funding for the care and support system can be rationed to meet needs. It won't reinvent the wheel either. In fact, the Commission *'will build on the extensive body of work that has already been done in this area and provide advice on how to implement the best option.'* What it will do differently however will be to synchronise with the urgency and speed that the new Government is applying to its concomitant - independent living for older people. It *will therefore 'accelerate the reform process and provide a report by July 2011'.*

In the meanwhile, the chief area for attention will be 'Localism'. At the time of writing, a Bill is due imminently. In its orthodox form this should see devolution to local government but may herald a shift of power and responsibility away from accountable local control as central government reaches out to partnering with the independent sector, with entrepreneurs, corporations and new interest groups deemed to be more capable of or more suitable for local delivery of services. It raises a central theme of this paper - who will champion the housing and care interests of rural elders and which providers will be *resourced* and to what extent to deliver the assets and services required. The graduated shift to 'personalisation' was already well under way under the previous administration but, following the Government's recent social care White Paper, *Capable Communities, Active Citizens*, has a renewed impetus and the scope is set for escalation under the Coalition.

There are some engaging themes in the Government's programme to transform housing and care for older people and these should not be underestimated - the development of innovative partnering and collaboration vehicles including 'mutuals'; greater use of technology in the home to enable people to live independently; the empowerment of local communities and neighbourhoods; the focus on isolated and hard to reach older people (many in rural areas) and renewed efforts to promote their social and service inclusion; new pathways in tackling hospital discharge and supporting reablement; and a genuinely preventive approach to well-being and

healthcare based on improving the home environment. These are to be welcomed and they resonate with much that has been said and done over the last ten years..

It is also important to keep an open mind on the planning and development context of housing for rural older people. Certainly, there is a slow down in the delivery of new build solutions, and the level of demand in and the size of rural settlements challenge the viability and scale of orthodox sheltered development. Rural communities are smaller, often harder to get to, potentially more costly to develop in, tend to have high land values and attract the attention of only a handful of housing associations and few (other than upmarket) retirement housing developers. While the economy recovers from recession and housing providers across all tenures gain a second wind, the Government may be right that the most effective and far reaching solution to meet the housing and care needs of the vast majority of older people may lie in adapting and equipping their existing homes to enable them to stay put. The attraction of doing so in rural communities may even be compelling provided the services and the transport are also in place.. And of course there is the added advantage that this objective can be met substantially through self-funding, the procurement of HIAs and other property related services.

But what about new build? After all, not everyone can or wishes to remain in their existing home. We also need to push the envelope of new housing design, improved specification and the use of assistive technology. These are key ingredients in learning to live independently. Building new housing is also an effective demonstration that we are empowering older people, and there is no better place to start than in rural areas where the scale actually favours modest and deliverable 'pilots'. Think of just 4 one storey units or perhaps a maximum of 6 or 8 homes, *integrated within* the existing villagescape - rather than 52 two bed apartments in three storey blocks wrapped around a large tarmac apron for 40 cars. *As we go on to show there is a long standing need to develop and pilot imaginative micro-housing schemes for older people in rural settlements that sustain the demographic and social balance of small communities, which respond to rural 'place-making' and which enhance the independence of and the peer support available to the occupier.*

Promoting and safeguarding the interests of rural older people may prove to be the biggest test of Localism as it percolates to the 'community planning' level. In its planning 'green paper' *Open Source* (Policy Paper No 14), the Conservative opposition drew on '*collaborative democracy*' and the use of '*collaborative development of village plans*' as one relevant model to inform a new community engagement process. It rejected the idea that centrally driven targets are the answer to increased supply. Instead, local market conditions, needs and circumstances would require a more flexible approach. It envisaged a burgeoning of Local Housing (Community) Trusts which will "*enable villages and towns to develop the local homes that local people want provided there is strong community backing.*" Furthermore, "*we anticipate it could be a mixture of market housing for sale, affordable housing for rent, sheltered housing for elderly local residents or low cost starter homes for local families struggling to get on the housing ladder*". It will be interesting to see how this develops and what lessons the last 10 years may hold for rural delivery in the next.

Part 1: Ageing in Place: The Key to Sustainable Communities?

- 1.1 The aim of this paper is:
- (i) to provide an accessible resume of the recent and emerging scope of government and independent sector activity in the planning and delivery of housing for older people in rural areas;
 - (ii) to signpost the key policy documents and publications that have shaped the housing (with care) process in recent years and link these with emerging events;
 - (iii) to identify prevalent and emerging themes, issues and gaps that require our attention, and;
 - (iv) to make recommendations for action in improving the housing circumstances of older rural people, ideally through collaboration formal partnering.
- 1.2 The availability of publications and, to a significant extent, exemplars of housing for older people specific to rural areas is limited. The literature leans heavily in favour of the needs and circumstances of older people *generally* rather than those who happen to live in rural settlements. Their particular needs and the characteristics of the settlements they live in have sometimes been sidelined by the preoccupation with Extra Care Housing (ECH) as the recent preferred solution to the needs of those older people who choose or who need to move. However, the orthodox ECH model tends to be unviable in smaller settlements and is essentially a larger scale or urban solution. Micro versions (4-8 dwellings) or a 'hub and spoke' approach *are* a way forward but are emerging too slowly and too sporadically. Development and research are limited. They deserve more attention.
- 1.3 But the overriding fact is that the vast majority of older people *will age and die at home*. Recognition of the latter is now driving the thinking of a number of policy communities and the Government has made clear its financial and social preference for 'staying put' and 'ageing in place'. Intended in part to reduce the frequency and cost of NHS admissions and entry to residential care this strategy presents a number of challenges for older people in rural communities where housing options may be limited by supply or by geography. This paper captures some of the main implications. It is also the case that rural housing policy and funding tends to prioritise the needs of the young and the economically productive. A number of the policies, publications and projects cited below refer to the fact that older rural people are treated as if they are '*invisible*'. Going forward a chief consideration for those involved in promoting or providing housing in later life is how to increase the visibility and amplify the voice of older people in rural housing policy.
- 1.4 We identify a number of rural housing exemplars but these are relatively few and point up the general lack of 'coverage'. Where exemplars do exist they are often and necessarily bound up with the provision of *housing related services* rather than housing (the built asset) itself. However, this underscores helpfully,

and often imaginatively, how housing for rural older people must develop - i.e., *as part of a holistic and integrated approach to services in which housing is planned alongside transport, amenity, adult social care and health services.* This is an overriding theme of recent policy proposals and it fits closely with efforts to develop a more integrated 'Total Place' or community asset based approach to local government.

- 1.5** In turn, this demonstrates that while the supply and choice of housing for older people in rural areas is limited - particularly in the case of new build 'micro-schemes' - in smaller rural communities utilising assistive technology such as telecare heralds a wider choice of both new and adaptive housing (and care) solutions *within* the settlement. There is an opportunity *now* for innovation in rural areas (gradually being taken up) which may well point the way for much greater invention in the planning, design, procurement and delivery of mainstream housing. The emerging 'Localism' agenda may help to focus rural communities on the provision they make for older residents and the part the latter play in the sustainability of social, economic and service networks. There is a clear imperative to plan for our 'future selves'. This opportunity needs to be expanded and it requires the support of a local 'champions' or of a coalition of interests to promote it and to unlock some of the obstacles that currently slow its progress.
- 1.6** The most significant feature of the 'housing for later life' landscape is the way in which the older person's existing home is increasingly seen as a means to deliver other objectives in health and adult social care. For the foreseeable future, policy makers expect to align 'independent living' with an imperative to drive down the frequency and cost of NHS admissions and visits to GPs and to rein in the expensive options of residential and nursing care. Older people accounted for nearly 60% of the £16.1 billion gross current social care spend of local authorities in 2008-09. Those aged 65+ accounted for 40% of all hospital bed days and 65% of all NHS expenditure. (*source*: provisional data National Adult Social Care Intelligence Service www.nascis.ic.nhs.uk)
- 1.7** By '*retooling*' the home with aids, adaptations and telecare (particularly attractive in rural settlements), Government can aspire to reduce and *avoid* healthcare costs; sustain independence; empower older people; consolidate rural employment in the home improvement sectors; restore 'balance' to communities eroded by the export of older people to facilities available in the larger service centres; and can build capacity and sustainability at lower cost. There is an opportunity to join up policy and funding further through digital inclusion and through 'retrofit' and care and repair programmes.
- 1.8** This promotion of 'ageing in place' and independent living offers real opportunities. For Government it is a socially attractive and fiscally sound approach to housing, health and care in a recessionary climate. It is expected to save money, to mark a cultural shift in later life expectations and promises better value and joined up policy at national and local level. It will gain further value by opening up the door to greater and more adventurous opportunities to partner with the private and independent sectors; and to better plan and deploy *all* of the community's assets in the delivery of housing and care. It also

synchronises with the thinking behind 'Total Place'. For rural older people there is the greater likelihood of being able to remain at home, supported more responsively and more extensively by a raft of formal and informal health, care and independent living services. In the long run, the expectation is that this should make older people more visible in their community, enable them to become actively engaged in shaping the services they demand, and strengthen their position as a 'consumer'.

- 1.9** What is clear, however, is that there is a long way to go. This policy needs to be supported by *an imaginative complementary strategy for delivering new build solutions also*. Not all older people will be able to have their needs met in their existing home. Many properties will not be fit for purpose. Some will simply wish to move out for other reasons. In rural areas, where there are higher levels of isolation, there is a particular urgency to develop 'group' forms of living - co-operative forms of housing where people can live independently but within a communal environment alongside their peers (see the Housing LIN factsheet no.29 on co-housing approaches). There are also the impending challenges cited by the Taylor Review (*Living Working Countryside: The Taylor Review of Rural Economy and Affordable Housing* Matthew Taylor DCLG July 2008) - how to bring forward suitable sites, how to achieve viable spatial solutions, how to fund development and how to engage and persuade often entrenched communities to plan for their 'future selves'.
- 1.10.** By far the greater part of this housing for later life strategy will therefore lie in remedying the deficits of the existing home and supporting independent living with more flexible support arrangements that bring services directly to the elderly consumer. For older people in rural areas, disadvantaged by inadequate transport and excluded by their remoteness from facilities and service centres, this marks a potential breakthrough in their housing circumstances. If providers carry forward ideas for the development of 'rural hubs' providing outreach and in-reach services for a group of villages (a core and cluster approach) this may consolidate further the aim of ageing in place.
- 1.11** This review makes linkages with the wider political context in which housing policy will be made - *social inclusion, perceptions of older people, place-making, the development of lifetime neighbourhoods, the Total Place agenda, housing with care; prevention and fiscal restraint, innovation, the investment and delivery framework of 'The Big Society' and the need to stimulate the rural economy*. We summarise the main characteristics of housing for later life in rural areas and look at the part played by older people in the rural economy. We map out key areas of policy and activity and identify the main players. We highlight areas in which leadership is lacking or gaps are evident and where there is a 'champion' role to play. We begin with the themes to have emerged from this scoping review.

Part 2: Prevalent Themes

- 2.1 The overarching conclusion of this review is that ageing is becoming a powerful factor in shaping the future of rural communities and that it presents a range of policy, funding and service challenges both now and over the longer term. It also presents many opportunities for rethinking how we plan, design, deliver and sustain housing options for rural elders. At the centre is the aim that older people should be able to 'age in place' and live independently in the community. This is not surprising. After all, throughout the ten years since *Quality and Choice for Older People's Housing* (DCLG 2000) stated the imperative to ensure that older people are able to secure and sustain their independence in a home appropriate to their circumstances, a succession of reports and policy statements have emphasised the need for more flexibility and more choice in their housing, care and support options.
- 2.2 The housing solutions offered to older people in rural areas - whether adaptation or new build - must be affordable to the vast majority. One of the starting points for this review is the JRF report *Exclusive Countryside?* (Joseph Rowntree Foundation, 2000). This presents affordable housing as the 'motor for social change'. It asserts the need to effectively plan and resource affordable housing for rural older people. Nearly a decade later ACRE reported that older people are the single largest group on low incomes in rural areas and that rural poverty is often masked by the 'appearance' of affluence (*Older People: Policy Position Paper* 2009).
- 2.3 A number of publications warn of the misconceptions arising from the situation of older rural people who are 'asset rich' but 'income poor' and who live in badly maintained and poorly heated property and who may not qualify for support and services. The DH report *Choosing Health* (DH 2004) points up the role of housing as a factor in well-being, health, safety and inclusion. It is also a precursor to later documents, such as the Marmot Review's *Fair Society, Healthy Lives* (2010), which view the older person's home as a preventive tool in their healthcare and wellbeing.
- 2.4 In *The Housing and Support Needs of Older People in Rural Areas* (2006), the Commission for Rural Communities and the Housing Corporation (now the Homes and Communities Agency) found that local governance structures do not serve older rural people well. There is a need for much greater consultation and engagement with older consumers. Agencies are seen as having a good grasp of needs but not the data to justify extra resources. This paradox persists. They recommend investing in the improvement of existing stock to maximise the potential of older people's housing. They stress the importance of placing older people's housing at the *core*, not the periphery, of planning and provision. They promote needs assessments and the value of small housing area data. Above all, they crystallise a prevalent theme of this review - that the retention of older people is a primary factor in rural sustainability.
- 2.5 The idea that older people and their housing needs could be central to wider fiscal and policy objectives was developed further in *Lifetime Homes, Lifetime Neighbourhoods* (DCLG, Feb 2008) which recognises that housing and ageing

are now a major 'cross cutting' driver in government policy. Housing, health and care must be increasingly planned, funded and delivered in an integrated way. This will require a 'more intelligent and responsive' planning system. The Audit Commission has been robust in its view that local authorities should be far more effective in the strategic planning of housing and services for older people and in identifying the general lack of an evidence-based approach to needs and housing responses.

- 2.6** A chief conclusion of *Building Better Lives* (Audit Commission 2009) is that councils should focus far more on improving existing housing stock. It also reminds councils of the pressing need to get to grips with the benefits of and savings from assistive technology. In doing so, it reflects perhaps the most compelling current policy imperative - prevention in the home as the basis for reducing NHS and adult care costs.
- 2.7** The convergence of attention and policy towards the needs of older people may result in rural settlements taking a lead in piloting solutions to housing (and care) and leading the way nationally in responding to the progressive needs of an ageing society. Set against this, however, is a significant deficit - many rural local authorities do not have a *dedicated* strategy for housing older people. This concern has been echoed by the Audit Commission. *Under Pressure: Tackling the Financial Challenge for Councils of an Ageing Population* (Audit Commission 2010) notes that there is no comprehensive costing of the implications of an ageing population for housing and that housing needs and economic 'value' data is poor.
- 2.8** In its provision in March 2010 of an *Innovation Fund*, awarding £20,000 to every English council with adult social care responsibility, the last Government instructed LAs to '*act quickly and act decisively*' in updating or initiating a housing strategy for older people and to progress use of assistive technology in the home. (DH Local Authority Circular, 2010)
- 2.9** The importance of this is not to be underestimated - the vast majority of rural older people will remain at home living independently in the community - ageing in place. This has far-reaching implications for services, structure and sustainability, particularly in smaller rural settlements. For one thing, services rather than the consumer will need to become more flexible and more mobile. In this scenario the home will become the focal point for delivery. Arguably, this will strengthen the role of older people as 'consumers' and place them more 'visibly' as sources of new investment and employment in their communities. It will help to build a platform for engagement and empowerment of a hitherto marginal group often perceived negatively as 'dependent' and 'unproductive'. Use of assistive technology, such as telecare, will spark innovation, investment and jobs. As set out in the latest Government White Paper *Equity and Excellence: Liberating the NHS*, it will also revolutionise healthcare at home and help reduce costs elsewhere in the NHS and in adult social care. (DH, 2010)
- 2.10** Retaining and improving existing - or developing new build - housing for older people has an important part to play in rural place making. Rural coverage of purpose built housing solutions is poor and *local* choice is very limited.

Historically this has created pressure - often unwelcome - for older people to *move on* - upsetting them and the balance of relatively fragile communities. The 'export' of older people to larger service centres and the depopulation of the countryside by young people can result in the compression of communities into a narrow echelon dominated by those aged broadly from 30-60 years. This deprives smaller villages in particular of social context and it impairs the continuity and 'holism' they need to secure their sustainability.

- 2.11** *Working Together for Older People in Rural Areas* (Cabinet Office, 2009) acknowledges that 'place' has an impact on the ageing experience. It sees ageing in the countryside presenting transformative opportunities for social progress. It outlines the role of public service reform, empowerment and strategic leadership in reducing the social exclusion of older rural people and in enhancing choices for their wellbeing. It seeks to deliver health and social care *closer to home*; to tackle social exclusion; and to provide leadership on lifetime homes and neighbourhoods. But, if we are to strengthen the reality of 'place' then we not only need to design well but also to offer breadth and flexibility for choice. This can be a problem in rural areas. In 2006, The CRC & Housing Corporation concluded that housing choices for older people in smaller rural settlements are very limited and there is not a great deal of evidence since to suggest that this has altered materially.
- 2.12** Place-making is also about people, diversity and about striking a social balance. A recurring theme of the literature has been the lack of understanding of the part played by rural elders in sustaining social networks and family and kinship ties and of the cultural and experiential richness they bring to their communities. We tend to overlook the fact that many rural workers and local retailers are themselves dependent on older people and look to *them* for employment and custom. Older people now find themselves close to the top of the political agenda. The recent Government announcement of a Care Commission underscores their role as consumers and as service users across the breadth of government. Furthermore, their interests as *primary* consumers are frequently shared and enlarged by *secondary* consumers - families, carers, employees.
- 2.13** Effective spatial planning and high quality design that is age and 'future proof' are also essential components of place making and of supported housing. These considerations are evident currently in CABE's management of the Rural Master-planning Fund - a response to affordable housing and sustainable community issues articulated in the Taylor Review in 2008. The earlier groundwork may be seen in *Quality and Choice for Older People's Housing* (DCLG, 2000) which places strong emphasis on the design quality of new homes for older people, noting the importance of insulation, low energy costs and security. It saw independent living developing in two ways - more and faster adaptation of existing homes *and* a larger programme of *higher quality* new build sheltered housing. The importance of design in meeting existing and progressive needs is a dominant and continuing theme. Future proofing now sits alongside rural proofing as a firm development objective. The CRC & Housing Corporation (2006) suggest that in smaller settlements all new

housing should be designed to meet the needs of older people and be capable of enabling their younger residents to age in place.

- 2.14** *One Voice, Shaping Our Ageing Society* (Age Concern & HtA 2009) concludes that poor design prevents the quality of housing for older people moving forward quickly and evenly. Recent publications from CABI including *Homes for Our Old Age* (2009) and *Inclusion by Design* (2008) underscore the value and benefits of good design in older people's housing and practical guidance in embedding core principles. Assistive technology must be an essential feature of designing and adapting homes for older people -particularly in rural areas where they may be remote from services. The intention of the *Innovation Fund* was to galvanise local authority thinking and use of technology in the home to underpin fast-emerging preventive health and care strategies. The benefits of technology have been more recently expounded in the report *Housing Our Ageing Population: Panel for Innovation* (HCA & DCLG, 2009). This recommends that the building of new homes for an ageing population becomes a national priority and exhorts the role of innovation and technology in the design of older people's housing. It should become an exemplar for housing in general.
- 2.15** Housing, health care, adult services, telecare and adaptation policies are converging. The emphasis on a 'Total Place' approach to local delivery will strengthen this shift. Independent living conceives of housing for older people as a tool for prevention and early intervention. It will provide new sources of employment, service delivery and product innovation. Together, these are intended to enable older people to live independently, foster social cohesion, promote social inclusion and help sustain the demographic balance of rural communities.
- 2.16** *Opportunity Age* (DWP 2005) sought to ensure that an increasing number of older people can continue to live independently with suitable care and support. A follow up paper in November 2008 developed the concept of 'active ageing' and empowerment. It underlined the part played by good housing and related services in prolonging 'personal control' and in empowering older people. DH also underlines the need to support and resource older people to remain living independently at home (*Independence, Wellbeing and Choice*;DH, 2005). It affirms the view that to enable rural older people to live at home necessitates a raft of outreach services also being in place. One way to deliver this is through the development of a rural 'hub'. The case for extra care developments in rural areas having an outreach function is gaining support. We provide a number of exemplars of rural hubs in Appendix 1.
- 2.17** *Putting People First* (DH 2007) is a key staging post in the case for preventive care, recognising that the majority of older people wish to remain in their own homes and that in some areas there is little alternative. It proposes a transformation of adult social care through what now might be seen as a comprehensively holistic approach to services involving a radical collaborative model or 'concordat' embracing central and local government, PCTs and ranging across all key Departments that meet the needs of older and vulnerable people. This has subsequently been expanded upon by a new

government White Paper setting out a future vision for social care and partnership agreement, *Think Local, Act Personal* (2010).

- 2.18** From a housing perspective *Lifetime Homes, Lifetime Neighbourhoods* (DCLG, 2008) is regarded as the *de facto* national housing strategy for an ageing population. It underscores strongly the preventive role of housing and highlights the role played by HIAs in enabling older people to live independently. *Transforming Care* (DH, 2009) develops the independent living theme further focusing on the needs of older people and their carers for high quality information and advice relating to care and housing options. It promotes living in the community and champions assistive technology in the home. It too exhorts greater control over services as a primary means of empowerment for older people. It also demands a 'step change' in cross sector partnering. The case for a preventive approach to the healthcare needs of older people through better equipped and adapted homes and more flexible home-centred services and support continues to gain momentum. *The Partnerships for Older People Projects* (POPPS Final Report DH, Jan 2010) is a recent and significant contributor. This anticipates a shift nationally in resources and culture away from hospital and institutional based care to earlier targeted care and housing interventions for older people in their own homes. A number of the 29 pilots were rural LAs.
- 2.19** While the 'age in place' strategy gathers pace the prospects for significant investment in rural new build alternatives for older people's housing are far less certain. A major public investment driver in recent years, the DH Extra Care Housing Fund, a capital programme is in its final year and the further allocation of monies must meet broader accommodation with care strategies (DH LAC, 2010). However, as spelt out in the recent Spending Review, it is clear that the public sector faces significant constraint for the foreseeable future in developing new capital projects. Notwithstanding the success of a few *localised* initiatives, there appears to be a lack of a viable rural housing model of appropriate scale and context that serves the needs of older people and which could, with some variation, be rolled out nationally.
- 2.20** This has further cogency since the provision of affordable rural housing in later life has been largely avoided by private developers. Where such housing exists, and some of it is excellent, it is invariably pitched at long leaseholders at upmarket values and is beyond the affordability of the vast majority of older people. Local planning authorities (LPAs) have largely failed to grasp the opportunity to consent private sheltered housing on the proviso that it offers a mixture of ownership, affordable shared equity and affordable rent. Revisiting and encouraging the role of private specialist developers and mainstream house builders might be worthwhile at a time of recession when some are now more disposed to new thinking, new markets, new forms of partnering and delivery and new housing models.
- 2.21** The need to embrace the private sector is underscored in a number of recent publications and this would provide a useful opportunity to test the recommendation of both the Taylor Review and the Government's response that rural LPAs should be '*active housing enablers*'. Even so new build

ventures are likely to be few and far between for some time, except in the case of large scale Continuing Care Retirement Communities (CCRCs) where there is still a robust line of investment driven by the relatively short lifespan of residents and the margins achievable through specialised nursing and residential care. These could be encouraged to play a more significant and 'social' role in rural communities by accommodating affordable units and by acting as a rural hub providing wider services to older people in the rural hinterland. An enduring deficit in the sector generally is the provision of forums and opportunities for existing and potential rural providers of older people's housing to meet and explore needs, planning and delivery, ideally with local planning and adult social care and PCT teams. This requires a 'champion' to start the ball rolling. The Localism agenda provides an opportunity here.

- 2.22** Many developers are however, as we show in Part 3, deterred by barriers to entry. For example, the case for development of new build housing for older people has been held back by the uneven availability of up to date data. Some rural LPAs lack detailed information on housing need on a ward by ward basis and are unsure how to plan to meet it. This gap is illustrated in CAGE's current work with local authorities. Historically LPAs and rural communities have passed the buck on housing for older people, encouraging them to move away to larger settlements with existing facilities. This denies smaller rural communities housing choice, continuity of settlement and potentially valuable spending and employment opportunities.
- 2.23** New build must have a part to play and especially so as we emerge from recession. The planning for this needs to start *now*. But for the foreseeable future there is an overwhelming public 'policy consensus' that the main thrust of housing for rural older people should lie elsewhere, in the improvement and retooling of the existing stock. The danger here is that LPAs and Parish Councils will simply avoid or discourage new build proposals in favour of adaptation and miss the whole point about lack of supply, lack of choice and lack of new thinking and new design.
- 2.24** Furthermore an over-reliance on adaptation may introduce an unhelpful 'stasis' in the rural housing market in which older owner-occupiers become less and less inclined to scale down and free up their homes for purchase or rent by young families. It is important therefore that LPAs and housing teams are able to promote a range of alternative housing scenarios for rural older people, including moving within the village to smaller conventional properties which may be more easily and cheaply adapted. The bringing into residential use of adapted farm buildings has also been cited as an opportunity here.
- 2.25** Although there are links between the volunteering of older people with the success and vitality of rural extra care housing a number of reports, including *Introduction to Extra Care Housing In Rural Areas* (DH/Housing LIN, 2005), conclude that housing options for older people are far more limited in rural communities. This includes purpose-built sheltered and extra care. The high proportion of 'unfit' housing stock inhabited by rural elders combined with a lack of new build alternatives are significant factors in older people moving away from rural settlements. Similarly, *Older People and Rural Exclusion*

(Cabinet Office & Defra 2008) suggests that housing choices and local priorities in rural areas can exclude older people and that those over 80 years experience the highest levels of exclusion. It argues that the centralisation of services in rural areas narrows housing choice. It says that older people in rural areas are often perceived as having no value by policy makers and planners.

- 2.26** Notwithstanding this, the emphasis on stay put housing solutions, e.g., aids, adaptations, assistive technology, care and repair, is seen by many commentators as the key to early and far reaching 'wins' in the countryside. These include new opportunities for empowering older people. Home Improvement Agencies (HIAs) will be essential delivery vehicles in this ageing in place model. Initiatives are also under way to improve housing advice. The national body for HIAs, Foundations, is already working in partnership with the new information and advice service *First Stop* (funded with grants from DCLG and BLF) in a number of urban areas to develop further the links and process between seeking advice and securing delivery, this applies to grants, services, care and to adaptive property work. This is set to expand into rural communities by late 2010 and its' fast developing Services Directory aims to build rural housing and services data.
- 2.27** What rural elders tell us is that a rural ageing in place strategy can only succeed if housing is integrated with the delivery of other services prioritised by older people, transport in particular. They also emphasise the need for a community facility and for *outreach* services nearby underlining the benefits referred to earlier of establishing a 'rural hub'. LPAs will be pressed to work and enable across all tenures and to utilise skills and resources from *all* sectors. They need to develop this role as 'champions'.
- 2.28** The consumption of services in rural communities may grow, in particular, as a consequence of policies for living independently. Older people are far more likely to spend locally and to employ locally. They tend to be robust supporters of the village shop, the post office, local transport companies and local trades people. However, we need to know far more about the economic role and impact of older residents in smaller rural settlements and to reverse the misleading perceptions and negative attitudes towards elders as economic 'lame ducks'. There is a robust case for a detailed study of the economic characteristics of a representative group of communities of below 1,000 and below 3,000 inhabitants.
- 2.29** This returns us to the notion that older people are invariably 'dependent', physically at least. If this is so, local authorities must share in creating this perception. The Audit Commission believes that most councils focus on the needs of the high dependency minority of older people who require high levels of care and specialist housing while often ignoring the needs, aspirations and 'assets' of the majority. It favours a shift in thinking towards the larger group, enabling them to continue to live independently and helping in the process to transform their part in their local communities. It has also called for local authorities to 'develop an area wide approach to later life' (*Under Pressure*, 2010). It wants them to help reverse perceptions of dependency and increase

empowerment of older people by incorporating their views/experience directly into the planning of services and housing. It has called for all councils to update their sustainable community strategy and their services planning to anticipate the impact of an ageing population.

- 2.30** Older people contribute 'value' to rural communities as consumers, employees, entrepreneurs, as tourists and day visitors and as a primary source of volunteering and family support, but data is uneven or lacking. In rural areas older people are a significant focus of investment and a primary source of employment for many lower paid workers and for highly trained key workers such as doctors and nurses. We do know that the value of social care and support provided to the community nationally by older people equates to 3% of GDP and this might be a starting point for building a more positive picture of their economic and social value. Age UK's *Agenda for Later Life* (March 2010) estimates that the total spending of households with at least one member aged 65 and over is around £97 Billion. The Government believes that independent living provides an opportunity to reverse the 'unproductive' image of older people and articulate their value to the community.
- 2.31** While making a decent start, *The Ageing Countryside* (Age Concern, 2006), makes it clear that much more evidence based research is required if negative perceptions of older people are to be overturned. *Building a Society for All Ages* (DWP, 2009) aims to transform our perceptions of older people and to get us all thinking about the implications of an ageing society and how a change in attitudes must accompany changes in service delivery to older people.
- 2.32** Part of the problem is that housing policy is driven by economic factors e.g. regeneration and employment and is preoccupied therefore with younger people, key workers and with labour and social mobility. This can relegate the housing needs of older people. *Developing Housing for an Ageing Population* (HOPDEV 2005) notes that there is no clear economic role identified for older people to play.
- 2.33** This brings us to planning. The Royal Town Planning Institute noted in 2004 that national planning policy rarely makes specific reference to the ageing population and that there are few references to the needs of specific groups such as 'the elderly'. It argues that LPAs should prepare development control briefs and guidance to encourage specialised housing for older people. With few exceptions we still lack this. It places a special emphasis in rural areas on the planning of housing *with* transport, shops, amenity, services, the very aspiration of older people surveyed in numerous local and national studies (*HOPDEV*, 2005) points up the general lack of attention and priority given to the needs of older people. These must be embedded, it says, in national, regional and local planning strategy.
- 2.34** *Planning for Mixed Communities* (ODPM, 2005) sets out proposals to create sustainable communities through carefully planned and located development characterised by mixed tenures and mixed age. *PPS 3 Housing* (DCLG, 2006) addresses the rising demographic challenge and requires Regional Spatial Strategies, their future now curtailed, to set housing targets that reflect future

trends and age profiles and which meet the requirements of specific groups such as older people. These themes have been developed since in *Homes for the Future* (DCLG, 2007) and in *New Health and Social Care Structures-What are the Opportunities for Housing*. (Housing LIN, 2007)

- 2.35** In its Final Report 2006, the *Affordable Rural Housing Commission* recommended that rural housing be provided through a plan-led approach in partnership with 'engaged' communities. It noted pointedly that people caring for the rural elderly were often not able to find affordable housing and that this penalised both parties. *Housing for an Ageing Population* (RTPI, CISP, DH, 2007) found that local authorities rarely acted as 'housing enablers' and were failing to embrace private sector and mixed community solutions to the needs of older people. This was reinforced by the *Taylor Review* (CLG, 2008) which also expressed concern that the lack of affordable housing for lower paid workers isolates older people and often forces them to move out of their communities. *More Choice, Greater Voice* (DH/Housing LIN, 2008) meanwhile provides a toolkit for developing a strategy for housing with care for older people. At the time of writing, the Housing LIN is looking to refresh its toolkit for publication in 2011.
- 2.36** Overall, the thrust of recent literature, the scope of housing activity and the direction of national and local policy in a number of strategic areas, notably fiscal restraint, preventive healthcare, home based adult social care, personalisation, social inclusion and empowerment, innovation and technology and the imperative for joined-up services through initiatives like *Total Place*, make clear that a strong and definitive push towards a form of 'Localism' in which consultation is truly democratised and in which older rural people are engaged and empowered is needed to secure their needs and aspirations.

Part 3: Housing an Ageing Rural Population: Challenge or Opportunity

- 3.1** This section sets out a number of challenges and opportunities that will impact on local planning and decision making processes for policy makers, commissioners, developers and providers of housing and ageing rural population.

The Demographic Challenge

- 3.2** The number of people 65 and over living in rural England is projected to increase by over 900,000 during the next 10 years rising from 2.32 million in 2008 to 3.23million by 2020. Rural areas have an older age profile than urban areas. This holds true for all 5 year age cohorts from 60+ through to 90+. About 23% of all people in rural areas are of pension age compared to 18% for urban. Around 2.2 million people of pension age live in rural areas, 38% men and 62 % women. More striking still are the recent shifts in population growth. The number of people of pension age rose sharply by 15% (300,000) in rural areas between 2001-07 compared to just 4% in urban areas. Looking ahead, the Office for National Statistics project the population aged 65 and over in rural areas to increase by 62% (2009-2029) and that for those aged 85 and over by 114%.
- 3.3** The key drivers of rural ageing are internal migration and longevity. Life expectancy and freedom from disability at 65+ is higher in rural areas. Continuing in-migration by people aged 45-60 cohort presents a significant future challenge. Half the urban population would like to move to rural areas. The countryside is under pressure from 'rural pull' and 'urban push'. We lack information by rural ward on housing need. This makes it difficult to plan ahead. Many key workers employed in the housing, health and adult care sectors are unable to secure affordable housing in or close to the smaller rural settlements where they need to support older people living independently. HCA announced Sept 2009 that it was revising downwards its delivery target for 2008-11 of 10,300 homes in settlements of under 3,000 by 17.5% to 8,500.

Service Pressures: A Need for Champions

- 3.4** Pensioners will comprise 24% of the rural population by 2020, posing significant planning and delivery challenges for housing, social services, healthcare and funding. One in three will live alone reinforcing the need *now* to promote inclusion and reduce isolation. Rural areas have higher proportions of people in the age groups above 55yrs; sparse areas have the highest proportions over 65 yrs. *The home is seen increasingly as the key to delivering services:* mobile healthcare; telemedicine; nurse led local clinics, enabled further by the 'personalisation' of budgets.
- 3.5** This presents significant immediate and long term challenges in the funding, planning and delivery of services. Housing is of strategic importance in this landscape as Government views it increasingly as having a *dual* role:

- (i) meeting the accommodation (and care) needs of older people, and
- (ii) providing a medium through which resources elsewhere (notably NHS and residential care) can be reduced and repackaged through independent living and early (home) intervention.

This poses additional challenges in rural areas where the older population is dispersed and remote from *outreach*

- 3.6** A strong and definitive push to define rural housing for older people as part of the drive towards *Localism*, is needed. This should happen quickly and be of a scale and form appropriate to the settlements it serves and should integrate *both* new build *and* adapted property solutions. There is a need for the LPA or another agency to take a lead in trying to collate and map the ‘investment landscape’ and assess private and third sector activity/intent by region or sub-region. There is demand and a significant opportunity for innovation in rural housing design. This could lead the way to new models of housing (and care) that anticipate the progressive needs of older people and which provide a ‘rural proofed’ echelon of purpose built housing that enables our ‘future selves’ to age in place. This will help to better plan, sustain, balance and enrich rural communities.

Planning and Delivery Issues

- 3.7** To better determine the effective delivery of viable housing solutions for older people in rural areas, the following should be actively considered:
- Housing densities and rural property values
 - The (uneven) quality and availability of accurate rural housing data and housing (care) needs information
 - Whether the rural LPA has a specific strategy for housing older people (many do *not*)
 - The influence of key professionals in acting as ‘active housing enablers’
 - Lack of specialised rural housing providers with adequate expertise and funding
 - More consideration of remodelling/making better use of *existing* sheltered housing stock
 - Recalibration of ‘strategic’ sheltered schemes as ‘service hubs’ for the wider older community
 - Uneven levels of interest, commitment and activity on the part of ‘affordable’ providers
 - Minimal interest by the private sector (except in the case of larger scale ECH and CCRCs)
 - Site, funding and development constraints arising from a lack of volume and critical mass

- High unit costs for small scale rural Extra Care Housing models which militate against rural coverage
- Lack of innovation in housing models generally - too few schemes utilising assistive technology
- The affordable housing priorities of commissioning and partnering organisations favour young people
- Existence and viability of local delivery partnerships - relatively poor engagement with the private sector
- Limited ability/capacity/interest of housing providers across all tenures to innovate and *down* scale development to a viable 'micro' level in smaller rural communities
- Lack of suitable sites capable of winning consent
- Planning constraints, inadequate health and housing needs data and lack of local comparators
- A strong planning presumption that older people should move to principal settlements/service centres
- *Ageing in place* frequently interpreted as '*no new build here*'
- Private developers are deterred by costs of 'rurality', lack of economies of scale, 'adversarial planning'
- Low awareness of the impending challenge of meeting the long term housing needs of older people
- Insufficient 'traction' in local communities of 'ageing in place'
- LPAs often act as public sector housing 'providers' instead of acting as Taylor demands as 'active housing enablers' working across all tenures and utilising skills and resources from all sectors
- There is an overdue need to bring LPAs and private developers together. Is there a local champion?

The Lead Strategy: Interfacing Rural Housing with Health and Care

- 3.8** In general, older people in rural areas are healthier than those in urban areas. But age related health problems are projected to increase faster in the countryside because of rural ageing and settlement patterns. Depression, stroke, falls and dementia are projected to grow by between 50-60% in rural areas and just 34-42% in urban. The number of people aged 65 and over in rural England is projected to increase by 70% over next 20 yrs compared with 50% in urban. There will be around 930,000 older people with social care needs living in rural areas by 2029.
- 3.9** Men aged 65 today can expect 6.9 years of disability and women 9.2 years. Around 150,000 people aged 75+ are readmitted to hospital as an emergency within 1 month of discharge. There were 26,000 'excess winter deaths' in

2008. 28% of older people (2.1million households) live in non-decent or hazardous housing. 51% of older people enter residential care after hospitalisation because their homes are not suitable.

- 3.10** Expenditure on long term care would need to rise by 325% in real terms between 2002-2041 if 'we do nothing' (DCLG).The *continuing* presence of older people is necessary to express and sustain the diversity, social mores and vitality of smaller communities. There are few dedicated rural housing associations/ too few rural housing enablers. In 2008, there were 420,000 supported housing units in England comprising 10% of all social housing stock. Nearly 75% of these were for older people with support needs.

Extra Care Housing: Hubs and Regeneration

- 3.11** Extra Care Housing (ECH) can relieve pressure on public services. It can save money, improve efficiency of service delivery, transfer responsibilities to specialised operators and free public sector health and social service professionals to concentrate on commissioning and quality assurance, rather than direct provision and management of housing with care. The fact that many local authorities in recent years, aided by the DH Extra Care Housing Fund, have actually commissioned projects, entered in to partnerships and have worked jointly to promote this integrated solution suggests that they view it as valid and beneficial. ECH contributes to the development of 'social capital' in the community; it has a widely subscribed 'social utility' as a neighbourhood resource. However, with a few outstanding exceptions, it has not made its mark in smaller rural communities. With the termination of DH ring-fenced grant funding in March 2011 and anticipated reductions in HCA grant levels, future options will depend on galvanising the interest of private and third sector developers and these will need to be persuaded and probably subsidised to develop rural models that suit the scale, vernacular and the demand of smaller communities.
- 3.12** The larger scale of ECH developments (better suited to market towns than villages) enhances their role in building 'economic capital' in the local economy, creating construction jobs; providing long term employment and training to staff (women in particular); and strengthening local procurement. The age profile, restricted mobility and relatively static nature of many ECH residents also means that, overwhelmingly, when they do venture out to shop they tend to spend locally. ECH sites are often transformative. Smaller scale projects are sources of local improvement and amenity. Larger projects, some covering 5 acres or more, can be significant vehicles for wider regeneration particularly in urban backwaters. Examples of larger scale ECH developments in rural areas are rare and tend typically to conflict with planning guidance. However, smaller schemes suited to rural scale and developed as a '*hub*' serving a group of villages (a *core and cluster* or 'hub and spoke' model) can complement and support independent living in the community by providing *outreach* and *inreach* services and access to social facilities. They can also raise confidence, attract interest to adjoining sites and can be a factor in boosting inward investment and creating sustainable employment and local procurement.

- 3.13** The development of ECH also means that older people are invariably trading down and freeing larger rural housing stock back in to the supply chain. This is beneficial for families in particular. Frequently these properties will require modernisation and this will provide employment for smaller tradesmen and custom for building materials suppliers. Developments provided individually by or in partnerships between local authorities, housing associations and charitable trusts (and increasingly with private providers also) are often strongly 'affordability-led' even where these offer purchase options. This meets statutory and community objectives

Sustaining Communities: A Rural Model of Extra Care Housing to Support Independent Living

- 3.14** There are other less perceptible benefits to the community of enabling older people to age in place or live locally in some form of extra care housing, not least in the way ECH developments act as a focus for certain clubs and societies sustaining their activities and helping them to raise funds and affirm their social worth. Many act as informal referral agencies, others as advocates for the interests of older people and many provide a vital social nexus that residents continue to access helping to promote 'normalisation' and stimulate independence. In many instances, smaller rural ECH developments may enable older relatives to keep on living near their families (sometimes taking a 'caring' burden off the latter). This makes an important contribution to the emotional and practical well-being of family, kinship, friendship or social networks. In turn, these help to preserve certain social mores, which invest the civic and value framework in often close knit rural communities. Providing housing with care for older people through independent living or through small scale ECH and *integrating it with the local community* is a plus for sustainability and a building block in citizenship. The DCLG Committee *13th Report on Supporting People Programme* (Oct 2009) now part of the Area Based Grants has shown that revenue funding of £260million on sheltered housing has produced savings of £1billion as a result of reduced demand for other services.

Housing Options Limited by Geography: Exclusion and Disadvantage

- 3.15** The rising demographic will continue to ensure that supply will remain significantly adrift of demand for many years to come. Rural counties and rural districts are the least well provided for in terms of new purpose built (including ECH) housing for older people. *In some areas, there is simply no provision.* This compounds the general disadvantages associated with 'rurality' and effectively excludes some older people from reasonable geographical access to housing with care facilities. This is a key area for government and providers to address. Falls currently cost the NHS £726 million.
- 3.16** The rural areas in which older people are most likely to be found to be living alone are Yorkshire & Humber, the North West and North East of England. Rural Northamptonshire has high concentrations of older people. Areas where there is low coverage of housing with care include the East Midlands, Eastern Counties and parts of the South West of England. Furthermore, social

exclusion of rural older people is most pronounced in the 80 + age group. Nationally over 500,000 men over 60 are isolated with no friend and no contact with families (*ICM /HtA/Zurich Community Trust 2008*). Poor transport links often undermine planning applications or stymie rural sites. Access in rural areas to bus services has improved in the last 10 years but around half of all rural household still have poor access to a frequent bus service.

- 3.17** Rural homes also lag urban in digital inclusion. The proportion of non-decent homes is higher in rural areas and the strongest recent growth in fuel poverty has been in older households in rural areas. This is largely due to the inefficiencies of the housing stock. 36% of people aged 60 and over save money by not heating some rooms. In 2007/08, the median income for pensioner households in rural areas was higher than for urban counterparts; the proportion of pensioner households in rural areas in poverty (after housing costs) was around 17%. The total number of older people in poverty in rural areas was around 300,000
- 3.18** The housing choices assumed for older people are typically move to sheltered housing if it is available or stay put. This ignores opportunities for new initiatives which could work in rural areas : such as a move *within general housing* to an adapted bungalow or flat or develop more small scale independent living units within the grounds of surgeries, health centres, residential and care homes. Collaborative work is necessary to ensure that future *retrofit* strategies embrace adaptations and installations of aids/technology to enable rural older people to live independently. Another option is the adaptation/remodelling of outmoded sheltered stock (see below).

Inreach and Outreach: Remodelling Sheltered Housing

- 3.19** The remodelling of strategically located sheltered housing schemes to act as 'hubs' providing inreach and outreach services to older people living independently in the community extracts *added value* from a fixed capital asset by flexing it to engage the needs of the wider older population. This helps to support older people in *both* locations. It extends choice, facilitates empowerment, develops peer engagement, creates opportunities to attenuate isolation and enables the scheme to transform as a 'community asset'. This is a model also increasingly favoured by Continuing Care Retirement Communities. One recent planning application for a CCRC in rural South East England, which comprises Extra Care accommodation, Nursing beds, Dementia care and a Special Nursing Unit for slow stream rehabilitation, has emphasised its wider role as a 'rural hub' serving over 3,500 people over 65 years in a dozen villages in its rural hinterland. In addition to providing accommodation and care on site, it proposes to provide inreach and outreach services specifically to enable those who need support to live independently in the community to carry on doing so.
- 3.20** Existing sheltered stock may be physically remodelled, refurbished or may be demolished for something more appropriate to the rural community's needs, this latter route providing the quid pro quo for an alternative resource. In the North East, for example, one housing provider set up a 'brokerage project'

to address and find solutions to the lack of carers for older people in its rural community. It helped the local community to replace a run-down local authority care home with new purpose built housing with outreach services for older people in the village. Schemes of this type are crucial if the government's strategies for home care and ageing in place are to succeed. It promotes a wider role of enabling older rural people to live independently.

- 3.21** In the South West, another provider operates in a rural area covering 740 sq miles where 52% of people are aged over 65. Its model enables older people to live independently by providing a raft of supporting measures such as floating support, short term respite and recovery, assistive technology and interaction with strategically located sheltered housing schemes, when necessary all backed up by a helpline. The idea is to move away from a reliance on conventional sheltered housing as a primary housing option but at the same time to open up access to the facilities of sheltered developments to all older people in the Mendips.
- 3.22** Established and sometimes outdated sheltered schemes have also been the subject of remodelling as Extra Care Housing developments in recent years, achieved through partial redevelopment and refurbishment and partly through the extensive retrofit of assistive technology. This form of remodelling however is less likely to be available to smaller rural communities where the incidence of sheltered schemes of a scale to render this level of investment viable is rare. (*Remodelling Sheltered Housing and Residential Care Homes to Extra Care Housing* UCL www.kcl.ac.uk and *Refurbishing or Remodelling Sheltered Housing : A Checklist for Developing Extra Care Housing* LIN Factsheet No 10)
- 3.23** In rural settlements, a strong case can be made for 'small group living' and micro ECH schemes linked into extraneous services and the wider community through assistive technology and digital inclusion. One former minister has stated that '*Digital technologies can help with independent living. Any 21st century health and social care service will have to make greater use of technology, deliver care closer to and sometimes in the home and make increasing use of a person's capacity to 'self care' by supporting them appropriately.*' (*Public Technology* March 2009) The CRC report *Mind the Gap* (June 2009) recognises the significant role digital inclusion has to play in the social cohesion of rural communities, in reducing isolation and in promoting wellbeing. Those without digital access tend to be socially disadvantaged, elderly, in classes D & E and are likely to live by themselves. Digitally enabled housing will help reduce isolation, empower people and build relationships.

Improving the Wider Context To Housing for Rural Elders through Data Collection

- 3.24** Tools like POPPI (which helps project ageing populations) and Joint Strategic Needs Assessment (which help map health profiles), need to be further developed to enable local areas to better assess and plan the needs of older people more holistically, and pay attention to the needs and aspirations of older people.

Older People, The Economy and The Big Society

- 3.25** HSBC's *Future of Retirement* 2007 study reports that people aged between 60-80 years contribute more than £59billion annually to the UK economy in taxes, volunteering and family care. In the UK people over 60 contributed 792million voluntary hours of work in 2006,,equivalent in value to £4.2 billion to the third sector. The state takes around £5.5billion in taxes from people aged 60-80. The largest contribution made by older people is through family care. UK retirees provide the equivalent of £50billion worth of support and care every year. This underscores the need to facilitate older people to continue to live and thrive in rural settlements where in many instances they enable their family to go to work. In many cases, older people *provide* more value in the care they give than that they receive from the state. The value of social care and support provided to the community nationally by older people is equivalent to 3% of GDP. Older people are a very important 'brick' in building and sustaining 'The Big Society', yet their contribution is rarely articulated or valued. We recommend this as an important area for future research.
- 3.26** Their contribution to 'The Big Society' also extends to financial giving, family subsidy and unpaid volunteering. Many older people provide regular and/or one off financial support to their families (including help with housing costs).16% of those in their 60s who do and 30% in their 70s provide financial support to their grandchildren. The University of Newcastle launched the Changing Age campaign in March 2010 to change fundamentally attitudes to older people, in particular to correct and transform negative perceptions of older people as a 'burden'.
- 3.27** People over 50 provide 50% of all unpaid care, worth £87billion (2008). They are a vital economic resource minding grandchildren to enable their parents to sustain employment; two thirds of all volunteering is undertaken by people over 50; 5 million over 50s do unpaid voluntary work in their communities; Furthermore, the over 50s account for 40% of all consumer spending; own 60% of national savings; and more than 75% of people over 65 own their home. In 2004 the home equity of homeowners aged 60 and over was valued at £932billion.
- 3.28** Older people are also represented increasingly among the ranks of rural entrepreneurs. NESTA reports in *The Grey Economy* (Aug 2009) that 'third age entrepreneurs' are responsible for over a quarter of the companies set up in the UK in recent years. Between 2001-05 entrepreneurs aged 50-65 yrs created 27% of successful start ups, in all some 93,500 companies employing 400,000 people. The UK has 122,300 'third age founders' of whom 47,000 are solo. Many are based in rural areas where they have 'traded down' to start their business and pursue a 'balanced lifestyle'. Most are motivated by the desire to 'give something back to society'. More than half say they will not retire at 65.

Underpinning the Rural Housing and Services Economy

- 3.29** Older people are a key driver in local housing markets, even if they age in place. When they stay put they attract adaptations and investment in home improvement; when they move they release stock which families buy and improve; they facilitate labour mobility; they are often a mainstay of local clubs and societies and patrons of the arts, cafés, museums etc.
- 3.30** The ageing population and the need to focus on independent living in the community offers opportunities to expand and sustain the rural economy. Many social needs and much expenditure are driven by older people and these will require innovation in housing design and specification, in technology and in service and product development. This will create investment and employment locally. With increasing emphasis on consumer engagement across a raft of policy areas and enterprise this will ensure that older rural people will have greater opportunities to influence investment and add value. The experience and knowledge base of older people generally is an asset to rural communities though rarely recognised, valued or made use of. Connecting old and young rural people through mentoring is long overdue.

Part 4: Building on Recent Initiatives

- 4.1** This section provides a brief overview of recent initiatives of interest to providers and consumers. It will be important to monitor the progress of these at a time when the future of some of their authors is now uncertain. Key starting points are the role of local authorities and the ability of rural communities to shape and develop the housing they need. To some extent the Government intends that the Localism agenda will enable this but it is not the complete solution. As we have noted, the Taylor Review made clear over two years ago that LPAs themselves must become actively involved in enabling (affordable) housing if local needs are to be effectively determined and met. The Audit Commission (likely to cease in its current form by 2012) has outlined ways in which councils should improve their strategic housing function. Its' conclusion is that councils should focus far more on *improving existing stock*. This would add value, strengthen community capital and save costs elsewhere. It notes that the use of assistive technology not only produces savings of one third of costs but also enhances quality of life at a much lower cost than residential care.
- 4.2** In February 2010, the Commission asserted that all councils should update their sustainable community strategy; medium term financial plans and service strategies to prepare for the impact of an ageing population. They should inform this planning by incorporating the views/experience of older people with services and housing. Local housing strategies should be updated to enable independent living and facilitate preventive healthcare. Residential care costs should be reduced below the DH recommended level of 40% of the older people's care services budget and councils and communities should '*Develop an area wide approach to later life.*'
- 4.3** The Commission notes that there is no comprehensive costing of the implications of an ageing population for housing. The funding of older people's housing is not ring fenced; councils can spend it on other priorities. Adaptation, use of technology and home care packages can reduce costs of residential care. *The Audit Commission found that only 28% of LAs were performing well on delivering older people's services.*
- 4.4** One of the leading champions recently of the housing needs of rural older people has been the National Housing Federation. At the start of 2010 over 440 of NHF members owned and managed 728,000 homes in villages and market towns. NHF launched a *Save Our Villages* campaign in 2009 with the aim that every LPA should have an up to date assessment of housing need for rural wards: and should publish a 3 yearly Housing Action Plan to show how it will meet this need. NHF's *In Your Lifetime* pamphlet 2009 examined the means by which older people could sustain their independence. It asked Government to ensure that all LPAs input the housing needs of older people into their spatial strategies; that the HCA develop a national picture of the need for older people's housing and formulate targets; ensure the Single Conversation is informed by a dialogue on investment needs for older people's housing; promote work with HAs to encourage growth in mixed tenure and low

cost home ownership options for older people. It forecast in February 2010 that 1 in 4 of the rural population will be 65 and over by 2020 and that 1 in 3 older rural people will live alone.

- 4.5** Recession has underscored sharply the tensions between resources and investment. A strategic objective of DCLG is to focus the housing and service delivery landscape on investment in existing stock and to facilitate staying put. Developing the work of HIAs and handyman services is the key to this. Given the relative lack of purpose-built sheltered and extra care housing in rural areas, and in smaller settlements in particular, this is likely to impact strongly on rural communities. Local authorities will enable work across housing, health and care through joint commissioning and flexible funding. The personalisation strategy will encourage use of handyman services to upgrade the homes of rural older people and create employment. DCLG has invested in low unit cost preventive services to improve home safety and independence. It has rural 'enhanced handyman' programmes under way and has also invested £1million in *First Stop* in 2009-10 and in 2010-11 to promote Information & Advice services for older people's housing and care, to create links with housing professionals; and to develop local delivery partnerships. An important area of focus is on identifying and meeting the housing and care needs of isolated older people.
- 4.6** Across government, *there is an emphasis on achieving greater cost savings and efficiencies through 'cost avoidance' measures*. Indeed, the NHS needs to identify £20billion savings over the current Spending Review period. A key task for the Department of Health going forward is to find new ways to deliver care at home. To this end, the Spending Review recognised the importance of social care and has allocated an additional £2billion to support the delivery of social care by 2014-15. A £70million cash boost has been made available for 2010/2011 since to enable the NHS to support people back into their homes following hospital discharge and further £150million announced for 2011/2012.
- 4.7** Other Departmental responsibilities embracing the interests of rural older people lie with Defra. It has a watching brief across a number of areas including rural proofing, inputs to rural housing and planning, communities and parish planning, fuel poverty and health. In recent years, it has co-funded the Rural Affordable Housing Project and was a signatory to *A Good Place to Grow Older*, a supplementary note to *Building a Society for All Ages*. It maintains a close dialogue with DWP on ageing in rural areas. Looking ahead to mid-2011, the Government has also indicated that following the closure of the Commission for Rural Communities next year; some of the CRC's interests will be integrated within a new 'national rural strategy unit' one of whose tasks will be to undertake and commission high level evidence-based research.
- 4.8** The importance of reducing isolation through use of IT and assistive technology is amplified in rural communities. DWP and DCLG are sponsoring the Get Digital programme. This promotes and supports digital inclusion for older residents in sheltered housing and will form the basis for a much wider push on digital inclusion among older people later. In rural areas without purpose-built retirement housing options there should be an imperative to

promote and resource digital inclusion within the work of HIAs. A Digital Inclusion prize has been incorporated in the Feb 2011 *National Housing for Older People Awards* hosted by EAC. This year there is also an award category for Rural Housing.

- 4.9** The value of HIAs in rural communities cannot be underestimated. There are circa 230 HIAs providing access to services for 90% of the population of England. Their work is also referred to as *Staying Put* or *Care & Repair*. Foundations works with DCLG and DH to deliver their objectives in enabling older people to 'stay put' and 'age in place'. Annual works to a value of £100 million across 40,000 homes and affecting 250,000 people older and vulnerable people were undertaken in 2008-09. Engaging with the 5.7million older owner-occupiers in England to upgrade and remain in their homes wherever possible is now a primary objective of Government and is seen as a seminal opportunity to reduce housing and healthcare costs to the state.. In 2007, DCLG commissioned Foundations to carry out the *Future HIA Project* which has encouraged HIAs to take an holistic approach to how they provide services to older people. Handyman services are a central feature of their work.
- 4.10** A recent document *Models of Effective & Innovative Service Delivery to Older People in Rural Areas* (submission to Social Exclusion Task Force) embraces well-being, ageing in place, Total Place, social inclusion and participation, reducing fuel poverty and demonstrates that HIAs are vital tool in reducing the isolation of older people. They are also a source of employment for recently retired people with manual/project skills backgrounds. They are a practical means of reconnecting health, housing and social care and are at the forefront of 'one stop' services - an essential approach to delivery in rural areas. Foundations is also a partner in FirstStop. Recent exemplars of rural work include Care & Repair projects in the South West, West Midlands and North West of England. The Government aims to increase the percentage of vulnerable households (private owner and rented sectors) who live in decent homes to 70% by end 2010.
- 4.11** The increasing importance of Care and Repair and home improvement strategies is underlined by the erosion of some capital programmes and targets nationally for new build housing. Following the Spending Review the Government has announced that the HCA will have £4.5 billion to fund a new build housing programme involving the construction of 150,000 new homes in the period 2011-15. This follows on from expenditure of £2.7 billion in 2010-11. The new chief executive of the HCA has reaffirmed that: 'The HCA remains a pivotal agency in delivering affordable housing, improving existing homes and promoting growth and regeneration. Our challenge is to continue working with partners to achieve better value for money and deliver more with a lot less. What this means in practical terms is that we'll be creating new delivery models, especially for affordable housing; looking at ways of leveraging in more private finance and enabling local authorities and housing providers to generate better returns from their existing assets. Over the last 2 years the HCA been able to draw on the expertise of both a Rural Housing Advisory Group and a Vulnerable and Older Persons Advisory Group and on the work of

two senior policy managers who have acted respectively as 'champions' for rural housing and for the specific needs of older people. It will be important for the HCA to sustain this vigilance even if the structure for doing so now changes.

- 4.12** There is an emerging confidence that a leaner and more focused HCA may prove to be a stronger and more successful player in a rapidly changing housing delivery landscape in which agility, partnering and enabling will feature prominently. Although no detail is available currently on the revenue settlement that will cover the Agency's operational costs the Government has stated that the HCA will continue as a more streamlined enabling and investment agency. A 'new paradigm' for the HCA is said to be emerging in which an enabling of Localism, empowerment of communities, the introduction of the 'new homes bonus' to encourage local authorities to deliver new stock and the development of Local Enterprise Partnerships with a keen eye on sustaining communities will each help to better match need with supply. (The New Paradigm for Affordable Housing and Regeneration Robert Napier 3 Nov 2010 www.homesandcommunities.co.uk/public)
- 4.13** An enduring complaint of rural older people has been that national housing targets and the investment preferences of developers in all tenures have tended to relegate their interests. It is intended that Localism will help rural communities to secure the housing that they know they need. There are some excellent rural Local Housing Trust exemplars *now emerging that* give confidence to this belief. The fact that the HCA will have a more strategic role to play in the facilitation of investment and technical assistance, in enabling release of land and in the development of local partnerships and innovative delivery vehicles suggest that there may be more opportunity to articulate and realise the housing interests of older people in rural communities than before.
- 4.14** **The Rural Affordable Housing Project** (co-funded with DCLG and Defra) was established 2009 to support councils in the delivery of affordable homes in rural settlements with a population under 3000; to establish and inform future delivery targets; investigate challenges and solutions; identify gaps in knowledge; raise awareness of rural housing issues; collate and disseminate examples of best practice in rural affordable housing. Around 50 local authorities provided information on challenges and solutions to delivery in the initial sample research. A number of areas of particular concern have been identified by the sampling/dialogues including the cost of building in rural area; availability of land; and a variety of sustainability issues.
- 4.15** The challenge of delivering cost effective rural housing options for older people has deterred providers across all tenures but the advent of new technology which enables rural housing schemes to anticipate the progressive needs of their occupiers and which eliminate the expense of circulation and communal areas and the housing costs of on-site managers may herald an era of innovation in rural communities. The work of the Technology Strategy Board is instrumental here. The TSB's *Assisted Living Innovation Platform* (2007-2012) funded by DH, TSB, ESRC and EPSRC seeks 'significant advances' in the technology to enable people to live independently. It has been involved in

ongoing work with LAs, PCTs and the independent sector. Its intention is to drive the use of home technology to a higher and wider degree and as a means to reduce housing & care costs. The underlying aims synchronise with the interests of service providers and older consumers in rural areas - *improving well-being, supporting preventive strategies, independent living and social cohesion, best use of scarce resources, digital inclusion.*

4.16 Finally, there is the need to promote housing choice, care options and measures like home improvement by addressing deficits in the provision of high quality information and advice available to older people. Elderly Accommodation Counsel (EAC) provides the new national information and advice service, *First Stop* (www.firststopadvice.org.uk), with initial funding from DCLG and BLF. One focus is rural housing for older people and helping to identify the means to live independently. Working with local partners, FirstStop is helping to champion information, advice and inclusion in rural communities. A number of rural initiatives are under consideration for 2011-12. FirstStop has a dozen or so exemplars under way and is building national and local delivery partnerships. Its work contributes directly to Government policy priorities. It aims to deliver valuable market intelligence about older people's housing needs and will also help many to navigate the shift to self funding.

4.17 Overall, this combination of ensuring that local authorities become well informed active housing enablers; that local communities and older people are empowered to shape their own housing objectives; that 'self-funding' is synchronised with the resourcing and geographical coverage of handyperson services; that where they do exist in rural areas sheltered developments are re-modelled as service and facility 'hubs' enabling non residents to continue to live independently; that local and central government have regard to 'rural proofing' and ensuring that older people in rural settlements are not disadvantaged by the 'cost of geography'; that widespread use is made of IT and assistive technology - both in new rural pilots and in *retrofit* of existing housing stock; and that high quality information and advice is available and accessible through a range of media in rural communities should, overall, help to build the capacity and the will to sustain existing and create new housing assets for rural elders in their own communities and, ultimately, mitigate the need and pressure to 'move on'.

Appendix 1 Rural Housing and Enabling Services Exemplars

<p>Abbeyfield Esk Moors Society, Esk Moors Lodge, Bradbury Centre</p>	<p>The Society was set up in 1999 by a group of local residents from the Upper Esk Valley. There was no provision for older residents to remain in the valley when they became unable to manage by themselves. The Society sought to build an Abbeyfield house comprising 12 affordable extra care housing 1 and 2 bed apartments; to build and equip a (the Bradbury) community centre for older people on the same site; to work in partnership with others to develop an integrated care service for older people in the Upper Esk Valley. The project opened at Castleton, N Yorks Jan 2009 at a total development cost of £3.6million.</p>
<p>Barton Mews, Barton under Needwood, East Staffordshire</p>	<p>Private development of 29 extra care units by Shaw Homes aimed at local buyers. It takes the form of a courtyard grouped above a surgery and cottage hospital. It is cited as an example of 'independent living by design' by CABI (<i>Homes for Our Old Age</i> Sept 2009). Shaw Homes has built a reputation as a progressive developer of housing with care for older people.</p>
<p>Bell View Brokerage Project, Northumberland</p> <p>Bell View Housing, Belford</p>	<p>Set up to address and find solutions to the lack of carers for older people in rural Northumberland. Schemes of this type are crucial if the government's strategies for home care and ageing in place are to succeed. It promotes a wider role of enabling older rural people to live independently.</p> <p>The local community succeeded in replacing a run-down LA care home with new purpose built housing and outreach services for older people in the village with. It is a very useful example of successful re-modelling.</p>
<p>Clayfield, Suffolk</p>	<p>RIBA award winning scheme majoring on high quality design, rural place making, sustainable construction, lifetime energy and landscaping. Commissioned by Orwell HA, Suffolk Preservation Society and Elmswell Parish Council. Not designed for older people per se but strong transferable design and delivery lessons.</p>
<p>Croydon PCT Virtual Wards Scheme</p>	<p>This model won <i>The Guardian Public Service Award</i> and provides a rubric for excellence. The Nuffield Trust is now assessing for DH the efficacy of extending the idea to social care. Has exceptional potential for rural areas but still undeveloped.</p>

<p>Cumbria Virtual Care Village Model <i>DH Housing LIN Case Study 17</i> July 2005</p>	<p>Examines the experience in rural Cumbria in developing a strategy to implement telecare services across the county as part of a remodelling of community services and to enable older people to be supported independently in the community.</p>
<p>Devon, Time for Life Consortium</p>	<p>Provides services that address the isolation and depression experienced by older people in rural areas.</p>
<p>Dorset, Independent Living Service for Dorset</p>	<p>Developed by Signpost HA and Dorset Supporting People. Provides a menu of support services to older people living in Signpost's own housing but also to older people generally living in the community regardless of tenure.</p>
<p>Gloucestershire Rural Community Council</p>	<p>GRCC's <i>In Touch</i> project is committed to empowering older people within their own communities. It supports the development of social and health related activities that promote independence and wellbeing at home and which reduce isolation and enhance social inclusion.</p>
<p>Gloucestershire, Village Agents</p>	<p>Village Agents are recruited locally and trained to provide face to face info and support to enable individuals to make informed choices about their needs. The model focuses on individual solutions for individual people. It promotes access to services and fosters inclusion. Village Agents play an important role in enabling older people to live independently.</p>
<p>Local Authority initiatives</p>	<p>It is worth noting the promotion in a number of local authorities e.g. <i>Shropshire, Oxford County and City, Bristol, Cornwall</i> , (and specifically through Local Area Agreements) <i>in Warwickshire, Herefordshire, Worcestershire, Staffordshire</i> of a dedicated rural housing strategy for older people. One future area of research we recommend is the collation of a national 'map' identifying which local authorities have dedicated strategies and those who don't.</p>
<p>Meadow Court Pewsey, Rural Hub and Spoke</p>	<p>Replacing an outdated building and providing a hub for services into the local rural community as a cost effective approach to meeting local need.</p>

<p>Mendip Area based Low Level Support</p>	<p>Mendip Housing operates in a rural area covering 740 sq miles where 52% of people are aged over 65. This model seeks to enable older people to live independently by providing a raft of supporting measures such as floating support, short term respite and recovery, assistive technology and interaction with sheltered housing when necessary all backed up by a helpline. The idea is to move away from a reliance on conventional sheltered housing as a primary housing option but at the same time to open up access to the facilities of sheltered developments to all older people in the Mendips.</p>
<p>Rural Whole System Demonstrator Project</p>	<p>Cornwall-based evaluation of a whole system approach to supporting people with long term conditions in their own home.</p>
<p>Signpost, A Shropshire Community Council initiative</p>	<p>Signpost acts as a ‘gateway’ to a range of services designed to help people over the age of 65 remain in their own homes. When older people with a variety of needs come into contact with an agency a form is completed and forwarded to Signpost which acts as a ‘clearing house’ and makes the appropriate referrals to other agencies. An online database will allow partners to receive referrals and update information.</p>
<p>Suffolk ACRE’s Good Neighbour Scheme; Rutland Community Spirit (Leics) Rutland Rural Community Council</p>	<p>These projects provide local support services as a way of tackling social exclusion and rural isolation, obviating the need for referral to statutory agencies. The schemes are aimed at older and vulnerable people. The Suffolk service offers befriending, provides lifts to medical appointments, minor domestic repairs and advocacy. Key outcomes are that older and vulnerable people are able to remain living in their own homes as long as possible, reducing pressure on statutory services, improved health and well-being for users and helping to build more cohesive communities.</p>
<p>Sycamore Hall, Bainbridge, North Yorks</p>	<p>This is a Housing 21 model development of 42 flats on a redeveloped site to provide a range of housing options for older people with disabilities. It acts as a village hub (and village hall) providing outreach services to the local community.</p>

Tynedale District Council	TDC has focused on 'sustainability criteria'. It encourages development only where the rural settlement has a village shop selling food and where there is a village hall/community centre of a pub to provide a social focus.
Virtual Wards North Devon	Provides hospital type management of older people with healthcare needs 'virtually' in their own home, enabling people to live independently in the community.
Waters Upton Co Location Project	Based on the Defra/Countryside MSO model this project in rural Shropshire led by the Parish Council aims to retain key services and develop new ones for local residents. A 2-storey multi space provides a community info centre; shop; IT area; hairdressing, chiropody, tax and benefits advocacy, homework club, CAB, rural stress desk, prescription collection/delivery, information point and cash point, internet club and MPs surgery. This enables older people to live independently.

The views in this paper are those of the author and do not represent the Housing Learning and Improvement Network or the Department of Health.

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For further information about the Housing LIN and to access its comprehensive list of on-line resources, visit www.dhcarenetworks.org.uk/housing

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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Housing Learning & Improvement Network
C/o EAC,
3rd Floor, 89 Albert Embankment
London SE1 7TP
Tel: 020 7820 8077
Email: info@housinglin.org.uk
Web: www.dhcarenetworks.org.uk/housing