

Anticipating Future Accommodation Needs: Developing a consultation methodology

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Brief Description:

This case study describes an innovative approach to obtaining the views of people approaching retirement about their future housing and accommodation needs, and what they might expect / would like or be prepared to fund in terms of support. It is based on work funded by the Care Services Improvement Partnership (CSIP) and Care Services Efficiency Delivery Programme (CSED) and was designed as a simple and easy to use method that could be part of a local authorities approach to developing a Joint Strategic Needs Assessment and, in particular, a housing strategy for older people. The work is based on using semi-structured focus groups where a number of scenarios were presented to explore preferences for, and expectations of, participants' future housing and accommodation.

1 INTRODUCTION

Ensuring that the right accommodation is available for the growing number of older people is one of the big challenges facing commissioners and housing providers in the future. By 2026, more than one in five of the population is forecast to be aged 65 or over. Projections for 2031 indicate that people aged 85 and over will then make up 3.8 per cent of the UK population. However, whilst longevity is to be welcomed, for many people it is not always accompanied by good health. Two thirds of men and three quarters of women aged 85 and over in 2001 suffered from a long term illness or disability that restricted their activities. Dementia affects 1 in 5 people aged 80 and over. Extrapolating current requirements, it is likely that many people who become very old will need some form of specialist housing or support to remain in their own homes.

Research into the views of older people has tended to focus on existing provision and services, for example, evaluations of extra care housing or home help services, with little active involvement of older people themselves. All too often, methods of public and service user consultation reinforce existing patterns of service provision, rather than exploring the kinds of services (existing or to be developed) that older people would themselves wish for to achieve the outcomes and quality of life that they seek. Such an approach limits older people to a passive and reactive role, with service design and delivery in the hands of others.

Engaging older people in making a contribution towards strategic commissioning is fraught with difficulties. In the past, for many authorities consultation has either centred on discussions with organisations or with individuals with whom there is regular consultation about service provision. In both instances authorities have been concerned that the views of these participants may not always represent the views of the wider public. However, other organisations that have attempted to consult with wider groups of older people and particularly those in early old age often find that the perspectives presented are then based on only a vague idea of what life might be like in older old age. The approach described below is one attempt to surmount some of these difficulties.

During 2006/07, the Institute of Public Care (IPC) was commissioned by the Care Services Improvement Partnership to engage in a project to develop a model approach to anticipating future needs and commissioning services (<http://www.integratedcarenetwork.gov.uk/housing/index.cfm?pid=516&catalogueContentID=2130>). This was then expanded by the Care Services Efficiency Delivery Programme to develop the tool with pilots in two further authorities. Therefore, this case study is based on work in three local authority areas (Leeds, Thurrock and Nottingham).

2 THE APPROACH

The intention was to overcome the problems described above by recruiting people approaching retirement age who were not necessarily part of any formal consultation mechanism or group but who still were representative of a broad cross-section of the local population. Efforts were made to ensure that the focus groups were representative of a cross-section of the local authorities' population in terms of ethnicity, level of disability, social class, age and gender.

People were then invited by letter to take part in semi-structured focus groups. Each group was led by a facilitator, whose task was to pose questions, seek clarification, read the scenarios and promote dialogue between participants (see Appendix I).

At the start of the session after the facilitator had described the purpose of the meeting, each participant was asked to complete a brief anonymous questionnaire which identified their age, gender, whether living with a partner or not, their assets and whether they had cared for an older friend or relative for more than five hours per week in the last two years.

There were four areas of discussion in each group:

- Participants were first asked to think fifteen to twenty years ahead and consider where they might be living, what financial resources they might have and what contact they may have with family, friends and neighbours.
- Secondly, they were asked the same questions, but after people had been read a description of physical incapacity that might occur to them.
- This was followed by asking the same questions but after people had been read a description of moderate dementia that might occur to them.
- Finally, participants were asked to reflect on the different perspectives of their future lives that they had discussed, and to consider what kinds of services they might need or require to support them in the different scenarios regardless of who paid for that provision.

A total of seventeen focus groups were run across the three authorities with between six and fourteen participants, giving a total of 145 people taking part. Each group lasted around two hours, with a facilitator, and a scribe to record the main points of the discussion. All of the focus group participants were aged between 55 and 65. The majority were already retired, even some towards the younger end of the age range.

3 OUTCOMES

The results of the discussions may be grouped under four main headings: accommodation, help and advice, specialist housing, and neighbourhood.

3.1 Accommodation

There was much discussion about housing in the focus groups, both in terms of people being prepared to adapt their existing property or moving to a more suitable location. Most participants wanted either to stay in their neighbourhoods close to their friends, or to move closer to their children. However, those with children did not want to have to move in with them and did not welcome their children having to perform a caring role. *“I looked after my mum who had dementia and wouldn’t wish that on my children”.*

A few people were planning to emigrate to take advantage of either lower costs and tax advantages in other countries or to be closer to their children who had emigrated. Although focus group participants appeared well aware of the need to move while they were well, anecdotal accounts regarding their older relatives indicated that in practice, people often moved following a crisis, such as admission to hospital.

Virtually all participants wanted to stay in their own home for as long as possible, either having adaptations to enable them to stay put, or downsizing to alternative accommodation. Moving to alternative accommodation was seen as a means of reducing maintenance responsibilities and costs; releasing equity; and accessing accommodation better suited to declining mobility or deteriorating health.

3.2 Help and advice

A range of advice and help was discussed by participants as necessary to either support people to continue to live in their current home or to enable them to move to more suitable accommodation. Adaptations and alterations such as grab rails, ramps, showers, and stair lifts were mentioned as means to enable participants to continue to live independently. Help with gardening, decorating and improvements to heating and thermal insulation could also help people to stay at home. Security improvements such as better lighting and mortice locks contributed to better peace of mind for some people concerned about break-ins.

Participants mentioned the need not just for advice on where to get maintenance and improvements undertaken, but also for financial and practical help with the organisation of repairs and improvement work. A number of people suggested a kind of one stop shop for the provision of information and advice covering a range of service areas, but particularly on finances and benefits.

People wanted a place where they could find help with household and garden maintenance. A number of participants were worried about rogue traders and wanted to know how to find trustworthy and reasonably-priced trades people. Some form of accreditation of people who might do small maintenance or gardening jobs for older people or provide home help and care was suggested. Another area where help and advice was felt to be needed was when people wanted to move. Participants were concerned about the potential upheaval involved in moving and the need for physical, practical and financial support in moving home.

The focus groups indicated an interest in the development of new services to help older people navigate and negotiate access to the housing, care and support which they need.

3.3 Specialist housing

Housing options for older people were seen as limited, although sheltered and extra care housing in particular, where people had encountered these models, were generally well regarded. Several people mentioned the need for more two bedroom sheltered accommodation for couples as they often required separate bedrooms. A shortage of private sheltered housing was also identified.

Care homes were seen as the last resort and there was widespread concern about the quality of residential care across private, public and voluntary sectors among participants. Residential care was seen as poor in terms of dignity and respect accorded to residents.

Most participants did not think that they should have to pay for health or nursing care, but there was less consensus about having to contribute to the cost of social care. Good personal financial planning was mentioned as a way to avoid having to depend on public provision of poor quality services.

3.4 Neighbourhood

Preferences for type of neighbourhood varied. Some people expressed a wish to move to a rural setting, but most participants said they wished to stay within the city because of better access to shops, services, health-care and transport. Some participants who had contemplated that they would 'move to the country' on retirement now felt this was not a good option. Isolation, poor transport, and limited access to shops and services were cited as potential obstacles. *"We have an image of honeysuckle round the door but when we went to look at some places they felt bloody remote"*. Some people felt trapped in poor or unsafe neighbourhoods, and did not think that they could afford to move.

There was much discussion and a lack of consensus about what kind of community people wished to live in. Some participants wanted to remain within mixed neighbourhoods and communities, while others felt that age segregated housing offered security and mutual support. The concept of retirement communities attracted some interest.

3.5 Comment

The focus group discussions reveal the need for the provision of a variety of accommodation options for older people within neighbourhoods, but also a need for support to enable people to move. For those who wish to stay put, the provision of assistance with adaptations, gardening and minor repairs has an important part to play. It is reasonable to expect that given the increased housing equity of the older population, the market will itself respond with greater diversity in the types of accommodation and housing-related services suitable for older people, although this is no justification for public sector complacency. There is a clear diversity of views between those who are adamant that they will not move under any circumstances, those who recognise that a move may be necessary / beneficial but want accommodation suitable for older people but not badged as older peoples accommodation, and those who feel a move is inevitable but not necessarily welcome.

Many of the views expressed by participants support the ideas embodied in the government's personalisation agenda. For example, delivering support to people in their own homes, rather than tying support to particular types of accommodation. Many people felt health services for older people were poor quality and failed to treat older people with respect and dignity. There were mixed views concerning the local authority with people citing transport and entertainment as benefits, but weaknesses in information and advice provision, and some aspects of social care. Extra care housing from the few that knew of it got a 'thumbs up' particularly in comparison to residential care which was universally perceived as poor but in some instances, eg, dementia, inevitable.

4 LESSONS TO INFLUENCE COMMISSIONING

The methodology was very successful in getting people to think about what was important for their quality of life, rather than just focusing on available services. Focus group participants welcomed the opportunity to take part in this kind of consultation, indicating the value of the approach, with several saying they found it really interesting and had enjoyed participating.

In terms of thinking about future accommodation provision, the following suggestions and interpretations were made:

- People want to remain in their own family home but this is influenced by the lack of acceptable alternatives available. The objection is often not to moving but to being able to move to accommodation that is attractive, in nice neighbourhoods and that does not look like 'council accommodation on council estates'.
- Decisions that influence moving will depend on size of accommodation (many people want two bedrooms, certainly not bedsits), whether the accommodation offered security, whether the accommodation felt like normal housing, rather than specialist older peoples accommodation.
- People want help and advice but not the local authority one stop shops that just deal with 'council' services. They would like advice centres, where there is someone to talk to rather than just leaflets and that straddle public and private sector concerns, eg, being able to make a will, find out what's on, understand power of attorney, get financial and investment advice.
- People that are single have a bleaker view of their accommodation and services and see it as 'getting by' until death.
- People were very pessimistic about dementia, many saying euthanasia would be preferable to a care home admission. If local authorities are to encourage the management of dementia in the community, people will need more information and awareness as to how this could be handled, and carers in particular will need more resources.
- People did not welcome the prospect of living with their children. This was not only because of the burden of caring (of which several people had experience), but also because it changed the relationship between older parent and child: *"It doesn't allow you to be as you were, you become an object to be cared for rather than their parent. You don't have the same conversations any longer because they have to look after you"*.

5 LESSONS TO INFLUENCE THE METHODOLOGY

- It is important to make sure the focus groups remain between eight and twelve in size. Smaller than eight and it is easy to drift in to one-one dialogues, larger than twelve and some people will feel intimidated.
- Where there are sizeable local BME communities, it may be appropriate to run some groups with mixed populations and some based on those communities to check any differences in responses.
- The rooms and the environment must be comfortable and easy to talk in. Chairs should be comfortable enough to sit without discomfort for two hours. There should be no interruptions.
- Groups need to be held at a time when people can attend. Afternoons and early evening can work well.
- Neutral facilitators and neutral venues are important. The groups should not be run by public, private or voluntary organisations that have a strong involvement in old age. This lessens the risk of bias but also helps people

to participate. Equally they should not be on health or social care premises.

- It is good to have tea, coffee or a soft drink at the start and end but not to have a break. Our experience is that groups build up momentum and a break stops that happening.
- Some people may become distressed by the topics, so it is helpful to have someone on stand-by outside who can talk to a participant privately should the need arise.
- It is important to offer people some small honorarium or benefit to both thank them for their time but also to emphasise the importance of their contribution.
- It is important the facilitator remains just that. The role is to stimulate discussion not to lead so interventions should be in the form of questions, clarifications and examples rather than statements. The scribe should be positioned unobtrusively and if the group is being recorded the recording devices should last for two hours, ie, no changing of tapes and mikes should be unobtrusive.
- The framework (Appendix 1) suggests how the groups may be structured. The scenarios can change depending on the particular commissioning focus, but in general the approach seems to work well in terms of stimulating people's thoughts about their future and what resources they might have to deal with a number of varying possibilities.

6 OTHER RELATED HOUSING LIN PUBLICATIONS

Housing LIN Report no.18

[Essex County Council Older Person's Housing Strategy](#)

Housing LIN Factsheet no.8

[User Involvement in Extra Care Housing](#)

Housing LIN Case Study no.18

[Community Involvement in Planning Extra Care Housing – Brighton & Hove](#)

Housing LIN Case Study no.21

[Estimating Future Requirements for Extra Care Housing in Swindon](#)

Housing LIN Policy Briefing no.16

[Independence & Opportunity – Communities & Local Government Strategy for Supporting People](#)

Housing LIN Policy Briefing no.18

[The Housing Corporation's Housing for Vulnerable People](#)

All of these are available from the Housing LIN website under Resources:

<http://www.icn.csip.org.uk/housing>

7 OTHER USEFUL INFORMATION

Age Concern (2007) *Choices in retirement housing*,
http://www.ageconcern.org.uk/AgeConcern/Documents/1304_ace_for_website.pdf

Clough R, Leamy M, & Bright L. (eds) (2004) *Housing Decisions in Later Life*,
Palgrave Macmillan

Care & Repair (2003) *Having our say: a housing action toolkit for older people*,
<http://www.careandrepair-england.org.uk/pdf/havingoursay.pdf>

Help the Aged (2006) *Housing Matters: your housing choices*, advice for older
people, http://www.helptheaged.org.uk/NR/rdonlyres/B3CD2B27-14A9-4ABF-95DC-3659CDCCBF6C/0/housing_matters_adv.pdf

HOPDEV (2006) *Audit Tool for Housing and related services for Older Minority
Ethnic people*, <http://hopdev.housingcare.org/downloads/kbase/at-home-audit-tool.pdf>

HOPDEV (2006) *Older people's housing strategies: Taking account of older
people's views*, <http://hopdev.housingcare.org/downloads/kbase/older-peoples-views-housing-strategies.pdf>

HOOP Online, created by the EAC, is a tool that offers suggested solutions to
housing problems identified by users. HOOP (Housing Options for Older People)
is a technique to help older people appraise their housing
options: <http://hoop.eac.org.uk/>

APPENDIX I – Focus group topic guide

Elapsed Minutes	Suggested Content
0	<p>Opening script</p> <p>Hello. Thank you for agreeing to participate in the focus group. Can I introduce...</p> <p><i>Arrangements 2 hours, refreshments, toilets, alarms, mobile phones</i> <i>Individual introductions – first name only</i></p> <p>XXX local authority are interested in forming a picture of what services and support older people in xxx will want in 15-20 years time to ensure that their health housing and social care needs can be met. As part of this ongoing initiative, we are from XXX and have been asked to help understand what these needs may be.</p> <p>We hope that you can help us today by talking about what you think your life may be like in 15 to 20 years time. You may have already thought about this and have a very good idea about where you think you may want to live or who will support you as you get older – we would like to know.</p> <p>We hope that you will find the questions we pose stimulating and help you to think what you may need as you get older. If at any time during the session you feel affected by the discussion and would like to take a break from the conversation, please feel free to leave the room and one of us will make sure that you are ok.</p> <p>Before we start we would like you to provide some very basic information anonymously about yourself, this will be used to build a simple profile of the people we are seeing from the four groups today. (Hand out questionnaire)</p> <p>Scribe</p> <p>I will be noting down your comments and may also record some of the discussion today so that we can develop our findings into a report. The council will happily provide you with a copy of the report if you so wish. You will not be identified by name in the report.</p>
15	<p>GENERAL VIEWS ABOUT OLD OLD AGE</p> <p><i>These questions don't all need to be asked at the start they can be drip fed or repeated as the discussion develops.</i></p> <p>Think about your life in 15/20 years time, for example:</p> <ul style="list-style-type: none"> • Where will you live? • What kind of social life will you have, what type of hobbies and leisure activities will you be pursuing?

Elapsed Minutes	Suggested Content
	<ul style="list-style-type: none"> • Who do you see yourself having regular contact with, family, friends etc. • Will you be financially healthy?
	<p><i>If the discussion flags consider using the following material</i></p> <p>Louis says: “We are not sure where the money went, sure we had a few holidays but nothing fancy. The house seemed to drain our monthly income, what with the heating, the repairs that need doing, it’s all getting on top of us. Margaret says that she won’t set foot in the garden any more since I’ve stopped mowing the lawn on a regular basis so we tend to spend most of our time stuck in the house. I can no longer drive because of my eyes and it’s too much trouble to get the bus.”</p>
45	<p>PHYSICAL INCAPACITY</p> <p>So we now have a general picture of your life. What we would like to think about now is how would a change in your physical health affect you? Reflecting back on our earlier discussion of your life in 15- 20 years time – how and why does this change your needs in terms of:</p> <ul style="list-style-type: none"> • Where you live and the type of house you live in? • Your support network – family, friends and possible carers? • Any possible changes to how you may spend and save your money or how you may use your assets?
	<p><i>If the discussion flags consider using the following material</i></p> <p>Ranaa and Ameer are in their mid-seventies, they have lived in their 3 bedroom family home for the last 40 years. Recently Ameer suffered a stroke and after a spell in a Stroke Unit returned home. There is little rehabilitative input now. Whilst she does not need a wheelchair, she now relies heavily on a walking stick and now can just about manage the stairs and has obviously noticed a considerable change in her mobility.</p> <p>OR</p> <p>Louis and Margaret have not been so fortunate with their health of late. Margaret has been suffering with severe arthritis in her legs and hands. She has difficulty getting out of bed and has not left the house in months. Louis though in slightly better health has found looking after his wife a strain and has not got a good nights sleep for weeks because of Margaret’s care needs. Because of all the effort he is putting into looking after his wife, his own health is starting to suffer.</p>
70	<p>MENTAL HEALTH</p> <p>We have considered physical changes and how these may impact on your life, we would now like to move to possible changes to your mental health</p>

Elapsed Minutes	Suggested Content
	<p>and in particular for you to consider how you may need to deal with dementia. When we talk about dementia, we normally say that there are three types – mild, moderate and severe.</p> <p>First of all, let me give you some details about dementia.</p> <p>With moderate dementia, you may:</p> <ul style="list-style-type: none"> • Be confused regarding time and place. May go out shopping at night • Become very clinging • Forget names of friends or family, or confuse one family member with another • Forget saucepans, kettle. May leave gas unlit • Wander around the streets, perhaps at night, sometimes becoming completely lost • Be neglectful of hygiene or eating, perhaps saying they have had a bath or a meal when they have not • Become angry, upset or distressed very rapidly. <p>So what resources would you and your family have to deal with this situation? How well suited would your accommodation be to manage this problem?</p> <p>OR</p> <p>Severe dementia.</p> <p>With severe dementia you will become severely disabled and may need a great deal of help. You may:</p> <ul style="list-style-type: none"> • Be unable to find their way around • Be unable to remember for even a few minutes that they have, for example, just had a meal • Be incontinent of urine and/or faeces • Show no recognition of friends and relatives • Need help or supervision with dressing, feeding, washing, bathing and using the toilet • Fail to recognise everyday objects • Have difficulty walking, perhaps eventually becoming confined to a wheelchair. <p>So what resources would you and your family have to deal with this situation? How well suited would your accommodation be to manage this problem?</p>

Elapsed Minutes	Suggested Content
	<p><i>If the discussion flags consider using the following material</i></p> <p>Mrs Patterson who is now 82 recounts a recent trip into the city centre. She says "I had been looking forward to meeting my friend for coffee at that swish new coffee bar all week and had managed to sort out all the bus times, when I find myself in an unfamiliar part of Leeds. I was not sure of how I got there and even more worrying where I was supposed to be going. I felt all panicky and worried about what was happening to me. I was fortunate that a young lady asked me if I was okay before ringing my Les to get my son to pick me up"</p>
<p>90</p>	<p>SERVICE NEEDS</p> <p>So we have looked at the possible physical and mental changes that may occur in older old age. If you are not too depressed we would now like to talk about what kinds of help and support you might need.</p> <p>Think of the kinds of problems we have talked about and the resources you have to tackle those problems:</p> <ul style="list-style-type: none"> • What are the gaps? • When do you think you might need help from health and social care or from other sources? • What things do you feel would be most important to you to maintain? • Which services would be so important that you would be prepared to pay for them?

Other Housing LIN publications available in this format:

- Case Study no.1: **Extra Care Strategic Developments in North Yorkshire**
- Case Study no.2: **Extra Care Strategic Developments in East Sussex**
- Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care (Eastleigh)**
- Case Study no.5: **Village People: A Mixed Tenure Retirement Community (Bristol)**
- Case Study no.6: **How to get an Extra Care Programme in Practice**
- Case Study no.7: **Supporting Diversity in Tower Hamlets**
- Case Study no.8: **The Kent Health & Affordable Warmth Strategy**
- Case Study no.9: **Supporting People with Dementia in Sheltered Housing**
- Case Study no.10: **Direct Payments for Personal Assistance in Hampshire**
- Case Study no.11: **Housing for Older People from the Chinese Community in Middlesbrough**
- Case Study no.12: **Shared ownership for People with Disabilities (London & SE)**
- Case Study no.13: **Home Care Service for People with Dementia in Poole**
- Case Study no.14: **Intermediate Care Services within Extra Care Sheltered Housing in Maidenhead**
- Case Study no.15: **Sheltered Housing Contributes to Regeneration in Gainsborough**
- Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**
- Case Study no.17: **A Virtual Care Village Model (Cumbria)**
- Case Study no.18: **Community Involvement in Planning Extra Care: the Larchwood User's Group (Brighton & Hove)**
- Case Study no.19: **Durham Integrated Team - a practical guide**
- Case Study no.20: **BME Older People's Joint Service Initiative - Analysis and Evaluation of Current Strategies (Sheffield)**
- Case Study no.21: **Estimating Future Requirements for Extra Care Housing (Swindon)**
- Case Study no.22: **'The Generation Project': a sure start for older people in Manchester**
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- Case Study no.26: **Unmet Housing-Related Support Needs in Wokingham District - an investigation**
- Case Study no.27: **Dee Park Active Retirement Club - Age Concern Berkshire**
- Case Study no.28: **Essex County Council Older Person's Housing Strategy (Summary)**
- Case Study no.29: **Pennine Court: Remodelling sheltered housing to include Extra Care for people with learning difficulties**
- Case Study no.30: **Dementia Care Partnership: More Than Bricks and Mortar**

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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