

SENIOR
RETIREMENT
INTERGEN
ADAPTABLE
ASSISTED
LATER
JUST LIVING
INDEPENDENT
COLLECTIVE
ELDERLY
AGE FRIENDLY
SECURE
COMMUNITY

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PT. I

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PT.I

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UNDERSTANDING YOUR CUSTOMER

“The market needs
greater choice, greater
options.”

— PHIL SCHMID

DIRECTOR, RETIREMENT & HEALTHCARE / JLL
AGE 37



010

Image 01 — REFRAMING OUR PERSPECTIVE OF OLDER AGE — ‘Not only millennials scroll’

1.1 OUR TAKE

In the past few years the UK’s Real Estate sector has identified a new opportunity for growth. At a time when foreign investment in UK property is on the wane, and younger people are struggling to amass the capital to climb onto the lower rungs of the property ladder, the sector is looking for avenues other than ‘private housing for sale’ as a place for investment. Niche opportunities like Student Housing have been taking up more and more attention and these markets are becoming saturated, and more recently Build To Rent is gathering momentum as a means of securing a proportion of the younger persons market, but statistically by far the largest and most neglected area of the sector is housing specifically designed for older people. This is a sub-sector where the combination of unsuitable existing housing stock, owner-occupier status, and an emerging focus on lifestyle offers is being seen as one of the the largest potential growth area for investment, and a host of developers and funders are looking to enter the sector and bring an offer to market.

Whether through retirement villages, assisted living apartments, boutique care homes, or specialist dementia ‘facilities’, a multitude of propositions are coming forward to provide increasing choice to the UK’s older adult population, or their concerned children, as to how and where to spend their later years. As with all emerging sectors, there is no clear or agreed approach on what the right ‘product’ is to suit the market, and as we will show throughout this book there cannot be said to be a single, simple solution just as there cannot be said to be a single, simple definition of an older person.

Bringing forward a market proposition that is popular, positive, and sustainable in the long term has to begin with a genuine understanding of a target market which is diverse, selective, and intelligent. It is all too easy to fall into the trap of thinking of older people as a generic group whose sole priority is physical security and to forget that age restricted development can cover a section of the population between the ages of 55 and 90. One cannot expect a single age-restricted development to appeal to 55-65 year old people as well as to 85-95 year old peo-

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ple any more than one might expect a 25–35 year old to actively seek to enter a community designed and marketed to 55–65 year olds, but the overall age range between each group, at 30 years, is the same.

This is not a guide book, and makes no claim to advise on ‘Best Practice’, if such a thing can be said to exist when designing for a range of age and ability spanning nearly half a lifetime. This book is intended to assist anyone interested in the future of housing and communities for all ages, or those interested in assessing their current approach in the sector with an eye on the future, in asking the right questions, both of themselves and of their target market. The intention is to clarify how one might begin to identify the genuine needs and desires of potential customers, the economic considerations both of customers and those investing, and the practical and legislative challenges that shape the design and operation of what is intended to be the last home we live in.

The base position is that those interested in the sector should be able to come forward with economically viable propositions for the market that will sustain themselves in the long term. We believe the way to make this happen is to understand the customers we are aiming at and provide a ‘product’ that suits them and their needs. At conferences around the sector there is a notable lack of the voice of actual older people – something observed by many people with long term involvement in the sector – and little or

no acknowledgement of the hopes, fears, desires, and pressures that come to bear on what people hope will be the last move they will ever make. There can be an understandable focus on the numbers, rather than the people, and not a great deal of attention paid to solving the genuine challenge of housing for older people, or understanding of the factors that affect us all when thinking about homes for our future selves.

We have come up with the concept of the ‘imaginary older person’ to crit-

ically question any assumptions we make as we consider the issues at hand and break down the perception of the older person as the ‘other’ – not us, or who we will be – some notional older person who may have no relationship with the realities of ageing. For all of us, we hold in our minds a mental picture of an older person that we call forth to some extent when we consider the issues around housing for our future selves, be it a real older relative, a neighbour, or the care-free idealised older couple that seems to exist only in the marketing material of higher end retirement housing.

Older people are our future selves, but an often unacknowledged ageism, prevalent in stereotypical representations of older people, separating ‘them’ from ‘us’. The truth is that at some point we are all going to grow into older people. There is no magic number at which we become ‘old’, we do not suddenly stop being who we are because we hit a particular age. By creating spaces to bring all ages together we can help break down the ageist stereotypes that drive us apart. The concern is that an ‘economics only’ approach, rather than a person-centred approach, risks further isolation and stereotyping of older people by only identifying them as a generic age group rather than actively seeking to understand what people’s range of individual needs and preferences might be. When we consider older people as discerning individuals with different care, housing, and community preferences we will be better positioned to provide a greater choice of considered living environments that meet our unique needs and aspirations in later life, which leads to a more robust and sustainable market proposition in the long term. Indeed, as we describe later in this book, those wishing to enter the sector that do not begin with a person-centred operations approach, and who instead skip straight to the numbers, largely fail to bring a product to the market.

There is a growing awareness of the fact that 2% of the housing provision in the UK is designated as ‘retirement housing’, and that this small proportion houses 1% of the population aged 60 and over. While such statistics highlight the challenges the housing industry needs to overcome, they also draw attention to the gap in the market

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“It’s utterly bizarre that you show up at these conferences on retirement living and there is often not a resident in sight.”

— MARK CURRAN

DEVELOPMENT DIRECTOR /
ANCHOR HANOVER
AGE 60

013

that offers an opportunity to deliver new and improved models of housing.

What is less understood at present is how to bring forward new models to address the human issues in an economically viable and socially sustainable way, and in a format that does not lead to an increase of segregation based on age. People currently have few options, or are not aware that a range of options exists when selecting a home for later life, so they choose to age in place, often in an ‘oversized’ family home no longer suited to their needs and abilities, until a moment of crisis forces a decision on how and where to move. This is especially true for the mid-range price bracket. Often this crisis moment is health-related, forcing people to take the significant step from independence into full time care. If desirable options can be made available that suit both need and budget, people may be more likely to make a proactive choice to ‘rightsize’ out of the family home — a positive, pre-crisis choice on where and how to grow old whilst maintaining quality of life, independence, and good health for longer.

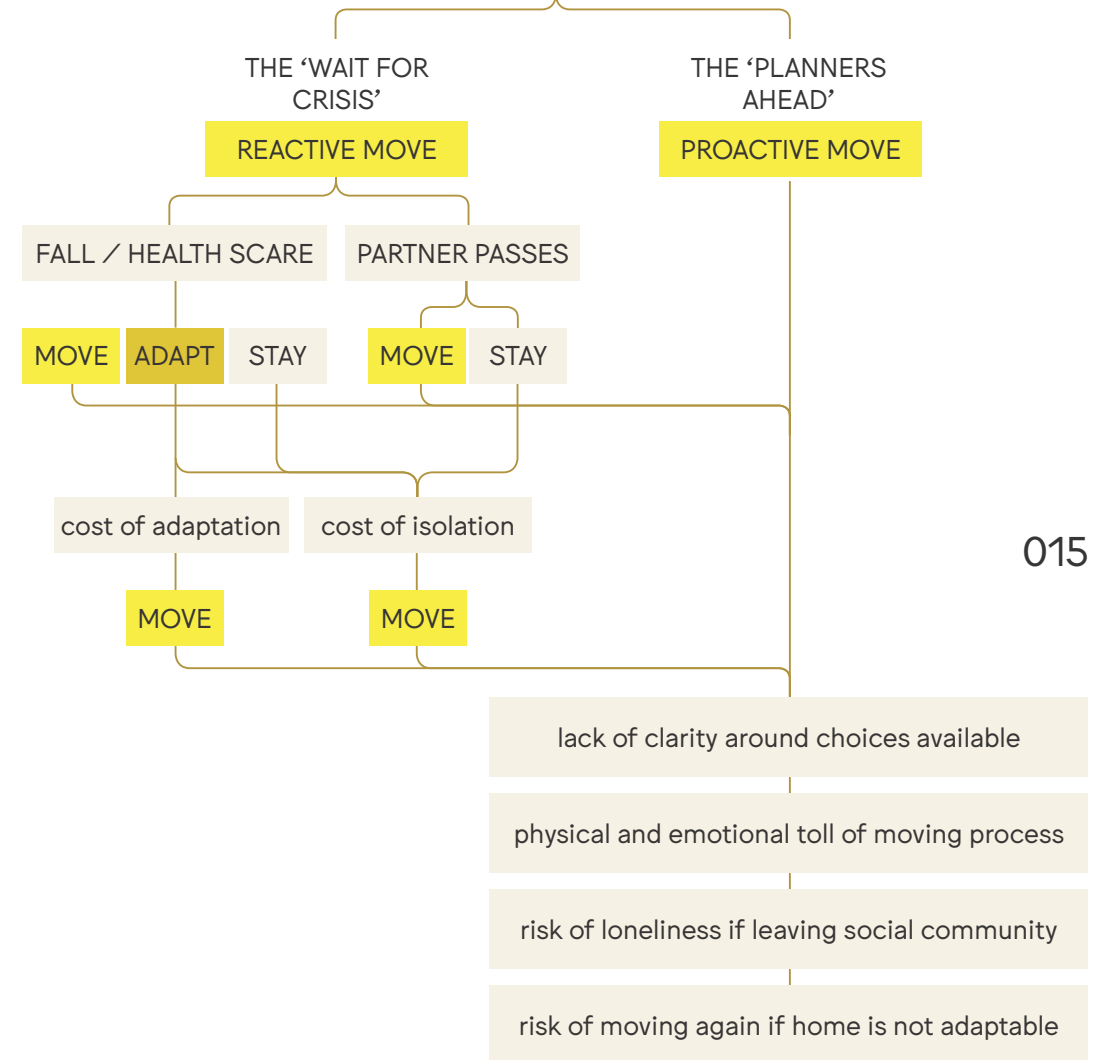
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“There are generally two types of people: the ‘planners ahead’ and the ‘wait for crisis’.”

— JEREMY WALFORD

MANAGING DIRECTOR /
MIDDLETON HALL
AGE 56

In order to incentivise this proactive choice, a variety of community types, based as much or more on shared interest as on shared age, are needed. Understanding the options stands to not only benefit those making the choice, but also create a ripple effect that would make more family sized dwellings available to the younger population. To understand how to address the need for appropriate housing and communities as we age, we have looked to learn from past, present, and emerging models, analysing age-designated, age-integrated, and non-age-designated examples. Here we illustrate our contributors’ collective observations of what makes a great home and a great community, from size to operations, care provision to design, from the masterplan level down to the dwellings. We will also look to highlight the accessible, age-ready features that enable and empower people whilst avoiding the stigmas and hospital-like aesthetic associated with care environments.



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FIG. 1 JOURNEY
Image 02

When thinking about an environment that works well for people of all ages and abilities, our scope should extend far beyond just housing to incorporate care, community, activity, engagement, and the choices available to individuals within and across those categories. Older adults will no longer accept the bare minimum standard of design associated with later living, and this burgeoning sector will continue to respond to the growing demand of individual choice. Designers and developers alike should embrace the opportunity to design to a higher standard, better adapting and catering to the unique needs and desires of this wildly diverse group of people. The design, cost, and value of developments for older people must be considered not only in terms of immediately measurable market forces, but also with reference to the choices that potential residents will make, the implications of those choices, and the benefits that such communities can bring to their surroundings.

From the initial planning process through to the in-use life of communities inclusive of older people, the positive socio-economic impacts need to be understood and clearly described, not only to potential residents, but to the existing communities into which these new models might be developed.

1.2 WHAT'S IN A NUMBER?

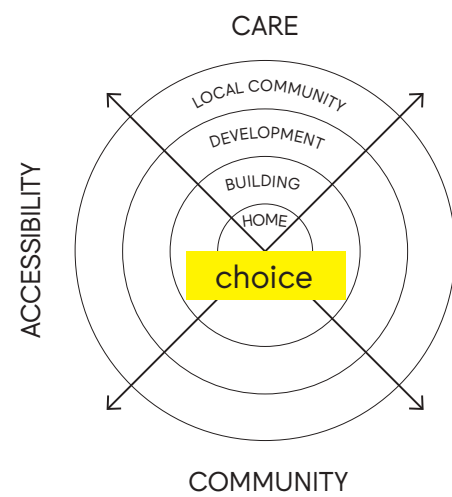
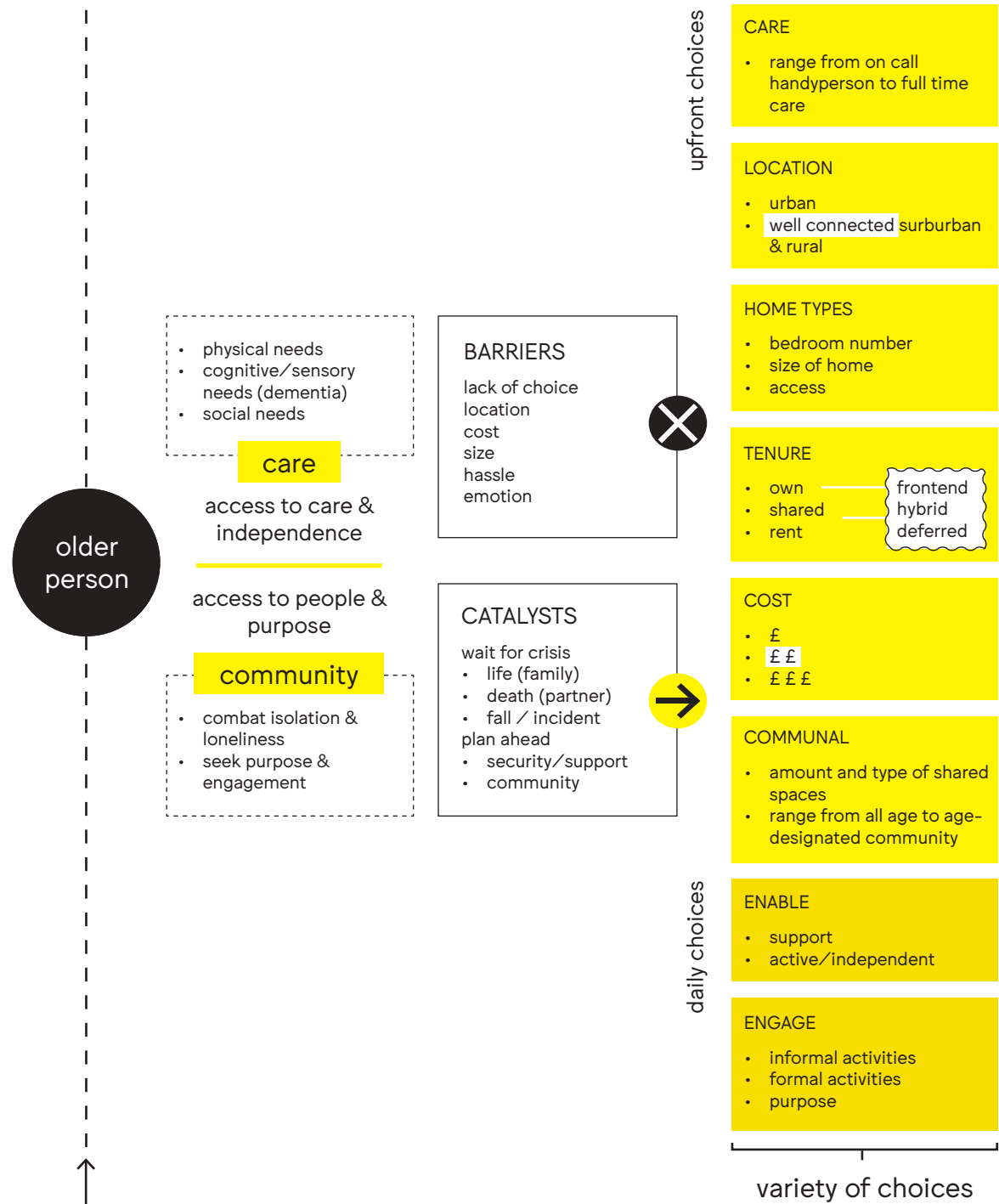
At the outset of writing this book we made the conscious decision to start the process in the place we felt was the most important and under-represented in our experience with the over 65s housing sector – with older people who were considering their future housing options. Our initial instinct was that our older contributor's input would be seen as more relevant if their age was made clear, but we realised that identifying only our older contributors by age would reinforce 'them' as 'other' rather than recognise that we are all on an ageing continuum. We realised that to single people out by age can create assumptions rather than genuine understanding of one another. To acknowledge this and create a commentary around normalising age, we asked everyone who kindly gave us their time to share their age, whether chronological, biological, or the age they felt themselves to be, and to consent to us sharing that information alongside their key quotes in the text.

No matter what your age it can be an area of sensitivity, as age is often a subject we prefer to keep private as a potential area of discrimination. The inclusion of the age of our contributors in this book, therefore, is an attempt to break down that taboo, acknowledge that ageism is an undertone in many of our social interactions, and treat all of our contributors equally regardless of age.

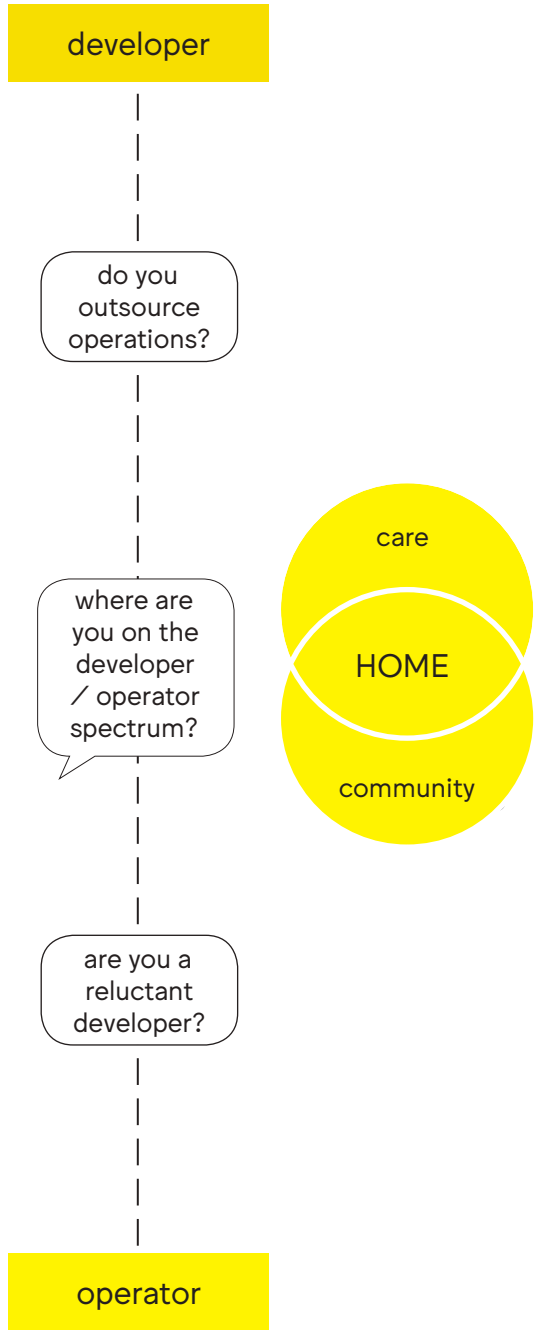
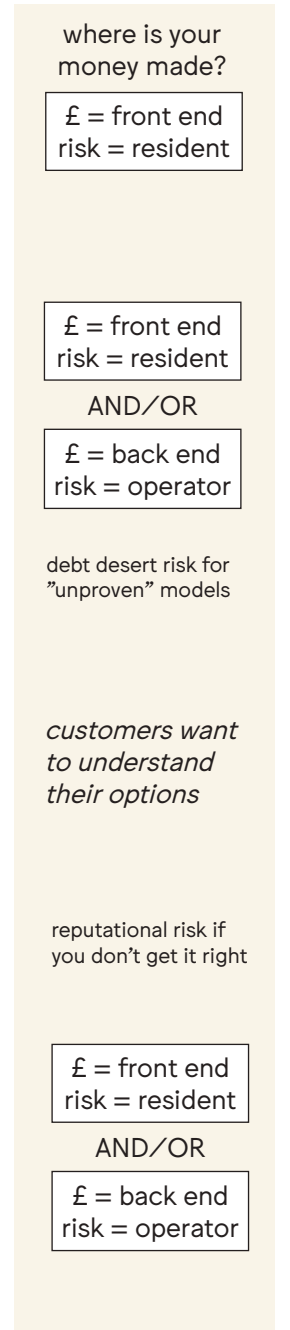
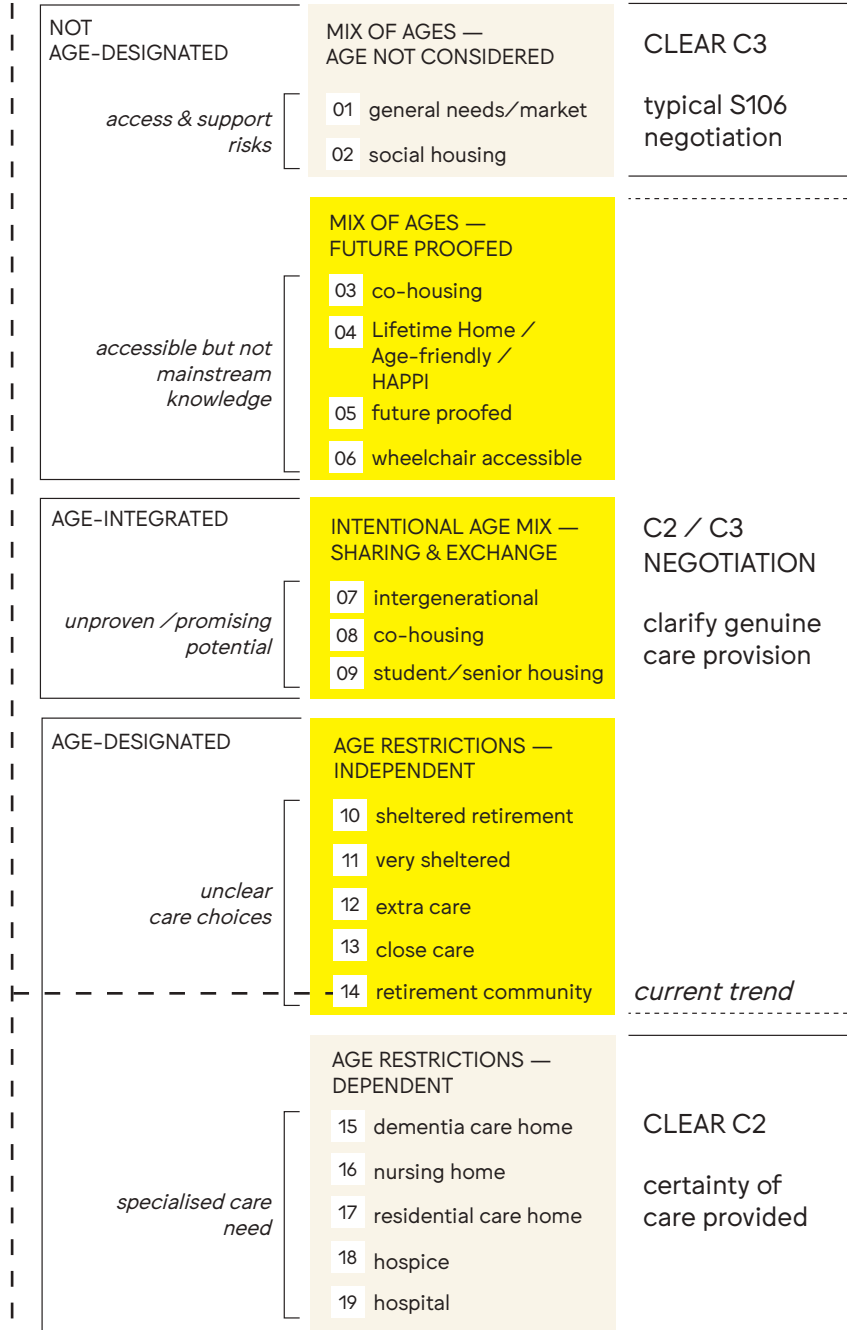
1.3 THE CUSTOMER/DEVELOPMENT JOURNEY

The following diagram is a simplification of the customer/development journey which takes into account the experience of older people on their customer journey as well as factors that a developer or operator would consider in deciding what type of housing to offer. Rather than start in the middle of this journey where the focus is on spreadsheets and use classes, we believe it is critical to start at the beginning – to understand the customer journey older people might experience when looking for what many may consider their 'last' home. An offer, ultimately a home, that considers our human needs and wants is more likely to be economically and socially viable and sustainable.

discerning individuals with unique needs & desires



housing undersupply & rapidly increasing 60+ age group



person-centred approach starts here

generic customer group approach starts here

'PRODUCT'
HOME

understand your customer

define your market

define your offer

develop your offer

operate your community

1.4 OUR SCOPE

While the focus of this book is designing and delivering homes and communities that make our lives better as we age, rather than worse, it is important to acknowledge the larger societal issues around ageism that are beyond our scope yet impact our effort. Throughout our daily lives we

are inundated with negative imagery around ageing – street warning signs that depict frail older people, brands that celebrate anti-ageing and the fountain of youth, TV advertisements portraying older people as frail, the media blaming older people for bed blocking in hospitals, well intentioned non-profits reinforcing the narrative that older people are lonely – the list goes on. ‘Old’ people are stereotyped as a burden to society, a cost to our

health system, and a drain on public resources. We pit young and old against each other in a fight for housing. We blame older people for not freeing up family homes for the younger generation, patronising older people rather than considering and celebrating the value different generations can offer one another. But things are starting to change. The ‘demographic time-bomb’, ‘grey tsunami’, and other apocalyptic ageist catchphrases are raising

“How much time do we spend sitting around talking about the demographic time bomb?”

— HONOR BARRATT

MANAGING DIRECTOR / BIRCHGROVE
AGE 46

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Image 03 — STEREOTYPICAL AGEIST SIGNAGE

awareness that there will be more older people in the world than ever before. 1 in 4 people in the UK will be over 65 by 2040, and it is already 1 in 5 now.¹ The pensionable retirement age was set at 65 in 1948 when average life expectancy was 68.5² – by 2040, average life expectancy will be over age 80, and 1 in 3 people born in 2011 will live to be 100. While the government is “planning to raise the State Pension age to 67 by 2028,”³ many of us will have decades more life to live where we can refine or redefine who we are. This new found time brings new expectations, we won’t accept the beige institutions that pepper our image of later life. Businesses are becoming aware of the market potential of this cohort that has the third highest GDP in the world, and in the UK holds £800 billion in equity⁴. But this doesn’t necessarily mean it’s available to spend, and this also doesn’t mean that proliferating the same low standard care home offer that has been peddled for decades will be accepted. We are entering an age of choice, where discerning, informed, and experienced older people need, want, deserve, and demand closer attention from all environments and services ‘catering’ to them.

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1.5 GREAT(ER) EXPECTATIONS

It is critical to raise expectations for our future environments, and it is equally important to raise our expectations for our future selves. A favourite example of the influence of expectations is Harvard psychologist Ellen Langer’s Counterclockwise study: she had older adults live in a retreat for a week, where they spoke in present tense as if they were 20 years younger. They measured their mental health, physical strength, and cognitive abilities before and after, and found everything improved, even their eyesight and memory. If everyday environments – our home, community, and public realm – enabled our abilities rather than remind us of our disabilities, we could live well for longer.

In the design of new housing and communities coming forward there needs to be acknowledgement that there is a right way and a wrong way – it is a matter of adopting the right mindset and starting in the right place.

2.0 — IMAGINED OLDER PERSON

2.0 — IMAGINED OLDER PERSON

“We have this idea of an older person but it’s fictional, it’s a unicorn, those picture book older people don’t exist. Real life older people are just like you, they’re just wiser. There is a fundamental problem in the whole industry of what we imagine an older person to be.”

— ANNA SABINE
CEO / MPC
AGE 39

2.1 YOUR IMAGINED OLDER PERSON

Who do you hold in your mind when you think of an older person? Is it your parents, grandparents, a neighbour or your future self? How does your ‘imagined older person’ stack up against the older person you see in the media or in marketing material? Where and how do you want to live when you are older? How do you imagine your last home?

We asked people from all sides of the industry who their imagined older person was and we received a range of responses – most notable was that these were almost all deeply personal. The older people they held in their mind, who often were the older people that informed and motivated their work, varied from friends to loved ones to parents, grandparents, and residents, each unique from one another. Rather than a single imagined older person, we heard about the broad diversity of people and experiences.

So the question is, how do you really define ‘old age’, and does defining it matter?

2.2 DOES AGE MATTER?

We all have a different perception of what it is to be an older person, and many of us will not perceive ourselves as old, no matter our age. We have identified three common perceptions of age: our chronological age, our biological age, and the age we feel.

Our chronological age – the number of years we have spent on the planet – is not very relevant, yet society often falls back on treating it as a meaningful indicator. A

Harvard study⁵ has shown that our biological age, which is our age when our lifestyle factors have been taken into account such as diet, exercise, and environmental exposures, is actually a better predictor of mortality and disease than our chronological age. But perhaps the most important of all is the age we feel, and often we do not

“Old age begins at 73 for most people, and 8% of us think no-one is old!”

— BEN PAGE

CHIEF EXECUTIVE / IPSOS MORI

feel the age we are chronologically or even biologically. When we are talking about housing for older people, we have to acknowledge that the way we define and understand older people in our sector has the potential to be detrimental. A well developed understanding of older age is critical to the success of a development.

Of the three most common perceptions, two risk under-estimating the selectivity and intelligence of older people.

PERCEPTION 1: OLDER PEOPLE AS FACTS AND FIGURES

This view groups older people as a generic group defined by chronological age and en masse due to the demographic boom. There is a growing recognition that our ageing population paired with the under-supply of housing for older people has created an untapped commercial opportunity. This view is motivated by statistics such as:

- By 2025, 20% of the UK population will be over 65 (14.3 million people).⁶
- The over 65s own a combined £800 billion of housing equity.⁴
- The Royal Institution of Chartered Surveyors (RICS) estimate that providing viable, alternative residential accommodation for older households such as Housing with Care, could release 2.6 million houses back into the mainstream housing market.⁷
- In the UK the vast majority of over 65s currently live in the mainstream housing market. Only 0.6% of retirees live in Housing with Care, which is ten times less than in more mature retirement housing markets such as the USA and Australia, where over 5% of over 65s live in Housing with Care.⁸

The danger of perceiving older people as a population of facts and figures based on their chronological age is that we are at risk of falling for misconceptions. As an exam-

ple, the US may have a higher ‘penetration rate’ of older people living in retirement villages but this is not necessarily because it is the desired choice. 90% of people prefer to age in place in the US⁹ and 80% in the UK¹⁰. However in the US, a country of suburban life designed around the car, people are forced to make a move as soon as they lose their ability to drive, which is reflected in the higher number of retirement village residents. In the UK, walkable market towns enable older people to age in place more easily because our activities of daily life are within walking or public transport distance. This is not to say that there is not a portion of the market that would love to live in retirement villages, but more to encourage thoughtfulness around what housing models could cater to the majority of people that would prefer something else.

PERCEPTION 2:
OLDER PEOPLE AS CONSUMERS OF CARE

This perception is based on biological age, where older people are seen as a generic group defined by care and support needs. As we are living longer, we are more likely to face physical, cognitive, or sensory impairments. This view defines older people by a biological age determined by health and ability data, such as:

- 40% of over 65s live with a ‘Limiting Long Term Illness’ or disability.¹¹
- Difficulties in performing ‘Instrumental Activities of Daily Life’ were reported by 57%-64% of frail people.¹¹
- The proportion of people with multi-morbidities (multiple long term conditions) among those 65-74 is 46%. This proportion increases to 69% among those 85+.¹¹

Having access to the right care is critical, but focusing on older people as needy consumers of care and support or unilaterally being in need of care and thus providing a care-oriented environment risks losing sight of the fact that older people are discerning individuals who may not need or want care.

PERCEPTION 3:
OLDER PEOPLE AS UNIQUE, DISCERNING INDIVIDUALS

This perception recognises that each of us are different and have a unique, personal sense of our own age. The

“I don’t know who this stereotypical ‘older person’ is. The other day we had an 80 year old in researching for her mother - who is 103!”

— HONOR BARRATT

MANAGING DIRECTOR / BIRCHGROVE
AGE 46

lifestyle we desire and require will be different as well. By getting to know a variety of older people, we can better understand the range of possible futures we may want or need in later life, and how to design and develop for them. This view is based on an understanding that each individual possesses their own perception of the age they feel, and how they want to plan or not plan their future in relation to that:

Starting at the beginning by considering the push and pull factors for the people we are looking to house and catering to meet their specific needs and wants will ultimately create a more curated, custom-



Dorothy planned ahead so that she and her partner could have peace of mind



Iris is too busy looking for a care home for her mother to plan ahead for herself

CHRONOLOGICAL AGE

68 68

BIOLOGICAL AGE

58 74

AGE YOU FEEL

48 78

er-centred offer that people could see as a first choice rather than a last resort. When we start at the beginning, the importance of age fades away and stage becomes the driver.

2.3 STAGE NOT AGE

“If we are targeting people age 60–90, well, think about the age range 20–50. Our media bombards us with the message that older people are over 60. There may be different layers of broadly similar characteristics within that range, but there’s a wide variety.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER
AGE 60

Statistics, services, and planning frequently group the 55–95 age range together, further instilling a single, stereotyped image of old age in the public eye. However, there is equally if not more variety in this age range as any other 40 year span. While physical, cognitive and sensory decline is an inevitable part of the ageing process, it does not mean people are impacted equally or evenly at certain age milestones. This may sound obvious, but when someone asks for a brief for 55+ housing, we need to first realise there is not one

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single brief. There are 90 year olds running marathons and 50 year olds suffering from early onset dementia — their wants and needs are not tied to their age, but their stage of life.

Rather than later life being perceived as a single stage, it is worth considering that ‘older age’ may be made up of a series of stages, depending on each individual and their chronological, biological, and self-understood age. As we live longer and work longer, the model of a three-staged life made up of childhood, adulthood, and retirement limits us from realising the breadth within each stage, particularly in later life. Phil Schmid, Director of Retirement & Healthcare Transactions at JLL, describes how the market ranges from 55 (according to planning) up to 100 and beyond - this is a big range. Professors from the London Business School, Lynda Gratton and Andrew Scott, challenge the three-stage life and propose that a multi-stage life filled with lifelong learning is better suited to our new found longevity.

“ ”

A multi-stage life with new milestones and turning points creates numerous sequencing possibilities, the way these are sequenced will no longer be determined by the logic of the three-stage life. Instead, it will be shaped by individual preferences and circumstances.

‘Age’ is not ‘stage’ any longer, and these new stages will be increasingly age-agnostic. The consequences of this are profound, as so much of society is based on the implicit assumption that age and stage are one and the same thing.

— LYNDA GRATTON & ANDREW SCOTT VOGES

AUTHORS OF THE 100 YEAR LIFE

027

It is clear that lumping all older people into one group does not accurately portray the range and diversity of stages we may experience. With that said, it may be helpful to identify if there are common trends where age and stage coincide. Phil observes that there are three stages within later life that can be loosely related to age - the first-timers, the lifestylers, and the care movers (Figure 3).

What the concept of the multi-stage life makes clear is that age does not represent stage, and embracing the concept of a multi-stage life will help us better cater to the diversity of our market. The big question is, how do we design and deliver for this? The answer will become more clear if we first understand the current context, care, community, and choices people want.

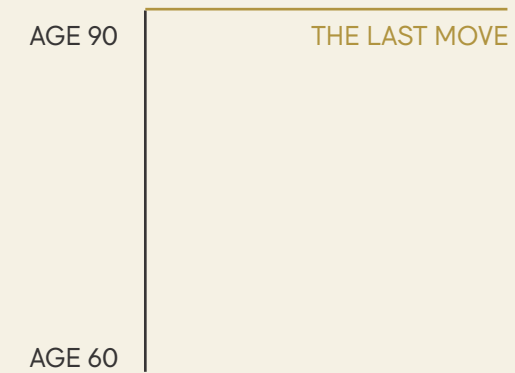


FIG. 2 PERCEPTION: ONE GENERIC GROUP

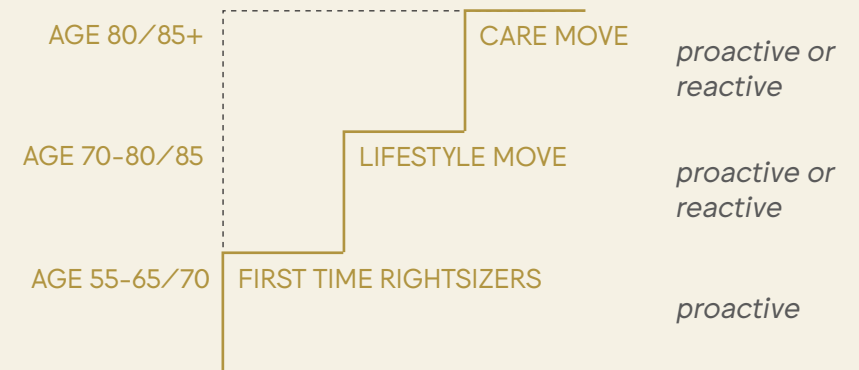


FIG. 3 REALITY: MULTIPLE, UNIQUE STAGES

3.0 — CURRENT CONTEXT

3.0 — CURRENT CONTEXT

“Lack of awareness and knowledge about what is possible in later life is a major issue.”

— JANE BARKER

CHIEF EXECUTIVE / BRIO RETIREMENT
AGE 56

3.1 LAY OF THE LAND

Rather than jump straight into the financial models of a specific housing type, it is worth taking a step back to consider the range of available housing options, what people want, and what may be missing. A review of the current landscape of housing options in the UK shows over 15 types of homes from general housing to age-designated housing with care and everything in between. What may initially appear to be many choices can become limited when we take into account affordability, location in relation to work, loved ones, nature, activities of daily life, our personal interests, and further considerations around style, orientation, layout, context, and adjacencies. Most of us are suddenly presented with limited options.

When thinking about housing for older people or our future selves we have even fewer options. Beyond general considerations around location and affordability we may want or need care and support. The stage and lifestyle a home caters for is critical.

Overall, we have observed five categories of how housing does or does not relate to age, with 19 offers within these categories (Figure 4). Whether age-designated or not, to provide for the future needs of older people, access to care should be a consideration. There is an evolving understanding of what ‘care’ is, and where it can come from, which we will consider further in the next chapter, but for the purposes of this diagram, access to care should be possible in any potential housing option.

“In my experience in reality 90% of older people do not want to live in retirement communities, they want to remain in their own home. ‘Give me some support and assistance, give me some AI, help me stay in my own home’. Only about 10% of older people want the retirement model; it attracts certain groups of older people for differing reasons.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER
AGE 60

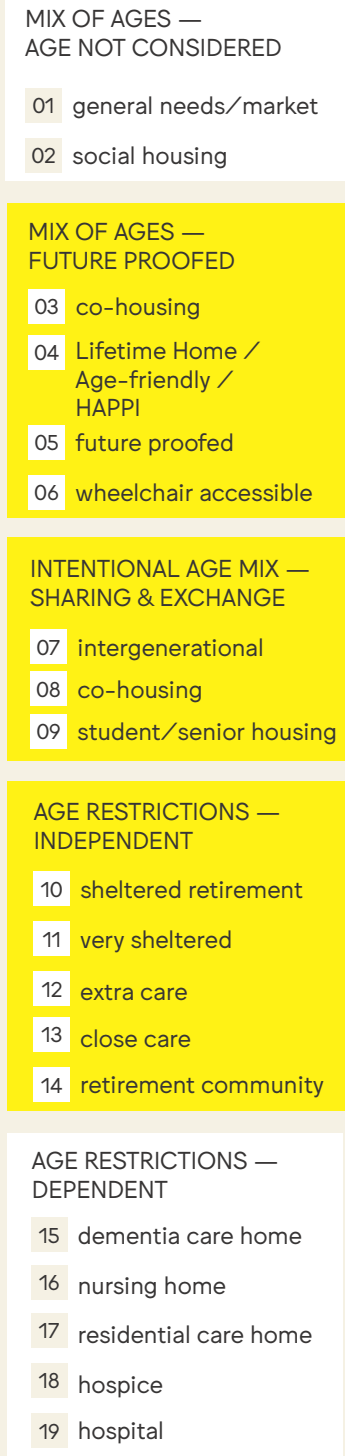


FIG. 4 — THE OPTIONS

It is also important to note that these housing options are not universally available or universally desired, in equal measure. The Centre for Ageing Better reported that 90% of older people leave in mainstream housing and are ageing in place in these homes. However, only 7% of existing homes have the four basic accessibility features¹²:

- Level access to the entrance
- A flush threshold
- Sufficiently wide doorsets and circulation space
- A toilet at entrance level

One third of homes owned by someone over 85 are class as ‘non-decent’ homes.¹³ This means that most existing homes that many of us hope to be our last home will not be able to support us as our needs change.

Will our home work for us throughout our life, even as our mobility, eyesight, hearing, or cognitive senses deteriorate? Will our home enable us to live the life we want? Or will our home disable us, make our life more difficult, more isolated, and ultimately become a trap?

Our options and choices could lead us towards two possible futures (Figure 5). By understanding what options customers want and clarifying what options are available, we can help reroute people from dystopia toward utopia.

There is an opportunity to think proactively about housing for older people so we can design and develop homes and communities that support us as our needs change while offering us the highest quality of life possible. If the right environment provides access to support, independence, people, and purpose why do we not see more people moving in later life?

Just 3.4% of older people (50+) move home every year in the UK. This is half as many moves compared to the rest of the population. Only a small minority of moves made by older people are into specialist accommodation, even in the 70+ age cohort.

— University of Manchester / Rightsizing Report

MAINTAINING QUALITY OF LIFE

our upper floor is now my income property and we adapted the ground level

our tenants maintain the garden for us

we can walk or take the bus to do our shopping and visit people

my partner passed but my family helped me find a community so I am not lonely

the design is accessible and engaging so my strength is maintained

I have peace of mind that I can access care on site when I need it

from my home I can access my local community so I have a rich, engaged social life

NARROWING QUALITY OF LIFE WITH HOPE OF IMPROVEMENT

I stopped using the upper floors in my large family house to avoid stairs

I stopped maintaining the garden

I stopped driving as a result of changes in my vision

my partner passed and I feel alone

falling made me lose the confidence to go out

I feel trapped at home

I feel trapped in hospital

I found a home that suits my care and accessibility wants and needs

I found a community that keeps me engaged and enriches my life

FIG. 5 — QUALITY OF LIFE TIMELINE

There are five common barriers to moving in later life:

- Affordability & the missing middle
- Location, location, location
- Space standards (downsize / oversize / rightsize)
- Making the move
- Choice & clarity (or lackthereof)

BARRIER 1: AFFORDABILITY & THE MISSING MIDDLE

When thinking about the current options for housing our future selves, there are three broad cost categories:



Affordability is a barrier to people looking for housing at any age, but it impacts the middle market of older adults in particular. Across the housing types mentioned in Figure 4, the premium market can access any type listed other than those specifically designated for affordable, but there is very little choice left for the middle market.

The premium market only accounts for 10% of the possible market. Those with some local authority support are also relatively well-supplied with ExtraCare. Expansion in the market is dependent on the fiscal situation. The big question is who will be able to crack the middle-market, the 50-60% of the population in the middle, with a proposition that can scale.

— CareMarkets Intelligence / LaingBuisson

036

As the premium market becomes saturated, there is an opportunity to develop and design for the middle market, however as the Future of London highlighted in their report *Addressing the middle market in older people's housing*: “[while] there is consensus that the market is big enough for all providers, it is currently ill-defined; there is little understanding of incoming customers and what is important to them.”

BARRIER 2: LOCATION, LOCATION, LOCATION

A major barrier to moving is location. No matter how difficult someone might be finding their house, it would be challenging to move away from a home and community with any of the following:

“It would be nicer to move 200 yards up the road, with the same neighbours, so we don't have to uproot and find the nearest park and nearest pub all over again. I can imagine housing complexes that allow you to transition, to move seamlessly with the least disruption, where there are flats with a carer nearby that you could move into so you don't have to leave your community.”

— CARL

GREENWICH RESIDENT
AGE 70

- Access to family & friends
- Access to community & activities
- Access to services
- Access to nature

People may be looking forward to years of familiarity, comfort, and engagement in their community that they are not willing to leave. If there is an option within the same neighbourhood, where these key elements of life could stay the same, moving may be much more appealing. To uproot someone from their social life and personal routines can be detrimental to their health and wellbeing, especially if the move is to a more isolated location. For older people that are

not in areas near people or places that matter to them, then moving in later life could be an opportunity to join an active, engaged, well-connected community.

037

BARRIER 3: DOWNSIZE / OVERSIZE / RIGHTSIZE

Another barrier to making a move in later life is the massive change in the amount of space available in the home. We always hear about downsizing, but what if downsizing is not the right fit? We also hear about older people living in ‘oversized’ homes that they ‘under occupy’ by a number of bedrooms - what if they are using all of the rooms?

Most older movers are not ‘downsizing’. Under half of the moves made by older people result in having fewer habitable rooms. Two bedrooms is the minimum that most older people will consider, to have enough space for family visitors, a carer, storage, hobbies, or separate bedrooms for a couple.

— University of Manchester, Rightsizing Report

There are any number of ways that an older person or couple could occupy a multi-bedroom home: a bedroom may be an office or activity room used everyday; a guest room may host children, grandchildren, or friends; an

older couple may sleep in separate rooms due to their differing needs for comfort, while another room may be for a carer. All potential uses defy the perception of older people ‘under occupying’ an ‘oversized’ house (Figure 6).

More options, catered to a greater range of people, means that rather than dread support-focused downsizing, we can each choose what rightsizing means to us. People can benefit from the ease that downsizing offers without compromising on their preferences and passions.

“So many aspects of older care and older living are born out of a lack of respect for older people. We talk about older people taking up family housing: ‘How dare you be an older person that wants to stay in your own home, get out and make way’. Rather than thinking we should build more houses for families so older people can keep their homes.”

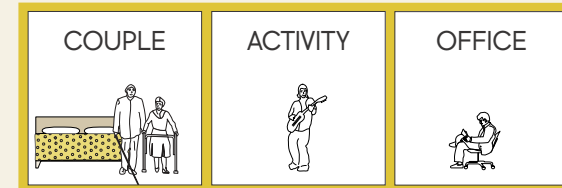
— ANNA SABINE

CHIEF EXECUTIVE / MPC
AGE 39

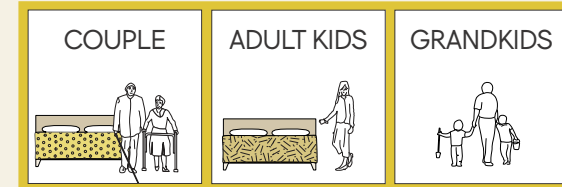
PERCEPTION



REALITY 1

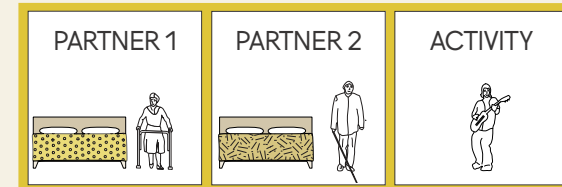


REALITY 2

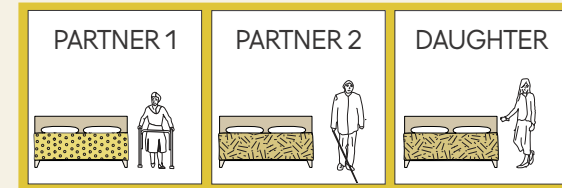


POTENTIAL REALITIES

REALITY 3



REALITY 4



REALITY 5



FIG. 6 — THE UNDER OCCUPIER FALLACY

BARRIER 4: MAKING THE MOVE

For some the barrier is the move itself, for practical and emotional reasons. This barrier may sound minor to those not nearing this transition, but it should not be taken lightly. Anne and Tony, two British ex-pats we spoke to in a New Zealand retirement village, said they were warned moving was bad – they told us it truly was the worst experience they had been through. But as Michael Voges, Executive Director of the Associated Retirement Community Operators (ARCO) describes, it may come down to choosing between people or things.

We asked a 74 year old widow with no care needs how difficult it was for her to downsize. She told us, ‘My husband died, I couldn’t bring myself to sell off our four bedroom house and move into a two bedroom apartment. It wasn’t just the space, it was the memories, going around and seeing things my husband had built, that my children had played with, so I didn’t do it, I stayed put.’

Her daughter told her, ‘Mum, you have to make a choice, you have to choose between things or people.’ And she said, ‘I chose people and it was the best decision for me ever.’ In 9 months she found a friend and they went on holiday to South America together. She’d gone from a grieving state surrounded by ‘stuff’ to meaningful human relationships that she treasured much more.

— Michael Voges / ARCO

Much of the difficulty in the moving process is the emotional ties people have to their home, but stories like Michael’s show that making the difficult decision to leave memories from the past can offer people a richer future. Life may be improved by choosing to move, so the question is how to support people emotionally and physically in the moving process. While the physical challenge of moving may be secondary to the emotional for some, in most cases, decades of memories may be associated with decades of belongings. If the move is to a smaller place,

only certain belongings will be able to fit, and the leftovers have to be dealt with. Not to mention the process of selling the home.

“In our customer experience work, we found the biggest area in which we could make a positive impact was the process of moving and the first weeks of settling into a new home.”

— JANE BARKER

CHIEF EXECUTIVE / BRIO
AGE 56

BRIO HASSLE-FREE MOVE

Brio Retirement Living, part of Places for People, offers a hassle-free move service, which aims “to take away the stress and worry of dealing with estate agents and conveyancing, organising removals and getting all of those pictures hung in your new home.”

Their ‘Hassle-Free Move’ service offers a range of options to help potential residents make the moving process as easy as possible:

Provision of a preferred estate agent for the sale of your home

Move-in service, including de-cluttering and removals

Conveyancing costs covered

Handyman service

Change of address service

Move-in assistance: opportunity to move in at discounted rents until property is sold

Part-exchange service

Making any or all elements of the moving experience easier may make people more willing to consider moving in the first place.

BARRIER 5: CHOICE & CLARITY, OR LACK THEREOF

If our home becomes inaccessible and is no longer meeting our needs, what choices do we have that we can afford? Will we settle for a rural community where the town can only be reached by car or the weekly shuttle bus? Will we accept a place in town that does not provide access to care? Do we want to live connected or disconnected from other ages? Will we find a home where we can continue to do the activities we love to do? Will we find a home with an inclusive community? Will the environment be accessible for our needs now and our needs to come? Where will we be happy?

With so few accessible homes that offer a quality, affordable care provision within an engaged, inclusive community, the choice is slim. What's worse is that the home that fits people's wants and needs may be out there, but they may not know it. There is a lack of transparency and clarity around the offers available. Language plays a role in this, as the naming around care and how it is associated with housing is sensitive and complicated. As people look to transition, where can they seek reliable, transparent, clear information on their options?

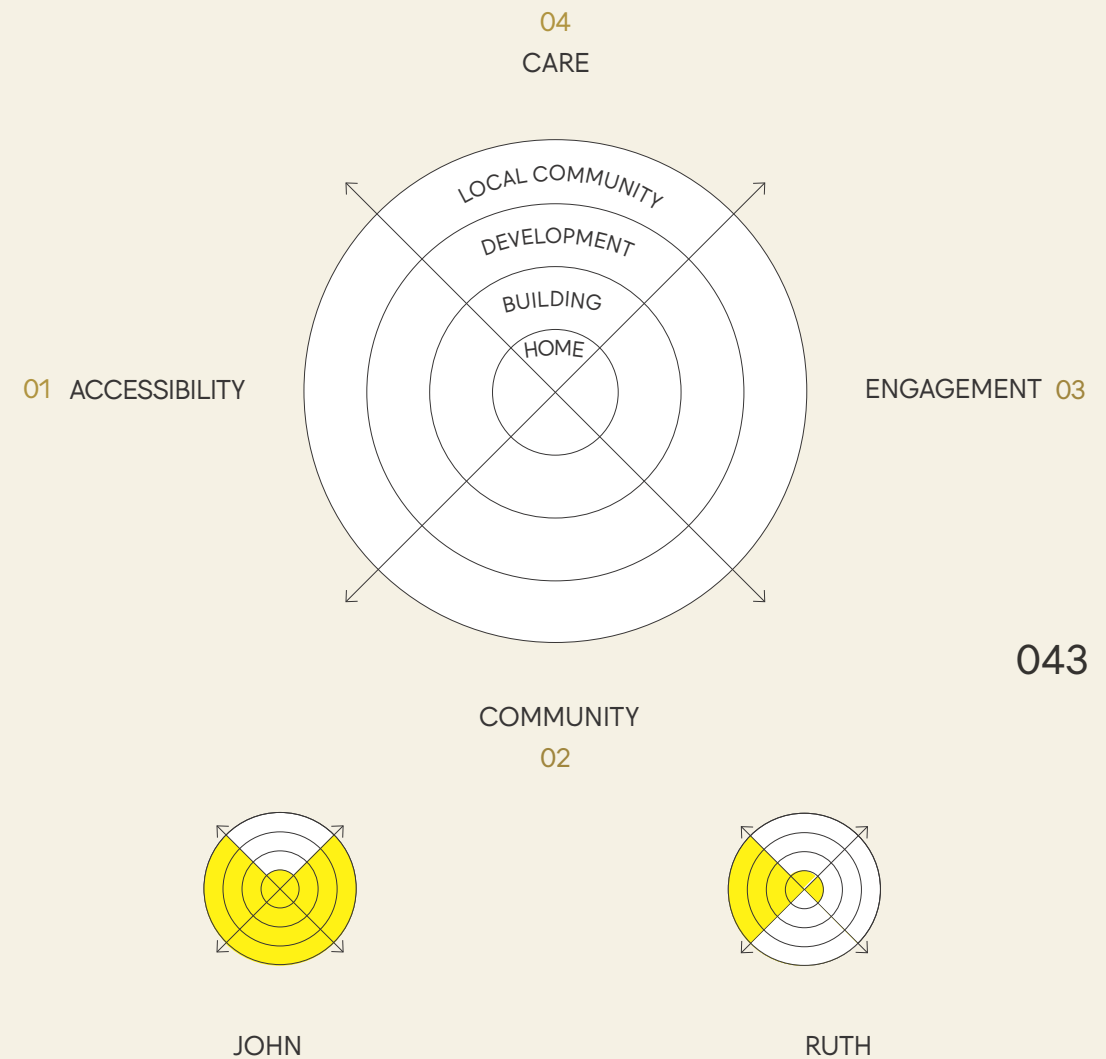
If more choices become clear, how do we evaluate if a choice meets our needs? While we each have different preferences and requirements, we share the desire for:

- Community (meaningful relationships)
- Engagement (purpose)
- Accessibility (enabling environments)
- Care (enabling people and services)

We can find these four factors across scales, from within the home, as part of our building, in our development, or in the wider local community. We can think through these targets as a tool to evaluate if and where a potential home meets our expectations.

Starting the process with understanding the customer and defining the market involves closely considering how these four targets are integrated into the offer defined.

042



043

John lives near the high street. He has thought about how his home and community are accessible or able to be adapted to his needs and he is very happy with his community where he volunteers and still works locally. His only worry is that there is not a care offer nearby.

Ruth lives alone in a three-story home. She is in an urban setting that is near her daily needs, but she does not feel connected to the community and would like more opportunities to meet people. She is concerned about what care and support will be available to her in the future.

FIG. 7 — THE JUST LIVING TARGET

4.0 — PEOPLE, PURPOSE, AND PLACE

4.0 — PEOPLE, PURPOSE, AND PLACE

“Shouldn’t we just have people friendly communities? A narrative that both reflects us as a person and as part of a community?”

— JEREMY PORTEUS

CHIEF EXECUTIVE & FOUNDER / HOUSING LIN
AGE 56

045

4.1 IT'S ABOUT PEOPLE, PURPOSE, & PLACE

We are social beings that thrive off meaningful activity, we live for people and purpose. The message that loneliness is just as lethal as smoking 15 cigarettes per day is testament to the severity of isolation.¹⁴ Lonely people are 50% more likely to die prematurely than those with healthy social relationships because heart disease, strokes, dementia, depression and a host of other illnesses have been shown to be more common among socially isolated people.¹⁵

While loneliness is a threat to all ages, isolation is particularly harmful for older people who may be experiencing a less mobile stage of their lives. If our environment is difficult to experience with mobility impairments, if it is difficult to leave our home and engage with our community, we can easily become isolated. In the UK, 1 million older people go for over a month at a time without speaking to a friend or family member.¹⁶ This loneliness epidemic is worse in the UK than anywhere else in Europe. A fact that has been recognised by the UK government, who are the first ever national government to implement a loneliness strategy to combat this threat.

Good design can help to combat loneliness by making our environments include and connect people rather than isolate and segregate them. We have an opportunity through design to develop communities that make it easier for people to leave their home, engage with their neighbourhood and connect with their local community. The outcome of inclusive design is to return genuine social and economic value to the locality, since older people are more likely to take on roles as volunteers and civic leaders, and to act as consumers of local services.

Society's current image of later fails to recognise the contributions older people can and do make to a community, instead portraying our futures as one where we remove ourselves from active life and society, and relax into a carefree dotage. This view marginalises the value and impact older people can have on a community, and negatively affects the considerations we make for older people in society.

Recognising and embracing the social value a group of older people can bring to a community, and considering it when designing buildings and services, can create an enabling environment where people are able to have a sense

“We’re talking about people who have a rich tradition of contribution and engagement with community.”

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN
AGE 56

of purpose, which is in turn good for our health and wellbeing. An 11 year study funded by the National Institute of Health drew the correlation between having a sense of purpose and longevity, finding that we could be living seven good years longer if we know why we wake up in the morning.

Any combination of positive purposeful activity, whether physical, social, or cognitive, creates

healthier, longer lives for people. The better a place is for older people, the more they are able to contribute, benefiting both their own health and the active life of the wider community.

As ExtraCare Charitable Trust resident Pauleen Davies MBE puts it, “You can do things now you never thought you could do, because now you have the time.”¹⁷



4.2 AT ANY AGE

We asked some of our older friends and family ‘what is the biggest delight in your day to day?’ It is clear that people and purpose are what they cared about most:

“Being able to meet friends, cultural events and taking part in the programmes offered in the residence”

“Seeing my grandson when I pick him up from school”

“Contact with family, friends and work colleagues”

The common theme we see – people connecting and coming together over shared activities and interest – is not tied to age. The East London-based group Senior BEEs is an example: they have met every other week for 12 years to learn about their built environment. Their age is irrelevant, their shared passion ties them together.

While we hear a great deal about older adults being lonely, the Office for National Statistics has found that the loneliest age groups is actually 16–24 year olds.¹⁸ If we design and develop communities that help us to break down age silos, whether young or old we can combat loneliness and isolation across all ages.

Purposeful activities and shared interests can be a great way to bring people together. While we may need to reduce certain activities as we age, we won’t all suddenly love knitting when we turn 65. We may simply continue to do what we have always loved to do with other people who share that passion, whether they are 8 or 88. We may want to pass on our years of experience and knowledge through skill exchange. We may also gain new interests and skills, in a pursuit of lifelong learning.

If our communities are designed to expose younger people to the purposeful, engaging future they could have as they age, the negative stereotypes about later life would begin to fade. Stereotypes by separation create ‘the other’ but interaction has the power to break down these socially constructed boundaries.

“I’d love my kids to hang out with my older friend Jill because they don’t have a granny. The older people in my community are the ones who started the community shop, they’re the ones who are interested in the kids and the dog. There is a massive advantage to having older people in your community, that you see as a younger person.”

— ANNA SABINE

CHIEF EXECUTIVE / MPC
AGE 39



CASE STUDY 01 —
THE EXTRACARE CHARITABLE TRUST
OLD PEOPLE'S HOME FOR 4 YEAR OLDS



One of the UK's biggest retirement villages opens a nursery where the classmates' ages range from three to 102. What can the very young and the very old learn from each other?

This is Channel 4's description of their intergenerational programme/experiment that takes place in the ExtraCare Charitable Trust's (ECCT) Lark Hill Village in Nottingham. The answer that the residents, children, and viewers found is that not only do the young and old have a great deal to learn from one another, but they can improve their health and happiness with one another as well.

The ECCT enlisted an expert team to study the impact of pairing younger and older people together. The residents raved about their interactions with the younger people, not only with the very young children but also with the young adult and middle aged staff involved with the programme. To quantify the impact, the ECCT residents were measured on cognition, mood and depression, as well as their physical abilities including balance and ability to get up and walk, and these tests were taken before, during, and after the programme.

The results were remarkable - the residents improved significantly in each category: balance, strength, cognitive functioning, episodic memory, and mood. Equally notable is 6 months after the programme, they were still improving. Their improvement in the physical tests such as the get up and go and balance test means they are lowering their risk of falls and increasing their confidence. Improvement in the cognitive and mood tests increases residents' engagement in the community in addition to increasing their overall happiness and wellbeing. The success of this programme has incentivised the ECCT and other operators to invest more time and space into intergenerational programming, and the possibility of intergenerational housing.



Image 08



Intergenerational housing – ‘the new way of living the old way’. It’s an opt-in community where people look out for each other. It’s for those fiercely independent people, who may have physical disabilities, but have active mindsets. There are a small number of units for younger people to live in at a discounted rent in return for spending a certain amount of time each month helping out. What people moving into The Kohab have in common is that something catalysed them to transition into a different phase of their life, and they know they will benefit from this way of living.

ON INTERGENERATIONAL

I grew up with my grandfather, in the same household as my parents – it was a great way to grow up. He always said that having me and my siblings around kept him active and engaged. We even got him on the internet. And I learned so much living with him and hearing about his experiences.

I’ve always felt intergenerational relations are normal and natural. I’ve found it so strange that we see old people as something to be shoved away. Why is it always ‘the problem of older people’ and never ‘the advantages of being older’ – they’re always framed as a burden.

From a professional perspective, I was working in retirement living at JLL on a team called Alternative Investments, which is retirement, built to rent, student, and I saw big problems. One of the biggest problems I found was that many older people say they don’t want to live exclusively around older people. I saw an opportunity to create better forms of retirement living than we are currently offering.

Seeing some of the emerging co-living models, I was fascinated at how they have attracted a much more diverse tenant mix than they had anticipated. Many schemes have

people from the age of 18 up to 80, despite marketing in a very aggressively millennial fashion! People of all ages are attracted to co-living.

I saw the opportunity to create a scheme that is designed for people’s needs in later life, but it’s intergenerational and not patronising. It also has the hospitality driven service, but it’s run by the residents with the management team there to support them. I realised someone’s got to do this, and I can do it.

ON RENTAL

When you go and ask people, what do you want? They may not know what they want. You have to provide the space and a really good team that is so on the ball, that it constantly evolves to people’s needs. Having a rental model, it’s much much easier to do that. As an operator, you have to make sure your residents are happy so

they renew their lease, so you have to respond to their changing needs.

ON COHABITING

It doesn’t mean that 100% of the people are going to all the activities all of the time. A community means different things to different people. Some people will leave in the morning and come back in the evening and may smile at a neighbour, and that is community. Playing scrabble and supporting people is community as well.

— JUSTIN SHEE

FOUNDER / THE KOHAB
AGE 27

“I’ve always felt intergenerational relations are normal and natural. I’ve found it so strange that we see old people as something to be shoved away. Why is it always ‘the problem of older people’ and never ‘the advantages of being older’?”

— JUSTIN SHEE

4.3 PROXIMITY

When we think about our desired proximity to people and purpose, we are inevitably also thinking about our desired density. A busy mid-life filled with children and/or

co-workers may make the detached bungalow by the sea sound pretty appealing. Yet we may also want our community - meaning our friends, family, and daily activities - within walking distance. These two futures are often in conflict with each other, so we weigh the options to reconcile them. If we let the bungalow win, we risk isolating ourselves, especially when we can no longer drive. We may make the walkable choice, but when we go to find it, there may be no such homes available.

If more accessible homes were proximate to community and our activities of daily life, people will have more opportunity to remain engaged and contribute to society in a variety of ways.

It's about being able to see and chat to your neighbours. We walk down Marylebone High Street and say 'This is lovely' - well that's density. We love it when we see it, but we don't recognise it as a positive thing. I see my neighbour's mail pile up, I see them when I walk past, we can all help each other. Most people like this way of living but as an industry we're terrible at giving examples. Tesco is really good at doing case studies, they'll show a community what happens when a Tesco comes in. As a housing industry, we need to say, 'Here are the benefits of density, look at these examples'.

— Anna Sabine / MPC

While some notions of density risk being associated with bare minimum space standards, we can think about density in terms of the benefits of proximity we gain. Desired

density may vary by site and by stakeholder but in any case, location and proximity to people and purpose is critical when thinking about possible sites.

People we've talked to definitely want connectivity with the local community, they want there to be things happening in the development, but they don't want it to be over organized, that's been clear. They don't want a 'timetable' of events at 10am, 12pm, etc. People are very keen that if they have an interest, they'd like to continue it and possibly organise it themselves. There's also a desire for interest groups where residents interact with the local community. The local community is also keen on becoming involved and we want to enable that.

— Jane Barker / Brio Retirement Living

Proximity to the local community where people can catalyse informal gatherings and formal interest groups are no longer viewed as nice to haves but as must haves. Proximity makes it easier for events, interest groups, and chance encounters to bring different members of the community together regardless of age, helping to break down ageist stereotypes.

I like the idea that different ages do go round. If you could encourage a bit of tolerance, maybe then people would be less inclined to cut themselves off. I bet there is not a lot of effort to bring into older minds that it is actually quite nice to have kids running about, even the 15 year old hunched with a hoody up nearby. How might we make it acceptable and not avoided and show that it actually is a little bit interesting?

— Carl / Greenwich resident

“Housing should be a gateway into the wider community, not a source of refuge from the real or perceived perils of living within a particular street or neighbourhood.”¹⁹

— CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH

054

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4.4 WHAT MAKES A COMMUNITY

What makes us feel like we have great community? The answer is often personal, but reflecting on the four factors from the Just Living Target (Figure 8) can help evaluate

“Needing to be needed,
that’s universal”

— HONOR BARRATT

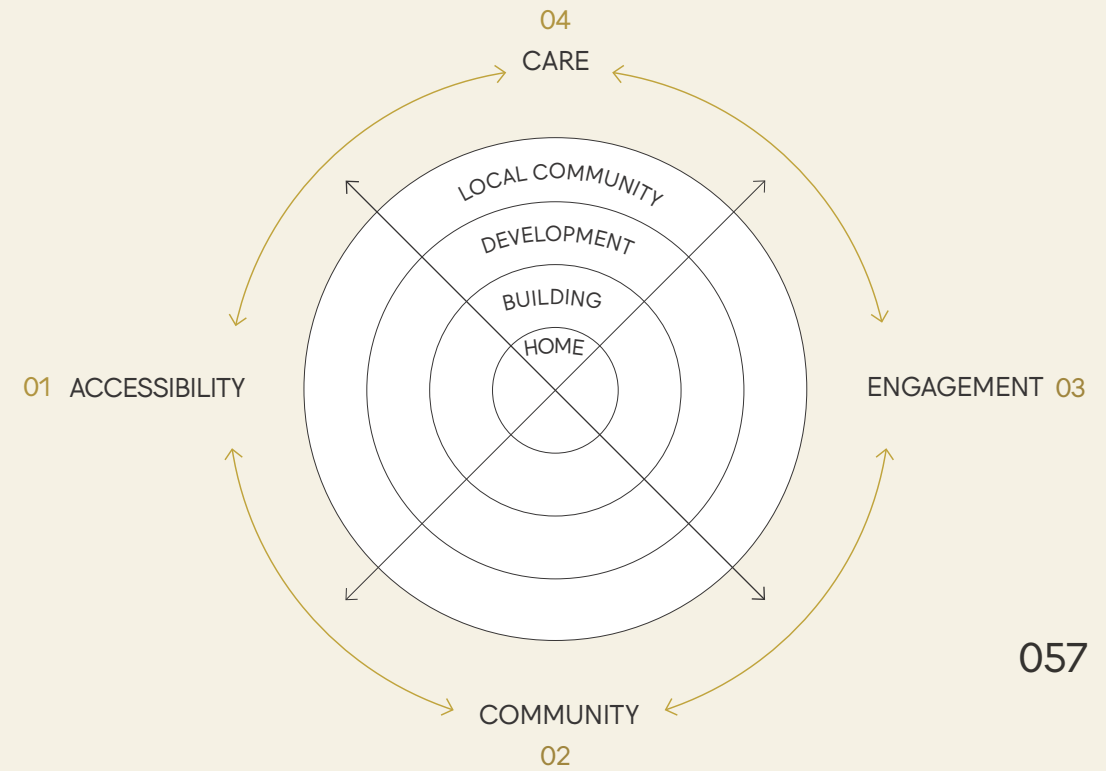
MANAGING DIRECTOR / BIRCHGROVE
AGE 46

how and where we feel connected with other people. Looking across scales - is there a connection with people in your home, in your building, in your development, and in your wider community? This could mean anything from having friends nearby, to smiling at your neighbour, to saying hello to the

local shopkeeper. There is also an opportunity, as Carl describes, to encourage a bit of tolerance, to make an effort to highlight the benefits of connecting to a community and people of different ages. Some older people may hate the idea of being around youth, while other older people may be put off by the idea of living only with other older people - these polarising statements are based on stereotypes rather than an understanding of reality. The reality is we may find meaningful relationships with people our own age or people of other ages, especially if there is a place where common interests can bring us together. This tolerance, or open-mindedness, reveals community.

How the four targets — CARE, ENGAGEMENT, COMMUNITY, and ACCESSIBILITY — interrelate, how they have the capacity to inhibit or enhance one another, is critical to the success of the development.

ACCESSIBILITY becomes essential - if you cannot leave your home because the environment does not accommodate you, then you cannot access your COMMUNITY. ENGAGEMENT can bring people together over shared interests and meaningful activities which may become the catalyst for community. And formal CARE may be what gives you the confidence and support to engage with your community, or your community may be the ones providing informal care.



UNDERSTANDING THE TARGETS

the more we understand the targets, the more we see how they are tied together

“Care is much more than someone or something that helps you get dressed in the morning.”

— MICHAEL VOGES
EXECUTIVE DIRECTOR / ARCO
AGE 40

The Oxford Dictionary definition of CARE:

NOUN

The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something

Serious attention or consideration applied to doing something correctly or to avoid damage or risk

VERB

Feel concern or interest; attach importance to something

(CARE FOR) Look after and provide for the needs of

The Cambridge Dictionary definition of CARE:

NOUN

(PROTECTION) the process of protecting someone or something and providing what that person or thing needs

(ATTENTION) serious attention, especially to the details of a situation or thing

(DEAL WITH) take care of something; to deal with something

(WORRY) a feeling of worry or anxiety

VERB

(WORRY) to think that something is important and to feel interested in it or upset about it

(WANT) formal used in polite offers and suggestions

5.1 WHAT IS CARE?

“Provision of care is a key consideration.”

— SAMANTHA ROWLAND

DIRECTOR HEALTHCARE / SAVILLS
AGE 43

We need to genuinely care about care. But what do we mean by ‘care’?

The rule of thumb for a development to be defined as a C2 use class (or Class 8 in Scotland) is that residents must sign up to a minimum of four hours of ‘care’ per week, but depend-

ing on the specific person we are designing and developing for, this could mean many different things. As the dictionary definitions suggest, care is an expansive term that we relate to in many ways. Depending on how we respond to our biological age, we may not need medical care at 90 but seek the informal care of a friend, or we may need medical care at 65 yet also be a provider of care for grandchildren.

While the word ‘home’ is, for most of us, for most of our life, a positive term, it becomes a negative term when the word ‘care’ is placed in front of it. The word care is powerful, and also versatile:

I sincerely care about my students

I couldn’t care less if you don’t like my shirt

Do you care if I borrow your pen and don’t give it back

She is putting a great deal of care into that submission

I don’t have a care in the world

He handled that situation with care

Take care when exiting the train

When we pair the word ‘care’ with ‘older people’, we often think of medical care. Yet all the cares described above and to the left are still applicable, giving us more breadth of choice in the kind of care we seek or provide.

5.2 THE RANGE OF CARE

We should have access to support from our community and environment, whether we have a psychological, physical, or cognitive care need. We can be cared for in small, informal ways every day, such as the kindness of a neighbour helping us with carrying the shopping, or we may develop a full time palliative care need, in which case we need more formalised care from professional staff.

Care is about contact. Care is about getting help with everyday tasks. Care is about enabling a human to live the best quality of life they can. Care is not just medical, it is a fundamental support structure integrated into all of our lives, it may just be more visible and prevalent for older people.

Care can range from light touch to full time, from informal to formal, from a daily interaction with a neighbour, to a family member's visits or a trained professionals scheduled check-ins (Figure 9).

062

The gamut of formal care environments ranges from:

- At home support
- Home adaptations
- Domiciliary care
 - Personal care and support services
 - Reablement services
 - Domiciliary meals
- Sheltered housing
- Extra care
- Care homes
- Dual registered care homes
- Residential care home
- Nursing homes
- Care homes with dementia care

By starting with people, we see that there is not only a range of potential care needs that someone might encounter in their life, but there are also a multitude of ways people can be cared for, which go far beyond medical care.

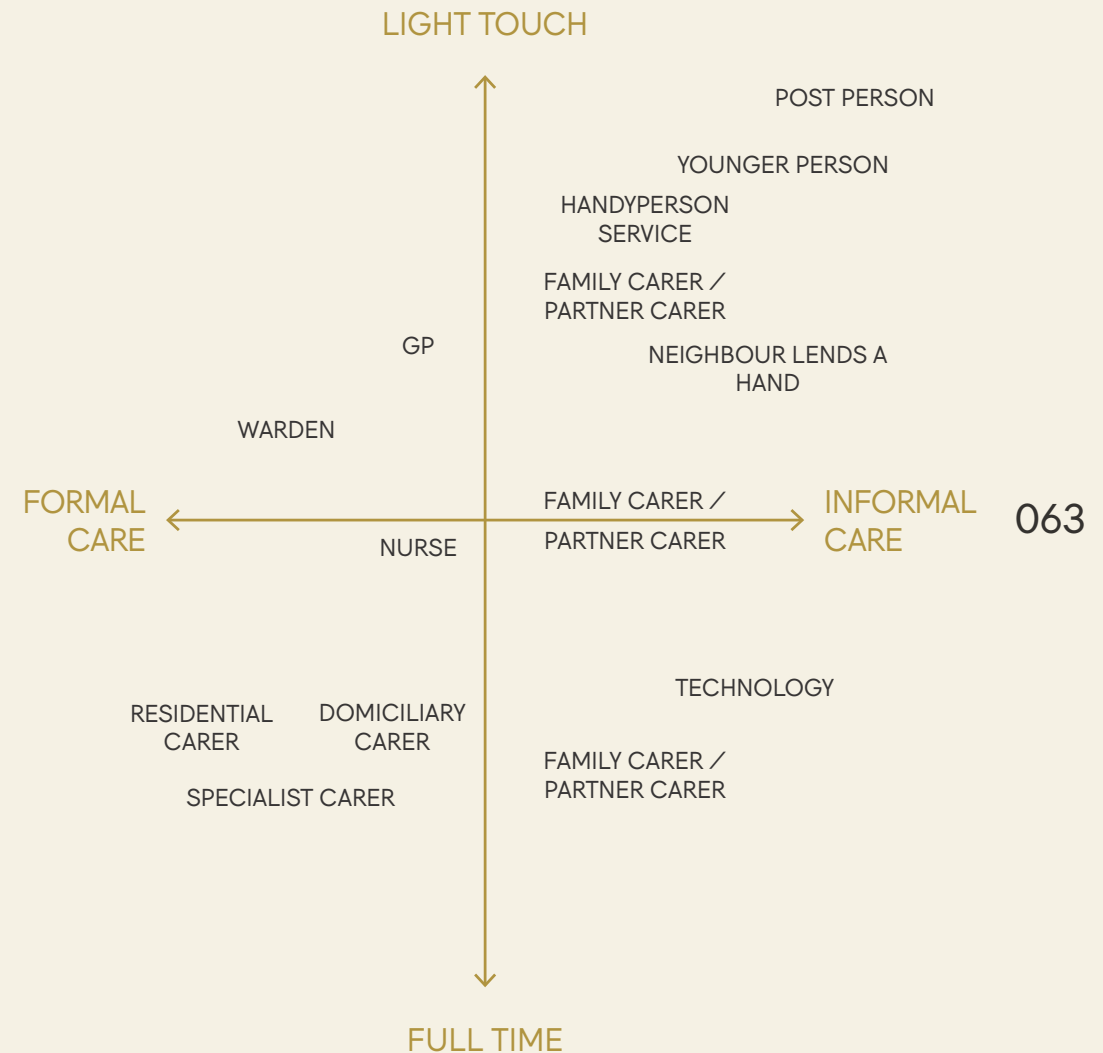


FIG. 9 — MANY KINDS OF CARE



The options have always been residential care or in-community care. You can become isolated in the community, you don't get the sense that there are things around you and you create dependency on others. Whereas with Extra Care, I've seen people who have come to this independent living sector and they have thrived. They've thrived in an independent living setting because the care is there if they need it and they have neighbours and a community around them that can help and support them.

— KRIS PEACH

DIRECTOR OF EXTRA CARE / HOUSING 21

There are also alternative approaches to care environments that we can learn from to create more bespoke care depending on the customer and community:

1 HEALTH HUBS

Derby developed a Healthy Housing Hub that offers older people help to reduce home accidents, falls and general health risk, reduce demand on health and social care services and to support older peoples to live independently. The hub provides advice and support, and undertakes work and assistance to help make homes safe and habitable. A pilot study demonstrated that people with a history of falls that received services had a reduction of 54% in acute hospital stays.²⁰

2 COMMUNITY CARE

Beacon Hill Villages was founded in 1999 by a group of friends that wanted to stay engaged in their own neighbourhood in the vibrant city of Boston, US. 'We recognised that we might need support in the future. We looked beyond conventional solutions. We wanted more freedom and control than we found in models that focus on single issues, such as housing, medical care, or social activities. We wanted to be active, taking care of ourselves and each other rather than being 'taken care of.' We, the members, decide what we need and want. We have an expert staff, a great variety of service providers, enthusiastic volunteers, and strategic partners, but we govern the Village, design its offerings, and make it all happen. We are self-supporting, funded by membership fees and donations.'²¹

3 TECH SUPPORT

Alarm.com's Wellness independent living solution integrates sensors/devices and applies machine learning algorithms to data they generate to proactively detect changes that may suggest risks. Wellness can report changes in activity levels, sleeping/eating patterns, bathroom visit frequency, medication adherence, and emergency situations like wandering out of the home or falls.²²

5.3 THREE CARE CATEGORIES

Many people in their 60s, 70s, 80s, and beyond live an active, fit, and healthy life, seek opportunities to work, volunteer, travel, and pursue other interests.²³ Many will care for family or friends in later life. However, it is important to remember, as the Local Government Association Housing Commission points out, that “Almost 70 per cent of over 85s have a long-term illness or disability – double the proportion of 65 to 74s – and in some cases will require homes and community services that enable healthy, independent living.”²³

So when we think about the word care in terms of the care needs we might face, specifically as we age, there are generally three types of care we may require:



It is also important to consider the impact the environment has on impairments in these three categories. We may blame an older person for walking slowly and blocking our path when we should blame the environment for not being wide enough to accommodate both needs.

*The medical model views disabled bodies as impaired, the social model points out the environment was never built for them in the first place.*²⁴

— Emily Nonko / The Atlantic

We should raise our expectations around how we shape our environment to support us and realise that our environment is the product of design decisions. Accessible design can ensure the spaces we live do not disable us.

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1 SOCIAL AND PSYCHOLOGICAL

A social and psychological care need refers to people who are fighting the isolation and/or loneliness described in the previous chapter. It refers to the “12% of older people (over 1.1 million) that feel trapped in their own home and the 17% of older people who have less than weekly contact with family, friends and neighbours.”¹⁸ Social needs may not be diagnosed by a GP even though they may impact our health and wellbeing as much as a physical ailment. As the Young Foundation describes, “Psychological needs are those needs which are fundamental to mental health and non-physical wellbeing.”²⁵

2 PHYSICAL

Physical needs refer to impairments or disabilities related to our physical health, often related to a fall limiting our mobility and strength, forcing us to use a wheelchair or zimmer frame to move around. Our physical needs may also mean we require help with dressing, bathing, or simply need a little extra space and support to move around.

3 COGNITIVE AND SENSORY

Cognitive and sensory needs are perhaps the most abundant and the least understood, because they are often invisible to others. These hidden impairments are not often designed for, and our environments need to do a better job of supporting us as our cognitive and sensory needs become more acute. These needs may relate to our vision, hearing, and mental health, but by far the most discussed, feared, and considered cognitive impairment in later life is dementia.

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Dementia is an emotive subject. Residents can be quite anti-dementia, so I think it's worth explaining, 'This is a place where care will be delivered'. The dementia debate is one thing that will drive changes in care. A few of our not-for-profit members have dementia wings, but that's an area where regulation and legislation is quite difficult because of deprivation of liberty. Effectively, if someone wanders out past the reception desk in a dressing gown about to go into a blizzard and the receptionist says, 'You might want to go have a cup of tea instead', and they say 'No, I want to go out there' - if you haven't assessed the mental capacity of that person, what you may be doing is committing a crime of unlawful imprisonment because that person wants to go out - how can you decide if that is allowed? You're doing the right thing, but how, legally, is that regulated?

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The ExtraCare Charitable Trust, who are considered to be one of the best organisations in this space, have a lot of programming to get people together, to educate people who do not have dementia and support people who do live with dementia. It all comes down to being honest and open, even before people move in, by saying, 'There will be people that will develop dementia and we will not just get rid of them, we will try to support them for as long as possible'. A resident may get to the stage where they have to move on if their needs can't be accommodated, and if their behaviour has had a detrimental impact on others - that's the real challenge. Clarity is really important, so if you ask me what is the greatest threat to our sector, it is dementia, how we deal with dementia, and that's from a reputation point of view, a human point of view.

— MICHAEL VOGES

EXECUTIVE DIRECTOR / ARCO

5.4 THE THREAT OF DEMENTIA

The statistics around dementia are alarming. We know it is one of the biggest challenges that can occur in later life, we know it means a loss of memory, but most people do not know much about what it is like to live with dementia, or care for someone living with dementia. It is not surprising that we also do not know much about designing care, and environments, that enable us to live well with dementia.

The likelihood of living with dementia in the UK:

1 IN 14 PEOPLE OVER 65

1 IN 6 PEOPLE OVER 85

— Alzheimer's Society UK²⁶

DEMENTIA FRIENDLY ENVIRONMENTS

Despite dementia impacting many people, and their family and friends, the current UK approach to living with dementia is one of medicalised enclosure and isolation. The Alzheimer's Society's 'Low Expectations' report on care in care homes found that only:

41% of respondents said the quality of life of the person with dementia was good.²⁷

A great deal can be improved by how the environment is designed. A home or residence for people living with dementia, if designed to enable freedom through clear wayfinding, dementia-friendly materials and patterns, and engaging sensory spaces may reduce aggressive behaviours that are often a sign of a need that isn't being met or an attempt to communicate it.²⁸

VILLAGE STYLE

The village style approach is an example of a care environment that offers residents living with dementia a community where they can maintain their freedom rather than lose all autonomy to conform to an institution. The most

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well known village is De Hogeweyk in the Netherlands, which opened in 1993. While some refer to it as a ‘dementia village’, De Hogeweyk’s founder, Eloy van Hal, prefers it to be known simply as De Hogeweyk, where dementia is not at the forefront, and the residents can be themselves first, rather than defined by their disease.²⁹

The Hogeweyk (part of Hogewey care centre. A weyk or wijk being a group of houses, similar to a village) is a specially designed village with 23 houses for 152 dementia-suffering seniors. The elderly all need nursing home facilities and live in houses differentiated by lifestyle – groups of up to seven residents with shared interests and backgrounds live together in a life-style-group. The design and decoration of the homes and surroundings is tailored to the lifestyles.

Hogeweyk offers its dementia-suffering inhabitants maximum privacy and autonomy. The village has streets, squares, gardens and a park where the residents can safely roam free. Just like any other village Hogeweyk offers a selection of facilities, like a restaurant, a bar and a theatre. These facilities can be used by Hogeweyk residents AND residents of the surrounding neighbourhoods.

— De Hogeweyk, Weesp

The De Hogeweyk model (Image 09) has started to be replicated elsewhere. Vancouver is creating two dementia villages, one public (Image 10) and one private (Image 11), and France and Norway have villages underway as well. The village model, while a walled community, is proven to offer a great quality of life with more freedom than the confined walls of an institutional model.

De Hogeweyk’s van Hal noted that the next step is to have these villages not in a walled compound but integrated within an existing community. A London-based care operator has attempted to integrate village style dementia care into existing communities in two different locations but neither have yet come to fruition. While laudable, success in operation remains an unknown quantity.



Image 09 — de Hogeweyk

Image 10 — Vancouver public dementia home

Image 11 — Vancouver private dementia village

FAMILY STYLE

Another care model is ‘small group living’, which can exist in a dementia village, a retirement village, a care home, or a general community. It prioritises a family home layout and family-like relationship between staff and residents, as the name implies. Middleton Hall Retirement Village invested in a family style care home called Middleton Oaks:

Middleton Oaks is an innovative facility, developed for people who wish to lead as independent a life as possible but who need a high level of practical, nurturing support.

The two ‘households’ within Middleton Oaks – Acorn House and Catkin House, are purpose-built and of an extremely high design standard. Each is perfectly suited to provide a home for eight people. The households are linked by the beautiful indoor Winter Garden, a communal space to be enjoyed by residents, families and staff members.

Each resident has their own comfortable and spacious en-suite room and they share a kitchen, dining room and lounge. A homely, familiar environment where they can participate is conducive to a feeling of well-being.

Our experience of this kind of ‘small group living’ mirrors research that clearly shows that many people thrive when they are given the right support. They can continue to enjoy carrying out everyday tasks such as meal preparation, washing up, housework and gardening.

Staff in Middleton Oaks are highly trained and experienced in focusing on what people can still do rather than what they can no longer do.

— Middleton Oaks at Middleton Hall, Darlington

We visited Middleton Oaks and witnessed the residents high quality of life and the family style model embodied by their compassionate staff and thoughtful environment.

STAFF TO RESIDENT RATIO

One of the important factors that contributes to Middleton Oaks’ success is the ratio of compassionate, well-trained staff to residents. At a minimum ratio of 1 staff to 4 residents, the carers are able to spend valuable time engaging with residents beyond just attending to their physical or cognitive needs, they can also care for their psychological wellbeing. A little banter goes a long way. Middleton Oaks also took the initiative to

involve the staff when designing the space, so it caters to resident and staff needs alike. The happiness of care staff is directly related to the happiness of residents, so co-designing the environment makes happiness more likely for both groups.

Combining the right staff, in the right ratio, with a thoughtful environment offers residents a greater chance at living well with dementia, meeting needs that are not

met in environments that limit people from living their life. It is a far healthier and ultimately less costly alternative to over-prescribing drugs that may make people slur their speech, dribble, or be unable to recognise people or unable to walk. We should look to create considered, quality environments with educated, compassionate staff – places we would be comfortable and confident for our family or ourselves to call home.

EMPATHY AND EDUCATION

A well-designed dementia facility that offers the right ratio of staff to residents while still being affordable is critical. The last element to consider is the stigmas

“It is a great privilege to accompany someone until the end.”

— BARBARA

CARER / MIDDLETON OAKS

“You’ve got to try to help people understand where others are coming from. We try to educate our residents, we encourage them to be Dementia Friends. Educating people to say ‘This is how we can help and support one another’ is a really important part of it.”

— KRIS PEACH

DIRECTOR EXTRA CARE / HOUSING 21
AGE 40

and reservations other residents might have. Multiple operators have mentioned that sometimes residents complain about other residents that are living with dementia. In some cases, the residents involved in the complaint have dementia themselves. There is an opportunity to build empathy and educate residents to create more supportive environments beyond just the trained dementia specialists.

AFFORDABILITY

To make thoughtful dementia care environments work, we need to be able to afford it. Dementia can demand a great amount of care, often at a great cost.

The cost of a care home for someone with dementia can be between £600-1,200 a week, with good quality dementia care in the home costing at least £20 per hour. People with dementia and their families can be paying these costs for a number of years.

— Alzheimer’s Society UK

Dementia costs society an estimated £19 billion a year, more than the costs of cancer, heart disease or stroke.

There are around 550,000 carers of people with dementia in England. It is estimated that 1 in 3 people will care for a person with dementia in their lifetime.

An estimated 25% of hospital beds are occupied by people with dementia. People with dementia stay in hospital for longer, are more likely to be re-admitted and more likely to die than other patients.

— UK Government Department of Health

The cost of care is a concern, not only for dementia care, but for all types of care.

5.5 THE COST OF CARE

It is important to understand the cost burden on older people, in addition to the operational cost of offering care. Who pays for this cost is dependent on wealth. An older person with financial assets greater than £23,500 is likely to be responsible for the cost of their care. The

“Who is going to pay for care? We cannot be dependent solely on the NHS - it’s about a new interdependency and how we should be investing in our own future health and wellbeing too.”

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN
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UK Care Guide describes how the weekly cost of care depends on the facilities offered by the care home and whether nursing care is needed. Costs range from £350 / week at the lower end to over £1,500 / week at some premium care homes. Specialist nursing or dementia care can increase the average cost by around 20%.³⁰ The other factor is location, with care in the South East costing more on average than in the North West.

The cost of care means people in the ‘middle market’ may be priced out of access to quality care. People in the premium market may not settle for the current care offerings, as they have the financial capacity to demand more personalised, high quality care.

Good care is really expensive. We’re surprised when we have a high turnover of demotivated, poorly paid staff. Then we Brexit, so we are losing half our carers anyway. There is this concept that we don’t need to think about older care, we don’t need to develop a product because people are stuck, they’ve got nowhere else to go - it’s a captive market. That’s going to change. If you look at older people now, it’s not unusual for someone at 60 to start a new career - the generation coming through isn’t ready to wind down at 60 and isn’t going to accept what’s being offered. Whether that drives up standards or changes the model, I don’t know, but something has to change.

— Anna Sabine / MPC

5.6 CURATING A QUALITY CARE OFFER

When assessing a care offer, we need to think carefully and considerately about whether or not we are designing someone's 'last home'.

If we are providing the last place someone will ever live, we need to think about how we can best curate an environment, from the staff to the space, that enables the highest quality of life possible throughout the spectrum of potential conditions.

The continuum of care model, often seen in New Zealand and Australia, provides not only the 'last home' but also homes for earlier stages, and positions someone to transition through multiple homes on the same site as care needs increase – providing for all of the steps discussed earlier. This continuum of care is a particularly appealing option for couples where the care needs of each partner evolve at different stages. Middleton Hall provides the continuum of care (Case Study 03) that supports residents who may need to transition from independent living to a setting with higher levels of care provision (Images 12-14).

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Image 12 — WATERSIDE BUNGALOWS
Image 13 — MIDDLETON GROVE
Image 14 — MIDDLETON OAKS

CASE STUDY 03 — CONTINUUM OF CARE

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A variety of needs can develop over time but planning ahead helps to manage these and retain as much independence as possible. As circumstances change, residents living independently in the bungalows or apartments at Middleton Hall may choose to move into one of the care services. In some cases, there are couples who decide that for their wellbeing and peace of mind it is best to change their living arrangements and for one of them to move into a service providing support.

There are instances where this has happened at Middleton Hall. It can be a difficult decision to make, especially when there can be stigma attached to the move from 'Independent Living' to being supported by care staff. Awareness and training can help to combat stigmas. For example, attitudes to conditions such as dementia can be changed through knowledge and learning. Middleton Hall regularly holds its own training sessions for residents and family members, so as to equip them in their journey – either as a person with a diagnosis of dementia or supporting a loved one who has been diagnosed. As people understand more about these conditions, they can make informed choices about their future before reaching a crisis point.

Middleton Hall offers a continuum of care, with the ability for older people to transition through different levels of care on the same site, limiting disruption to their life. In the case of a couple living together, this allows them to maintain their relationship without sacrificing their quality of life or placing an unsustainable duty of care on a spouse. This involves making a proactive decision based on forward thinking, rather than a move forced by sudden changes in circumstances. Being a 'planner ahead' is a bold choice.

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“It must become what people entering the profession wish it to be: the support network that enables people to live safely, purposely and well, in their own home or a place that feels like home, with people they love.”

— ALEX FOX

SIX INNOVATIONS THAT COULD BUILD A NEW SOCIAL CARE SYSTEM

If an offer is not a ‘last home’, we need to think about what kind of care we are offering, and the transition experience for residents and their families when they need more intensive or specialised care than is available in the current home.

In addition to deciding what type of care we are offering, from a handyman service to around the clock specialist dementia care, we also need to understand how to

deliver that care to the highest standard, to empower residents and mitigate reputational risks. While there are regulatory bodies to monitor and assess the quality of care in the UK, such as the Care Quality Commission (CQC), our societal dread of care homes speaks to the poor quality of care that has become the norm. While not all care homes are bad, not many are outstanding. What does it take to offer great quality care?

A quality care offer depends on many factors and each person will have different needs. The stigmas around care may fall away if we can personalise each person’s experience based on a developed understanding of what constitutes care at every stage, in an inclusive environment, with empathetic, engaged staff that support positive risk-taking. Care can be a natural and positive part of later life.

5.7 ACTIVE AGEING

When we say positive risk-taking, we are referring to the idea that challenge should not be entirely removed from people’s lives. Challenge and risk keep us active and engaged. If we are supported all the time, we may lose our abilities, but if we take risks to use our abilities, we can maintain our health and our confidence.

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“ ”

It is really disappointing in discussions when someone says, ‘Oh no, that’s working with care needs.’ Are we not going to find a solution so people can live well and live the best life they can with those needs and conditions? Are we not going to support them to not be a burden on public services? Yes, people have care needs, and we should be celebrated for meeting those needs.

— MICHAEL VOGES

EXECUTIVE DIRECTOR / ARCO

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In the provision of social care, as in life, it is not possible to eliminate all risk; risk is a part of life and is normally a good thing. Taking risks can help people to learn and gain experience and confidence in leading their lives.

— Principles of Positive Risk Taking / Hampshire County Council

There are initiatives that help prepare people to take on risk and challenge. For instance, there are classes in the Netherlands that help older people learn to fall. The sessions end up being fun social opportunities that build confidence, strength, and friendships all at once. The pool at Middleton Hall is another example of a space where residents take risks and remain active, but a central motivation to use the pool was the interaction with the great staff.

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5.8 CARE CALL TO ACTION

Our environment can enable or disable us, so it is important to be thoughtful about how our design and development decisions contribute to the former and avoid the later. We can provide empathy training for staff to better understand potential care needs, we can design inclusive environments that are accessible for the body and the mind, and we can communicate to future and current residents how we are prepared to support them.

By considering and integrating care in all aspects, we can diffuse the negatively loaded understanding of the word ‘care’ and make it about taking positive, appropriate actions based on a developed understanding of the genuine needs of older people.

This is one of the reasons why we are advocating that the journey starts by understanding older people.



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“The adaptability of the space is important for our ageing population. We want to encourage people to be mobile, we want to create flexible uses of space that can accommodate their changing needs and enable them to access and maintain a network of activities in later life.”

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN
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6.0 — ACCESSIBILITY & ADAPTABILITY

“People know they should be thinking about accessibility and adaptability, but they don’t always know what they should be thinking about!”

— ED WARNER
FOUNDER & CEO / MOTIONSPOT
AGE 39

6.1 BEYOND THE BARE MINIMUM

We are not designing for age but rather for stage, for accessibility and care needs, for quality of life and lifestyle desires. We only see marketing that portrays the imagined older person as a well dressed lady with white hair and a well dressed gentleman with a cravat – they are simply young people dressed in older people’s skin. That’s great for marketing, but the issue is: that is not what everyone is going to be like. It may be the case for some, but there is a broad range to consider between the two stereotypical poles of the cravat and the triangle sign.

Residents will soon realise if their homes and communities are not designed for their needs in addition to their wants. Accessibility, failing motor skills, failing vision, failing mental capacities are the elephants in the room. While many of us will have good health and fitness for much of our lives, most of us will at some point have some difficulties with day-to-day activities. A NHS study found “More than a quarter of men aged over 65 and nearly a third of women struggle with at least one of the ‘Activities of Daily Living’ – washing, dressing and eating – approximately 3.3 million people.”³¹ When we see the figure that only 7% of UK homes are ‘accessible’, and almost half a million people (475,000) are living without the adaptations

they need³², we can start to recognise the urgency of designing for accessibility.

There is a lack of understanding in current design legislation as to the true nature and requirements of accessibility. We may meet the Approved Document M (AD M) standards, but we do not realise how low these standards set the bar, how much more accessible and inclusive our environments could be, and how many more people would then be able to engage with them.

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‘The design guidance and best practice architects use as reference primarily focuses on designing for physical disabilities, in particular wheelchair users. 6% of people are wheelchair users, what are you doing to design for the other 94%?’

— ED WARNER

CEO & FOUNDER / MOTIONSPOT
AGE 39

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The headache with the current access guidance is it is difficult to understand and often very grey in terms of how it is interpreted. Whilst BS8300 was updated in 2018 and Approved Doc M is soon to be reviewed, there are not clear standards for the design of accessible and future proofed housing for older people which is something that should be addressed.

In order to improve the housing stock for older people, we need to review what is working and what isn’t and structure new standards on a set of evidence based design principles where older people can contribute to the space provision, usability and product mix within a home to best suit their needs.

Too often we see retirement housing designed without any thought for future provision of adaptations or worse, we see homes kitted out with clinical looking supports from the outset which may not be needed by people initially or even at all. This overspecification from the outset is costly and detrimental to the look and feel of a home, ultimately we need to be designing flexible spaces that can adapt to suit the changing needs of people as they age.

— ED WARNER

CEO & FOUNDER / MOTIONSPOT

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At the moment, we put some patressing in the walls then wait for a crisis to occur. We need aspirational examples of communities and apartments with the accessibility features plugged in to show how they can work and be beautiful, to show that designing for accessibility, not ageing, is straightforward, aesthetically pleasing - not clinical but desirable. If we understand the need, we can creatively design for that need rather than simply adopt institutional standards because we believe they have been considered in the round. We can have a more nuanced choice about how accessibility is catered for.

Prioritising inclusive design means more spaces will work for more people. Universal design is often used to describe the same thing - design for all - design that looks beyond one generic user to consider many possible users. While similar, universal design is a one size fits all approach, which is difficult if not impossible to achieve. Inclusive design recognises that one size fits one³³, therefore inclusive design principles look to offer personalisation and choice for a range of potential users.

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Image 16 — AN ACCESSIBLE AND FUTURE PROOFED KITCHEN

6.2 FUTURE PROOFED

In a similar way to how we make our choice to move, we can be proactive or reactive regarding our accessibility needs. We can adapt our home as a reaction to a crisis, when we have no choice but to adapt or move, or we can proactively design our home to be adaptable to our future needs, which is what we mean by future proofed. A future proofed home is an accessible home that easily adapts to our changing needs over time. We can offer ourselves peace of mind by designing with future proofing principles in mind. It may sound like an extra cost up front for something you may not need, but most of us will benefit from this long term investment. A future proofed home does not need to be torn apart and reassembled to add adaptations, so we save money in the long term and save ourselves from the chaos of a retrofit just at our moment of greatest vulnerability. At the scale of a development, future proofed units maintain their resale value more easily and are a selling point from the outset.

“All our developments are to mobility standards and designed to accommodate people with a wide range of needs without requiring further adaptations. We have worked hard to ensure that the properties don’t look institutional and are future-proofed. This has not added a lot of cost and is a sound investment to enable people remain in their own home.”

— JANE BARKER

CHIEF EXECUTIVE / BRIO RETIREMENT
AGE 56

Design companies focused on future proofed, inclusive design are gaining momentum. One example is Motionspot, a RIBA award winning accessible design company transforming spaces and lives through beautifully designed, accessible environments that deliver independence for anyone with a disability or in need of extra support.

This chapter has been written in collaboration with Ed Warner, founder of Motionspot, who is well placed to offer a rounded view of accessibility and how it can be designed.

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“As you get older, or if your mobility and condition changes, the design, look and feel of your home still can be personalised to suit your taste and access requirements. The future is blending function and style together to design better future proofed homes.”

— ED WARNER

FOUNDER & CEO / MOTIONSPOT
AGE 39

6.3 MOTIONSPOT’S APPROACH

Motionspot was launched in 2012 by Ed Warner and was inspired after his friend and co-founder James Taylor was paralysed in a diving accident in 2005. Returning home from Stoke Mandeville hospital, James found that every item installed in his home had been designed for a hospital, rather than a home. Ed Warner offered to help James find an alternative to the depressing grey padded plastic products James had been left with. With the help of James and his wife Katherine, Ed set up Motionspot to make sure no-one else must endure the same frustrations. With a real focus on person-centred design, the company has grown quickly over the last seven years and in addition to designing improved access in hundreds of homes across the UK, Motionspot has provided design advice and innovative accessible products to retirement developments, care and housing providers, hotels, offices, public spaces and leisure facilities across the world.

What identifies a Motionspot project is the striking balance between form and function and the ability to adapt spaces to suit the needs of people as they get older. Accessible bathrooms that are aesthetically appealing to everyone but have been carefully designed and future proofed to support the needs of older people. Kitchens that have incorporated good universal design principles and are particularly good for people with arthritis and dementia, and a blend of intuitive furniture and technology in living spaces to help people be more independent without compromising on the style of their home.

When considering costs, beautiful accessible design doesn’t have to put a strain on budgets if planned at the right stage of a refurbishment or new build development. The return on investment is clear as thoughtful accessible design doesn’t just improve access but can reduce future refurbishment costs, void periods, carer costs, and reliance on social care budgets. Designing stylish future proofed spaces can also have a positive impact on cognitive and physical health, improving social interaction and sense of wellbeing in the home, and should be considered as part of all developments.

6.4 ACCESS IN THE WIDER ENVIRONMENT

Access within our home is critically important to live well each day, but our home can become a prison if we do not have an accessible environment beyond our doorstep. Older people are cited to spend much of their time at home:

Over-65s are estimated to spend an average of 80% of their time in the home - 90% for people over 85.³⁴

But is this preferred? If it is not, what is causing people to not leave their home? A significant reason may be that the environment beyond the home is not accessible enough to meet people's needs.

This ranges from the shops on the high street to the route that leads there - from your starting point to your destination and everything in between. Accessible public transportation has a big part to play, specifically for older people that may not want or be able to drive.

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Image 18 — CROMWELL ROAD ENTRANCE TO V&A MUSEUM



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For the physically disabled, barriers can range from blocked wheelchair ramps to buildings without lifts, to inaccessible toilets, to shops without step-free access. Meanwhile, for learning disabled people or those on the autistic spectrum, the cluttered and hectic metropolitan environment can be a sensory minefield. [...] Cities benefit from accessibility. One World Health Organisation study described how disabled people are less likely to socialise or work without accessible transport. Cities also miss out on economic gains: in the UK the 'purple pound' is worth £212bn, and the accessible-tourism market an estimated £12bn.³⁵

At a stage in life where accessibility needs are more prevalent, older people benefit from being active participants in an environment that is inclusive and accessible across all scales and society benefits in return.

Image 19 — QUEEN ELIZABETH OLYMPIC PARK

7.0 — TECHNOLOGY AND INNOVATION

7.0 — TECH AND INNOVATION

“The one thing is that it remains a human space. Tech is not going to solve loneliness. You need to bring the community in.”

— PHIL SCHMID

DIRECTOR, RETIREMENT & HEALTHCARE / JLL
AGE 37

7.1 TECH TAKEOVER

Advancements in technology have the potential to make our lives better, whether through the provision of immediate services and support or by futureproofing our homes. If we are not careful about how we implement technology, however, there is a risk that it could have the opposite effect and make our lives worse. The potential of technology is so great that it could replace human interaction, leading to even greater isolation. It is up to us to decide how we use technology - we could enhance our lives, or we could let it takeover our lives.

In terms of the technology that does or could impact our future selves and the environments we inhabit, the list ranges from wearables to autonomous vehicles, virtual reality to artificial intelligence, robotics to voice recognition. Each of these advancements provides an opportunity, but equally presents a risk. To highlight these potential scenarios, we have illustrated a few examples of how the same well-intentioned technology can produce two contrasting potential futures.



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OPPORTUNITY: Connectivity

Innovations like Facetime and Skype enable us to see and hear from our friends and family no matter how mobile or remote we are. Online forums and groups allow people to feel part of a community, from local chat boards to the 712,279 Silver Surfer followers on Facebook. Robots like Pepper, “The world’s first social humanoid robot,” will engage with us, help us with information and eventually offer us care support so that our partners and family can spend more time socialising with us.

RISK: Isolation

These screen-based interactions risk replacing real, face to face connection. We can be connected virtually and still feel isolated. While many of us might find greater dignity with a robotic carer to help us get dressed and use the bathroom, we may miss the connection with a human carer if we cannot leave our home and we do not have people coming to visit us. With this risk in mind, we must be thoughtful about using technology that connects us to supplement our existing relationships rather than replace them.

OPPORTUNITY: Independence & Agency

Technology can give us more autonomy, helping us use the bathroom and delivering our shopping to our doorstep. Technology can make our homes more comfortable, from temperature control to personalised lighting and security at the touch of a screen. One day soon, driverless cars and buses will usher us between our daily activities, so losing our ability to drive will be a less significant and damaging life event. Voice recognition technology can tell us what the weather will be and remind us which pills to take and when. Tech can help us rely less on others and fend for ourselves for longer.

RISK: Losing Independence

If technology takes over our activities by doing them for us, in addition to isolation, we risk losing our autonomous mental and physical strength by not putting them to use.

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Image 21 at top — AMAZON DRONE DELIVERY
Image 22 at bottom — SMART TOILET MONITORING

OPPORTUNITY: Health & Wellbeing

Technology can help us measure and even anticipate our health. Smart wearables that track our steps, heart rate, and sleep patterns are common among all ages. Smart shoe insoles that prevent injuries and falls are becoming available. Smart toilets that monitor everything that goes through them, from urine and stool analysis to metrics for daily measurement like blood pressure, body fat, and weight, are now available. Specialised technology for people living with dementia, such as ODE, a product that encourages people to eat by reconnecting them with food through appealing scents. “Ode releases high quality, appetising food aromas – from Bakewell tarts to oranges – into living spaces and dining rooms around meal times. The design stimulates appetite, targeting malnutrition.”³⁶ These specialist innovations are becoming more prevalent. Technology could help our medical practitioners curate more personalised treatment and prevention plans to increase our health and wellbeing overall, based on a much greater availability of accurate, medically relevant data.

RISK: Privacy and Perceptions

There are a few potential risks of measuring our every move. We may not be comfortable with, or aware of, where our data is going. What if our data is shared or sold? Would this increase the chance of identity theft or other security breaches? There are still many unknowns. The UK’s Open Data Institute found that “nearly half of respondents (47%) would share medical data about themselves, if it helped develop new medicines and treatments, the most popular ‘data trade off’ in the survey,”³⁷ so if there is transparency, people may be comfortable sharing their data. But emerging awareness of how our data can be misused, or leak beyond the confines of our consent, is leading to increased caution over data use.

Another risk is that we become overly focused on the data over the individual. In this scenario, rather than enabling a more personalised experience, our data focus causes all health related interactions to become even more medicalised and insensitive.

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Images 23 + 24 at top — WATCH A - MEDICAL ALERT SYSTEM
 Images 25 + 26 at bottom — WATCH B - APPLE iWATCH

7.2 INCLUSIVE OVER EXCLUSIVE

One area that offers an opportunity for a future unifying technology and innovation is inclusive design. Inclusive design enables more people to engage with and enjoy a product or space, perhaps capturing a larger market than was originally intended. The Ford Focus is often lauded as the ultimate example of how inclusive design can benefit people of all ages and abilities. The car was designed with older adults in mind but has become the best selling family car. The iPad has been celebrated by older people for its inclusive qualities, yet is desired across all ages.

“I think if a Google or Amazon were to get into the sector, they would create well-designed technology that served multiple functions. More tech that enables more time for the human aspect of care. Tech as an enabler.”

— PHIL SCHMID

DIRECTOR HEALTHCARE / JLL
 AGE 37

If something is not designed inclusively it may exclude potential users because the function or form may be challenging. From a function perspective, if technology is too complicated, counter-intuitive, or illegible (small text, heavy assembly, tiny controls) it may be difficult to use. Anyone may find this impedes their experience and ability to use it. In terms of form, there are technologies and products being created specifically for older people, such as fall prevention aids, but these products are often clinical rather than desirable.

CLINICAL OR DESIRABLE?

Which watch on the facing page looks easier to use? And which is more appealing as a product? Form matters - watch A is not an appropriate tech solution if we are not willing to wear it. Watch B is worn by people of all ages.

If we can embed features and qualities to make a product, service, or space user friendly for older people, but also desirable for all people, we will be more likely to then embrace that innovation into our daily life. A well-designed and inclusive technological innovation can prevent redundancy in our lives.

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Some tech companies are developing voice controlled virtual assistants with screens specifically for the older adult market - if this sounds familiar, or reminiscent of Amazon's Alexa or Google Assistant, that should come as no surprise.

Most 'senior' specific products are unnecessary in this space. Why would we buy a device that's branded as only for older people when we already have, or our children have, an Amazon Alexa Echo, with a screen that also syncs with our iCal, our contacts, our preferences. When inclusive design meets good design with useful features, it becomes integral inclusive design, and when this is the case, we may be more likely to seek out integrated technology to support us and enhance our experience rather than accept the age-exclusive products recommended to us.

7.3 INNOVATIONS AT SCALE

If we are thinking beyond the scale of the person or the home, there are a number of technological advancements that could radically alter our later life.

Autonomous vehicles are an important one. They could enable us to maintain our independence for much longer, as we would no longer rely on others to drive us. We could

avoid feeling like a burden to family members and waiting hours for the local accessible minibus service to show up. Location would become less critical because our autonomous vehicle could take us where we need to be. This future looks to be on the horizon, but exactly when this will roll out, and when it will be affordable for the average person, is difficult to predict.

Modular construction is an innovation that could not only speed up construction time but also make accessible, adaptable units easier to mass produce at a lower cost. This could lead to accessible features being embedded into all housing, as long as we are educated in what accessible and adaptable features should be included.

The British disease of relying on endless cheap labour has driven the construction industry over many years to never improve or address its issues. We're struggling with that still. What I learned from being in process plant for 25 years was that every product has its day. We had products nobody seemed to want and 15 years later we couldn't build enough of them. That's what will happen with modular. It's driven by BIM, by architects, it's driven by the government saying construction is very inefficient, it's driven by labour issues from Brexit. The average age of a construction worker is well over 50 and (although it's improving) not many younger

people are going into construction, so it will take too long to solve all of that. Our strategy is to design our new mixed tenure to be able to modularised. I'm not saying they will be, but all of our designs will be able to be built as modular.

“Construction costs need to be considered as the product needs to be of a good specification, but also consider providing a flexible and innovatively designed product that can adapt as our industry evolves. It is important to have experienced contractors but also to explore other options which may benefit such as capital allowances.”

— SAMANTHA ROWLAND

DIRECTOR HEALTHCARE / SAVILLS
AGE 43

— Mark Curran / Anchor Hanover



7.4 PURPOSE VS PROGRESS

While innovation and technology are not the same thing, they often go hand in hand. The same is true of purpose and progress. We need to design and develop with purposeful technological or innovative choices, not simply progressive ones.

We are busy creating technology that reminds us to take our pills, but have we asked why we are taking those pills? Perhaps we are being prescribed medicine for something that can be solved by our environment. While the potential for technology to augment and enhance our later life is exciting, a focus on people - their needs and wants - may lead to more responsive innovations rather than innovation for innovation's sake.

Integrated smart technology will inevitably be a part of our future homes, but this alone cannot support us if the low tech improvements to our environments have not been made, as these are often more fundamental than the technology itself. Alexa will not be able to help us if we cannot access our bathroom due to the materials or dimensions of our space. Considering both low and high tech solutions can help us create purposeful environments that enable us to live as we want.

7.5 LEAD OR FOLLOW?

How are we doing so far? In general, the construction industry is the slowest to integrate technology and innovation into the fold. 'Planning, BIM & Construction Today', the leading online news portal focusing on construction news notes that, "Whilst other industries such as finance, transport and education industries have all jumped on the digital bandwagon, the construction industry seems to be the slowest on the uptake when it comes to technological change." When we look specifically at the later living sector, it seems to be the farthest behind, yet also has the most to gain from innovation. This means there is a great opportunity to break away from the rest, whether in the retirement living category or accessible housing more broadly - there is an opportunity to lead.

There are some fantastic providers we work with who have the vision to deliver the right environments and services for older people and they are constantly pushing the boundaries in terms of innovation. Much of this early adopter work has come from private sector retirement developers and in some cases the more progressive accessible hotels. However, Housing Associations and Local Authorities are now actively looking at improving design principles and product mix to provide better accessible products and services for their residents. So there are these companies that have the right vision, who will keep going, keep testing, keep refining, keep doing, but there is still room for more leaders to come forward. There is a long way to go and we are some way off accessible design being considered as standard across all developments, but that has to be the future.

— Ed Warner / Motionspot

The key thing is to identify the right challenges and the right questions as a starting point. The Ford Focus example is one where a product designed for the less able, but not ostensibly so, became the most popular choice for people of all abilities because the accessible design features were integrated in such a way that they were unnoticeable and they made the car easier to use for everyone. They were simply 'convenient'! This made the choice of buying the 'accessible' option a positive one, since it was not associated with a failing of our physical abilities. Choosing the accessible option does not have to be associated with decline and negative stereotypes. For instance, glasses, which make it easier for us to see, were originally a medical product for visual access, but they became a cool, mainstream product that we seek out, simply from good design. The same can be true for accessible environments.

“We don’t organise for the decline. The question is how to do it without sadness somehow, without the admission that we’re on the way out.”

— CARL
RETIRED UNIVERSITY PROFESSOR
AGE 70

8.1 A POSITIVE CHOICE

There are many legitimate reasons society tends to put off thinking about the choices we want in later life. When we consider the choices, it forces us to consider potential or existing realities that are scary, that evoke sadness and fear. However, there are incentives to plan ahead, to make a positive, proactive choice rather than waiting for crisis to force us to make a choice. If we consider the community we want we may find a home that offers us access to more of the activities we love, to new ventures, and rich relationships, that can improve our life. If we plan ahead we may find that a new environment provides the engaging, active lifestyle that makes us stronger, less likely to fall, and more confident to go out. We may find that knowing we have access to care provides us the peace of mind that empowers us to live our lives to the fullest.

If there are housing and communities available to us that offer these qualities, that are desirable, accessible, engaging, with care and accessibility considered, then these difficult choices can be less painful. When we have no good options, making the choice to move is an admission of decline to an inferior quality of life. If we have thoughtful, quality options to choose from, we can view the transition as a positive move to a lifestyle that better meets our needs and desires, that enables us to make the most of our time.

Taking the time to learn about and understand older people, and understand their wants and needs as customers, reveals that there is not just one market to define. Across our research, interviews with those within and outside the field, and conversations with older people, we know that clear, considerate choices are necessary to meet the range of demands from current and future older people.

We asked our friends and family (who happen to be older) a few questions to understand what choices they would want, and it revealed the diversity of choice that is needed, but also that these diverse choices need to share certain basic features.

What type of housing do you live in?

Senior citizens home

Semi-detached bungalow

A flat

Three storey Victorian terrace

Ground floor garden flat in a Victorian terrace

What is the biggest delight in your day to day?

Being able to meet friends, cultural events and take part in the programmes offered in the residence

Seeing my grandson when I pick him up from school

Contact with family, friends, colleagues

The fauna and flora in life

My lovely flat

If you had to move, what type of home would you move to?

Senior residence

A small assisted living community. Flats/apartments no more than 2 stories high

A bungalow or flats which had access by lift if not on the ground floor

A single storey property

A similar Victorian terrace

What features of your home make your life more difficult?

Garden a bit too big

Two flights of stairs

The two flights of stairs plus the entrance steps

Steep stairs to basement that I am not able to stand fully upright in

What is the most important thing you look for in your community?

Infrastructure (bank, pharmacy, shops)

A good mixture of age groups and local amenities

Friendship

People to interact with

People that are friendlier and acknowledge you exist

How many rooms would you want that home to have?

2

2 bedrooms minimum

5/6 including a bathroom

6

7

Kitchen, living room, 2 bedrooms, wet room

“”

I'm 71, but I feel 60 ish (on a good day). I live in Cardiff where I work as a Practice Manager in a Solicitors office (Part-time). I own my own flat, I love the space and the airiness, but I think in a few more years I will find it more difficult to climb the stairs. I am fairly fit, but I do suffer from high blood pressure and get out of breath quite easily when climbing stairs, especially with shopping.



I would like to move to a bungalow or flat with outside space and access by lift if not on the ground floor. I would stay in Cardiff, because I have family and friends close by, and the biggest delight to my day is contact with family, friends and colleagues. The most significant factor in making this decision is affordability. Sheltered accommodation is expensive and not something I

could afford to live in once I had purchased it because of the costly maintenance charges. People who have strived their whole life to purchase a home but are not within a high rate band cannot afford to move and live in accommodation where people of a similar age live because of the high maintenance charges. I looked at moving to a Care in the Community residence recently. I could afford to purchase the property but could not afford to live once I had purchased it, if I gave up work. On a pension of £7900 per annum it would not be feasible to pay the maintenance charge in addition to paying the usual outgoings of gas, electricity, council tax. The Care in the Community accommodation, although quite spacious, does not feel like a self contained flat, more like entering a hotel complex, which is not something I would want.

I would want a community with like-minded people who, when they get older, do not want to be treated as if they are senile or infirm. Somewhere where I could be independent, but feel as if I belonged.

— SUE

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We moved from a 4-bedroom semi in Canterbury to a 3 bedroom terrace home in Greenwich. We moved back to London because things are accessible, it's easy to get around, to walk. I'm 70, my wife is 67, and we're both fit and well with pensions, so we had options.

The house we chose is manageable, but we haven't really thought about alternatives. We're talking about a group of people that don't want to think about change, that don't want to be rescued. It fills me with tiredness to think about moving. We don't want to think about decline, it's very difficult. We didn't move because we were intentionally future proofing, it's almost a joke when we talk about knocking out the chimney so a lift can whizz us up, or how our raised beds and paved surface in the garden can be managed when we can't bend down. You're not going to get better, fitter, faster, but we don't organise for the decline. The question is how to do it without sadness somehow, without the admission that we're on the way out.

And then there is what happens when there is only one of you? We do not look very far ahead because it's not a pleasant prospect. I am very pleased with what the now has to offer, but do I have to think about when my mobility is reduced? In 10 year's time, if one of us is by themselves, it would be nicer to move 200 yards up the road, with the

same neighbours, so we don't have to uproot and find the nearest park and the nearest pub all over again. I could imagine housing complexes that allow you to transition, to move seamlessly with the least disruption, where there are singles flats with a carer nearby that you could move into so you don't have to leave your community.

— CARL



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8.2 YOUR CHOICE

While most of us currently make a reactive choice to a crisis, what would we want if we were to make the pro-active choice; how would we define it, and how might we measure it against what is available to us? The choice we want may be different from what we need, but what if we challenge ourselves to think about what we want and what we need in tandem?

Putting ourselves in the position of an older person may help us relate to making this choice. Perhaps this is our current self or we are thinking ahead to our future self, but in either case the question is: what do I want?

Before I even make my choice, I need to know:

What are the options? Is there clarity and transparency as to what choices are available?

Do the options consider our needs? How? Are they accessible and/or adaptable? Could I have a carer in my home or community if I need it?

Is it affordable? What are the tenure options?

Then I ask the questions:

What care do I or will I want and need? Does this exist within and beyond my home? Do I have access to more intensive care if needed?

What forms of engagement do I want and need? Do these exist within and beyond my home? Can I pursue my passions? Can I find new ones?

What type of community do I want and need? Does this exist within and beyond my home? What ages do I want to be near? Do I want formal or informal communal space?

What accessibility needs and wants do I have? Do these exist within and beyond my home? Does the environment enable me to remain active and as independent as possible?

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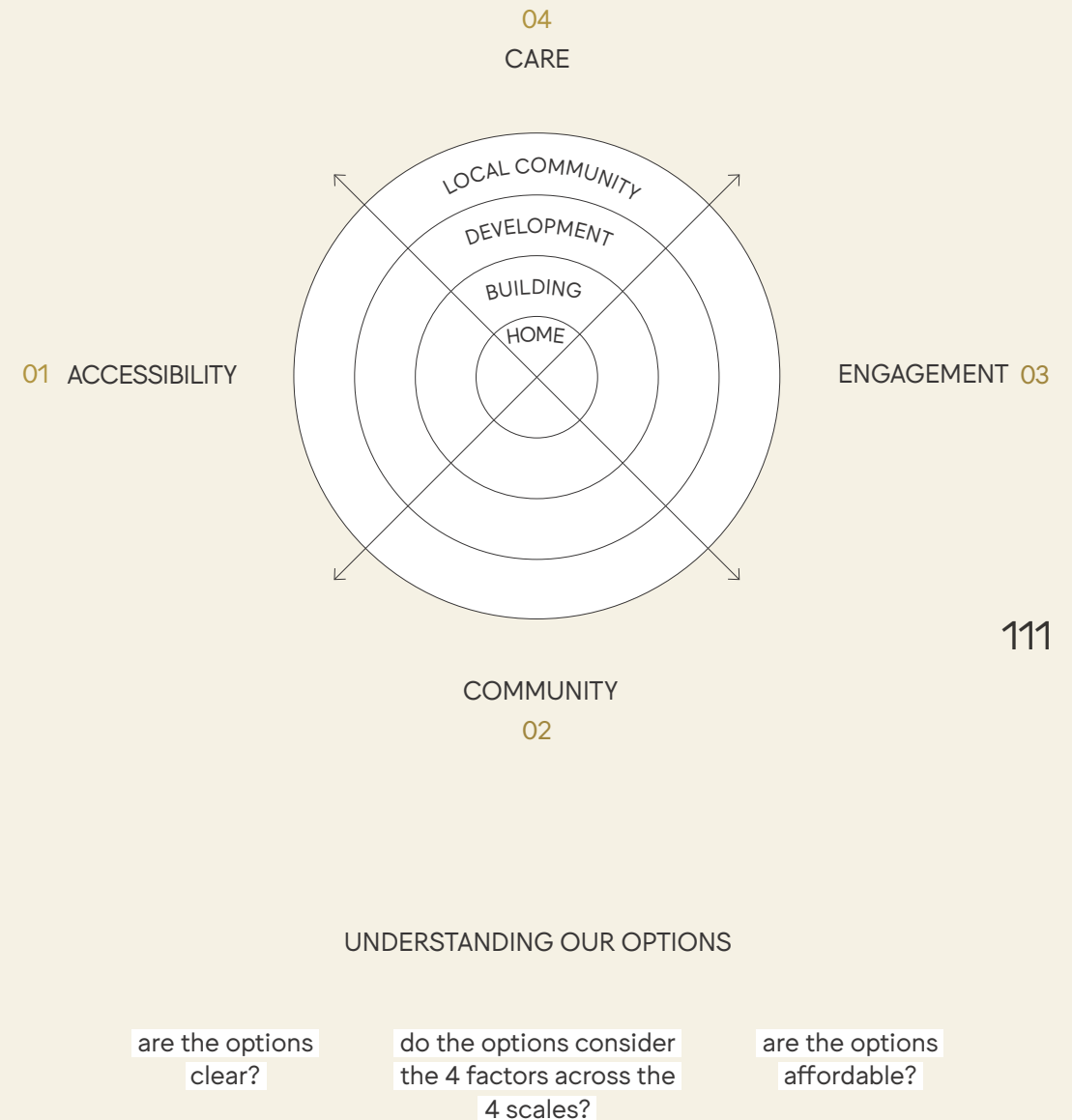


FIG. 10 — THE JUST LIVING TARGET

Deciding what we want is difficult, we may not know what support we will want or need in the future, and we may not necessarily know how our upfront choices impact our subsequent daily choices once we move in. The better we understand what life is like depending on the choices we make, the more equipped we will be to manage our own expectations and make an informed decision we are happy with.

8.3 LIFE, DEATH, AND DESIRABLE DECISIONS

We asked our older friends and family what their most significant life event was in the last 10 years. In many cases, a major, life-altering event had taken place, in some cases incredibly positive and in other cases the most difficult event imaginable:

“The birth of my grandchildren”

“Retirement”

“Surviving colon cancer and breast cancer”

“The passing of my husband in 2017”

“My wife contracting early onset Alzheimer’s & dying from it in Feb 2015”

It makes sense that our choice of housing is not necessarily at the forefront of our minds when these monumental events are occurring. Older people have a lifetime of lived experiences to judge their options by, but they may also be going through a life-changing transition. This is even more reason to design and develop clear choices that consider and respect older people as experienced, discerning individuals rather than patronise or infantilise them. At a time when aspects of life around us may be challenging, we should be able to look to our home as a place that enables our life to be better, and the choices we make as enablers of a future as much as, if not more than, a relinquishing of the past.



PT.II

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PT.II

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DEFINING YOUR MARKET

9.0 — CHOOSING YOUR CUSTOMER

“People will always need housing and people will always need help with support, and [how the offer is defined] just depends on how much the resident is at the centre of that.”

— KRIS PEACH

DIRECTOR OF EXTRA CARE / HOUSING 21
AGE 40

9.1 CUSTOMER FIRST

Part I, Understanding your customer, examined who we are designing for, what the options are, and why we need to consider all of this: by developing an understanding of the customer a more informed decision making process can take place and a more attractive and sustainable proposition can be brought forward that will appeal to both potential residents and potential long term investors. This section explores how to define an offer that a particular customer group genuinely wants, and how to bring it to life by making a series of informed decisions that define the offer, the market for that offer, the evolution/development of that offer, and the way the resulting community will be operated.

9.2 INFORMED AND PERSON-CENTRED

Taking time to understand your customer is critical to defining the specificities of your market. Just as there is no generic older person that represents everyone in the 65+ group, no single housing offer meets everyone's needs and wants. Care should be taken to understand customers as selective, autonomous individuals, and to not slip into an attitude that infantilises older people as 'receivers of care' who are unable to make their own decisions.

The main thing here is choice.

Developers often decide what retirees want based on their own perception of older people, and children often think they know what their parents want. We've found what the parents want and what the kids think they want are completely different.

Rather than doing the model first, you should talk to customers first to find out what they really want.

— Phil Schmid / JLL

Targeted market research can help developers and operators define exactly who they are designing for and how to create an offer that is so appealing to potential customers

that the decision to move into the development becomes a positive, proactive choice rather than a negative, crisis driven reaction. Before commencing physical development, for example, Brio Retirement carried out in-depth research, talking to stakeholders young and old, in parallel with looking at their financial models, to establish the best market position for their offer, the customer profile, and the essential components of their communities. Only then did they commence the process of site finding and developing their communities.

Our properties are created with the upper mid-market in mind, to attract those older people who are already homeowners and may have private pensions and other investments. We did extensive market research to ensure that both the properties and our services are tailored to this target market, offering homes and lifestyles in the right locations.

The growth in the private rented sector has led us to diversify our offer to include market rent, shared ownership and build-to-rent. This enables increased numbers of older people to access Brio's properties and services. The private rented sector offers an appealing lifestyle, particularly to those in need of higher levels of care, which can be provided in a setting that is more attractive and generally less expensive than a care home.

We tried not to be prescriptive, the initial thing was to enable people to understand the concept and what is possible. We found that people weren't looking for the all singing all dancing cruise ship lifestyle. There was an acknowledgement that nothing is free. It's great having 24 hour on-site staff, but people recognise that has to be paid for and want value for money.

— Jane Barker / Brio

9.3 WHAT WE DON'T KNOW

Understanding the customer is critical to choosing an offer that meets the needs and wants of that customer. To gain the most well-rounded understanding of a target market, it is best to explore several methods of enquiry (Figure 11). Spending time with older people, asking them what they want, is hugely important. This can inform and validate decisions and bring to light where there is room to improve. Since we don't know what we don't know, it is also important to combine customer feedback with further research and considered observations. In addition to asking the right questions, observations, speculations, and innovations are important so as to not miss opportunities to improve people's quality of life.

People may not be fully aware of what is possible or how the right design may make life easier, so if we only ask people what they want, they may respond based on experiences where they have unconsciously found ways to compensate for challenges. Combining methods of inquiry reveals further information and validates existing information, helping to drive decision-making. For example, leveraging the specialist insight that occupational therapists (OT's) have into the needs of people with different abilities. OT's can provide recommendations for how the built environment can be designed or adapted to enable and empower people to be independent and autonomous.

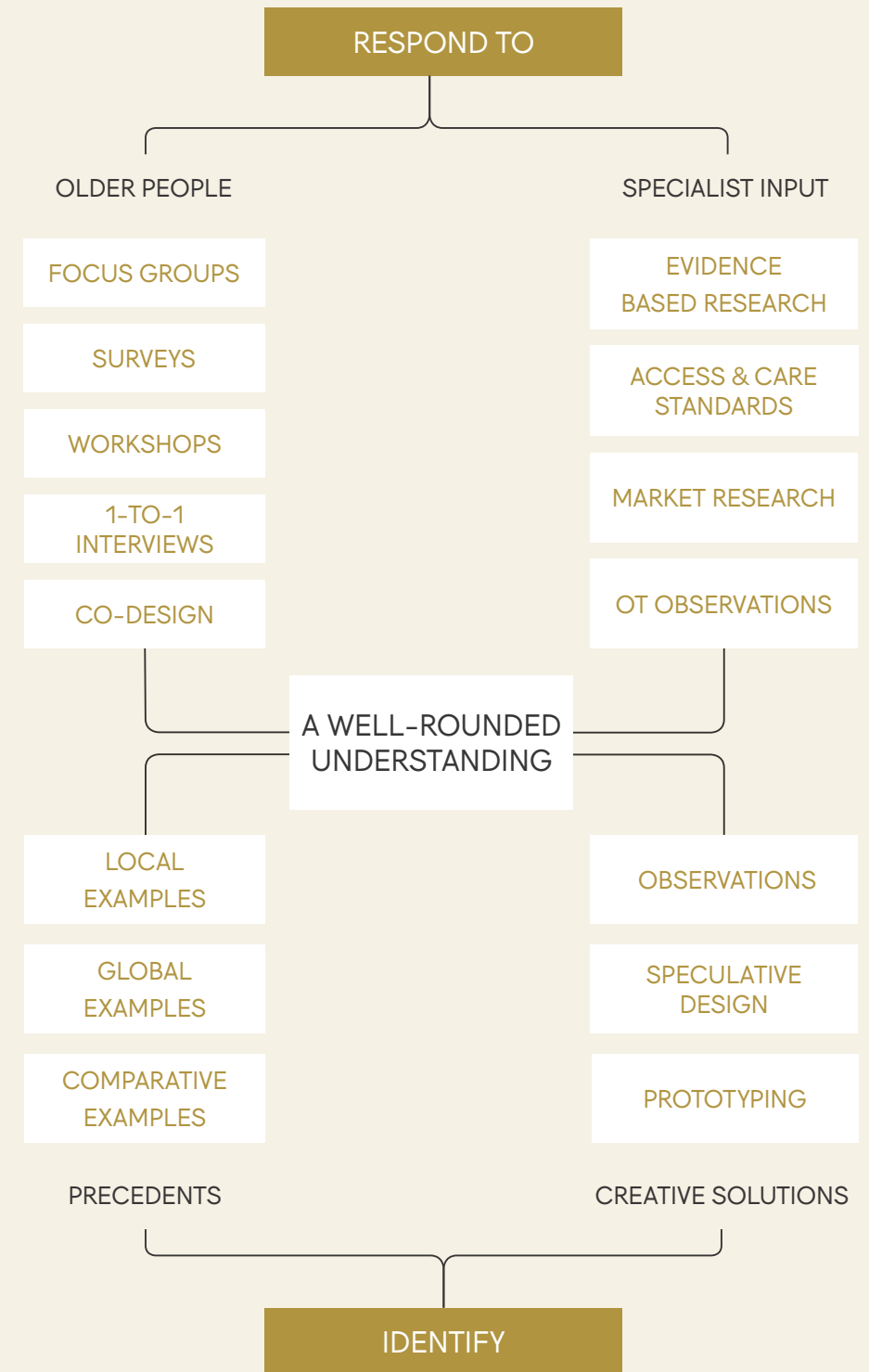
Just as architects or developers may not know they are missing key elements of accessible design, older people may not know there are housing options they would love if they have not been exposed to them. By responding to people's needs and wants while also identifying opportunities through different methods of inquiry, we

can better understand what well rounded offer may meet or even exceed the expectations of our target customer.

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“You can't just design stuff for what people say they want, that may not be the best thing for them. You have to find a balance between listening to what it is we want and creating what we need.”

— CARL
RESIDENT, GREENWICH
AGE 70



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FIG. 11 METHODS OF ENQUIRY

9.4 DEPTH OF MARKET

Market definition will inevitably depend on a number of site-specific factors – location, local demographics, other types of housing on offer in the local context, affordability, and demand. While the context may determine specificities, the need for accessible housing with access to care is so great in the UK that most potential customers across different stages will be in need of a quality offer. The key is to make the right sort of offer in the right place.

The supply of later living homes in the UK is dwarfed by the rate at which our population is ageing. And the need for housing designed for people to ‘age in place’ and remain independent for longer continues to expand at an ever increasing rate. At a current absorption rate of 0.5% for housing with care (% of those aged 65+ residing in schemes), the UK lags behind.³⁹

— Tom Scaife / Knight Frank

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In terms of the depth of market per price band, the high end, comprising only 10% of the total, is nearing saturation. Some developers are in a position of having to capture

their entire potential market because their view of their potential customer, and thus their offer, is too narrow.

The affordable market is 30–40% of the total. There is a need for more decent homes, more accessible adaptations, and better quality care to raise the quality of life for people, no matter their price band. Kris Peach, Director of Extra Care at Housing 21, stressed the point that

rather than seeing new entrants as competitors, the UK desperately needs more housing with care so any new

“The next generation of older people coming through have never known anything other than choice. If they don’t like the options they are given, they don’t settle. And they have the financial clout to do something about it.”

— PHIL SCHMID

DIRECTOR HEALTHCARE / JLL
AGE 37

proposition would be a welcome collaborator. In terms of housing options available, the affordable market theoretically has more choice than the middle market because they can access government subsidised housing benefits.

Where the greatest depth of market exists (which should give funders confidence in the offer) is likely going to be the ‘middle market’.

9.5 MEETING THE MIDDLE MARKET

The ‘middle market’, covering 50–60% of the population, has a massive need, and represents a massive opportunity. Without a surplus of equity and without public support, the middle market cannot afford to pay for the premium retirement housing available, cannot qualify for government supported accommodation, and may only be able to afford minimal adaptations to their existing homes. No one, in any price band, wants to move into residential care unless absolutely necessary, but there are both real and perceived barriers to delivering housing to the middle market.

It’s hard to see how the funds and investors are going to be attracted to the mid-market unless the luxury market is saturated.

— Mark Curran
Development Director / Anchor Hanover

[Investors interest in the mid-market] is partly to do with scale and deploying funds, and partly about funders becoming comfortable with the returns. People take the path of least resistance. However, the advantage of the middle market can be faster sales. At the top end they are more selective so sales are slower.

— Phil Schmid
Director Healthcare / JLL

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The problem with the mid market is there's no money in it. So why would any developer or funder invest in something where there is no money? That's why it's incumbent on people like us and other social landlords to try to do something in that mid market. In building terms, we talk about grade and quality. A Mondeo is a quality car, it's just a different grade from a Jaguar. We are building quality retirement developments for the mid market; they are just a different grade.

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER

Despite the barriers, there are opportunities in the middle market that may make it worthwhile for interested developers and operators to take on the challenge.

There is much more depth of market in the mid to upper middle market than the high end market, which makes it interesting to investors.

— Jane Barker / Brio Retirement Living

The current housing landscape puts the middle market in a position where they are not willing or able to move. The idea that people in the middle market will move out of necessity and they are open to compromise is false - if the options are not desirable or affordable, most people will stay put and age in place in their family home. Central to opening up the middle market is finding locations where you can develop quality housing at the right price with a lot of potential customers nearby so people do not have to uproot themselves from a community they know and love. And to do this on a timescale that efficiently moves through planning and construction.

A middle market offer may not be the same grade as the premium market, but this does not mean it is a different quality. The bottom line is that there still has to be a draw. The push factors between markets may be similar - seeking less maintenance, more security, community, and care. The draw, or the pull factors, may be quite different between the premium market and the middle market. If and how the hospitality and service offer is executed may determine if and how the middle market is interested and able to move. The premium market may be comfortable accepting service charges and fees - the middle market is more concerned and aware of how their potentially fixed income is being allocated, and the housing offer should take these concerns into account.

For those interested in providing a mid-market retirement community offer, the number of units can help an offer strike the balance of providing community, achieving viability, and cutting down the cost of charges.

Site size is based on customer feedback and viability. We are generally developing around 100 units, some are a bit smaller some are a bit bigger, but they average around 100. It means there is a sense of community and staff are always around. It also means that the charges aren't too high.

Customers are very conscious of the ongoing revenue costs associated with living in a retirement community and want certainty about these and not to be exposed to large or unexpected increases. Capping or indexing charges is welcomed by customers.

— Jane Barker / Brio Retirement Living

There is no 'one size fits all', and this is especially true for the large and varied middle market. The retirement community model will attract a portion of the market, but the depth of market and the gravitational pull to age in place demands depth of quality choices to incentivise a proactive move.

Many people will just want better general housing that is future proofed. If a greater selection of accessible homes that meet HAPPI and Lifetime Home standards, in good locations with convenient access to services and community where people have more autonomy over what and when they pay for services and care, were available and affordable, more older people would move. This may be particularly true for the middle market where some people may not be interested in living in an age-exclusive environment and/or may not be interested in spending their money on the hospitality style service offered by some retirement communities. As mentioned previously, only 7% of existing homes contain the four basic accessibility features, and 20% of all homes are non-decent (meaning they are not in a reasonable state of repair, they lack reasonably modern facilities and services, or have ineffective insulation or heating). There are many adaptations to be made and new future proof homes to be built in order to fill this gap and bring a broader choice of non-age designated homes to the market.

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Do we always need to be providing particular developments for a particular age? Or should it be market housing that can be adapted as people get older? Things like Lifetime Homes are not often something you see in sales literature, but maybe it should be, maybe it's actually a selling point given that the people they're aiming at are the people that have this higher level of capital behind them and are more likely to buy these properties. They can see it as a mini step before having to move into a particular retirement property, it might be a little be more digestible as a choice.

— ANNA SABINE

CHIEF EXECUTIVE / MPC

10.0 — OPERATOR OR DEVELOPER

“People underestimate the operations side. They have beautifully crafted spreadsheets, great models - but it’s a service led sector, hospitality driven, that you need to marry with an understanding of care.”

— PHIL SCHMID
DIRECTOR, RETIREMENT & HEALTHCARE / JLL
AGE 37

10.1 LONG TERM VISION

To define your market, you also need to define your relationship to that market. Are you the operator that is invested in the life of the development for the long term? Are you a developer that has a shorter term exit strategy? In either case, the successes in this sector come from long term sustainability, as the true rewards come later than in traditional residential development due to the higher costs in constructing fit-for-purpose, future-resilient housing. Any market you choose will want the peace of mind that their future is considered. It is critical to understand this is a longer term proposition, it's not about making a quick buck out of it, it's how you marry care and services together.

10.2 OPERATOR OVER DEVELOPER

Typically those who are operation-led have an idea, whereas funder-led come in with metrics

— Phil Schmid / JLL

Operations-driven offers often need bespoke buildings that fit their model, be it care-driven or lifestyle-driven. As a result, turnkey developments as part of a wider master-plan (by a volume housebuilder for example) are not suitable at the moment, at least not without extensive redesign that then needs to be incorporated by the housebuilder. Instead operators are forced to take on the role of a developer to create the buildings they need. This carries a risk in terms of both time and money, and can significantly slow the process for an operator to bring their offer to market.

If a care operator comes to me to discuss building a retirement community they understand long term care and customer relationships, I'm less worried about them because running a care home is a long term commitment.

I worry much more about developers who think, 'I've done this, I'll do a bit of that, take a payment on the end, I don't have anyone to deliver these services, but something will work out'. The problem is the level of under-supply is so great that at the moment everything works. If we get to a position with more saturation, we can be more critical.

— Michael Voges / ARCO

10.3 DEVELOPER NOT OPERATOR

“You’ve got 30, 40, 50 years of operating the services. Property developers get caught up in ensuring the scheme is built right and then it stops for them. The onus is then on the housing provider to manage everything operationally. You’ve got communities coming together with different backgrounds - the schemes are complex services to manage. I’m a big believer that schemes can be operated really well because we know what it is we are trying to achieve.”

— KRIS PEACH

DIRECTOR EXTRA CARE / HOUSING 21
AGE 40

It is possible to be a developer but not an operator, but it is a more challenging process to develop housing that offers care or support services. As the developer, you would need to gain planning permissions and then sell on or build out, but at some point operations need to be plugged in. This is often a bespoke approach because one size does not fit all. With this developer only approach, planning becomes more difficult because the benefit may be less clear, and there is also more uncertainty and risk for the investors. One potential strategy is to establish and leverage partnerships (discussed further in Ch. 16), with operators to strengthen the offer and ease the planning process.

“Really it’s a service more than a product.”

— SHANDI PETERSEN

DEPUTY DIRECTOR / ARCO
AGE 37

“To date, the model in the UK is a sales offering but we are seeing more flexi-tenures that include a rental product and/or shared ownership which provide a wider offering to the industry.”

— SAMANTHA ROWLAND
DIRECTOR, HEALTHCARE / SAVILLS
AGE 43

11.1 ONLY OWNERSHIP?

The question of which tenure(s) to offer depends on the preferences and willingness of the target market to consider tenure options. The practical considerations of liability and affordability will impact this decision, but it is also tied to perceptions of security, status, and societal norms. While ownership is the predominant tenure in the UK, it wasn't always this way. In the 1940's, only 4% of UK households owned their own homes. During the post-war construction boom, property was relatively cheap, and home ownership increased dramatically. The generation known as the 'baby boomers' benefited from the steep increase in property value over the 40-50 years following the Second World War, leading to the situation we have today where a portion of older homeowners are relatively equity rich, and are convinced that property as an ownership proposition is the best form of investment and security.

In 1969 the average first home cost £4,000, according to data from the Office for National Statistics¹ and the average age of home buyers was 25. Since then the average price of a first home has increased by 5,225%, yet the earnings of first-time buyers has grown at less than half that rate³⁹. We may understand the impact of this in terms of wealth:

Some 2.2 million over-65 households (46% of the total) live in a property with an average value of up to £250k, 1.9 million (38% of the total) live in a property with a value between £250k and £500k, and some 812,000 households (16% OF the total) live in housing worth more than £500k.

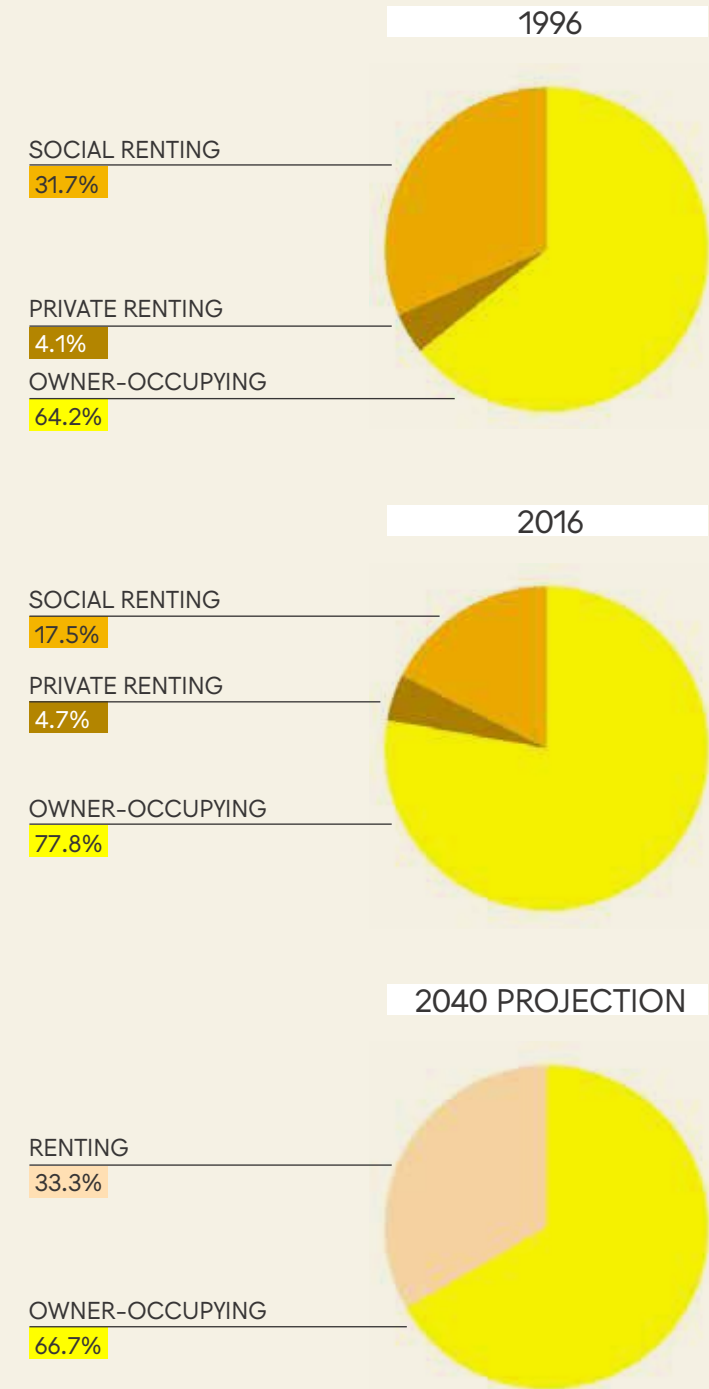
— Knight Frank

Housing is the single greatest financial asset held by individuals in the UK. Its value has risen to £2.4 trillion and accounts for 42% of national wealth.

— Shelter

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HOUSING TENURE BY AGE OF HOUSEHOLD REFERENCE PERSON 65 AND OVER



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FIG. 12 — HOUSING TENURE

These sort of statistics create a series of presumptions around the relative wealth of current older people and how easily they may be able to spend it. Not all home owners are wealthy outside of the equity locked up in their property, and a number of retirees financially support elderly parents, children, and grandchildren.³⁹

Over-55s contributed around £26.7bn in support to children and grandchildren last year.³⁹

67% of older people that live in poverty are owner occupiers. it is a fallacy that we are rich with houses.³⁹

Ownership may be the dominant tenure type at the moment, with 77.8% of people over 65 owning their homes in 2016 (Figure 12), but what happens after the boomers? When the equity is spent, how will this sector evolve to accommodate the generation of older people who do not arrive at the front door with a significant chunk of housing equity to invest in their later lives?

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Ownership may be presumed to be the preferred option, but like any tenure there are pros, such as security, and cons, such as maintenance – your target market may find more cons, in which case it is worth considering the benefits of offering other tenure options.

11.2 GENERATION RENT

“What’s the joy in home ownership? What do you love about home ownership? It’s quite a short list.”

— HONOR BARRATT

MANAGING DIRECTOR / BIRCHGROVE
AGE 46

Is renting a necessity or a choice? In 2017 private rental housing for older people was viewed as a crazy proposition, but by 2018 it was reframed as a promising new opportunity. While private rental sector (PRS) housing for older people has only grown marginally since 2006 it is projected to grow steadily to the point that 33% of older people in the UK will be living in PRS housing within the next 20 years (Figure 12).

Societal stigmas associated with rental currently discourage people from considering it. Honor Barratt, Managing Director at Birchgrove, pioneered a rental option that currently comes up against the accepted societal norms, but she invests time in sharing the benefits:

We learned we can’t say the word ‘rent’ in our marketing – people over 65 sometimes think renting is ‘for poor people’. We’ll have 40 minutes of conversation and explain that rent is the same decision as any other retirement living. It has to be done face to face, that was our learning curve.

We believe the ‘for sale’ model potentially excludes some older people from the market, those for whom managing the conveyance process, paying SDLT, signing up to an exit fee is too overwhelming.

— Honor Barratt / Birchgrove

“Rental will be big. People have told me ‘I would love to rent but I would have no security of tenure and my rent would rise’. We need to build it, and educate people. Most people just aren’t aware of the professional rental sector yet.”

— JUSTIN SHEE

FOUNDER / THE KOHAB
AGE 27

Would your target customer be interested in PRS? The lack of affordable options is making rentals more popular, bringing to light some of the benefits of the rental model. Like the deferred fee, which can make retirement communities a viable option for some older people that cannot pay market rate, plus increasing service charges, private rental can make a certain lifestyle available to a group of people that may otherwise not be able to buy into it.

As more people rent out of necessity, and experience the benefits, more people will view rental as a potential option and perhaps eventually rent out of choice.

The following statistics begin to suggest how the Centre for Housing Policy at York University projected estimate

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that one third of people over 65 will be renting by 2040 could be possible:

- 6% of owner-occupying pensioners have less than £75,000 in equity so would be unlikely to be able to buy a retirement home; 37% had between £75,000 and £175,000 so their choice of retirement housing to buy would be limited. For many of these pensioners, selling up and renting privately could be an attractive option. This is especially the case:
- if they want (or need) to move to a more expensive area where they can't afford to buy;
- if they are thinking about housing with care as an alternative to a care home (because even market rent is likely to be less than half the cost of a care home);
- if they could afford a market rent (perhaps with help from family);
- if their age and/or health means that they have a limited life expectancy, so their capital would last;
- if they would be unlikely to be able to access social housing (with support or care)⁴⁰

For older people who may be experiencing health & mobility challenges, the pros associated with renting may be very appealing. In a rental property where the maintenance is taken care of, residents are relieved of that huge burden of cost and worry. The fact that one third of homes owned by people over 85 are 'non-decent' reflects the difficulty of maintaining a safe home.

Renting may help to ensure that the home remains decent and enables the resident to focus their time and energy elsewhere, assuming their maintenance is managed well by the landlords. The operator then benefits from a steady income stream, rather than the delayed financial reward with the event fee model, to deliver the return (explained further in Ch. 15).

11.3 LIABILITY / RISKS

The downsides to renting centre around affordability, liability, and risks to the resident, particularly if they are a retired person. For retirees the obvious issue is how to continue to pay for a rental on a fixed income that is only

“Security of tenure is the main hurdle – people need comfort that they won't get turfed out.”

— PHIL SCHMID

DIRECTOR HEALTHCARE / JLL
AGE 37

half of a person's previous salary. Generation Rent's survey found that 66% of renters over 55 pay more than 30% of their income towards their rent; 18% of renters over 55 pay over 60% of their income. 'Affordable' is defined as spending 30% or less of your income on rent, so paying over 60% is far from affordable and means that sacrifices are being made

elsewhere which detrimentally affect a person's quality of life – fewer social activities, poor nutrition – in order to designate such a high proportion of available money for rent. In addition to affordability, three other major concerns older people may have when considering renting are:

1 LACK OF SECURITY / CERTAINTY

Age UK pointed out retired private renters have no prospect of increasing their income, so the increasing lack of affordability and certainty over rents can cause major issues. The prospect of being forced to move is highly worrying. Research by Age UK found that older private renters can face a precarious living situation, with concerns about insecurity and fears around eviction raised to their helpline.

2 LACK OF CONTROL

Research by Age UK found that older renters can face delays getting repairs, difficulties getting essential home adaptations carried out.

3 POOR MANAGEMENT / MAINTENANCE

Poor management is likely to be a greater risk for older people in the non specialist PRS, where feelings of insecurity and fears about eviction may lead to the mistrust of landlords. Research has also shown that residents may also fear revenge evictions if they ‘complain’ or ‘demand’ improvements or adaptations.

Consider the challenges carefully, as they make or break whether your target audience is interested in renting.

11.4 MIXED OR FLEXIBLE TENURE

Rather than forcing people into one tenure type, a mixed or flexible tenure offer can let people choose whether ownership, renting, or shared ownership best suits them

at that time, and give them more control over how they manage their capital. While evolving leases require long term thinking, choice over tenure can open up a broader market and potentially could be the stepping stone that people need to feel comfortable making the choice to move.

11.5 TENURE TOMORROW

Tenure models are evolving, and broader considerations are coming into play, such as changing family dynamics, where more parents are living with both their

children and their parents in multigenerational households. More people may also be interested in how housing transactions are made and managed, and how much agency residents have in that process.

“My ideal would be that every development offers properties for outright sale, shared ownership and rent. Customers could then pick a property and choose their tenure option and price point. This would really maximise the market. We are working towards this and encouraging investors to see the benefits of this approach.”

— JANE BARKER

CHIEF EXECUTIVE / BRIO
AGE 56

“”

With changing family dynamics, rental is more appealing, you move to London from rural Derbyshire but you can’t afford to buy, so you rent and get to be in a walkable community near your grandchildren. There is a future in multi-ownership so people don’t have to sell their family home - they are concerned about that loss of security. They can use their rental income to offset the costs of retirement.

— PHIL SCHMID

DIRECTOR / JLL

I’d like to help people to move in a much simpler way. For example, if they wish to retain their family home we can let and manage it on their behalf enabling them to use that money to pay their charges to us. The whole transaction and processes involved in selling and moving are quite a disincentive to move.

— JANE BARKER

CHIEF EXECUTIVE / BRIO RETIREMENT

Personally, I like the ‘Barcelona model’ and their adoption of social rights across the city, including housing. I’d therefore like to see something similar here that can disrupt the market by giving greater control to residents while at the same time enabling a greater diversity of market solutions. In my view, this can only lead to a better range of person-centred options across all tenures; from HAPPI-influenced retirement living or extra care housing to mutually owned or managed later life accommodation and DIY cohousing.

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN

PT.II

—

DEFINING YOUR
OFFER

“People don’t all want the same thing. The biggest threat to the industry is not adapting to changing needs, not listening to customers, and not flexing the model quickly enough.”

— JUSTIN SHEE
FOUNDER / THE KOHAB
AGE 27

12.1 CHOOSING AN OFFER

Understanding real older people makes it easier to define which market of older people to target and which offer will meet that target market's needs. This approach fits the offer to the customer rather than hoping the customers fits themselves to the offer.

“The single biggest pull is the lifestyle.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR
HANOVER
AGE 60

There are already so many barriers and constraints related to moving in later life that an offer which is not curated to it's market is not a sustainable offer.

In terms of the pushes and pulls that motivate someone to move, the main factors are:

PUSH — needing care in an accessible environment

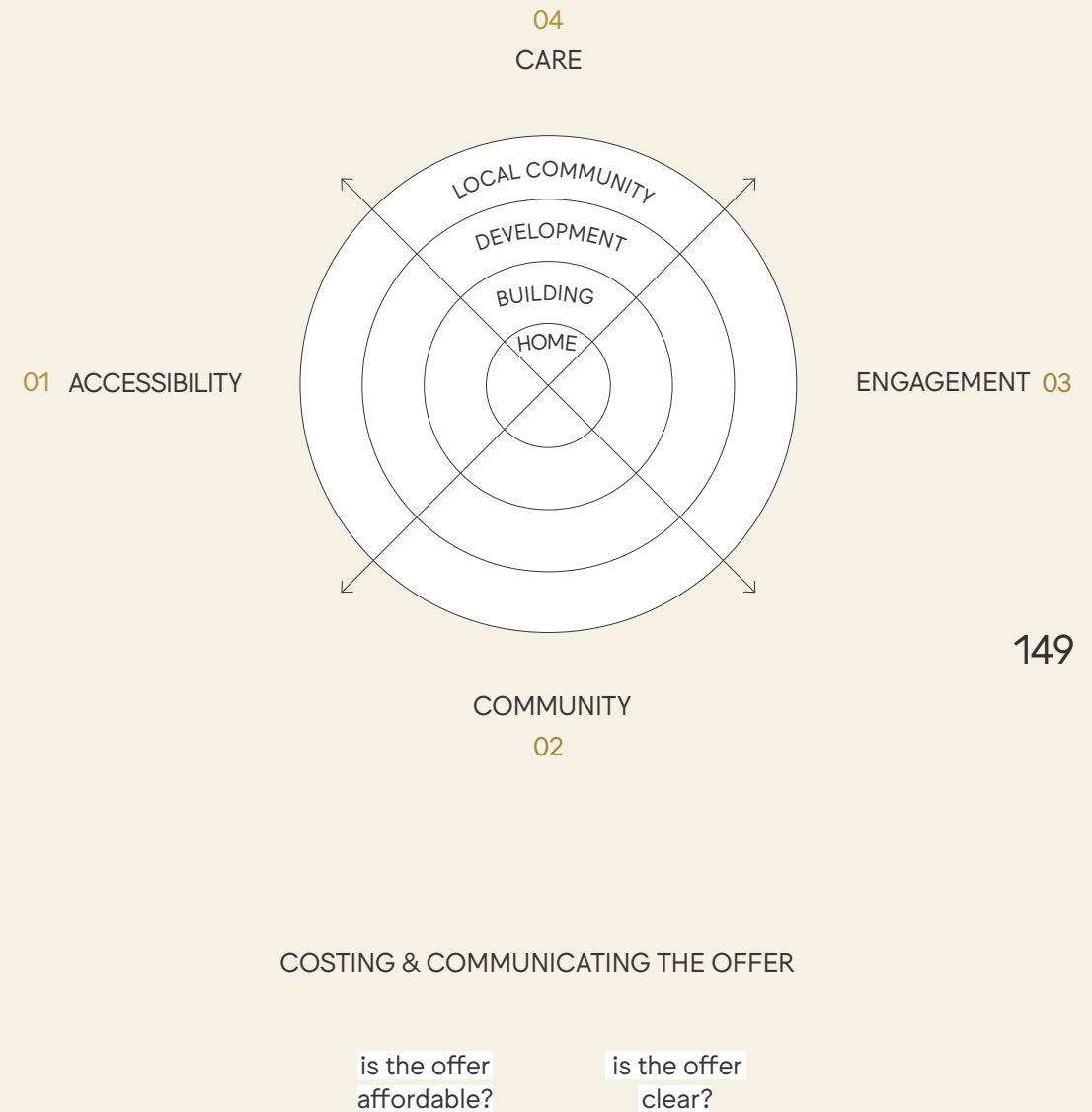
PULL — wanting a certain lifestyle and community

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The pulls - wanting a certain lifestyle and community - mean the offer needs to provide community, and engagement within that community. The pushes - needing care and support in an accessible environment - mean the offer needs to be accessible and care needs to be available.

If a housing offer has accessibility (1), community (2), and engagement (3), across scales from the home and the building to the development and the wider community, it will also likely have many informal kinds of care (4) that decrease the need for formal care (4).

The knowledge gained around a target market can help reveal how these four factors are defined at each of the four scales (Figure 13). These factors impact each other and cannot be viewed in isolation. Questioning an offer in relation to each factor will help clarify how the elements come together to shape a place.



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12.2 ACCESSIBILITY

Physical access, sensory and cognitive access, and social access across all scales can enable a resident to live the highest quality of life possible – a lack of accessibility makes life more challenging and often more isolated. People may move because their home did not have an accessible bathroom on the same level as their bedroom, maybe the flights of stairs were too difficult, perhaps there were too many trip hazards, maybe there was no space for their scooter. It could be that their neighbourhood was not accessible, meaning they could not reach the shop, or the GP, or friends, or they could no longer drive so they became isolated due to poor public transport.

When thinking about accessibility at each scale, there are provocations we can consider and questions we can ask our target market that will help determine how to design an offer to enhance access (with corresponding design considerations featured in Part III).



S — WITHIN THE HOME

What accessibility needs and wants are being designed for within the kitchen, bathroom, bedrooms, living spaces, circulation space, and storage?



M — IN THE BUILDING

What accessibility needs and wants are being designed for within the corridors, stairs, lifts, and shared spaces?



L — IN THE DEVELOPMENT

What accessibility needs and wants are being designed for within the communal spaces and outdoor spaces in the immediate locality?



XL — IN THE WIDER COMMUNITY

What accessibility needs and wants are being designed for when considering the streets, transportation, and other connections to the wider community? What does the existing community already offer?

12.3 COMMUNITY

Providing a home is more than just building a house, it is an opportunity to create community for people that is so enticing and engaging that it can actually improve their quality of life, not just maintain it.

When thinking about creating opportunities for community, design considerations around size, space, flexibility to enable formal or informal activities, and the management of these places, can make or break a community.



S — WITHIN THE HOME

What type(s) of community are being created or brought together within the home? Is there space for partners to interact, and for friends, family, carers, and pets to visit?



M — IN THE BUILDING

What type(s) of community are being created or brought together within the building? How does the building facilitate formal and informal social opportunities?

Bob, a resident of Soho Senior Housing, has observed that seats next to the lift on each floor of his building enable people to sit while waiting for the lift or simply to watch people pass through the building. This design intervention helps increase accessibility, reduce isolation, and foster community, all informally contributing to resident's care.



L — IN THE DEVELOPMENT

What type(s) of community are being created or brought together within the development? How does the development facilitate formal and informal social opportunities?



XL — IN THE WIDER COMMUNITY

How is a sense of community being created or brought together within the wider community? How does the wider community connect formally and informally with residents?

12.4 ENGAGEMENT

Engagement is about our relationship to the environment in terms of the lifestyle we want to lead, where we seek the sense of purpose that gets us out of bed in the morning. The meaningful activities we pursue can lead us to like-minded people that share a common interest, and such community can help us feel informally cared for. While communal spaces, amenities, and facilities for engagement may seem superfluous, these development or wider community scale places can contribute greatly to the well-being and security of residents.

When thinking about creating opportunities for engagement across scales, some questions and provocations to consider are:



S — WITHIN THE HOME

What forms of engagement are available within the home? Is there space for residents to pursue meaningful activities, personal hobbies, or part-time work?



M — IN THE BUILDING

What forms of engagement are available within the building? Is there space for residents to pursue meaningful activities such as group events or gatherings, classes, or workshops?



L — IN THE DEVELOPMENT

What forms of engagement are available within the development? Are there opportunities to continue meaningful activities but also explore and learn new forms of engagement?



XL — IN THE WIDER COMMUNITY

What forms of engagement are available within the surrounding area? Is there space for residents to pursue meaningful activities?

12.5 CARE

Moving because of care needs may be a reaction to crisis or a proactive choice. People who plan ahead will have a greater chance of comfort if any unplanned events occur. For one resident at Middleton Hall, planning ahead by moving there made their subsequent unplanned transition into a support service much more comfortable, as they were able to access the care they need without having to go through another disruptive move.

Whether a resident is moving because of a current care need, a future care need, or for another reason altogether, each offer should consider how it responds to the possible futures residents might face.



S — WITHIN THE HOME

What care needs and wants could be met within the home? Are there formal care staff that offer domiciliary care? What informal care is provided within the home?



M — IN THE BUILDING

What care needs and wants could be met within the building? Are there formal care staff that residents have access to? What informal opportunities for care are provided within the building through the design of the common areas?



L — IN THE DEVELOPMENT

What care needs and wants could be met within the development? Are there formal care spaces, treatment or wellbeing centres, or GP surgeries within the development? What informal care is provided by the development or in the surroundings?



XL — IN THE WIDER COMMUNITY

What care needs and wants could be met within the local area? Is there formal care in the wider community that residents can access? What kinds of informal care are provided by the local amenities and services?

Accessible care and support within the wider community is especially important if it is not available on site. If you define an offer that does not provide formal care with housing, how and where will residents transition if and when they need care? Consider how informal care can also be provided to supplement the formal care provision, as it may end up reducing the amount of formal care required and potentially enable residents to live care-free for longer.

As an example, some older people may want to be checked in on by their community, so they know there are people looking out for them. Informal meeting places give the opportunity to provide security and peace of mind to residents through unobtrusive monitoring. One example is a communal post room. In one of our workshops with a group of 60+ London residents, they felt that having the ability to see if someone's post is piling up could catalyse someone to check if they are okay.

LOCATION

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Too often sites are selected because they are cheap and easy to procure, not because they are the right location for future residents. Uprooting someone from a com-

munity they have been a part of for many years can be as damaging to long term health as any illness. Whether the offer is better future proofed general housing or a housing with care and support offer, the sustainability of the development rests on residents actually wanting to be there. Location can cause or combat isolation, and even if a scheme has communal spaces, that does not guarantee people

will not be isolated. The location of the development is as important as, if not more than, any decision made within the development.

“A lot of us are doing these blocks with a village core but you have to bear in mind that can cause isolation if residents live at the edge of the site and never go to the village core.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER
AGE 60

“ ”

You can become isolated in a scheme. If the scheme is really vibrant it can be okay, but it's important to get out and about into the town or village. That's an important factor. When we bring in new sites I always think about what's around, what's happening? How far are we? You've got to think about recruitment for your team. If it's very isolated in the middle of nowhere, where are you going to get your staff? You have to consider where your workforce is going to come from as well as your residents.

Research found that people don't often move further than three miles. It is a very short distance, people don't travel too far. You're either moving back into a local area because of family or you've lived in a local area all of your life and you don't want to leave. I'd say a very high percentage of people are local. In terms of connections, the community often comes to our schemes, they're nice places to be. You see family and friends coming into the scheme because they're well connected and they're friendly.

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But I still think there is a stigma attached to older people's housing. People will see a big building, they'll see older people, and they'll think 'residential care' and all of the connotations associated with that. You have to work hard to break down those barriers when you're starting out and developing a scheme - this isn't going to be residential care. People are reluctant to come into a scheme because of these stigmas, but it depends on the position in the locality and how open the doors are to letting people in. Getting the design right and engaging with the community really early will determine the success of the scheme.

— KRIS PEACH

DIRECTOR EXTRA CARE / HOUSING 21

12.6 THE FULL FOUR

The purpose of our Just Living Target diagram is to define an offer that makes a considered provision in each of the four areas. When these needs are being met they can give rise to a far more significant outcome - the satisfaction of the need for self-fulfilment. Maslow's Hierarchy (Figure 14) describes a pyramid of needs from the most foundational up to self-actualisation. Our basic needs are at the bottom of the pyramid, where CARE and ACCESSIBILITY are located. COMMUNITY is considered a psychological need of belonging and love, which rests on top of the basic foundation. ENGAGEMENT and purpose begin as a psychological esteem need, but have the potential to raise us into self-actualisation. How engaged, purposeful, and connected to community we feel impacts our health and well-being as much as the other factors, but if the care and access foundation isn't right, people can't benefit from community and engagement.

12.7 COSTING & COMMUNICATING

Understanding your customer and defining your market in terms of the care, engagement, community, and accessibility provided across a range of scales will help create a desirable offer, but that alone is not enough. Your offer needs to be affordable to your customer. It also needs to be transparent and clearly communicated so potential residents know the offer exists and understand how it caters to them.

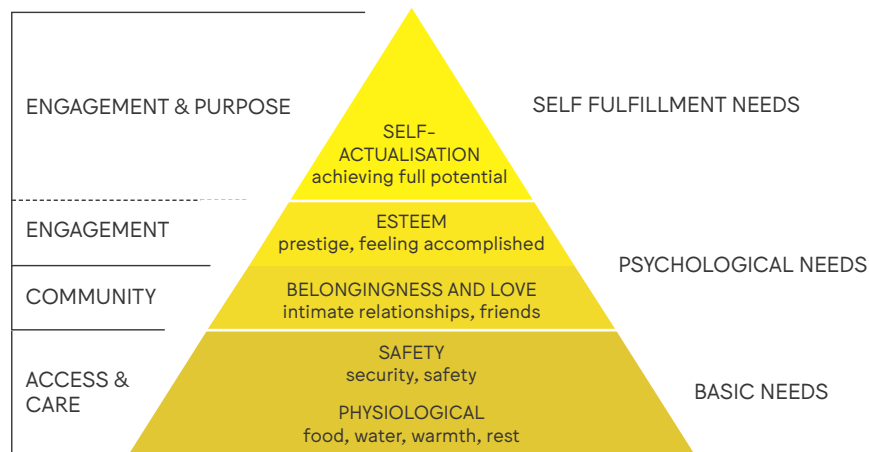
“When I see an offer, I ask myself, ‘Would I want this? Would I want to live here?’”

— SHANDI PETERSEN

DEPUTY DIRECTOR / ARCO
AGE 37

Thinking through these questions will help define which use class (Ch 13) and financial model (Ch 14) to pursue, rather than working backwards by using the use class and financial model to determine an offer that does not necessarily suit a market.

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FIG. 14 — MASLOW'S HIERARCHY

12.8 TO AGE-DESIGNATE OR NOT?

Age-targeted dwellings are based on an entrenched view of the life course. What is so special about chronology? Our life is not just ‘young professional’ to ‘family’ to ‘later living’ - we need more stops along the way.

— Centre for Ageing Better

In the process of defining the offer and responding to the questions prompted by the Just Living Target tool, the offer may fit within one of the 19 types of housing (Figure 15), the offer may be a combination, or it may be a new type of housing. It is worth asking how relevant age designation is to your offer. Grouping people by chronological age does not mean they are in the same stage, or share the same interests. Marketing literature for older people often expresses that people seek a community with other like-minded people - like-minded does not necessarily mean like-aged.

Whether age-designated, age-integrated, or age agnostic is best for your offer will depend on your customer - carefully considering this rather than making assumptions will mean a potential customer may be more likely to move. If we understand the customer, it will better position us to create an offer that aligns with the age we feel and the interests we share rather than a chronological age that does not represent us as individuals.

If the age-designation is used for planning purposes, is it important for your target customer to use the age-designation in the marketing material? How your target market prefers to relate to other age groups and how intergenerational benefits can be leveraged even within age-designated schemes is worth carefully considering, because age-designation may lead to age-segregation depending on the context, and this may be the reason a potential customer does not consider your offer.

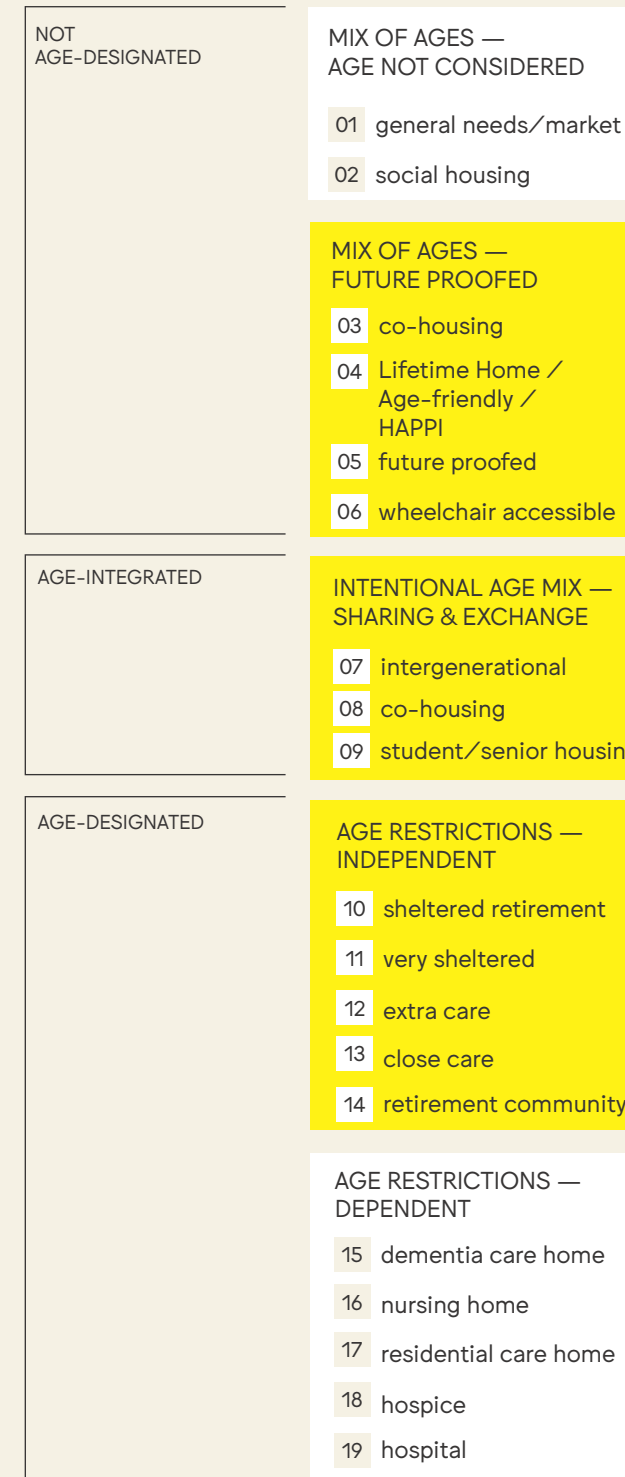


FIG. 15 — THE OPTIONS RELATION TO AGE

“If you want to run a retirement community that is defined as C2, it has to have a care provision on site, you don’t have to run it, but make sure it’s there.”

— MICHAEL VOGES
EXECUTIVE DIRECTOR / ARCO
AGE 40

13.1 THE USE CLASS DEBACLE

Within the sector, it is well known that the Planning Use Class definitions that differentiate C2 and C3, and the associated implications around care and affordable housing requirements, greatly impact an offer. The Town and Country Planning (Use Classes) Order defines the Use Classes as:

C2 ‘RESIDENTIAL INSTITUTIONS’

Residential nursing homes (including end-of-life/hospice and dementia care) that are not self-contained.

C3 ‘DWELLING HOUSES’

Self-contained accommodation with communal facilities such as sheltered accommodation and housing with an element of extra care.

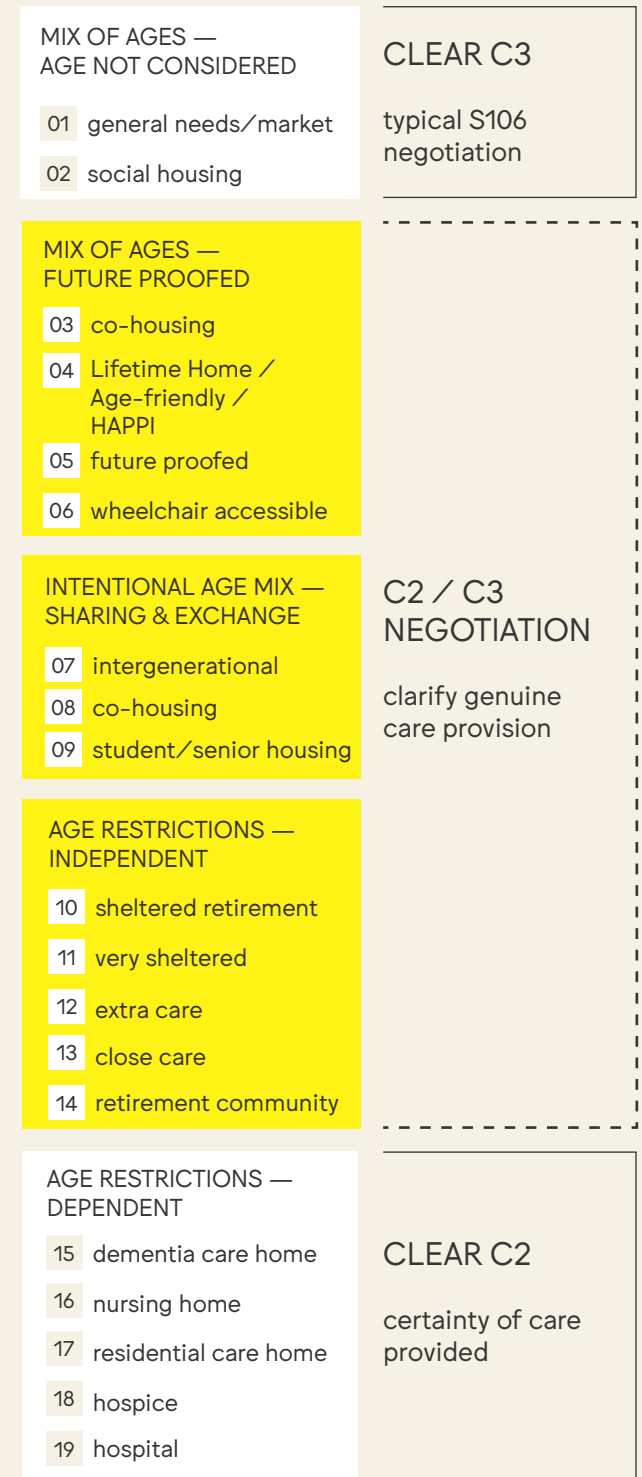
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These definitions are often simplified, particularly in greater London, into the ‘Front Door Test’ - homes with their own individual front door, whether off the street or off a corridor, are C3, and cannot fall into the C2 use class. Where there are more than 10 homes in a new development, the requirement to provide a proportion of affordable housing is triggered. C2 designed developments are generally exempt from affordable housing requirements.⁴³

An opaque but critical issue in planning is that developments can often fall in-between the two Use Classes and in some cases this affects the requirement to provide affordable housing.

— Future of London

The Use Class definitions feed into ageist stereotypes by assuming that ‘housing with care’ must be dependent housing where residents do not have access to their own front door. This limits the potential to empower older people to continue to live autonomously while still providing care, and polarises ‘housing’ from ‘care’, limiting the



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FIG. 16 — THE OPTIONS RELATION TO PLANNING

many housing types that fall somewhere in-between C2 and C3 (Figure 16). Offers that are between categories can petition for C2 but the negotiation may be a time consuming endeavour that could result in rejection if the care element and demand for that care is not clearly articulated. Developments that are not ‘clear C2’ or ‘clear C3’ face an often tortuous journey through the planning process and have to work harder to make the case if they are to be classed as C2.

These polarising positions pit affordable housing against older people’s housing. While a minority, there are some developers that enter the older people’s housing sector solely to get around affordable requirements, which puts the reputation of the entire sector at risk and slows the planning process for everyone because of the scepticism in the planning system arising from such cynical actions. Furthermore, some view the affordable housing fast track system as disincentivising housing for older people altogether.

[Specialist older people’s housing] developers have argued that the additional cost of providing and managing shared, non-saleable community space and facilities means they cannot meet affordable housing obligations. London’s viability fast-track system speeds up the process for developers where 35% affordable housing can be delivered without public funds. These two circumstances mean that general needs housing with an element of affordable may offer better returns than schemes for older people, disincentivising developers from bringing forward purpose-built older people’s housing. Flexibility on affordable housing provision at the borough level could help.

— Future of London

The Associated Retirement Community Operators (ARCO) are in favour of a specific Use Class for Retirement Communities so there is greater transparency and confidence through the planning process.

The concern is that standards are not adhered to and the industry ends up with a bad reputation, and regulations and rules that are not sustainable in the long run. ARCO have a consumer code that we want to be the basis of future regulation.

— Michael Voges / ARCO

13.2 THE OTHER DEBACLES

An offer that provides community and care facilities on site faces different development economics than developing general housing. The Community Infrastructure Levy (CIL), measured as a factor of gross area, creates as much concern as the Use Class debate.

The Community Infrastructure Levy (CIL) is a planning charge, introduced by the Planning Act 2008 as a tool for local authorities in England and Wales to help deliver infrastructure to support the development of their area.⁴³

The House of Commons 2017-19 ‘Housing for Older People’ report found that specialist housing may attract higher CIL and S106 charges due to “larger gross internal area, as a result of communal areas, and higher density.”⁴⁴

Another disincentive to moving is that people will have to pay Stamp Duty Land Tax (SDLT) on increasing portions of the property price above £125,000 when you buy residential property, for example a house or flat.⁴⁵

First time buyers have different rules if the purchase price is £500,000 or less, and the argument has been made that older people should also not have to pay SDLT to incentivise the freeing up of family homes. Offering benefits to older people raises issues of ‘fairness’ between generations. The fairness debate pits the younger generations that are struggling to get onto the property ladder against older generations that happened to buy into the housing market at a more affordable time and by luck as much as by judgement are on a much higher rung. Both young and old, viewed as first time movers and ‘last-time’ movers,

are facing housing related challenges. These could be alleviated by providing more options for older people that unlock their equity and thus their ability to move, rather than disenfranchise them from the idea of moving. Some retirement community operators are helping to remove this hurdle by offering promotions that pay all or a portion of the SDLT.

13.3 KNOWINGLY NAVIGATING PLANNING

It is important to get to know the local politics and start to explain your offer in human terms before making any formal planning approach. Rather than start with the details of the offer, back into it by explaining the context, the need, and the benefits to the future residents and to the local community. It will be much more compelling when you explain how it's done, why it's different to C3 and how it is delivered to genuinely address the need and create the benefits.

As part of our marketing campaign, we find local groups to work with. In one development, the planning was won on appeal and it was a greenfield site so it was fairly contentious. The sales team have volunteered to really get into that community, they go to the local school once a week and host a lunch club for older people. We really make a big effort to get alongside the community so they see we're building something that's a long term vision, that it's a good proposition for customers and staff.

— Jane Barker / Brio

13.4 CLARIFYING THE BENEFITS

With these challenges in mind, it is important to highlight in the planning process the many benefits older people bring to a community, and the positive effect your development will bring to your older residents and the community alike. While the benefits may vary between sites and communities, there are several general upsides to communities of providing quality housing for older people:

SAVINGS TO THE NHS

The NHS spends a large amount of money as a result of non-decent, non-accessible homes:

For older households aged 55 years or more, the cost of poor housing to the NHS (for first year treatment costs) is £624 million, with these costs dominated by excess cold hazards and those associated with falls (on stairs and on the level).⁴⁶

— The Building Research Establishment (BRE)

'Bedblocking' in hospitals is a costly result of how many homes cannot adapt to meet people's accessibility and care needs:

Living in unsuitable housing has wider health consequences which can result in an admission to hospital. The estimated cost of one hospital admission is £1739. Older people may not be able to be discharged as their home could potentially no longer be suitable for them to occupy. This can result in delayed discharge from hospital. The average cost of an excess bed day is £264.

— Housing Options for Older People (HOOP)

If minor health complaints can be dealt with by care staff on site where people live, this will reduce the load on GPs and create savings for the NHS.⁴⁷

The cost goes beyond just physical needs; loneliness and isolation caused by homes that lack access to a community costs the NHS as well. As there are 1.2 million chronically lonely older people in the UK, this cost adds up.⁴⁸

Loneliness caused by social isolation is associated with poor quality of life, impaired health, and increased mortality among older individuals. Because of the greater use of health services amongst people suffering from loneliness, one study estimated the

costs to the state at about £780 per person. Lonely people are more likely to suffer from dementia, heart disease and depression. Dementia care costs the NHS £4.3 billion annually and social care £10.3.

— Housing Options for Older People (HOOP)

SAVINGS TO THE LOCAL AUTHORITY

Providing older people with quality, accessible housing in an engaged community with access to care can reduce the total cost to the NHS, reduce the number of ‘bed blockers’ because people would have an accessible home to return to, and offer a community that would reduce isolation and loneliness. Having fewer people unnecessarily in high care environments would also reduce the cost to Local Authorities.

For some older people independent living would not have been possible without support and they would have had to move into residential care. The current cost of local authority residential care for older people is estimated as £53,352 per year. However, evidence suggests that about one third of people who enter care homes are self funders. For those who rely on the local authority to meet their costs, this is an estimated average cost of £35,568 a year.

— Housing Options for Older People (HOOP)

13.5 COMBATING RESISTANCE / WIN WINS

We can be creative with how to clarify the benefits of an offer. No matter the offer, there is an opportunity to include the true voice of older people to make the case, rather than view older people as an abstract user. Housing 21 can highlight the affordable housing they provide on their sites to show how an underprivileged portion of the community benefits from their development. For the middle market and premium market – housing with care that does not provide affordable housing on site – it is even more important to clarify the benefits of what your

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In terms of what we do, which is help people get planning consent, older people are seen as an ‘easy’ group to sell. ‘Everyone loves older people, park them on site, it won’t disrupt the neighbourhood, they’re not noisy neighbours.’ Sometimes you get the concern that they won’t support the community the way regular housing would, they won’t use shops or businesses because they may have it all on site, they may become isolated, so people question whether it would be better. But in a traditional residential scheme you don’t have people thinking one day they might end up in one of these. For older people’s housing, in the back of your mind, you could think, ‘I might need this one day’ and the fact that it’s just down the road and you can stay in your community is pretty appealing.

There are very few developers that are good at selling the social benefit of what they do, and retirement living developers can sometimes be even worse as they think older people’s housing is a good in itself, so why would you need to ‘sell’ it? All developers should think more about the positives of what they’re delivering and creating a narrative, rather than stating facts about units and square metres. ‘We’re delivering housing, we’re providing extra parking space for local people’, etc. Some retirement living developers are providing a restaurant for the community or a shared place, the one near me has a huge field that they allow dog walking for the local community, small things like that. They’re beginning to understand the wider benefits to providing things for the local community.

— ANNA SABINE

CHIEF EXECUTIVE / MPC

offer brings to the table, particularly in terms of care and community, and how it can offer benefits beyond the provision of housing.

13.6 STRATEGIC ALIGNMENT PT. I POLICY SUPPORT

Policy support is also critical to improving the supply of older people's housing, but nationally, only 10% of planning strategies include both policies specific to older people and site allocations for older people's housing.

— Future of London

While changing policy is beyond our scope, it is worth noting that a national strategy, one that incentivises specialised housing for older people and raises inclusive design standards for all housing including adaptations to existing housing, would be the sea change that could offer our ageing population peace of mind that a quality home will be available to us for every stage of life.

Singapore has addressed their changing population needs by requiring housing for older people in the same way London requires affordable housing. They have gone even further, implementing inclusive design standards and promoting an intergenerational strategy, which is embodied by their building, Kampung Admiralty (Images 31–33). This inclusive, intergenerational housing and community space won the World Architecture Festival 2018 award for building of the year, and more importantly, is loved by its residents.

While this precedent is from a different cultural context to the UK, it demonstrates the possibilities when national policy and regulations support older people as valuable members of society. To move forward, we need to make the best arguments and challenge narrow interpretations of policy.



14.0 — FEEDBACK TO FLEXIBILITY

“Daring to try things is important, if you try something that doesn’t work, it doesn’t matter because there are the 9 other things that did work.”

— JEREMY WALFORD
MANAGING DIRECTOR / MIDDLETON HALL
AGE 56

14.1 TWEAKING YOUR OFFER

“It’s not just a hotel, not just a care home. We need to get under the skin of this market, engage in learning, and also recognise we can learn from mistakes. Let’s unpick what didn’t go right and improve.”

Flexibility can and should be built into the offer so that it can adapt to changes over time. For many retirement villages in Australia and New Zealand, it is common practice for a site to change and evolve over time to meet the changing and evolving needs of its residents. These changes can appear in several forms, from physical changes to the building, new construction, adjusting of amenities or activities, or editing the marketing message.

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN
AGE 56

The Village at the Park, a retirement village in Wellington, New Zealand, run by Arvida Group, has

evolved to meet the needs of their customer. Arvida has continually developed housing at Village at the Park - they are fortunate to have space to grow, even in this urban location. Each new building has offered a greater number of bedrooms in response to customer’s preference for two bed homes. Their newest building offers units that give customers the option of flexible or fixed walls in the second bedroom. Half of the customers buying off plan selected the flexible option. As people have sought greater connection to the community, they have added a children’s daycare facility and other spaces to accommodate an evolving programme.

Experience says what we build is what we end up with. How often do we go back and change things? The only person I know who does it amazingly is Jeremy Walford. He never stops tinkering, every time you go to Middleton Hall there is another building project, he has not rested on his laurels for one single moment. He evolves every year while the rest of us say, ‘we haven’t got it in our budget’.

— Honor Barratt / Birchgrove

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“In 30 years time people will want different things and we’ve got to be responsive to that.”

— KRIS PEACH

DIRECTOR EXTRA CARE /
HOUSING 21
AGE 40

While we cannot know exactly what the future holds, we can make design decisions that enable the space to flex more easily. Housing 21 design their communal spaces with the same structural grid as their apartments so if a communal space is no longer used, it can become an additional home. They could also go the other direction, where a home could be retrofitted into a communal space if needed in the future.

It’s really hard to predict what people will want, but as long as you are flexible in your design and your approach, and not prescriptive, you don’t need to designate what an open space is for, you can just say here is an open space and it can be used for whatever the residents decide they want to use it for.

— Kris Peach / Housing 21

This is not to say that spaces should not be carefully designed for unique uses. It is important that the design that enables flexibility of multiple uses does not compromise the enjoyment of each specific possible scenario.

14.3 AGENCY & AUTONOMY FOR RESIDENTS

Involving residents in shaping the current and future life of their housing community leads to a bespoke, curated place that goes beyond simply meeting residents needs - it makes them feel valued and invested. Some customers may want to be directly involved in discussions that shape the environment. Others may simply want their written complaint to be discretely addressed. Collecting feedback and collaborating with residents on the design process can create a thriving, desirable community, which leads investors to greater reward.

14.2 ANTICIPATING CHANGE

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CASE STUDY 4 — MIDDLETON HALL RETIREMENT VILLAGE

Middleton Hall Retirement Village, in the countryside just outside Darlington, is an example of an organically and thoughtfully evolving model that offers a continuum of care to its residents. Taken over as a failing care home in the mid-nineties by Managing Director Jeremy Walford, the village has grown over the past two decades, expanding both its residential and its amenity offers.

Expansion began in 2006 with Middleton Grove (a), a one bedroom apartment independent living option. Next came residential care in Middleton Gardens (b) and nursing care in Middleton Court (c). Then 1, 2, and 3 bed apartments, Middleton Woods (d), and later the 2, 3, and 4 bed, 2 bath Waterside Bungalows (e) for independent living.

Most recently a facility for people living with dementia or requiring social support, known as Middleton Oaks ‘small group living’ (f), has been added. The design for this facility was developed with input from care staff from the outset to ensure that the end result provided a humane environment for staff and residents alike. Jeremy’s view is that the happiness of his residents is directly tied to the happiness of his staff, so the spaces need to work well for everyone.

In between the housing they have added a spa, a gym, a cafe, walking trails, a shop, a GP surgery, a bowling lawn, chickens, an allotment garden, and more. While The Orangery cafe and the spa don’t make any profit, Jeremy stated it is all part of the broad view and underpins the quality and appeal of the wider offer. To run the facilities at a profit would mean a higher charge to the customer, who in turn may then choose not to use that facility, reducing its significance as one of the places of community cohesion.

Residents and staff are empowered and encouraged to contribute their own experiences to shape the community. A bungalow resident co-designed the art room, because he is invested and involved in teaching the art classes. The Middleton Hall residents committee shares

their feedback with Directors regularly and Jeremy also runs a discussion group with changing topics that gives him insight into his residents’ interests and opinions.

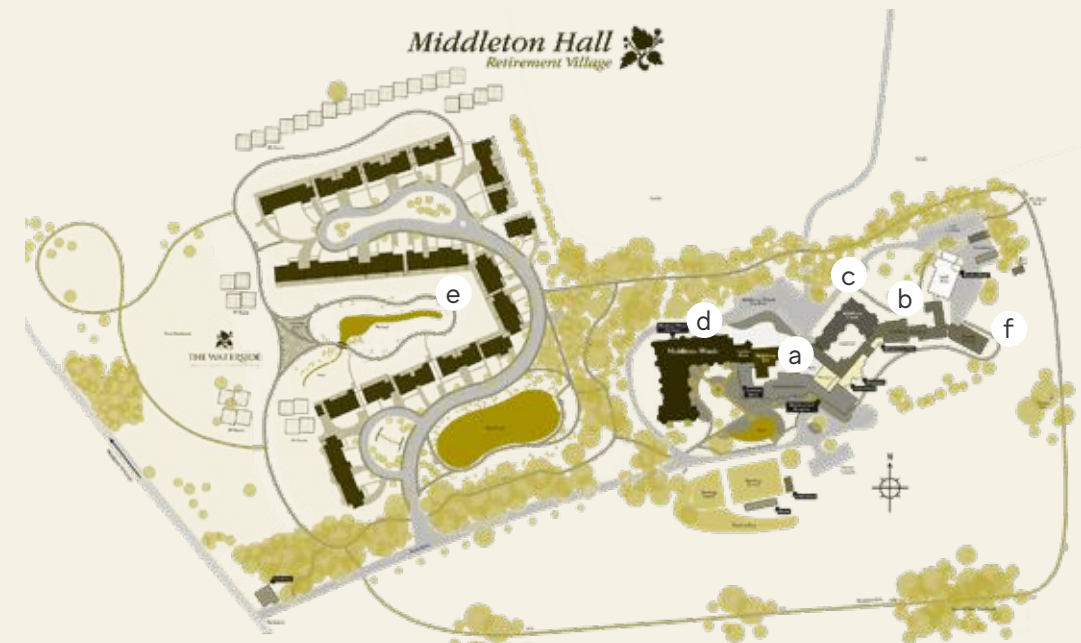
We asked Jeremy to describe the three biggest surprises during his time at Middleton Hall so far:

- 1 Selling the zero-carbon Waterside Bungalows entirely off plan and seeing how pleased residents were to spend only £100 per year on their energy bills
- 2 Convincing the NHS that they should have a NHS Medical Centre on site and getting it in 9 months
- 3 ABBA night being a massive hit

Middleton Hall has now embarked on its newest change, switching to an Employee Ownership model so it can continue to evolve and thrive.

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PT.II

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DEVELOPING
YOUR OFFER

“What really gets investors interested is if a scheme can be fully underwritten on a residential for-sale basis. Then the downside scenario is still profitable.”

— JUSTIN SHEE
FOUNDER / THE KOHAB
AGE 27

15.1 WHAT INVESTORS NEED TO SEE

Carefully defining the right offer for a well considered target customer should help prove to investors that the proposition is viable. Investors are looking for low risk and high reward in a limited time, which is challenging when it comes to housing and care for older people. To convince investors of the longer term benefits, those seeking finance to enter the sector have to work far harder than they would have to in the traditional residential development sector to secure funding.

To secure investors you need to have a sound proposition - well researched with hard facts and supporting data backed up by third party advisers. It's a rigorous process but one which limits risk.

— Jane Barker / Brio

The move away from the 'care home' idea to independent living with amenities is largely untested as a proposition in the UK, and as with all untested ideas, it takes a bold investor to seize the opportunity. In the main, investors are simply managing other people's money & have a responsibility to those people to ensure they use the money in a way that is as low-risk as possible, while simultaneously trying to maximise the rewards. These conflicting imperatives mean that every new proposition is tested to the n^{th} degree. What is clear, however, is that if an offer comes forward that is well researched, well explained, and is clear about how the money will be spent and earned over time, it stands a better chance of being taken seriously.

15.2 HOW DO YOU MAKE YOUR MONEY?

By adding a care and hospitality/lifestyle offer to housing, the financial model becomes more complex because it considers more factors. There are more options for how and when returns are generated.

Do you make your money from:

Development?

Sales?

Service Charges?

Operations?

Deferred Fees? aka Event Fees? aka Exit Fees?

A hybrid?

There may be a clear choice for your market and your offer or it might make sense to seek profit from multiple streams. The options can be explained in a number of ways - one analogy describes three buckets into which profit can be distributed. The development profit bucket refers to the profit made up-front on sales, the operations profit bucket represents the money made over time from service charges and fees, and the deferred fee bucket refers to money earned on the back end when a resident leaves their home and pays a percentage of the sales profit back to the development. You can fill one bucket to the top, or you can spread between two or three buckets. Opting for multiple buckets enables you to make money at different timescales due to the nature of the different profit models. Some operators opt to offer a choice, so the resident decides whether to pay a deferred fee, a service charge, or a hybrid.



FIG. 17 ARCO'S THREE PROFIT BUCKETS



Investors want to know how they can make money. In development? Probably, but it's more difficult, because sales rates could be slower. Running the development? Few people manage to make money out of running a site long term from the service charge. This is where the deferred fees come in. It's the missing ingredient that makes this work.

Assume you have three buckets: Development, Operations, and Deferred Fees. How much do you want to fill each of them?

If you want to fill both the development bucket and the operations bucket to the max, there is not much left for a deferred fee, so charging even a 1% deferred fee could be a rip-off. On the other hand, a 30% event fee can be a bargain if you are getting a subsidised service charge, cost certainty and could buy the unit at a lower price. If you find a good balance, it can be a good proposition. You need to be clear what your proposition is.

A big part of legislature in the UK would be establishing that residents would only ever need to move on if the right processes are followed including GP assessments, mental health capacity assessments, etc.

In New Zealand, you pay for your home in a retirement community, you then live there for not very much money, you get back 70% of what you paid for it, and you don't get the equity uplift. I saw the residents moving in that day - they had tears in their eyes when they first saw their flat. They told me, 'Yes, it's a lot of money, but look around you, I couldn't afford to live here otherwise.'

That is the single most important thing to take away from all of this - you are enabling people that either couldn't afford, or would be too worried, to afford this housing.

— MICHAEL VOGES

EXECUTIVE DIRECTOR / ARCO

15.3 A CONSIDERED CHOICE

No matter which buckets are selected and how they are filled, the transparency of the financial model is vital in

“The cost is in running a long-term business and it is a business for humans. You have to really care, you have to have a passion for it to run a retirement community.”

— SHANDI PETERSEN

DEPUTY DIRECTOR / ARCO
AGE 37

order to secure funding and foster trusting customers that become loyal residents. Investors and residents alike will be more familiar with the development profit and the service fee models. Transparency is especially important for the deferred fee model, which residents, investors, planners, and other stakeholders will likely not be as familiar with, and therefore not as comfortable. For managed housing with care and support services, customers are also worried about service charges rising over time, so some operators opt

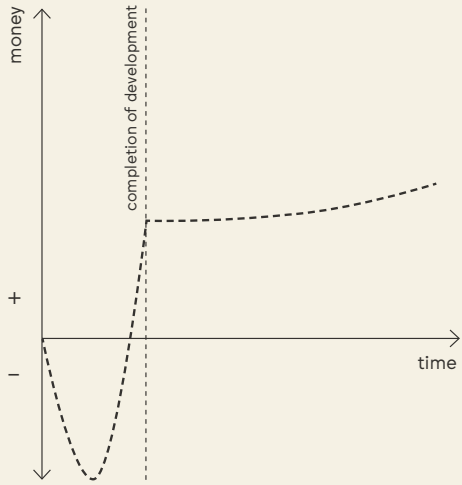
for fixed fees to provide customers with the security they demand. Deferred fees or a hybrid option of a discounted fixed service charge combined with a low deferred fee may potentially open up the middle market.

Some people say that customers in the middle market are much more cautious about giving away part of their equity. I think that is true, on the other hand, I think that the middle market is much more price sensitive when it comes to service charges.

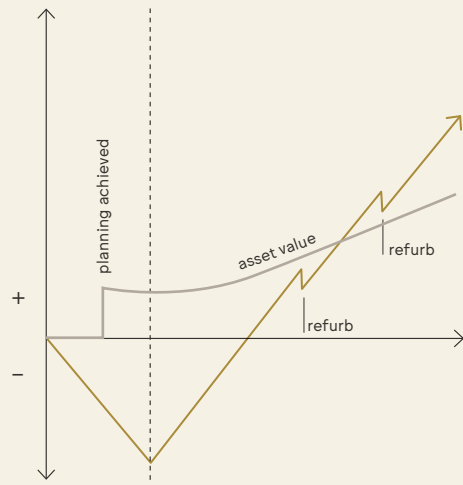
— Michael Voges / ARCO

To decide which type of profit to pursue, it is important to understand and compare how the financial models work. The following pages (Figure 16) visualise how money is made over time for different models.

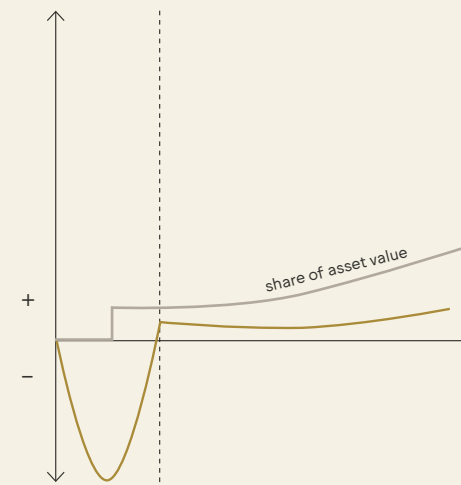
DEVELOPMENT PROFIT
GENERAL HOUSING



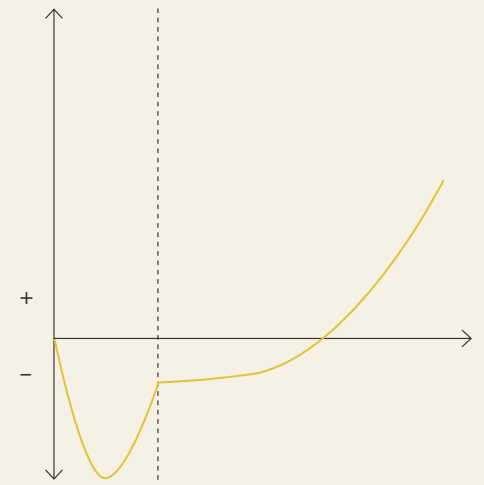
RENTAL PROFIT
GENERAL HOUSING



SHARED OWNERSHIP
RETIREMENT HOUSING



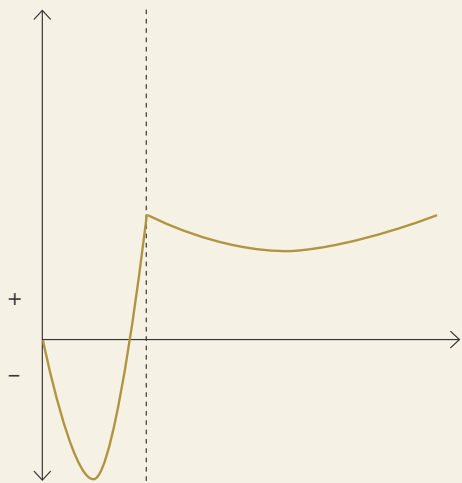
SERVICE PROFIT
SPECIALIST HOUSING



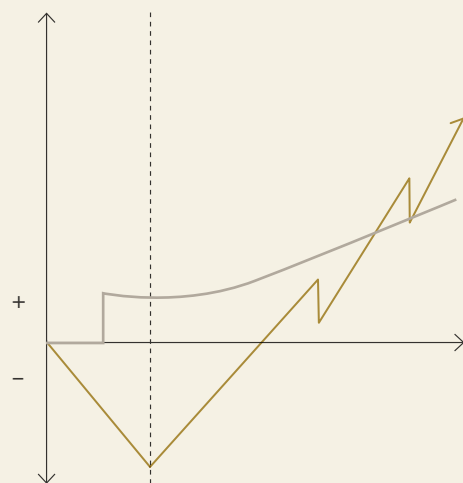
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DEVELOPMENT PROFIT
RETIREMENT HOUSING



RENTAL PROFIT
RETIREMENT HOUSING



DEV PROF + LOW DEFERRED FEE
RETIREMENT HOUSING



HIGH DEFERRED FEE
RETIREMENT HOUSING

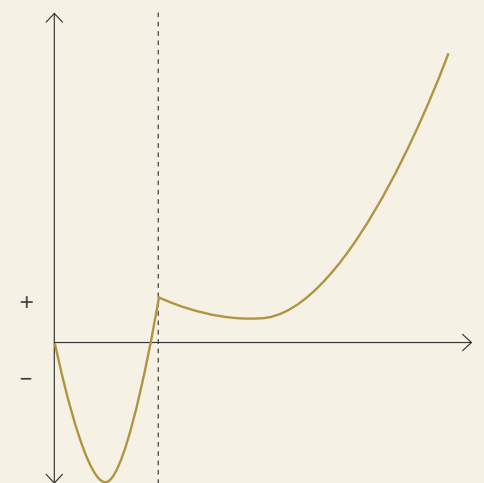


FIG. 18 — THE FINANCIAL MODELS

“What all funders are looking for is as safe a bet as possible – a well managed risk for their investors.”

— JANE BARKER

CHIEF EXECUTIVE / BRIO

AGE 56

16.1 RISK / REWARD

Interpreting risk in this sector is based upon more than just an analysis of the numbers, it also relies on an understanding of the sector holistically.

You can create an alignment between the interest of the resident and the interest of the operator. The resale value is important, because if that halves then operators' income halves. If a resident gives an operator 30% of the value of their house, they're in this together, they both want the value to increase. In the traditional model, the money is made up front so what happens if the resale value halves? The risk is entirely on the resident.

You have to understand the risk / reward relationship. Typical property management is low risk, low reward. In a retirement village where you're providing care services, the profile is greater risk with no reward.

The deferred fee pushes you to a level where you have a reward. You're taking on more risk but you're being rewarded for it.

— Michael Voges / ARCO

Not regulating and proliferating deferred fees is viewed as a great risk to many operators and developers experienced in the retirement community sector. 95% of all retirement villages in New Zealand, where the market is more mature, have an event fee. In New Zealand the villages cater towards the mid market - the event fee allows them to do that.

The service charge model is not a real investment, there's no room for refurbishments, its not going to work long term. Exit fees are vital for sale models. A threat to the sector is not being open to exit fees. Policy decisions could alleviate risk and more institutions will move into the space when that risk is removed.

— Phil Schmid / JLL

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The exit fee (as it is sometimes known when not referred to as a deferred fee or event fee) can appear risky and may put off customers. Development or service profit may be equally or more risky but may be perceived as safer to those more familiar with it. A hybrid option or a choice to the resident would bring in some money in the short term, taking some weight off of waiting for the deferred fee income. Deciding where to place the balance of the risk is critical when presenting a model to potential investors.

16.2 THE EVENT FEE / THE BALANCE OF RISK

The balance of risk and reward is an integral part of the event fee model. The resident and the operator enter into a pact over who bears the responsibility for the risk of running and maintaining the community, with the ideal situation for the resident being to minimise their exposure to risk, and for the operator to maximise profitability in the long term. There is a sliding scale in the balance of risk and reward between resident and operator:



LOW: potential increases in service charges and responsibility for maintenance/repairs meaning more risk for the resident. The operator accepts a lower return at the end.

MEDIUM: The risk is shared plus a little more certainty for the resident and a little more return for the operator.

HIGH: certainty (and freedom from responsibility) for the resident but greater risk for the operator who may make a higher return on the understanding that risk is involved.

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Older people have experienced a lifetime of decision-making related to the responsibility of caring for family and the family home. Moving to a ‘last home’ may be appealing if it lessens that responsibility and insures that the money will not run out, even if a partner dies. When calculated correctly and explained transparently, the event fee may be a key tool to unlock the middle market, enabling asset-rich but income poor residents to enter a community with the certainty that they will be able to afford to live there as long as they need and receive the support they need both socially and physically as they age.

16.3 THE DEBT DESERT

The ‘debt desert’ is how Honor Barratt from Birchgrove referred to the period when no one seemed interested in investing in the Birchgrove rental model idea. Honor was able to escape the debt desert because an institutional investor, Legal & General, decided to enter the space.

Let’s be honest, until AXA and L&G moved in, it was still very difficult, but now there is a way out. Now Goldman Sachs is coming in, they can help accelerate the growth stage. We’ll see different capital at different stages, finding the right backers, filling the gaps. Institutional investors are a game changer to the market, the nature of their funds allow more people to open the door, and gives people a way out.

— Phil Schmid / JLL

Birchgrove not only escaped the debt desert, but have been able to pave the way for new rental entrants.

Unless Bridges (Birchgrove’s parent company) had pondered rent all the way to now, others might not have gone for it. New entrants with new ideas need someone to take the plunge, go for it, build evidence.

— Honor Barratt / Birchgrove

While offering people a choice of housing has been raised throughout this book as a central idea that all developers

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Potential investors want to know how many have you done. Until you’ve done one, they’re not interested. It is really hard for new entrants to get into the market without track records or a leg up from a big backer.

BTR is a low margin business which is why the developers want a huge scale, not just 500 units, but 500 units and 20 sites in the next five years. To make the operational piece work, and bring the price point down so it becomes a mass market product, you need vast amounts of scale. It’s harder with a more narrow market to get that ambitious scale to compete with BTR which is a generic market. You need to be able to charge some kind of premium, or else the numbers can’t stack up. The nervousness is always around that premium. We understand there is a market around BTR retirement, but we also understand that to make it work you need to operate it - it’s going to cost more to build, it’s going to cost more than one you find on Zoopla. They want you to be able to prove it will work.

You need that first site and then shape everything around that. You need to say, ‘here’s the site, here’s what we’re going to do with it, here are the numbers, here’s the model to go with it over the next 10 years’ to prove it’s the most profitable against the other possible uses for that site.

People always have their view on it. ‘Why aren’t you doing mixed tenure? Why is it intergenerational? Is the community premium a nice to have or is it a necessity?’ You have to stand your ground. The Kohab is differentiated by the way we shape our service layer. It’s about commonality, it’s not just about age. If you’re a young person or you’re an older person, you’re there because you want to be part of a community where people look out for each other.

— JUSTIN SHEE

FOUNDER / THE KOHAB

and operators need to consider, it is true that providing a new, ‘unproven’ housing option, even if it responds to customer with great consideration, is incredibly difficult.

Lack of experience is biggest difficulty, that’s a sticking point unless they can bring in the right people to fill the gaps. Backing someone with a vision is hugely risky if they have no track record.

— Phil Schmid / JLL

While a new proposal may have the research, precedents, and customer feedback to validate the potential, if it is not proven as an existing, financially viable model in the UK, investors are unlikely to back it. Investors may consider an idea if there is a site involved, but without the money, it is difficult to procure the site, and without the site, investors are less likely to come forward with the money.

We are often confined to thinking small. As a result, we are breeding fewer innovators because it’s riskier to go out and try new things. We’ve got hundreds of Richard Branson’s but not too many Virgins, sometimes because it’s too risky, or the industry isn’t ready to take that risk or thinks the market won’t be ready for that risk.

— Jeremy Porteus / Housing LIN

To escape the debt desert requires support or partnership with those who understand the vision and can handle the risk. Innovators may need to compromise on some areas (often for the sake of investor comfort) but retain the core principles of the idea. Innovators have to work harder to prove their concept. It may be worth exploring other start-up capital sources. Winning a research grant, for example, demonstrates the capability to be viable.

One of the biggest threats to our sector is complacency, a bit of laziness and thinking that if we build it, they will come. Until some great Uber dude steals your lunch and you’re done.

— Honor Barratt / Birchgrove

16.4 STRATEGIC ALIGNMENT PT. II PARTNERSHIPS

Innovation and progress in general may be made easier if people leverage partnerships.

More partnerships like Audley’s at Clapham can help the sector grow - the sector’s biggest failure is not embracing partnerships.

— Phil Schmid / JLL

Housebuilders may be interested in partnerships if it unlocks a site or if they are pressured into change by a disruption in the industry. Modular design has been on the horizon for some time now but we are beginning to see how it stacks up. The Kitchener Barracks scheme in Chatham delivered by TopHat demonstrates how the numbers can be made to work without compromising on a desirable housing offer. If this trend continues, housebuilders may be incentivised to partner with other stakeholders to generate viable, high quality proposals.

We secured a development in the London Borough of Sutton through a partnership with Barratts. They led a large regeneration project in the borough and needed someone to take on the over 55’s C2 element. Housebuilders often have large sites and partnering with operators with expertise in the design and operation of retirement living developments makes sense and offers a great opportunity.

— Jane Barker / Brio

Real or perceived risk can be offset by understanding your target market, considering how your offer responds to the customer while also recognising investor risks, and how partnerships can fill any gaps in your proposition. These factors shape the viability and ultimately the value of your proposition.

“If you ask the wrong valuer that doesn’t understand this sector, they give you an appraisal which says, ‘no, it doesn’t work.’ There is a lot of education to do.”

— MICHAEL VOGES
EXECUTIVE DIRECTOR / ARCO
AGE 40

17.1 WHAT IS VALUE?

What is value and how do we define it? Value likely means something different to each stakeholder involved in housing with care. How we quantify and qualify it may also vary.

For investors, value is determined by the return on investment (ROI). Value in these terms is concerned with financial stability. For customers, the value for money proposition drives how value is perceived, which is tied to saleability. For the local community around a development, social value is key, or Social Return on Investment (SROI). This is tied to perceptions of acceptability and feasibility. If the community sees social value in the housing offer, this acceptability increases feasibility in the planning process.

These three seemingly disparate perceptions of value are determined by common qualities. For an investor to feel secure in the return on investment, they need confidence that the homes will be filled and remain filled. For a customer to want to commit to a home, they need to be satisfied with the value for money proposition of the offer itself, but also the community, in order to be content. If the community understands the value they can gain from engagement and relationships with older people and vice versa, both parties will be more satisfied. In other words, understanding and committing to enhancing the value for money proposition and the social returns will lead to higher returns. This is the foundation of a ‘quality offer’.

17.2 VALUERS

A valuer with experience of the C3 ‘for sale’ residential sector may not understand the nuances of housing for older people. There are valuers often under the ‘alternative’ or ‘specialist’ umbrella who have a special focus on retirement living and act as consultants as well as valuers through the process of developing your offer. The right valuer can offer advice that can improve an offer in terms of viability and in terms of what key design considerations are important. Valuers can also improve your position with potential investors if they back up your figures.

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This is an emerging market so our role is a consultant as well as a valuer. Many of the schemes we see rarely make it to the valuation stage at first draft – so we like to work with our clients to ensure that the development is realistic and appropriate for the location.

Initially we look at the demographics within a certain catchment – population changes, household profiles, underlying property prices etc. It is important that there is robust due diligence at this early stage, and we help to guide our clients as information is not as readily available compared to other asset classes.

Then we need to look at the location, site, design, size, costings and business plan / operating model. The unit mix is important together with the layout of the accommodation, the communal facilities offering, the event fee structure (if applicable) and what other local amenities are close by.

It’s not just the specification of the individual units, though consideration of the provision of electric buttons for the windows behind the sink, adjustable height worktops, foldaway oven doors, dishwasher drawers, the bathrooms being able to adapt from provision of a bath to a double shower, and discreet handrails are all factors to consider. The wider building is also important – the size of the lifts, buggy / mobility scooter charging points, corridor widths, advice on car parking provision to name but a few. Technology is playing an increasing role in the design as well.

It is important to work with your clients as there is little benefit valuing a scheme if it ultimately isn’t going to work at the outset, and therefore it is back to square one. At the latter stages, once all the points have been considered, we can fine tune the offering using sensitivity analysis.

— SAMANTHA ROWLAND

DIRECTOR HEALTHCARE / SAVILLS

17.3 VALUE FOR MONEY PROPOSITION

“You want people to feel it is perfectly good value for money.”

— JEREMY WALFORD

MANAGING DIRECTOR /
MIDDLETON HALL
AGE 56

Across the conferences we attended and the interviews we held, the value for money of a development - its associated services, facilities, and community spaces - is the critical piece to make clear.

L&G’s Phil Bayliss described how so many people were coming to him asking “What’s the least I can get away with” but he said “No - it’s about the value for money proposition.”

A good value for money proposition is critical to compel someone to move.

The property price transaction flows into the service offer you can make, and the resident satisfaction you can provide.

— Michael Voges / ARCO

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It is not enough to provide a communal lounge, a kitchenette, a kettle, and a toaster if you are trying to sell a premium product - the amenities need to match the aspirational level of the brand. Equally it might not be necessary to offer a swimming pool and a full service restaurant for a mid market offer, especially if it is sited close to an area where such facilities are already available.

Understanding what customers expect in terms of choice, what the location offers, and at what price point, are key to defining the value for money proposition.

17.4 SOCIAL MEETS ECONOMIC VALUE

Social value is difficult to quantify, understand, and communicate. There are no defined metrics or set of metrics that capture it. This is not to say it is not worth trying. Social Value UK wrote a guide in 2009 with the UK Cabinet Office to define SROI:

SROI is a framework for measuring and accounting for this much broader concept of value; it seeks to reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits.

The guide explains that an SROI study can be carried out “as an in-house exercise or, alternatively, can be led by an external researcher.” A number of companies try to capture social value in a tangible way to demonstrate the benefits to current or future communities, operators, and investors.⁵⁰ British Land has a department specifically for wellbeing and future proofing, where they use their own compilation of key wellbeing indicators created with Charles Montgomery, author of ‘Happy City: Transforming Our Lives Through Urban Design’, and are targeting the WELL Building Standard at some of their sites.

There are also many studies to learn from, such as The ExtraCare Charitable Trust Research Report, ‘Integrated Homes, Care and Support: Measurable Outcomes for Healthy Ageing’. This report by Aston University and Lancaster University collected quantitative health data to express the qualitative experience of living in an ECCT village, which may help their process of developing future housing. They reviewed a variety of indicators to capture a broad view. The study found that living in ExtraCare achieves the following key results:

Frailty is delayed or reversed
75% increase in exercise
Risk of falls reduced by 18%

Anxiety symptoms decreased by 23.5%
14.8% reduction in depressive symptoms in 18 months
86.5% of residents are hardly or never lonely
24% improvement in memory

Hospital stays reduced by 31%
46% reduction in GP visits
NHS costs reduce by 38%

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The results measure how residents in ExtraCare are impacted by their environment; this social value may help future developments integrate the elements that contributed to these outcomes and communicate these benefits to different stakeholders. In terms of understanding and communicating the social value at the scale of the local community, the impact of older people is frequently reported.

Integrating social value into the broader value equation will enhance the value for money proposition. It is also worth considering the value of greater transparency. Housing Options for Older People (HOOP) is a service piloted with First Stop Manchester which “aims to help older people make informed decisions about their housing and support, maintain independent living in later life and avoid health problems and unplanned care home admissions.”⁵¹ The report measures the economic benefit (referenced in Ch 13.4) derived from providing greater transparency around the housing options available to older people.

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Listening to the experiences of experts, understanding research, and studying precedents can tell us a great deal about where we can derive economic and social value, ultimately leading to a value for money proposition that has less financial and reputational risk, and a greater reward for residents in health and wealth.

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In 2010, over 65s made an astonishing net contribution of £40 billion to the UK economy through, amongst other contributions, taxes, spending power, provision of social care and the value of their volunteering. In spite of future costs around providing pensions, welfare and health services to a larger and longer living population of older people in the UK, over 65s’ net economic contribution will actually grow to £77 billion by 2030.

Rather than being a ‘drain’ on resources, older people are a foundation to provide positive economic contribution and social glue to the country.

In addition to the financial contribution, older people make a huge contribution to their communities and neighbourhoods by being active members of the places where they live, which cannot readily be quantified in cash terms.

— ROYAL VOLUNTARY SERVICE

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“Transparency is
essential.”

— JANE BARKER

MANAGING DIRECTOR / BRIO
AGE 56

18.1 TRANSPARENCY OR LACK THEREOF

Customers need transparency around what the offer is, how it benefits them, if and how care is provided, how transitions are managed, and how much it costs. Housing with care is stigmatised so people may assume any housing with care is a 'care home'. Transparency around the benefits of an offer is a critical catalyst for people to proactively choose to move. Clarity around the potential negatives such as fees and rights is equally important to earn and maintain the trust of your customer. It is important to not make assumptions about what potential customers do and do not already know.

Residents moving in now, they know more about what they want and they are more informed about what they need. Now people do have more of a choice, so your offer has to be clear because people are making an informed decision.

— Kris Peach / Housing 21

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There are many customers who will thoroughly research and compare offers. If they find a lack of transparency, they will feel a lack of trustworthiness. Not only is the potential customer doing their research, but their adult children may also be doing their due diligence to ensure their parents have security, support, and a high quality of life in the home they choose. In some cases, rightly or wrongly, the adult children are the ones to make the decision. The information and marketing language needs to be accessible to both parties.

I think older people are the most sophisticated consumers out there. They look into who is running this? Where is the money coming from? Then their kids come along and do their own research. Everything has to be very transparent and very on brand.

— Justin Shee / The Kohab

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We have mixed tenure sites, we might have people on affordable rent, so they have housing benefit, and then you've also got people that are purchasing within the same building, and shared ownership equity. They have completely different priorities and expectations but they're coming together. You have to be clear on what you are offering – is it a lifestyle choice? Is it a place for people to live a really lovely retirement?

Yes, in short it is both of those, but I remember some of our older literature – one of the first things I saw was the sales brochure for a scheme that had people bowling outside, and I thought, 'Oh we've got bowling here!'. No – we were not going to have bowling, there's no place to do that. It was a lifestyle we were trying to show, but it wasn't the reality of what things were. Your communication with the community is so important and things can be taken very literally if you are not careful.

In a housing and care setting, you are going to have people that have care needs, it's what they're there for. There will be care workers on site and they will be delivering care to people that need it. You can't hide that away – and I don't think you should either. In thinking about retirement, people don't think about whether they're going to be ill, but it is a very important part of it to have care there if you need it, so you can't hide from that.

I've always told people coming into the industry to make sure you're very clear on what it is that you are selling, because it will come back and bite you 5 years down the line if you've said it's one thing but the reality is something different, you're going to upset an awful lot of people. That's the biggest learning that I've seen, you can sell a lifestyle but you've still got to operate it. Be clear what it is that you're offering to people.

— KRIS PEACH

DIRECTOR OF EXTRA CARE / HOUSING 21

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18.2 IMPACT ON THE SECTOR

The sector lacks transparency around what options are available. As the 19 types of housing show (Figure 17), there are many kinds of housing for older people, but people outside of the sector do not have a clear understanding of what they are, and even those within the sector may not know the nuances between each offer. The difference between retirement communities, retirement villages, care homes, extra care, and other care-related housing is not well known, nor is the fact that general housing, if future proofed and adaptable, can and should be considered and promoted as housing for older people as well.

A lack of awareness and knowledge about what is possible in later life is a major issue. Our sector is relatively new and low profile and if more people knew about it there would be much more interest and consequent growth. Most importantly it might encourage people to think and plan ahead sooner in life. Too many people end up making a crisis move when the fact is you want to be in a position of choosing where you live in your retirement.

— Jane Barker / Brio

Any lack of transparency is detrimental to the sector. Not only will customers and their children not know what their options are, but planning authorities may not be able to discern between genuine and inauthentic propositions. For planners, transparency around the care provision and the benefit to the wider community is key.

If there is greater transparency around what housing and community is possible for older people, it could help to breakdown stereotypes and create greater understanding for society around the diverse range of stages in later life.

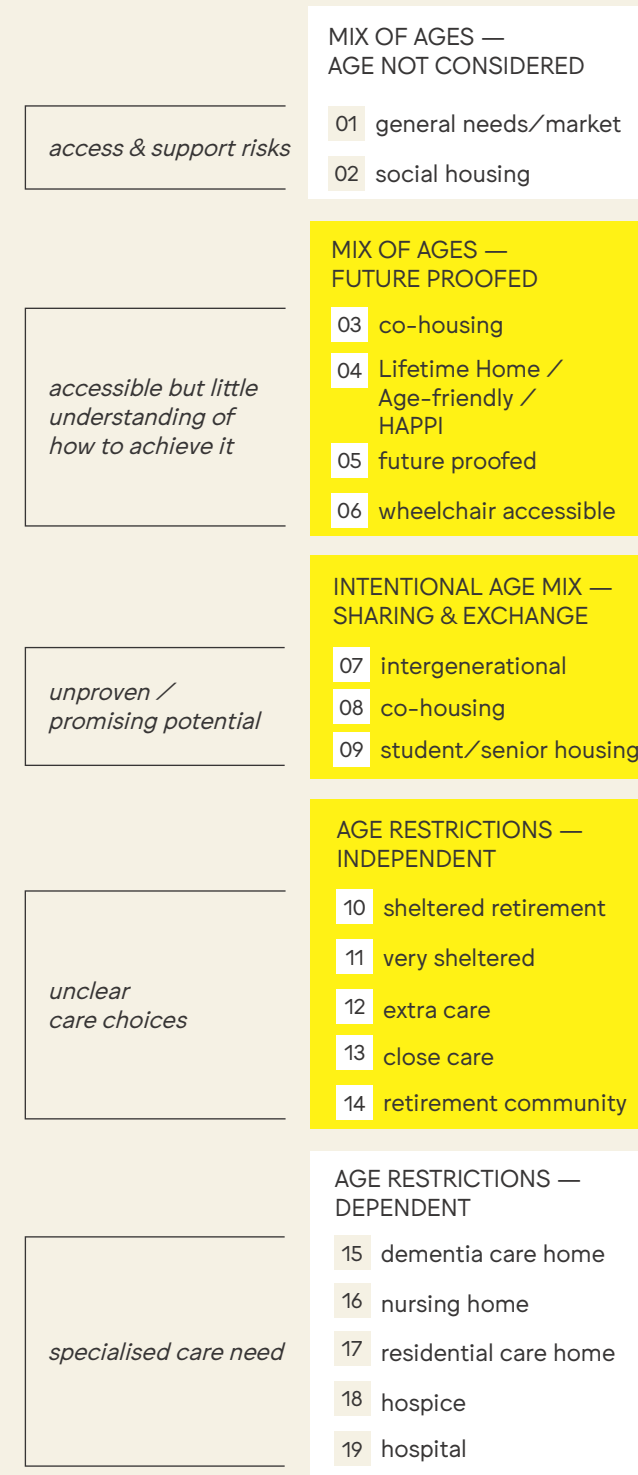


FIG. 19 — THE TRANSPARENCY OF THE OPTIONS

In addition to seeking greater transparency around Use Classes, ARCO is looking to improve transparency around costs to customers.

We've been pushing for really high requirements for transparency. Potential customers need to understand the commitment they are entering into so they can evaluate a product, understand the cost, and have confidence in their decision to buy or not.

— Michael Voges / ARCO

The transparency needed doesn't stop once people understand the offer and decide to move, people need continued transparency around fees and what to expect for the future of their development, specifically if there are ongoing phases.

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A lot of us have had problems with phasing. Lots of issues when you're building on site; there's the disruption, there's the price points, 'If you're building in two phases and you're confident, why not build the shell of phase two while you're building phase one so all you're doing later on is fitting it out; it's there, so no residents are surprised. Firstly, get detailed planning on everything, the whole site, before you start. Secondly be really careful about sales; make sure all customers fully understand what the end situation will be and that there will be further construction on site.

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER

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PT.II

—

OPERATING YOUR
OFFER

19.0 — REPUTATIONAL RISK

“There’s no doubt there is a risk developing this, not only in terms of financial models but how to deliver it in a way that really supports people as they age.”

— JEREMY PORTEUS
CEO / HOUSING LIN
AGE 56

19.1 REPUTATIONAL RISK EXPLAINED

There is a risk of over-promoting, or selling a dream that you may not be able to deliver. The brand, reputation, and integrity of your offer are at risk every day that residents are experiencing your environment. It only takes one mis-step to lose the trust of the marketplace. This applies to both potential residents and to the areas where you might be delivering a scheme. If you have promised a number of benefits to the local people during the planning process, they will expect these to be delivered and will know if they are not. The ideal outcome is that everyone feels positive about their experience. The risk is that a retirement community or housing with care is not welcomed because it does not deliver on the promises.

19.2 GREATER INCLUSIVE DESIGN, LESS RISK

If housing is inaccessible and challenging for residents, your reputation is at stake. If your environment puts residents at greater risk of incidents, the operator is exposed to greater reputational risk. This can impact the overall perception of the brand, not to mention the impact of word of mouth between current and potential residents. The Homes and Ageing in England Briefing Paper created by Building Research Establishment (BRE) on behalf of Public Health England describes the cost-benefit analysis of the making the basic adaptations for the 1/5 people over 65 that live in homes with none of the basic accessibility features. The report found that the costs of repairing flooring and space layouts to deter falls pays itself back in 4.5 years due to the NHS saving £34,700,172, among other similar statistics that support the investment in greater inclusive design. If you consider this from the beginning, not only will you save money in the long term, but you will also reduce risk for the resident, reduce reputational risk for the operator, and ultimately reduces financial risk for the investor.

A Habinteg study found that “Every £1 spent on housing adaptations is worth more than £2 in care savings and quality of life gains.”⁵² While this might not trickle back to the pocket of the developer, it could help to make the

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It goes back to reputational risk. Sadly, we’re coming across retirement developments that were designed without considering what their residents will require as they age. The risk for the developer or the brand is clients saying ‘Why on earth have you built something for later living without considering this?!’ We also see cases where clients have made their own personal adaptations at a later stage and the property becomes harder to market and sell on as the aspirational design has been replaced with clinical looking, functional adaptations. And that’s the mindset we’re trying to change – if you think about how it can be adapted, you can keep the aspirational stylish feel that everyone wants in their home.

— ED WARNER

CEO / MOTIONSPOT

case during planning or help purchasers understand the benefits of the premiums paid on this type of home. It is not just care that is tied to reputational risk, but also accessible, inclusive design.

19.3 IN-HOUSE VS OUTSOURCED

For housing with care, the Care Quality Commission (CQC) monitors, inspects, and regulates health and social care services, providing a score that is a useful indicator of the quality of care provided. When a developer or operator is considering a C2 offer, the quality of the care provision has a great impact on the reputation of the brand.

Some operators choose to outsource their care provision by partnering with a care service that already comes with a strong reputation.

Building a workplace where all the best carers want to get on my shift - where the windows open, and there's natural light, and I'm going to give you a hot meal every shift, and you have the continuity of care, you don't have to do the same old thing. We've outsourced to someone who really cares, who does it properly.

I cannot do what they [the carers] do, they are so passionate and committed. They work in filthy houses, always really hot with no fresh air, changing catheters all day for the minimum wage, and yet they wouldn't do anything else, they all said, this is what they do, it is amazing. All I can do is make a bit of architecture that makes their day a little nicer.

— Honor Barratt / Birchgrove

Other operators choose to do care in-house so they can closely monitor and control the quality of the provision.

We are delivering care ourselves through Brio Care. I feel you have more control over the quality and having an in-house team on site adds flexibility.

Customers also feel they know and trust the team and the brand.

We have spent a great deal of time and resource on customer experience - this has helped us to understand how customers feel throughout every stage of their journey with us. How you make your customers feel is the bottom line.

— Jane Barker / Brio

20.0 — HAPPY STAFF, HAPPY RESIDENTS

“Having an absolutely superb manager can make all the difference. They know everyone in and around the scheme – they are a pillar of the community, not just of the retirement community, but of the local community.”

— MICHAEL VOGES
EXECUTIVE DIRECTOR / ARCO
AGE 40

20.1 PEOPLE MAKE A PLACE

“If the service is good enough, people will be happy to move.”

— JEREMY WALFORD

MANAGING DIRECTOR /
MIDDLETON HALL
AGE 56

No matter what the offer is - premium or affordable, age-designated or intergenerational, a single home or a block of flats - it is the people that make the place. When thinking about housing with care or support staff, or simply a community with managers, investing in the people who make up a place is equally if not more important than investing in the space itself.

If staff feel valued and engaged, they are more likely to make residents feel valued and engaged as well.

20.2 EMPATHY AND EDUCATION

People can empower each other. A staff member can enable a resident to do something they did not think they could do; a fellow resident might encourage their neighbour to join in on an activity; a younger person may ask an older person to teach them a new skill. In some ways, younger children are best positioned to interact with older people in a genuine way because they take people at face value, versus adults that may project their preconceptions of older people.

Rather than taking a patronising approach, it is important to treat older people with respect and dignity, we can empathise with how we want to be treated when we are older. Education is an important part of building empathy so society becomes more aware of the lived experience of being older and some of the variations from societal “norms” that might be associated with that.

Specifically for staff and carers in a housing with care or support setting, it is important to be educated and trained properly to understand how to best support people. If someone is agitated, it usually represents an unmet need, and if general staff, as well as care staff, are well educated, it will be easier to find a solution to the unmet need rather than default to prescribing medication.

20.3 HOSPITALITY AND CARE

For lifestyle offers, hospitality can be seen to be more important than care, particularly in terms of the brand. That may be appropriate for first time rightsizers, where the idea of needing care remains a remote possibility. While homes can be future proofed, staff also need to be prepared to balance care provision and hospitality at the coalface of the brand.

Whether you employ care staff and train them in hospitality, or hospitality staff and train them in care, finding of staff who are happy to commit to both roles in the long term is essential.

20.4 DEVELOPMENT DOG

Whether it is a captivating community conductor or a development dog, people, pets, and programmes can energise a space to make it a joy to live in. If it is a fun place to work, where staff love their manager, residents are more likely to love their staff, and be happy to live there.

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“I’ve learned that an active, complaining population is a good thing, because they keep you on your toes, they’re invested. One thing that really worries our assessors when they go out is if they say we have no complaints - then clearly there is something wrong, there have to be complaints. It’s how the operator reacts to them that is much more important.”

— MICHAEL VOGES

EXECUTIVE DIRECTOR / ARCO
AGE 40

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“Planning, getting the thing off the ground is so challenging. Building it is one aspect, and getting people to move into the scheme. But that’s just the start of it. What will it look like in the long term? If you don’t get that right you can quickly fail.”

— KRIS PEACH

DIRECTOR OF EXTRA CARE / HOUSING 21
AGE 40

21.1 BUILT TO LAST

In the case of housing with care or support, an offer that has longevity is good for everybody involved. Residents want the peace of mind that their home will accommodate them over time and gain value as an asset if they are owners. Staff will be concerned with longevity because they will want the reassurance of long term employment. Investors will view longevity as an ongoing business proposition with a rising asset value.

21.2 EXIT STRATEGY

INVESTOR DRIVEN

Even developers who are planning to exit benefit from creating an offer that is so good that investors want to protect the brand and keep it as it is. If an offer has a positive reputation and is a desirable place to live, ideally confirmed by a waiting list, it is a viable and vibrant proposition with longevity. This means that at the right time it can be passed on as a long term investment at the level of a pension fund or similar.

EMPLOYEE OWNERSHIP BENEFITS

If you are an invested owner or operator, the housing may outlive your career and there will need to be a succession plan or a strategy to transition the leadership of the development. One option is to transition to an employee ownership model so that the development continues to be run by people with an vested interest.

21.3 PREDICTIONS & SPECULATIONS

It is also worth considering, at least as speculation, how other future scenarios may impact the longevity of your offer, from technological advances (as discussed in Ch. 7), a decline in the number of carers due to Brexit and dependency ratios, and the way retirement is reframed as a multi-stage life as more of us live to be 100 and need to be able to afford a greater quality of life for longer than previous generations.

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Designwise, we will be targeting all the elements from the HAPPI report – balconies, natural light, breaks in the building, wider corridors – because we are a builder, owner and operator. If I have a building that has natural light, reasonably sized corridors, reasonably sized apartments, if it can be chopped and changed over the years when people want to do different things, that’s more likely to be sustainable than an offer with narrow corridors and with apartments that are shoehorned in. When people have more choices in 15 years time, some of the what’s out there now may not be acceptable to the market as it won’t be appealing enough.

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER

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We need to charge more money for a better product, if you’re not charging that you’re not doing anyone any favours. By charging the customer more transparently, you can show them a better time, be more sustainable as a business, you can treat your staff better, you can have a great service that everyone benefits from, and a customer that can afford it. There is nothing to be gained from pretending we need to cut corners and not charge enough because long term you only survive if you have a really viable business going.

— MICHAEL VOGES

EXECUTIVE DIRECTOR / ARCO

22.0 — A WELL DEFINED OFFER

“If you get the design right and you get the operating model right, it can create a hugely positive experience for people.”

— KRIS PEACH

DIRECTOR OF EXTRA CARE / HOUSING 21
AGE 40

22.1 WHERE TO START

If we consider the wider implications of the choices we make when defining a housing proposition for older people we are more likely to understand that a truly well defined offer takes into account the understanding of older people, their journey into this type of development, and the importance of tailoring the offer to suit the need at a local level, rather than assuming a universal solution will fit any locality and older person. It is not simply a case of using a spreadsheet to formulate a product that can then gain financial backing and come to market, it is more a case of understanding what underpins that spreadsheet, and how the choices made in compiling it fundamentally affect the outcome.

The ultimate aim is to deliver homes that older people want to and are able to live in. To make the 'rightsizing' move a positive one, whether a result of choice or crisis, a new home has to offer something more than the old home, be it a better social situation, greater security, or the availability of care. How much of each, and how you describe it, charge for it, and provide it will depend on the outcomes of the process of understanding the target market through asking the right questions.

More than any other housing offer the types of buildings and communities that are provided depend as much on the quality of the people involved in operating them as they do on the quality of the buildings. A great building with a poor general manager is far worse than a poor building with a great general manager.

Bringing forward an offer that is so attractive to the potential customer that moving in is a natural, worry-free next step, living there is a pleasure, and that positive experience for residents translates into word-of-mouth recommendations from existing residents to future residents, is a longer journey but a more value-generating one overall. The longevity of a development depends on creating and maintaining, through constant small adjustment, an appealing place to live based on an understanding of what home means to people.

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PT.III

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PT.III

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DESIGNING THE OFFER

23.0 — GETTING ON WITH IT

23.0 — GETTING ON WITH IT

“Let’s get on with it, build it, learn from it, do it again.”

— HONOR BARRATT
MANAGING DIRECTOR / BIRCHGROVE
AGE 46

23.1 THE SPECIALIST MYSTIQUE

Rather than shroud our sector in the mystique of ‘specialism’, the fundamentals of good, accessible design can

be embraced by more people if clearly explained. By widening the understanding of what good design means, without clouding it in an aura of mysticism, we hope this understanding can work its way into mainstream thinking. If more people are aware of the specifics of designing and developing housing for older people, more thoughtful innovations have a chance to come forward.

To do this the right way, we need to appreciate the nuances of later life, the huge breadth of possible experiences that people may

have. How can the design of our environment enable us to have the best possible experience in later life rather than disable or isolate us from living how we would like to live? There are many standards, guides, recommendations and principles around designing inclusive environments, from Lifetime Homes and HAPPI principles, which offer a holistic view that includes social access, to Approved Document M’s requirements around physical access, and Design for the Mind recommendations that focus on cognitive and sensory needs.

Rather than assuming to know what ‘best practice’ is or means (or if it is even a real thing), this section instead shares examples of how design considerations across scales, from the home, the building, the development, to the wider community can impact accessibility, community, engagement, and care. The design of the environment impacts all of us, but it acutely affects those with physical, cognitive, sensory and social needs. By growing our awareness and understanding of the unique considerations we may face as we age, we will be able to design better homes and communities for all ages and stages of life.

“How do you ensure the built environment enables and doesn’t disable people? Architects are primed to be the change agents. We can use their skills and expertise to curate and navigate this.”

— JEREMY PORTEUS

CHIEF EXEC. / HOUSING LIN
AGE 56

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Modern retirement homes are to Lifetime Homes Standards. It shouldn’t be more expensive. I want to debunk that myth that it’s more expensive. Ultimately this is about good quality space with amenity space – why is it seemingly more expensive than a residential equivalent? How can we debunk these myths? Simplify design, simplify building, make efficient use of space, create flexible space. Rather than a dining room that is only used once a day, why not a dining room that is a multi-functioning space? A place with maximum efficiency that gets the most out of communal spaces.

In terms of design, new architects and parties without historic involvement in the sector are interesting to me to see what unique experience they bring so we don’t end up with cookie cutter results. What aspect of other sectors can we learn from? At JLL we can take the best bits from Build to Rent student housing and hotels to learn from it. We can go see schemes to understand why there is not much difference to retirees.

It’s still homes – good homes. Add someone to help you with the operational bit. It’s not wildly different.

— PHIL SCHMID

DIRECTOR HEALTHCARE / JLL

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There is no single, secret answer, but we will create better homes and communities for our future selves if we take time to better understand people's diverse needs and desires as we age.

The following diagrams are not an exhaustive list of all the design considerations, but rather some suggested areas for initial thought - provocations that look to raise some of the often unknown nuances of designing accessible, inclusive environments. We hope to ignite a curiosity in, and understanding of, the powerful impact the design of our environment has on our wellbeing. To further this learning, we can look to the HAPPI and Lifetime Home principles, Inclusive Design Standards, and other evidence-based guidance, we can involve older people in the design review process, and we can be inspired by exemplar precedents. As you continue your own journey of designing for older people, many more considerations will come to light that will require solutions and benefit from creativity.

Over the following pages, examples are described and illustrated alongside icons representing the areas of infill in our Just Living Target.

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DESIGNING THE OFFER



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DESIGNING THE OFFER

how can the design of the environment help to achieve these targets?



H1. STANDARD HOME

A standard home makes no provision for accessible, adaptable features



H2. BASIC ACCESSIBLE HOME

A home for life considers how design decisions enable someone to live as they wish without risk. Design features like a wet room (a) and sufficient space (b) to move comfortably within and between rooms with a wheelchair, zimmer frame, carer, or a walking stick are important.

It's often the case that you open the front door to seven more doors and they all bang into each other. Will people understand that open plan gives a much bigger living space or will they think, 'Where do I put my coat? Or both?'

— Honor Barratt / Birchgrove



H3. TECH SUPPORT HOME

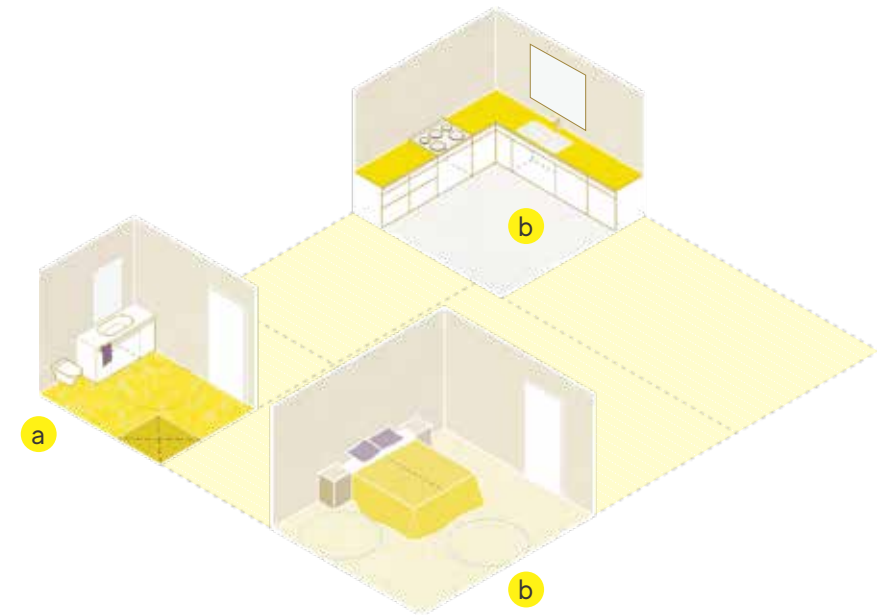
A home that is flexible, accessible and supported by the right technology enables older people to live independently for longer, and make time for residents to pursue common interests and activities of ENGAGEMENT that are shared with a COMMUNITY. The home itself contributes to CARING for the health and well-being of residents.

We need to make sure digital technology will thrive because that will be increasingly important to people as they are choosing where to move. We've got tablets in all of the apartments so you can talk to your neighbour and your court manager if you need to. It shows how technology can have a big impact on people's lives as long as it's enabling and not prescriptive.

— Kris Peach / Housing 21

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H4. FUTURE PROOFED HOME

“An architect could do a lot more. Hand grips, non-slip surfaces, and since all people lose height as they age, plan for lower shelves and cupboards.”

— RESIDENT
MIDDLETON HALL

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A future proofed home embeds accessible features discreetly from the start without looking institutional.

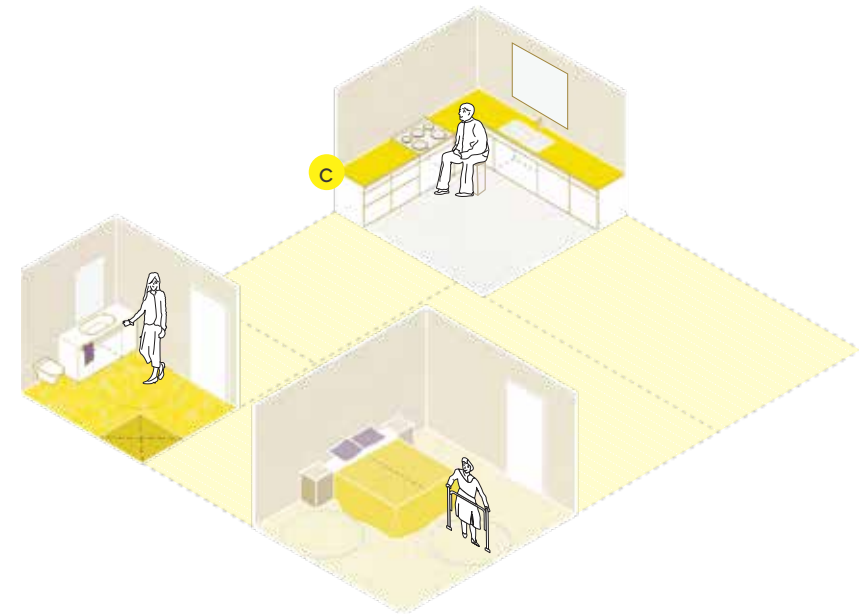
These design features are available as and when the resident needs. The home looks like a standard home but is easier to use. For example, difficult to reach cupboards can have pull out drawers to bring items to you (c). In Motionspot’s accessible bathroom (Ch. 6) the toilet can have reinforced plates in the adjacent walls ready to put in grab rails if needed (d) and subtle supports can be integrated as towel rails (e). Modular units under the sink and hob make it easier to sit and work in these areas if someone finds it difficult to stand for long periods of time (f).

Bungalows are very popular and we are offering some in most of our retirement communities. We have some which are 2 storeys and have built in the ability to install a through floor lift if required. We have done a lot with technology - a Brio customer app, an in-home automation system and electronic care planning and management.

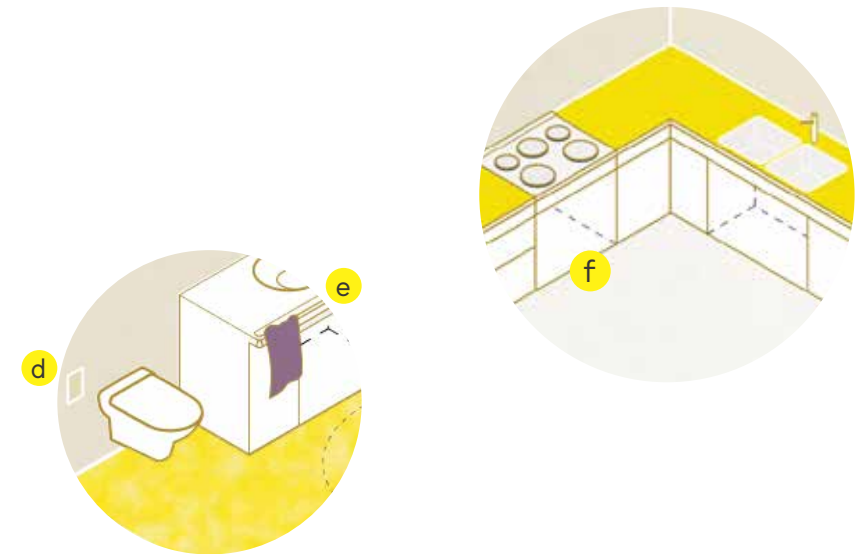
— Jane Barker / Brio

I quite like the idea of breakfast bars. I have this vision with my friend Dee, where she’s on one side of the kitchen, making me a drink, and she’s hosting me. We’ve added quite a few kitchen islands even though middle-aged people say ‘older people don’t use kitchen islands’. And we’ve put in four experimental breakfast bars with a dropped top that goes up and down. If people really love them I’m going to put in more, and that is the joy in rental.

— Honor Barratt / Birchgrove



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H5. ONE BEDROOM

One bedroom homes (a) are often viewed as too small, and are only likely to be appropriate for a single older person in a setting with accessible care.

When you go into a 54 sq m one bed and you're a single person, it's fine. If you're a couple, one may have a care need, so you're going to need a two bed.

— Mark Curran / Anchor Hanover



H6. TWO BEDROOM

Two bedrooms (c) are seen as the minimum size people prefer. Whether a couple whose health needs make it more comfortable to sleep separately, a single older person that has a carer stay overnight, a couple who work from home in the second bedroom, or a grandmother whose grandchild lives there each weekend, a second bedroom is space that people value.



H7. TWO BEDROOM WITH SPACE

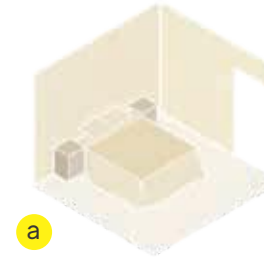
Space (c) to move comfortably reduces the risk of falls because people will be less likely to trip. This is particularly relevant in the bedroom and bathroom, where the majority of falls happen. Space around the bed and adequate space to move from the bed to the bathroom to the kitchen and the living space, whether you walk freely, slowly, or with support, creates a space that is ACCESSIBLE for the resident with more room for ENGAGEMENT.

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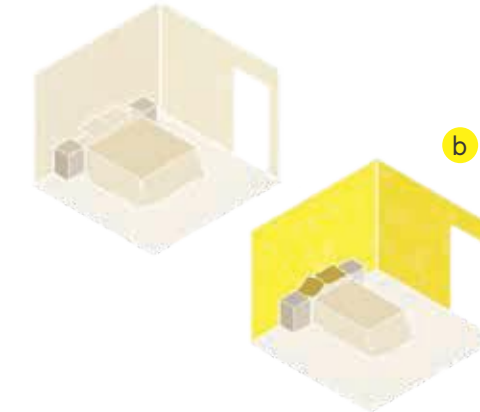
“A full third of our life is spent in one room: our bedroom. When you talk about it that way, it changes your frame - it's critically important.”

— JOE ALLEN
HARVARD SCHOOL OF PUBLIC HEALTH

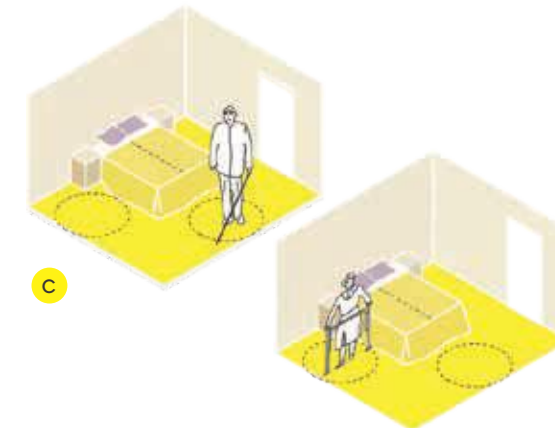
H5.



H6.



H7.



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H8. TWO BEDROOM WITH FLEXIBLE SPACE

Spaces can be designed in a flexible way, whether with flexible walls, a flexible bed, or simply a flexible use of the space where activities of ENGAGEMENT are accommodated. If people have space to pursue common interests that are shared with a COMMUNITY then the home itself contributes to CARING for the health and wellbeing of the resident. Storage is important so clutter does not cause a risk in circulation spaces.

We're trying sliding doors on to the second bedroom as an experiment, four with a bath, four with an enclosed kitchen - it's all an experiment. We could go, 'Oh right, they're not all the same person, the variety is good' and we keep offering the variety.

— Honor Barratt / Birchgrove

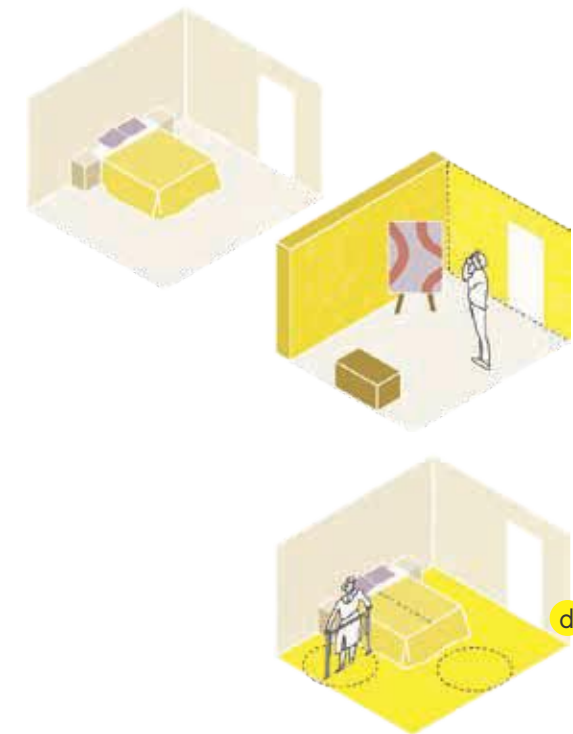
We have had a focus on storage - customers always want to be reassured that there is plenty of storage. We've made this available within the individual properties and in an on-site centralised storage facility for large items. Our properties are generously proportioned with floor to ceiling heights of 2.8 m and lots of natural light. People are looking for space, light and a very contemporary feel.

— Jane Barker / Brio

Where I've seen people unhappy is when they live with boxes around them because they didn't cull enough, so they can't really move in. If you give them enough storage it will be easier to move in and settle quickly.

— Honor Barratt / Birchgrove

H8.



23.3 DESIGN THE BUILDING



B1. STANDARD CORRIDOR WIDTH

Standard 1.2 m wide corridors (a) do not provide enough space for two people to pass each other comfortably, especially if they are supported by a frame, a chair, or an escorting carer. Doors that are the same colour as the walls may be hard to see for people with visual or sensory impairments (b).

“We chose our village over other options because it has wider corridors.”

— ANNE & TONY

RESIDENTS, VILLAGE IN THE PARK

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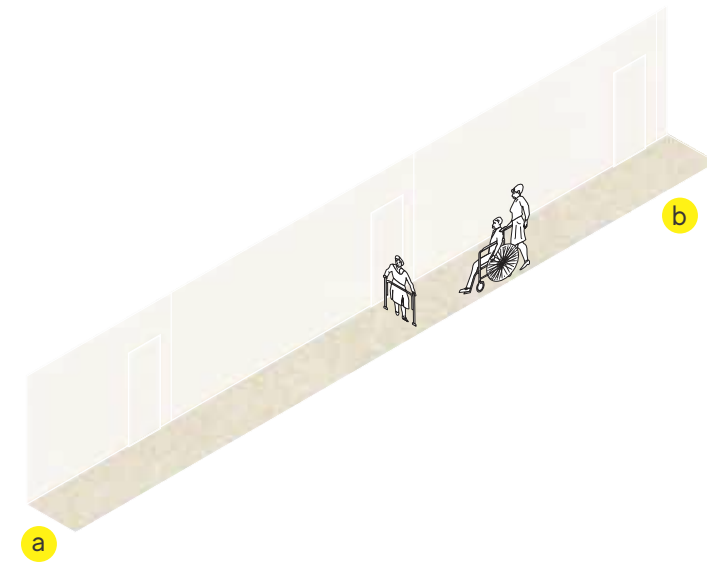


B2. ENHANCED CORRIDOR WIDTH

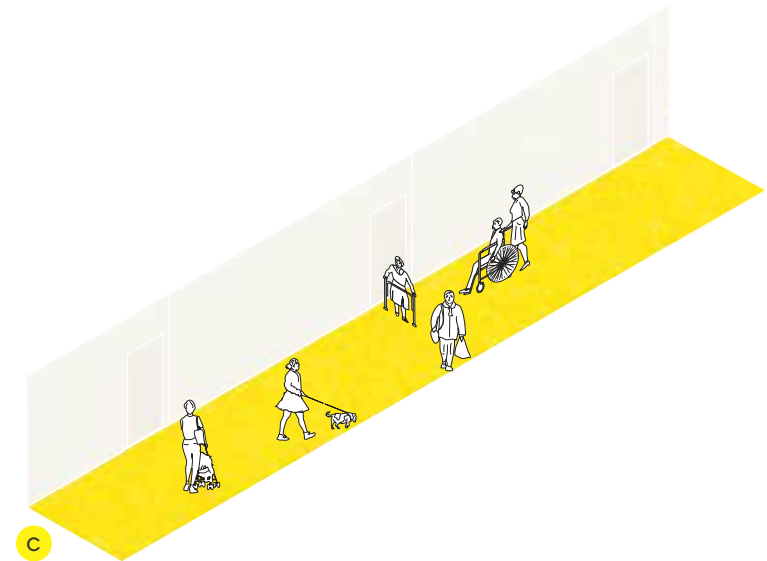
Wider corridors (c) enhance ACCESSIBILITY because they allow multiple people to pass each other, whether people are carrying bags, pushing a friend in a wheelchair, walking with a zimmer frame, or walking their dog. The corridor width is an important element that may encourage or prevent someone from buying a home.

THE BUILDING — CORRIDOR

B1.



B2.



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B3. SUPPORTING WALL AND CONTRASTING DOOR

Rather than a clipped-on handrail for support, the wall can have handrails built in (d) so people with limited vision can run their hand along it and those who need extra support can walk with confidence. If the doors (e) contrast with the wall, people can identify them more easily. These features make the block more ACCESSIBLE.

“We need to create bumping spaces in the corridor.”

— JEREMY PORTEUS

CHIEF EXECUTIVE / HOUSING LIN
AGE 56

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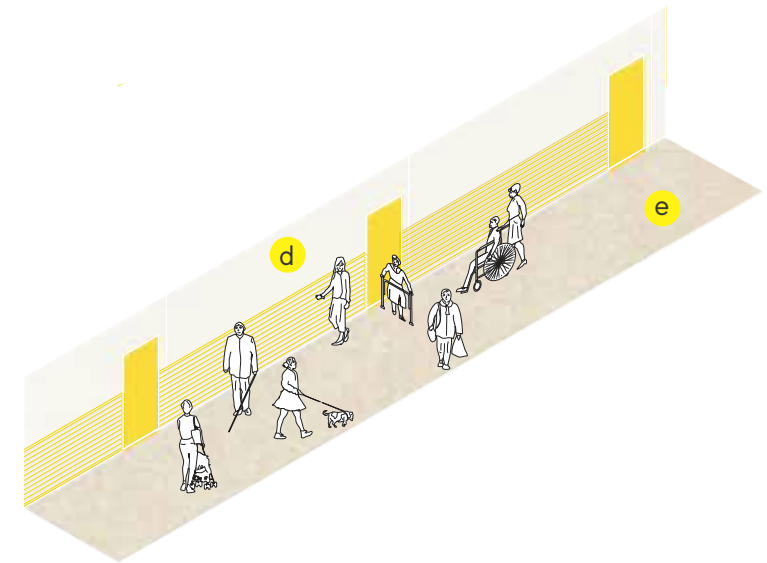
B4. PERCH POINTS AND PERSONALISED ENTRIES

Perch seats and resting points along the corridor (f) enhance ACCESSIBILITY and enable people to stop and chat, fostering COMMUNITY and ENGAGEMENT. Personalised doors set in recesses (g) enable people with dementia or other cognitive/sensory impairments to more easily find their home. These thoughtful design considerations help informally CARE for residents so they need less formal care.

We design to encourage people to meet informally as well as formally. Furniture or points of interest in the right place encourages people to stop and meet.

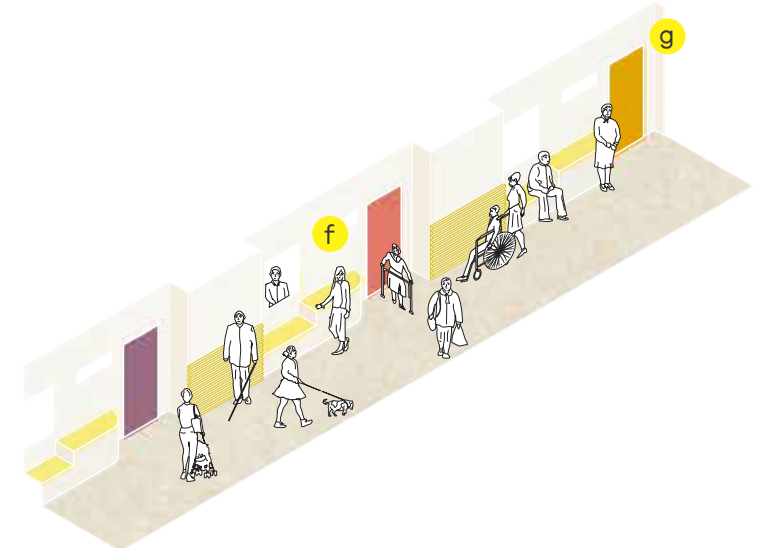
— Jane Barker / Brio

B3.



253

B4.



23.3 DESIGN THE BUILDING



B5. INSTITUTIONAL CORRIDOR

A long double-loaded corridor forces people to quickly exit the core and escape into their home, giving them less opportunity for chance social encounters.

“Design the building inside out.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER
AGE 60



B6. CORRIDOR WITH BREAKS

A shorter double loaded corridor with breaks for natural light is a more pleasant and legible journey which people are less likely to hurry through.

Often designers think ‘Oh there’s a space or alcove there in the corridor so I’ll put in a sitting area’. If you’ve got your apartment right there anyway, why would you sit there? By the lifts might be useful because that’s a natural waiting point and an accidental meeting space.

— Mark Curran / Anchor Hanover

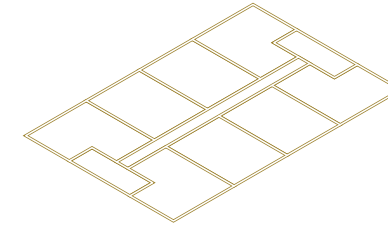


B7. CLUSTER MANSION BLOCK

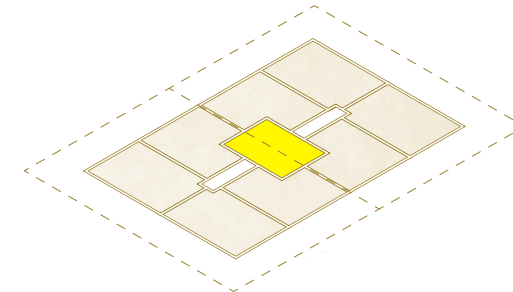
Buildings that are divided into clusters produce homes that create an entry experience which encourages neighbourly interaction due to familiarity and proximity.

THE BUILDING — BLOCK TYPE

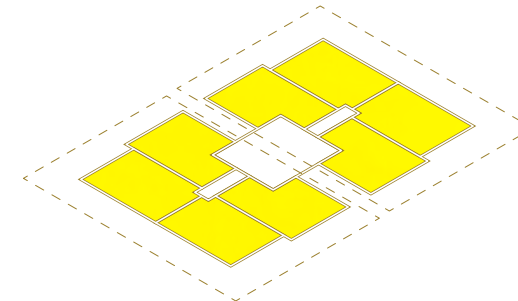
B5.



B6.



B7.



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B4. CLUSTER WITH CHOICE OF ADJACENCIES / VIEWS

Designing the building to increase the number of aspects optimises adjacencies and offers a choice of views. People can choose when and where they want to ENGAGE with COMMUNITY.

Visibility is important. Design matters - you can deliberately create accidental meeting spaces. Some schemes I have worked on had two lifts in the middle and people would complain they had to walk in through the centre to access their apartments. That was a deliberate strategy - so you have to walk to the village or scheme centre and bump into people.

Accidental meeting spaces are important because people can become isolated. Accidental meeting spaces can help encourage residents to get involved in the community. It's still difficult to walk up to someone and say hello but if you bump into someone it's a lot easier.

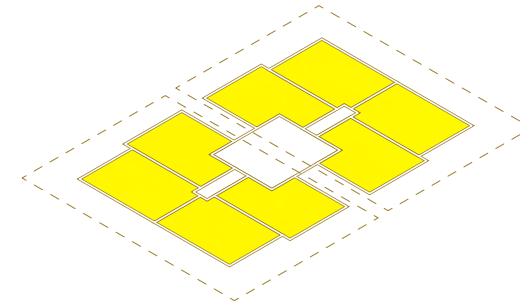
— Mark Curran / Anchor Hanover

When people are choosing their apartment, there are usually two aspects to choose from, one looking over the garden and one looking over the front where people come in, and they are equally popular. You might have a very industrial view at the front of the scheme but you can see everyone coming or going.

— Kris Peach / Housing 21

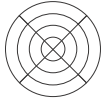
256

B4.



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23.4 DESIGN THE DEVELOPMENT



D1. NO ENTRY / LOBBY

Developments that do not have space for residents to bump into each other are less likely to foster community or stimulate resident interaction.

It is important to design for social interaction, and have all amenity spaces interface with each other.

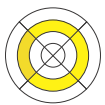
— Mark Curran / Anchor Hanover



D2. ENTRY / LOBBY WITH SEATING

A main entry can act as a hub to connect the buildings within the development. Seating in the entry enables people to rest along their journey, wait for transport, or simply observe people coming and going if they want to feel a part of the community without venturing too far from home.

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D3. ENTRY / LOBBY WITH CAFE

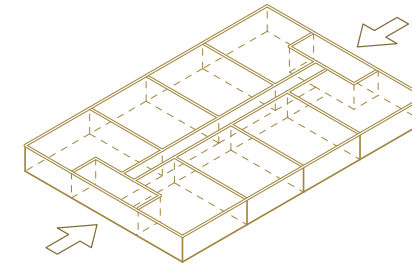
A cafe in the entry lobby or another use that draws the public in as well as the residents encourages a more activated space that residents can feel comfortable using at their leisure, offering easy ACCESS to COMMUNITY and ENGAGEMENT. This type of engaging space informally CARES for residents.

We have made our cafe bar the focalpoint of each village. This acts as our meet and greet point - it is much more welcoming than a traditional reception.

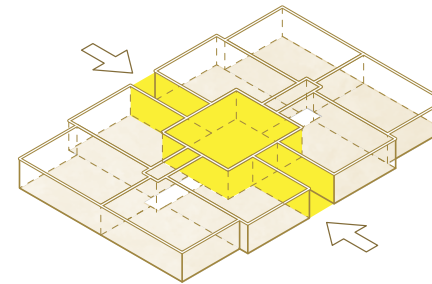
— Jane Barker / Brio

INTERIOR COMMUNAL SPACE

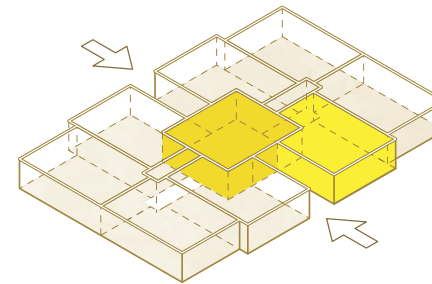
D1.



D2.



D3.



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D4. VISIBLE, FLEXIBLE SPACES

By designing the communal spaces to be visible and flexible, different events can occur depending on needs and wants of residents. Easy access and sight lines into these spaces of engagement encourage everyone to be a part of the community.

In our market research, people said they would not like the community to become too much like a hotel and not 'home'. So we scaled back our communal facilities to match that. We've got a bar and bistro in every development, a hobbies room, club lounge and leisure suite, but not much more than that.

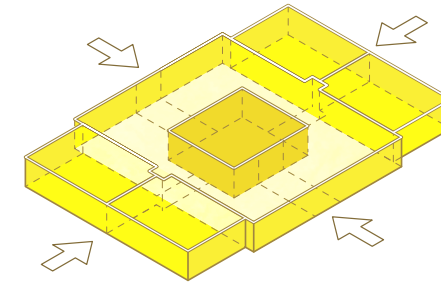
— Jane Barker / Brio

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It's important that the coffee bar is very visible, accessible, and as flexible as possible. The foyer and reception area should be a friendly space where people can stand and talk and bump into each other. The bar and the restaurant and the entrance all interface with each other to try to encourage those accidental meetings. To design for social interaction, all amenity spaces should interface with each other.

— Mark Curran / Anchor Hanover

D4.



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23.4 DESIGN THE DEVELOPMENT



D5. INACCESSIBLE COMMUNAL SPACE

Developments that only offer a stair (a) between internal and external communal spaces disable people that require another means of changing level. A ramp or lift located elsewhere, often in secondary spaces or back of house areas, creates an unequal, exclusive environment that treats some people as secondary citizens.

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D6. ACCESSIBLE COMMUNAL SPACE

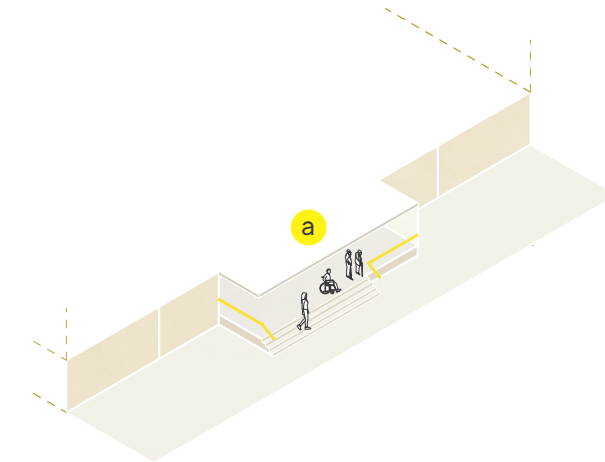
By offering people a clear view of their choice of stair, ramp (b), and lift (c) with level paths in between to circulate the communal spaces, all residents feel equally welcome to ACCESS the space.

A classic mistake is putting the library on the first floor - it will never get used. Put everything on the ground floor.

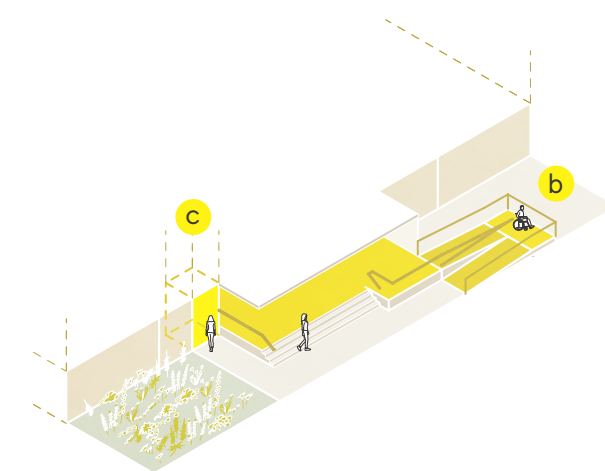
— Mark Curran / ANCHOR HANOVER

EXTERIOR COMMUNAL SPACE

D5.



D6.

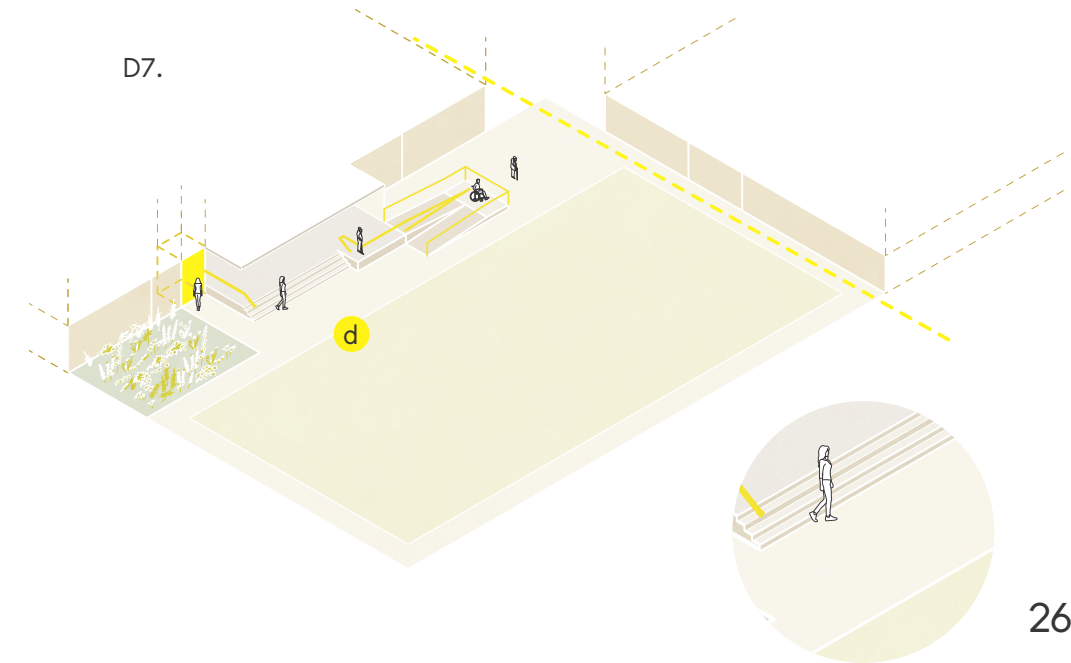


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D7. ACTIVE, ACCESSIBLE COMMUNAL SPACE

Stairs designed as a celebrated feature that lead to a desirable space (d) subconsciously or consciously encourage people who are able to choose the steps. This is an example of how the environment can contribute to caring for someone, in this case by challenging residents to maintain or build strength, making them less likely to fall. It is important that the other accessible options are still visible so residents unable to take the stairs do not feel unwelcome.



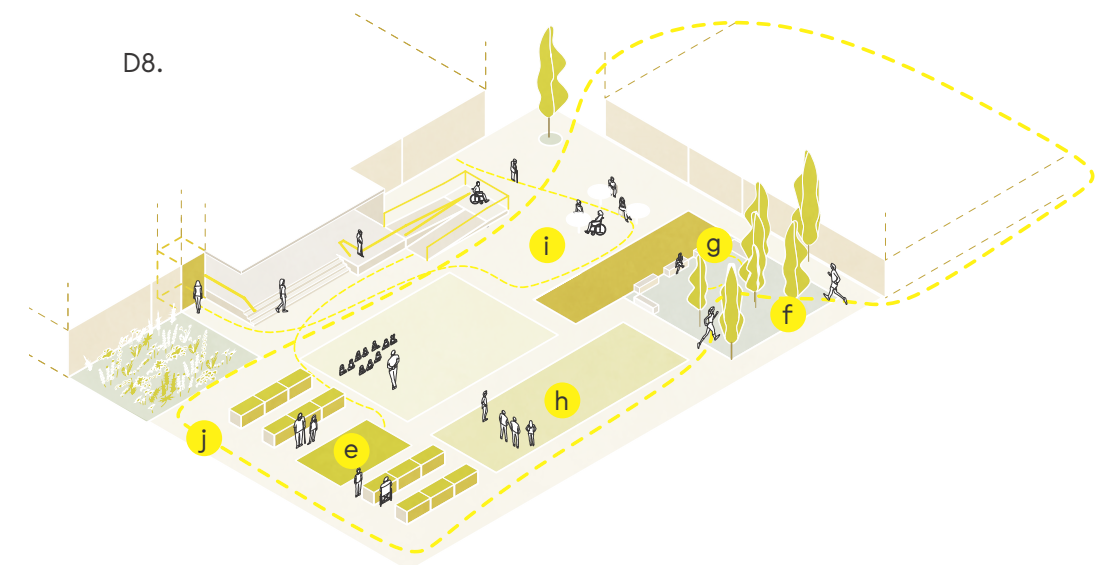
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D8. ACTIVATED, ENGAGING OUTDOOR SPACES

ACCESSIBLE stairs or paths leading to activated communal spaces, such as an allotment garden with raised beds (e), wooded area (f), workout zone (g), bowling green or other activity space (h), patio seating from the cafe and event space (i), and beyond, make people more likely to ENGAGE with the space and find COMMUNITY. If the path is continuous, people are able to treat it as a walking or running path (j), which aids in informally CARING for their health and wellbeing.

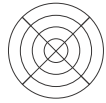
There's an exercise trail at every development with external exercise equipment and lots of places to sit, garden and socialise. We try to encourage active ageing offering the opportunity for people to be active all year round.



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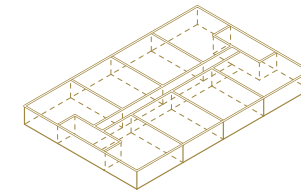
— Jane Barker / Brio

23.5 DESIGN THE WIDER COMMUNITY



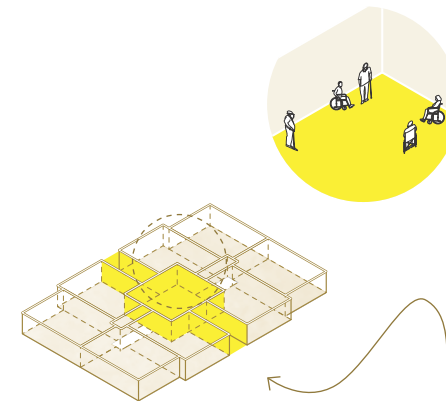
C1. NO SPACE

When housing for older people does not have a space that enables connection with the wider community, there is a missed opportunity to share knowledge, activities, and genuine time with the community.



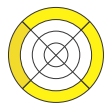
C2. SPACE IN THE DEVELOPMENT

There is an opportunity to offer public spaces on site to bring the wider community in. This enables people who cannot leave the development easily to still engage with their community. Communal spaces also keep residents more ENGAGED and CARED for, ultimately making your offer more valuable and less at risk.



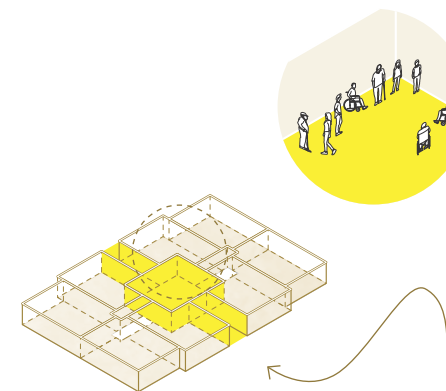
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C3. SPACE IN THE DEVELOPMENT AND COMMUNITY

In addition to public space in the development, the public spaces within the local community, whether community centres or outdoor spaces, can be used as a place to gather and ENGAGE (b). Unless the development is part of a masterplan, this may not be in the scope of your control, but it can be something to consider when choosing a site.





C4. FLEXIBLE SPACE IN THE DEV. AND COMMUNITY

The public spaces within and outside of the community can be flexible, filled with both formal programming and informal gatherings. This enables people to adapt the space to suit the types of engaging activities that matter to them. In a managed setting, staff can support flexible use by empowering residents to catalyse their own activities.

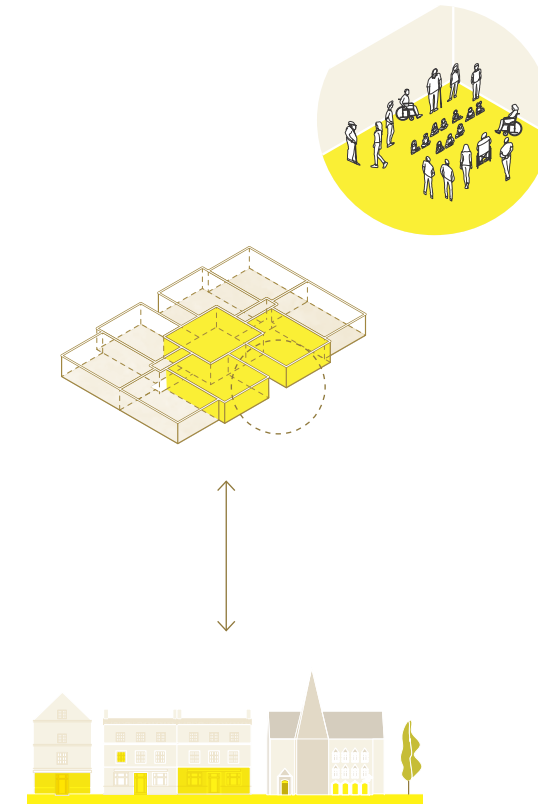
I like the scale and the urban sites with multi-tenure that ExtraCare Charitable Trust have. The St Monica's Trust scheme in Keynsham is a great example of bringing the outside in - it is part of a wider housing development and serves all the housing around.

— Phil Schmid / JLL

Our aim is to create retirement communities within existing communities. This means there is plenty of opportunity for social connections and for our residents to continue to use local facilities - shops, clubs, hair and beauty salons. We look to encourage the wider community to also enjoy some of our facilities such as the bar and bistro and to get involved in the life of the village.

— Jane Barker / Brio

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23.5 DESIGN THE WIDER COMMUNITY



C5. MINI-BUS TRANSPORT TO TOWN

When housing for older people is in an isolated area, a service-model housing offer often includes a transport service to provide ACCESS to town (a), ideally as frequently as possible.

Don't stick it in the middle of nowhere, it doesn't work. People become isolated.

— Kris Peach / Housing 21

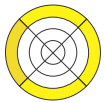


C6. BUS STOP TO TOWN

When housing is next to a bus stop on a route that leads to town (b), people can ACCESS and maintain their COMMUNITY connections and activities of ENGAGEMENT. These activities informally CARE for people, and residents may also want to maintain access to a GP who provides formal care. People will have even more ACCESS than the mini-bus option because they will have autonomy in choosing when they want to connect and ENGAGE with the COMMUNITY.

We've done all the adaptations we can, but if we can't get to the local bus that stops 500 yards away to get into town, and we can't drive, we're in trouble.

— Jeremy Porteus / Housing LIN

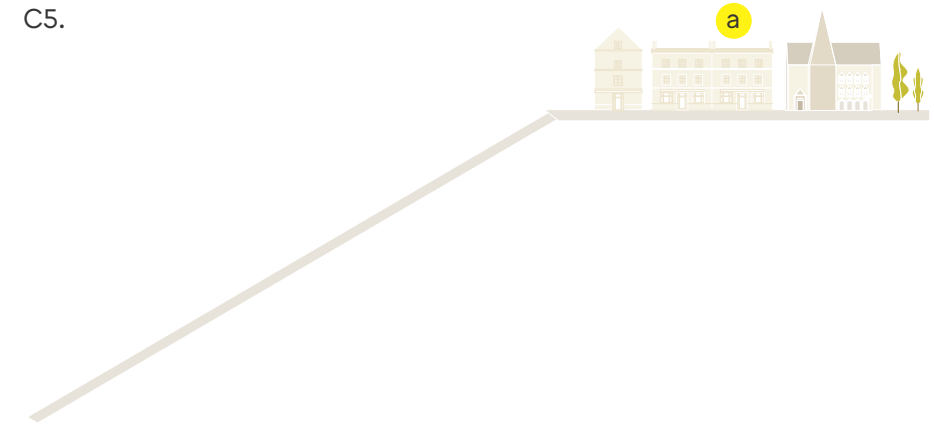


C7. ENGAGING WALK TO TOWN

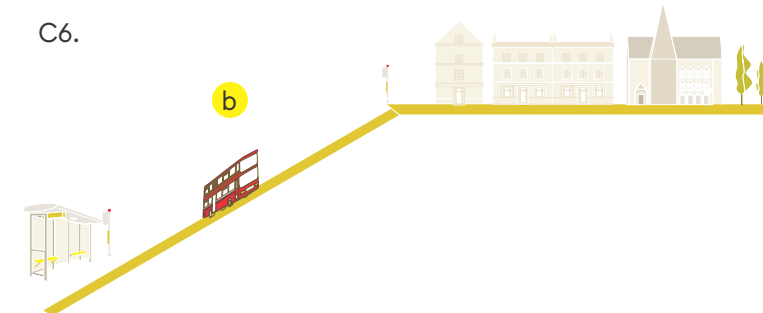
When housing is walking distance to town along a safe walking route (c), this encourages active ageing, informally caring for people by keeping people moving in order to reach COMMUNITY and ENGAGING activities.

THE WIDER COMMUNITY — CONNECTIONS

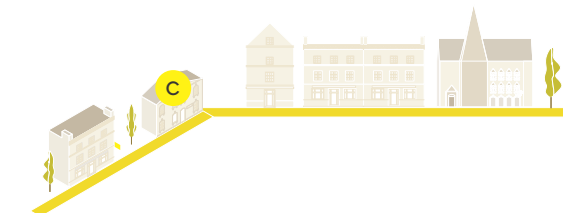
C5.



C6.



C7.





C8. HEART OF COMMUNITY

When housing is within the heart of a community (d), every resident, even with limited mobility, can enjoy all of the ENGAGEMENT and social life within their community as and when they please. Residents are also likely to support high street shops and offer ‘eyes on the street’ to keep the community feeling safe and supported. Importantly, the proximity offers the most opportunities to meet people that informally contribute to how CARED for we feel.

“It’s about being in the centre of things.”

— BOB
SOHO RESIDENT

Our ideal site is very much in the village.

We’re doing work in Yorkshire and we’re very much in the village there. Our schemes have an important role to play in society.

— Kris Peach / Housing 21

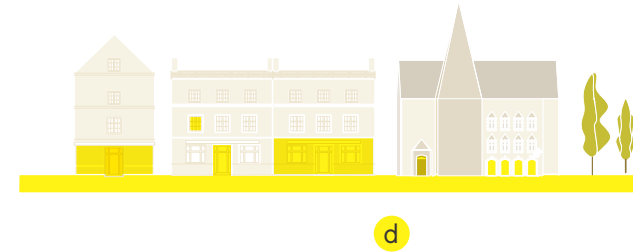
Older people could live in the empty flats above the high street around town centres. They’re the ones that need to be in central locations, on healthy high streets.

— Justin Shee / The Kohab

We’re not building in isolated or rural locations - we want to be part of a community - integrated not separate.

— Jane Barker / Brio

C8.



23.6 DESIGN FOR THE MIND

An accessible space refers to more than just providing for the AD M4(3) wheelchair accessible requirements. An accessible home should also take into account cognitive and sensory needs that people may have in addition to physical needs, so residents can be enabled by their home, building, development, and wider community, rather than disabled and isolated by their environment.

M1. MATERIALITY & CONTRAST NOT CONSIDERED

Lighting that causes high contrast between pools of light and dark shadows (a) can be disorienting and may cause some people with vision impairments or living with dementia to perceive holes or trip hazards. Reflective materials (b) can cause disorientation for people with cognitive and sensory impairments as the reflective quality can make the space more difficult to perceive.

High contrast patterns (c) make it difficult to perceive the depth and orientation of the space. High contrast patterns may also give the appearance of movement, increasing disorientation. Perceiving the space is made more difficult if the wall does not contrast from the floor and if the door does not contrast from the wall (d), as some people with visual or cognitive impairments may not be able to perceive how to exit, which can cause disorientation and discomfort.

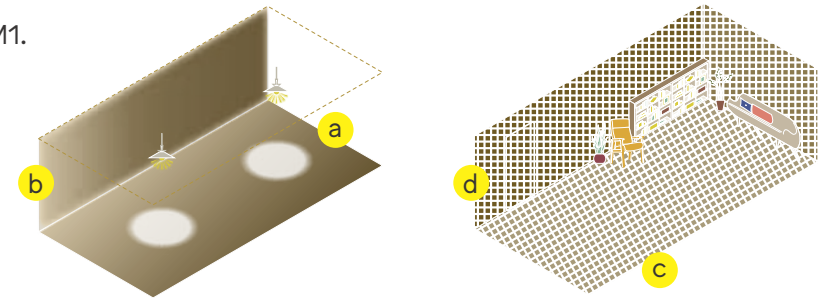
M2. MATERIALITY & CONTRAST CONSIDERED

Lighting that does not pool or reflect off of the materials in the space (e) will make wayfinding easier for people using the space.

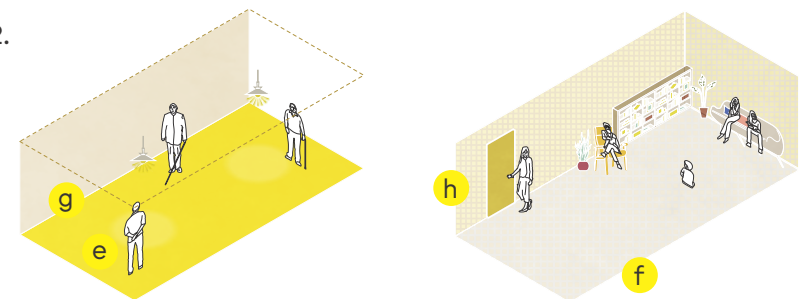
Low contrast patterns (f) enable people to understand the space without causing disorientation or dizziness. Contrast between the floor surface and wall surface enables people to read the depth of the space (g). Contrast between the door and the wall helps people to navigate easily to the exit (h)

DESIGN FOR THE MIND — MATERIALITY & CONTRAST

M1.



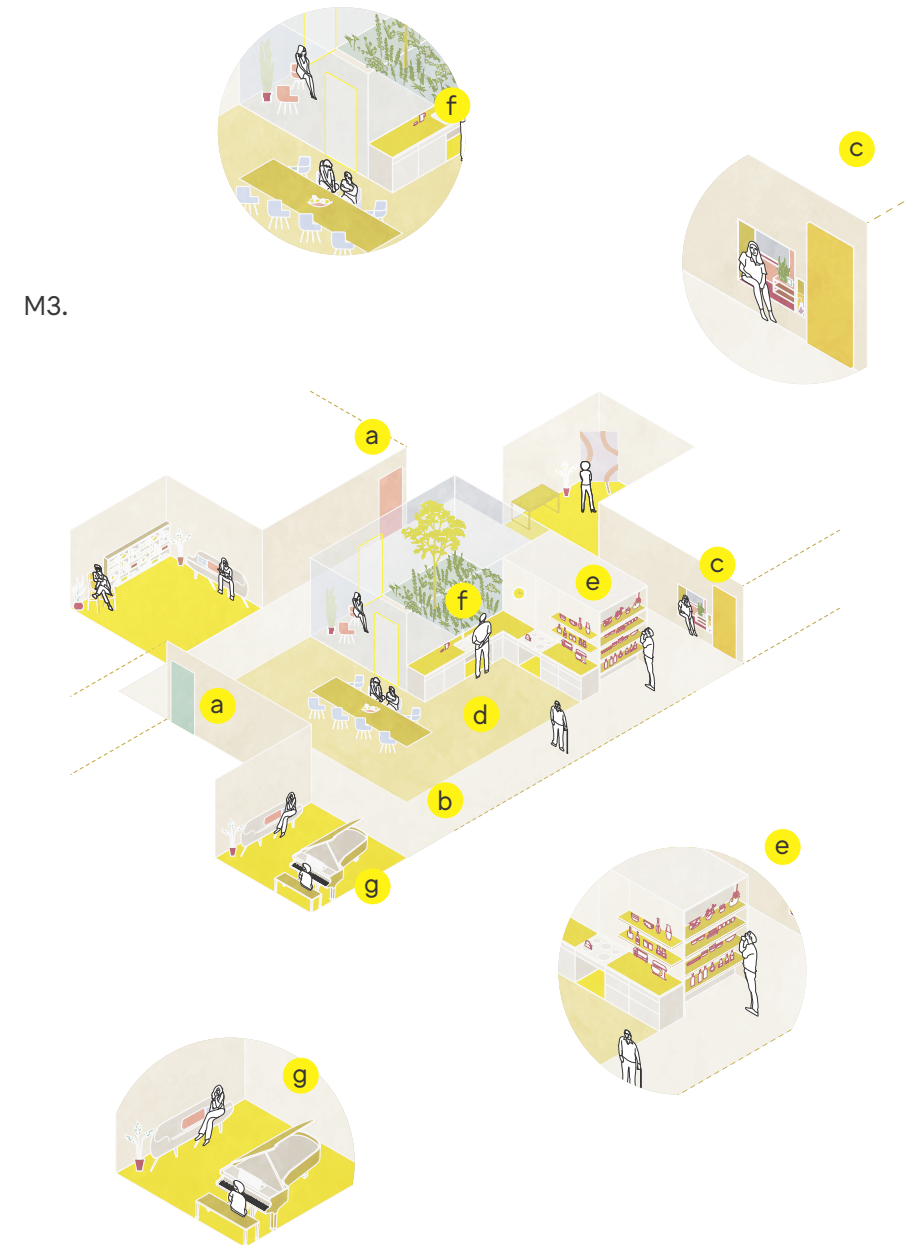
M2.



M3. INTERNAL WAYFINDING

When considering design for the mind at the scale of the building, the layout will greatly impact the wayfinding and overall experience of the residents, specifically those with dementia. Designing communal spaces to be within view from the moment people leave their personal space (a) enables residents to see their options rather than relying on recall. They can also navigate to the space they wish to use along an engaging path rather than an institutional corridor (b). Personalised entries will help residents navigate to their home and provide space for personal touches and social interactions (c).

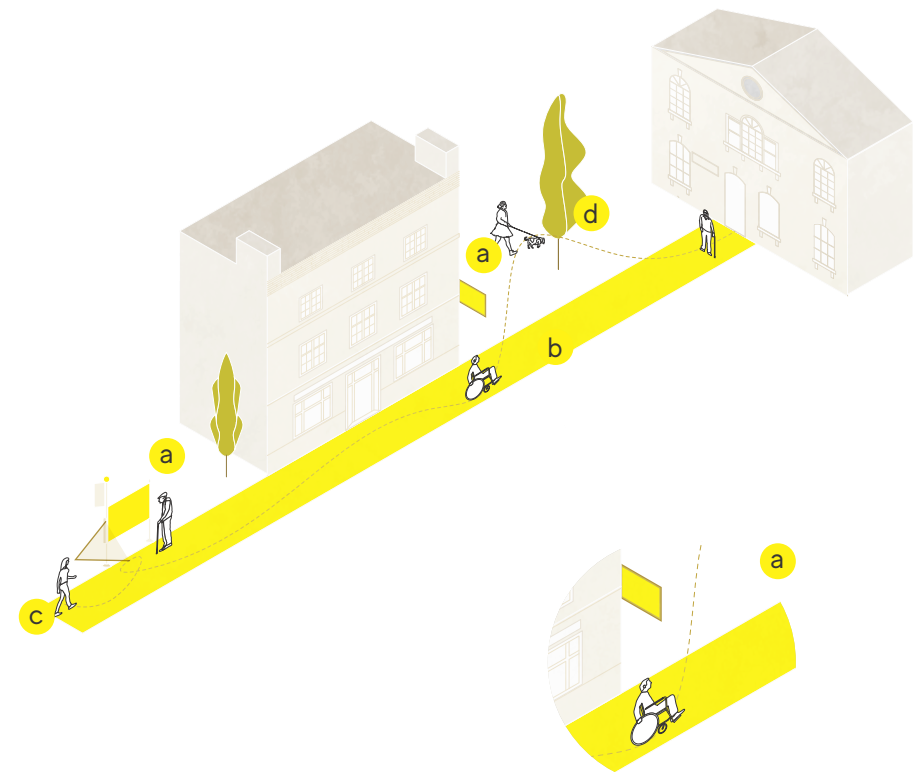
In a setting with CARE, the communal eating area can be designed to feel like a genuine home (d) that residents can use at their leisure. Exposed shelving (e) will help residents see what items they can use and can encourage residents to eat more often than if everything is hidden out of view. A garden space (f) can help residents orientate themselves to the time of day in addition to providing space to engage with nature and gardening. Other sensory spaces such as a music room (g) provide an opportunity for residents to ENGAGE with other senses and encourage interaction between residents, relatives, and perhaps the local community.



M4. EXTERNAL WAYFINDING

Materiality, contrast, and wayfinding in the external communal spaces and in the wider community is critical for people living with cognitive or sensory impairments to feel confident in, and enabled by their environment. For pathways around a development or site, clear signage (a), clear pathways that are level and appropriately wide, complete with tactile paving and curb cuts (b), visible landmarks, and clear sight-lines to both the landmarks and signage (c) are critical components of accessible wayfinding. Sensory experiences and quiet routes are also helpful so people can personalise their journey if they need a quieter or slower option (d).

M4.



“You can really change people’s lives. You can make a big impact on people socially in different ways.”

— MARK CURRAN

DEVELOPMENT DIRECTOR / ANCHOR HANOVER
AGE 60

24.1 CONCLUSION

Everyone will read this book differently, and take something different away from it depending on their understanding of, and involvement with, older people and development. Each of us brings our own idea of the ‘imaginary older person’ to our understanding, and that imagined individual is every bit as diverse and particular as the reader, and as the potential customer. Our own wildly diverse views and ideas will colour our understanding of what genuinely appropriate offers should be. Our attempt here is not to say that there is one type of housing, one level of care, one set of communal amenities that will make up the perfect offer. Rather we are hoping to remind readers that there are multiple options, a broader view, which needs to be weighed against the context into which we are bringing housing for older people.

Our aim when starting this journey was to bring the voice of older people to the fore, and to understand that voice in the context of the current planning and development environment, to describe the process of bringing forward an offer as just that – a process. We feel it is critical to start that process in the right place, not only because it improves the offer for potential residents, but also because the resultant development will be a more robust proposition in the long term.

The steps described in our development journey diagram may open the path to a broader view of what constitutes appropriate developments and may highlight that some of the current offers are not suitable in the long term. At present there is such an under supply of housing for older people that almost any offer that comes to market stands a chance of working, at least in the short term. As the sector matures there will be winners and losers, successes and failures, and any number of lessons learned.

We are optimistic that the challenges faced, and the opportunities that the sector offers, can be embraced to deliver genuinely positive, appropriate, financially viable, and ultimately humane homes that are suitable for, and desired by, older people. Considering access, care, community, and engagement at a variety of scales is critical,

and understanding the hurdles not only as a developer but also as an older person will better shape future housing and communities that meet and even exceed expectations.

Our most important message remains a simple one: we are all future older people, we are all unique and discerning individuals, we all need appropriate housing at every life stage so we can get on with the important thing in our multi-staged lives – just living.

“ ”

It’s an exaggeration to say that a thousand flowers are yet blooming. But there are, thanks to people driven by public spirit, the profit motive, creative impulse and/or frustration, more and better ideas being put into practice in British housing than has been the case for decades. Importantly, they take many shapes. There are many different ways to live. As, it should be blindingly obvious, there should be: a quick survey of existing villages, towns and cities would show there are many shapes in which to live.

— ROWAN MOORE

ARCHITECTURE CRITIC / THE GUARDIAN

CREDITS

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ABOUT THE PRACTICE

COLLADOCOLLINS

Since its formation in 2004, ColladoCollins has embraced the challenges of complex mixed-use design to create successful buildings and urban environments.

Our knowledge and expertise in the residential sector is derived from our extensive experience of large and small scale residential developments; our portfolio includes mixed-use buildings, bespoke single dwellings, housing and apartments for private sale, social affordable, PRS, and Later Living typologies.

We combine a sophisticated understanding of the commercial challenges facing our clients with a sensitive and sustainable approach, understanding that vibrant and successful places are about creating a holistic and inspiring environment.

ColladoCollins brings a unique approach to the process of designing and developing buildings. We ensure every building we work on perfectly fits its surroundings area in an environmentally conscious, visually arresting, and socially cohesive way.

The thread that ties our work together is our approach. Every one of our clients has a unique set of requirements and our consultative, immersive methods ensure every outcome is different. Each project we undertake offers a powerful aesthetic without jeopardising the environmental or commercial demands.

From early planning stages through to implementation and practical completion, it is our passion and expertise that has delivered over 100 successful projects over the last fifteen years to clients across the globe.

ColladoCollins has a collective, in-depth understanding of the building process with unrivalled skill at unravelling complex planning issues and implementing contemporary, innovative design solutions.

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Carly is an architectural designer and researcher focused on inclusive environments that are radically accessible and wildly engaging for all ages. She is a fellow at the MIT AgeLab, where she contributes to work on the future of livable communities. Carly received a Master of Architecture degree from the Harvard Graduate School of Design and won the 2017 KPF Paul Katz Fellowship to study socially and physically accessible intergenerational spaces in London. Carly has been invited to speak on these topics at the Museum of Modern Art in NYC, with the Senior BEEs in London, and elsewhere. She seeks to share how design can enable and empower people of all ages and abilities. Her very real ‘imaginary older people’ (See Chapter 2) are her grandparents, Mr and Mrs Holton, and her other older friends, who all continue to motivate her to pursue this work.

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Dominic is an architect who has been designing and constructing buildings for older people for over a decade. Initially working with not-for-profit charities to deliver affordable age-designated homes, since joining ColladoCollins in 2015 Dominic has led their work in this sector for a number of clients developing at the luxury end of the market. With buildings shortlisted for the Almshouse Awards (St Clement’s Heights, Sydenham, for St Clement Danes Holborn Estate Charity) and the New London Awards (The Landsby, Stanmore, for Elysian Residences), Dominic’s focus is on designing and delivering beautiful buildings that are desirable places to live and which improve quality of life for their residents.