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# A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people

Commission on the Role of Housing in the Future of Care and Support





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## Foreword

*‘Rebranding residential care as a part of a spectrum of housing options with care is a prerequisite of delivering the 21st-century care system we want to see. Housing with care separates the decisions about the “what” of care from the “where” we live. It starts with the goal of maintaining the everyday rhythms and routines of life; it recognises that feeling included and purposeful matter.’ (CORC, 2014)*

In 2014, the Rt Hon Paul Burstow, chaired the Commission on Residential Care<sup>1</sup> (CORC) which made several recommendations about the future of residential care. Amongst many specific recommendations on topics ranging from inspection to training to funding and workforce pay, CORC called on the Government to establish a shared vision of what role housing with care and support plays and what it should achieve for people it serves in a 21st-century care system.

Much has happened to the social care sector since CORC published its report, including the Care Act, a landmark piece of legislation on social care, the effects of over a decade of austerity and most recently the COVID-19 pandemic, all of which have had far-reaching consequences for the sector. In view of these changes, it seemed timely for this Commission to review the CORC recommendations and explore what more is needed for older people to receive the care and support wanted to enhance quality of life, as they became more dependent in later life.

Even before the pandemic, the House of Lords report ‘Social Care Funding: Time to End a National Scandal’ (Economic Affairs Committee, 2019) highlighted a system not working and, on election, Boris Johnson committed to ‘Fix social care, once and for all’. It will be interesting to see if the Government’s recent announcement of a record investment in health and social care of around £12 billion per year on average across the UK over the next three years, together with plans not only for social care in England, but also, for healthcare and funding, indeed fixes social care.

However, the Government has set some clear objectives for social care: to offer choice, control and independence to care users; provide an outstanding quality of care; and be fair and accessible to all who need it, when they need it. Together they provide a crucial foundation for the role of housing in the future of care and support. It is the case that we do not have enough of a range and quantity of housing in this country to meet the need. Too often older people go into residential care at a point of crisis, when other housing options may have served them better. The Commission’s purpose is to provide evidence,

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1 Demos, The Commission on Residential Care, 2014.

advice and recommendations that offer a way forward for policy-makers, commissioners, and providers to widen choice and range of options.

Going forward, we need more innovative housing models that offer more choice to people as they age and better partnership working across the whole housing, health and social care system, from top to bottom, and across the public and private sectors. We are most grateful to SCIE for developing this project and providing the secretariat and underpinning research. The Commission would not have been possible without funding from the Dunhill Medical Trust and its commitment to systemic change to secure a healthier later life for us all.

By instigating a national conversation when the eyes of the country are on social care – led through an expert Commission Advisory Panel – and involving thorough engagement with people with lived experience, the sector and beyond, together with a national and international evidence review, we hope this report will constitute a powerful platform from which to call for radical change. Whilst the focus is on findings in England, we hope that the insights from this review will be useful to policy-makers in other countries too. We are most grateful to all those who contributed to their perspectives.

There is clearly a need to harness the collective ambition of all the actors in this under-developed area. We can make a real difference to the lives of those who need housing with care and support, in the context of the current reform of the social care and health system. With moderate investment and galvanised effort, there are huge opportunities to transform the provision of housing with care and support.



**Rt Hon Paul Burstow, Chair, SCIE**



**Sir David Pearson CBE, Independent Advisor**



**Professor Julienne Meyer CBE, Professor Emerita of Nursing:  
Care for Older People at City, University of London**



## Executive summary

The Commission on the Role of Housing in the Future of Care and Support was established in October 2020. Composed of a group of leaders of care and support organisations, academics, experts and practitioners related to housing with care and support, and co-chaired by the Rt Hon Paul Burstow, Professor Julianne Meyer CBE and Sir David Pearson CBE, the Commission was tasked with developing a vision and roadmap for providing more options for housing with care and support.

The Commission focused on the needs of people over the age of 65, although it also takes account of examples of promising practice in relation to working age adults (including those with learning disabilities). The Commission also considered the specific needs of diverse communities who often find it more difficult than others to access high-quality housing that facilitates their care and support.

The Commission believes that as much as is feasible, people should be supported to live in their own homes if they choose to, but there will always be some people who need or want to move from their original home.

This Commission has considered a broad spectrum of currently available housing types that provide access to care and support including: care homes, housing with care (an umbrella term for extra care, retirement villages, assisted living), housing with support (an umbrella term for retirement flats, sheltered housing), Shared Lives, and some forms of alternative or community-led housing, such as co-housing schemes, which for simplicity we refer to as housing with care and support throughout the report.

Despite many reviews and attempts to address these challenges, insufficient progress has been made in terms of policy and delivery. The voices of older people and their carers are not consistently heard or listened to and there is an urgent need for central and local government to understand what older people want and need in later life and to create the conditions to enable the housing with care and support market to flourish.

The Commission believes that the Social Care Future vision should be our guiding ‘north star’ as we consider where we want to be in the future:

*‘We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.’*

Moreover, on the specifics of housing with care and support, the Commission further believes that:

*‘In the future, if people are to move into housing with care and support, a good choice of options must be available locally so we are not simply “placed” in a one-size-fits-all approach to care.’*

The case for change is compelling and urgent. Without far-reaching and sustained change nationally and locally, we will see the gap in the choice worsen, quality decline, inequalities widen and the economic costs grow.

At the heart of the vision is the idea that as far as is possible, people should be supported to live in their own homes. But for many people, this will be neither desirable nor possible. In this situation, the Commission has identified seven key principles of excellence that reflect this vision of the future, as well as existing examples of positive practice that demonstrate that such a vision is entirely achievable. These key principles build on other quality frameworks, such as the Think Local Act Personal ‘**I statements**’, the **My Home Life** hallmarks of what good looks like and the Housing LIN **HAPPI** design principles and are depicted below.

### The seven principles of excellence:



**1. Person centred and outcome focused**



**2. Community connectedness**



**3. Strong leadership culture and workforce**



**4. Adopting innovation**



**5. Enabling choice and control**



**6. Promoting equality**



**7. Co-production and shared decision-making**



If we are holistic in our thinking and actions, there is the potential to transform whole communities in the future through housing with care and support. The Commission worked with the co-production collective (a steering group of people with lived experience of different aspects of social care) to envision what we wanted a future place to look like, 10 years from now. The result was Brookmore, an imagined but also plausible place, we would all like to see in the future if we are ambitious for change. Through a place-based, integrated and co-produced approach to developing a vision and plan, and with sustained and focused action thereafter, we believe that Brookmore could be winning awards for the quality, choice and diversity of housing with care and support provision, and benefitting immensely from the growing health and wellbeing of its older population.

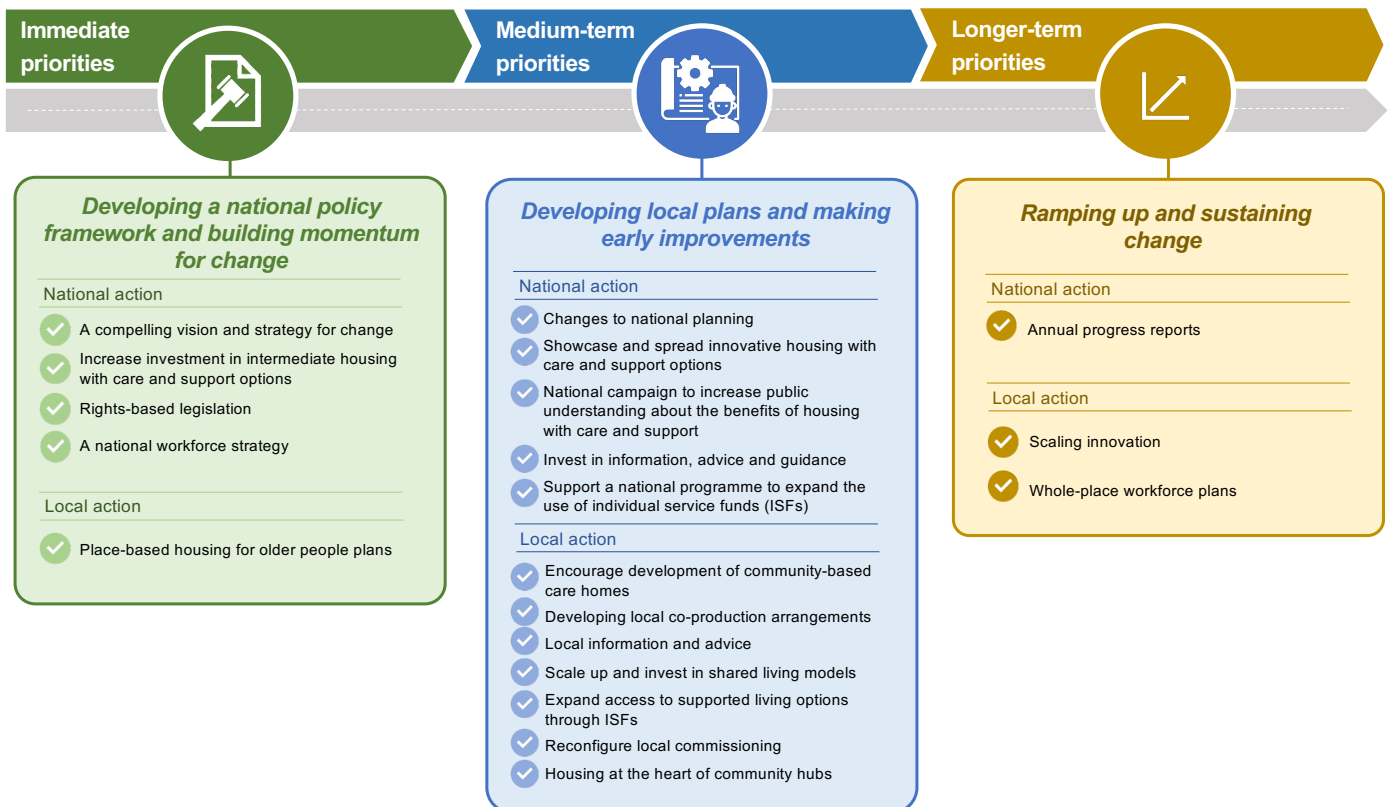
**Figure 1: The Brookmore 2031 vision**



To realise the vision, and to create many more places like Brookmore in the future, we need to overhaul how we plan, commission, design and deliver housing with care and support. This will require concerted action nationally and locally, for at least 10 years.

This should not happen all at once through a big bang approach. It will need a combination of immediate action and actions over the medium and longer terms. These actions, both national and local, are set out in the Commission's roadmap.

**Figure 2: The roadmap**



## Key recommendations

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### National Government

- Create a national long-term vision and strategy for housing with care and support for older people, co-produced with people with lived experience and other key stakeholders, with the aim of greatly increasing availability, quality and choice of housing with care and support options. This strategy should include targets for dramatically increasing the supply of housing with care and support across the country, with a priority being on 'levelling up' supply in areas where there are fewer options and choice.
- Legislate for a new Housing Future Fund (combining both money for capital spend and revenue spending) that obliges local partners including the NHS and local authorities to pool statutory funding and work together to develop a single plan for housing for older people.
- Introduce rights-based legislation, building on the **Care Act (2014)**, which creates legally enforceable standards for housing with care and support, specifying what each person can expect from any housing with care and support provided.
- Increase capital expenditure, expanding the size of existing grants administered by Homes England and the Greater London Authority, to rapidly grow the supply of housing with care and support for those with 'intermediate' and lower needs, such as extra care and supported living. This expenditure should be linked to requirements for local authorities to produce a detailed local strategy and plan.
- Publish a national workforce strategy for social care, which includes six priorities, as previously called for by the **national social care leaders** and applies across all housing with care and support settings.
- Introduce clear definitions of housing with care type housing options – such as extra care and retirement villages – into national planning frameworks. Improve planning guidance so there is clarity on the application of planning use classes, site allocation, and assessment of local needs and demands.
- Strengthen the guidance notes for local authorities on the access requirements contained in the National Model Design Code by referring to older people and also including specific reference to the **HAPPI** design principles.

- Ringfence national investment in local information, advice and advocacy services for older people seeking housing with care and support options and help to move.

### **Local authorities and local partners (e.g. NHS, housing associations, voluntary, private and community sector and people who draw on care)**

- Form local partnerships to produce a single plan for improving housing for older people within a local place, co-produced with people who draw on support. These plans should be developed jointly with the NHS, with budgets pooled to leverage larger capital funding and other inward investments into new developments, and their strategic requirements should be explicitly based on a thorough analysis of needs. The plans should include a long-term strategy for shifting investment into innovative, preventative models of housing with care and support.
- Include the HAPPI design principles along with nationally approved building regulations on accessibility when scoping out the design code.
- Establish and resource local co-production forums made up of, and speaking for, older people from all kinds of backgrounds, to influence planning, commissioning and design of housing.
- Expand the use of Individual Service Funds, a form of personal budget for people who draw on support, to help many more people to access innovative forms of supported living.
- Develop local information, advice and advocacy hubs to give older people better access to information on housing with care and support.

### **Developers and providers**

- Provide a diverse range of different housing with care and support options for older people, broadening choice at all levels of affordability. Developers should ensure that all new developments adopt the 10 HAPPI design principles as a minimum which provide guidelines for the production of high-quality housing with care and support.

# Introduction

The Commission on the Role of Housing in the Future of Care and Support was established in October 2020. Composed of a group of leaders of care and support organisations, academics, experts and practitioners and people who draw on support, and co-chaired by the Rt Hon Paul Burstow, Professor Julianne Meyer CBE and Sir David Pearson CBE, the Commission was tasked with developing a vision and roadmap for housing with care and support. It was further supported by a Co-production Collective made up of people who draw on care and support and carers and a wider reference group of sector experts.

The Commission believes that as much as is feasible, people should be supported to live in their own homes if they choose to, with the necessary adaptations, technology and flexible personal support directed by them, but there will always be some people who need or want to move from their original home.

The Commission therefore examines the range of housing types that provide access to care and support to older adults who no longer live in their original home. This includes the following types: care homes (also referred to residential homes and nursing homes), housing with care (an umbrella term for extra care, retirement villages, assisted living), housing with support (an umbrella term for retirement flats, sheltered housing), Shared Lives, and forms of alternative and community-led housing such as co-housing schemes.

The Commission focuses on the needs of people over the age of 65, although it also takes account of examples of promising practice in relation to working age adults (including those with learning disabilities), where their application to the needs of older people is perceived to be pertinent. The Commission also considers the specific needs of BAME (Black, Asian and minority ethnic) communities, LGBTQ+ (lesbian, gay, bisexual, transgender and queer or questioning) communities and people with disabilities, who often find it more difficult than others to access high-quality housing that facilitates their care and support.

Increasing the choice and availability of housing with care and support for our fast-growing population of older people is one of the most significant policy challenges we face today.

People consulted for this Commission told us that they wanted more choice, better-designed and higher-quality housing with care and support properties, in places that are close to their friends, families and social connections. They also want houses which benefit their wellbeing, health and help maintain their independence.

The definitions of forms of specialist housing which facilitate care and support are complex and there is a lack of agreement on what the right definitions

should be. The Commission looked at a broad range of housing with care and support options including supported living, extra care, residential care and sheltered/retirement housing, and for simplicity we will refer to these forms of housing as housing with care and support during this report.

This complex challenge we face demands a better, and more coordinated, national and local approach to how we invest in, commission, plan, design and deliver housing with care and support. The roadmap presented later in this report proposes new ways of achieving this. Seizing this opportunity will require courage and a fundamental shift in both policy and mindset – one that looks at what we can do collectively across the whole system, rather than in our own part of the ‘sector’.

To realise the vision of choice and better housing with care and support for older people, leaders within local authorities, the NHS, and housing and development organisations, as well as politicians, regulators and central government, need to change the way they work with communities to develop and implement new plans for housing with care and support. It will require genuine co-production that involves people in the design, planning, commissioning and delivery of housing with care and support. The roadmap set out later does not seek to solve every problem the sector faces and it is ‘a’ roadmap rather than ‘the’ roadmap for all aspects of housing, social care and the workforce. Its development has, however, involved a very wide range of expert stakeholders and, we believe, provides a robust starting point for making meaningful change.

## Scope

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This Commission has considered a broad spectrum of currently available housing types that provide access to care and support as highlighted in the box on page 9. We use the umbrella term ‘housing with care and support’ to describe these, but we recognise that there are different views about what the definition should be. Care provided in and alterations made to general housing is not within the scope of this Commission, but does, of course, form an important part of the wider housing context and the choices available to older people, and has recently been addressed through the Centre for Ageing Better’s [‘The Good Home Inquiry’](#).

## Definitions of the housing with care and support models covered by the Commission

**Care homes** (also referred to as residential homes and nursing homes) are places where personal care and accommodation are provided and regulated together as one package. People may live in this form of housing for short or long periods. Whilst care homes are used for respite care, for many people it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Some care homes, sometimes called nursing homes, are also registered to provide qualified nursing care for those who need it.

**Housing with care\*** (also known as retirement communities or integrated retirement communities – which includes extra care housing, assisted living and retirement villages) are purpose-built (or purpose-adapted) with accommodation that is owned, part-owned or occupied under a tenancy agreement. Staff are typically based 24 hours a day on site, with optional care and domestic services available. Individual, self-contained accommodation is in a building specifically designed to facilitate the delivery of personal care and support to older adults; with access to, when needed, extensive amenities on site or in the wider community.

**Housing with support** (also known as retirement housing – which includes sheltered housing or retirement flats and sometimes bungalows) consists of self-contained homes for sale, shared ownership, or rent and have scheme managers and emergency call systems. It usually has a shared lounge and may have a shared garden, laundry facilities and a guest room. Typically, it consists of 40–60 units. It also includes **supported living** (also called supported housing) is for people who can either live by themselves with support or share an ordinary or purpose-built home with a small number of other disabled adults of working age or older people. If the latter, each person normally has their own bedroom. The rest of the property is communal space and normally this will include at least a living room and kitchen/dining area.

**Shared Lives** supports adults over the age of 16 with learning disabilities, mental health problems or other needs that make it harder for them to live on their own and is regulated by the Care Quality Commission. It is growing in popularity for older age groups and is seen as an alternative to supported living or residential care. The schemes match someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs.

**Homeshare** is a form of shared living which brings together people with spare rooms with people who are happy to lend a hand around the house in return for affordable, social accommodation.

**Co-housing** (also called community-led housing) is a form of housing for sale or rent that combines self-contained accommodation with some shared communal facilities. There are a few schemes that have been developed specifically with older people in mind.

\*At the time of writing this report, the Associated Retirement Community Operators (ARCO) has proposed a new term for housing with care, 'integrated retirement community' which has emerged out of extensive research. As the Government develops its new vision for housing with care and support, and more clearly sets out defining it, this new terminology should be considered.

In considering the full spectrum of housing with care and support options available to older people, the Commission takes the view that everyone should have the right to choose and access a variety of different forms of housing options to best suit their needs. The Commission does not seek to highlight specific models as 'better' or 'worse', as there is no 'one size fits all' and individual choice and personalisation as well as support needs, must remain at the heart of any future model.

The Commission has sought to understand housing with care and support options for older people from a wide range of perspectives: people who draw on care and support together with their carers, general public planning for their own futures, housing developers, health and social care providers, staff working with or for providers, housing operators, NHS and local authority commissioners of state-funded health and social care and self-funders, councillors and planning officers, relevant national government departments, charities and representative organisations for housing, health and social care.

The Commission is guided by three co-chairs and advised by a panel of 14 commissioners which met together four times. The group was supported by SCIE's Co-Production Collective and a secretariat. The work is also informed by a Stakeholder Reference Group.

## The Commissioners

- Rt Hon Paul Burstow, Chair of SCIE and former Minister of State for Care Services (2010–12) – Co-Chair
- Sir David Pearson CBE, Independent Advisor and former Chair of the Social Care Sector COVID-19 Support Taskforce – Co-Chair
- Professor Julienne Meyer CBE, Professor Emerita of Nursing: Care for Older People at City, University of London and Co-founder of My Home Life – Co-Chair
- Jane Ashcroft CBE, Chief Executive, Anchor
- Dr José-Luis Fernández, Director Care Policy and Evaluation Centre, London School of Economics



- Professor Martin Green OBE, Chief Executive, Care England
- Edel Harris OBE, Chief Executive, Mencap
- Richard Jones CBE, Chair of Board for Shared Lives Plus
- Julie Ogley, Immediate Past President, Association of Directors Adult Social Services and Director of Social Care, Health and Housing, Central Bedfordshire Council
- Professor Alison Petch, Chair, The Dunhill Medical Trust
- Jeremy Porteus, Chief Executive, Housing LIN
- Vic Rayner OBE, Executive Director, National Care Forum
- Dr Ossie Stuart, Trustee, Social Care Institute for Excellence
- Andrea Sutcliffe CBE, Chief Executive, Nursing and Midwifery Council
- Dr Jane Townson, Chief Executive Officer, Homecare Association
- Michael Voges, Executive Director, Association of Retirement Community Operators
- Emma Williams, Relatives and Residents Association

## Evidence

The Commission drew on the following six strands of evidence to inform the roadmap:

- An online public perception survey of 1,543 people conducted via YouGov
- A mapping exercise of the housing with care and support sector
- A cost-benefit tool designed to enable local authority commissioners to explore the financial costs and benefits of developing extra care, residential care, Shared Lives and sheltered housing. The tool was developed jointly by SCIE and Private Public Limited and can be found in appendix 3
- A Directory of Promising Practice containing 42 examples and eight case studies
- Appreciative Inquiry consisting of online workshops and a series of one-to-one conversations. Three workshops were with people with lived experience and carers of people with lived experience and one with providers, including managers and other senior staff. In total, 15 people with lived experience and carers, and nine providers and social workers took part
- Scoping review of the literature

More details of the methodology used for each activity can be found in appendix 2.



# Where are we now?

## Summary

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- Despite several reviews of housing with care and support and social care more generally little progress has been made in implementing meaningful reform.
- The current national policy, funding, regulatory and planning frameworks for housing with care and support are complex and fragmented.
- The supply of many forms of housing with care and support is not keeping up with demand, with the gap in supply of extra care housing particularly acute.
- There are significant regional disparities in supply and in many areas there is a lack a choice in housing options.
- There is a lack of supply for people of all economic backgrounds, including those who are eligible for social care and who are seeking 'middle market' options for purchase or rent.
- The demographic and funding pressures on the system mean that this supply gap will worsen.
- COVID-19 has contributed to rising unmet need and growing market fragility.
- Whilst the availability of new technologies continues to rise, the sector also experiences some challenges in using them, sometimes due to a lack of understanding about how these technologies work or due to the way care is funded and commissioned.
- The range of regulation, both in terms of the Care Quality Commission and planning for new-builds, both hinders new developments and/or repurposing of buildings and also presents a major hurdle for consumer rights and informed decision-making.
- There is a low level of public understanding of housing with care and support and people struggle to navigate the system.
- Advances in technology, new ways of working and collaboration between sectors occurring as a result of COVID-19 need to be 'locked in'.
- Remaining independent is the most important consideration for people (51%) when thinking about needing care or support in old age.
- The voices of older people and their carers are not consistently heard or listened to and there is an urgent need for central and local government to understand what they want and need from care and support in later life.

This Commission's evidence-gathering activities, together with the views of Panel of Commissioners, Stakeholder Reference Group and Co-Production Collective gives us a strong sense of what is needed going forward.

There has been extensive research, evidence gathering, consultations and comprehensive reviews conducted over many years – including the Demos Commission on Residential Care in 2015 – exploring different funding options, but there has been little progress in implementing meaningful reform. Whereas short-term and one-off funding initiatives have helped relieve pressure on the sector, this has also constrained innovation and investment. The Health Foundation has estimated that an extra £1.9 billion revenue will be needed simply to meet demand for adult social care by 2023/24 (The King's Fund, 2021).

The work of the Commission has certainly helped us to understand why progress on meaningful reform has been so challenging. Budgetary responsibility for the various essential elements lies across a range of government departments, responsibility for supply and delivery lies across the public, private and third sectors with, sometimes, competing interests and unaligned objectives amongst others.

The focus of reform needs to pivot from the supply to the demand side to provide a different and more meaningful perspective – that is, putting people and their needs and aspirations at the centre of local decision-making; together with a strong and supportive national funding and regulatory framework to support the changes that need to be made. And as we emerge tentatively from the pandemic, in a world where the demand for more choice and greater consistency of supply will grow all the more emphatically, there are important lessons and good practice examples from which we can learn and build on. We firstly explore the challenges and current position to explain and highlight the important and urgent need for change. We then go on to make some proposals for change – which we believe are achievable – but will require a long-term, and therefore, courageous commitment from all political parties.

## A complex system

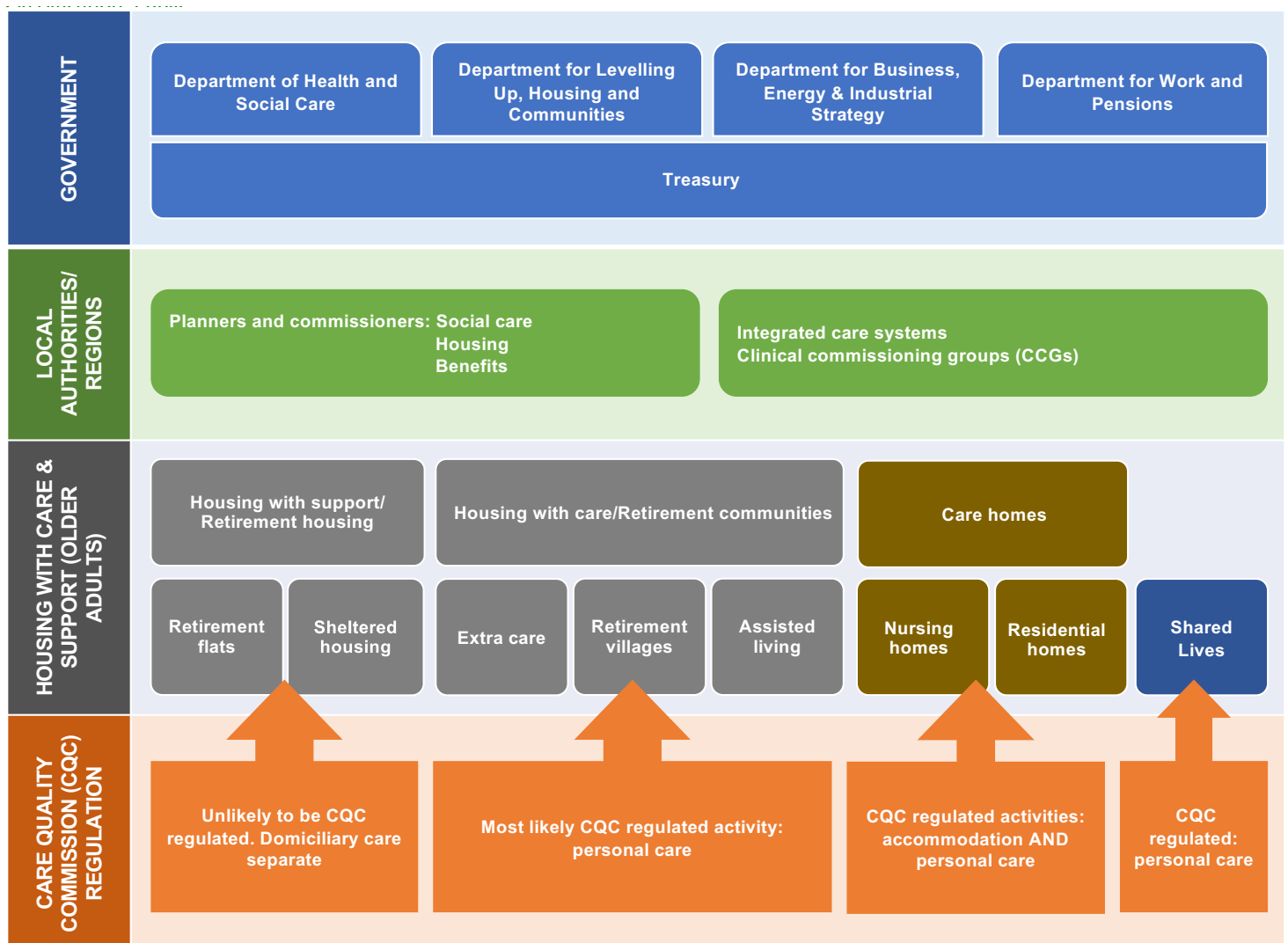
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The mapping exercise demonstrated the complexity of differing definitions, how services overlap, inequalities in Care Quality Commission (CQC) regulation, and the variety of local and national bodies and policy-making groups impacting on these services. A simplified overview of this complexity is shown in [figure 3 on page 15](#) (note, this does not include all the models of housing with care and support included within the Commission).

The cause of this complexity stems from the top. At national government level, responsibility for the following activities is split across departments (see also [ARCO overview](#)), for instance:

- Regulating care activities, health and care integration: Department of Health and Social Care (DHSC)
- Housing investment, building regulations, design and planning guidance, housing needs assessment and leasehold oversight. Wider community and town planning: Department for Levelling Up, Housing and Communities (DLUHC)
- Benefits and funding (individual level): Department for Work and Pensions (DWP)
- Consumer protection, 'green' innovations and building: Department for Business, Energy and Industrial Strategy (BEIS)
- Overall funding decision: HM Treasury
- Healthy ageing mission, dementia strategy, 'levelling up' strategy: 10 Downing Street

**Figure 3: Complexity of the housing with care and support sector**



These different departments have different priorities and varying levels of understanding of the whole system. For example, the Department of Health and Social Care is responsible for health and social care priorities and funds the Care and Support Specialist Housing Fund. It has limited understanding of town planning, building regulations and local authority funding around capital investment projects. Whereas the Department for Levelling Up, Housing and Communities focuses on cohesive town planning and accessibility of homes and buildings, but lacks knowledge of health and social care. Strategic planning for the role of housing in the future of care and support requires better understanding of all parts of the system and enhanced partnership working between departments.

Further complexity is found with differences in CQC regulation between and within different types of settings. Whilst both accommodation and personal care are regulated in care homes, most commonly only personal care is regulated in Shared Lives and in housing with care. In housing with support there is no CQC regulation, but a person living there may receive external domiciliary care and that provider will be CQC regulated. For all the forms of housing outside care homes and Shared Lives, there is split regulation – CQC being responsible for care and the Regulator of Social Housing and Planning Inspectorate for housing.

As reported by the Associated Retirement Community Operators in its report on housing with care and support and planning, the current planning system lacks a clear definition of retirement housing, and there is an inconsistent approach locally for how extra care housing is classified, planned for and delivered (ARCO, 2020).



## A mismatch between supply and demand

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The Commission has consistently heard that there is insufficient supply of many forms of housing with care and support, with a large mismatch emerging in what is available and what people need:

### Shape of provision in England

- There are approximately 11,000 care homes for older people in the UK with capacity to support 416,000 older people (BPF, 2020).
- There are approximately 70,000 retirement community (housing with care) units in England (ARCO, 2020).
- In England in 2019–2020, 11,470 people were being supported in Shared Lives arrangements, of which 1,700 were aged 65+ (Shared Lives Plus, 2020).
- There are approximately 401,000 retirement flat and sheltered housing units (housing with support) (BPF, 2020).
- There are between 22,000 and 30,000 supported living units, 76% of which are shared housing and 24% are self-contained. Older people are the primary client group for under 4% of units (Mencap 2018).

This Commission found evidence that there is a significant gap in the supply of all the types of housing with care and support models covered by this Commission, particularly of housing with care and support for people with intermediate or lower needs, between the UK and other comparable countries is stark. For instance, in the UK 0.6% of people over 65 years reside in a retirement community, where as 5% do in Australia and 6% in the United States (ARCO, 2020).

### Key drivers of this problem

**Demographic change:** Population patterns and projections indicate there will be an increasing number of older people, and that the proportion of people aged 85 years and over will almost double over the next 25 years (ONS, 2018). Many people aged 65 or older have two or more long-term health conditions, and this is increasingly present in younger people as well, with the majority of people aged 50 or over having at least one chronic health condition (CQC, 2021).

**Unmet need:** There is ongoing concern in the sector about the high levels of unmet need from under-investment in the sector (NAO, 2021; The King's Fund, 2020; The King's Fund, 2021). For example, ADASS (2021) report that from 2017/18 to 2019/20 the proportion of people accessing long-term support has fallen by 3% for people aged 65+ and 1% for people aged 18–64. Unmet need

is particularly high for older people and in deprived areas (twice as high) (King's Fund, 2021). The latest Health Survey England in 2018 reported that 24% of adults aged 65 and over surveyed had some unmet need for an activity of daily living (NAO, 2021).

**Geographic distribution:** University of Cambridge (Stirling and Burgess, 2021) estimated that there are 515,666 units of housing with care and support (excluding care homes) which are relatively old, built before 1997/98, and distributed unevenly around England. The supply is far behind projections of need and still mostly built in London and the south east. Similarly, there remain, for instance, only 70,000 extra care units and several local authorities do not have a single extra care scheme. According to Stirling and Burgess (2021), in this case talking about properties for sale, *'A disproportionate number of successful development sites [of housing with care units] can be found in the south east of England; by contrast, private retirement communities are relatively undersupplied elsewhere...the uneven distribution of retirement housing for sale means that options are very restricted for those living outside the south east'*. The Commission heard about older people in the north west of England who have had to move to Scotland, leaving their families and communities due to a lack of housing stock with care and support. Even though care homes make up a big part of the market, it was estimated 71,000 more care home beds will be needed in England by 2025 (Lancet, 2017).

**Price distribution and tenure types:** There is not enough of a range of price points across housing stock with care and support, particularly in some locations. For those whose care is publicly funded (people with assets worth less than £23,250), or who struggle to pay for accommodation, the choices can be very limited. Even though most housing with care e.g., (extra care, retirement communities) is affordable or for lower rent, there are many parts of the country with very low coverage of these kinds of property (ARCO, 2020). The limitations of different lease and price points is highlighted by the University of Cambridge (2021) which reports that whilst the number of leasehold retirement community properties has risen in recent years, and now makes up almost 25% of all retirement homes in the UK, this does not reflect the fact that 79% of people aged 65 and over are home-owners, and 74% own their homes outright. The limited options available at the affordable end of the market does not impact on all groups equally. For example, older adults with a learning disability are less likely to having savings or assets

**Commissioning costs:** Local authorities commission services from third-party providers. The King's Fund (2021) found there were significant differences in the costs of care home places between age groups. Places for working-age adults were nearly twice as expensive (£1,317.45) as for older people (£678.95). For home care costs, there was wide variation between local authorities in the amounts paid, which was between £14.00 and £25.56 an hour.



**Public preferences:** The range of options available do not align with patterns of demand. The Commission's survey found that retirement villages and extra care were the most popular types of housing with care and support, with 69% responding that they would consider living in retirement villages and 55% reporting they would consider extra care. These numbers were significantly higher than support for other types of housing with care and support including care homes (37%), supported living (35%) and Shared Lives (23%).

**Difficulties in delivering new housing development with care and support:** Developers have raised concerns about the delays they face in gaining the permissions they need to progress with new developments. According to ARCO, there is a lack of consistency in the planning system in how housing with care and support is classified, planned for and delivered (ARCO, 2020). There are also very different processes and requirements in different local authorities, adding to the time and cost of development. Furthermore, where land costs are high, housing with care and support developers may be less competitive than general housing developers as the latter do not need to include communal spaces and facilities.

**Cost barriers:** In many instances we heard that people struggled to afford the housing with care and support options available to them. The Commission's survey found there was a great deal of public concern about the cost and affordability of housing options. Many identified it as a top concern in relation to extra care (56%), care homes (49%) and retirement villages (56%).



*'The whole question of how you would fund your care when the time comes is a minefield. Friends have relatives in care and pay £800-£1,000 a week.'*

Survey participant

The survey highlights there is a generally negative public perception around the costs of housing with care and support options for older people.

## Impact of COVID-19

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Changes to services, care home closures, suspension of day centre activities and charities scaling back as a result of the pandemic have all contributed to rising unmet need. COVID-19 left many people unsupported or with reduced support at an already very challenging time. It has also exacerbated the fragility of the market for many providers of housing with care and support. In the first

six months of the pandemic some care homes found themselves having to hand back contracts (The King's Fund, 2020) and deal with significant financial challenges. However, the latest figures from Knight Frank (2020) report that although occupancy in care homes fell by 8.5% on the second quarter of 2020, there was a recovery of 1.2% in the third quarter as care homes started to admit new residents. Pent-up demand is also expected to support a recovery in occupancy but stringent testing and procedures, and hesitancy about moving into care homes among people is likely to slow the pace. Retirement communities (including extra care and retirement villages) have reported that the pandemic has been very financially damaging with higher costs associated with reduced occupancy, personal protective equipment (PPE), additional laundry and additional staff. Most housing with care and support models have not received any financial support during COVID-19 and lack of funding is considered one of their biggest challenges (Housing LIN/ St Monica Trust, 2021).

The unequal impact of COVID-19 has been demonstrated repeatedly. Statistics have shown that people from BAME backgrounds, older people, and people with some long-term health conditions and other disabilities have been hit harder by the pandemic and its knock-on effects, as have people from poorer communities (Public Health England, 2020a & 2020b; CQC, 2020). This means that the problems that were present pre-COVID have not disappeared, and have in fact been exacerbated. Later in this report we discuss how we address inequalities through a new approach to developing housing with care and support.

On the other hand, new ways of working, adaptations of environments in villages and schemes, enhanced communications, and rapid creation of alternative services, facilities and support were among the wide range of innovative changes implemented during the pandemic. For instance, many recent reports (SCIE, 2020; ADASS, 2020; RSA, 2020) have outlined that during the COVID-19 pandemic, the social care sector adapted very quickly to the need to work online. They moved their services online such as assessments, care planning, reviews and outreach – at astonishing pace. As the CQC (2020) has argued, it is important to 'lock in' the positive changes and innovation that the pandemic has enabled, support a learning culture and proactively respond to emerging best practice.

## Skills gaps and recruitment challenges

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The Commission recognises that the pressures facing the social care workforce continue to grow with high levels of vacancies and a projected deficit in the future supply of the workforce. Many social care providers have struggled to recruit enough skilled workers, a situation made worse by the Brexit points-based immigration system (PWC, 2018). Concerns about low pay and high turnover in the sector have also been well documented. The experience of the

social care workforce during the COVID-19 outbreak only helped to heighten the urgent need for reform in their working conditions. ADASS (2020) highlighted that the skilled and compassionate staff have been undervalued by society for too long. Both ADASS (2020) and SCIE (2020) recommended that there is an urgent need for the development of a workforce strategy by the Government in partnership with Skills for Care. This strategy should consider the range of settings and roles that make up the social care workforce, the overlap with parts of the housing management sector, and set out proposals on training, pay, leadership development, career progression pathways and recognition.

## Consumer rights

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The range of regulation, both in terms of CQC and planning for new-builds, both hinders new developments and/or repurposing of buildings and also presents a major hurdle for consumer rights and informed decision-making. Care homes have a CQC inspection rating and report and there can be comparisons between homes, all of which offer some aspects as the standard (person-centred care, dignity and respect, consent, safety, safeguarding from abuse, food and drink, premises and equipment, complaints, good governance, staffing, fit and proper staff, duty of candour, display of ratings). However, due to the lack of transparency it is currently very hard for people to compare between types of housing with care and housing with support.

The Commission has heard from people looking for extra care and from social workers who found that what was on offer for different schemes was very variable. Some schemes are 'more restrictive', for example, not allowing pets. Similarly, there are models of housing with support (e.g. retirement flats) that provide communal spaces, support social activities, facilitate domiciliary care from a specific care provider and have a live-in manager. Others have none of these things, and so do not really offer any meaningful support to people that live there. Another problem we encountered when speaking to people working in social care, is that there is a lack of knowledge about what is available locally and confusion over definitions of different models. We return to this issue later in the report when we discuss the paucity of good information, advice and brokerage.

*'I have social workers who ask me – what is the difference between Shared Lives, independent living and extra care. It's all very confusing'. Social worker*

People living in housing with care and support settings and their families often do not know about, or do not have an obvious way of raising concerns or making a complaint about the service they receive, for example, via an ombudsman.

## Advances and innovations in the housing with care and support sector

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The last decade has seen the acceleration of innovations across the sector, some examples of which we cover later in this report. There have been particular advances in the take-up of new technologies, such as, the remote monitoring of physiological conditions, personal wearable safety alarms, intelligent assistive technology, robotics, movement sensors, remote diagnosis and treatment and digital care planning. COVID-19 resulted in accelerated and innovative uses of technology as the social care workforce was forced to develop new ways of working in the face of a lockdown. It is important to keep pace with these advances, as we have seen that useful technology has the real potential to enhance care experiences and outcomes. This will be all the more important as we develop new forms of housing that facilitates care and support.

However, the Commission has also heard that whilst the development and availability of new technologies continues to rise, the sector also experiences some challenges in using them, sometimes due to a lack of understanding about how these technologies work or as a result of the way in which care is funded and commissioned which can provide little incentive for investment in technologies. It is important that information and guidance about choosing appropriate technologies and help with using them is also available to the social care sector, as it continues to grow. There also needs to be ownership and commitment to the use and funding of new technology by all stakeholders, e.g., the CQC in its legislative capacity, commissioning bodies and providers.

Further evidence of what works is demonstrated through the Dunhill Medical Trust-funded [Technology for an Ageing Population: Panel for Innovation \(TAPPI\)](#) led by the Housing LIN (2021).

Significant progress has been made in relation to age and dementia-friendly housing design. The Housing our Ageing Population Panel for Innovation ([HAPPI](#)) series of reports, for instance, has proved influential in raising awareness of the attractive care-ready design features that can make housing specifically designed for older people something to which to aspire and not dismiss. The Commission's review of promising practice also found innovation in this area. For example, [Cullingtree Meadows](#) (supported living) and [Millers Grange](#) (care home) have both won multiple awards for their use of architecture, interior design and communal spaces to create responsive and accessible spaces that also feel homely, pleasant and calming for residents living with dementia.

Digital advances and technologies rely on a good, stable internet connection which is often lacking in many buildings that support social care activities. For example, a 2019 survey by carehome.co.uk found just 45% of care staff reported that Wi-Fi was available in both bedrooms and communal areas in the

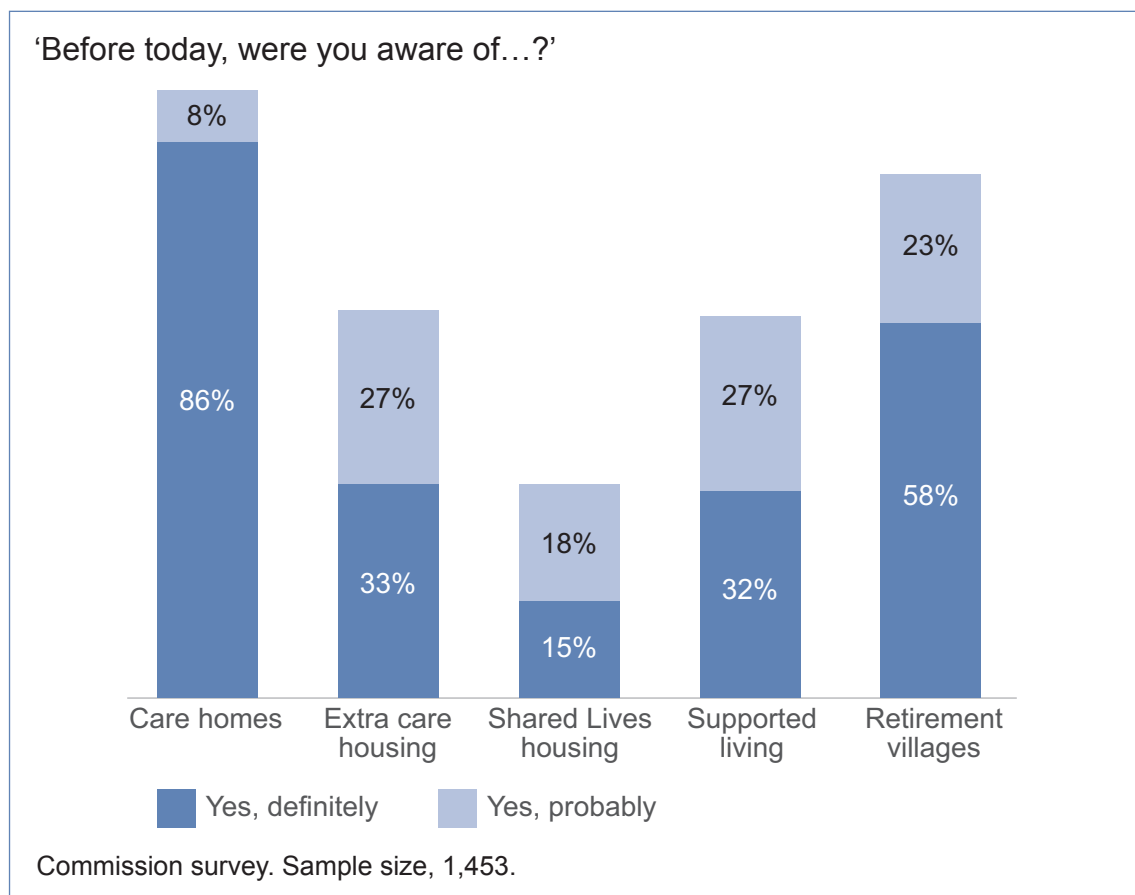
care homes they worked in. In terms of those living in retirement housing, older people on lower incomes are particularly at risk of digital exclusion (Centre for Ageing Better, 2021) as they may not be able to pay for it.

## Understanding and navigating the housing with care and support system

Public understanding of social care and the different housing options that facilitate care and support continues to be limited (Health Foundation, 2018). This is compounded by what the public perceive as a lack of high-quality information, advice, guidance and advocacy support to help people make the right choice.

The Commission's survey found significant variability in respondents' awareness of the different housing with care and support models.

**Figure 4: Public awareness of different forms of housing with care and support**



Perhaps unsurprisingly, 90% of respondents were aware of care homes, with 82% being aware of retirement villages. However, only approximately 33% were previously aware of Shared Lives.

Although people may be 'aware' of some of these options, this does not mean they understand what these different models comprise, in terms of type of

housing or what care and support is provided (Shakespeare Martineau, 2021). Professionals such as social workers can also find the types of housing with care and support options available very confusing. There is huge variation in the types of options that exist, in terms of the physical buildings, the additional services offered, as well as in management, contractual and pricing arrangements.

In a recent survey, most people thought it was too difficult to find the right information (56%) and found the care system too complex (e.g. costs and payment options) to find their way through (78%) (Just Group, 2020). The Commission also heard about people struggling to find and access information. Many people depend on articulate and dedicated family members to find their way through, and even these family members can find it difficult to access information.



*'We get tossed into a maelstrom at an age where very many cannot cope with it.'*

Carer

Across the UK, approximately 2 million people over the age of 70 have access to the internet (Centre for Ageing Better, 2021), but many may not be very confident using it. People who draw on support, their families and providers unanimously agreed that the accessibility of information needs to extend beyond the internet. Whilst many older people are online and comfortable with searching the internet, others are not (especially those on low income). Even those with expertise reported it was difficult to compare between options and found it almost impossible to search for suitable housing with care and support by location, housing type, care need and financial situation. Websites simply could not answer questions that people had as well as a 'knowledgeable person who listens'. They highlighted the need for advocacy and support in understanding the different options and making decisions about housing with care and support.

Many people have their first experience with accessing information and advice about their housing with care and support options at a time of crisis. For example, when someone has a fall, or a stroke and ends up in hospital, or if their carer dies or becomes unwell. It is often at the time of hospital discharge that people often find themselves having to make decisions under pressure (Rhynas et al, 2018). Moreover, it is not only people who draw on support and

families that are under pressure, but also social workers who are hard pressed to find quick solutions.

*'If you are doing that job often enough you get to know how it all works but if you are cast into it in an emergency you aren't sure.'*

Social worker

Although it was felt that decision-making at a time of crisis would still be hard, having some 'baseline' knowledge about housing would be helpful to know what questions to ask.

Advice about housing options does exist, but funding for it can be limited and for a fixed term only. Recently, EAC has reopened its **advice service**, following a two-year closure due to lack of funds.

## Public perceptions and concerns

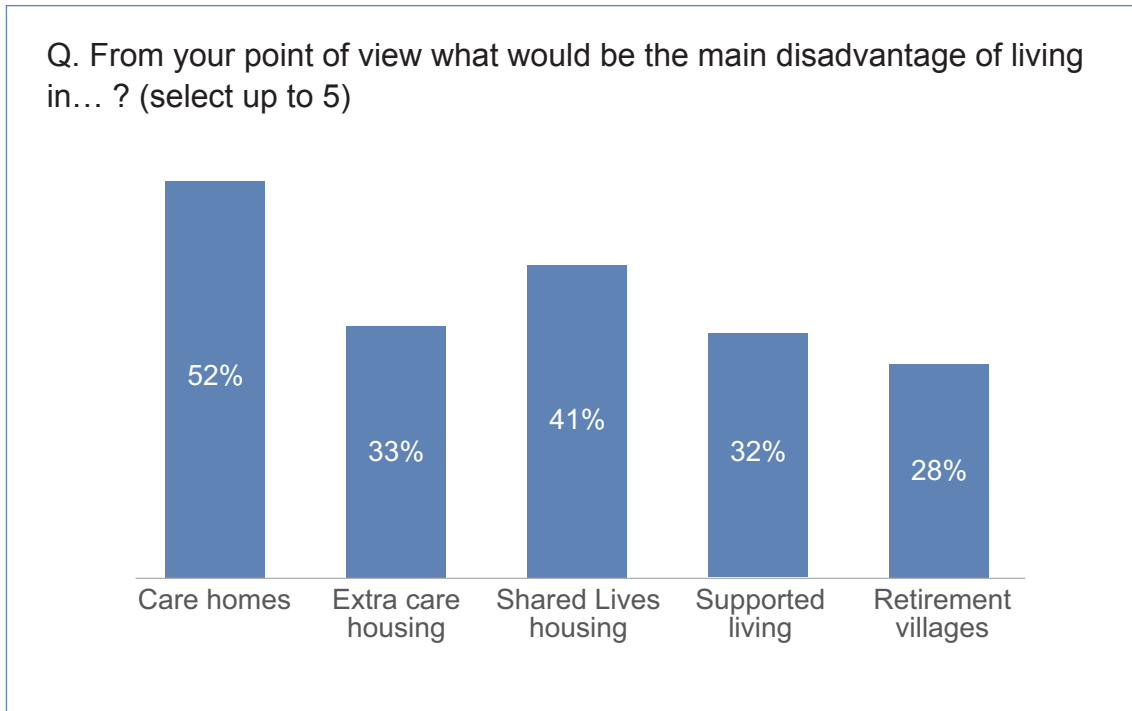
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Whilst public attitudes towards social care are generally positive, with satisfaction with social care provision high (The King's Fund, 2021), historically there have been some people who are concerned about the quality of care in some types of provision. These concerns have risen since COVID-19 and there is a need for change, for the public to better understand and re-build confidence in the social care system.

### Fear of potential neglect and abuse

The King's Fund (2018) identified neglect and abuse as one of the key challenges that is facing the sector and that needs to urgently be tackled. The Commission's survey reinforces these findings, with fear of abuse and neglect as one of the public's top three concerns regarding care homes, extra care and retirement villages. The fear of abuse and neglect was highest in regard to care homes, where more than half of the respondents (54%) identified it as one of their top concerns (compared with 28% selecting the possibility of abuse as one of their top concerns about living in a retirement village). Whilst bad practice and abuse must be highlighted and driven out, misconceptions about the actual prevalence can be very damaging. This again highlights the urgent need for people to have access to better information and advice, in order to counter these concerns of fear of abuse and neglect.

**Figure 5: Percentage of people who selected ‘possibility of neglect or abuse’ as a top 5 concern in each setting**



### Particular concerns about care homes

The Commission’s survey found that care homes in particular have a poorer reputation with the general public compared with other settings. Only 37% of people said they would consider living in a care home. When only looking at respondents who are 65+ a similar picture emerged, with only 33% saying they would consider living in care homes. The unpopularity of care homes was also identified by people when they were asked about the advantages of different models. For example, across extra care, supported living and Shared Lives, one of the top three advantages identified was that the setting was ‘not a care home.’ The Commission’s stakeholders have emphasised the importance of addressing and changing negative perceptions of the residential care market. Powerful individual stories about positive experience in care homes, particularly in the media, backed by robust evidence are needed.

### Public concerns about the sector following COVID-19

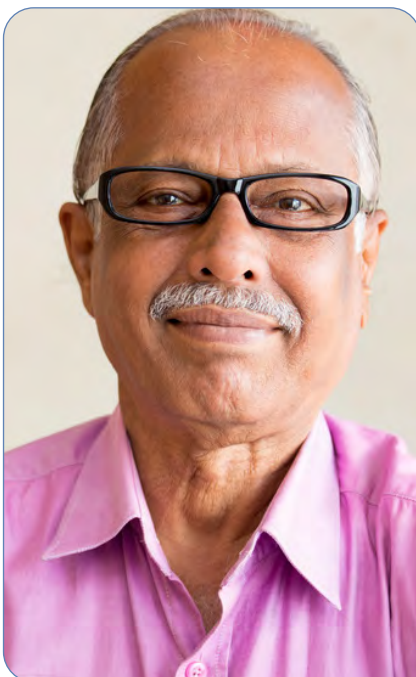
There are also concerns about the quality of care provided, which, according to CQC, varies between regions, sizes and types of care provider (CQC, 2019). These concerns are greatest with respect to the care home sector, where COVID-19 has had a disproportionate impact and significant media coverage. By mid-June 2021, through no fault of their own, there had been nearly 30,000 excess deaths in care homes in England and Wales (ONS, 2021) since the start of the pandemic. In these unprecedented times, managing levels of infection became an urgent priority and this led to social distancing or isolation measures



that impacted on quality of care and quality of life. Perhaps most devastatingly family visits were suspended in many homes, which prevented a crucial source of emotional support for older people. Lack of partnership working between the NHS and care homes meant that older people were discharged from hospital into care homes with COVID-19 furthering spread at a time when care homes found it difficult to access GP and other healthcare services on behalf of the people they cared for. This indicates that people living in residential settings may well have been put at greater risk from general health problems being left untreated, not just COVID-19 (The King's Fund, 2020; CQC 2020; Health Foundation, 2020). The Commission heard that there was a lack of recognition of the impact of COVID-19 on people living in retirement housing/housing with support during this time and this related to a lack of general understanding of both the people living there and the support available for them. There was little or no wider policy support for these settings and people struggled to access food, medication and day-to-day support from their family and community.

*'In lockdown the focus was very much on care homes – but the people there had carers and food. People in retirement housing were forgotten. There is not a lot of understanding of the needs of individuals living in these settings – their needs have crept up over the years.'* Provider

The Commission survey found that 20% of people felt COVID had changed how they felt about moving into housing with care and support. Common themes included people wanting to be able to live alone or at a distance from other people and having access to an outdoor space or garden. Some respondents reflected on their own experiences of sharing accommodation with others during the pandemic and felt they would not like to experience similar again.



*'Living alone has been a blessing as I have been able to self-isolate and keep safe. Especially with the knowledge that care or assisted housing has had a major effect on deaths.'*

*'Care homes are more like prisons. Rules to restrict visitors have been terrible.'*

*'Because I am living in a shared accommodation with some different age groups and that poses a risk of infections and health hazard. Hard to control.'*

Responses to Commission survey

It is difficult to know what the mid- and longer-term effect of COVID-19 on sector perceptions may be. It is also important to highlight that a general public survey cannot reflect the decision-making of people once they actually need additional care and support, or are in a crisis situation.

## Wellbeing and quality of life

People are putting a great emphasis on wanting to live in housing with care and support settings that promote wellbeing and improve their quality of life. For example, the Commission's survey found that remaining independent is the most important consideration for people (51%) when thinking about needing care or support in old age. People have also identified the importance of being close to their families and staying connected to their local communities. This was seen as crucial in combatting the risk of loneliness and isolation. This is not surprising given that 1.4 million older people class themselves as 'often lonely' and it is estimated this will rise to 2 million people over the age of 50 by 2025/26 (Age UK, 2019).

*'If my husband falls ill, I want him to be able to move to a care facility nearby where I can easily visit him. We should be building villages for older people and those with disabilities as part of new estates. Near a community is key.'* Carer

The Commission also heard that it is equally important for housing with care and support developments to focus on building a sense of community within the development, through consideration given to the design and inclusion of social spaces, cafés and other amenities that are open to the public and social activities based on people's preferences. There should also be a focus on building intergenerational connections, with new-builds including people from all ages. Dedicated roles such as activity coordinators, wellbeing workers and estate managers were identified as being helpful in facilitating a sense of community and in providing support.

*'We need retirement communities where people feel they belong and want to be part of the community.'* Provider

Clearly any evaluation or cost-benefit analysis of different housing with care and support models must also consider impact on people's wellbeing and quality of life. Moreover, evidence must come directly from older people, and this highlights the need to capture subjective experience through research (e.g., using qualitative methods) within an overall robust framework of social impact evaluation.

## Older people are not listened to and not heard

There is also widespread concern about the lack of involvement of older people in planning for housing with care and support at all levels. The Commission

heard that there is a clear perception that the voices of older people and their carers are seldom heard or listened to and that there is an urgent need for central and local government to understand what they want and need from care and support in later life.

*'Listening is just not there. No-one is employing service users on boards etc who make decisions. This is a missing link.'* Provider

Hearing people's voices is also the key to understanding their experiences and providing care and support that is truly person centred. The key is to work in partnership with older people, whether this involves architects listening to older people about the design and layout of new-builds, local councillors attending specific older people's forum meetings or housing with care and support settings listening to what activities they would like to take part in or meals they would like to eat at as part of their daily life. Some of the key areas that people would like to have more of a say in include local authority planning decisions, commissioning decisions, rules for new buildings, e.g. pets, environment and technology in homes, and tenancy options. Currently, much of the focus is on involvement in individual care plans and not enough on involvement in decision-making in relation to all the services and systems that support the delivery of that care plan.

The Commission heard that what is needed is true co-production, at all levels across the system. True co-production is about shifting power to older people so that eventually they are in a position to be able to make the choices they want with regards to housing with care and support.

However, people also identified negative attitudes towards older people as being part of the problem.

*'Older people are not seen as part of the community, seen as has-beens...'* Person who draws on support

*'Need to change assumptions that all older people are sick. People assume that older people are useless, But we don't just die at 60.'*  
Person who draws on support

## **Inequalities in access to housing with care and support**

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The Commission looked specifically at the information, advice, access and concerns of people from Black, Asian and minority ethnic (BAME) communities and those who identify as LGBTQ+. Both represent hugely varied, diverse and, sometimes, overlapping people who have different experiences and concerns and some cross-cutting themes emerged. People from BAME communities, LGBTQ+ communities and people with disabilities have historically found it more difficult than others to access high-quality housing with care and support. These groups all have unique preferences, experiences and information needs

that have not been sufficiently considered in the provision and planning of housing with care and support.

BAME communities have historically been reluctant to access housing with care and support for complex reasons. In a 2001 study of the experience of African-Caribbean people in the Leeds Chapeltown area found that there is a great sense of disempowerment amongst community members in terms of making their needs known and having them met, attributed partly to institutional racism, lack of information, lack of awareness of the decision-making process (Hylton, 2001). It is also important to recognise the huge diversity of BAME communities, with each having specific needs and preferences that have as yet to be identified. The Commission heard that there is a need for smaller housing solutions tailored specifically for particular communities rather than solely relying on integration into existing schemes. The fact that this has been well known since the middle of last decade (Richards, 2006; Sunmonu, 2016) is of great concern. It demonstrates that a lot still needs to be done to address the perceived lack of diversity in housing with care and support settings.

A recent survey on LGBT+ later life housing demand in London (Tonic, Stonewall Housing and Opening Doors London, 2020), highlighted that a far higher proportion (82%) of LGBTQ+ people will age without their support. LGBTQ+ older people reported having concerns about their safety and wellbeing in relation to housing, care and support. Many were concerned about having to 'go back in the closet' or living more restricted lives. Currently, most of the policy focus has been on ensuring providers are LGBTQ+ inclusive (e.g., the Stonewall inclusion standard or the **HouseProud** pledge for social housing). There now are a few LGBTQ+ affirmative (or majority) housing schemes, in the pipeline. For example, **Tonic's** partnership with One Housing Group in London and the LGBT Foundation's work with **Anchor** and Manchester City Council for the first purpose-built extra care scheme in the city. However, there is no 'one size fits all' and whilst a recent survey suggests over half of LGBTQ+ people would favour an LGBTQ+ specific provider, there's a wide range of needs and preferences (Tonic, Stonewall Housing and Opening Doors London, 2020). It was also suggested that it would be wrong to assume that LGBTQ+ specific housing would have an inclusive ethos, especially in relation to non-binary and trans older people. It should be recognised that currently, most LGBTQ+ adults do not have the option of LGBTQ+ specific services (e.g., advice services, housing and/or care services).



*'There is a desperate need for more information and a joined-up pathway that is LGBTQ+ relevant.'* Professor Andrew King, University of Surrey

Another vulnerable group identified by the Commission are those that live alone and are ageing without support from children. The number of one-person households in England is projected to increase by 26% between 2016 and 2041 (Age UK, 2019). Currently, 3.9 million pensioners are living by themselves, up 500,000 from 2008, according to the Office for National Statistics (ARCO, 2021). This means that more people who live alone will need appropriate housing to support them live independently as they age. The National Care Forum along with Ageing Without Children (2020) published a toolkit for providers in relation to older people without children and further emphasised the invisibility of this group, highlighted by the pandemic. Similarly, another overlooked group whose needs are seldom considered are older people with children with disabilities who will need ‘whole family’ accommodation options.

Older adults with a learning disability can be at a significant disadvantage in relation to both accessing housing that can meet their needs and wishes and being involved in decision-making. As previously highlighted, they are a group that are less likely to have assets or savings and so may have a more limited set of choices. For those with more complex support needs, there may be limited housing options that can meet them. People with a complex learning disability or disabilities may need additional support in relation to decision-making, for example, by drawing on Mencap’s **‘Involve me’** guide.

## The economic case

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An independent evaluation of the extra care villages provided by ExtraCare Charitable Trust by Aston University demonstrated that extra care developments can bring significant potential savings in the cost of social care for local authority commissioners. The cost of providing lower-level social care using the extra care model was £1,222 less per person (17.8% less) per year than providing the same level of care in the wider community. ARCO (2020c) estimate that by 2030, extending retirement community provision above current levels to accommodate 250,000 people could generate up to £5.6 billion savings for the UK’s health and social care systems.

At a micro level, a 2019 Housing LIN report for Southampton City Council found that the city’s current provision of housing with care (circa 170 units) had produced a cost benefit to the health care economy of over £334,000 per year. However, this figure was estimated to increase to almost £890,000 per year once Southampton delivers on its ambition to grow its supply to about 450 units of housing with care.

There are 10,000 Shared Lives carers. All are approved following rigorous recruitment and training by one of the UK’s 150 regulated local schemes, with almost complete England coverage. The CQC rates the sector as 96% good/ outstanding and it is typically £30,000 per annum lower cost per person for people with learning disabilities. If all areas caught up with those who use

Shared Lives the most, there would be over 30,000 people benefiting from it, improved outcomes, and saving well over £100 million per annum.

### **Norfolk Development of Housing for older people**

An upper tier authority, Norfolk County Council is not usually responsible for housing but recognised and responded to the need for appropriate and affordable specialist housing, to ensure people can live as independently as possible in the communities they are connected to. Current housing options are limited, which means significant numbers of residential care admissions are being used for people with low care needs whose homes become no longer suitable. The Council also has a higher-than-average number of over 65s living in single-person households.

The Council recognised that it was hard to attract any private investment in affordable specialist housing. This meant that ensuring rents are covered by housing benefits is critical to ensure that build costs don't exceed rental income, in the absence of any capital funding. The Council made a powerful case for capital funding for affordable specialist housing, arguing that it is a pragmatic investment and compares favourably to savings against future residential care. It worked with partners to establish two dedicated capital programmes with a combined public commitment spend of £47 million. Partners involved in the work include new and existing registered social landlords, care providers, local councils, councillors, Norfolk residents, co-production groups and the NHS.

The Council also established a housing strategy as part of its wider objectives which included recognising that Council-owned land was to be considered for specialist housing as a priority for any disposal.

As a result, an independent living scheme to increase the provision of extra care housing by 2028 was established in 2019, and a supported living scheme to increase the provision of supported housing for working age adults was established in 2021. The schemes are run by two full-time staff who work extensively with partners across Norfolk.

Demos calculated that sheltered housing in England brings £486 million in savings per year from the contribution this form of housing makes to reduced inpatient stays, reduced falls and reduced loneliness.

Frontier Economics' report for the Homes & Communities Agency (now Homes England) calculated that the total net benefit per person from investing in specialist housing for older people was £444 per person, with £640 million savings nationally per annum.



## Our vision and the urgent need for change

The Commission agreed to adopt the Social Care Future vision for social care:

*'We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.'* Social Care Future

More recently, as a result of its **Whose Social Care is it Anyway?** inquiry, Social Care Future has elaborated on what this means in relation to housing. It states:

- We should be supported to live in our own homes, with the necessary adaptations, technology and flexible personal support directed by us.
- If needed, we should be supported to plan ahead for ourselves and our families with the information, advice, support and advocacy that helps us make good decisions and choose the right things for us – much of this best comes from our peers.
- If we move from our original homes, a good choice of housing and support options must be available locally so we are not simply 'placed' in one-size-fits-all institutional care.
- When we choose housing with care and support options we must be supported in ways that keep us as free to live as other people do, not putting up with different rules and controls that no one else has to endure.

The vision set out above is as simple as it is compelling. It is the vision of many people who draw on care and support, and we think it should be at the heart of thinking about the future of housing with care and support, The Commission endorses this vision.

As demonstrated in the evidence in the previous section, the case for change is a powerful and urgent one. Successful change will be dependent on commitment to a long-term plan and sustainable funding settlement for social care and a national regulatory framework, consistently applied and tailored for local areas, which encourages developers, investors and customers to invest in a much-expanded, and much-improved, housing with care and support sector.



## Without change

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- We will have a very significant gap in the supply of housing with care and support, particularly for those with intermediate or lower needs.
- Too many older people will not receive the care and support they need that meets their personal preferences and will lose choice, control and independence.
- People will not have any power and control over where they live.

*'I want to remain in society (a mixed-age group) as long as possible, not segregation.'* Appreciative Inquiry participant

- We will fail to address growing inequalities which are faced by older people, LGBTQ+ and BAME communities. Access to good housing with care and support is a critical, intersectional equalities issue.

*'The attitude and approach of society towards older people is not what it should be. Body may look aged but we still have an active mind, skills and abilities that younger people don't seem to perceive.'* Appreciative Inquiry participant

## What we need

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- Simpler and more transparent national policy-making, regulation and guidance, which can lever the step-change we need in the market to see the expansion in access and choice to housing with care and support options.
- Greater use of technology to enable people to live better lives in housing with care and support. There are bountiful examples of innovations in the sector that are greatly enhancing the quality of life for those living in different housing with care and support settings. Yet its use is greatly underdeveloped.
- Combining the spending power of local organisations such as the NHS and local authorities working in 'places' to drive more ambitious developments, either with solely state investment, or as a way to encourage investment and partnership with the private and housing association sectors. Thus freeing up NHS and local authority land for new developments.

- Greater use of people's strengths and social networks through the further development of strengths-based approaches to providing housing with care and support, which enable people to use the assets they already have, as well as the resources available in their wider networks, to grow their independence and wellbeing.

**If we strive to achieve these goals, we will see benefits not just to individuals, but to the wider economy.**





# What should the future look like?

## Summary

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Housing with care and support needs to meet the seven principles of excellence:



**1. Person centred and outcome focused**



**2. Community connectedness**



**3. Strong leadership culture and workforce**



**4. Adopting innovation**



**5. Enabling choice and control**



**6. Promoting equality**



**7. Co-production and shared decision-making**

It is possible that we can transform places in England, if we are determined to develop housing with care and support that meets these standards, as conveyed in Brookmore in 2031.

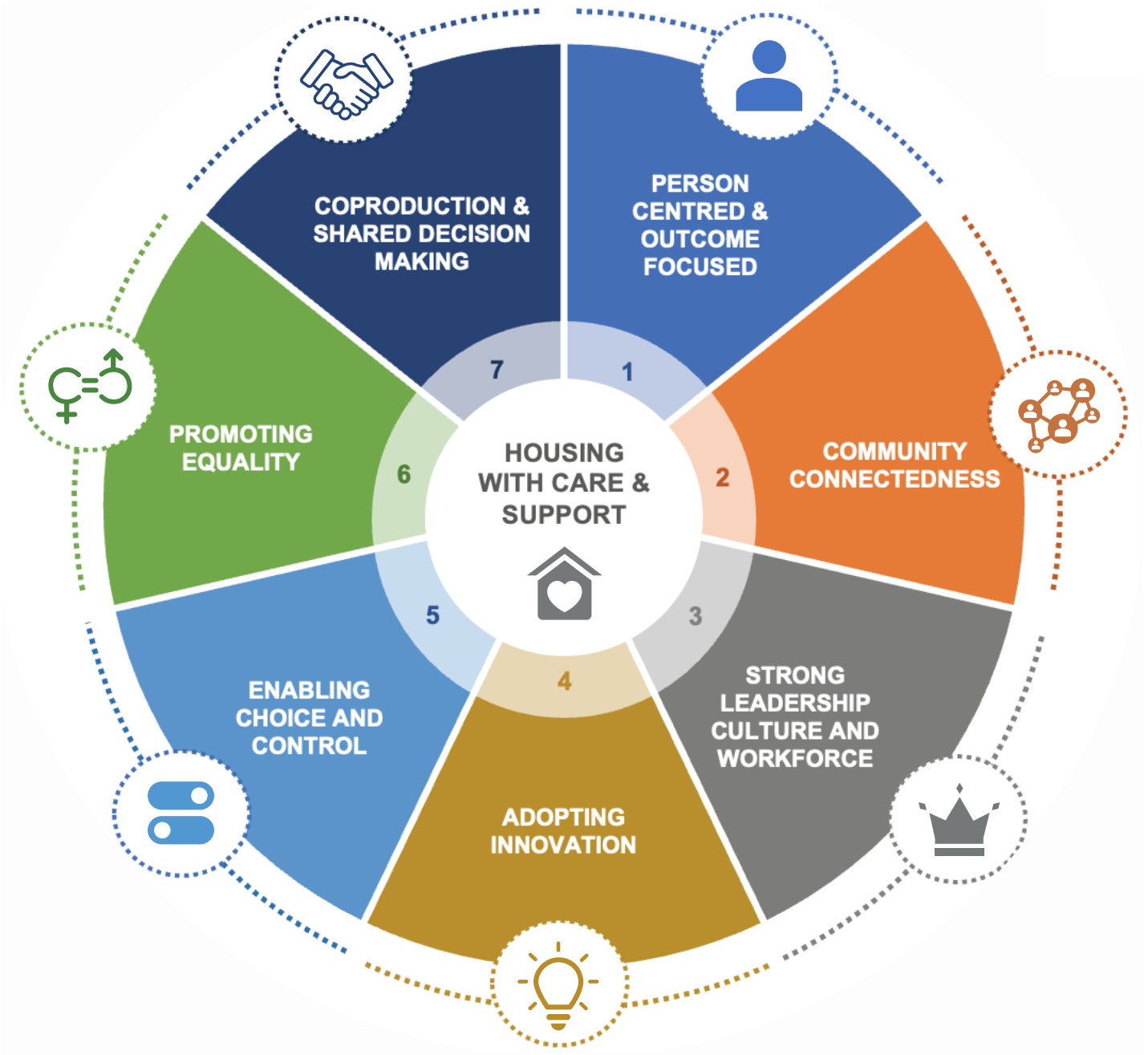
## The seven principles of excellence

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We have set out a case and vision for radical change. In this section, we imagine what the future could look like if such a vision were to be realised 10 years from now.

At the heart of the vision is the idea that as far as is possible, people should be supported to live in their own homes. But for many people, this will be neither desirable nor possible. In this situation, the Commission has identified seven key principles of excellence that reflect this vision of the future, as well as existing examples of positive practice that demonstrate that such a vision is entirely achievable. The Commission has identified the following features that need to be reflected in any future landscape. These build on other quality frameworks, such as the Think Local Act Personal 'I statements' (Think Local Act Personal, 2018), the My Home Life hallmarks of what good looks like (NCHR&D, 2007) and the Housing LIN **HAPPI** design principles. These are:

Figure 6: The seven principles of excellence





## 1. Person centred and outcome focused

What people want for themselves and for their loved ones is personalised care and support that promotes their independence, improves their wellbeing and quality of life, and reduces feelings of loneliness and isolation. Not only is this good for people, but it has an added benefit for society in that it helps mitigate demand for acute secondary care (Housing LIN, 2017).

In practice, this means that all care and support provided must aspire to be person centred and relationship centred, with the focus being on using a strengths-based approach to getting to know each older person and their likes, and dislikes, to create individually tailored and co-produced packages of support.



**Close Care Home in Oxford treats residents as individuals, and care is tailored to meet specific needs with cultural diversity being embraced and enhanced. Staff engage in Life Story work with each resident, learning about their interests, routines and hobbies.**

*'We pride ourselves on being a resident-led care home, as this is your home as much as it is ours. We treat every resident individually and tailor our care to meet your specific needs. Every resident receives an individual care plan which is designed to build upon your strengths and to improve your quality of life, something we are constantly trying to achieve.'*

A better quality of life also means being able connect with others and form meaningful relationships. It is argued that person-centred care can only be delivered by paying attention to the needs of all those involved (relationship-centred care). Users, carers and providers all have an intrinsic need to feel a sense of security, belonging, continuity, purpose, achievement and significance (Nolan, 2006). Building positive relationships is key to a thriving community, both within the setting and between the setting and the local community and wider health and social care system.

Providing people who draw on supports with regular and meaningful opportunities to participate in social activities, interact with family members and maintain or even rediscover hobbies is very important.



**Belong is a not-for-profit charitable organisation which runs seven villages across the north west of England, which have been designed following extensive research and consultation with dementia experts and aim to create spaces which reduce anxiety and confusion. Belong Villages aim to promote diversity and integration, welcoming all age groups,**



creating a place where children can play, families can unwind and residents can receive the support they require. The Village facilities, including the bistro, are open for use by the local community, creating a vibrant hub. Working in partnership with **Ready Generations**, **Belong** plans to open a nursery in its Chester Village in January 2022. This will make it the first intergenerational care village in the North West.

## 2. Community connectedness



Any inspiring vision of the future needs to ensure that people are able to access housing with care and support in both a place they want to live and a community with which they identify. The Commission's survey found 36% of respondents said that living near to friends and family was one of the most important considerations when thinking about care and support in older age. Progress is already being made in relation this.



**Bournville Gardens retirement village provides 212 apartments for those aged 55 years and over, is a close partnership between **The ExtraCare Charitable Trust**, **Bournville Village Trust** and Birmingham City Council.**

The 10 key design elements identified by the **HAPPI** Report have been an important feature of the design of the village. Each home has its own front door, kitchen, living room and one or two bedrooms. All homes have a spacious shower room with basin and toilet and some have their own balcony. Village homes have been carefully designed, combining traditional style with modern technology. The technology is designed to support independence, safety, and mobility in the home without being obtrusive.

**The wider facilities are available for the local community and benefit over 300 older people and encourage social and active participation amongst all age groups in the neighbourhood.**

Creating a sense of community within housing developments is as important as locating these developments close to communities.

In our workshops and conversations, we heard about the importance of social and community activities being facilitated by the housing or care provider, but being led by the people living there. Rather than selecting from a limited menu of social events, people wanted to be able to create



their own. We also heard that not all housing for older people includes any communal space, making it harder to facilitate activities, but correctly managed, this space is hugely beneficial.

Building community connectedness is also about creating partnerships with local communities such as local schools, social groups and faith groups so that residents have regular involvement and interactions with members of the wider community and feel they are active citizens. This can be important to people who identify as LGBTQ+ as they may need support in staying connected to LGBTQ+ groups outside their housing.



**Supportive living development, [Kilcreggan Homes](#) in Northern Ireland, has been developing unique services in response to people who draw on support and their wishes to participate in their community and make a meaningful contribution. From provision of housing and housing-related support, the organisation has extended to create a [unique urban farm](#), social enterprises, a garden centre and café volunteering and supported employment opportunities and a visitor attraction/sanctuary used by the entire community and visitors to the region.**

### 3. Strong leadership, culture and workforce



Strong leadership and a committed management team are instrumental in providing high-quality, personalised care for people who draw on support. This includes leaders fostering a culture of genuine care, concern, awareness and kindness towards people who draw on support, their family/friends, and staff across the organisations. This starts at the top and buy-in from staff is best when they see leaders and managers living the values and vision themselves.

Strong leadership also means investing in workforce training and development. Development of skills and capabilities around supporting people with complex and multiple health and social care needs, including dementia and learning disabilities, is particularly important.

Whilst there are minimum qualification standards expected for managers in care homes, this is not the case across other housing with care and support types, with some housing for older people being largely managed within the housing sector and lacking social care leadership. In addition to workforce training and development, any compelling vision of the future needs to invest in the career progression and job satisfaction of the workforce. As discussed earlier, there are projections of high future vacancies in the social care workforce, as they leave to find more rewarding and financially sustainable jobs.



An example of strong leadership is **Golden Lane Housing** which operates 940 supported living properties for people with learning disabilities and where safeguarding is central. They are passionate about embedding a culture where staff understand that it is everyone's responsibility to help keep an adult at risk safe from abuse. As a result, all staff receive a comprehensive induction programme which includes training on the protection of people at risk. In addition to this, staff receive yearly refresher training on recognising the indicators of abuse and the actions they should follow if they have a concern about a tenant.

## 4. Adopting innovation



A compelling future is one where investment in innovation is recognised, encouraged and facilitated. A key area of innovation is enabling inclusive and accessible design, with all housing in the future reflecting Housing LIN's HAPPI principles which are based on 10 key design criteria. Encouragingly, there are many examples in the housing with care and support sector where inspiring progress has already been made. For example, many developers work in partnership with specialist architects, and centres for excellence on design or dementia research to develop bespoke buildings centred around people who draw on support.



**Village 135** in Manchester is one such retirement community which has been designed to **HAPPI** principles, **Lifetime Home standards**, **Secure by Design requirements** and has achieved a **BREEAM Very Good** rating for its environmental, social and economic sustainability performance. Special attention has been given to the interior design of all circulation spaces to ensure they are both pleasant areas to be, but also to make sure wayfinding is clear and simple. Corridors are wide enough for scooters to pass but not too wide so they feel uncomfortable.

The innovative use of digital technologies will also play a big part in the future of care and support. Even to date, innovations in assistive technology, artificial intelligence, self-care apps, wellbeing calls, integrated records of people who draw on support, and wearables have underscored the enormous value of technology to supporting people to live independent and fulfilling lives.

However, although there are pockets of good practice, embedding the use of technology across the housing with care and support sector will need a

lot of determination. The **TAPPI design principles** were published at the end of October 2021 and again, we call for local and neighbourhood health, housing and care plans need to require their inclusion in the design of housing.

## 5. Enabling choice and control



The future of housing with care and support must include a shift of power and control to people. People need to be able to choose from and access a broad range of options for housing with care and support, regardless of the economic resources at their disposal or where they live.

The growing drive for greater personalisation in social care through the expansion of the provision of Direct Payments and Individual Service Funds (ISFs) can act as a key mechanism for giving people choice and control. Presently, Direct Payments and ISFs are used largely by people to purchase forms of home care, personal care, activities and the time of personal assistants, although this is not without its difficulties (TLAP, Direct Payments, Working or Not Working, 2021). However, there is real scope to expand their use into housing with care and support. ISFs in particular, which involve people who need care and support choosing an organisation to manage their personal budget for them, are a good mechanism through which to enable more people to access forms of housing with care and support that they prefer, although few local authorities encourage their use at the moment. They are already being used to support people with learning disabilities to access supported living accommodation with potential to expand their use into housing for older people, including supported living and extra care.

Additionally, to enable improved choice and control, we need better independent and impartial information, advice and advocacy. The Commission heard that there is an urgent need for forward planning, to ensure people start to think about their options in their 50s and 60s. By understanding more about housing options, people would be starting from a stronger position in the event of a crisis situation, and in some cases may avoid the crisis altogether. For example, a person who cannot be discharged to their own home following a hospital stay may only have the option of a care home presented, but may ask about extra care options if they already knew a little about it.

The Commission heard that information about housing with care and support options needs to 'be clear, be specific, and be local'. People want to know what each type of option is, what it offers, what it costs and how to access local provision. Clarity of language is key. Moreover, older people also want

to know about financial eligibility, the associated costs and the benefits they are entitled to, and that this is an area that social workers can be reluctant to talk about.

*'What about a guide for good practice on how to share information? Local information talks need to be very clear on what is being provided. A lot of information can be overwhelming.'* Provider

People with learning disabilities as well as people living with dementia and other conditions that impact on cognition should be supported, following the principles of the Mental Capacity Act (2005). The MCA focuses on an individual's right to make their own decisions, and assumes that a person has the capacity to make the decision (**principle 1**). Every effort must be taken to encourage and support the person to make the decision for themselves (**principle 2**). Information needs to be presented in an accessible way for all groups, along with support for communication and to understand preferences (for example, '**Involve Me**' practical guide from Mencap).

In terms of 'where' information could be found, general practices were identified as a specific community hub where people should be able to get information on housing with care and support. The information does not need to come from GPs themselves (although they have an important signposting role), but there is a big potential for an additional role, a 'community manager', or 'information advisor' who could act as a bridge to social care.

*'It's about interface – e.g. if someone in the GPs had all local care homes and information and support that was on offer – very helpful.'* Provider

## 6. Promoting equality



In a compelling future, high-quality, personalised and accessible housing with care and support will be easy to access for everyone, regardless of their age, ethnicity, gender, sexual orientation, or disability. To start, this means that people from BAME, LGBTQ+ communities and people with disabilities should be able to access advice and information about housing with care and support that meets their needs. However, it is not just people with these protected characteristics that need support, but also lower income groups and those living in deprived areas who face similar challenges in accessing information and advice. Furthermore, there is an urgent need to expand the housing with care and support options available to these groups that not only

meets their specific needs and preferences but is also designed and planned in consultation with these groups.



**Meri Yaadain**, meaning ‘my memories’, is a Community Interest Company which seeks to raise awareness of dementia in Black, Asian and minority ethnic (BAME) communities. Recognising that dementia can be a taboo subject for many people in the BAME communities, Meri Yaadain aims to raise awareness of dementia and its symptoms and behaviours amongst the BAME communities. It also works with service providers to challenge inequalities regarding availability of information, including accessible languages, and culturally appropriate dementia support services. They are committed to working in co-production with BAME people living with dementia and their family carers to design and deliver culturally competent training for organisations and individuals.

## 7. Co-production and shared decision-making



Providing housing with care and support that meets people’s needs is only possible if people themselves have been involved in the commissioning, planning and design of housing development and in shaping their own care and support plan. In the Commission’s survey, 31% of respondents said that being involved in decision-making was one of the most important considerations when thinking about care and support in older age. The level of engagement the survey received, including detailed responses to the open-ended questions highlighted that the wider public will engage in this topic and many would like to if invited.

There are many ways in which people should and can be involved in co-production and shared decision-making at an operational level. For example, a growing number of housing developments now have tenant panels or resident representative bodies that play a vital role in improving the quality and responsiveness of the care and support provided.



**Strong Life Care** is a care home that has implemented an initiative called ‘Recruit with the Resident’ allowing residents to be involved in the interview process for new staff candidates. Management recognise that ultimately, it’s the resident’s home and it is the residents that potential candidates will be supporting. Residents can ask the candidate questions about their past experience, why they

**want to work in care and their reasons for wanting a role in a particular home.**

**Co-production and shared decision-making, which SCIE defines as ‘people who use services and carers working with professionals in equal partnerships towards shared goals’, will not only enhance outcomes for people who use services, but also help ensure that resources are better spent.**

**Funding, commissioning and regulatory structures need to change to embed co-production into the structure of policy-making, local authority planning, local commissioning, design, building and the running of services.**

There is also an important role for co-production at strategic levels. In Bristol for example, an older person’s Housing Action Group was established to advise on future housing development. The Group recruited more than 40 older people with an interest and/or expertise in housing, housing development and housing policy. The Group initially identified five important themes:

- Community – feeling part of the community and staying in your own community
- Choices – need for housing choices in the community and more advice/information about choices
- Planning ahead – need to start at a younger age (before retirement)
- Home adaptations and repairs – poor design and shortage of advice and information; impact of housing associations moving to remote management (poor support and maintenance and reliance on online communication)
- Influencing – older people need to be involved in all stages of planning for housing services and housing developments

Similarly, Hammersmith and Fulham Council recently published a Disabled people’s housing strategy 2021, which was co-produced with people who draw on support and those that support them. The Council consulted with the Disabled People’s Commission, Adult Social Care, H&F Mencap, Safety Net – People First, and held three focus groups with disabled residents. The strategy identified four key objectives:

- Create a culture of co-production with disabled residents, and work together with those residents to improve their influence in shaping housing services

- Improve access to housing information with disabled residents including housing options and housing services
- Improve the Council's services as a landlord for disabled residents
- Identify ways to increase the supply of accessible and affordable housing to meet needs with disabled residents

At all levels of decision-making, co-production should be as inclusive as possible (for example, to people with sensory impairment, learning disability or physical disability), with accessible materials and more than one way for people to be involved (for example, face-to-face session with smaller groups).

## Brookmore – a glimpse at the future place

This short vignette imagines a better future. It is a fictitious compilation of perceived best practice and is based on findings from the Commission's research, including discussions with the Co-production Collective.

The imagined future is in a local area called Brookmore, a medium-sized unitary authority in the English Midlands, with a population of 230,000. Of these, 85% identified themselves as White British with 5% non-White. Brookmore has a higher proportion of people over 65 than the average for England. The year is 2031 and Brookmore has been recognised as an award-winning place to live.

**Figure 7: The Brookmore 2031 vision**





## How did it get there?

To find out how Brookmore got to the point of being an award-winning place to live in 2031, we return to 2021, when it set out on this journey.

In 2021 the local authority established a new Housing for Older People Partnership (including representatives from NHS, local housing, care operators and providers, people with lived experience of care and support, the voluntary sector and local housing associations) to agree a long-term 10-year strategy for older people's housing. The strategy was informed by co-production events that were held across the town, involving people from all backgrounds including people with learning disabilities, people from LGBTQ+ and BAME communities. The strategy proposed a vision for transforming care and support, stating that:

*'If the people of Brookmore need to move from their original homes, a good choice of housing and support options must be available so people are not simply "placed" in one-size-fits-all accommodation.'*

To ensure that the strategy would be properly funded, a single ringfenced housing with care and support budget was created, bringing together funding from the local authority, NHS and housing associations, which would be used to support new investments. The partnership recognised that public funding would be insufficient on its own, so published an investment prospectus to encourage investment in new housing developments, which stated:

*'To deliver these options Brookmore is keen to work with all organisations that are involved in these sectors or are interested in expanding their activities. This includes landowners, developers, house builders, architects, landlords and care providers.'*

In return, the council, the NHS, housing associations, and the local university were offered subsidised land that was specifically for use for housing with care and support developments. The council also offered help with planning, funding applications, support with recruitment and procurement and contracting.

The strategy set out a range of ambitious goals, based on what local people wanted:

- A large increase in the proportion of people with care and support needs are living well and independently in a housing with care and support home of their choice
- Significant reductions in wellbeing inequalities for excluded groups and communities
- Delivering economic development to the area and age-friendly communities

It also included a mix of agreed concrete measures (e.g., the number, type and quality of properties delivered, wellbeing surveys, indicators for age-friendly

communities, measures of local economic impact (e.g., Local Multiplier 3) to measure this improvement.

Having developed the vision, the Brookmore Housing for Older People partnership created a prospectus which called for investment in local housing developments. The national planning regulations had changed in 2022 requiring all new housing developments to be built to **HAPPI** design principles, tech-ready and reflective of the population needs of the local community. A range of investors were attracted having welcomed the commitment set out in the prospectus to freeing up brownfield sites (including NHS and council-owned) and the long-term vision providing them with a high degree of planning certainty and hence investable propositions.

To drive the delivery of improved outcomes for people who draw on support, Brookmore launched a new long-term commissioning plan which was co-designed with local people, focused on prevention, and connected up and invested in community assets. To support this new plan, new forms of contracting were developed including the expansion of Individual Service Funds (ISFs) which gave people more control over the care they received and alliance contacts, which brought a range of housing and care organisations together to provide greater scale, innovation and choice.

Finally, in 2022 Brookmore decided to become a digital pioneer, forging a close partnership with the local university's computing department, Academic Health Science Network, and local technology start-ups to develop a new health and social care digital strategy.

## **Where are we in 2031?**

The groundwork laid in the last 10 years has fundamentally changed the nature of housing with care and support in Brookmore. By 2031, ISFs were used to fund the creation of 110 co-supported living houses for older people with disabilities and mental health conditions, each of which was co-designed by the older people themselves. David, a 66-year-old man with a learning disability, describes how his life was transformed when he moved into one of these new supported living houses in 2028, paid for through his ISF:



*'For the last 41 years, I've been living in and out of a hospital and residential care, which was often not nice. One time I was living on a ward with 12 people and there wasn't much privacy. Now I live on my own within a small block of five flats where I can get support 24 hours a day if I want. The building also contains shared areas including a recreation room and a laundry, and a shared garden. The first floor has a sleep-in room for staff.'*

*'I definitely prefer this as my home. Everything is close by and I've settled in. I get on with the neighbours and have started making new friends. I have choice now – with meals, what I do and when and buy what I want. At the hospital everyone was in bed by 10pm. Now, if I can't sleep and want to chat to someone, I can go and see Paul in the living room.'*

Brookmore has a sizeable population of older people who require high levels of personal care and access to 24-hour care, including people with later-stage dementia; traditionally served by care homes. Over time, the council has sought to change its commissioning strategy for residential care, decommissioning many of their lower performing and larger 'out of town' care homes and commissioning instead smaller homes and care homes which act as community hubs, with strong links to their local communities and volunteers. Now in 2031, Brookmore has a network of two 'community care homes', providing a combination of care and support (including nursing) not only for longer-term residents, but also for other people requiring short breaks, step-up and step-down care to prevent unnecessary hospital admission, and even information, training and other services for a local community, including a network of volunteers.

For some people, moving into new housing with care and support is not ideal and the model doesn't always provide a good 'fit'. In 2021, Brookmore already had a well-established Shared Lives scheme, but as part of its strategy it began to significantly expand the number of placements. Previously focused mainly on younger adults, the scheme was expanded to include older people, people with dementia and mental health conditions. In parallel, the council expanded its homeshare scheme which brings together people with spare rooms with people who are happy to chat and lend a hand around the house in return

for affordable, sociable accommodation. By 2031, Brookmore has the largest number of older people by population living in either Shared Lives or homeshare schemes.

In 2031, Brookmore has one of the most advanced assistive technology offers in England, winning several awards. Connecting users (including self-funders), carers and providers with the town's digital support centre to co-produce what's needed, people can now access a broad range of leading technology, tailored to their needs:

- Voice activated 'Alexa-style' devices which seek to maximise independence through adaptation of household items such as lights, curtains, heating, doors and TV controls and reminders about medicines and information about social clubs and peer networks
- Connected home devices which integrate artificial intelligence (AI) with technology in the home including smartphones, sensors and wearables to detect whether someone's health could be about to deteriorate, spot a potentially undiagnosed condition, or resolve an immediate social care need, alerting the care professional or family member when required
- Online and easily updatable care, housing and support plans and digital care records
- Virtual wellbeing and health care clinics providing remote consultations, diagnostics and tests, and online peer support groups

The analysis of population needs and conversations with older people showed that there was high demand for extra care housing (developments that comprise self-contained homes with design features and support services available to enable self-care and independent living); and this is another area where there has been significant investment. From the outset, the focus for any new development was ensuring that they were near to local communities rather than in out-of-town sites. Planners and designers were told - 'I want to be close to my friends, people of different ages, and to shops, parks and amenities - not stuck away somewhere!' By 2031, 412 new extra care developments have been built, catering for a mix of people in terms of care needs, differing lifestyles, economic status, age and ethnicity.



One such development is called **Town Square Court...**

Located as 'town within the town' Old Farm is in the north of Brookmore, with a vibrant community centre. Town Square Court is an intergenerational development for older and younger adults and includes 38 self-contained flats, 38 one-bed and six two-bed units, with 24-hour care and support available onsite. There is also one guest suite, so that tenants' family and friends can stay when visiting. In addition, there is a large ground floor with indoor and outdoor space for tenants to enjoy, including a communal space which can also be used by local people for shared meaningful activities.

The Court is managed by a self-managing team which were recruited based on their values, rather than just their education or previous experience, and they will be supported and coached by the Wellbeing Leader to work together effectively. Wellbeing Workers work together with residents of the Court to plan their support and build on their strengths and what matters to them, so that each person can live their best possible life in their new home and within the community.

The strategy Brookmore initiated in 2021 also had a strong focus on ensuring that the town's diverse community's needs were fully reflected in the development of housing with care and support. To this end, several dedicated working groups were established to work with communities to understand and identify their unique preferences, experiences and needs. In 2031, Brookmore has a broad range of housing with care and support houses for people with different needs and backgrounds.



One such development is called the **Women's Housing Collective...**

It is a sheltered mutually owned co-housing property for 30 women aged from 51 to 87. The group first came together to be friendly, mutually supportive neighbours and decided that as they got older they would like to find a way to live together. The development comprises 20 two or three bed flats which are clustered around a walled garden and all have their own patio or balcony. There is a communal meeting room with kitchen and dining areas and residents share a laundry, allotment and guest room.



Another development is **Accent House**...

A community-led not-for-profit housing association for LGBTQ+ people over 55. It is focused on creating vibrant and inclusive urban LGBTQ+ affirming retirement communities where people can share common experiences, find mutual support and enjoy their later life in Brookmore. The properties are a mix of one- and two-bedroom shared ownership homes with access to communal rooms, a wellbeing clinic and 24-hour on-site social care.

People consulted during the shaping of the strategy in 2021 told the partnership that there was a lack of information, advice and advocacy to help them decide on the best housing choices. In response, Brookmore has set up several housing and care information hubs, based in local community buildings which have advice workers who help people understand what housing is available, explore people's finances and the costs of different options and how to plan for moving home. Each hub has a network of trained housing volunteers who can provide more in-depth advocacy, advice and help with paperwork.

Like most towns in England, Brookmore has faced significant problems in finding and keeping care staff. Recognising the workforce challenges in 2023, the integrated care system and council agreed to develop a single health and social care workforce plan. This committed all providers to a living wage for care workers, created a successful cross-sector leadership programme which included leaders in housing with care and support settings, access to lower-cost housing, and clear career progression pathways. In many extra care settings, self-managing teams have been established – small groups of employees who take full responsibility for delivering a service through peer collaboration without a manager's guidance – which has increased retention and job satisfaction in many sites.

## What difference has it made?

Brookmore's coordinated and sustained investment in better housing for older people has transformed the local area. In relation to all national measures, Brookmore now outperforms its neighbours and those in far more prosperous parts of the country; Brookmore has gained the internationally recognised status of being an age-friendly community. The area can now report having:

- lower waiting times for older people to be housed in a property of their choice
- reduced rates of referrals from residential care into hospitals
- high levels of public satisfaction with social care and housing
- reduced falls amongst people over 65
- reduced vacancies for social care workers
- 96% of CQC-registered domiciliary providers working with housing with care operators rated Good or Outstanding
- 85,000 bedrooms released to the market for all generations as some older people chose to downsize into housing with care and support.





# A roadmap for providing older people with housing and care in the future

## Summary

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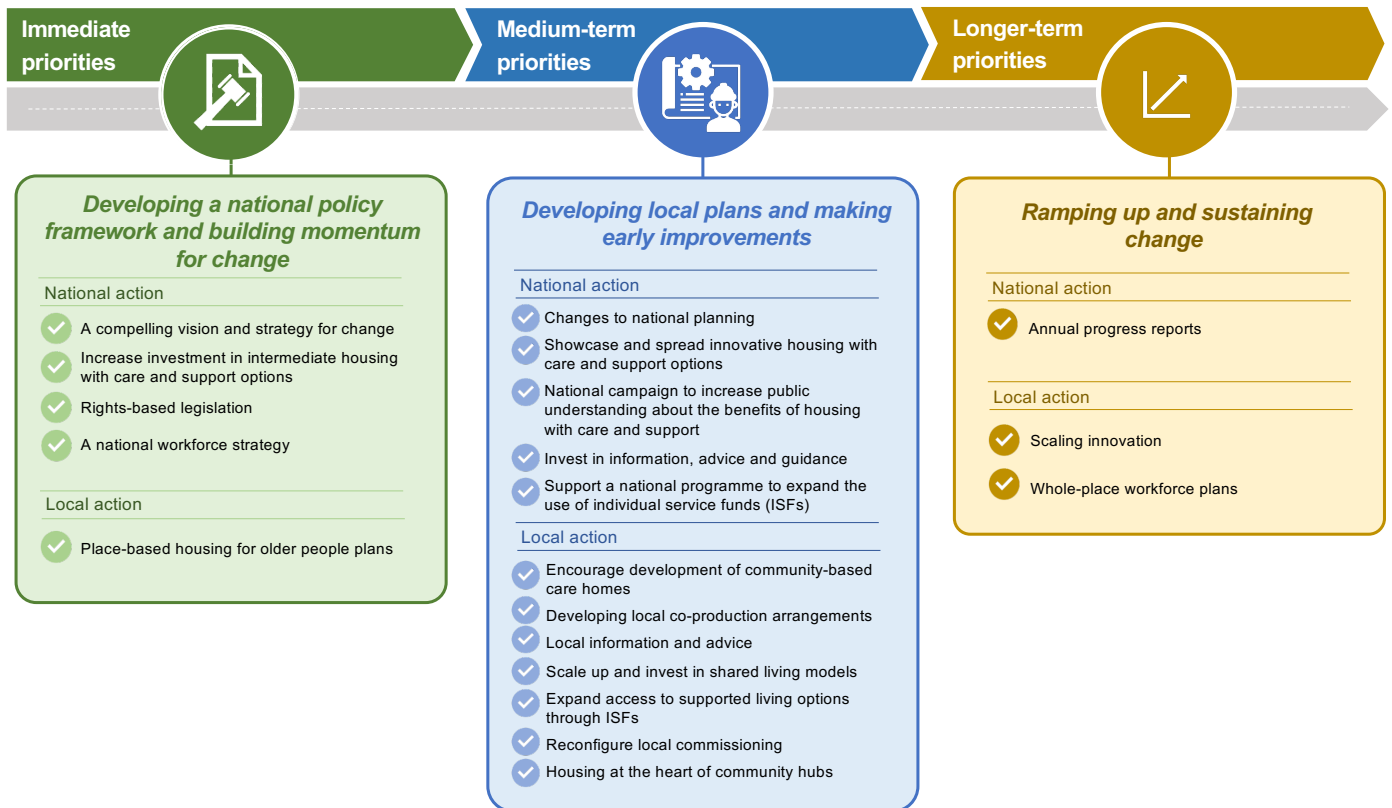
- The Government needs to develop a vision and long-term national strategy for housing with care and support for older people. This should be co-produced with people who draw on support and their carers/families.
  - The Government should invest significantly in housing with care and support and establish a new Housing Futures Fund to invest in coordinated action in local areas.
  - To deliver on this vision, we need concerted action. We set out immediate, medium- and longer-term priorities over the next 10 years.
  - The Government should report annually on progress.
- 

To realise the vision described earlier, concerted and coordinated action at national and locally is required, we envisage over a period of at least 10 years.

Whilst a 'Big Bang' change may be welcome – and certainly some of the action required is urgent – we believe a phased, incremental approach will be needed, building on some of the examples of best practice we have identified.

It is difficult to put exact timings on what needs to happen, so we have separated the actions which need to be taken forward into immediate, medium- and longer-term priorities.

Figure 8: The roadmap



## Immediate priorities



### National action

#### *A compelling vision and strategy for change*

The Government needs to create a vision and at least a 10-year strategy for housing with care and support. This should:

- be co-produced with older people, their carers and families
- adopt the Social Care Future vision as driving statement of intent
- include a clear and more widely agreed definition of housing with care and support
- build a more preventative approach to care and support to help people live independent and fulfilling lives for as long as possible
- demonstrate how it will tackle injustice and long-standing inequalities in access to housing with care and support
- include a strategy for promoting the right conditions for investment from the private and voluntary sector across the country
- create a sense of ownership, responsibility and accountability for all partners involved in delivering this vision.

### *Increase investment in intermediate housing with care and support options*

To level up communities and tackle the growing gap in housing with care and support, the Commission calls for a substantial increase in investment in housing with care, especially in extra care and other forms of housing for people with intermediate needs. A Housing Future Fund should be created, which will:

- combine local authorities' housing and care budgets, together with a contribution from the NHS and from central government
- be made available to local authorities who have a clear plan for housing with care and support (as highlighted in the 'local action' section below), that is joined up and outcomes focused and meets a set of nationally agreed measures
- make allowances to be used to support private and public partnerships so that it can be used to leverage further commercial investment.

### *Rights-based legislation*

The Commission calls for rights-based legislation, which builds on the Care Act, which creates legally enforceable standards for housing with care and support which each person can expect from any housing with care and support provided.

### *Changes to national planning and design codes*

The national planning framework should be revised so that it clearly defines housing with care options within the planning system and sets targets for the delivery of more choice and diversity of housing with care and support, particularly for those with 'intermediate' needs.

Strengthen the guidance notes for local authorities on the access requirements contained in the National Model Design Code by making reference to older people and also including specific reference to the **HAPPI** principles.

### *A national workforce strategy*

- The Commission calls on the Government to develop a national workforce strategy for the adult social care workforce, including the growing number of people working in housing with care and support settings. The development of this should be led by Skills for Care, in collaboration with sector partners and people who draw on care and support.

## **Local action**

### *Place-based housing for older people plans*

Local areas should be obliged through new legislation to produce a single place-based plan for housing with care and support for older people which is shaped by the local authority, the NHS, local planning authorities, other local

partners, and people who draw on care and support. Where responsibilities for housing are split between county councils and district councils in two-tier local authority arrangements, rare two-tier local authorities (county councils and district councils, local authorities should be encouraged to work more closely together). Each plan should include a:

- vision and action plan to support improved health, care, wellbeing and the local economy through investment in housing with care and support for older people
- robust analysis of current supply and future needs
- comprehensive evidence base on the economic and social benefits of developing additional housing with care and support
- targets for how housing demand will be met
- strategy for tackling inequalities in access
- prospectus for investors and developers (see Central Bedfordshire example)

## Medium-term priorities



### National action

#### *Showcase and spread innovative housing with care and support options*

The Government should consider establishing a targeted innovation fund enabling councils and their partners to make a rapid shift towards prevention and person-centred care through more innovative forms of housing with care and support.

#### *National campaign to increase awareness of the benefits of housing with care and support*

The Government should organise a national promotional campaign on the health, wellbeing and aspirational aspects of the different types of housing with care and support, along with information about tenure options and costs involved for different options.

#### *Invest in information, advice and guidance*

The Commission calls for the Government to make a housing information and advice fund available for local authorities to fund the development of more holistic advice services.

#### *Support a national programme to test the feasibility and expand the use of Individual Service Funds*

Think Local Act Personal (TLAP) should be funded to run a national programme to test the feasibility and support the expansion of Individual Service Funds (ISFs) in supporting the development of supported housing and other forms of housing with care and support.

## Local action

### *Encourage development of community care homes*

There should be increased investment in community care homes which are an active and visible part of one's community, such as those which are co-located with community services.

### *Develop local co-production arrangements*

Local areas develop comprehensive arrangements for co-producing plans for housing with care and support with local people.

### *Local information and advice*

Local areas should develop local information, advice and advocacy hubs for housing with care and support which enables people to plan for the future, understand housing options, and understand the finances involved.

### *Scale up and invest in shared living and co-housing models*

Local authorities, working with other statutory partners including the NHS, should invest in and set ambitious targets for scaling up shared living models of housing with care and support such as Shared Lives, homeshare, co-housing, community care homes, and innovative models of extra care.

### *Expand access to supported living options through ISFs*

Local commissions should dramatically increase the level of investment in ISFs to commission supported living for older people.

### *Reconfigure local commissioning*

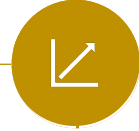
Where possible, longer-term contracts – up to 10 years – should be introduced to encourage providers to invest in innovative models of housing with care and support. Including supported living and Shared Lives.

### *Housing at the heart of community hubs*

Local authorities and their partners should develop housing-based community hubs which connect different types of housing with care and support to a broad range of community services based on a single site such as community rooms, gyms, bistros and shops, and volunteering opportunities.

## Longer-term priorities

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### National action

#### *Annual progress reports*

To ensure transparency and confidence in the national strategy, the Government should produce an annual 'State of the Nation' report setting out what progress has been made on delivering on the strategy.

### Local action

#### *Scaling innovation*

The Commission calls on local authorities, in partnership with other partners such as the NHS, to develop plans which set out how they will support the growth of small-scale, but promising, models of housing with care and support

As local authorities, the NHS and other statutory bodies reduce their office footprint – this land should be made available for housing with care and support developments

Local planning authorities should explore ways to redesignate land currently occupied by unused offices and retail outlets for use by housing with care and support.

#### *Whole-place workforce plans*

Local place-based integrated health and care partnerships should develop whole-place workforce plans which create more equitable and transparent career pathways across health, social care and housing, making it easier for people to 'passport' into different jobs.



## Conclusions

This Commission has looked in considerable detail at the landscape of housing with care and support, where we are now, and where we need to go in the future. In one way or another, over 2,000 people have contributed to the Commission's thinking, giving us a strong sense of what is not working and what needs to work better.

Looking at all this information, the Commission has been able to conclude that we need to urgently address the problems associated with housing with care and support. Despite several reviews of housing with care and support and social care more generally, little progress has been made in implementing meaningful reform. Importantly, we have found that the voices of older people and their carers are seldom heard or listened to in developing plans for housing or social care, but where they have been, they make a significant positive impact.

The task for reform to housing with care and support, is now more urgent. This is due to the publication of the Funding Settlement on Social Care in September, which gave very little detail on how a reformed vision for care and support would be delivered, with a White Paper now promised.

However, we hope that the Government finds the proposed reforms set in this report to be helpful in shaping the planned Social Care White Paper and the Integration White Paper.

This Commission believes we can unite around a compelling vision for housing with care and support, which builds on the vision developed by Social Care Future:



*'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.'*

This means that in the future if people are to move into housing with care and support, a good choice of options must be available locally so they are not simply 'placed' in one-size-fits-all care.

To realise a brighter future, we need to overcome a complex range of challenges:



- The current national policy, funding, regulatory and planning frameworks for housing with care and support are complex and fragmented.
- The supply of many forms of housing with care and support is not keeping up with demand, with the gap in supply of extra care housing particularly acute.
- There are significant regional disparities in supply, and in many areas there is lack of choice in housing options.
- There is a lack of supply for people of all economic backgrounds, including those who are eligible for social care and who are seeking 'middle market' options for purchase or rent.
- The demographic and funding pressures on the system mean that this supply gap will worsen.
- COVID-19 has contributed to rising unmet need and growing market fragility.
- Whilst the availability of new technologies continues to rise, there is a reluctance in parts of the sector to use them in social care, sometimes due to a lack of understanding about how these technologies work.
- The range of regulation, both in terms of CQC and planning for new-builds, both hinders new developments and/or repurposing of buildings and also presents a major hurdle for consumer rights and informed decision-making.
- There is a low level of public understanding of housing with care and support and people struggle to navigate the system.
- Advances in technology, new ways of working and collaboration between sectors occurring as a result of COVID-19 need to be 'locked in'.

## Key recommendations

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### National Government

- To appoint a task force to help create a national long-term vision and strategy for housing with care and support for older people, co-produced with people with lived experience, with the aim of greatly increasing availability, quality and choice of housing with care and support options. This strategy should include targets for dramatically increasing the supply of housing with care and support across the country, with a priority being on 'levelling' up supply in areas where there is less availability of different options and choice.
- Create a new Housing Future Fund which obliges local partners including the NHS and local authorities to pool statutory funding and work together develop a single plan for housing for older people.

- Introduce rights-based legislation, building on the Care Act, which creates legally enforceable standards for housing with care and support which each person can expect from any housing with care and support provided.
- Increase capital expenditure in housing with care, focused as a priority on rapidly growing the supply of housing with care and support for those with 'intermediate' and lower needs, such as extra care and supported living.
- Publish a national workforce strategy for social care, which includes six priorities, as previously called for by the **national social care leaders**
- Introduce clear definitions of housing with care type housing options – such as extra care and retirement villages – into national planning frameworks. Improve planning guidance so there is clarity on the application of planning-use classes, site allocation, and assessment of local needs and demands.
- Reinstate national investment in local information, advice and advocacy services for older people seeking housing with care and support options.

### **Local authorities and local partners (e.g. NHS, housing associations, voluntary and community sector and people who draw on care)**

- Form local partnerships to produce a single plan for improving housing for older people within a local place, co-produced with people who draw on support. These plans should be developed jointly with the NHS, with budgets pooled to leverage larger investments into new developments, and their requirements should be explicit based on a thorough analysis of needs. The plans should include a long term strategy for shifting investment into innovative, preventative models of housing with care and support.
- Establish and resource local co-production forums made up of, and speaking for, older people from all kinds of backgrounds, to influence planning, commissioning and design of housing.
- Expand the use of Individual Service Funds, a form of personal budget for people who draw on support, to help many more people to access innovative forms of supported living.
- Develop local information, advice and advocacy hubs to give older people better access to information on housing with care and support.

### **Developers and providers**

- Provide a diverse range of different housing options for older people, broadening choice. Developers should ensure that all new developments adopt the 10 HAPPI design principles which provide guidelines for the production of high-quality housing with care and support.



# Appendix 1: Governance

## Co-Production Collective

This group is an active part of the delivery team at SCIE and is co-chaired by Dr Ossie Stuart and Ewan King. The group includes people with lived experience of different aspects of social care, including living in residential care and as family members. This group has met six times.

- Trevor Salomon
- Sally Percival
- Jo Barnicoat
- Anne Pridmore
- Kevin Minier
- John Evans

## Stakeholder Reference Group

This group is chaired by Kathryn Smith, CEO, SCIE, and Susan Kay, CEO, Dunhill Medical Trust. The full SRG has met twice and individual and small group consultation continues in relation to specific topics.

- Sue Adams OBE, Chief Executive, Care and Repair England
- Anita Astle MBE, Managing Director, Wren Hall Nursing Home
- Laura Bennett, Head of Policy and Public Affair, Carers Trust
- Simon Bottery, Senior Fellow, The King's Fund
- Sophie Chester-Glyn, CoProduce Care
- Roger Davidson, Director, NHS England and Improvement
- Anna Davies, Policy and Research Manager, Independent Age
- Aisling Duffy, Chief Executive, Certitude
- Beatrice Fraenkel, Mersey Care
- Professor Claire Goodman, University of Hertfordshire
- Chris Hampson, Look Ahead
- Patricia Higgins, Interim Chief Executive, Northern Ireland Social Care Council
- Rachel Hill, CEO, Whiteley Homes Trust

- Nigel Hopkins, Senior Associate, Standards Wise International
- David James, Head of ASC Policy, Care Quality Commission
- Ann Marie Lubanski, Director of Adult Services and Housing, Rotherham Council
- Anna McEwen, Executive Director, Shared Lives Plus
- Dr Tanya Moore, Principal Social Worker, Hertfordshire County Council
- Sue Morgan, Chief Executive, Design Council
- Dr Katharine Orellana, Research Associate, Kings College London
- Anne Pridmore, Co-production Collective
- Nick Philips, CEO, Almshouse Association
- Kathy Roberts, Chief Executive, Association of Mental Health Providers
- Anna Severwright, Co-chair, Coalition for Collaborative Care
- Alyson Scurfield, Chief Executive, TEC Services Association
- Kate Terroni, Chief Inspector, Adult Social Care, Care Quality Commission
- Jim Thomas, Head of Quality, Skills for Care
- Ian Turner, Executive Chairman, Registered Nursing Home Association
- John Verge, CEO, Golden Lane Housing

## **Secretariat**

SCIE acts as the secretariat for the Commission, led by Ewan King (Project Director), Kathryn Smith (Project Director) and Dr Rebekah Luff (Project Manager).

The Secretariat, Co-Chairs and funding body form a Management Team who met monthly to respond to the Panel and steer the Commission.

## **Expert Challenge Group**

The Expert Challenge Group was set up specifically for the cost-benefit analysis. It was co-chaired by Sir David Pearson CBE and Ewan King. The ECG members were:

- Iain Baines, Director Adult Services and Wellbeing, Calderdale Council
- Nicholas Bungay, Director of Strategy & External Affairs, Habinteg
- Jo Chilton, Programme Director, Greater Manchester Health & Social Care Partnership

- Aileen Evans, Chief Executive, Grand Union Housing
- Dr José-Luis Fernández, Director Care Policy and Evaluation Centre, LSE
- Alex Fox OBE, Chief Executive, Shared Lives Plus
- Sam Monaghan, Chief Executive, MHA Housing
- Ian Copeman, Housing LIN

## Appendix 2: Methodology

### Survey

An online YouGov survey of a nationally representative sample of the English public aged 18+, with a boost of people aged 55+ was undertaken.

The survey asked about people's awareness and perceptions of five different housing with care and support types: care homes, extra care, shared lives, supported living and retirement villages.

The survey included a number of open-ended questions which were analysed and themed.

1,543 respondents completed the survey. Of these, 1,026 respondents were in the nationally representative sample and 517 respondents in the 55+ boost. The overall sample includes 167 people aged 75+. Data has been weighted by age and gender (interlocked), region, social grade, and ethnicity.

Fieldwork was conducted between 1 and 8 December 2020.

You can view the [methodology and results](#) from this survey.

### Mapping exercise

In the first phase of the Commission, it became clear that definitions of housing with care and support types were contentious and inconsistent and that even within the sector, much was not known about the variation between the different types.

A mapping exercise of the sector was undertaken to support policy-makers, professionals and the public to better define and understand current models of housing with care and support and to create shared definitions that make more sense to more people. The exercise included the following types of accommodation and key information for each.

This mapping exercise was used to support the design of the cost-benefit tool, and to sense-check aspects of the sector with stakeholders. You can view key information about the sector in [Models of housing with care and support](#).

### Cost-benefit tool

A cost-benefit tool was designed to enable local authority commissioners to explore the financial costs and benefits of developing four types of housing which facilitate care and support: extra care, residential care, Shared Lives and sheltered housing. The tool was developed jointly by SCIE and [Private Public Limited](#). The tool was developed through a mixed-method research approach which involved:

- An extensive review of relevant data and literature
- Interviews with 20 policy-makers, local authority commissioners and representatives of provider organisations
- Engagement on two occasions with an Expert Challenge Group. The group consisted of experts in economic modelling, commissioning and development, and provision of housing with care and support (see Appendix 1 for list of experts).
- Testing of the draft economic tool with 10 local authority commissioners and providers

You can view the [tool, user guide and report](#).

## Directory of Promising Practice and case studies

Examples of promising practice in the planning, design, building and provision of different forms of housing with care and support were identified across the sector by:

- Panel of Commissioners, Stakeholder Reference Group and Co-Production Collective.
- Other recommended key stakeholders, who informed the Commission
- A search of industry awards and others forms of recognition

A total of 50 UK and international examples were collated and coded by the type of housing, location, and the areas of excellence. Of these, 42 have been used to create our Directory of Promising Practice and eight have been developed as full case studies in this report. The roadmap draws on this work, and you can view the [Directory of Promising Practice](#).

## Appreciative Inquiry

Appreciative Inquiry (AI) pays attention to the best in us, not the worst; to our strengths, not our weaknesses; to possibility thinking, not problem solving. It asks questions like: What is working well? How would you like things to be? How can we work together to make it happen? What can we do together to make it happen more of the time?

Four online workshops were held, with some additional one-to-one interviews. Three of the workshops were with people with lived experience and carers of people with lived experience and the other with providers, including managers and other senior staff. In total, 15 people with lived experience and carers of people with lived experience and eight providers took part in the Appreciative Inquiry.



The AI focused on three key areas:

1) Information, advice and advocacy needed to help navigate the housing with care and support system. 2) Co-production in care planning and service development 3) What do we know about 1 and 2 more specifically in relation to the Black, Asian and minority ethnic (BAME) and LGBTQ+ older populations.

### **Scoping review of the literature**

A number of review activities have been undertaken during the course of the Commission:

- Review of the policy documents, reports and sector changes since the 2014 Commission on Residential Care (CORC) in order to understand which recommendations have or have not been taken forward and any barriers that could be identified
- Review of the COVID-19 related reports within the sector, including the financial impact
- A review of literature in relation to housing with care and support in the past four years
- Specific literature searches and reviews in relation to housing with care and support for the BAME and LGBTQ+ older populations
- Ongoing review of recommended literature identified as important by the Panel of Commissioners, Stakeholder Reference Group and Co-Production Collective

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## About the Social Care Institute for Excellence

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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## About the Dunhill Medical Trust

The Dunhill Medical Trust funds remarkable science and the radical social change needed for healthier older age. It supports researchers and communities, systems and services, fundamental science and applied design. It is committed to applying its resources to inspiring and enabling academic researchers (from across the disciplinary range) and health and social care professionals to apply their knowledge and skills to:

- improving the quality of life, functional capacity and well-being for older people now, or
- creating the context for change in the future: preventing, delaying or reducing future health and social care requirements.

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