WINSTON CHURCHILL MEMORIAL TRUST

Alternatives to Long Term Institutional Care for Older People

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Health Innovation Network South London

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Cover image:
'Ginmokusei' housing with care for older people, Chiba Prefecture, Japan

Residents' dining area at Ginmokusei Sakoju, Chiba Prefecture

About the Author

I am Rebecca Jarvis, Director of Operations at the Health Innovation Network (HIN), the Academic Health Science Network (AHSN) for South London. There are 15 AHSNs across England, established by NHS England in 2013 to spread innovation in health and care at pace and scale.

I am passionate about maximising opportunities for people to enjoy their old age and to continue to contribute to their communities as valued members of our society. At the Health Innovation Network I have led programmes of work to improve the health and wellbeing of older people, including initiatives to improve the quality of life and experience of care home residents. I also have experience of working in local government as a strategic commissioner of adult social care services.

As a firm believer of 'pinching with pride' and not reinventing the wheel, I was thrilled to be awarded a Churchill Fellowship in 2019 to research alternatives to institutional care for older people in Japan and New Zealand, and to bring back that learning to the UK.

Rebecca Jarvis

Terminology

The terminology relating to housing and accommodation options for people in later life is confusing and there is no clear consensus in the UK on how to describe the various models of specialist housing for older people. The table below sets out how I have defined the common terms used in this report.

Term	Explanation
Care home	An institution providing accommodation and care for people who are unable to look after themselves. It covers the two main types of care home: • Residential care homes - 'home-style', live-in accommodation with 24 hour supervised staffing for residents who need help and support with personal care, communication, eating and drinking, laundry etc. All meals are provided on site. • Nursing homes – also provide 24-hour support, as above, but with additional nursing care and assistance for people who require medical care.
Housing with care	An umbrella term to describe specialist retirement housing which includes care and support to varying degrees. It does not cover 'sheltered housing' which may offer some support in the form of a warden or emergency alarm system but does not provide any aspects of personal care or home help.
Extra care housing	This describes developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. Residents may be owners, part-owners or tenants and all have legal rights to occupy (unlike residents in care homes). There are usually some communal areas and organised social activities. The majority of extra care housing in the UK is affordable rental accommodation.
Retirement village	A development of bungalows, flats or houses, intended for occupation by older people. Residents are likely to be owners of the property or pay a capital sum for the right to occupy their unit. There is a monthly fee to cover the cost of services (rates, maintenance etc). Most villages provide a range of on-site facilities such as communal lounges, community/activity centres, restaurants, cafes, bars, cinemas, gyms, hairdressers, libraries etc. Some provide support services such as home care, domestic support and healthcare.

Executive Summary

The care home sector is under significant pressure and is struggling to meet growing demand. Alongside this, most people would not choose to move into a care home when they get very old. This research was prompted by the work I have done with the care home sector throughout my career and my belief that there must be an alternative to long term institutional care for older people.

The aim of this research was to explore a range of alternative 'housing with care' models for older people in Japan and New Zealand, countries both known for innovations in this sector. The specific objectives were to determine:

- to what extent the facilities are truly alternatives to residential care
- how replicable these facilities would be in the UK with the main consideration being that of affordability

This research was carried out over five weeks in late 2019. In Japan I visited a range of different models of 'housing with care', whereas in New Zealand I focused purely on the retirement village model. I carried out interviews with researchers, government officials, policy makers and key influencers in each country, and spoke to older residents themselves.

My findings are divided into five themes:

1. **Social interaction** – Many of the places I visited in both countries were acutely aware of the importance of social interaction on people's health and wellbeing. This section describes the approach taken to create opportunities for social interaction between residents, either through formal programmes of activities, or by creating environments which encourage informal socialising.

2. **Connecting with the wider community** - Encouraging interaction with the wider community was an important aspect of many of the facilities I visited in Japan. This section describes how residents in 'housing with care' facilities could stay connected with their wider community.

3. **Safety net** – This section describes how some of the initiatives I visited have achieved delivering the right level of support to older people and their families on a flexible basis to provide the safety net they need to continue living in their own homes.

4. **Scale** – This section describes how excellent person-centred care is provided for people in small, home-like environments. This is particularly important for people with dementia.

5. **Thinking ahead** – Different approaches are being taken to prepare for older age in the two countries I visited. This section describes the approach being taken by Japan at national policy level to prepare for an ageing population, and the approach taken by individuals in New Zealand to plan for their own futures.

Each theme includes case studies of the facilities and initiatives I visited and identifies the main learning points for the UK.

In conclusion my research demonstrates that there is a range of different forms of 'housing with care' which either avoid or delay the need for long term institutional care. There is some evidence of better outcomes for residents, and many of the facilities I visited are cost-effective and could be replicated in the UK.

The final section of the report sets out recommendations to national and local government, property developers and health and care services, including the voluntary sector, for how to progress this agenda. The recommendations are:

1. **Improve awareness of 'housing with care' and its role in supporting healthy ageing**

→ The 'housing with care sector', health and care professionals, local government, the voluntary sector and older people themselves should agree the terminology to be used so that there is a clear definition of the different models and a common understanding of their meaning.

→ Health and care organisations, including the voluntary sector, should update their websites with the new terminology and ensure that it is reflected in the advice provided.

→ The 'housing with care' sector should share positive stories about how 'housing with care' can improve the health and wellbeing of residents to dispel some of the common myths and stereotypes surrounding the sector and create a more positive image.

2. **Increase provision of 'housing with care' services, especially for the middle market**

→ The government should work with the 'housing with care' sector to develop sector specific legislation to protect residents.

→ Property developers should consider adopting alternative business models which spread the cost to residents over a longer period of time.
→ The 'housing with care' sector should strengthen the evidence base for how 'housing with care' contributes to improved health outcomes for residents.
→ Local authorities and property developers should work together on new developments which meet the needs of the local community.

3. Integrate housing and care facilities for older people with the wider community

→ Housing developers and local authorities should exploit opportunities for 'mixed use' facilities, as set out in the government's National Planning Policy Framework. They should work with local residents to ensure that any new developments meet the needs of the community.

4. Commission for outcomes rather than activity

→ Commissioners of social care services should adopt alternative commissioning models which pay for achieving outcomes (i.e. the person is able to continue to live in their own home) rather than activity (number of support hours delivered).

5. Recognise the importance of social interaction and keeping active

→ The government should set out a positive vision for ageing with clear messages about keeping active and socially connected. This will then promote and support a social movement for healthy ageing at the local level.
→ 'Housing with care' operators must ensure that there is dedicated resource to engineer opportunities for social interaction within their facilities and to coordinate and support volunteers.

6. Produce a clear national policy for funding long term care for older people

→ The government urgently needs to initiate cross-party discussions to develop a comprehensive strategy for the long-term funding of care for older people, and engage the public and system experts in this debate.

This section includes suggestions of ways in which the Academic Health Science Networks (AHSNs) can provide support in progressing these recommendations.

St Andrew's Retirement Village, Auckland

Foreword

I have started thinking about my old age much sooner than my friends and relatives of the same age as me and I think that's probably because I have spent a lot of my career working to improve the health and quality of life of older people.

Like many other people, I do not want to move into a care home – to be looked after only by people who are paid to do so. Moving to a care home is often seen by the public as a last resort and is rarely a positive choice. And yet many people do not consider what the alternative could be, let alone actively plan for it. They carry on living in their own home which may be bigger than they need, but full of memories which are hard to let go. And then crisis hits – a bad fall, or a partner dying and suddenly they can't manage on their own, or make it to the upstairs loo, and then what? The hospital is desperate to free up the bed for the next patient, families and friends cannot provide round-the-clock care and suddenly there is pressure to move into a care home.

This is a massive decision to make, not just financially but emotionally too – where you live affects your whole life. It is not a decision to be made under pressure, when you are recovering from a spell in hospital or grieving for your partner. Long term care can be the most expensive thing you will buy, after property, so it needs to be given careful consideration.

The purpose of this report is not to criticize care homes. Many care homes are providing excellent care with dwindling resources and increasing pressures. I have worked with care homes for much of my career, most recently in my role at the Health Innovation Network, the Academic Health Science Network for South London, and I am often astounded by the dedication shown by care home staff to their residents. It's just not what I would choose for myself and that's why I started looking into alternatives.

I believe that this is a pressing issue, relevant to all of us as we grow older and I am hugely grateful to the Winston Churchill Memorial Trust for funding me to carry out this research into alternatives to care homes.

It has been impossible to capture all my learning in this report. During my travels I kept a blog so that interested friends, family and colleagues could read about what I was doing. You can read my blog **here**.

Introduction

One in seven people aged over 85 in England lives permanently in a care home.[1] There are around 5,500 different care home providers in the UK and 11,300 care homes.[2] In recent years there has been an increasing focus by the NHS on supporting care homes to improve the quality of health and care for their residents and the pressures and challenges facing the sector are well understood. These are, in particular:

1. Increasing demand
Between 2017 and 2040 the population of people aged over 65 in England is projected to increase by 49 per cent. The number of people aged over 85 – the group most likely to need health and care services – is projected to rise even more rapidly, from 1.4 to 2.7 million over the same period.[3] This will increase the demand for care services and it is estimated that additional 71,000 care home places will be needed by 2025.[4]

2. Funding pressures
Local government funding has been drastically cut in recent years and expenditure on adult social care has declined in real terms by eight per cent between 2009/10 and 2015/16 in England[5]. One in six care home companies is in danger of insolvency.[6] Unit costs are increasing as residents are entering care homes with a higher level of dependency and complex care needs[7] and 70 per cent of care home residents are living with dementia.[8]

3. Workforce challenges
Many care homes report difficulties in recruiting and retaining staff and have high vacancy rates and staff turnover. Care home workers are on low pay and receive little training, and a quarter of social care staff are on zero hours contracts.[9] The sector heavily relies on EU migrants with a much high proportion of non-British EU nationals in London than in other parts of the country.[10]

Most care home managers work incredibly hard to overcome these challenges and provide a safe and caring environment for some of the most vulnerable members of our society. There are countless improvement initiatives, change programmes and pilot projects at any one time, often driven by the NHS and Local Authorities. In short, a huge amount of time and energy is invested by the public sector each year to support care homes.

What seems to be ignored is that most people would not choose to move into a care home. According to a public survey by Demos, only a quarter of people said they would even consider moving into a care home if they become frail in old age. Even though most people do not want to move into a care home, 41 per cent of residents have to pay for their own care (self-funders)[10]. The average cost for a self-funder in 2016 was £846 per week, nearly £44,000 per year (Local authorities pay £621 per week[11]). Many care home residents are spending large sums of their own money on something they have not chosen for themselves. On the other hand, a quarter of people said they would be interested in moving to specialist accommodation for older people.[12] This suggests that people are wanting a greater degree of choice in the housing options available to them in older age but there is little awareness and understanding about what the alternatives could be, by older people themselves, and the health and care professionals who are in a position to advise and support.

There is some evidence that alternative models of 'housing with care' for older people are effective in supporting older people to live healthy, active lives. Research carried out by the International Longevity Centre in the UK finds that those living in 'extra care housing' (self-contained homes with design features and support services available to enable self-care and

1 NHS England (2016) *The framework for enhanced health in care homes*
2 Competition and Markets Authority (November 2017) *Care Homes Market Study – Final Report*
3 Age UK (2019) Briefing: *Health and Care of Older People in England*
4 Jagger, C., http://www.lse.ac.uk/News/Latest-news-from-LSE/2017/08-August-2017/Care-home-places-needed
5 Source: NHS Digital (2016), Personal Social Services: Expenditure and Unit Costs, England 2015/16
6 See https://www.independent.co.uk/news/uk/home-news/care-homes-risk-closure-failure-one-in-six-adult-social-elderly-moore-stephens-a7891191.html
7 Royal College of Nursing (April 2010) *Care Homes Under Pressure – An England Report*
8 The Alzheimer's Society (April 2016) *Fix Dementia Care – NHS and Care Homes*
9 Age UK (2019) op. cit.
10 Competition and Markets Authority (November 2017) op. cit
11 Competition and Markets Authority (November 2017) op. cit
12 Demos focus group, held 8 Oct 2013 in London for the public survey commissioned by Demos on behalf of the Commission on Residential Care, chaired by Paul Burstow, MP

independent living) are about half as likely to enter institutional care as those living in the community with a domiciliary care package. It also finds that a quarter of residents experience an improvement in their health and a decrease in social care needs after moving to extra care housing and are less likely to be admitted to hospital than those living in the community.[13]

Despite this apparent demand for alternative models of 'housing with care' and evidence of the benefits to the health and wellbeing of older people, market penetration for housing-with-care for people aged 65 and over is lower in the UK (0.7 per cent) than in other English-speaking countries (five to six per cent).[14]

The majority of older people's 'housing with care' provision in the UK caters for those eligible for housing benefit.[15] At the other end of the scale, there are some privately developed 'Retirement Village Communities' but are typically targeted at the upper end of the market and are only affordable to people who have capital to invest in these 'luxury' properties.

To conclude, it seems that the UK is lagging behind other countries in the development of alternative models of 'housing with care', with a particular shortage of privately developed specialist homes in the middle market.

The aim of my Churchill Fellowship is to explore alternatives to long-term institutional care (care homes) for older people by visiting a range of 'housing with care' facilities in countries known for leading the way in this sector, and to bring this learning back to the UK. In my role at the Health Innovation Network, the Academic Health Science Network (AHSN) for south London, I am well placed to share this learning with the health and care sector and, as such, have considered how AHSNs can contribute to progressing the recommendations in the final section of this report.

Countries selected to visit

Why Japan?

Japan is a super-ageing society with 28% of the population aged over 65 in 2018, expected to rise to 35% by 2040.[16] It is the country with the highest proportion of people aged over 100 in the world, according to United Nations estimates.[17] In 2000 Japan introduced the Long Term Care Insurance (LTCI) system which is a compulsory initiative for adults aged 40 and over who pay insurance contributions which fund their long term care in older age. This has resulted in increased funding for the social care sector which has led to a number of innovations to support people to live in their communities.

Why New Zealand?

New Zealand has a high proportion of people over 65 choosing to live in 'housing with care' (5.2%, compared to 0.7% in the UK). The term 'retirement village' is almost always used to describe any housing for later life in New Zealand and care services are provided in the majority of these schemes. The New Zealand Retirement Villages Act of 2003 is the strongest example of legislation specific to this sector in the world and incorporates a range of innovative elements that outline the requirements for operators and offer extensive consumer protection.

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13 Kneale, D., (2011) *Establishing the extra in Extra Care, Perspectives from Extra Care Housing Providers*, ILC-UK

14 Beach, B., (2018) *Stronger Foundations – International Lessons for the Housing-with-Care Sector in the UK*, ILC-UK

15 House of Commons Communities and Local Government Association (2018) *Housing for Older People*, Second Report of Session 2017-19, 9 February 2018, HC360, Para.86

16 National Institute of Population and Social Security Research

17 United Nations, Department of Economic and Social Affairs, *'World Population Prospects: 2015 Revision'*

Methodology

The aim of this research was to explore alternatives to long-term institutional care (care homes) for older people in countries leading the way in this sector and to consider how this learning could be used to increase the range of provision in the UK.

I visited a selection of 'housing with care' facilities in Japan and New Zealand. My specific objectives were to explore:

- How the facilities are funded and how affordable are they
- To what extent the facilities are truly alternatives to residential care, for example, are they able to meet the needs of people with dementia

A further objective was to hear from residents and older people themselves about their experiences of how they decided to move to these facilities and their experiences of living there.

I decided not to focus on the built environment and building design as I feel that there has already been a lot of research into the key principles of design of housing for later life and dementia. Indeed, many of the places I visited had used these principles in their design.

Sites Visited

I visited 18 different 'housing with care' facilities in Japan and New Zealand over a period of five weeks during October and November 2019. A full list of sites visited can be found in the appendix. Most of the facilities were in urban settings and comprised seven different models:

Housing for elderly people with care services ('Sakoju')

These are private rental apartments for older people in Japan. The facilities are entirely 'barrier free' (i.e. accessible to people with disabilities) and include communal areas for dining and socialising. Residents can access care services as needed. The cost of the care services is usually covered by the long term care insurance and the resident funds 'hotel' costs such as rent, utilities and meals.

Welfare housing for people on low income

These facilities are similar models to the Sakoju in terms of private apartments and shared communal spaces but they are provided by a social welfare corporation. People are assessed as being eligible for the facilities if they are on low income and/or meet the threshold for the long term care insurance. They receive subsidised rates for the 'hotel' costs.

Small-scale multifunctional in-home care (also called versatile in-home care services)

These are small scale facilities in Japan which provide a range of services such as day care, home care, overnight respite (short stay) and rehabilitation from the same provider. They are responsive to the needs of the people using the services and aim to support them to continue living in their communities. The service operates a membership model – if people are assessed as being eligible for the services, they are charged a fixed monthly fee which is covered by their long term care insurance.

Group homes for people with dementia

Group homes are a form of residential care for people with dementia, modelled on a Swedish concept. In contrast to traditional institutions, they are small-scale facilities that create a home-like atmosphere and encourage activity and autonomy, while being safe and secure. They are typically designed for groups of around nine people who have a diagnosis of dementia but who are still able to carry out activities of daily living.

Continuing Care Retirement Community (CCRC)

Continuing Care Retirement Communities are small villages in rural areas that bring together older people, students, children with disabilities and local volunteers. CCRCs are part of the Japanese government's strategy to revitalize rural regions by encouraging older people from Tokyo to relocate. The communities have easy access to health and social care services and a wide range of activities that facilitate integration with the wider community.

Naturally Occurring Retirement Community (NORC)

These are public housing complexes that are not planned or designed for older people, but which over time come to house largely older people as their residents grow old.

Retirement Villages

"Retirement Villages" are defined in the New Zealand Retirement Villages Act 2003[18] as having four characteristics – there are more than two dwellings,

[18] Retirement Villages Act 2003, Section 6

they are for people who are predominately retired, the residents have paid a capital sum for the right to live in their unit, and there is a monthly fee to cover the cost of services (rates, insurance, maintenance, gardening, etc). Approximately 95 per cent of residents living in retirement villages in New Zealand have purchased a 'licence to occupy'. A resident pays a capital sum for the right to live in the village and have use of the facilities for as long as they want to live there or are able to live there. At the end of their occupancy a percentage of the initial capital sum (usually between 70 – 80 per cent) is repaid to the resident. In some cases the village will share any capital gain on the resale of the unit. The retained amount (20-30 per cent), usually referred to as the "facilities fee" or "deferred management fee (DMF)", includes the cost of the resident's access to and use of the community facilities and it is charged at the end of the resident's stay in the village rather than at the start.

73 per cent of retirement villages in New Zealand have a residential care facility on site. Most provide a range of facilities such as communal lounges, community/activity centres, restaurants, cafes, bars, cinemas, gyms, hair-dressers, libraries etc. Some provide support services such as home care, domestic support and healthcare. Many of the villages have an activities coordinator and active residents' committees which also organise social events.

My interest was in retirement villages that provided independent living accommodation but also had access to health and care services on site.

Research approach

I identified which sites to visit through desk research and recommendations from experts from the UK, Japan and New Zealand. On site visits I gathered data through:

- Tour and observation of the facilities
- Photos
- Interviews with staff

I also spoke to 21 residents either as part of a focus group or a semi-structured interview. Most of the people I spoke to ranged in age from the mid-70s to mid-90s. They were all living independently with minimal support, although it was clear that some people had early onset dementia and/or some confusion. In addition to the site visits, I met with researchers, government officials, policy makers and key influencers from:

- The University of Tokyo, Japan
- Chiba University, Japan
- Keio University, Japan
- Health and Social Welfare Bureau, City of Yokohama, Japan
- Kanagawa Prefectural Government, Japan
- The International Longevity Centre – Japan
- Age Concern New Zealand
- Age Concern Auckland
- Age Concern Wellington
- The Centre for Research, Evaluation and Social Assessment (CRESA), New Zealand
- The Retirement Villages Association, New Zealand

Themes

During my research a number of themes emerged:

1. **Social interaction – opportunities for residents to interact with others to avoid loneliness and isolation**
2. **Connecting with the wider community – encouraging integration with the wider population by providing legitimate reasons for non-residents to visit and use the facilities**
3. **Safety net – delivering the right level of support on a flexible basis, when people need it**
4. **Scale – small-scale facilities which enabled person-centred care and maximised independence**
5. **Planning ahead – making the move now to prepare for the future**

I have used these themes to structure my findings from this study.

Reflections on my approach: I experienced the following challenges and limitations during my research:

View of residents: Although I had an interpreter with me on my visits in Japan, it was often too difficult to interview Japanese residents about their experiences and expectations. Many of them had significant care and support needs and it was just not realistic to carry out an in-depth conversation through an interpreter. Instead I had to rely on the views and observations of staff who worked in the facilities I visited.

Photos: It was not always clear whether people had given me consent to use the photos I took of them, and I was not always confident that they had fully understood how I intended to use them. Therefore I have only been able to use the photos for which I am confident I have consent.

Bias of views: In New Zealand I only interviewed people who were already living in a retirement village, so I was only interviewing the converted. For a more balanced view, I should have spoken to a similar cohort of people who had chosen not to move into a retirement village.

Time: Many of the places I visited were part of a schedule organised by my hosts. Whilst I was immensely grateful for the amount of organisation my hosts had undertaken, I sometimes felt that I hadn't had enough time to fully understand the complexities of how the facilities were operated and financed.

Staying overnight: I had intended to stay overnight at some of the facilities to gain a richer experience of what it would be like to live there. However, this became logistically very difficult due to the level of organisation and scheduling involved in my trip.

Coffeē shop at 'Gotcha! Wellness', Saienji Community Centre, Ishikawa Prefecture

Theme 1
Social interaction

Housing for older people and students at Share Kanazawa, Ishikawa Prefecture

The prevalence of severe loneliness among older people living in care homes is at least double that of older people living in the community

It is well understood that loneliness and isolation is a risk factor for poor health and increases the risk of dementia. Loneliness is one of the main reasons why people move into residential care[19] but the reality is that the prevalence of severe loneliness among older people living in care homes is at least double that of people living in the community.[20]

Many of the places I visited in Japan and New Zealand were acutely aware of the importance of social interaction on people's health and wellbeing and were focused on creating the kind of environment which facilitates opportunities for informal socialising with others, as well as delivering formal programmes of activities.

Examples:

Wakabadai Housing Estate, Yokohama City, Kanagawa Prefecture, Japan

Wakabadai is an example of a Naturally Occurring Retirement Community (NORC). There are 15,618 residents living in 5,186 apartments and the housing estate has a population that is ageing even faster than the rest of Japan. In 2015, 15.7 per cent of the residents were aged 75 or over. In 2025 this is predicted to almost double. But what is really interesting about Wakabadai is that whereas the rate of certification of long-term needs (people accessing care through the state insurance system) has been increasing in recent years nationwide, in Wakabadai it has been going down.

A NPO (non-profit organisation) has responsibility for running the estate but the Wakabadai Community Associations Federation, staffed by volunteers, leads on community participation. Within the federation, there are ten self organising groups including one specifically to address the needs of older people. The leaders of the NPO and the Community Associations Federation are passionate about making Wakabadai a place where people are supported and have opportunities to contribute to community life.

Within the Wakabadai estate there are many places where people can 'drop in' for a cup of tea and a chat, whether they are a parent of a young child, or a senior citizen. These are welcoming, relaxed and multifunctional places, such as the Himawari (Sunflower) facility, which used to be a butcher's shop. It became vacant and was refurbished by the NPO as a centre for informal social support. It is a place where the

Wakabadai housing estate

different activity groups can meet and socialise (such as the 'senior's sake club'), or for individuals to get advice and support. Himawari has a partnership with the neighbouring 7-11 convenience store which sells discounted food if it is to be eaten in the Himawari facility. It's an effective initiative to encourage older men living on their own, in particular, to get out of their homes and socialise.

It is clear that this is a community that is seriously preparing for the future. In 2025 it is likely that the financial support provided by the government for health and care services will reduce, so the leaders at Wakabadai really understand the importance of creating informal support networks. But they also understand that this doesn't just happen on its own. There are paid staff at the Community Comprehensive Care Centre whose role is to support community initiatives and to identify and support the volunteer leaders. Initiatives include 'chit chat' opportunities whilst waiting for public transport and volunteers checking the post-boxes of older residents living alone, and to alert the authorities if the post hasn't been collected. This approach seems to be paying off as a recent survey of the population in Kanagawa prefecture found that older people in Wakabadai reported significantly higher participation rates in social activities, volunteering and hobbies, compared to the rest of the prefecture.

Share Kanazawa, Ishikawa Prefecture, Japan

Share Kanazawa is a model example of what is known as a 'Continuing Care Retirement Community', although Share Kanazawa itself prefers to use the term 'a town for lifelong activities'.

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19 Policy Studies Institute (1992) *Home Truths: Information about Residential Care for Elderly People*

20 Victor, C.R., (2012) *Loneliness in care homes: A neglected area of research?* In Aging Health 8(6):637-646


Drop in centre at Wakabadai housing estate


Housing for older people at Share Kanazawa

The community is run by a welfare corporation called 'Bussien'. Bussien was started by a priest in the 1960s to provide facilities for children with disabilities. Share Kanazawa opened in 2014, to provide more housing for children with disabilities. The site that became available was bigger than needed, so this prompted the decision to provide facilities for adults as well as children, the aim being to create a community where many generations could live together, moving away from institutional living to living in a community.

There are 32 apartments for older adults in a number of 'sakoju' ('housing with care' services) buildings around the site. Each sakoju building has six to eight rooms around a communal living area. The average age of the people living in the sakoju housing is 78 with the oldest currently 97. There is also accommodation for students from the local art college. They get cheap rent and art studio space in return for volunteering for 30 hours per month. Nearly all the rooms were full and the students seem to enjoy living there.

Share Kanazawa is built on the concept of 'gochyamaze' or 'mingling'. It's about choosing a community way of life – creating an informal mechanism for connecting people. There is a clear understanding at Share Kanazawa that mingling with others benefits health and wellbeing, and the whole complex is designed with that in mind.

Megumi Shimizu, the Corporate Director of Share Kanazawa (who moved in herself two years ago) fully understands the importance of 'mingling' but observed that this doesn't happen naturally so opportunities need to be created. There are so many ways for people to get involved in life at Share Kanazawa; going to the bar or café, meeting at the dog park, taking part in the many events that are put on, taking ukulele lessons, taking care of the grounds, volunteering at the sweet shop for the school kids, going to the hot spring or having a massage. These opportunities are also taken up by the wider community who do not live on site. There are job opportunities for the adults with disabilities, such as working in the restaurant or making up 'bentos' (lunch boxes).

None of this is forced and it is recognised that some of the group events such as the annual Halloween festival will not suit everyone. Due to the informal nature of the community, people can get involved as much or as little as they like and they all have their own space as well. I heard about one man who doesn't like to take part in group events but does enjoy growing his own vegetables. Each year he encourages the local children to get involved in the harvesting.

Selwyn Village, Auckland

Selwyn Village is operated by the Selwyn Foundation which is one of New Zealand's largest, not-for-profit care providers. The village includes 500 apartments for independent living (including some rental properties), 200 care home beds, a day centre for people with dementia and four new dementia households. Selwyn Village is situated on a large site overlooking the harbour with mature landscaped gardens.

"You can participate as much or as little as you want", Resident, Retirement Village

There is a wide range of leisure facilities including a café, gym, swimming pool, theatre, cinema, music room, art studio, function room, library and outdoor putting green. The village has its own mini market, gift shop, hair salon and 'opportunity shop' (second hand shop). Apartments are grouped in smaller 'complexes' and each complex includes its own recreation areas. There is a chapel on site providing regular church services and


Selwyn Village, Auckland

the healthcare facilities include a physiotherapy centre, medical centre and clinic space for dentists, podiatrists and pharmacists.

The Village Resident Hospitality staff organise regular activities such as speakers, classes, entertainers and trips out and there is a Residents' Council which also organises activities. In addition to social activities there are many opportunities for residents to get involved in volunteering, such as working in the gift shop or opportunity shop, helping out at the chapel or reading with school children.

All of the residents I met spoke enthusiastically about the opportunities for socialising and getting involved in the range of activities on offer. They seemed to understand how important it is to join in but appreciated being able to participate as much or as little as they liked. Many of them spoke enthusiastically about the social events arranged by the residents themselves in each of the different apartment complexes, whether this was a weekly 'happy hour' drinks party, a shared dinner in the communal kitchen area on Friday evenings or a coffee morning. Many of them talked about having made very close friends in the complex in which they lived.

Expanding social contacts is one of the main reasons New Zealanders want to move into a retirement village and 50 per cent of residents say that companionship and community spirit is the best thing about village life.[21]

"You never have to be on your own unless you want to", Resident, Retirement Village

Implications for the UK

There is no doubt that Wakabadai is the result of a unique set of circumstances – a cohort of well-educated young families moved into a new housing development where the focus was on quality housing rather than community development, so the community themselves joined together to create the kind of community they wanted to live in, and have remained committed to this cause throughout their lives. Share Kanazawa is the realization of the vision of a social welfare corporation which has benefitted from government subsidies for the revitalization of rural areas through job creation and health promotion. Both of these initiatives from Japan would be difficult to replicate in the UK.

In the UK, the majority of 'housing with care' provision like at Selwyn Village is either 'extra care housing' for affordable rent or private retirement villages aimed at the upper end of the market. Research shows that, like New Zealand, residents of retirement villages in the UK experience similar positive outcomes - the average person living in a retirement village in the UK experiences half the amount of loneliness than those living in the community.[22]

The problem is that we do not have the same range of provision as in New Zealand, with very little provision for the middle market. One reason for this is that the sector in the UK has only recently started to fully embrace the 'deferred management fee' model which spreads out the cost to the resident over a longer period of time. Typically, retirement village operators would aim to recover all of the cost of building the facilities, including profit, at the point of sale to the first owner. The deferred management fee (DMF) model means that retirement villages can be both profitable to the operators and affordable to people on middle incomes.

There are some important lessons from all three examples. In particular, the understanding that even when there is a clearly defined community of older people living in the same place with access to communal facilities, social interaction still needs to be facilitated – it doesn't happen naturally. A great emphasis was placed in all three examples mentioned above on the importance of dedicated roles to engineer opportunities for social interaction. Many of these roles can be provided by volunteers, but there always needs to be some paid staff to provide a coordinating and support function.

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21 Nielsen, A.C. for the Retirement Commission (December 2006) *Retirement Villages Survey*, pp. 40 - 41

22 Beach, B., (2015) *Village Life*, ILC-UK, p.33

Theme 2
Connecting with the wider community

Entrance to Gyozenji community centre, Ishikawa Prefecture

Too often, care homes in the UK are separate from the rest of the community

Too often, care homes in the UK are separate from the rest of the community. This is understandable to some extent – care homes are people's homes and the privacy of their residents must be respected. It may not be considered acceptable for members of the community to wander in and out at will. However, given that most people living in care homes are unable to go out without support, there is a risk that they become cut off from their communities.

Encouraging interaction with the wider community was an important aspect of many of the facilities I visited in Japan. This was achieved through consideration of what the community needs and how to ensure that members of the wider community have a legitimate reason for visiting the facility. Examples included cafés or restaurants on site which are open to members of the public, a sweet shop to entice the children in after school, attractive gym facilities and wellness centres open to the wider public, a place to sit calligraphy exams etc. In all cases, these were facilities of a high quality which were attractive to members of the public.

Ginmokusei Sakoju (Housing for the elderly with care services) – Funabashi, Chiba Prefecture
Ginmokusei is a brand-new building which opened in June 2019. It has 55 single rooms and four double rooms for couples. 90 per cent of the residents have some form of cognitive impairment, some of them with advanced dementia. The 'hotel' costs and care costs are separated, so that residents pay for the 'hotel' costs themselves (rent, food, utilities etc) and then the Japanese insurance system covers any of the care and support needs. It is designed for those on middle incomes.

Situated in a residential area, Ginmokusei is truly in the heart of the community. The glass structure on the front of the building is a restaurant open to the public and literally juts out onto the street, enticing in passers-by. As is typical of many Japanese restaurants it specialises in one type of food (Shabu Shabu - a hot pot of meat and vegetables) and does it well. It is staffed in part by residents at Ginmokusei and business seemed to be booming on the day I visited. The building design is stylish and the focus is creating an attractive space where people can relax and socialise, whether they are residents of Ginmokusei or not. There is also a sweetshop (also staffed by residents) which attracts the local children. They are welcomed into the communal areas of the building on their way home from school.

Residents have their own communal areas (lounge, dining room etc) separate from the public restaurant


Public restaurant at Ginmokusei Sakoju

but doors are not locked, and both residents and members of the community are able to wander in and out as they like. If residents get lost or confused it's not uncommon for members of the community to help them find their way back.

There is no need to market the facility – being part of the community, local people get to know of its existence, and choose to move in when the time is right.

Gyozenji Community Centre (Hakusan) and Saienji Community Centre (Nodamachi), both in Ishikawa Prefecture
Both Gyozenji and Saienji are community facilities in a part of Japan where the population has been declining. There is no accommodation at either of these sites but they are both important hubs in the heart of their communities which provide security and support for older people, and adults and children with disabilities. Both centres are provided by the social welfare corporation, Bussien, which also runs Share Kanazawa (described previously in this report), and have a range of facilities which are used by all members of the community, of whatever age and ability.

Both centres started out as temples. There is still a functioning temple at Gyozenji, which makes an impressive entrance to the facility but the Saienji temple had been abandoned and is now used as a cafe. As described previously, a central philosophy at Bussien is 'gochyamaze' - creating an informal mechanism for connecting people which has benefits to health and wellbeing.

There is an impressive range of facilities at each centre including restaurants, bars, a clinic, nursery school, playground, cooking studio, flower shop, and a hot spring public bath. All members of the public are welcome and people tend to naturally support each other. I was told about the example of the older woman

'Gotcha! Wellness' centre at Saienji community centre

with dementia, who often helps a younger man with physical disabilities to eat his lunch. She gains a sense of purpose from being able to provide help to another person and he gets the support he needs.

Both centres have state of the art gyms and wellbeing centres (including a swimming pool at Gyozenji) called 'Gotcha! Wellness'. It is claimed to be Japan's first community led wellness centre and has 800 members. The yoga class I attended was led by a young women with learning disabilities and there was plenty of support on hand. The facilities are modern and there is no sense at all that they are designed for people with disabilities or 'the elderly'. They are designed to be attractive to all members of the community, with the added advantage of being 'safe' places where support can be given if needed.

Like Share Kanazawa, Bussien receives a government subsidy to run Gyozenji and Saienji as part of the strategy for revitalizing rural areas. At Saienji, which has been open since 2008, the number of households has increased in the immediate neighbourhood from 55 to 76, in contrast to the trend in neighbouring communities which are seeing a population decline. Both centres provide employment and volunteering opportunities for the local population - Gyozenji opened in 2016 and employs 260 people, 130 of them local. 420,000 people used the facilities last year and this number is growing.

There is a lot of national interest in the Bussien approach and it understandable why. Not only are they providing security and opportunities for vulnerable people, they are also revitalising more rural areas in Japan.

Shop and cafe at Gyozenji community centre

Implications for the UK

Facilities such as Ginmokusei could be replicated in the UK. Developers of private housing schemes need to work with local communities to understand what the need is in terms of local facilities, such as restaurants, cafes and/or leisure facilities, and incorporate them in their planning applications. Similarly, housing associations for social housing should work with local authorities and local communities to identify how they develop facilities which are relevant to the whole community. The National Planning Policy Framework does support this approach by making reference to the promotion of healthy and safe communities which 'promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments and strong neighbourhood centres'.[23]

The government subsidy for revitalising rural areas is a significant factor in ensuring the sustainability of Saienji and Gyozenji community hubs and it would be difficult to replicate these initiatives in the UK without funding of a similar nature. Nevertheless, there are some principles of the Bussien approach and Ginmokusei which we adopt in the UK, for example:

- Ensuring that we don't design care facilities in isolation from the wider community
- Designing accessible, yet age-agnostic facilities that are attractive to the wider population
- Creating structures which encourage informal 'mingling' and social interaction
- Creating mutually supportive environments – where people support each other regardless of whether they have identified care and support needs or are members of a wider community.

[23] Ministry of Housing, Communities and Local Government (February 2019) *National Planning Policy Framework*, para 91

Theme 3
Safety net

Sunset Retirement Village, Auckland

The peace of mind gained from knowing that residents are looking out for each other is an important factor in deciding to move into a retirement village

A survey by Age UK found that older people and their families want to know that there is a properly functioning safety net so that they could be confident about continuing to live in their own homes.[24] The reality is that people do not have the confidence in domiciliary care services to provide reliable, person-centred care.

Some of the places I visited in Japan and New Zealand were very effective in delivering the right level of support on a flexible basis which provided the safety net needed by older people and their families to support them to continue living in their own homes.

Examples:

Sunset Retirement Village, Auckland

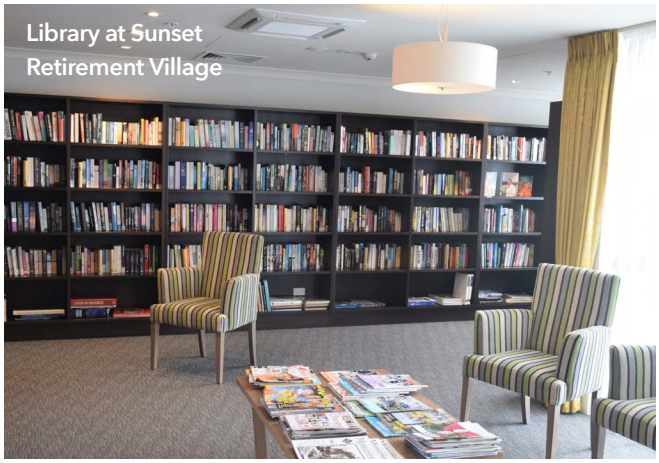
Sunset Retirement Village is operated by Bupa with 18 one bedroom and 45 two bedroom apartments. It has many of the usual facilities found in a retirement village including two large community lounges, a gym, movie room, library and hair salon. Residents can choose to have their meals in the dining room at additional cost.

Many of the residents cited safety as a reason for wanting to move into a retirement village and they spoke openly about being aware of getting older and worrying about maintaining their health. They spoke about how they all looked out for each other and described a fellow resident with dementia who, in their view, was only able to remain living independently in the village because other residents looked out for her and made sure she continued to be included in the social activities.

"We all want someone else to take care of us", Resident, Retirement Village

The peace of mind they gained from knowing that people were looking out for them was a really important factor in deciding to move into a retirement village.

The village manager (Donna Prince) spoke about a woman with dementia who was struggling to manage at home. Donna agreed that she could move into Sunset Village as long as she agreed to come to the restaurant every day for lunch so that Donna would be reassured that she was eating and drinking properly. Donna was sure that if she had not moved into Sunset Village, her only other option would have been to move into a care home. In the end she stayed for three and a half years at Sunset Village (with her cat) before eventually moving into care.



Library at Sunset Retirement Village

Okagami small scale multifunctional nursing home

Like all the retirement villages I visited in New Zealand, Sunset Village had a care home on site which could support people with dementia and high nursing needs, thereby providing the full 'continuum of care'. There are many advantages of having a care home on site, not least being able to stay connected to partners or friends in the independent living apartments. Many of the residents I spoke to said it was a significant factor in their decision to move to that particular retirement village.

"She's only able to stay here because of us", Resident, Retirement Village

Okagami Small Scale Multifunctional Nursing Home, Kawasaki City, Kanagawa Prefecture, Japan

Okagami, run by LindenCo, provides support to people who are nearing the end of life and are living in the community. It operates as a hub which provides a range of services, including home visits for daily support, medical home visits and day care/respite to ease

[24] Age UK Campaign Report (2018) *Why Call It Care When Nobody Cares?*


Day centre at Okagami

burden on families. There are six rooms which can be used for overnight respite or short stay (up to 30 days) on a flexible basis. It operates as a membership model and has capacity for 29 'members'. Many members have significant care and nursing needs and all meet the eligibility criteria for the long term care insurance which funds their membership fee. About 20 per cent of the members live on their own, the others live with family members, many of whom will be out at work during the day.

The facility looks like a family home in a residential area and offers extremely flexible support. Some people register as members but only use the home care service or day care service. One member is over 90 and lives on her own, but when she feels nervous she stays overnight at the centre. Some of the members have quite significant health and care needs, such as the use of a respirator, or end of life care. Although the rule of thumb is that members should not stay for more than 30 days at a time (otherwise it would be considered a residential facility) exceptions are made at the end of life and people are able to die surrounded by people they know.

Because the various services are delivered by the same provider, they are able to be flexible in their provision depending on need. For example, if there is an urgent need for respite care (e.g. an overnight stayif a family carer has an emergency and cannot look after their relative at home), it is easier to negotiate with other clients to swap their short stay, and perhaps offer them additional home visits instead.

Many people see this facility as a safety net. It's there for them in case they need it and it can respond flexibly to their needs, and they buy into the concept of sharing the house with others.

Implications for the UK

The Okagami model could have huge relevance for the UK. It is a true alternative to residential care and is a more cost effective model. The problem is that of commissioning. Social care services such as day care, respite care and home care are usually commissioned separately, with a greater emphasis on volume and activity (i.e. how many hours of care delivered), rather than outcomes (i.e. did the service manage to prevent an unnecessary hospital admission). Okagami can only provide that level of flexibility because all of the services are delivered by the same provider. Also the membership model of payment would be quite a cultural shift for the UK. Commissioners may find it difficult to justify paying the same 'membership fee' for someone who may only use the day service once or twice a week compared to someone who regularly uses the full range of services. There may be scope to develop this kind of model for the private market in the UK, but it could be seen as too risky a development without a guaranteed customer base that the public sector could provide.

As referred to previously in this report, many of the 'housing with care' facilities that we have in the UK provide the same kind of benefits as the retirement villages in New Zealand, but we do not have the range and breadth of provision. Of the retirement villages that do exist in the UK, very few have care homes on site. This is mostly likely due to the nervousness of investors to take on the 'care' element, who may be put off by regulatory requirements and concerns about profitability.

Theme 4
Scale

Ivan Ward Centre, Selwyn Village, Auckland

'Small, local and domestic' is one of the main principles of designing living spaces for people with dementia

The average care home in the UK has 40 beds with an optimum size for cost effectiveness considered to be around 60 to 70 beds.[25] It is very difficult to avoid an institutional feel in large care homes. Long corridors and ward-like layouts can create a culture of dependency with little opportunity for residents to do things for themselves.

70 per cent of people living in care homes have dementia or severe memory problems.[26] Research from the Dementia Services Design Centre suggests that 'small, local and domestic' is one of the main principles of designing living spaces for people with dementia.[27]

Some of the places I visited provided excellent person-centred care to people with dementia in small, home-like environments.

Examples:

Nukumori no Sono, Machida City, Tokyo, Japan

Nukumori no Sono is a 'Group Home' which is provided by the Social Welfare Corporation, Kasho Kai. It is for people with dementia who are mostly independent in terms of activities of daily living. There are two floors, each with nine single rooms (eight women and one man on each floor). It really does have a homely feel and residents are encouraged to help with the day to day running of the home, such as cleaning, laundry and meal preparation. They cook together and eat meals together around one large table.

There is a strong commitment to recruiting staff who fit with the Corporation's philosophy. They are passionate about changing the image of working in care and use social media to target younger people with the right attitudes and enthusiasm for the job. They also work in partnership with the local job centre, 'Hello Work', to encourage people to consider a career in care.

The staff I met were young and engaging. They wore a relaxed uniform of chinos and a polo shirt and came across as friends and supporters rather than 'care workers'. They clearly knew each resident very well and could describe their particular interests and skills. Careful consideration had gone into how each resident could make a contribution to the running of the home based on their strengths and interests. The staff are also passionate about engaging with the local community through events such as the annual relay

Staff at Nukumori no Sono

race, a national initiative called 'RUN tomo' (Run Together).

Ivan Ward Centre, Selwyn Village, Auckland, New Zealand

Selwyn Village is operated by the Selwyn Foundation which is one of New Zealand's largest, not-for-profit care providers. The Foundation has developed six new 'households' in the Ivan Ward Centre on the Selwyn Village site as part of their philosophy to create 'a continuum of care' alongside the independent retirement living.

This is similar in concept to the Group Home model as the households are designed for 12 people to live together in one unit. Each household has its own team of care staff and its own front door. A homely feel is created by having one large dining table so that all members of the household can eat together and a lounge area with comfortable chairs arranged around a fireplace. The domestic open plan kitchen can be used by residents, their families and staff, and there is a small domestic laundry for residents and families. Family members can stay overnight in a guest room.

The private rooms are fitted out with discreet hoist rails, alarm cords and grab rails but they are not intrusive. Residents are encouraged to maintain as much independence as possible – they can use the kitchen as they like, they can make their own snacks and entertain their visitors despite having quite advanced dementia.

Residents can also benefit from the wide range of facilities and activities provided in Selwyn Village.

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25 Competition and Markets Authority (November 2017) op. cit

26 See https://www.alzheimers.org.uk/about-us/news-and-media/facts-media

27 Cunningham C., Marshall M., McManus M., Pollock R., Tullis A., (2008) *Design for people with dementia: audit tool*. University of Stirling, Dementia Services Development Centre

Implications for the UK

There is very little provision of this nature in the UK, although it does exist - the Belong Villages in the north of England provide 'household living' which is similar to the group homes described in this section.

An obvious challenge to developing this kind of provision in the UK is cost. Most care homes are run by private businesses. The calculation of the 'optimum' size of care home at 60 to 70 beds is no doubt driven in part by profit margins. Belong is a not-for-profit organisation and the majority of residents are self-funding.

Another challenge of this model of care is recruiting staff with the right approach and attitude. Group homes or 'household living' requires staff to be comfortable with 'doing with' residents, rather than 'doing for'. They need to bring an open and unprejudiced attitude and move away from seeing their job as a set of tasks that need to be done. They must be comfortable consulting with and being led by the person with dementia about how they spend their time. It may be difficult for some experienced care workers to adapt to a very different way of working.

Theme 5
Thinking ahead

Residents at Meadow Bank Retirement Village, Auckland

In the UK we are not doing enough to prepare for an ageing population, either as individuals planning our own futures or at a national policy level

In the UK we are not doing enough to prepare for an ageing population, either as individuals planning our own futures or at a national policy level.

Individuals
Many people move into a care home at a time of crisis, such as after a fall or a spell in hospital.[28] It becomes clearly apparent that they are not coping on their own and their relatives feel unable to cope. Decisions are rushed and can be made for the wrong reasons which depend on where there is availability of care home beds rather than what kind of facility will really meet the needs of the person in the longer term.

In all of the retirement villages I visited in New Zealand there was a clear sense that residents had thought ahead and made plans at an earlier stage for where they will live in their retirement and later life.

Example:
Residents of Retirement Villages in New Zealand
I spoke to 21 residents either as a semi-structured interview or as part of a focus group. Most of the people I spoke to ranged in age from the mid 70s to mid 90s. They were all living independently with minimal support, although it was clear that some people had early onset dementia and/or some confusion. Many of them were still very active – running various social committees or volunteering.

I asked everyone why they decided to move into a retirement village and this question was consistently misunderstood. The aim of the question was to understand why people had chosen to live in a retirement village community but it was interpreted as why they had selected the particular village in which they lived. It seemed to be taken as given that they would move into a retirement village and it was just a natural progression for them, like choosing a university or deciding on a school for their children. They mentioned friends who were also in the process of choosing a retirement village at the same time as them and many had spent a long time visiting different villages before making the decision about which one to move to.

Some people had had a health scare which prompted the decision to move to a retirement village before it became too late. All the villages I visited had a care home facility on site and many people mentioned the care home on site as being a factor in their choice,


Residents at Sunset Retirement Village, Auckland

attracted by the concept of a full 'continuum of care' meaning they would not need to move again.

The New Zealand Retirement Villages Act 2003 sets out a requirement that potential residents receive independent, certified legal advice before they can enter into any contractual arrangements with the retirement village operator. This ensures that potential residents understand the terms of arrangements and their rights, which helps with decision-making.

"My lawyer told me it is the worst financial investment I could make, but the right decision!"
Resident, Retirement Village

Everyone I spoke to had purchased their property under a 'licence to occupy' arrangement. None of the people I spoke to expressed any concerns about the payment model for their property. When asked specifically about the deferred management fee, they said it was worth it for the peace of mind and security they get, as well as reducing the burden on their families.

Implications for the UK
One of the problems of considering housing options in later life is terminology. In the UK, terms such as 'sheltered housing', 'very sheltered housing', 'extra care housing' and 'assisted living' are often used interchangeably. The term 'retirement village' or 'retirement community' seems to be used almost exclusively for the private market, despite the 'housing with care' model being similar to the initiatives listed above. This makes it difficult for people themselves, their friends and families to gain

[28] Davies S, Nolan M., (2003) *Making the best of things: Relatives experiences of decisions about care home entry* Ageing Soc; 23: 429-450

a shared understanding of the options available to them. It is also difficult for those working for the local authority or voluntary sector organisations such as Age UK to provide clear advice and guidance.

Another problem is that the benefits of 'housing with care' are not fully understood by the public or those working in health and care who provide advice and guidance to older people. The retirement village model tends to get quite a bad press in the UK, with alarming headlines about high exit fees and service charges rather than stories about the benefits to health and wellbeing. If the narrative about 'housing with care' was to change so that there became a much greater public awareness about the benefits of such initiatives, then maybe people would be prompted to think about whether this kind of model would be right for them at a much earlier stage.

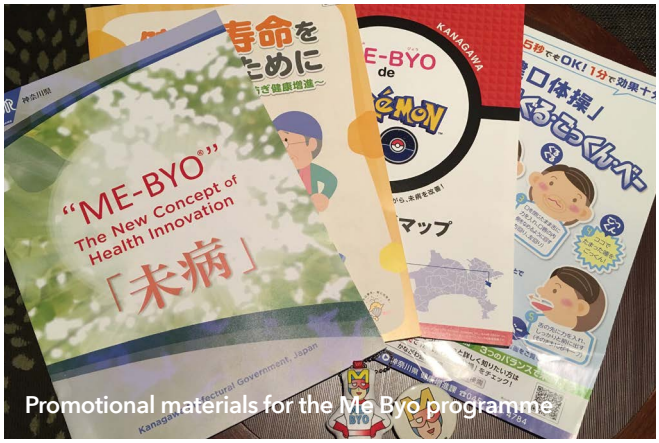
A further barrier to considering 'housing with care' is that of cost. Many people who are not eligible for 'extra care housing' cannot move to a retirement village in the UK due to the lack of provision in the middle-market. Although the costs and targeted markets were different in the villages I visited in New Zealand, retirement villages are affordable to approximately 40-50 per cent of the population. There is a greater range of mid-range provision which is both affordable to residents and profitable to operators due to the deferred management fee model, explained previously in this report.

Despite these challenges, retirement villages can and do work in the UK, although most of the provision is aimed at the upper end of the market, with the expectation that prospective residents have capital to invest. New Zealand has a greater range of provision aimed at the middle market.

National policy

Despite the huge pressures on our care and support system, there seems to be very little action being taken by the government in the UK to reverse these trends and the social care green paper is still delayed.

The Japanese government is serious about responding to the needs of the ageing population to prevent or reduce the need for long term care. The Long Term Care Insurance Act was introduced in 2000 after a decade of consultation and planning. Since 2013, public long term care prevention plans focus on promoting social participation and preventing isolation, as this is recognised as a high risk factor for long-term care and premature mortality. In many of the places



Promotional materials for the Me Byo programme

I visited in Japan, I observed how national policy is filtering down to local government level and informing local initiatives.

Example:

The 'Me Byo' Concept, Kanagawa Prefecture

Kanagawa Prefecture, just south of Tokyo, is one of the fastest ageing prefectures in Japan. The concept of 'Me Byo' was introduced by the Mayor of Kanagawa Prefecture in 2012. Me Byo means 'a condition between healthy and sick', recognising that an individual's status changes between these two conditions, as opposed to viewing health and sickness as two separate conditions. The aim is to improve Me Byo in order to create an "Ageing Society with a Smile up to 100 Years Old".

The 'Me Byo' programme was developed by Healthcare New Frontier Promotion HQ Office (Policy Bureau) and the Health and Medical Bureau at Kanagawa Prefecture. The Prefecture is working in partnership with industry and academia to realise a society where individuals proactively manage their own health.

The Kanagawa Prefecture office is providing very clear messaging about 'Me Byo', namely that everyone should be thinking about 'Me Byo' from a young age. There is a particular focus on social inclusion. When people are socially active, other important factors such as good nutrition and exercise will automatically follow. 'Me Byo' has a very strong brand in Kanagawa Prefecture and is promoted via advertising, events and Me Byo centres across the prefecture. These centres are often run in partnership with businesses, for example, sports centres and pharmacies where people can go for advice. There is the 'BiOTOP!A' Me Byo Valley which has a focus on nature and offers activities such as gentle hiking and 'forest bathing'. In the last annual survey, 58 per cent of residents in Kanagawa Prefecture reported that they are aware of the 'Me Byo' concept.

Implications for the UK

There is a lot of evidence in the UK that behaviours such as stopping smoking, being more active, reducing alcohol consumption and improving diet reduce the risk of premature ill-health and contribute to a longer 'healthy lifespan'. This is well understood by academics, policy-makers and health and care professionals but it doesn't seem to have filtered down to the population consistently in the way that it has in Japan and lacks clarity of message.

Since returning from my Fellowship, the All Party Parliamentary Group on Longevity has published its strategy for 'healthier longer lives'[29] in which one of the recommendations is a social movement for change which would promote and support healthier lives at the local level, engaging the public and community leaders. This could be a step in the right direction to make healthy ageing everyone's business.

[29] All Party Parliamentary Group Longevity (February 2020) *The Health of the Nation – A Strategy for Healthier Longer Lives*

Conclusion

Communal area at Meadow Bank Retirement Village, Auckland

There is a range of different 'housing with care' models which either delay or avoid the need for long term institutional care

The aim of my Churchill Fellowship was to explore alternatives to long-term institutional care for older people. In each facility I visited, my main question was 'is this truly an alternative to care homes?' meaning specifically 'does this facility meet the needs of people who in the UK would most likely be cared for in residential care homes?'

The facilities which I felt truly met the needs of people who would otherwise be living in care homes were mainly in Japan. In Japan, I saw a range of different types of facilities for older people, some of them supporting those with quite advanced care and support needs in flexible, innovative ways.

Notable examples are:

- the Okagami Small Scale Multifunctional Facility in Kawasaki City which provides a range of services for people living in the community with high health and care needs, including some who are at the end of life
- the Ginmokusei 'housing with care' Services Facility in Funabashi, Chiba Prefecture, which provides supported accommodation for older people, many of whom have dementia
- the Nukumori no Sono 'group home' in Machida City for people with advanced dementia

In New Zealand, the focus of my research was on one specific model of 'housing with care' - retirement villages. I visited a range of different retirement villages, all of which had a residential and/or nursing home on site. Very few of the residents in the independent living accommodation had the same level of care and support needs as those living in residential care in the UK. However, retirement villages do seem to be highly successful at promoting social participation and preventing loneliness and isolation, a known risk factor for deteriorating health and one of the main reasons people opt to move to residential care. So although retirement villages are not a direct comparison to residential care in the UK, they do seem to be successful at keeping people healthier for longer, delaying the need to move into long-term institutional care.

Another objective of the research was to determine how replicable these facilities would be in the UK with a main consideration being that of affordability.

In Japan, it is clear that the introduction of the Long Term Care Insurance system in 2000 has been instrumental in the development of a range of innovative housing and care models which support people outside long-term institutional care. There are government subsidies available for revitalisation of rural areas and provision of accessible housing for older people which also helps to stimulate growth in this area. It is difficult to make direct comparisons of affordability between the initiatives I visited in Japan for people in the UK, but many of the initiatives I visited were aimed at 'middle earners' with some provision for people on lower incomes provided by social welfare corporations.

Some of the facilities I visited were cheaper than residential care, such as the Okagami Small Scale Multifunctional facility, but it is difficult to determine how that model could be replicated in the UK within current commissioning arrangements. Others are likely to be more expensive, for example Nukumori no Sono, the group home for people with dementia. However, it should be remembered that 41 per cent of care home residents fund their own care in the UK and have very few options available to them on how to spend their money. Some people may choose more expensive facilities such as group homes over a more traditional care home, if the option was available to them.

In New Zealand, the majority of retirement village provision is aimed at people who have property to sell, or enough funds to purchase a 'licence to occupy'. This type of model will only be available to a proportion of the population (estimate at around 40 per cent in New Zealand) but it does seem to meet their needs very well and could delay or avoid the need for long-term institutional care. By contrast, the majority of 'housing with care' provision in the UK is extra care housing for affordable rent. This has been found to be a more cost effective model than residential care.[30] For the private market, retirement villages in the UK are aimed at the upper end of the market with very little mid-range provision. It seems that this is starting to change, with more operators adopting the New Zealand 'deferred management fee' model which spreads the cost to the resident over a longer period of time, thus making it more affordable to those on middle incomes.

A further consideration is that of national policy and legislation. The Retirement Villages Act (2003) in New Zealand established the definition for a retirement village and put in place operational requirements and regulations to protect consumers. The Japanese government has a clear strategy to respond to the needs of an ageing population and has introduced a

[30] Housing LIN (November 2013) *The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex*

long-term care insurance system which has established new models of funding and delivery, whilst creating a positive vision of ageing. Without a clear national strategy in the UK to respond to the growing pressures on social care and to meet the needs of an ageing society, it is difficult to achieve positive change at scale.

And finally, let's not forget the attitudes of older people themselves. For many people in New Zealand, moving into a retirement village is a natural progression as they reach retirement. They are clear in their own minds what the benefits of a retirement village are and carefully research the best option for them. They have to seek legal advice before moving in, which ensures that they are clear about the terms and conditions of what they are signing up to. This is very different to the UK where many people will not be prompted to make provision for when they are very old until it is too late.

In conclusion, my findings from my research in Japan and New Zealand demonstrate that there is a range of different 'housing with care' models which either avoid or delay the need for long term institutional care. There is some evidence of better outcomes for the residents and many of the facilities I visited are cost-effective and could be replicated in the UK. Given the growing pressure on our care home sector and the demand for a greater range of more flexible and personalised housing options in later life, it is imperative that we use our learning from other countries in the development of these approaches in the UK

Recommendations

Gym facilities at Saienji community centre, Ishikawa Prefecture

This section outlines recommendations to the government, local government, health and care services (including the NHS and voluntary sector) and property developers to increase the range of provision of 'housing with care' in the UK

Throughout this report I have identified principles and ideas which should be considered when developing alternatives to long-term institutional care for older people based on the insights gathered during my research. This section outlines recommendations to the government, local government, health and care services (including the NHS and voluntary sector) and property developers to put this into practice.

As the Director of Operations at the Health Innovation Network (HIN), the Academic Health Science Network (AHSN) for South London, I have also considered how the AHSNs can support and progress these recommendations. The role of AHSNs is to spread innovation at pace and scale, working with local authorities, health and care organisations, academic institutions and industry partners to improve health and wellbeing outcomes. As such AHSNs are well placed to drive forward this agenda within their geographies.

1. Improve awareness of 'housing with care' and its role in supporting healthy ageing

Improved knowledge of the 'housing with care' sector with the public and with health and care professionals will increase demand and encourage development. This includes those who work in the voluntary sector who are often the first port of call for people seeking advice. Specific actions:

- → The 'housing with care sector', health and care professionals, local government, the voluntary sector and older people themselves should agree the terminology to be used so that there is a clear definition of the different models and a common understanding of their meaning.
- → Health and care organisations, including the voluntary sector, should update their websites with the new terminology and ensure that it is reflected in the advice provided.
- → The 'housing with care' sector should share positive stories about how 'housing with care' can improve the health and wellbeing of residents to dispel some of the common myths and stereotypes surrounding the sector and create a more positive image.

AHSNs can bring relevant stakeholders together to agree the terminology to be used. They can support with the development of case studies and positive stories and can communicate these messages within their networks.

2. Increase provision of 'housing with care' services, especially for the middle market

The lessons we can learn from the retirement village sector in New Zealand are clear. The introduction of sector specific legislation to protect residents, combined with a payment model that spreads the cost over a longer period of time (such as the deferred management fee) will drive growth. There is also much we can learn from existing Extra Care Housing schemes in the UK which provide affordable rental accommodation and which have demonstrated improvements in the health outcomes of residents. Specific actions:

- → The government should work with the 'housing with care' sector to develop sector specific legislation to protect residents.
- → Property developers should consider adopting alternative business models which spread the cost to residents over a longer period of time.
- → The 'housing with care' sector should strengthen the evidence base for how 'housing with care' contributes to improved health outcomes for residents.
- → Local authorities and property developers should work together on new developments which meet the needs of the local community.

AHSNs can help to develop the evidence base for 'housing with care' initiatives which can then be used to support business cases for new developments. AHSNs can also share the evidence within their networks.

3. Integrate housing and care facilities for older people with the wider community

There are clear benefits to both older residents in 'housing with care' and the wider community if spaces and facilities are shared. Specific action:

- → Housing developers and local authorities should exploit opportunities for 'mixed use' facilities, as set out in the government's National Planning Policy Framework. They should work with local residents to ensure that any new developments meet the needs of the community.

AHSNs are well placed to engage with different stakeholder groups and facilitate conversations on the needs and wants of a community.

4. Commission for outcomes rather than activity

Many older people living independently need to know that there is a safety net for them when they need it. This kind of support needs to be commissioned flexibly, with the understanding that even if the service is not 'used' (i.e. the person does not receive support hours), it has still provided an important function in enabling that person to remain living independently. Specific action:

- → Commissioners of social care services should adopt alternative commissioning models which pay for achieving outcomes (i.e. the person is able to continue to live in their own home) rather than activity (number of support hours delivered).

AHSNs can bring together commissioners to problem solve, share best practice and develop new commissioning approaches.

5. Recognise the importance of social interaction and keeping active

Having opportunities for social interaction and social activities was cited as one of the most compelling reasons for moving into 'housing with care'. However, it cannot be assumed that this happens naturally – opportunities need to be engineered and facilitated and it is important that this is resourced appropriately and that volunteers are supported. We also need simple, clear messaging to the public about the importance of keeping active as we grow older and the benefits this has on health and wellbeing. Specific actions:

→ The government should set out a positive vision for ageing with clear messages about keeping active and socially connected. This will then promote and support a social movement for healthy ageing at the local level.

→ 'Housing with care' operators must ensure that there is dedicated resource to engineer opportunities for social interaction within their facilities and to coordinate and support volunteers.

AHSNs can bring together communities of practitioners, volunteers and older people themselves to share ideas about how to encourage social interaction and activity and to learn from elsewhere. AHSNs can also help to communicate health promotion messages to the public and health and care system.

6. A clear national policy for funding long term care for older people

Supporting older people with high health and care needs is costly wherever they are living, whether this is paid for by older people themselves or whether it is state funded. We need to reform the way we fund long-term care for older people in the context of an ageing population so that it is sustainable. A clear offer of funding arrangements for individuals will help them make informed choices about how and where they want to live as they grow older. Specific action:

The government urgently needs to initiate cross-party discussions to develop a comprehensive strategy for the long-term funding of care for older people, and engage the public and system experts in this debate. *AHSNs are well-placed to contribute to this debate and foster collaborative solutions.*

Appendix: **Description of places visited**

Alpaca ranch at Share Kanazawa, Ishikawa Prefecture

Sakoju – Housing for older people with care services

Ginmokusei, Funabashi, Chiba Prefecture, Japan

Ginmokusei, which opened in June 2019, is provided by Silver Wood Inc. and is one of 12 Silverwood homes in Tokyo and the surrounding prefectures. There are 55 single rooms, four double rooms and communal dining and living areas. There is also a restaurant on-site which is open to members of the wider community. 90% of the residents have some form of cognitive impairment, some of them with advanced dementia. To be eligible to move in, residents must be over 60 and certified as requiring long term care. Residents pay 189,500 yen (approx. £1,300) per month which covers rent, service charges, utilities, living support services and food. The Japanese long term care insurance system covers the care needs.

Seifu Hills Kanai, Machida City, Tokyo, Japan

This housing facility is by the Social Welfare Corporation, San-iku Kai. It was built four years ago as part of Japan's national strategy to provide rental 'barrier free' (accessible) housing for older people. Seifu Hills Kanai has 43 rooms including six for couples and meets the range of needs of people who are fully independent to those who are at the end of life. There is also a day care service, a nursing home and dementia group home nearby. Rent costs 135,000 yen (approx. £950) per month with additional health and care services being covered by the long term care or medical insurance system. As an approved service provider, running costs are subsidised by the government.

Kiyosumi no Mori, Machida City, Tokyo, Japan

Kiyosumi no Mori is provided by the Social Welfare Corporation, Kasho Kai. It provides housing for people over 60, catering for those who are physically independent as well as those with significant care needs. There are 34 single or double rooms. The cost ranges from 129,000 yen (approx. £900) to 180,000 yen (approx. £1250) per month for a single room which covers rent, use of common areas and services, meals and some daily support. Care costs are extra and funded by the long term care insurance system. The Corporation also provides day care, respite care, home care and a care plan consultation centre, as well as a dementia group home, Nukumori no Sono (see below) a short walk away.

Group Homes

Nukumori no Sono, Machida City, Tokyo, Japan

The group home, Nukumori no Sono is provided by the Social Welfare Corporation, Kasho Kai. It is for people with dementia who are mostly independent in terms of activities of daily living. There are two floors, each with nine single rooms. Residents cook and eat meals together, and take part in the running of the home. The cost is 210,000 yen (approx. £1500) per month which covers accommodation, utility bills, meals and a ten per cent contribution to any care services provided under the long term care insurance system.

Ivan Ward Centre, Selwyn Village, Auckland, New Zealand

The Selwyn Foundation has developed six new 'households' in the Ivan Ward Centre in Selwyn Village (see below). Each household is designed for 12 people to live together in one unit and has its own team of care staff and its own front door. Residents eat together at one large dining table and there is a communal lounge. The domestic open plan kitchen can be used by residents, their families and staff, and there is a small domestic laundry for residents and families. Family members can stay overnight in a guest room. The cost to the resident is NZ$1,575 (£770) per week.

Small Scale Multifunctional Facilities

Okagami, Kawasaki City, Kanagawa Prefecture, Japan

Okagami is run by Linden Co. and opened in 2012 to provide support to people who are nearing the end of life and are living in the local community. It operates as a hub which provides a range of services, including home visits for daily support, medical home visits and day care/respite to ease burden on families. There are six rooms which can be used for overnight respite or short stay (up to 30 days) on a flexible basis. It operates as a membership model and has capacity for 29 'members'. Many members have significant care and nursing needs. It is funded by the long term care insurance system and is cheaper than residential care. A satellite centre opened nearby in 2017 with capacity for 18 members. The monthly membership fee ranges from 13,400 yen (£100) to 33,900 yen (£250) depending on the care level of the service-user.

Welfare housing for people on low income

Fukuin-no Ie and Machinda Aishin En, Machida City, Tokyo, Japan

Both of these facilities are provided by a social welfare corporation, Fukuin Kai.

Fukuin-no Ie is for people with relatively severe disabilities and who are certified as requiring care at a minimum of level three (out of five) under the long term insurance system. It is a large facility on the edge of Machida city. The average age of the residents is 86 and the average care level is 4.3. This is a large facility

which has capacity for 130 residents in 68 rooms, many of them quads. There are also eight beds for short stay/ respite care. The maximum cost is 180,000 yen (£1,350) per month which includes, rent, meals and care.

Aishin En is on the same site and is for people aged over 60 who do not require personal care but who are experiencing difficulties living at home (due to their family environment or poor housing conditions). They must have an annual income of less than 4.2 million yen (about £30,000). The average age of the residents is 85.7 and around half of them are certified as needing support under the long term insurance scheme. Aishin En has capacity for 50 residents.

Fukuin Kai also provides a day service and care management service on the same site.

Continuing Care Retirement Communities

Share Kanazawa, Ishikawa Prefecture, Japan

Share Kanazawa is considered a model example of a 'Continuing Care Retirement Community', although the community itself prefers to use the term 'a town for lifelong activities'. The community is run by the Bussien welfare corporation. The aim is to create a community where many generations can live together, moving away from institutional living to living in a community. Facilities include housing for adults and children with disabilities, housing for older people (in 32 'sakoju' apartments) and student housing. There is a community centre with a restaurant, communal spaces, activity rooms, and a hot spring public bath (onsen). On site, there are shops, a pub, a café, a wellness massage therapy centre, a dog park and an alpaca ranch. Share Kanazawa is subsidised by the state and care services are funded by the long term care insurance system.

Gyozenji and Saienji, Ishikawa Prefecture, Japan

Both Gyozenji and Saienji are community centres in rural west Japan, also run by the Bussien welfare corporation, which provide security for older people and adults and children with disabilities. There is no accommodation at either of the sites, but they both have a range of facilities which are open to all members of the community. Both centres have been developed on temple sites, and one (Gyozenji) is still a functioning temple. Facilities include gyms and wellbeing centres on each site, a pool at Gyozenji, bars, cafes, clinics, nursery school, playground, shops and public baths. Both centres receive a government subsidy as part of its revitalising rural communities programme. They employ local people to run the facilities, and are supported by teams of volunteers.

Naturally Occurring Retirement Communities

Wakabadai Housing Estate, Yokohama City, Kanagawa Prefecture, Japan

Wakabadai has 15,618 residents living in 5,186 apartments with a population that is ageing even faster than the rest of Japan. The estate was built in the 1970's by local government to provide public housing for families. As residents have grown older, they have worked together to develop facilities and services to meet their needs, such as community or drop-in centres, a community care centre, a 24 hour care provider, an internal bus service, a nursery, financial and legal advice, together with social support for adults with disabilities, older people and young families.

Retirement Villages

Selwyn Village, Auckland

Selwyn Village is operated by the not-for-profit care provider, the Selwyn Foundation. The village has 500 apartments for independent living (including some rental properties), 200 care home beds, a day centre for people with dementia and four new dementia 'households'. It has a wide range of leisure facilities, shops and its own church. Apartments are grouped in smaller 'complexes' and each complex includes its own recreation areas. The healthcare facilities include a physiotherapy centre, medical centre and clinic space for dentists, podiatrists and pharmacists. The Village Resident Hospitality staff organise regular activities and there is a Residents' Council which also organises social events.

St Andrew's Retirement Village, Glendowie, Auckland

St Andrew's Village is a charitable trust that provides the full spectrum of independent living through to respite and short-term care, residential and nursing care. Properties range from two-story villas with gardens and luxury upmarket apartments through to rental housing for people with little capital. There are 220 Independent living properties and 190 residential care beds. The trust has recently created 48 'serviced apartments' which are designed for people who need additional care and support, but do not meet the eligibility criteria for residential care. A new community centre is in development which includes communal lounges areas, event spaces, a formal restaurant, a games room, treatment rooms for healthcare professionals, a hairdresser and cinema.

Meadowbank Retirement Village, Auckland

Operated by Oceania, Meadowbank is a luxury retirement village for the upper end of the market. There are 164 independent living apartments for

people aged 70 and above, designed by award winning architects providing open-plan living and enclosable balconies. The Community Centre includes a gym, library, bar, pool table, hairdresser, cinema, lounge area and café/restaurant. Outdoor facilities include a communal garden with bowling green and The Shed. Residential and nursing care is available on the same site in luxury 'care suites' which are also purchased under a 'Licence to Occupy' agreement.

Sunset Retirement Village, Auckland
Operated by Bupa, this new facility consists of 18 one bedroom apartments, 45 two bedroom apartments and adjacent residential and nursing care. The entrance age is 75 and above and the average age is 81.2. The village is aimed at people on middle-incomes as this reflects the local area. A one bed apartment costs NZ$ 440,000 (approx. £215,000) and the weekly fee is NZ$ 149 (approx. £73). There are a range of communal facilities, including a community lounge, library, gym, cinema and wellness clinic. Services such as meals, laundry and household cleaning are provided at additional cost. There is an activities programme and weekly outings.

Huntleigh Retirement Apartments, Wellington
32 one and two-bed apartments for people aged 70 and above are provided by Enliven, a not-for-profit organisation. In addition to 'licence to occupy' properties, Enliven also provides some rental accommodation for people on state pensions and without property to sell. Community facilities include a lounge and function room, a dining room with a small kitchen and a library. There is also a residential and nursing home on site for 71 people.