A photograph of a woman and an older man sitting on a wicker bench. The woman, on the left, is wearing a dark sweater and a lanyard, and is holding a smartphone. The older man, on the right, is wearing glasses and a light-colored sweater, and is pointing at the screen of the smartphone. The background is a blurred outdoor setting. The entire image has a purple tint.

Older People's Care in Social Housing

A Manifesto for Change

Contents – What’s inside this report

Disclaimer

Altair was commissioned by research sponsors Housing 21, Guinness and Devonshires to conduct a research review on the role of care provision among registered providers of social housing including housing associations. The views, findings and recommendations included in this Report are those of Altair.

The Report is not for the purpose of guiding or influencing the conduct or decisions of any person and the Report should not be relied upon by any party without our written consent. Altair does not accept a duty of care to any person in respect of this Report or any actions taken or decisions made by any party as a consequence of the Report.

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Housing LIN

McCarthy Stone

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Residents and staff of extra care and independent living schemes managed by Extracare Charitable Trust, Housing 21 and The Guinness Partnership

Sanctuary Housing Group

About Altair

Altair Ltd is a specialist consultancy operating across the social housing sector. We have been providing varied and creative solutions to our clients for over ten years. Our consultancy and advisory services include supporting leaders on governance, regulation, transformation and change, strategy, policy and research, and property development strategy and delivery.



About Housing 21

Housing 21 is a leading not-for-profit provider of Retirement Living and Extra Care properties for older people of modest means. Housing 21 operates in nearly 200 local authority areas, managing around 20,000 Retirement and Extra Care Living properties and providing over 38,000 hours of social care each week.



About The Guinness Partnership

The Guinness Partnership provides 65,000 homes across England for 140,000 people. Its care and support activities include services for older people, including extra care housing and care services, and housing and services for people with learning and physical disabilities and younger people.



About Devonshires

Devonshires is a legal practice with roots in the social housing sector, having successfully expanded to represent large banks and financial institutions, international and national companies (from start-ups to some of the largest), insurance underwriters and brokers, regulators, insolvency practitioners, professional service providers, politicians and individuals.

Foreword

Care for older people is interwoven into the history of social housing and is as important now as ever before.

Our social care system is facing unprecedented pressures, and housing with care seems to be reaching a crossroad. A significant range of financial and workforce challenges, alongside growing regulatory interest in vehicles such as Specialist Supported Housing, together with the Social Care White Paper, prompt us to consider the future role of social housing providers in supplying housing with care.

For this reason, alongside our sponsors, Guinness Partnership, Housing 21 and Devonshires, and with the involvement of a number of social housing providers, we have undertaken this research to develop a manifesto for change behind which the sector can collectively unite.

To realise this ambitious vision the social housing sector must act. Through our research, we identify four goals the sector must work towards to support tenants in living well with age: Leadership, Integration, Innovation and Communication.

It is our aim to inspire the sector and providers across the housing and care spectrum to take action to meet the challenge, enabling older people to remain independent in their homes. Whether as an enabler or as a direct provider, all have a responsibility to know and understand their residents. Altair is a leading housing consultancy working in the housing and related sectors in the UK and beyond. Altair’s research and insights bring together the rigour of evidence-based research with the practical experience of experts in the housing with care and support sector.

Our report, Manifesto for Change: Older People’s Care in Social Housing, shows how social housing providers are integral but largely unrecognised players in the delivery of social care for older people. We therefore call on the social housing sector to work together to create a vision for housing’s role in adult social care; a vision that works in tandem with the government’s 10-year plan for adult social care; a vision for the ultimate benefit of the residents and communities they serve.

Fiona Underwood
CEO, Altair Ltd.

What our
sponsors think

“Housing 21 is committed to providing housing and care to help older people live independently for as long as possible, something which is becoming increasingly important as society continues to age. We welcome this research and the resulting manifesto and look forward to working across the sector turn this manifesto into reality”

Vanessa Pritchard-Wilkes
Head of Strategic Influence,
Housing 21

“The Guinness Partnership provides housing and care for many older people across the country. We welcomed the Government’s Social Care White Paper and its recognition of the importance of good housing, although wider funding pressures for care remain. We believe that the tremendous work of Housing Associations in providing much needed care for older people is to be applauded. This report draws out the current challenges we are facing and calls for action to ensure that we can continue to be well-placed to sustain homes and additional services for people who need them.”

Paul Watson
Managing Director, Guinness Care,
The Guinness Partnership

“Devonshires is a leading law firm in the social housing sector acting for both those within the sector as well as those outside. Our dedicated Health and Care team advises on transactional, regulatory and, on occasion, policy matters giving us valuable insight into issues facing social housing providers and the desire to find a new or better way of working with other stakeholders in the delivery of care and housing. Housing provider’s roles are in many cases diverse and expansive; this report should be welcomed as highlighting their role and capacity to be part of this vision for change, inviting debate, innovation and all important action.”

Caroline Mostowfi
Partner & Head of Health and Care,
Devonshires Solicitors LLP

Abbreviations

| Term | Abbreviation |
|--|--------------|
| Associated Retirement Community Operators | ARCO |
| Care and Support Specialised Housing | CASSH |
| Care Quality Commission | CQC |
| Community-based Integrated Care System | CICS |
| Customer Relationship Management | CRM |
| Department for Levelling Up, Housing and Communities | DLUHC |
| Department of Health & Social Care | DHSC |
| Disabled Facilities Grant | DFG |
| Elderly Housing with Care Services | EHCS |
| Energy Performance Certificate | EPC |
| English Regulator of Social Housing | RSH |
| General Data Protection Regulation | GDPR |
| Gross Domestic Product | GDP |
| Gross Value Added | GVA |
| Home-Visit Nursing Agencies | HVNA |
| Housing Association | HA |
| Housing Associations’ Charitable Trust | HACT |

| Term | Abbreviation |
|--|--------------|
| Housing for Older People | HfOP |
| Housing Learning and Improvement Network | Housing LIN |
| Integrated Care Board | ICB |
| Integrated Care Partnership | ICP |
| Integrated Care System | ICS |
| Integrated Retirement Communities | IRC |
| Large Scale Voluntary Transfer (Housing Association Type) | LSVT |
| Long-Term Care Insurance | LTCI |
| National Care Forum | NCF |
| National Housing Federation | NHF |
| Registered Providers | RP |
| Statutory Health Insurance System | SHIS |
| TEC Services Association | TSA |
| Technology for our Ageing Population: Panel for Innovation | TAPPI |
| Tenant Management Organisation | TMO |

Executive summary

Care is a big topic on government’s agenda and in the press. Delivering care today is challenging.

With an ageing population in need of solutions to enable independent living, the challenge will only continue to grow.

Who will step up to help government to meet this challenge?

This report brings together research undertaken on RPs’ role in housing and care, past, present and future. It asks: what is the role of RPs in the future of care? Drawing on learnings from home and abroad on housing and care in social sectors, the report sets out a manifesto for change and calls on all UK providers of social housing to commit to taking action against ten areas.

Background and context

In the UK, over a quarter of tenants in the social housing sector are aged 65+ and this number is expected to increase significantly as the population ages. Many people aged 65+ receive care to help them live well, but only one in seven lives in specialist, integrated housing with care. While there are many good examples of housing with care in the UK, there is not enough to meet demand. Many others receive care in their own homes, either provided privately or by not-for-profit care providers.

While local authorities have statutory responsibilities for assessing and arranging care, some of the largest not-for-profit care providers are registered providers of social housing (RPs). RPs not only deliver care to their tenants, but may also provide care to individuals in communities, sometimes running full care and housing businesses under one roof.

The history of housing and care in social housing is long and many social housing providers retain their care offers today for various reasons. We spoke to nine housing with care providers about why they do it, the challenges they face and how they are responding. They told us:

- **The main benefits of providing care are:** the social impact of care, supporting lifelong customers and helping sustain tenancies and income diversification.
- **Challenges are:** care staffing, low and decreasing margins for care services, risk of running care businesses, unsuitability of housing stock for care or independent living. Other challenges include operational requirements and demand from corporate services, variance in appetite, understanding and capacity in local authorities, uncertainty of funding and uncertainty about models and products.

To respond to challenges, providers have often re-invented themselves, developing new strategies, business models, and diverse product offers, leveraging partnerships with private, public and third sectors.

Learning from home and abroad

The ageing population is a growing social issue across many countries in the developed world, and governments have varying capacities to fund interventions to meet people’s needs. It is evident that housing has a clear role to play, as an enabler of health and social care outcomes, and as a potential growth industry.

In the UK, RPs like Housing 21, Anchor, Guinness and Home Group are leading the development of new ways to deliver housing and care that respond to individuals’ unique needs. Organisations in the sector, such as Housing Learning and Improvement Network (LIN) and Associated Retirement Community Operators (ARCO) are producing learning and research, promoting shared understanding and drawing government’s attention to the sector.

To understand what makes a housing and care system work well, the research includes an international review of four countries with diverse housing and care systems. From the review, we identified six success factors for a housing and care system that works for individuals and providers. These are:

- 1

Policy and Legislation
- 2

Integration and Planning
- 3

Funding Systems
- 4

Role of Housing Providers
- 5

Choice
- 6

Technology and Innovation

Executive summary

Policy and practice in housing and care today

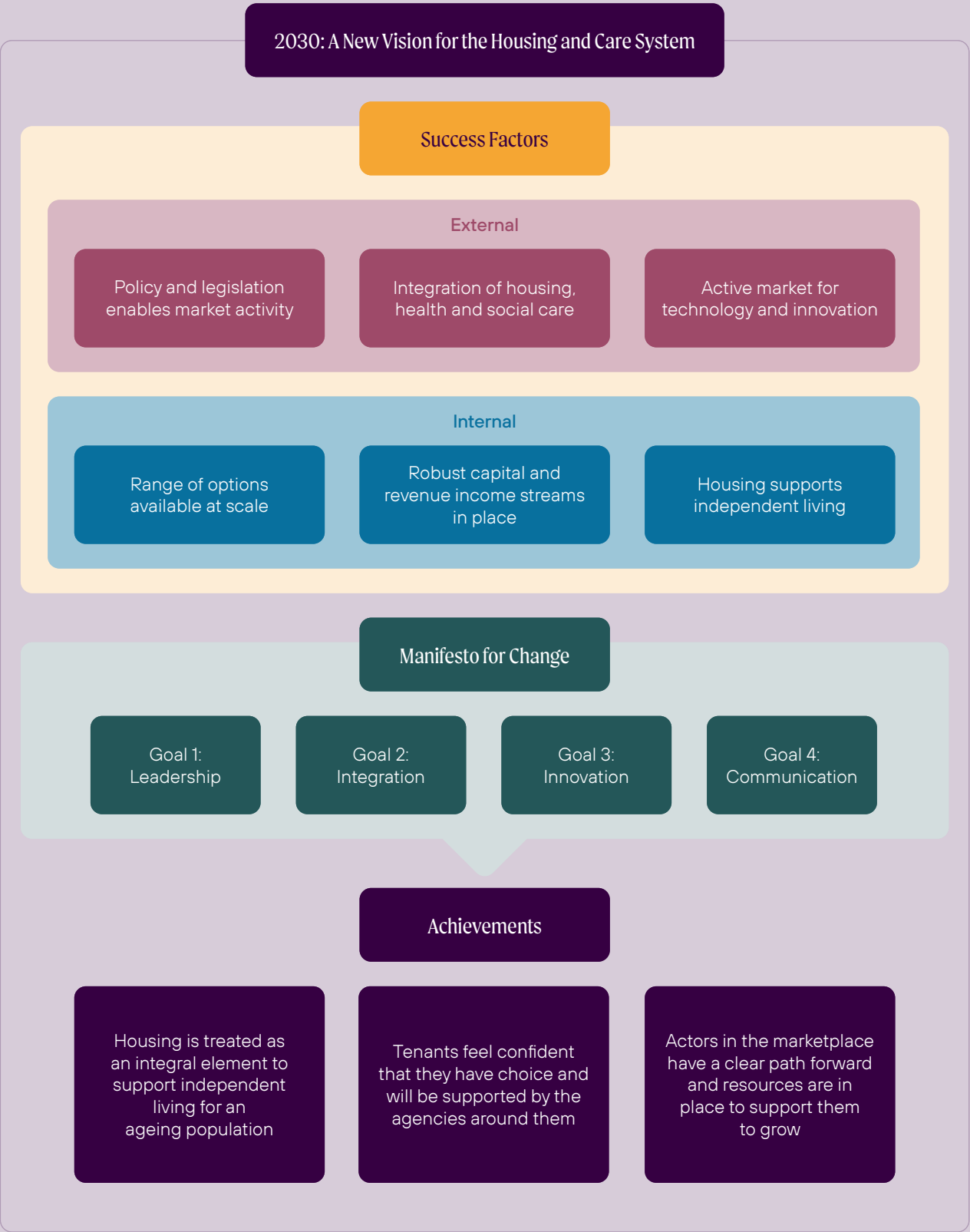
Positive movement in 2021 saw a significant rise in activity by government to reform the UK health and social care sectors, both of which saw substantial pressures throughout the Covid-19 pandemic. Major policy announcements¹ were made in the *Health and Care Bill*, the *Build Back Better: Our Plan for Health and Social Care* and the Department of Health and Social Care’s *People at the Heart of Care* (adult social care white paper).

The social care white paper emphasises the role of housing providers in the successful delivery of social care outcomes. To deliver these objectives, the social care white paper calls on the housing sector to commit to strong leadership and partnership, long-term funding certainty and investment and wider influence in housing and care. To respond, the social housing sector can build on the positive strides that have been made in recent years to innovate and support a market for housing and care.

¹ Social care, health and housing are devolved in Wales, Scotland and Northern Ireland

A vision and Manifesto for Change

The diagram below encapsulates the findings from the review. It sets out a vision for housing’s role in adult social care that works in tandem with government’s 10-year vision for adult social care and is beneficial for tenants, providers and wider society.



Through the research, we have identified four goals the sector must work towards to support tenants to live well with age. These goals are presented in a four-part manifesto for change.

A Housing and Care Manifesto for Change

Some social housing providers **provide care**; however, all providers **must care** in a number of different ways. It is a social and moral imperative for social housing providers to ensure their tenants – of all ages and backgrounds – have a landlord that supports them to live well within their homes. Through this research, we identify four goals social housing providers of all types should work towards to support tenants to live well with age. These goals require effort, partnership and commitment by all providers of social housing both those who provide care and those who do not. We call on social housing providers to diligently adopt the following four-point plan for action. Details about the goals, and the ten actions required to achieve them, are in [Section 4](#) of this report.

1. Leadership

- Each provider commits to taking action to enable older people to remain independent in their homes, whether as an enabler or as a provider of housing with care services. Providers review this strategic role regularly.
- Providers work to deliver on the objectives of the social care and social housing white papers.
- Providers work to make housing and care a more desirable career, for example by lobbying for better funding.

2. Integration

- Local authorities work with RPs on potential offers, provide RPs with greater certainty over care packages and incentivise growth by providing land for new housing and care developments.
- Providers identify their strengths and bring these to partners such as gathering data on adaptability of homes to support tenants to ‘age in place’.
- Providers work with tenants to identify and reduce cliff edges between social housing, social care and health systems which impact tenants’ experiences.

3. Innovation

- Providers innovate for the future of home as we age, developing better and sustainable solutions to support independent living.
- Providers advocate for scalable private and public investment by demonstrating the social and economic value of housing and care.

4. Communication

- Providers ensure their tenants and wider communities know about the range of options available and how they may be suited to individuals.
- Providers see being older as a stage of life, not an identity, and work to promote a spectrum of diverse solutions and the language used to describe these is inclusive and fit for the 21st century.

An action plan for change



To deliver this ambitious manifesto for change, RPs must act. Ten actions, organised by priority, are summarised in the table below.

| Action | Goal | Priority Rating |
|---|---------------|-----------------|
| Each provider commits to taking action to enable older people to remain independent in their homes, whether as an enabler or as a provider of housing with care services. Providers review this strategic role regularly. | Leadership | Urgent |
| Providers work to deliver on the objectives of the social care and social housing white papers. | Leadership | Urgent |
| Local authorities work with RPs on potential offers, provide RPs with greater certainty over care packages and incentivise growth by providing land for new housing and care developments. | Integration | Urgent |
| Providers identify their strengths and bring these to partners such as gathering data on adaptability of homes to support tenants to ‘age in place’. | Integration | Short Term |
| Providers work with tenants to identify and reduce cliff edges between social housing, social care and health systems which impact tenants’ experiences. | Integration | Short Term |
| Providers innovate for the future of home as we age, developing better and sustainable solutions to support independent living. | Innovation | Short Term |
| Providers advocate for scalable private and public investment by demonstrating the social and economic value of housing and care. | Innovation | Short Term |
| Providers ensure their tenants and wider communities know about the options available to them and how they may be suited to some individuals. | Communication | Short Term |
| Providers make housing and care a desirable career. | Leadership | Medium Term |
| Providers see being older as a stage of life, not an identity, and work to promote a spectrum of diverse solutions and the language used to describe these is inclusive and fit for the 21st century. | Communication | Medium Term |

Introduction

In the UK, over a quarter of tenants in the social housing sector are aged 65+ and this number is expected to increase significantly as the population ages. Many people aged 65+ receive care (over 700,000²) to help them live well, but only one in seven live in specialist, integrated housing with care³. Many others receive care – either provided privately or by not-for-profit care providers – in their homes.

Some of the largest not-for-profit care providers are registered providers of social housing (RPs)⁴. RPs not only deliver care to their tenants, but they also provide care to individuals in communities, sometimes running full care and housing businesses under one roof – all the while maintaining compliance with two regulators, the Care Quality Commission (CQC) and the Regulator of Social Housing (RSH). RPs also lead the way in the provision of innovative, integrated housing with care solutions such as extra care. Some of these extra care schemes are among the best examples of social housing with care in the world.

The 2021 social care white paper *People at the Heart of Care* sets out a bold vision for the future of social care in England. It sees housing innovation as one of

the key ingredients for better outcomes, underpinned by closer integration between housing, health and social care. The 2022 *Levelling Up the United Kingdom* white paper commits government to look at choice, quality and security of housing for older people and where necessary specialised housing.

While leaders are now pushing to make “every decision about care a decision about housing”, the role of the RP sector in the care ecosystem is largely undefined. As a result, there is a lack of clarity by RPs about what they should and could do to meet growing need. But with around 17% of English households living in social housing, many of whom are on low incomes or have significant health and care needs, RPs are well placed to support government

to achieve better outcomes for tenants as they age, as care providers and as landlords.

While care is undeniably a challenging market for all care providers, with increasing demand from a rapidly ageing population requiring more care and increasing pressures on the care workforce, there are some real opportunities for providers to build resilient housing and care businesses that resonate with RPs’ core social purpose to improve outcomes for communities.

And with shifting consumer regulation in the social housing sector driven by government’s 2020 social housing white paper *The charter for social housing residents* putting a greater emphasis on landlords’ understanding and engagement

²Wittenberg et al, 2018.
³ARCO, 2017.
⁴Throughout this report, RPs refers to private registered providers and not local authorities.
⁵House of Commons, 2018; The King’s Fund, 2021.

with tenants, and treating them with respect, there is a real opportunity for RPs to be change agents by listening to what tenants say they need to live well.

The benefits of effective housing with care offers are many. For RPs, supporting their tenants to sustain tenancies for longer is not only the right thing to do, but it also makes good business sense. For government, there is the potential to reduce the costs to the NHS attributed to poor housing among older adults – currently estimated to be of over half a billion per year⁵, or around 8% of the total social care bill for older people. The research has been supported by extensive engagement with leaders of large and small RP housing and care providers, residents and other stakeholders in the care ecosystem. We thank all



of those, including our sponsors, for collaborating with us to set out a future vision of care for older people within the RP sector.

The report contains:

Section 1: Why do Providers Care? – covers the context, operating environment and key players in housing and social care for older people

Section 2: Policy and Practice in Housing and Care Today – summarises recent policy announcements and activities by the housing and care sector

Section 3: Learning from Home and Abroad – sets out findings from providers and housing and care tenants in the UK as well as findings from an international review of housing and social care in Japan, Denmark, Spain and New Zealand

Section 4: A Vision and Manifesto for Change – brings together the research findings into a 10-year vision for change and action plan for all RPs to achieve it

Appendix: A History of Social Housing and Care in England – the story of how housing and care in the social housing sector has evolved

1

Why do Providers Care?

An introduction to



housing and

older people's care

As care providers, RPs play a minority but significant role in the marketplace, delivering care to around 20,000 people every day or around 4% of the total of those customers in the regulated care sector. But housing providers do more to support people as they age than provide care.

Introduction to Adult Social Care

Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include ‘personal care’, such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care is delivered as ‘short-term care’, a time limited care package with the intention of eliminating a need for ongoing support, and ‘long-term care’, continuing care ranging from high-intensity services like nursing to lower-intensity community support⁶.

Local authorities have statutory responsibilities for adult social care – primarily means testing and commissioning. Care is funded primarily by government but also by private payers. While the term care in this report largely refers to formal care delivered by CQC-registered care services, and usually arranged and commissioned through the local authority responsible, care can also be informal, delivered on a voluntary or paid basis, potentially through friends, family or community network.

Social care in England is treated differently to health care and is not free at the point of use. Those who request publicly funded social care from a local authority must undergo a needs assessment and a means test of affordability. According to the

Kings Fund, only those with highest needs and the lowest financial assets are likely to receive support. Last year, 1.4m older people requested adult social care from local authorities, with a third of these receiving no support.

For those entitled to receive publicly funded care, this is not always covered in full. In these cases, many people receiving publicly funded care will make financial contributions to top up their care costs. Last year, these user contributions were estimated to be around £2.9bn.

Anyone with assets of more than £23,250 must pay for all social care themselves, although the upper capital limit, or the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from October 2023. From October 2023 the lifetime cap will be set at £86,000. This is the maximum amount anyone will have to pay for personal care to meet their eligible care and support. The cap will be implemented for adults of all ages, without exemption.

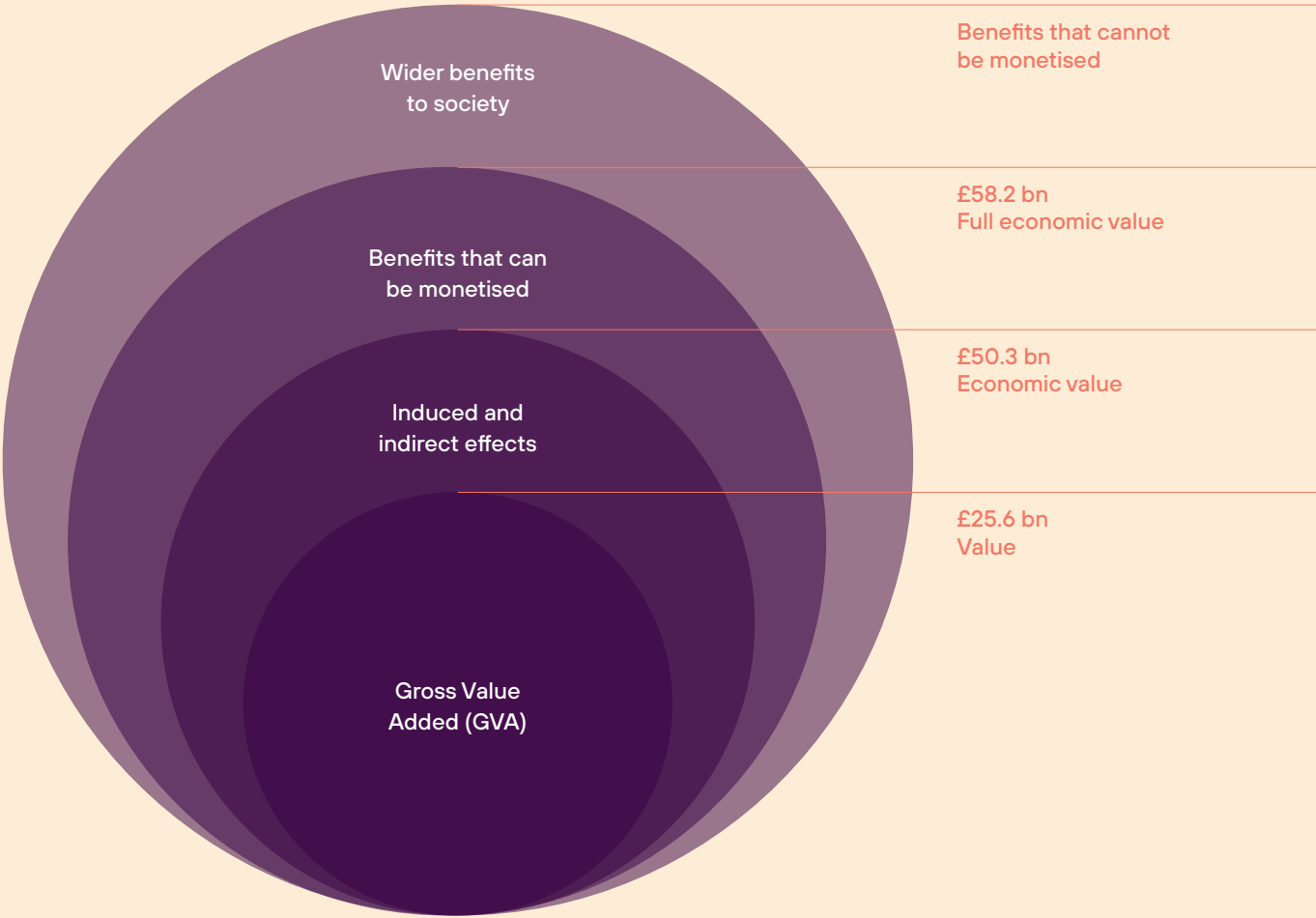
Due to significant funding pressures within government and relatively low chances of receiving publicly funded care or accessing affordable care in the private sector, it is estimated that 1.6m older people are not receiving the care and support they need. This puts pressure on the estimated 13.6m unpaid carers in the UK⁷.

Value and spend in adult social care

The public sector is the primary spender on care services with around £8bn spent last year on long-term care for people 65+ alone. Spend for long term care for people aged 65+ represents about 40% of total government spend on adult social care. While two-thirds of this spend (c£5bn) was on nursing and residential care for people aged 65+, around a third (c£2.8bn) was on care-at-home services like supported and extra-care housing and home care.⁸

There are no precise figures for how much private payers spend on care services, but a recent report by Skills for Care⁹ showed the economic contribution of the sector was estimated to be around £25.6bn in 2020/2021. This makes it a bigger sector than electricity and power, water and waste management, and twice as big as agriculture. Figure 1 below shows that adding the indirect and induced multiplier effects (such as impacts on the wider supply chain) with the total goods and services produced in adult social care, the sector generates £50.3bn of economic activity to the English economy.

Figure 1:
The Value of Adult Social Care in England, Skills for Care



⁶ The King’s Fund, 2022
⁷ Ibid
⁸ NHS, 2021
⁹ Skills for Care, 2021

Actors in adult social care

While local authorities have statutory responsibilities for assessing and arranging care, care providers are generally independent or private sector organisations, operating on a profit-making or not-for-profit basis. Local authorities alone or through joint/integrated commissioning arrangements commission care services either under block contracts (for example to a care home or to a single care provider) or on an individual ‘spot’ basis.

The primary actors in adult social care, some of whom overlap with each other’s responsibilities, are:

Adult social care providers: including private and public agencies, operating on a profit or not-for-profit basis. Adult social care providers may provide care to older people and/or people with physical or learning disabilities or autism. They may do so in people’s own homes or in specialist accommodation.

Housing providers (including social housing providers): act as landlords for specialist and general needs housing for people in receipt of care and some are care providers themselves, delivering care to their own tenants and residents, and sometimes to wider communities.

Local authorities: have statutory responsibilities for adult social care including assessment and commissioning, but also act as enablers of housing and care through partnership working with local RPs of social housing. Some local authorities have housing and care functions in house, sometimes delivered through their social landlord function. Local authorities also administer benefits programmes and other social infrastructure services to provide support to individuals and communities.

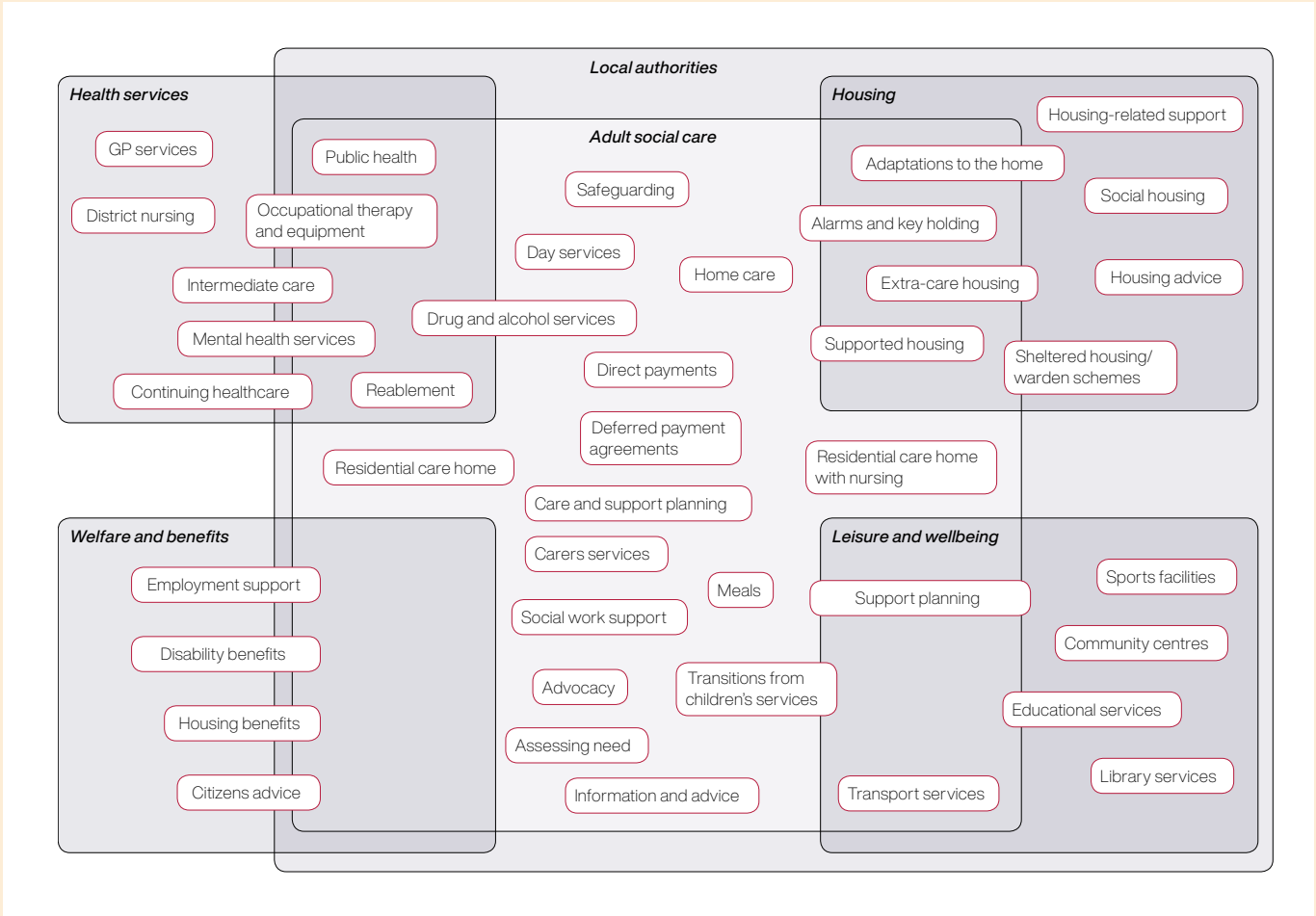
Health services: provide medical services to individuals and are a key partner to social care providers. Health services in practice act as a backstop for those who may require care but are unable to access it.

Central government: makes policies and sets budgets for adult social care, including direct and indirect sources of capital and revenue funding (such as benefits services) for local authorities, housing and care providers.

Community groups: such as leisure, wellbeing and charitable organisations, provide much needed services to people in need that are either not provided by the state or are inaccessible or hard to access by individuals and communities.

The diagram to the right sets out the actors involved in adult social care and their roles¹⁰.

Figure 2:
Adult social care ecosystem, National Audit Office



¹⁰ National Audit Office, 2018

Housing providers are important actors in the adult social care sector, especially RPs who provide landlord services to those on lower incomes and/or with higher social care needs. One of the most significant roles RPs have is the provision of specialist housing for people with support and care needs, which may or may not include direct care provision. This includes for older people.

The role of housing providers, including local authorities and housing associations, in the provision of housing and care for older people has evolved over time. The Appendix contains a brief history of housing for older people, and housing with care delivered by RPs, and how this has impacted housing with care offers available today.

Trends and offers in social housing with care today

Of the low cost (social) rental homes owned by RPs today, 10% is “housing for older people” and 0.4% are care homes¹¹. Figure 3 below shows the proportion of homes owned by type. It shows that despite an increase in demand for social housing, the number of homes for older people has decreased¹². This is likely due to a focus on delivering different types of homes for people, including affordable rent (which may include some housing for older people, although this is in relatively low amounts).

The challenge with supply is not confined to the social sector. Across the housing market, there is a significant undersupply of specialist housing and care options compared with demand and there has been a general downward trend in the delivery of new housing for older people over the past 30 years. Outputs are estimated to be over 10,000 units per year, less than in the 1980s¹³. However, as of January 2020, across the UK, it is estimated that a total of 13,215 units of retirement housing and 17,753 units of housing and care are currently in the development pipeline showing some improvement.

¹¹ Regulator of Social Housing, 2022

¹² The introduction of the Welfare and Work Act (2016) led to a revision of definitions used in the SDR for supported housing and housing for older people which was responsible for the 10% year on year reduction (30,076 units/bedspaces) in housing for older people units between 2016 and 2017 SDR.

¹³ Best and Porteus, 2016

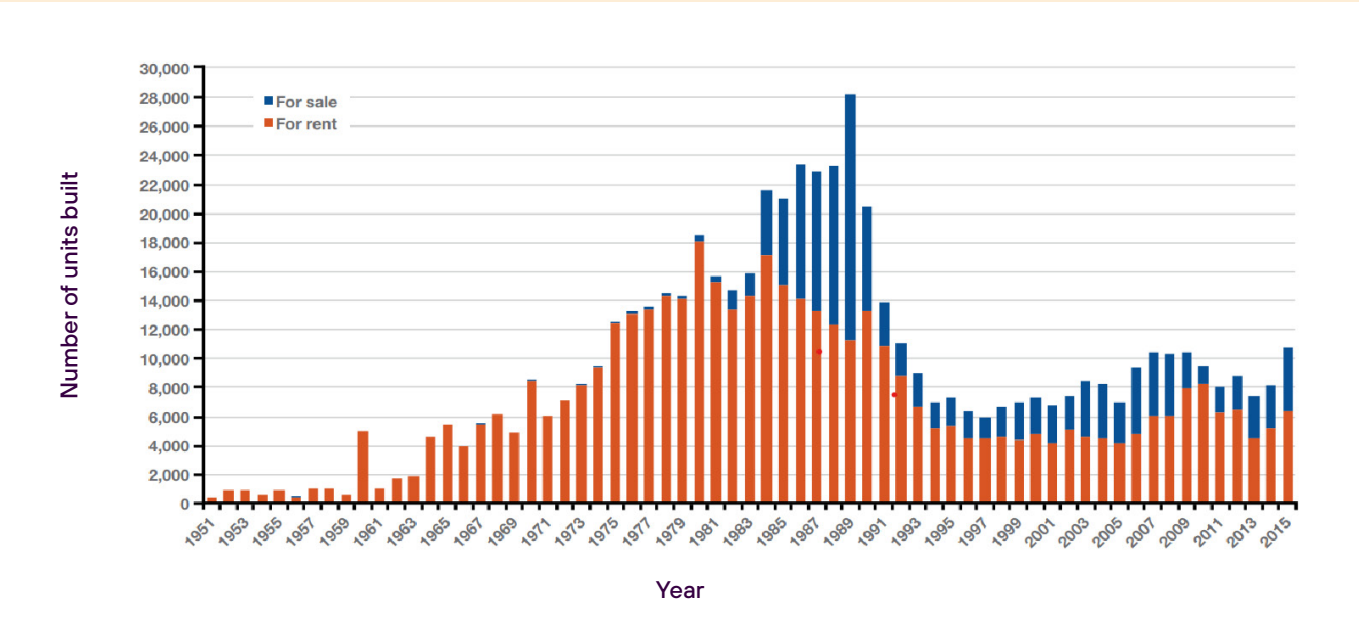
¹⁴ Affordable rent accounts for general needs and housing for older people. Last year the SDR began report this figure accounting for an additional 14,531 units.

¹⁵ Knight Frank, 2021

Figure 3:
Social housing stock by tenure, SDR directly owned and managed, 2012-2020¹⁴



Figure 4:
Number of sheltered and extra care housing built by year in the UK, Best and Porteus 2016



Housing and care today-



products and providers

Housing with care options have grown significantly since the 1950s, moving towards models which support older people to receive care while remaining in the community. RPs have played a significant role in the development and provision of a range of choices for customers.

The role of RPs today in housing and care

As a result of legacy homes and services maintained or adopted by RPs, the changing needs and demographics of tenants and shifting responsibilities from the public to third sectors, RPs have been tasked to develop modern product offers in housing with care which suit their tenants and businesses. These are varied, and include direct and indirect provision of care, as well as enabling roles as landlords to tenants in receipt of care.

Around a third of social tenants are over 65. Many do not need or receive care from their landlord or another provider or family member, but these needs may change in the future as the population lives longer. For many others, care is a necessary way to live independently in their own home or within their community. Others live in care homes and other forms of specialist and high-needs housing provided by the social sector.

RPs provide a variety of housing with care, and care-only offers, to serve tenants and wider communities. These offers are for those tenants and individuals with:

Minimal or low care needs
Such as retirement villages and almshouses which offer some degree of support in addition to safe and secure housing.

Specialist care needs
Such as housing for those with dementia or communal models.

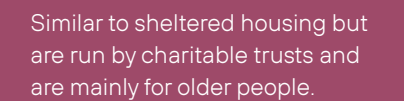
Moderate to high care needs
Includes extra care villages, assisted living schemes and care homes.

Or those who prefer to age in place
Including care at home services or developing schemes that promote community-based care such as co-housing, and other services to support independent living for tenants to continue to sustain tenancies in later life.

In addition to these formal housing, and housing with care offers, RPs play other roles to enable care and independent living which are described in the next section.

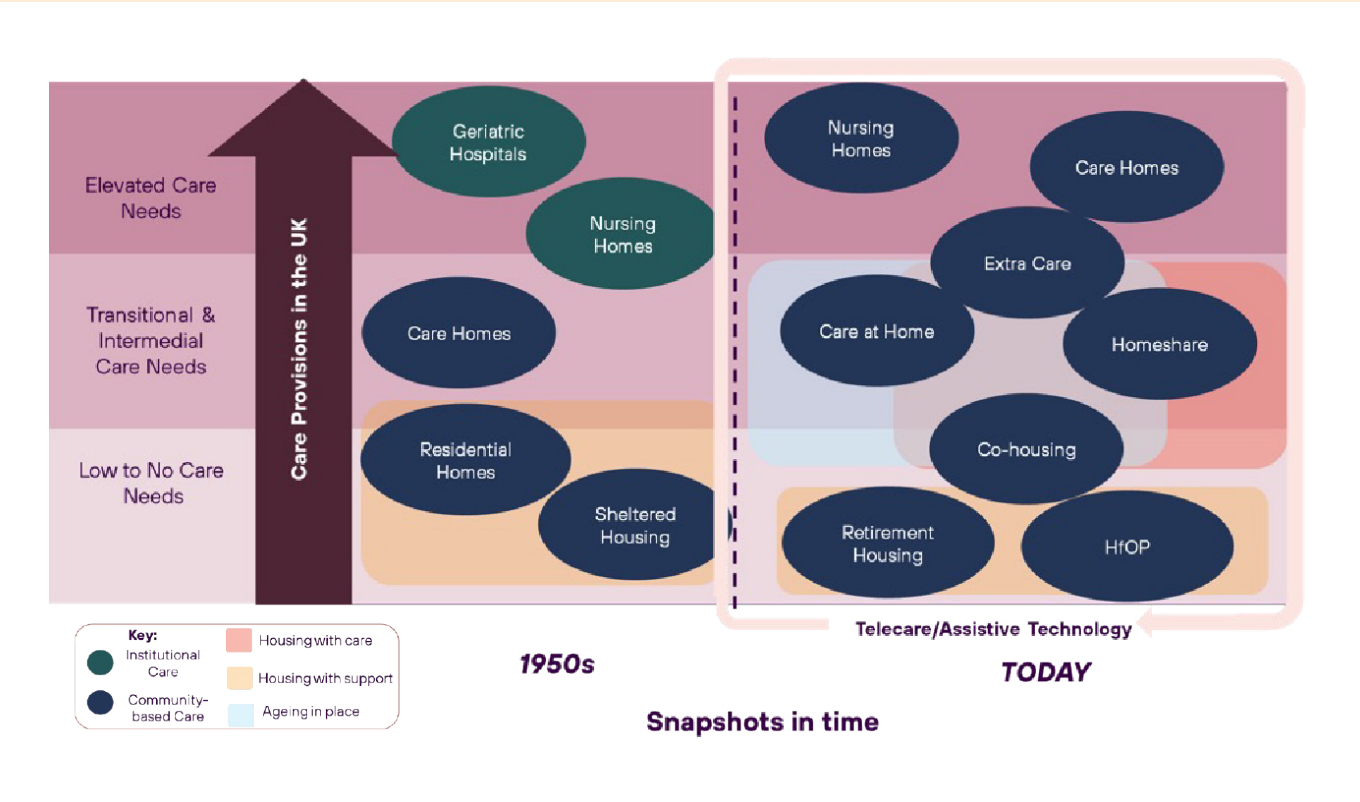


The following diagram summarises the offers RPs and others make in housing and care – by care needs and arranged into two main categories – housing for those who prefer to age in place, and specialist and supported (with or without care). It shows that there are a range of offers available, which respond to different needs, and that RPs provide many of these within the social housing sector. These offers are described in more detail on the following pages.



This spectrum of housing and care offers has developed over time as a response to changing needs and demands. Figure 6 below demonstrates the move to more community-based models of care that has occurred over the last fifty years, largely spearheaded by RPs. It depicts how the need for care in elevated care settings has lessened as the options for those with low and transitional care needs have grown¹⁶. By introducing innovative options like extra care and co-housing, RPs have provided greater choice as well as ensuring individuals can access housing and care solutions appropriate to their level of need.

Figure 6:
Shift in RP provision of housing with care options (1950–today)



The main categories of housing and care offered by RPs today include housing for those who prefer to age in place, and specialist and supported housing (with or without care).

¹⁶ Figure adapted from ARCO, 2021

¹⁷ See 14, Altair analysis.

Role 1: Specialist and supported housing with or without care

RPs are the largest providers of supported housing, accommodation which is provided alongside support, supervision or care to help people live as independently as possible in the community. Accommodation and support services in supported housing varies between schemes—some RPs own properties, some provide support (either within their own or another property), and some may do both.

Within the larger blanket of supported housing, providers also provide large numbers of housing with care for older people. For example, 38% of all RPs offer housing for older people while only 3% of RPs offer care homes¹⁷. Many of these RPs feel a care offer is inexorably linked to outcomes for tenants and the wider community, and feel it is part and parcel to their identity as an organisation to be care providers as well as landlords to older tenants.

Examples of specialist and supported housing include:

Retirement villages
Fairly new to the UK with facilities such as shops, restaurants, gyms and swimming pools and personal care. For profit RPs like McCarthy Stone are well known for building and managing retirement villages.

Almshouses
Historic specialist homes for older people, usually provided by charitable trusts or religious institutions.

Sheltered housing/Housing for Older People
Many housing associations and local authorities continue to own and manage sheltered housing usually referred to as housing for older people today. Some of this has been converted to general needs housing while others have been rebranded into other schemes including **Retirement Housing, Retirement Living, Independent Living**.

Examples of specialist housing with care include:

Residential care and nursing homes
Residential homes provide personal care whereas nursing homes provide personal care and always have one or more qualified nurse on duty to provide nursing care. RPs own about 9,500 care homes registered as social housing units in England.

Extra care
A more recent innovation in the sector providing an integrated option usually with an innovative design. There are approximately 49,000 extra care units in the UK, and RPs like Housing 21 make-up some of the country’s largest extra care providers.

Small household scheme
Start-up companies, working in collaboration with local health and social care agencies, are leading this model, which is currently not provided at scale to older people, although the social housing sector commonly offers this model to individuals with learning disabilities.

Dementia villages
One of the first “dementia villages” inspired by a Dutch model was opened in the UK in Kent in 2018 as part of a large housing development and is run by a private care provider.

While many older people living in non-specialised housing are owner occupiers, much of the specialist housing with and without care provided by RPs is generally offered as a social rental product (as is the case historically in sheltered accommodation). Generally, for households to access these options through local authority lettings they must have a housing and a care need. However, increasingly RPs are offering other tenures such as older people’s shared ownership. Some providers also offer for-sale options (as in extra care villages), with certain agreements to buy back homes if they cannot be sold to an appropriate buyer. Outside of the social housing sector, providers build products for sale, and there is also a growing market for private rental accommodation for older people. According to the latest English Housing survey, 11% of people aged 55–64 are now living in the private rental sector, compared to 6% in 2010–11.¹⁸

Role 2: Care for those ageing in place

Some RPs operate well within the social care sector, providing direct provision of care through home care services. These services may or may not be exclusively delivered for the RPs’ own tenants. Usually, RPs run their care businesses largely separate from the landlord function, developing bespoke strategies for growth and resilience in care.

Examples of care for those ageing in place include care at home services for non-tenants or care to tenants living in general needs homes.



RPs may also create special schemes for individuals to access the care they need within general needs housing. These include:

Homeshare schemes
Charitable organisations like Age UK and private organisations support the model through education and matching services. Clarion Housing began piloting the Homeshare model in October 2021.

Co-housing schemes
Co-housing schemes may be supported by RPs through land and housing management. An example of this is the New Group Cohousing scheme in Barnet consisting of 25 flats for 50+ women managed by a small housing association, Housing for Women.

Multi and inter-generational living
The term may also refer to co-living arrangements whereby a home sharer provides some support to an older person in exchange for free or discounted housing. RPs are increasingly developing mixed use developments which include some provision of housing for older people to enable multigenerational living. Examples include redevelopment of the Aylesbury Estate, a partnership between London Borough of Southwark and Notting Hill Genesis.

Other roles RPs play

Social housing providers support older people with:

Alarms and technology
Many RPs manage the technologies and/or work closely with partners to deliver alarms and other safety features for people who need them. Smart technologies that monitor tenants’ health are being piloted by the sector. These are not widely used or seen as an alternative to in-person care.

Housing aids and adaptations
that enable independent living. Around one in six social housing tenants¹⁹ has an adaptation to their home. The most common adaptations are hand or grab rails, toilet aids and bathing/shower aids and modifications.

Key holding
As landlords, RPs can provide access in case of emergencies or where care providers or other authorities need to gain access to provide social or health care.

As social landlords RPs have legislative responsibilities for adults’ and children’s safeguarding (per the Care Act 2014) and regulatory responsibilities for promoting social, environmental and economic wellbeing. Housing officers within RPs regularly work with social workers, the police and other actors to ensure people are safe and can live independently in their own homes.



In summary, not all housing providers provide care, but all housing providers have a role in ensuring their tenants live in safe homes that contribute to positive health and living outcomes. RPs are well-placed to work closely with local authorities and care providers to support tenants in need. In the next section, we examine who the major RPs are in this space today.

¹⁸ Department for Levelling Up, Housing and Communities, 2021
¹⁹ Ibid

Regulation of housing and care providers

RPs providing registered care are subject to separate regulatory regimes – social housing as regulated by the Regulator of Social Housing (RSH) and care provision by the Care Quality Commission (CQC).

Regulatory standards set by sector bodies cover the expectations and requirements that all providers must deliver and achieve. These differ between industries.

The RSH’s
Core function is to ensure social housing providers are well run and viable through gradings of both economic and consumer standards. This is to protect social housing assets and tenants.

The CQC’s
Core function is monitoring, rating and inspections of registered care services and standards and enforcing standards to protect service users.

CQC regulation is at a service level, so providers must have sufficient oversight that their registered managers are maintaining services in line with regulatory requirements. Whereas the RSH is focussed on ensuring that the overall viability of the provider is sound while also ensuring social housing residents and assets are not at risk of harm. As providing quality, well-resourced care services can involve more challenging financial parameters, providers of social housing and care must carefully balance the requirements of these two regulatory regimes. At the time of the publication of this research, new consumer regulation proposed in the social housing white paper is being developed.



Case study
Integrated housing and care



| Name | Location | Provider |
|---------------------|---------------|--------------------------|
| Quayside Extra Care | Totnes, Devon | The Guinness Partnership |

Findings and learnings

Integrated housing with care is seen as a strong option for a well-developed, and well-delivered service. Quayside is a real testament to Guinness’s efforts to continue to develop and enhance their integrated housing and care service. The service reports high levels of satisfaction, low levels of voids and turnover and lower levels of complaints.

Guinness’s Head of Independent Living says Quayside works well because “*customers have one team to approach and one person with overall responsibility for all the services that take place at Quayside. This empowers the manager to get things done for the benefit of the whole service.*”

About the scheme

Opened to residents in 2017, the scheme has a modern interior design and a great location overlooking River Dart. It is mixed tenure housing development with 30 affordable rent and 30 shared ownership flats for people with a range of care needs as well as on-site communal areas.

It was developed in partnership with Homes England, Devon County Council and South Hams Council at a cost of £10.9m and has been recognised for its design excellence by winning both “Best Large Commercial Building” at the LABC South West Awards and “Best Specialist Residential” at the Building Excellence Awards.

About the integrated housing
and care model

The Housing and Care Manager has responsibility for the care as the CQC Registered Manager and for the site as the scheme manager, facilitating a holistic approach to managing the service. This ensures decisions about housing are equally decisions about care. Referred to as ‘the green team’, the onsite care team is highly regarded and support Quayside residents to feel safe and secure in their homes.

The service is registered and regulated by CQC and was awarded an overall rating of ‘good’ with outstanding in the area of ‘caring’. The scheme focusses on creating a real community for people who call Quayside home with an on-site ‘pamper-room’, accommodating health, beauty and wellbeing services, and a well-served bistro which is open daily to residents and members of the public.

Impacts

In addition to standard rent and service charge, residents pay a ‘Peace of Mind Wellbeing charge’ which covers 24/7 on-site presence by a care worker to assist in emergencies and respond to requests through the integrated telecare Smart Living Solutions provided by Appello. For residents who require care, this can be paid for as a private arrangement, or is commissioned by the local authority for residents with eligible needs. Residents like knowing someone is around as well as reduced burden of housing maintenance. Residents also like that the scheme accommodates their care needs as these change, as well as knowing they are in a trusted community that looks after one another.

The RPs providing housing and care

There is significant variance in the size and makeup of providers in the social sector who provide older peoples' housing services, with the offer, scale and structure of care delivery differing from provider to provider. Many who provide housing for older people also provide care in-house, some provide care to some of their housing schemes, and others have exited care entirely.

Housing for older people providers

There are a quarter of a million homes for older people in the social housing sector, representing about 10% of all homes owned by RPs. The research shows that there are some clear archetypes of RPs who dominate the housing for older people sector. These include smaller and specialist providers (like Extracare Charitable Trust and Brunelcare) and the very large general needs providers (like Guinness, Sanctuary and Clarion). There are large, specialist organisations focussed exclusively or almost exclusively on housing and care for older people such as Anchor and Housing 21, and organisations with a smaller housing for older people and care offer within a medium or large sized social housing business. Figure 7 to the right²⁰ shows the relationship between the size of an RP’s social housing for older people portfolio and proportion of that portfolio compared to other types of social housing. Please note this diagram excludes local authority providers.

Figure 7
Archetypes of social housing for older people providers by size and proportion of housing for older people.



²⁰ See 11, data obtained from Regulator of Social Housing’s Statistical Data Return (2022) and includes social (rental) housing for older people and general needs

In summary, the main archetypes of RPs with housing for older people include:

1 Large specialist providers of housing and care for older people (bottom right of Figure 7): primary organisational focus is providing options for older people; business models may include models of integrated housing and care. Anchor is the largest older people’s housing provider with turnover from retirement housing representing about half of its total turnover, and turnover from care homes representing about 40% of its total turnover. Less than 1% of its turnover is from direct care provision to its properties²¹. Housing 21 has a higher proportion of care as a total of its business, with turnover from social housing (most of which is social housing for older people) representing around three-quarters of its total turnover, and turnover from care representing around 18% of its total turnover.

2 General Needs Providers with a housing and care offer (top left and right): primary business is social housing but who have legacy housing for older people stock and either legacy or small care businesses. As the result of overall size and scale of operations, these organisations are significant players in housing with care. For example, while Guinness Partnership is one of the largest providers of housing and care for older people in the RP sector, its stock of housing for older people represents only around an eighth of its total social housing stock, and its turnover from its care business (which includes lettings and care activities) represents around 5% of overall turnover for the group.

3 Small Specialised Providers (bottom left): small organisations where housing and care for older people is seen as an essential and integral part of their organisational purpose, and who have not achieved scale. Many of these organisations have a high proportion of non-social housing activity. For example, around three-quarters of Brunelcare’s turnover comes from non-social housing care homes and other non-social housing services. At Extracare Charitable Trust, turnover from social lettings (for older people) represents around a fifth of total turnover, whereas non-social housing activities represent around four-fifths. Care and other related services at Extracare Charitable Trust make up a large proportion of total turnover at 40% compared to other organisations.

The table to the right summarises the total turnover of the sector’s leading housing for older people providers, ranked by total proportion of social housing for older people. It includes information on proportion of turnover from care services for older people, where available. Please note total social homes (housing for older people and care homes) has been rounded to the nearest 100 homes. Group turnover has been obtained from information available publicly on the RP’s website for 2020/2021.

²¹ Anchor Hanover, 2021
²² EAC, n.d. publicly available data.

The value of these services, relative to the value of social housing, is low. The top 10 RPs who provide care combined have a turnover of around £470m or slightly more than the size of Metropolitan Thames Valley Housing’s total social housing business.

RPs are, however, significant players in the provision of extra care schemes and care services within them, managing around 65% of all extra care schemes and 57% of all age exclusive retirement living schemes in England²².

Table 1
Registered providers providing care for older people, by turnover

| Registered Provider | Housing for Older People (Social Rent) and Social Care Homes Owned and Managed (2021 SDR) | As a proportion of total social housing owned by the RP | 2020/2021 Group turnover – total | 2020/2021 Turnover from care and care homes only (%) |
|--------------------------------|---|---|----------------------------------|--|
| 1. Anchor | 38,400 | 99% | 528.2 | 40% |
| 2. Housing 21 | 13,000 | 79% | 202 | 19% |
| 3. Sanctuary | 10,400 | 17% | 765.4 | 25% |
| 4. Clarion | 7,000 | 7% | 944.1 | 1% |
| 5. The Guinness Partnership | 6,500 | 13% | 368.2 | 3% |
| 6. The Riverside Group | 5,000 | 11% | 374.3 | Unavailable |
| 7. Torus62 | 3,500 | 9% | 198.9 | Unavailable |
| 8. EMH | 3,500 | 24% | 122.6 | Unavailable |
| 9. Optivo | 3,500 | 10% | 332 | Unavailable |
| 10. Metropolitan Thames Valley | 3,200 | 12% | 446 | 1% |

Not all RPs who build and manage extra care schemes are the care providers, and sometimes RPs provide care in extra care schemes owned by other social housing providers. The top RPs who provide CQC-regulated extra care services are Housing 21, Methodist Homes, The ExtraCare Charitable Trust and Orwell Housing Association.

Care providers

Over the last 30 years, we have seen privatisation of state-funded adult social care through outsourcing of care to private providers (for-profit and not-for-profit). In total there are around 14,800 registered organisations that provide care, accounting for 7,500 care home providers and 7,300 care at home providers²³.

In England, private for-profit companies own 84% of care home beds²⁴. Some of the largest of these organisations are private, for-profit providers with access to capital and the ability to provide contracts at scale. The top five care providers (HC-One Limited, Four Seasons, Barchester Healthcare, Care UK and BUPA Group) are all private providers and account for nearly one-fifth of the total care sector²⁵.

Overall, however, the domiciliary and residential care markets remain largely dispersed with many services provided by small and local care organisations. To illustrate, three-quarters of care home providers run only one care home, and these one-off services account for around two-fifths of total care home beds in the country. 90% of care at home providers operate from one location²⁶.

Often social housing providers have relatively small or no in house care provision, or their focus is on the provision of care home services within stock they already own. There are some outliers who provide care at home services to wider communities or provide care services in homes that they do not own. In total, RPs account for around 6% of all CQC registered providers of care and they provide care to around 4% of total care home beds in England²⁷.

As shown in the table on the right, three RPs appear in the top ten providers of CQC care services for older people²⁸.



Table 2
Top providers of CQC registered services for older people (all services)

| Provider Name | RP | Services for older people |
|---|-----|---------------------------|
| 1. Barchester Healthcare Homes Limited | | 195 |
| 2. HC-One Limited | | 151 |
| 3. Care UK Community Partnerships Ltd | | 138 |
| 4. Midshires Care Limited | | 132 |
| 5. Anchor Group | Yes | 126 |
| 6. Methodist Homes | Yes | 119 |
| 7. Yourlife Management Services Limited | | 95 |
| 8. Voyage 1 Limited | | 86 |
| 9. Housing 21 | Yes | 77 |
| 10. The Orders of St. John Care Trust | | 76 |

²³ NAO, 2021, care includes CQC care homes and care at home.

²⁴ Blakeley and Quilter-Pinner, 2019.

²⁵ Ibid.

²⁶ See 18.

²⁷ CQC Data 2022, where care is directly provided by the RP, does not include where care is provided by a third party.

²⁸ CQC Data 2022, Provider name service type (which includes extra care, domiciliary care and other forms of care)

2

Policy and Practice in Housing and Care Today

What is the

public policy



landscape?

In 2021, government announced ambitious commitments for the future of housing and care. These commitments set out the important roles of housing providers as innovators, leaders and partners.

New policy

2021 saw a significant rise in activity by government to reform the health and social care sectors, both of which saw substantial pressures throughout the Covid-19 pandemic. Major policy announcements²⁹ were made in the Health and Care Bill, the National Disability Strategy, the Build Back Better: Our Plan for Health and Social Care and the Department of Health and Social Care’s People at the Heart of Care (adult social care white paper). The announcements set out new commitments, funding and expectations, including the expectations of housing providers. Recently there has been increased attention on housing for older people.

In 2022, the All Party Parliamentary Group (APPG) on Housing and Care for Older People started an inquiry into shared ownership for older people, looking to ensure the offer is suitable and well understood. Supported by industry experts, the APPG will report in Autumn 2022 on demand for the offer and how it could work in practice including better understanding of satisfaction.

The working group is part of the Housing our Ageing Population: Panel for Innovation (HAPPI)

commissioned by government in 2009 to set out the case for change in the provision of housing for older people.



Also in 2022, government introduced a taskforce for housing for older people as part of the Levelling Up the United Kingdom White Paper released in February. Details on the scope of the review are currently unavailable.

Health and Care Act

Published in July 2021, the Health and Care Bill set out legislative proposals to reform delivery and organisation of health services in England, promoting more joined-up services and ensuring a greater

focus on health rather than service delivery. The bill received Royal Ascent in April 2022 to become law.

The purpose of the Act is to establish a legislative framework that supports collaboration rather than competition and many of its proposals have been informed by the NHS’s recommendations including the proposals for integrated care systems (ICSs). ICSs are partnerships bringing together providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population.

The Act introduces two-part statutory ICSs, comprised of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health, and social care needs of the local population. The Act also contains new powers for the Secretary of State over the health and care system, and targeted changes to public health, social care, and quality and safety matters.

Build Back Better: Our Plan for Health and Social Care

The Prime Minister announced Build Back Better: Our Plan for Health and Social Care in September 2021. As part of the strategy, government committed £12bn per year on average for health and social care across the UK for the next three years. This comes alongside a 2022 rise in National Insurance contributions ringfenced for health and social care (Health and Social Care Levy) and an increase in Dividend Tax to fund the NHS and social care reforms. This contributes to government spend commitment of £5.4bn for adult social care over the next three years. Changes announced through the plan include:

- Some receipts from the Health and Social Care Levy will be provided to the Department for Levelling Up, Housing and Communities for investment into supported housing and integration.
- Introduction of a cap of £86,000 for personal care costs over a lifetime. After this, local authorities will be responsible for costs of care.
- New rules showing anyone with assets of less than £20,000 will not have to make any contribution for their care from their savings or the value of their home.

While the plan provides more funding for social care financed through an increase in national insurance, it is likely this increase in spend will be used to fund the costs of new policy proposals such as “a fair price for care” and a personal cap on care costs. It is therefore unlikely this additional funding will have a significant impact on meeting new and growing demand.³⁰

²⁹ See 1
³⁰ Bottery and Jefferies, 2022

Social Care White Paper

The Department of Health & Social Care published its social care white paper People at the Heart of Care in December 2021. The white paper sets out how the department and partners will need to work to deliver on an ambitious vision for the future.



“Partnerships and strategic capability will be in place locally, new investment to support more people to live independently will have been made, and we will have stimulated growth of new models of care for people living outside of residential settings.”

- People at the Heart of Care (2021)

The white paper also emphasises the role of housing providers in the successful delivery of social care outcomes. The vision for housing and care follows four themes, summarised in the table below. These themes are to be tested with partners across housing, care, local government and health.

Proposals made in the paper which impact the housing sector include new funding for innovative models of care. The package includes £300m available between 2022 and 2026 to increase the amount of supported housing catering for older people and adults with learning and physical disabilities or long-term mental illnesses. This includes the launch of a £30m Innovative Models of Care Programme to support local systems which build the culture and capability to embed into the mainstream innovative models of care. To incentivise the supply of specialised funding, government will continue to provide £70m per year capital funding through the Care and Support Specialised Housing (CASSH) Fund between 2022–23 to 2025–26.

The paper also reconfirms governmental commitments, including increasing funding for adaptations and technology to support people to remain in their own homes and to prevent people from prematurely moving to more intensive options for care. This includes increasing the upper limit of the Disabled Facilities Grant (DFG), committing a further £570m per year for three years until 2025.

Table 4:
Government’s vision and objectives for housing and care, adult social care white paper (2021)

| Theme | Objectives |
|--|--|
| Supporting providers across the housing sector to develop more options for people in the private housing market | Supply is increased across a range of specialist housing types that match local need and provide greater choice Government supports and incentivises market growth, giving developers, investors and consumers greater clarity and confidence Make “place-making” impacts through new housing investment |
| Support people to take up those options, and plan financially and practically for their older age | New arrangements enable people to find and finance the right housing options and tenure models People are supported to access the information and impartial advice they need to help them plan financially for their future care needs working with financial and pensions sector |
| Supporting local places to create lifetime neighbourhoods | Neighbourhoods are accessible and inclusive and have positive impacts on residents’ health and wellbeing |
| Identify and open up new areas of innovation – in design, financing and local collaborations | New investment in housing and the Innovative Models of Care Programme build local capability and culture for innovation and provide financial headroom and support to implement local solutions Value of local innovation is captured at a national level, and outcomes and evidence inform future direction |

Other proposals are to make options for care and financial requirements clearer and to make the system fairer for self-funders of care. This includes proposals to make pricing more transparent by expanding the local authority’s role in commissioning. Government also commits to holding local authorities to greater account in delivering their social care duties under the Care Act 2014.

The paper calls for a series of actions for the housing sector including:

Strong leadership and partnership
Change requires collaboration across commissioners and providers of health, adult social care and housing, and homelessness support services, as well as local planning functions and voluntary organisations.

Long-term funding certainty
Housing providers need to take decisions on where and when to invest that look decades into the future.

Wider influence
Housing that better meets future care and support needs must be delivered within a complex housing market.



What
is
the

sector
doing
now?

In addition to commitments by government, stakeholders in housing and care have for some time been supporting collaboration and innovation to move the sector forward.

New practice

It is important for providers to continuously innovate and improve, and to showcase their learnings. As identified through the research into [New Zealand](#), a developed sector also benefits from agencies that provide support and intelligence to customers, government and the supply chain.

Developments in housing and care

Existing innovations in the sector have predominately been led by providers. Those who have gone ‘all in’ with workable housing and care models provide many insights into what success in the sector may look like. Home Group’s clinical care model shows how integration between housing and care can work effectively when close working relationships are developed between partners. It has been developed out of Home Group’s decision to develop new approaches to delivering high-needs care, with the expertise of an in-house clinical team. The model has been supported by a commercial team working with agencies like the NHS to develop offers which respond to local health and social care pressures. In future, it is expected that housing providers that provide care will need to demonstrate their value to commissioners, including by continuously assessing their offers to ensure they continue to meet market and social need. Benefits of the model include cost savings compared to the cost of institutional solutions, improved health and wellbeing of users and reducing costs to the NHS.

In 2015, Guinness piloted an approach to becoming a dementia-friendly organisation, ensuring its housing and care services were fit for purpose for a growing number of tenants with dementia. The pilot helped Guinness develop practical tools for providing services, such as creating a system to “flag” tenants with dementia who may require a different approach from staff. Today, Guinness has over 1,250 Dementia Friends in the organisation. Through the Housing and Dementia Working Group, Guinness drew on its learnings to create a Dementia Friendly Housing Guide, designed to help housing professionals support people living with dementia and to facilitate consistency and good practice across the sector.

Peabody’s work on trauma-informed care also shows the capability of the sector to introduce person-centred care models that improve outcomes for tenants. What started as a pilot with funding from Essex County Council in one of Peabody’s homelessness services has been rolled out in other care and support services due to its positive impact on outcomes for tenants. By introducing a more effective model of care, Peabody has been able to focus further on prevention rather than response. The model won Peabody the award for “Best Support/Care Innovation” at the first ever Housing Digital Innovation Awards in 2022.

Private providers continue to expand their retirement living offers. McCarthy Stone has worked to develop attractive offers including by branding and clearly describing its products -- Lifestyle Living, Retirement Living and Retirement Living Plus. For example, Retirement Living Plus options may include care services. McCarthy Stone offer different purchase and rental schemes, including a part-buy and part-rent option. The company also uses incentives to make its offer more attractive, ranging from options like a flexible pet policy to a part-exchange programme to minimise the stress of selling and moving home.

Anchor has also used market intelligence on demand shifts to develop its private rental offer for older people. Anchor sees its rental option as a way to address affordability challenges among some older people. Through its benefits and financial advice services, Anchor also supports prospective tenants to understand costs and access financial support where eligible.



Social housing providers are paving the way to mobilise non-traditional offers in housing and care. Housing 21’s recent work to develop a co-housing strategy and offer shows its commitment to develop products that meet different needs. This includes age criteria and tenure flexibility, ensuring developments which suit the community. Housing 21’s co-housing strategy also introduces flexible management structures – introducing options such as Tenant Management Organisations (TMOs), appointing local management agents and allowing residents to lead services, ensuring that new schemes are managed in a way that empowers tenants. As part of the strategy, Housing 21 has committed to capture the lessons of the new co-housing offer. Housing 21 are only developing co-housing schemes in areas of high deprivation or in areas where at least 30% of the population identify as Black, Asian or minority ethnic (BAME). The strategy is being converted to practice with Housing 21’s first co-housing scheme underway.

²⁹ See 1
³⁰ Bottery and Jefferies, 2022

Research and sector intelligence

Key to advancement in the sector is knowledge sharing and influence. A number of national organisations are working to showcase and promote housing and care models.

One organisation is the Housing Learning and Improvement Network (LIN), who provides research, support and collaboration opportunities bringing together housing, health and social care professionals across the UK. Its purpose is to exemplify innovative housing solutions for an ageing population.

The Housing LIN has led the development of the Technology for our Ageing Population: Panel for Innovation (TAPPI) framework, a benchmark for what good looks like in the future of technology for housing and care. Housing LIN in partnership with the TEC Services Association (TSA) is currently developing TAPPI2 to embed the changes through demonstrator schemes. Some of the TAPPI principles include the need for technology to be “choice-led”, enabling access to a range of options that meet an individual’s needs, as well as preventative, rather than reactive models. The Housing LIN also has resources for best practice sharing, providing examples of housing and care that support activities by care providers, housing providers, partners in health and social care and developers.



Trade and representative bodies fund and develop projects to influence the future of the sector. The National Care Forum (NCF) is the membership organisation for not-for-profit organisations in the care and support sector and has undertaken recent research on technology in the sector. The National Housing Federation (NHF), the trade body for housing associations, is also undertaking a 12-month task and finish group focused on older people’s housing to develop actions for the sector.

The Associated Retirement Community Operators (ARCO), the UK’s main body for the Integrated Retirement Community (IRC) sector, has also paved the way for better understanding and integration in the sector. Its main objectives are to promote confidence and expertise in the sector and to raise awareness of the IRC approach. Its members include some housing association housing and care providers. ARCO led the call to action for a Housing with Care Task Force, which was announced as part of the Levelling Up the United Kingdom White Paper in 2022.

Recent research by ARCO includes data on the effectiveness of care provided within IRCs and the results of a poll that identifies demand for different housing options for older people. These insights could be used as market intelligence for the sector to develop and refine its offers.

In its grey paper on housing options for older people, ARCO and Jeremy Portus of Housing LIN set out a roadmap for housing for an ageing population in future which includes:

- Local planning and the need for lifetime neighbourhoods
- National design standards
- Planning and market shaping
- Investment including a range of personal finance options
- Consumer confidence through legally enforceable standards

Charities and think tanks like Age UK, The King’s Fund, the Smith Institute, Centre for Ageing Better and the International Longevity Centre have recently developed insights and recommendations for the sector on integration, technology, models of care and housing for older people offers.

Their proposals include:

- Updating and standardising language used to describe housing and care products
- The economic and social value of housing for older people
- Learnings from different models of care like extra care
- The role of local and central government

Case study
Collaborative housing development



| Name | Location | Provider |
|------------|------------|------------|
| Co-housing | Birmingham | Housing 21 |

About co-housing

Co-housing, sometimes known as an 'intentional community', is the creation of a housing scheme by a group of neighbours who will look out for one another. Co-housing is an alternative option to housing allowing residents to offer mutual support to promote a sense of belonging, reduce social isolation and maximise low-care needs. Co-housing is still rare in the UK. The majority of the 19 schemes operating in the UK are for owner-occupiers with limited diversity and 74% of occupants have a degree.



Findings

In 2021, Housing 21 launched its first Co-housing Strategy setting out the organisation’s promise and delivery path to fulfilling its community housing commitment for older people. As part of this, Housing 21 will develop co-housing projects in areas in the lowest five categories from the English Indices of Deprivation and/or where 30% of the population is identified as from a minority ethnic background. The proposed schemes should ideally have between 16 and 25 properties to enable a sense of community and belonging without being too large, while still being financially viable in terms of revenue funding.

As part of the initial focus, Housing 21 will develop 10 co-housing schemes in Birmingham and the wider West Midlands area to concentrate resources, capture the lessons learned and encompass these into future schemes. The first two schemes were announced in 2020 in partnership with Birmingham City Council. The co-housing schemes will be located in Lozells and Saltley with 25 homes per scheme, each with a self-contained home with access to on-site communal facilities determined by those who will live at the scheme.

Housing 21 has identified how co-housing differs from more traditional retirement housing options, including;

Establishing the project group at development stage

Opportunity for potential residents to join a project group at the outset so they have a critical role in the design of the properties and communal spaces.

Working with local people, agencies and politicians throughout

Engaging with agencies and involving them in consultation events to work alongside Housing 21 staff.

Age and Diversity

If appropriate, may adopt a more flexible approach to the age criteria for the schemes. Housing 21 looks to develop in areas with multiple deprivation, some of which have significant BAME populations.

Tenure

The tenure of cohousing properties will be social rent. By exception Housing 21 will consider shared ownership if there is a clear local demand, but this will be limited to no more than 25% of the scheme.

Operating model(s)

There is no one-size-fits-all model instead Housing 21 will be open and flexible to a range of potential operating models for residents to choose from including TMOs, appointing a managing agent and resident-led services.

Capacity building

An essential part of the project will be supporting and facilitating cohousing group members to make decisions on all aspects of the project through formal and informal training.

3

Learning from Home and Abroad

Lessons learned from



housing and care in

the UK

With strong social motivators and a growing market but significant financial and workforce challenges, the UK sector is currently grappling with what its future is in the provision of care for older people. We spoke to nine housing with care providers about why they do it, the challenges they face and how they are responding.

Social impact and a history of delivery

RPs recognise the ageing population as a significant challenge for society. Some RPs recognise the need to go further than providing healthy housing to deliver on unmet need in the marketplace for care.

Many traditional housing associations already commit to serving their communities by offering services related to housing, such as support with homelessness, joblessness and personal care. For some, offering care to the wider community helps them deliver on their wider purpose as a community-based and socially driven organisation.

“We have always done it” is something we heard from some RP care providers when they articulate their rationale for delivering the services they do. Several have grown through acquisitions over time, and the care offer is part and parcel of their offer as an RP. Some RPs who have always provided housing for older people see care as a natural extension of their existing offer. Others have ‘fallen

into’ care, through acquisitions of housing and care providers over time.

RPs are often housing sector innovators, and this is apparent in specialist areas of housing provision such as integrated housing with care. The development of extra care, which has been led by RPs, is a good example of innovation for social impact. Continuing to draw on these strong social and organisational drivers is a good starting point for ensuring organisations remain true to their rationale for delivery.



Lifelong customers and sustaining tenancies

RPs see real opportunity in supporting customers to move on from general needs accommodation to more suitable housing with care accommodation as they age. Tenants may benefit from an existing relationship with their landlord rather than building this relationship with another service provider. The landlord may also already have an active role in the community having built its reputation locally over time.

Freeing up large, general needs homes under-occupied by older people, thus enabling families and younger people to access much needed social housing, can help with other business priorities.

Moreover, quality care supports individuals to be healthy and independent, including being financially and economically active, able to maintain tenancies and pay rent.

Income diversification

Some RPs see value in diversifying their businesses beyond the provision of social housing, mitigating certain risks related to running social housing businesses. It is common for RPs to diversify into related services – such as the provision of commercial real estate, and services to their tenants and wider communities, including care and support.

Some may achieve economies of scale in their corporate services and other overhead expenditure through a diversified service offer although this is not always the case, or they may benefit from an existing presence in communities as the result of their landlord services (for example staff and offices).

Others see the benefit of increasing income through direct or indirect (outsourced) provision of care. However, to ensure the benefits of additional income are achieved, the offer must be right, and some providers are shifting their strategies to ensure care remains financially robust. Some are introducing products for a broader range of income groups or introducing more cost efficient ‘lifestyle living’ style accommodation. Others are developing local strategies, entering into ultra-local care markets where deemed viable, and exiting or avoiding contracts in other areas.

Staffing and workforce

RPs face significant pressures maintaining a care workforce. This is largely attributed to reductions in the value of local authority contracts not keeping up with pay required to recruit and retain care workers. This challenge has been exacerbated by the impacts of Covid-19, including vaccination requirements for care home workers and workforce resilience during a time of crisis, as well as new post-Brexit visa requirements for European care workers.

Some RPs are implementing changes to sustain their care workforce including:

- Paying the living wage or local equivalent.

- Revising benefits to offer more than basic pay.
- Starting campaigns to recruit and re-train workers from industries strongly affected by the COVID-19 pandemic and lockdowns (such as travel and leisure).
- Competing with retail sectors by focussing on career development and opportunities for advancement.
- Offering colleagues the opportunity to transfer skills or upskill, and demonstrating the value this can have for career development. This includes those in the housing side of the business.

Low and decreasing margins

Funding availability and local authority commissioning rates mean provisions for publicly funded care are low when compared to care service running costs. For example, the average cost differential between local authority and private rates is around 40%, meaning providers largely reliant on local authority commissions face real challenges delivering viable services. This is usually the case for social housing providers of care, since much of the care they provide is for those who live in social housing.

Some providers experience the need to provide higher levels of care in practice than their existing offer, increasing hidden costs. These trends, in combination with stock that is ageing and becoming unfit for purpose, may increase voids and reinvestment requirements. Some are disposing of care facilities and moving towards retirement living housing offers, which have higher margins on average and lower risks involved with delivering care.

While low margins are a challenge for some RPs, others have created mitigations for this by diversifying to attract more private payers or acquiring/expanding care offers to be able to deliver at large, sometimes national scales.

Risk

Introducing specialist accommodation and care adds an increased layer of complexity to social housing businesses and requires different skills and risk management approaches by leaders and staff. To grow a care business, a separate set of skilled staff are required.

RPs delivering care must work within two regulatory regimes, where compliance requirements are sometimes at odds.

Care also brings potential significant reputational and safeguarding risks to a business if service failures occur – leading to poor health amongst individuals or even death in severe cases of service breakdown.

Unsuitability of housing stock

Many homes used for housing and care are no longer fit for purpose, with ageing buildings and changes in staffing strategies (e.g. use of scheme managers) and lifestyle demands by older people. Sheltered accommodation built in and for a different time is not always attractive for the 21st century tenant and, in areas of low demand, may be hard to let.

Most older tenants live in general needs accommodation, which may not be suitably adapted to meet their needs. Moreover, older housing stock may be damp or cold and housing with stairs and other design features may be dangerous for older people, leading to poor health outcomes.

While many RPs are developing new housing for older people, either as separate housing with or without care or as part of larger multi-generational communities, growth in this part of the market is weak and there remains a strong focus on building homes for first time buyers. As a result, older people may not have the right housing options in the right places, reducing the pull factor for moving.

Some RPs are unaware of the adaptability of their stock and operate aids and adaptations on an ad-hoc and case by case basis. These may not always achieve best value for money, and large-scale investment to make one home suitable may be better used to invest in new, adapted homes elsewhere.

Operational requirements and demand from corporate services

While there may be some economies of scale from housing services, care providers require many separate components that are not in place in a housing business.

Generally, providers operate separate organisational structures within their businesses – one for housing and one for care, with little overlap. Some may form separate subsidiary companies to deliver care and some may have separate boards and/or committees to oversee care activities. One of the reasons for a care subsidiary within an RP, apart from risk, is that different terms and conditions exist for care staff, particularly pensions and sometimes zero-hour contracts are operating. Also, there are often strong cultural and managerial differences between care and housing teams who use different jargon, different management structures and service delivery models.

Care generally puts more demand on corporate services, with larger staff numbers compared to housing businesses and many staff working on a part-time or temporary basis. This results in higher demand for HR and recruitment services. IT systems for care can be separate, but overlapping with housing management systems. As a result, there may be duplication or inconsistencies in the way housing and care staff understand and respond to customers. Care workers require separate specialised training, including on safeguarding, health and safety, IT and other activities specific to their care work.



Focus on core activities



RPs have many conflicting priorities. For example, RPs have been tasked by government to address lack of supply in the affordable and wider housing markets as well as the zero-carbon agenda in their new and existing homes, provide high quality homes through regeneration and upgrades and to ensure homes are safe. With core activities making significant strategic and financial asks of the business, care may be seen as too much and too difficult to achieve. Requirements of the social housing white paper and consumer standards changes will require even more focus by RPs in future.

Many providers are winding down services they may have traditionally provided as housing associations including community outreach services, safeguarding services and financial support. Care may be seen by some providers as an extension of what housing providers see as ‘nice to have’ but no longer possible.

Some RPs are working to strengthen their financial position to ensure they can continue to provide these services, including by diversifying into more financially sustainable activities such as housing for sale. However, housing development is exposed to market risks, and RPs are becoming increasingly dependent on a strong housing market to continue to deliver to their social purpose.

Variance in appetite, understanding and capacity in local authorities

Providers often feel the success of their care offer and delivery programme depends on the relationship and willingness of local authorities to engage in partnerships. Some RPs feel there is a real barrier to developing new housing for older people and housing with care offers within some local authorities, and they feel some local authorities should play a stronger coordinating role in a joined-up housing and social care offer, such as through access to land or ensuring a streamlined planning process.

In the UK integrated housing and care options including extra care schemes may fall between planning classes:

Class C2
Described as “use for the provision of residential accommodation and care to people in need of care (other than a use within a class C3 (dwelling house). Use as a hospital or nursing home)”, or

Class C3
Described as “use as a dwellinghouse (whether or not as a sole or main residence) — (a) by a single person or by people living together as a family, or. (b) by not more than 6 residents living together as a single household (including a household where care is provided for residents).”

Importantly, C2 is exempt from S106 contributions and planning inspectors must use their discretion as to which classification is best suited. This has an overall impact on whether affordable housing options can be delivered through contributions and affects overall viability of a scheme.

Local authorities have the capacity to play a greater strategic role in the local housing with care market. DLUHC expects local authorities to consider housing for different groups, including for older and disabled people, within their Local Plans for housing, but only 44% of local authorities have an up-to-date Local Plan³¹. Where there is a good working relationship with one local authority, this may be completely different in the next with high differentiation between local authority co-working, which is a challenge to RPs operating in multiple geographies.

Local authorities also bring together partners including through integrated health and care boards, however anecdotal evidence suggests housing providers are not often included in these boards.

RPs are doing more to work with local authorities in navigating the journey, including through education on what is possible, and the benefits housing and care could bring to the community. However, there is a strong need for greater joined-up thinking beyond the local authority boundary, and for all authorities to ensure they are doing their part to ensure this provision remains adequate for the future.

³¹ NAO, 2019

Uncertainty of funding

Generally, many RPs are reluctant to invest in new care offers because of the lack of assurance they have over certainty of local authority commissions. This is especially the case where the providers' offer relies on a joined-up housing management and care arrangement delivered through a single organisation.

We found that there is little interest in investment in care offers within social housing from outside of the sector, including by institutional investors or by for-profit RPs. A recent Audit Commission report suggests similarly highlighting that the current funding situation combined with uncertainty about future funding and care policy means providers are reluctant to invest in the additional capacity needed to meet housing and care needs.

There is little evidence that Environment, Social and Governance funding arrangements and loans are being used for housing and care. There may be an opportunity to tap into interest from social investors – such as pension funds – to meet the need for capital investment.

However, the introduction of money from outside the sector is not without risk. Where there may be interest, this may be delivered through long-term leasing arrangements. In these cases, the RP sector will not benefit from ownership of the social housing asset and the future capacity for growth that this provides.



Uncertainty about models and products

While many providers are strong proponents of products such as extra care, they recognise that each product is a solution for some but not all. In general, it is difficult for providers to know which areas they should invest in or which products or offers will be fit for future. As a result, many innovative products, e.g., co-housing and home share are currently at a small scale.

Technologies are another area where providers can be unsure about their role given the pace of change. We found that many providers use technology as an enabler rather than a substitution of care, often offering telecare as an addition to rather than a replacement for care services. We did not find that technologies are necessarily customer-led, and so uptake and use of these technologies can be a challenge.

There are some good examples of the use of technology in the sector, especially those which harness the power of data to improve tenants’ lives. Some of these technologies leverage other benefits for landlords, including engagement and communication between tenants and landlords as well as monitoring of assets. An example of one innovation used across many housing and care providers in England is provided in the case study overleaf.



Case study
UK’s Housing Proactive Digital solution



| | | |
|---------------------------------------|-----------------|--|
| Name | Location | Provider |
| Alertacall’s Housing Proactive System | United Kingdom | Alertacall is a limited company based in England. Users of its technologies include Torus, Coastline Housing and Waltham Forest Housing Association. |

| | |
|-------------------------------|--|
| Findings and learnings | <p>Countries like Spain and Japan have developed new technologies and innovations to respond to the changing needs of their ageing populations. In the UK, technologies are emerging but these are not usually widespread and anecdotal evidence suggests demand is limited, and that some of this is due to high costs of installing and maintaining systems that are not well used.</p> <p>Alertacall is an affordable solution used among several social housing with care providers. It works with an integrated tablet, bringing together housing management, safeguarding and emergency response. Its offer won Alertacall the Northern Enterprise Awards Best Digital Telecare Technology Provider award in 2021.</p> |
|-------------------------------|--|

| | |
|-------------------------|--|
| About the scheme | <p>Alertacall’s Founder and CEO was inspired by his own grandmother to develop the first ‘I am Okay’ button in 2004. Today, Alertacall help tens of thousands of people across the country to maintain their independence, particularly in social housing where Alertacall’s offering has evolved into an enhanced housing management service, known as Housing Proactive.</p> <p>Housing Proactive is designed for supported housing schemes and offers an affordable solution designed to support housing management service charges eligible for universal credit. Housing Proactive is a fully digital solution, working within Openreach’s “digital switchover” which will make all analogue systems (such as pull chord systems) obsolete by 2025. The existing analogue systems are expensive to maintain and Housing Proactive is designed to be cheaper and more effective.</p> |
|-------------------------|--|



| | |
|-----------------------------|---|
| About the technology | <p>Housing Proactive works on Alertacall’s touchscreen hub. The hub is not fixed and can be located anywhere in the home. The device can be used for a number of purposes including reporting repairs, communication between the resident and provider via video and video door entry. It also includes the option for Alertacall’s ‘OKEachDay’ button for individuals, which supports responsive monitoring. Should the button not be pressed during the day, an Alertacall staff member will telephone the individual. If no contact is made, a nominated contact will visit for a welfare check.</p> <p>The added value of Alertacall is its smart use of data, which once collected provides valuable insight into the changing needs of the user. Changes in behaviour and interaction can be detected which allow carers to reassess care plans and level of care needed, allowing them to adjust staff time as required. Data also can indicate where deterioration in an existing condition occurs, supporting landlords to make data-informed modifications to a property.</p> |
| Impacts | <p>Research by Alertacall shows that the technology can reduce hospital re-admission rates by up to 4% when compared to the general population, making savings to the NHS and keeping individuals in their homes for longer.</p> |

Lessons learned from



housing and care

abroad

The UK social care provision for older people is not dissimilar to those in other European countries and challenges of an ageing population are shared across much of the developed world. Countries have responded to these challenges in a number of ways with varying degrees of capacity for investment, and there are lessons to be learned from these experiences.

Overview of how the UK compares to other countries

The UK social care system for older people is not dissimilar to those in other European countries. There is a strong focus on the local authority’s role as well as a growing role of the private sector including the private not-for-profit sector. There is also relative separation between the provision of social housing and social care, which ensures individuals have distinct rights as tenants and as recipients of care.

The UK is known for innovation within the social housing sector. This is not the same for the social housing with care market, where there has been little in the way of product innovation since extra care. Where innovation has occurred, widespread delivery has been limited to date.

As a result, few people in the UK have access to housing with care options. Despite a population of over 12m people aged 65+, there are only around 700,000 units of specialist housing for older people (including housing with support and care). Savills estimates that if specialist housing provision in the UK were to become comparable to international benchmarks, supply would need to increase to 1.2m, an increase in supply by 65%³³. To be truly effective, this supply needs to be delivered in the right places, supporting people who choose to remain living in their current communities.

Another challenge is that neither society nor government fully understands or embraces the options that are available, leading to many individuals not knowing what options they have for housing in later life – or what may be appropriate for them. This is complicated by language used in the sector, which is often unclear or loaded with preconceptions. The UK has some professional bodies and aggregators including ARCO and the Housing LIN that act to unite, produce intelligence and lobby for the sector as well as provide an overview of services and options available to older people.



In countries like the USA and New Zealand, there is a much greater focus on integrated housing with care in communities designed for people as they age. As a result, up to 5–6% of older people in New Zealand, Australia and the US live in retirement communities with housing and care³⁴. These systems are supported by strong policy and legislation as well as widespread understanding about the role of housing and care in society.

The UK has relatively fewer housing options for people as they age and a relatively small care workforce³⁵. There are around 1.2 personal carers per 100 individuals aged 65+ in the UK compared to 5.6 in Japan³⁶. The care workforce in England is continuously strained and has not achieved the status of similar careers in health or public safety.

Pressures on the care workforce are even more concerning when we consider that it is not a universal cultural norm to care for older family members in households of all income groups. This means the UK and its government is a big spender on care. The UK spends approximately 1.81% of its GDP on long term care, similar to Japan, France and Germany. It is low only when compared to countries like Denmark, which spends 2.48% of GDP on social care that is available universally regardless of income or wealth.

But there is significant pressure on UK government budgets for social care, and funding from central government to local authorities has fallen by nearly half in real terms since 2010³⁷. Social care budgets are nowhere near enough to meet demand, and as a result, people struggle to access the care they need.

In this section we look at how the UK housing and care system compares to that in four countries: [Denmark](#), [Spain](#), [Japan](#) and [New Zealand](#). Each system has its strengths and weaknesses; all have lessons for the UK to learn.

³³ Stirling and Burgess, 2021
³⁴ ARCO, n.d.
³⁵ Eurostat, 2021
³⁶ OECD.Stat, 2022
³⁷ Housing, Communities and Local Government Committee, 2019



Housing and care in Denmark

Denmark is characterised by a strong housing and care landscape, underpinned by legislation and a funding regime that put a strong emphasis on the social housing and social care systems. Denmark has, more than any other EU country, given explicit policy priority to community care over residential care, promoting people to live in their own home as they age (either in general needs accommodation or senior housing apartments). Since the 1987 law on dwellings for older people, no new nursing homes have been constructed. Instead, a varied range of dwellings adapted for older persons have been developed to support the needs of those who require specialist accommodation to support their care needs.

Denmark’s system is underpinned by a strong social housing system with a focus on ‘tenant democracy’, which enables tenants to have a say in the ongoing around their estate and in the running of their housing associations. Tenant democracy places a strong emphasis on the landlord’s role to tenants – including older tenants. Danish social housing providers have a legal obligation to engage in social activities and all providers have strong non-housing roles. These include activities for education, employment, children and youth – as well as activities for older tenants.

Public policy for housing and care in Denmark

Denmark is known for its strong commitments to social systems and public assistance. The system is led by government and often delivered through private agencies. This model applies to social care and housing.

22% of all housing in Denmark is social housing (with the vast majority owned and managed by the Danish equivalent of housing associations), compared to around 17% in the UK. Tenants access means-tested forms of assistance for their housing and pensioners can access special housing allowances³⁸.

Social care is arranged and commissioned by Denmark’s 98 municipal councils (local

authorities). Denmark’s system is universal; personal care and practical assistance is available for free to all who need it following an assessment of needs, regardless of wealth or income. This is provided to those who require as little as two hours of care per week. Care is funded completely by government primarily through taxes. Central government makes available special grants and other subsidies to promote certain services or innovations.

Most municipal long-term care is provided at home. Less than half of Denmark’s long-term care spend is on residential long-term care facilities, compared to over 60% in the UK.

Danish housing and care options

Nursing home beds have been decreasing since the 1980s. From 2016 to 2019, the number of care home beds decreased by 16% (compared to a decrease of 4% in the UK)³⁹. In Spain, for example, the number of care home beds has increased over the same period.

A range of housing models having been developed to support housing and care in the community. ‘Senior housing’ is a common tenure form and falls under the wider social housing umbrella. It is generally provided by not-for-profit housing associations. In most cases the homes consist of a flat with one or two rooms and kitchen facilities. Where a former nursing home has been converted there may be communal living room and kitchen facilities. These home types may have some level of care provided but this is managed outside of the housing lease⁴⁰.

Some care homes still exist for those with the highest care needs. This provision is known as ‘retirement housing’ and care is usually organised by the local authorities. A housing association may manage the lease or housing management element.

Related to these shifts is an emphasis on normalisation of older people’s living arrangements and through separation of housing and care elements where possible. This seeks to provide autonomy to individuals who may be tenants (with associated rights and responsibilities) and recipients of care.

Key players in Denmark’s housing and care system

In practice, care in Denmark is a shared responsibility between regional hospitals, GPs, providers of municipal institutional and home-based services. Since the early 2000s, delivery of care has been led by the private sector with legislation in place to promote competition.

Housing associations and local authority social landlords may provide specialist accommodation. Both are responsible for assessing and providing for those who require this accommodation, making transfers within the same local area where possible. There are over 760 housing associations in Denmark⁴¹. Housing associations providing senior and retirement housing include 3B, Boligselskabet Sjælland, Grindsted Boligforening, ØsterBO. These organisations range from around 2,000 to 12,000 homes each.

the provision of retirement housing and nursing homes. The City of Copenhagen is a major landlord and innovator of homes for older people. It has recently constructed 70 homes with more in the pipeline according to a concept of ‘Tryghedsboliger’, translated to ‘Security housing’. Security housing is different because it is available for those experiencing loneliness but who do not have formal care needs.

Other groups providing alternatives to social housing options include co-housing communities, known for promoting intergenerational living, and support from “ultra-local” community networks. For example, Saettedammen is a community of 70 intergenerational residents consisting of individual flats with communal areas, such as a laundry, kitchen, games room and soft playroom. Co-housing communities are still small-scale and are not widespread across the country.

³⁸Nordic Co-operation, n.d.
³⁹Eurostat, n.d.
⁴⁰Shultz and Berlin, 2010
⁴¹ Future Distributed, n.d.



Housing and care in Japan

Japan is known for its ‘ultra-ageing’ population. Estimates suggest around 40% of the population will be 65+ by 2060. In addition, over 65’s hold half of Japan’s personal financial assets. Government has identified this imbalance and as a result has introduced strategies to leverage this wealth to improve the economy after Japan faced economic stagnation during the 1990s. Its social care system has also been developed to leverage the wealth held by older people – primarily driven by a system of private care funded through a statutory insurance scheme and the development of the ‘care manager’ role to coordinate care.

In addition, Japan has a strong silver economy, and has therefore seen significant private sector investment into technologies, products and services, as well as research and innovation, to respond to older people’s needs and to reduce demand on in person care.

Public policy for housing and care in Japan

Japan has not adopted a strong government-led social system for social housing unlike in some European countries. Social housing only accounts for 3.9% of housing. Most households live in owner-occupied and private rental housing. Local governments have built a modest number of homes, mostly apartments primarily intended for low-income families. In addition, employers sometimes maintain low-cost, dormitory style housing for employees. However, the proportion of people living in public and corporate-owned dwellings is small and has been gradually declining over time.

Japan has a universal health insurance regime which covers over 98% of the population. The system ensures anyone can access affordable medical treatment. Under the system, every citizen enters into publicly regulated medical insurance systems. These include employees’ health insurance, national health insurance or the elderly’s medical insurance.

The long-term care insurance (LTCI) system is a national compulsory scheme that specifically covers social care and was introduced in 2000 to address the demands of the ageing population. Taxes from both national and regional governments contribute half of funding and the remaining is from mandatory contributions set by local authorities to those aged over 40 based on their income and expected expenditure in the scheme.

Older adults with a certification that they have needs for LTCI services can use facility services, in-home services, and community-based services depending on their physical and cognitive impairments. The LTCI covers care provided by Home-Visit Nursing Agencies (HVNA) which is the equivalent to home care agencies in the UK, as well as care within care homes. LTCI available services include:

- Home visits for nursing, bathing and rehabilitation
- Day-care and short-stay services (including day service for dementia and multi-service packages that combine day care and home help)
- Respite services care delivered in a facility
- Nursing home for severely dependent elderly
- Institutional rehabilitation
- Group homes for people with dementia
- Elderly living facilities

Housing with care options in Japan

Once an individual is deemed eligible for LTCI services, they are assigned a care manager who is responsible for working with the individual to agree a package of care that meets their needs within the allocated budget. Care managers were introduced as part of the LTCI reforms to empower individuals to make choices and decisions about their care. The care manager helps create a live care plan which details the care package and providers appropriate to the individual. The role had previously been undertaken by bureaucrats. The care manager role is seen as one of the bigger successes in Japan’s re-vamped social care system, with widespread use of care managers and widespread understanding of their roles.

To integrate housing and care, in 2011 the Japanese government introduced the concept of a Community-based Integrated Care System (CICS), a system where medical care, nursing care, preventive care and livelihood support are provided in all communities. Within this, the government developed its own Elderly Housing with Care Services (EHCS) which has now been replicated by the private sector. These offer private rental housing for older people with and without care. The EHCS model was intended to function as a housing facility with no assigned medical staff and anyone aged 60 years or older can be admitted to an EHCS regardless of their care need. A large number of private enterprises have opened up an EHCS as a result of the policy shift – up from around 80,000 in 2012 to 255,062 in 2020.⁴²

60% of EHCS facilities do not hire medical staff. Instead, as care needs increase, insurance is used to cover the cost of providers like HVNAs.

In contrast to neighbouring nations like Singapore, which still relies strongly on nursing homes, Japan has several housing and care options for older people with a range of care needs. These options are generally widespread and include:

- | | |
|---|--|
| Condos for older people: known as housing with services, these are self-contained homes usually in age-exclusive communities that also come with household help services | Fee-based private homes: which provide the above and nursing care services, if necessary, to full-fledged medical facilities such as nursing homes and sanatoriums. Aside from seniors-only living options, there are inter-generational facilities too |
| Assisted living facilities: which provide physical care and help with chores | |

EHCSs can take various forms including those listed above but usually residents also receive lifestyle support services through supervision. Individuals have the option to bring in care from an external agency if needed.

⁴² Fukui et al, 2021

Key players in Japan’s housing and care system

Providers of CICS and EHCS consist of a mix of both for-profit and not-for profit organisations operating in a competitive market with minimal regulation, although for-profit providers cannot provide institutional care as the Japanese government wanted to incentivise community and home-based provisions. As a result, 99% of care providers are classed as small or medium-size entities. Private providers of EHCS include Aso Care Services, Fuji Soft Incorporated, Village Senaha and Tetsuyu.

Other players include technology providers leading research and development in medical tools and equipment, supporting data collection and monitoring of conditions among older people. These technologies are used by health care providers as well as care providers. Data coverage is as high as 95%, which can be used by innovators to develop new technologies including the use of artificial intelligence. In 2019, private companies SOMPO Holdings and SOMPO Care opened the Future Care Lab in Japan, a research facility in Tokyo dedicated to testing cutting-edge Japanese and international technologies. By matching seed ideas from innovators with real world challenges identified by care providers, SOMPO’s goal is to reinvent care by blending technology with human care, boosting productivity in care services and reducing the need for nursing care.⁴³



⁴³ Future Care Lab (n.d.)
⁴⁴ Foston Europe, n.d.
⁴⁵ Ibid
⁴⁶ Spijker and Zueras, 2020



Public policy for housing and care in Spain

Housing and care in Spain

Spain is considered a pioneer in ageing policies having showed its commitment to policy for the ageing population when it hosted, with the United Nations, the second Assembly on Ageing in 2002. Over the past two decades, Spain has led the way in policies for its ageing population despite fiscal constraints and economic challenge. Historically, care for older people in Spain has generally been organised by the family, but with demographic shifts and more women in work, government has responded with policies that complement this cultural norm to ensure its ageing population is well cared for in a modern age. With a focus on setting up a system that is fit for the future and cost effective, Spain’s focus has been on developing and embedding technologies and innovations that reduce the need for in-person and institutional care.

Social housing accounts for a very small portion of housing in Spain, with estimates around 2%. From the late 1950’s, Spanish housing policy has supported growth in homeownership, with subsidies available for construction and purchase of properties. The country was hit hard by the financial crisis in 2008 and the shortage of rental properties became a prominent issue as affordability constraints grew. As a result, over recent years, housing policy has focused on developing the rental sector.

Historically, care for older people has predominantly been provided by family through informal care. In 2010, 70% of those in need of long-term care received their care from a family member⁴⁴. This is reflected by Spain’s spend on long-term care as a proportion of GDP. In 2019, Spain’s spend on long-term care was about 0.86% of GDP, compared to around 1.6% on average across the European Union and close to 2% in the UK and Denmark.

Much of this care has historically been provided by women, who account for less of the workforce in Southern Europe compared to its Northern counterparts. In 2007, government introduced the Dependency Act to ensure those who meet the eligibility criteria have access to state-funded care. Since this time, the number of nursing and home beds for older people has increased from 150 to 763 beds per 100,000 inhabitants between 2005 to 2015⁴⁵. The legislation became even more crucial as cost of living and affordability constrains resulting from the 2008 global financial crisis saw an increase in the number of women entering employment.

The Dependency Act created Spain’s first “System for Autonomy and Attention to the Dependence” (SAAD), a social system for dependent people in need of care and support, primarily intended for addressing the challenges of Spain’s ageing population. The overall goal of the programme was to provide resources and services including prevention and the promotion of personal autonomy, remote assistance, home help, day/night centres and residential care. Other benefits of SAAD are the reduction of the burden of family members who undertake the role of primary caregiver and regulation of the employment status of non-professional carers⁴⁶. Despite these moves, SAAD reinforced the importance of family responsibility in care by introducing allowances for at-home carers. The programme was only available to households with low incomes and/or where the individual had high care needs.

Public policy for housing and care in Spain continued

Integral to the Dependency Act is the provision of telecare and local governments have played a key role in promoting widespread use of technologies for care. A study has shown the service has helped save money in social care costs such as through reduced ambulance call outs. Research suggests the use of telecare has delayed the need for individuals to access institutional care⁴⁷.

Spain’s housing and care options

The introduction of reforms made in the Dependency Act has had an impact on how some older people receive care in Spain, increasing the options available. While most still receive their care from informal, family arrangements, around 5% of adults aged 65+ access home care services, around 4% access residential care, around 1% use day-care services and around 7% use telecare⁴⁸.

Telecare use has accelerated rapidly since 2002. In the early 2000s, the city of Barcelona commissioned consecutive contracts to Tunstall for the delivery of a local authority-wide telecare service. Known as ‘Telecare Plus’, the service delivers telecare equipment and a proactive monitoring service including with medication reminders, face-to-face visits from social workers and long-term monitoring of worsening conditions to support pro-active interventions. Similar technologies are being developed in the UK, but these are not offered at scale.

Technology developers from Spain are innovating at pace by bringing new solutions to a rapidly expanding market. For example, Essence Smartcare Spain won an innovation challenge for their tech solution which uses algorithms and AI to detect changes in behaviour. Essence SmartCare is based on predictive learning, where their technology will monitor the activities of the user to be able to detect a deviation from their usual habits. For example, it may pick up on excessive use of the bathroom at night or if the front door has been open for over 15 minutes. When this happens, an alert is sent to users’ carers/families in an attempt to detect early deteriorations in health.

Spain’s focus has been on creating alternatives to institutional care by advocating for more innovative housing solutions, often embracing intergenerational and shared living. As a result, a range of intergenerational living schemes have been developed, including some for affordable rent. There is also an increasing trend in the development of collaborative housing and co-housing schemes.

Retirement homes and retirement living options are less common in Spain, although there are some options including for ex-patriates. Recent policies and programmes are aimed at promoting more options for retirement living. In 2019, the European Investment Bank invested €57.5m to help company Vitalia Home establish garden village residences for 200 people and places for 500 people to access day-care services. The new scheme also includes co-housing arrangements.

Key players in housing and care in Spain

Spain’s social housing sector, although small by comparison, is made up of a broad range of housing managers and providers, which includes public, private not-for-profit and private for-profit. They generally do not provide care.

Outside of family and community networks, care services are delivered through private companies and in some areas local authorities provide services⁴⁹. DomusVi is the largest provider of Care Homes. Savia is also a large residential care provider, with over 20 locations across the country.

Residential developers have taken the lead in developing new senior living schemes, some which include care.

Others operate similarly to housing to care providers. ORPEA for instance offers nursing home accommodation as well as extra care style apartments in Madrid, Barcelona and Puerto Banús (Málaga) which include communal areas, social events and 24/7 on site care in case of emergencies.

Co-housing and cooperative organisations are growing as more innovative options are developed. Vitapolis is a co-housing development in Castilla La Mancha which consists of 35 apartments as well as communal areas, such as gyms, workshops, cafeteria, meeting areas, lounges, gardens and swimming pools and activities.



⁴⁷ Tunstall, 2020
⁴⁸ Serrano et al, 2014
⁴⁹ Ibid



Public policy for housing with care in New Zealand

Housing and care in New Zealand

New Zealand has one of the most well-developed housing and care markets, bolstered by industry governance and governmental regulation. It places a strong focus on the integration of housing and care as a joint offer. As a result, the development of attractive and lifestyle-oriented integrated housing and care, with ownership and rental options, has been instrumental to a trend of seeing more and more older people choosing to live in retirement villages across the country.

Social housing represents a small percentage (<6%) of housing in New Zealand. Most of this provision is through private not-for-profit registered Kāinga Ora (Home Life) providers and a small amount is offered through local authorities. Historically, the state had a significant role in the provision of housing until policies were introduced slowing new development.

Similar to the UK, New Zealand provides universal health care. Unlike the UK, this includes long-term care and home help to older people although long-term care is means tested by assets of the individual. Personal care, including personal hygiene and continence management, is provided for free by district health boards. Support services provided by residential facilities, including practical, financial and emotional support, are means-tested. If an individual cannot afford the cost, district health boards may cover the difference for care.

District health boards in New Zealand plan and deliver all care, and budgets are made available through central government. District health boards include seven elected members and four members appointed by the minister of health. Boards also either fully fund or contribute towards end-of-life care in residential and home care services.

The availability of care through the state has been instrumental to the development of policies for housing and care. In the early 2000s, policy focused on ageing in place and providing access to services for individuals to age within their own homes. New Zealand introduced a Positive Ageing Strategy in 2001 to provide a framework to facilitate ageing in the community, recognising ageing as needing a collective and holistic response from different groups, communities, organisations and the government.

Retirement villages in New Zealand first emerged in the 1990s and were predominately provided by charitable trusts offering housing with care facilities to low-income older people. Selwyn Foundation was the first organisation to develop retirement villages and today is still the largest not-for-profit provider of care and retirement villages. Retirement villages form part of New Zealand’s national programme for the creation of suitable housing for older people, part of efforts to integrate of housing and care and as part of a companionship care strategy.

The model was formalised in 2003 when government introduced the Retirement Village Act to strengthen protections to residents and to regulate providers of retirement villages, including the introduction of a Retirement Commissioner to oversee regulation. Over the last two decades, retirement villages have grown significantly with estimates suggesting the number of retirement village units increased by 44% between 2012-2018⁵⁰. This includes growth of private for-profit providers offering market retirement villages at a higher price point.

The act provides a definition of a retirement village and sets out requirements and a code of conduct for their management.

In addition, New Zealand has developed a distinct land use classification under the Resource Management Act 1991. There is a specific asset class for retirement villages that streamlines planning ensuring there is minimal challenge over classification of integrated housing and care.

Housing with care options in New Zealand

Integrated forms of housing and care are mainly provided through retirement villages, which are home to around 50,000 people and this number continues to grow year on year⁵¹.

Retirement villages represent a catch all term for retirement living with a range of facilities and care provisions, availability depending on each scheme and provider. Some schemes cater for care needs including end of life and dementia care; however, some for-profit providers have financial difficulty delivering care and opt to provide more ‘lifestyle living’ options for younger residents, avoiding high-level care needs. As a result, it is common for people to move through care facilities as their care needs grow.

There are over 422 retirement villages⁵² offering a range of services and facilities. The majority of retirement villages are offered under an occupational rights agreement, where a resident purchases the right to occupy a unit but does not own it. These purchasers are exempt from paying stamp duty. Other less common offers include outright sale and private rental.

Today, there are an increasing number of retirement villages for affordable rent. These are developed and almost always provided by not-for-profit providers. Social housing providers also provide apartments, aiming to make the village set up more accessible to those on lower incomes.

Key players in New Zealand’s housing and care system

New Zealand also offers a range of residential care homes including rest (nursing) homes, dementia friendly facilities and specialist hospital care to older people as well as non-government agencies providing home care for those wanting to age in place.

The majority of retirement village and residential care providers are private care companies that may fully integrate care and housing under one roof. About 60% of providers are for profit including Ryman Healthcare Limited, the largest provider of both retirement villages and care homes, listed on NZ 50 Index. The rest are not-for-profit-providers and include organisations like the Masonic Villages and Trusts, the Selwyn Foundation and Enliven. The Selwyn Foundation is the largest not-for-profit retirement village provider and is a registered provider of community housing in New Zealand, offering subsidised and reduced rental rates across its villages.

Formalisation of the sector has also seen development of number of professional bodies including the Retirement Villages Association New Zealand and the Retirement Village Residents Association New Zealand.

Social housing by local authorities largely provides housing targeted to and suitable for older people, with a third of councils providing accommodation support services for older people . Increasingly local authorities and private not-for-profit providers of social housing recognise the need for affordable housing and care options and, as a result, there have been a number of recent partnerships between social housing providers to introduce options for tenants to age in place.

⁵⁰ JLL, 2019
⁵¹ Gibson, 2021
⁵² Ibid

⁵³ CRESA, 2007





The success factors for

housing and care

Through the review, we identified six success factors for well-functioning systems of housing and care that have positive impacts on individuals as they age.

The success factors are set out in the table to the right along with our rating for each of the countries reviewed. A green rating means the success factor is in place, amber means it is partly evident and red means it is missing/inadequate. Each factor is described further in the text below.

| | | UK | Spain | Denmark | New Zealand | Japan |
|------------------------------|--|----|-------|---------|-------------|-------|
| 1. Policy and Legislation | There is strong policy focus on the ageing population, and the government supports the public and private sector through legislation and regulation to ensure the right frameworks are in place for options to be developed. | | | | | |
| 2. Integration and Planning | There is multi-agency responsibility for outcomes for older people, and active efforts to ensure systems join up in a way that feels seamless for individuals and their families. | | | | | |
| 3. Funding Systems | Systems have assurances in place for individuals and families that they will be supported if they need it, including support for ageing in place. | | | | | |
| 4. Role of Housing Providers | Housing providers have stepped up to deliver options that meet varying care needs and that promote independent living, including through integrated housing and care facilities that reduce care home use. | | | | | |
| 5. Choice | A broad range of housing and care options means individuals receive the right amount of care in a home environment that suits their needs. | | | | | |
| 6. Technology and Innovation | Technology is widely understood and used to enable independent living. Private sector agents see the value in developing new innovations for an ageing population. | | | | | |

Table 3: Learnings from the International Review

Success Factor 1

Policy and legislation
Many of the more successful examples of systems of housing and care that work well for older people began with a government commitment to and focus on addressing the needs of the country’s ageing population. This often starts with landmark legislation which articulates a clear vision for the future, providing the public and private sectors with a framework in which to participate, and providing assurances that government supports market actors to work to develop new solutions. As a result, society understands well the care landscape, options, rights and protections.

Success Factor 2

Integration and planning
Some of the more successful systems have clear roles and responsibilities for different stakeholders in the social care and housing sectors with these agencies working well together through a shared social purpose. Planning is a key enabler to ensuring the delivery of housing and care solutions which suit a local community. However, where planning law is unclear about these kinds of housing developments, planning can be a blocker to growth and innovation.

Success Factor 3

Funding systems
Countries fund social care at different levels based on fiscal constraints and policy priorities. Some countries have strong welfare states and provide social care on a universal basis. Where government is unable to pay for social care on a universal basis, some countries have invested in technologies to drive down the costs of social care or products such as insurance systems to ensure resources are in place to care for the ageing population.

Success Factor 4

The role of housing providers
Of the systems reviewed, all use housing solutions to ensure people who require care have options that are appropriate to their circumstances. This includes drawing on the strength of the social housing system where possible. In countries where the social housing market is relatively small, government has encouraged private actors to develop models of housing and care suitable to a range of needs.

Success Factor 5

Choice
Countries that have focussed their efforts on advocating options for housing and care – either directly through subsidy or indirectly through enabling policies – have seen reduced costs to healthcare systems, prevented premature moves to institutional care, and allowed people more choice and the ability to remain independent in their own homes for longer.

Success Factor 6

Technology and innovation
Of the countries reviewed, many face fiscal challenges and as a result have looked at how technology can play a role in encouraging independent living while diminishing demand for in-person care. Technology in the UK is being developed but is not widespread. There is an immediate focus on transitioning analogue monitoring technologies to digital solutions before the 2025 deadline, so this is an opportunity to revisit the offer housing providers make to their older tenants.

Case study
Responding to regulatory and legislative change and re-focussing of strategic purpose



| Name | Location | Provider |
|---|----------------|-------------|
| An unnamed housing association and client | United Kingdom | Devonshires |

About Devonshires

Devonshires is a solicitor firm that operates across a number of sectors and has specialised in dispensing legal advice to the social housing sector since 1970s.

Devonshires has a lengthy track record, with a high-level of expertise and a depth of knowledge to support various social housing providers.

At Devonshires, the Housing Management Team acts on behalf of over 200 Registered Providers (RPs) and has places on the legal panels of 14 members of the G15, the largest social housing providers in and around London. Devonshires boast one of the biggest Social Housing Finance teams in the sector, ranked ‘Tier 1’ in both the Legal 500 and Chambers directories. Devonshires also have the largest specialist social housing Property Charging Team in the sector, and act on behalf of housing associations and Local Authorities across the UK.

Context of the project

Members of the Devonshires team have been working with a national housing association charity which specialises in providing housing for older people across the UK, including through the provision of residential care services and supported sheltered housing, in implementing a new operating model to improve value for money, service delivery and alignment to strategic objectives.

The housing association had grown organically over several decades, including through a number of mergers, and had a widely dispersed asset base. This had resulted in some weaknesses in the housing associations operating model, including risks to financial performance, high asset management costs, issues in relation to service delivery to residents and service users and a general lack of “focus” in the housing associations operations. There were some weaknesses identified as part of a governance review in relation to the housing associations understanding of and compliance with regulatory requirements (particularly in relation to the Regulatory Standards set by the Regulator of Social Housing). Weaknesses in the housing associations financial performance were exacerbated by investment required to ensure homes met legal and regulatory requirements and upcoming changes linked to fire and building safety.

The Board decided to implement a revised strategy, to re-focus the organisation on its key priorities, rationalise its operating area and strengthen its financial position.

About the project

As part of the project, the Devonshires team worked with the housing association in relation to a number of areas including:

- Providing training and support to the Board and wider teams on meeting regulatory requirements.
- Advising on structuring strategic asset disposal programmes, to ensure that charity law and regulatory requirements (including the CQC and the Regulator of Social Housing) were met (as well as meeting the housing associations key objectives to ensure that residents and service users were not disadvantaged).
- Supporting on employment-related issues, including TUPE transfers.
- Advising on property disposals; and
- Assisting the housing association in implementing a refreshed asset management programme.

Impact of the project

While the implementation of the new operating model required significant work by the housing association, it has enabled it to operate from a more robust financial position and have a greater level of assurance that it is meeting its legal and regulatory requirements, as well as delivering a good quality service to its residents.



4

A Vision and Manifesto for Change

A vision for the future

Despite the many challenges they face, RPs have proven their ability to develop solutions to address some of society’s greatest challenges. With RPs as key agents in the housing and care space by delivering new and improved solutions, the sector has the capacity to make a real positive impact on the lives of tenants.

RPs have proven ability to overcome significant challenges – including reducing grant levels per unit, ageing and unsafe homes, growing demand for affordable housing and increased costs. Over time RPs have adapted and changed to become key agents to deliver social value. Providers have often re-invented themselves, developing new strategies, business models, and diverse product offers, leveraging partnerships with private, public and third sector.

To be successful, enablers are required. These include active markets and public policy regimes that support rather than inhibit activities, sector-wide commitments and providers deciding to act.

The diagram on the right encapsulates the findings from the review. It sets out a vision for housing’s role in adult social care that works in tandem with government’s 10-year vision for adult social care and positively impacts tenants, providers and wider society.

It includes success factors for delivering the vision. Some of these will come from within the social housing sector and some from outside of it. It also outlines the achievements that the sector should be aiming for. To deliver on this ambitious vision, the social housing sector must act. Through the research, we have identified four goals the sector must work towards to support tenants to live well with age. These are:

Leadership:
RPs act and take ownership for what they can contribute to older people’s independence.

Integration:
RPs find a seat at the table by working proactively with partners, ensuring offers are joined-up and responsive to needs.

Innovation:
RPs work to develop new solutions for housing and care that is fit for the future.

Communication:
RPs change the way they think and talk about housing with care, de-stigmatising housing for older people.



Delivering the vision – an RP action plan

Based on the four goals of leadership, integration, innovation and communication, we call on social housing providers to adopt this manifesto for change. Each of the goals requires effort, partnership and commitment by all providers – not only those who provide care.

Each goal has several actions RPs should work on together with other organisations to take forward.

Leadership: Social housing providers step up to the challenge

Leadership means all providers have an opportunity to identify and articulate their role in enabling older people to live independently in their homes. Leadership across the sector is required to ensure its contributions to reform housing and care are consistent and clear.

The goal requires action in the three areas set out below.

| | |
|--|--------|
| Each provider commits to taking action to enable older people to remain independent in their homes, whether as an enabler or as a provider of housing with care services. Providers review this strategic role regularly | |
| Priority Rating | Urgent |

Many RPs provide care and do it well. Those who do generally work at scale and/or diversify their care offers to respond to local market needs – creating real value for communities. They have embedded the social value of care within their objectives, and for many a joined-up housing with care offer is core to their organisational purpose.

Others may not provide care, either because they are not best placed, or they may lack the organisational structures to provide a quality care offer. While there is an ever-present need for affordable social care, it is likely that many providers are not able to deliver it themselves.



Despite this, all providers have a role in enabling older people to remain independent. With the sector providing homes for many older people throughout the country, many of whom are vulnerable, social landlords have responsibility to their tenants to ensure that at a minimum, they are active partners and enablers to ensuring tenants have access to care that is right for them.

For some providers, the contribution towards housing and care may be in development or management of specialist housing for older people. Working in partnership with local authorities and care providers, RPs have a real opportunity to use their expertise to support a market with too little supply to address demand.

Finally, providers have safeguarding roles by ensuring their tenants live in homes that are suited to their health and care needs. Providers should therefore commit to ensuring homes are “care ready” through their wider asset investment and new build strategies.

Importantly, providers should carefully consider their unique strengths and barriers and the market conditions where they operate, to identify this role. This should be set out clearly in their strategic plans. Care and housing needs are changing. To ensure providers are focussing their efforts correctly, they should keep their role in care under regular review. This should be supported by target setting and measuring the impact of their activities wherever possible.

For existing housing and care providers, there should be an ongoing strategic focus on their offer. These providers should remain agile, adapting their commercial and operational strategies on a regular basis to meet market demands and challenges.

For others, the care role they have identified should be reviewed at least annually or when strategic plans are developed (usually every three to five years).

| | |
|--|--------|
| Providers work to deliver on the objectives of the social care and social housing white papers | |
| Priority Rating | Urgent |

In the adult social care white paper, government sets out several areas where housing providers should play a leading role. These include:

- Supporting providers across the housing sector to develop more options for people in the private housing market
- Support people to take up those options, and plan financially and practically for their older age
- Supporting local places to create lifetime neighbourhoods
- Identify and open up new areas of innovation – in design, financing and local collaborations

The social care white paper also invites the sector to have more of a say in local health and care strategies and calls on the sector to be stronger leaders and partners.

Meanwhile, the social housing white paper calls on RPs to provide high quality homes and places for people to live well – reducing demands on the social care and health systems – and to listen and respond to tenants’ needs. Delivering housing and care in future will require a much greater focus on customer voice and co-production of services and offers. In addition, the social housing white paper calls on landlords to take a more active role to protect and listen to their tenants. As part of this, landlords are developing new methods to hear and act on the voice of tenants. This is in tandem with the CQC’s latest strategy which sets out an approach to regulation which focuses on people’s needs and experiences, on what’s important to individuals when they access, use and move between service.

As the sector moves towards a customer-centric approach, it has the opportunity to identify how landlords will respond to their tenants’ changing care and support needs.

The time for the sector to collaborate and formulate a strategy to respond to all the above is now.

| | |
|--|--------|
| Providers work to make housing and care a desirable career | |
| Priority Rating | Medium |





To action manifesto goals, there must be an energised and empowered housing and care workforce, now and in the future. Providers must take action to make housing and care an attractive sector to work in, with benefits related to career mobility, remuneration and career satisfaction. This will require RPs to support workforce robustness and influence local authorities who largely determine the pay offer to carers through budgeted hourly commissioning rates for care. RPs also need to take collective role in lobbying the for better funding packages in order to provide meaningful and appropriate care.

Providers are already working hard to maintain morale in their workforces, and this must continue. Staff should see that they are making lives better today, and working towards a better future. Providers can support these

efforts by encouraging diversity of experience between the housing and care sides of their business. Care employees should be empowered to learn about housing, and vice versa. Creating shared understanding between and within the different businesses could support a future of collaboration and innovation.

Technologies should also be used to upskill housing and care workers to ensure they are ready for changes to ways of working.

Another important action is for RPs to pay the living wage or equivalent where possible. This is to ensure care workers with a passion about what they do feel able to remain in the sector. Where RPs are under pressure to pay higher wages, they should take extra actions to ensure their workforce is supported and feels valued.

Integration: Social housing providers are proactive partners to local authorities, health and social care and find a seat at the right tables

Successful housing and care systems work through joined-up efforts delivered by all partners involved. Partners do not operate in silos, and all have responsibilities for health and wellbeing outcomes. In future, it will be important that RPs work more closely with partners including local and central government, health and social care systems. They should do so by showing partners what their contributions are and could be, and the value this delivers.

The goal requires actions in the three areas set out on the right. These should be addressed urgently and in the short term, in the next two years.

| | |
|---|--------|
| Local authorities work with RPs on potential offers, provide RPs with greater certainty over care packages and incentivise growth by providing land for new housing and care developments | |
| Priority Rating | Urgent |

While housing with care options are seen as a tremendous benefit to society, there is not enough out there to meet local needs. Barriers include planning complexity, prohibitive land costs and a lack of assurance due to short term commissioning models. There is some good work being done between local authorities, RPs and the third sector to get schemes off the ground, but the success of these partnerships varies

nationwide and is largely related to how well informed and engaged the parties are.

RPs should work constructively with local authorities. This may include education and awareness of the different models of housing and care they offer or expressing an appetite to develop innovative models to meet local market needs identified by the local authority.

Local authorities must also step up. They should provide land and other incentives to providers willing to deliver and manage new services. They should work with providers to ensure schemes are viable in the longer term. For some this will include providing greater certainty over contracts for care delivery, especially where an integrated model of housing and care is core to the RPs offer.

| | |
|---|------------|
| Providers identify their strengths and bring these to partners such as gathering data on adaptability of homes to support tenants to ‘age in place’ | |
| Priority Rating | Short term |

By identifying their roles in care, RPs should take stock of their unique strengths.

One clear strength is housing. It could be used to develop new product offers and services. RPs should work with partners to identify how existing and new housing could be used to develop multiple solutions to meet the different needs of the community. Examples include developing innovative models of housing, with or without care, to address the particular needs of a commissioner.

Housing with care may be the option for some but will not be the best option for the majority. RPs have a major role in providing appropriate homes that continue

to serve individuals’ needs throughout life. With calls by government for RPs to enable ‘ageing in place’, RPs must act to ensure their homes are suitable for an ageing population. They must also reflect on whether their offers as landlords contribute to independent living within non-specialised housing. This could mean RPs invest more in safety within homes to futureproof the requirements of an ageing population.

One clear gap is a lack of comprehensive data on adaptability of social homes. RPs should work with partners to gather and report on data on adaptability of their homes, informing policy and practice.

The data could eventually be used to support a “scoring regime” for adaptability, similar to how Energy Performance Certificates are used for efficiency improvement works. This will enable RPs to make evidence-based decisions on where they invest to adapt homes.

Another gap is that many RPs lack strategies to ensure individuals are provided with options for moving home before care needs present. RPs may use existing offers, such as underoccupancy or mutual exchange policies and processes, to develop new solutions for individuals to access homes suitable for ageing in place.

| | |
|---|------------|
| Providers work with tenants to identify and reduce cliff edges between social housing, social care and health systems which impact tenants’ experiences | |
| Priority Rating | Short term |

Another strength RPs have is their proximity and interactions with tenants. We propose RPs develop ways to use their customer data and insights to improve social care outcomes (while remaining compliant with GDPR rules). As a landlord, an RP may be the closest partner to vulnerable individuals. RPs also hold a lot of data about their tenants and changing consumer regulation will increase the data they hold. New changes should also encourage RPs to develop better systems for processing data and deriving insights from it. From this data, RPs may be able to identify insights on areas such as how tenants want to live, how they wish to access services, and what aids and adaptations requests are most common. While the RP may not always be the best partner to respond to these needs and wants,

they could share the information with others to act on.

RPs should also use their experience of working with tenants to identify and eliminate ‘cliff edges’ between systems. To a customer, housing-related support and care are not two separate things; as systems, they are. And all too often, the result is individuals experience crisis before partners are able to respond. The social care white paper sets out a new model of integration where health, social care and other services, such as housing, are joined-up to provide a seamless care experience of person-led support.

By considering where systems ‘don’t speak to one another’ and working to develop pathways to diminish these through greater integration, partners may be able

to provide better experiences for individuals throughout their care journey.

Innovation: Social housing providers develop solutions fit for the future

RPs have a strong track record for developing well thought out and sustainable housing solutions. This includes the role of technology within homes to support better outcomes. It will be important for RPs to use this track record to continue to meet needs of a changing society.

The goal requires actions in the two areas set out below. These should be developed in the short and medium terms, over the next three to five years.

| | |
|--|------------|
| Providers innovate for the future of home as we age, developing better and sustainable solutions to support independent living | |
| Priority Rating | Short term |

There has been much innovation in the housing and care space over the past thirty years, with support from organisations advocating for sharing best practice.

RPs will need to focus on what the ‘future of home’ looks like. This will include ensuring homes are fit for purpose for an ageing population. Bringing together elements such as community, green space, sustainability, and access into housing and neighbourhood design could have positive health

and care outcomes for future generations. These innovations and outcomes should be captured and shared.

RPs should also explore how new and easy-to-use technologies could be used to support independent living, including where these technologies could also support housing management processes.

Learning from existing modern housing and care models like

extra care should be shared and acted on, and new models should continue to be tested. RPs should take up opportunities for innovation funding from government announced in the adult social care white paper. RPs should look across borders for learnings, drawing on the experiences of countries like Spain, Japan and New Zealand in the introduction of new models.

| | |
|--|------------|
| Providers advocate for scalable private and public investment by demonstrating the social and economic value of housing and care | |
| Priority Rating | Short term |

RPs should demonstrate the case for funding from public, third and private sectors into housing and care. This includes promoting successful and viable models. RPs should support better understanding among funders by providing greater transparency about demand, what the products entail and how they are delivered and run. RPs should reassure other stakeholders to recognise the value and savings that RPs deliver when providing housing and care. RPs should work to better demonstrate and standardise housing and care offers so that funders are assured over the benefits and risks involved.

RPs should do more to demonstrate the social value of housing with care services including through robust

demonstration of savings to health and social care budgets as well as the impacts housing and care have on wellbeing and independence. RPs should demonstrate the economic and market value of new products including housing and technologies and the social value of savings to social care and health systems. RPs could work with organisations like HACT to create measures that can be widely adopted and accepted by funders.

Communication: Social housing providers normalise and embed housing with care

With a strong role in how housing with care has evolved over time, RPs are well placed to articulate and embed what its future looks like. To do so, RPs must move past outdated perceptions and

strategies for housing and care towards a new, fresh future. Part of this will be reflecting on and embedding a new way of thinking about housing and care internally – one that sees housing and care as a product for a stage in life, not one for a homogenous other group. The second part will be developing a new way of talking about and sharing the options for housing and care with tenants and wider society. This new language should as much as possible be positive and inclusive.

The goal of promoting communication requires proactive actions in the three areas set out below. These should be developed in the short and medium terms, over the next three to five years.

| | |
|--|------------|
| Providers ensure their tenants and wider communities know about the range of options available and how they may be suited to individuals | |
| Priority Rating | Short term |



Almost all over-65s know about care homes, but only two-thirds know about extra-care, and only a little over half know about supported living⁵⁴. Sheltered housing has certain connotations about lifestyle and design, often seen as something of the past. RPs are doing a lot to change their offers, with new solutions and upgrading older developments to make them fit for the future.

This includes lifestyle offers which combine housing, care and other services in one development, introducing new tenures and expanding availability of housing and care to more people in society. RPs have an opportunity to share with the public the range of housing with care options and tenures that exist and why they may be the best choice for individuals. RPs have successfully done this in the past with products such as shared ownership, which is widely understood by people in and out of the social housing sector as a step into homeownership.

This is important because perceptions about housing with care may prevent some people from moving into options that may suit them. Providing advice may also support some to access options they previously thought were unavailable or unaffordable. Making offers look and feel attractive may also support those who are reluctant to look at options which could improve their independence and wellbeing.

| | |
|---|-------------|
| Providers see being older as a stage of life, not an identity, and work to promote a spectrum of diverse solutions and the language used to describe these is clear, inclusive and fit for the 21st century | |
| Priority Rating | Medium term |

The fact is, we all get older. When RPs see getting older as a stage of everyone’s life and build products and services that respond to getting older, they build products that are attractive to all. These should be responsive to diverse identities, preferences, and needs. Currently in the sector, ‘housing for older people’ is treated as a product for a group of people on the edges of society. When RPs see the customers of housing and care as older people, we forget that they are people too, only at a different stage of their lives. Housing for older people, as a result, helps perpetuate beliefs that all tenants want and need the same thing as they age.

The language we use has a significant impact on how we think of the sector and how RPs consider and design their offers. By refreshing the sector’s language about later life living, it can change how it responds – reducing age prejudice and homogeneous housing offers, and make a step change towards diverse, attractive products.

Communicating the offers available will involve careful use of terminology and definitions of housing with care.

Many misunderstand their options or who they are suitable for because naming is not always reflective of what the offer is like in reality. Terms and definitions should be descriptive of what is on offer, positive, inclusive and encourage uptake.

Recently, ARCO called for the sector to adopt the term Integrated Retirement Communities (IRCs) to

describe the range of housing and care options between retirement living and care homes (for example extra care and assisted living facilities). ARCO’s research found that this was the most attractive term compared to alternatives. The term integrated in IRCs refers to the integration of lifestyle, care and community elements.

Other work should be done to better articulate what housing without care is, potentially replacing the terms ‘sheltered housing’ and ‘housing for older people’.

RPs must work together to develop terms that can be widely applied, understood and used by housing and care providers, health and social care partners, supply chain partners, government and policymakers, research and think tank agencies and charitable sectors.

⁵⁴King et al, 2021



Appendix: A history of social housing and care in England

Why do RPs provide care?

Care for older people is interwoven into the history of social housing. The history of care as a service provided by RPs follows two main paths – one that starts with philanthropic roots and another which results from the shifting role of the state in providing housing and care.

Path 1: Institutionalisation of housing and care – medieval era to post-war

For many centuries those unable to afford housing or care may have accessed services through religious institutions, local charities or private philanthropy. Around the thirteenth century almshouses, or accommodation provided by charitable or religious institutions for poor people in the community, including older people unable to pay rent, were developed as an alternative to workhouses and other institutions for the working poor. Almshouses are some of the earliest examples of integrated social housing with care for older people in their communities. There are over 1,600 almshouses still in operation today providing affordable housing for over 35,000 residents⁵⁵. Some almshouses are provided by RPs today. Of those housing associations with philanthropic roots still in operation today, some have developed their strategy to provide various forms of formal care and support to older people. These RPs often see providing care as a key part of their organisational and social purpose. For example, the Guinness Partnership was set up by philanthropist Sir Edward Cecil Guinness as the Guinness Trust in 1890 to provide affordable and decent housing to people in need, and today the partnership provides housing and care services to over 140,000 customers nationally⁵⁶.

Traditional Community motivated HA's

Path 2: The role of local authorities and growth of housing associations

Over time there was a move from private philanthropy to the role of the state in housing, care and wellbeing for people in need. Two main social reforms reorientated the responsibility of providing housing and care away from private charitable trusts to the collective responsibility of the state.

- **The 1919 Housing and Town Planning Act**, also known as the Addison Act, led to the development of local authority house building across the UK. By 1945, 1.5m social homes had been built and provided access to social housing in the UK for those who previously lived in housing deemed unfit for habitation.
- **The 1948 National Assistance Act** abolished Tudor-era legislation to set out provision to support those on lower incomes that did not pay national insurance contributions, including low-income families, homeless people, disabled people and the elderly. The act required local authorities to make suitable provisions for people who needed additional benefits, support or care, ensuring access to suitable accommodation for all. The act also led to the deinstitutionalisation of care through closure of psychiatric and other institutions into community-based models.

Deinstitutionalisation of Care

Local authorities take on care

Decommissioning and stock transfer = LSVT HA's

⁵⁵The Almshouse Association, n.d.
⁵⁶The Guinness Partnership, n.d.
⁵⁷Pannell and Blood, 2012
⁵⁸World Bank, n.d.; Robinson and Wilson, 2021

development of specialised housing for older people. This period was also well known for the introduction of means-testing of social care and the state taking responsibility for the provision and delivery of social care. By this time, local authorities held responsibilities for housing and social care, which contributed to integration of both services as a joint housing and care offer.

Rapid growth of housing associations and decline of LA building – 1970s to 1990s
Housing associations were marginal players at least until 1974, when a subsidy regime was put in place enabling them to build rented housing to be let at fair rents. During the 1970s and 1980s, legislation (including the Housing Association Grant 1974, 1974 Housing Act and the Housing Act 1988) paved the way for housing associations to become the largest providers of social housing including specialised housing for older people. Combined with a tightened subsidy regime, legislation encouraged greater diversification of funding into the sector beyond public sector grant, with the Housing Act 1988 allowing HAs to borrow for the first time.

This new borrowing power contributed to housing associations’ ability to develop alongside local authorities a new form of housing for older people called sheltered housing, a housing option for people as their lives and needs progressed. Sheltered housing usually consists of a self-contained bedsit, one or sometimes two-bedroom apartment where residents benefit from having their own front door but live in a community with other residents at similar life stages. There was usually a

scheme manager onsite to provide practical assistance. Between 1979 – 1989, sheltered housing units developed by housing associations and local authorities in England grew by 69%⁵⁷. An estimated 400,000 people lived in sheltered housing representing just under 5% of all older people⁵⁸ by 1981.

But over time the role of local authorities in building social housing and providing housing for older people with care lessened as the result of demunicipalisation, separating the delivery and commissioning of social care and as a result the growth of third sector organisations like housing associations.

Large Scale Voluntary Transfers – 1980s and 1990s
In the 1980s housing associations’ reputation and presence grew significantly, gaining more trust from the public sector. In the late 1980s and 1990s, funding from government for regeneration introduced in the Housing and Planning Act 1986 was partially contingent on a shift from local authority ownership to transfer of stock to housing associations and arm’s length management organisations.

Large Scale Voluntary Transfers (LSVTs) were a significant shift in the sector. These agreements gave ownership and management of local authority social housing to housing associations. By 1997 this led to the sale of over 300,000 homes to both existing housing associations as well as leading to the creation of a number of new housing associations, commonly known as LSVTs. LSVT stock often included sheltered housing schemes and other homes for older people protected from the Right to Buy. This meant

that while general needs, family accommodation was slowly sold into the private sector, housing associations (and stock owning local authorities) retained much of their housing for older people stock and subsequently often care. Approximately 30% of homes transferred to LSVTs were sheltered housing. Since their inception LSVT associations have become a core feature of the social housing landscape.

Community-based housing and care in the 1990s
Around the same time as many local authorities were transferring their stock, the 1988 Griffiths Report Community Care: Agenda for Action was released contributing to the development of the NHS and Community Act 1990. The act created a system-wide shift in thinking about delivering social care in community rather than in institutions.

Before the 1990s, individuals moved through a designed pathway as their care needs progressed, towards more intensive institutional care services. The aim of the act was to dismantle the preconceived idea of moving through the continuum of care and offered people the option to remain in their homes by receiving home care.

This was reinforced in 1990 when the NHS and Community Act redirected budgetary controls to local authorities and expenditure away from residential services to care and assistance in the community. The shift intended to give greater personal preference and prevent people from entering institutionalised care facilities prematurely.

Appendix: A history of social housing and care in England

During the 1990s and 2000s, housing associations found it increasingly difficult to provide sheltered housing which suited their tenants. The reasons include the oversupply of ageing and unsuitable accommodation, the Working Time Directive (which limited working hours making scheme manager roles less viable) and the pressures on revenue funding leading to the removal of onsite scheme managers.

At the same time, increasingly tenants had additional care needs that sheltered housing was not equipped to cater for. As a result, many sheltered housing facilities were decommissioned and remodelled into other age-exclusive accommodation, including retirement housing and extra care, and sometimes into general needs accommodation. In the early 1990s, attention turned to the role of extra care as an option that provided quality housing and independence with your own front door plus the additional support and care provided by an on-site care team.

Today, there are approximately 49,000 units of extra care housing in the UK and this is arguably the latest significant innovation in the social housing sector.

Additional Paths

While most RPs who provide care do so from historical philanthropic roots or due to the roll back of the state, many RPs have taken other paths to enter and provide care. For example, some RPs have:

- Opted to enter care more recently to complement or diversify their existing housing offer. These businesses may have acquired one or more care services overtime, absorbing them into their businesses. This could be because local care businesses were no longer viable as standalone businesses.
- Become RPs to complement their care businesses, for example to ensure the effective management of specific housing and care schemes where care is the core model of the business.

Glossary of Terms

| Term | Definition |
|-----------------------------|--|
| Almshouses | Historic specialist homes for older people, usually provided by charitable trusts or religious institutions some of whom are registered providers. Sometimes local authorities maintain small portfolios of almshouses. |
| General Needs | Social housing that is not purpose-built, adapted or managed for a specific group. |
| Homeshare | Scheme where someone in need of accommodation moves into an older person’s home to provide daily support and/or care options in exchange for housing. |
| Housing Association | Private providers of social housing and separate from the state. Housing associations can be registered charities or voluntary organisations that are not-for-profit led. All housing associations are registered providers but not all registered providers are housing associations. |
| Owner Occupied | Housing that is owned by the household that lives in them. |
| Registered Provider | Developers and providers of social housing that are registered with the Regulator of Social Housing. |
| Small Household Model | Scheme specially designed to replicate small homelike environments with shared communal and kitchen facilities with private bedrooms, where care is provided within a small group of residents. |
| Adult Social Care | A system of support that covers a range of activities designed to promote wellbeing and independence for adults within the community. |
| Care Home | Schemes provide accommodation and personal care within a contained environment with staff on site. The two forms of care homes include residential homes and nursing homes. |
| Co-housing | Scheme with semi-communal living consisting of a cluster of private homes as well as a shared communal space. Care may be provided however there is usually an emphasis on community-led care. |
| Dementia Villages | Long-term care homes that resemble villages and are designed for people with advanced dementia. |
| Extra Care | Similar to retirement housing with access to 24-hour care provided by an onsite care team. Extra care should be appropriate for individuals with a range of care needs and remain suitable as these needs change. |
| Home Care | Service where care is provided in the community and within an individual’s own home. |
| Housing for Older People | Housing options are specifically designed to cater to those over a certain age. Most commonly refers to retirement living and extra care. |
| Integrated Housing and Care | A model where housing and care are jointly provided with the security of tenure of a home adjacent to care services provided. |
| Inter-generational living | Similar to multi-generational living however members are not family related but rather a collection of separate individuals. |
| Multi-generational living | Whole scheme developments of mixed aged communities, with an emphasis on community-led care where members tend to be different generations of the same family. |
| Older People | Someone over the aged of 65. |
| Retirement Living | Housing option with self-contained flats with communal spaces and services provided. Care services are not included in this scheme but can be provided separately. |
| Retirement Villages | Large schemes set out with a range of facilities and shops and housing units to replicate a village with personal care provided. |
| Sheltered Housing | Historic housing type specific to the social sector where apartments or homes are clustered usually around a shared communal space. A scheme manager may or may not be on site. Care services may be offered to tenants through the landlord or a separate agency. |

Bibliography

1. Social care, health and housing are devolved in Wales, Scotland and Northern Ireland. Throughout this report, we refer mainly to English policies and providers, although some of the findings will apply across the UK.

2. Wittenberg, R., Hu, B., Hancock, R. (2018) 'Projections of Demand and Expenditure on Adult Social Care 2015 to 2040', Personal Social Services Research Unit (PSSRU) London School of Economics, Discussion Paper 2944/2, Available at: <https://www.pssru.ac.uk/pub/5421.pdf>

3. ARCO (2017) 'Written Evidence Submitted by ARCO (the Associated Retirement Community Operators [HOP 060])', Housing, Communities and Local Government Committee, Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/communities-and-local-government-committee/housing-for-older-people/written/49340.pdf>

4. Throughout this report, RPs refers to private registered providers and not local authorities.

5. "House of Commons (2018) 'Housing for Older People Report', Communities and Local Government Committee, Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/37002.htm>

6. The King's Fund (2021) 'Key facts and figures about adult social care', The King's Fund, Available at: <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

7. Ibid

8. NHS (2021) 'Adult Social Care Activity and Finance Report, England 2020-2021', NHS, Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2020-21>

9. Skills for Care (2021) 'The value of adult social care in England', Skills for Care, Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/The-value-of-adult-social-care-in-England-FINAL-report.pdf>

10. National Audit Office (NAO) (2018) 'Adult social care at a glance', National Audit Office, Available at: <https://www.nao.org.uk/wp-content/uploads/2018/07/Adult-social-care-at-a-glance.pdf>

11. Regulator of Social Housing (2022) 'Private registered provider social housing stock in England', GOV.UK, Available at: <https://www.gov.uk/government/collections/statistical-data-return-statistical-releases>

12. The introduction of the Welfare and Work Act (2016) led to a revision of definitions used in the SDR for supported housing and housing for older people which was responsible for the 10% year on year reduction (30,076 units/bedspaces) in housing for older people units between 2016 and 2017 SDR.

13. Affordable rent accounts for general needs and housing for older people. Last year the SDR began report this figure accounting for an additional 14,531 units.

14. Best, R., Porteus, J. (2016) 'Housing our ageing population: Positive Ideas HAPPI 3, Making Retirement Living A Positive Choice', All-Party Parliamentary Group on Housing and Care for older people and Housing 21, Available at: https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI3_Report_2016.pdf

15. Knight Frank (2021) 'Seniors Housing Development Update 2021', Knight Frank, Available at: <https://content.knightfrank.com/research/2285/documents/en/seniors-housing-development-update-2021-8317.pdf>

16. ARCO (2021) 'Putting the care into Housing-with-Care', ARCO, Available at: <https://www.arcouk.org/resource/putting-the-care-in-housing-with-care>

17. See 14

18. Department for Levelling Up, Housing and Communities (2021) ' English Housing Survey, 2020 -2021 Headline report and 2019 to 2020: home adaptions' GOV.UK, Available at: <https://www.gov.uk/government/collections/english-housing-survey#2020-to-2021>

19. Ibid

20. See 11

21. Anchor Hanover (2021) 'Better Together: Annual Report & Financial Statements 2021', Anchor Hanover Group, Available at: https://anchorv3dev.s3.eu-west-2.amazonaws.com/documents-pdfs/ANCHOR_HANOVER_RA_2021_FNL_SIGs_compressed.pdf [Accessed on: March 2022]

22. EAC (n.d.) 'Find accommodation', Housing Care, Available at: <https://housingcare.org/find-accomodation/>

23. National Audit Office (2021)'The adult social care market in England', Department of Health & Social Care, Available at: <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

24. Blakeley, G., Quilter-Pinner, H. (2019) 'Who cares? The financialisation of adult social care', Institute for Public Policy Research, Available at: <https://www.ippr.org/files/2019-09/who-cares-financialisation-in-social-care-2-.pdf>

25. Ibid

26. See 18

27. CQC (2022) 'CQC database, January 2022', CQC, Available at: <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

28. Ibid

29. Social care, health and housing are devolved in Wales, Scotland and Northern Ireland. In addition, the National Disability Strategy was published in July 2021 however the High Court declared that the strategy is unlawful and cannot be implemented due to inadequate consultation with disabled people.

30. Bottery, S., Jefferies, D. (2022) 'Social care 360: expenditure', The King's Fund, Available at: <https://www.kingsfund.org.uk/publications/social-care-360/expenditure#:~:text=Total%20expenditure%20on%20adult%20social,%C2%A3560%20to%20%C2%A3585>

31. National Audit Office (2019) 'Planning for New Homes', Ministry of Housing, Communities & Local Government, Available at: <https://www.nao.org.uk/wp-content/uploads/2019/02/Planning-for-new-homes.pdf>

32. Competition & Market Authority (2017) 'Annual report on concurrency', GOV.UK, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611593/annual-concurrency-report-2017-cma63.pdf

33. Stirling, P., Burgess, G. (2021) 'Understanding supply, demand and investment in the market for retirement communities in England', Cambridge Centre for Housing & Planning Research, Available at: https://www.housinglin.org.uk_assets/Resources/Housing/OtherOrganisation/Report_UnderstandingSupplyDemandInvestmentMarketReitremmentHousingCommunitiesEngland.pdf

34. ARCO (n.d.) 'Housing with Care Task Force', ARCO, Available at: <https://www.arcouk.org/housing-with-care-task-force>

35. Eurostat (2021) 'Long-term care (health) expenditure', europa, Available at: <https://ec.europa.eu/eurostat/databrowser/view/TPS00214/bookmark/table?lang=en&bookmarkId=b7e42601-5edd-4620-b05b-082f366d9b46>

36. OECD.Stat (2022) 'Long-Term Care Resources and Utilisation', OCED, Available at: <https://ec.europa.eu/eurostat/databrowser/view/TPS00214/bookmark/table?lang=en&bookmarkId=b7e42601-5edd-4620-b05b-082f366d9b46>

37. Housing, Communities and Local Government Committee (2019) 'Local government finance and the 2019 Spending Review', Houses of Parliament, Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/2036/203605.htm>

38. Nordic Co-operation (n.d.) 'Housing allowance in Denmark', Nordic Co-operation, Available at: <https://www.norden.org/en/info-norden/housing-allowance-denmark>

39. Eurostat (n.d.) 'Health Care Facilities', europa, Available at: https://ec.europa.eu/eurostat/databrowser/explore/all/popul?lang=en&subtheme=hlth.hlth_care.hlth_res.hlth_facil&display=list&sort=category&extractionId=TPS00214

40. Schultz, E., Berlin, D. (2010) 'The Long-Term Care System in Denmark', Enepri Research Report No. 73, Available at: <https://www.files.ethz.ch/isn/122389/Denmark.pdf>

41. Future Distributed (n.d.) 'Social Housing in Denmark: the Tenant Democracy', Future Distributed, Available at: <https://futuredistributed.org/stories/social-housing-denmark/> [Accessed March 2022]

42. Fukui, S., Otsuki, N., Ikezaki, S., Fukahori, H., Irie, S. (2021) 'Provision and related factors of end-of-life care in elderly housing with care services in collaboration with home-visiting nurse agencies: a nationwide survey', BMC Palliative Care, 20(151), Available at: <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-021-00847-7>

43. Future Care Lab (n.d.) 'About us', Future Care Lab in Japan, Available at: <https://futurecarelab.com/en/about/>

44. Foston Europe (n.d.) 'Senior Care in Spain', Foston Europe, Available at: <https://www.foston.eu/senior-care-in-spain/>

45. Ibid

46. Spijker, J., Zueras, P. (2020)' Old-Age Care Provision in Spain in the Context of a New System of Long-Term Care and a Lingerin Economic Crisis', Journal of Population Ageing, 13(1), pp. 41-62.

47. Tunstall (2020) 'The transformational potential of telecare', White Paper, Tunstall Healthcare Group Ltd, Available at: <https://www.tunstall.com/siteassets/uk/white-papers/telecare-transformation-report---more-independence-for-older-people-at-home.pdf>

48. Serrano, J., Latorre, J., Gatz, M. (2014) 'Spain: Promoting the Welfare of Older Adults in the Context of Population Aging', The Gerontologist, 54(5), pp. 733-740.

49. Ibid

50. JLL (2019) 'New Zealand Retirement Village Database (NZRVD) 2019'. White Paper, JLL, Available at: <https://www.jll.nz/content/dam/jll-com/documents/pdf/research/retirement-village-white-paper-2019-web-final.pdf>

Bibliography

51. Gibson, A. (2021) ‘‘Greying’ Population: 47,249 retirement village residents in NZ, vast expansion underway’, nzherald, Available at: <https://www.nzherald.co.nz/business/greying-population-47249-retirement-village-residents-in-nz-vast-expansion-underway/CQYTW6BYDE745JCYOTKSNQJW7Q/#:~:text=New%20Zealand%20now%20has%20422,issued%20its%20whitepaper%20in%202012>

52. Ibid

53. CRESA (2007) ‘Local Government and Affordable Housing’, CRESA, Available at: <https://www.lgnz.co.nz/assets/Housing-2030-Library-Resources/55d44ef889/local-government-affordable-housing-report.pdf>

54. King, E., Luff, R., Sheikh, S., Templeton, F. (2021), ‘A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people’, Social Care Institute for Excellence Available at: <https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home>

55. The Almshouse Association (n.d.) ‘About the Association’, The Almshouse Association, Available at: <https://www.almshouses.org/about-the-association/>

56. The Guinness Partnership (n.d.) ‘Chapter 1: The origins’, The Guinness Partnership, Available at: <https://history.guinnesspartnership.com/the-origins/>

57. Pannell, J., Blood, I. (2012) ‘Supported housing for older people in the UK: an evidence review’, Joseph Rowntree Foundation, Available at: <https://www.jrf.org.uk/report/supported-housing-older-people-uk-evidence-review>

58. “World Bank (n.d.) ‘Population ages 65 and above, total - United Kingdom’, World Bank, Available at: <https://data.worldbank.org/indicator/SP.POP.65UP.TO?locations=GB>

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