

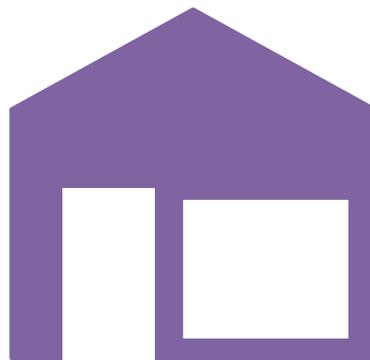
The APPROPRIATE

Accommodation Provision for People of Retirement Age
or Older, Predicated on Research and Investigation
using Approved Techniques and Evidence

and

RIGHTSIZING

STUDY



Technical Document

Gwent Regional Health, Social Care and Housing Strategic Partnership

January 2019

Independent Living

Good housing plays a critical role in healthy, independent ageing. Enabling people to stay in their homes for longer brings significant health, social and economic benefits. We need the right kind of housing in the right place that matches people's needs. In some cases, these will be purpose-built, in others, through adaptations to existing homes.

We will:

Accelerate our support for new and innovative housing designs to meet challenges including pressing housing need, fuel poverty, climate change and demographic change.

Incentivise housing providers to build homes which respond to the challenges of an ageing population and which enable people to live independently and safely in their own homes for longer.

Welsh Government. Prosperity for All. September 2017

Produced for: The Gwent Regional Health, Social Care and Housing Strategic Partnership

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Acknowledgements

Thanks must be given to the following people:

All of the members of the public and service providers who willingly gave up time to contribute their views and ideas for this study.

Those who kindly shared their work with me in order to help complete this study:

Louise Woodfine, Public Health Wales (PHW)
Joanne Kirrane, Melin Homes
Victoria Hiscocks, Derwen
Catherine Pullen, Bron Afon Housing
The Housing Learning and Improvement Network (LIN)

The people who provided me with expert advice and guidance:

The members of the Gwent Health, Social Care and Housing Operational Group
Sally Davies and Michelle Aspey, Newport City Council, Housing Department
Lorraine Morgan, Independent Consultant in Ageing, Aneurin Bevan University Health Board (ABUHB) Member
Dr. Sarah Aitken, Executive Director of Public Health, ABUHB.
Dr. Arif Mahmood, Aneurin Bevan Gwent Public Health Team (ABGPHT)
Gail Gordon, Group Service Manager, Age Cymru Gwent

The people from the following housing schemes who very kindly went out of their way to show me around their schemes and provided me with lots of useful and honest insight into what was working well and what wasn't working so well:

Pleasant Court, Bron Afon Housing
Riverside Court, McCarthy & Stone
Aneurin Bevan Court, Newport City Homes
Golau Caredig, Barry, Vale of Glamorgan, Hafod Care
The Chocolate Quarter, St Monica Trust
Woodside Road, Birmingham Municipal Housing Trust (BMHT) along with BM3 Architects, who provided me with their architectural plans of the scheme site visited.

DWELL - The University of Sheffield who very willingly allowed me to use their Speculative Design Plan of a housing design for older people as a consultation aid for this work.

James Adamson and Dr. Jonathon Currie, Public Health Specialist Registrars, who helped me with some of the initial consultation events along with Alex Jones, DEWIS.

The ABGPHT admin team, especially Sarah Hughes who used her multiple admin skills to help me mould the study into its finished form, along with Nikki Marsh, Pamela Harris-Murton and Gemma Wood who also gallantly offered their services.

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Introduction

This report presents the findings of a study for the Gwent Health, Social Care and Housing Partnership which researches the aspirations for appropriate housing solutions for older people in Gwent, which would enable them to live happily, healthily, safely and independently in later life. The report also describes the reasons why older people do not want to move to appropriate housing in later life and how this issue could be addressed.

It is hoped that the findings from this study, many of which echo work that has already been done nationally and locally, can be used to inform future housing provision in Gwent, and that the suggestions about helping older people to contemplate the advantages of “RIGHTSIZING” to encourage them to make the proactive move to appropriate accommodation will be useful.

Ageing Well in Wales 2014-2019 highlighted five priority areas to improve the health and well-being of older people in Wales: age friendly communities, dementia supportive communities, falls prevention, minimisation of loneliness and isolation and opportunities for learning and employment. All of these ambitions can be assisted through the planning and provision of appropriate accommodation for older people.

Currently there is not enough housing for our older population, but also it is not all of a standard that could enable them to lead a happy, healthy, safe and independent life. In addition, most of the current housing is not of a type where it is easy to provide or receive ‘Care Closer to Home’, which is usually the preferred nursing care choice for most older patients living in the United Kingdom, and will also be an essential method of providing most healthcare to the growing older frail population in the future because there will not be enough resources available to provide a commensurate amount of residential or hospital care as historically has been the case. It is, therefore, very important that more appropriate housing is provided for our ageing population soon, in age friendly communities, and that they are encouraged to move into it, as the over 85-year-old population in Wales, including Gwent, is predicted to double in the next twenty years. (PHW 17: 2018)

Although the projected demographic and related epidemiological context presents a very challenging picture for the future of service provision for older people in Wales, there is currently a very positive political and strategic context which indicates a strong willingness to address these issues. In Gwent we are ahead of the game as we have the pioneering Gwent Health, Social Care and Housing Partnership, which is working to identify any issues or areas where value can be added across the three different sectors, and is eager to address collaboratively the challenge of the increasing older population, to ensure that they get the services they deserve and need to enable them to have as good a later life as possible.

Study Method

To perform the study that commissioners had requested, a method was designed and undertaken which consisted of a mixed approach involving the collection, collation, interpretation and presentation of quantitative and qualitative data from both primary and secondary sources. This research entailed:

- Establishing the context of the study.
- Ethical approval was sought and granted from Aneurin Bevan University Health Board and Public Health Wales for this study.
- Collecting data and information from conferences, workshops and literature searches (grey and academic) to identify and retrieve epidemiological information, statistics, and examples of best practice. (see Appendix 1: Literature Search Strategy).
- Undertaking site visits to various accommodation schemes which covered a range of examples of different accommodation solutions addressing different levels of independent living options for older people.
- Conducting seven community consultation events, and collecting information at four community groups using a speculative housing design model as an aid.
- Using the Newport Citizen Panel to respond to the research questions.
- Performing a questionnaire survey with working age adults.
- Conducting a consultation event with service providers, a focus group with specific service provider groups, and email consultations with service providers who found it difficult to attend any of the above i.e. the emergency services.

In total 359 members of the public, 50 service providers, the views of the Gwent, Health Social Care and Housing Operational Group and the Gwent Citizen Panel, along with six site visits, information from three conferences, two workshops and at least 50 pieces of literary work on this subject contributed to this study.

Although a considerable amount of varied research was conducted for this study, there are many caveats to bear in mind when considering the results:

- The definition of “older people” varies in different domains, as can be seen by the different age specific inclusion criteria used by the various organisations and services i.e. Welsh Government: over 50 years; housing: 55 years and over; free bus pass scheme: 60 years and over; National Pension Scheme: 65-67 years (depending on birth year); National Health Service: 65 years and over. This lack of standardisation can hinder the chance of accuracy in a study like this one.
- A lot of the subject-specific literature available to be used for this study was undertaken in England which, although culturally similar to Wales (compared with

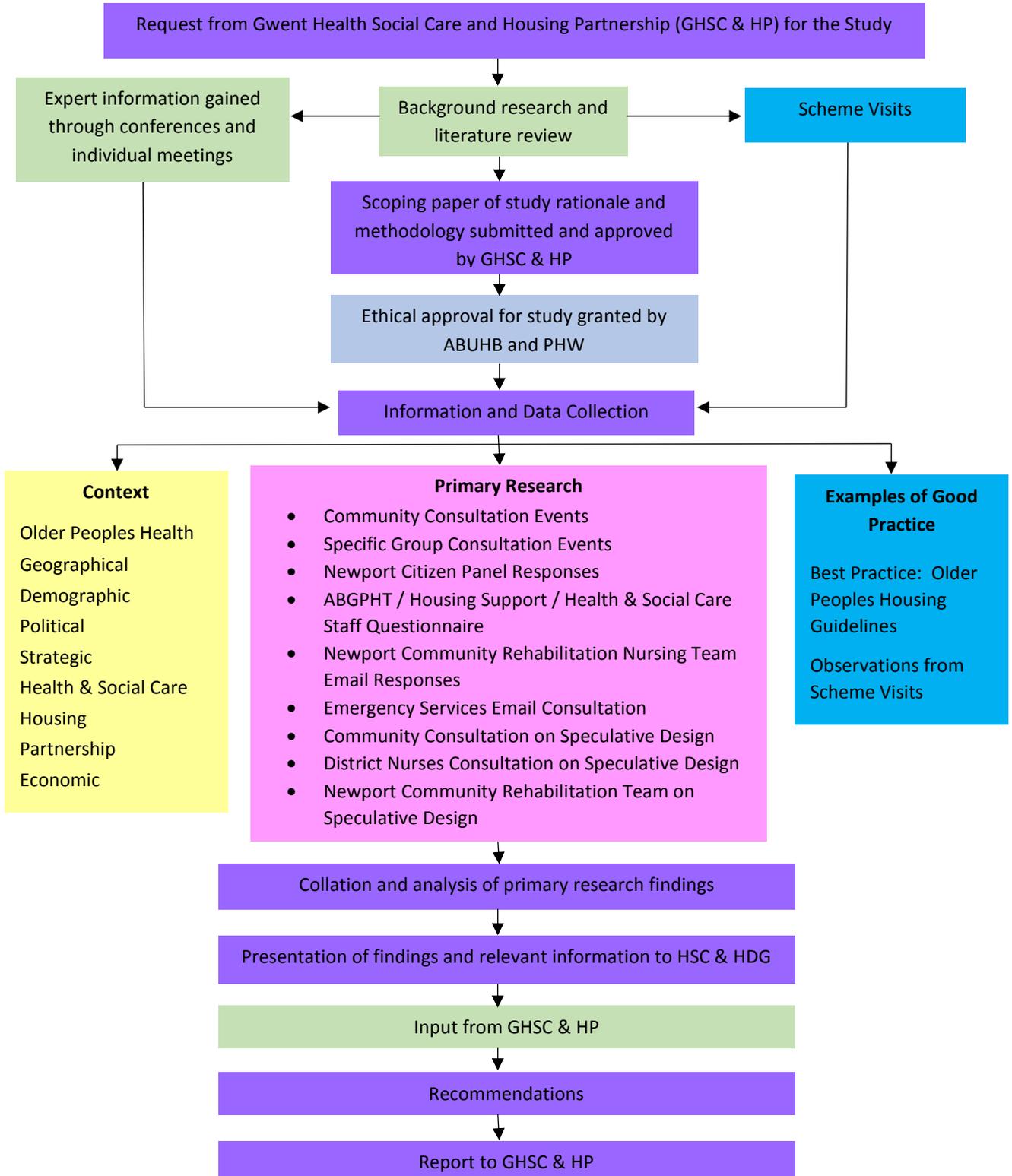
Study Method

other European countries), has overall a different social history and is subject to a different housing provision system as housing provision is devolved in Wales.

- Some of the data projections used in the study are based on foresight extrapolations calculated using data for England and Wales together. Thus in many cases the figures quoted relating to the predicted numbers for disease prevalence and housing requirements could be an understatement as Wales has and will have proportionately more older people than England.
- The sampling method that had to be used for the public consultation events and focus groups was not robust as the participants were self-selecting and therefore the results will inherently include an element of bias. To try to mitigate against this, invitations to take part in the consultation were extended to as many different social groups and people as possible via as many routes as possible, including public houses, churches, mosques, Castle Bingo, hairdressers, Rotary Clubs, Community Connectors, GP surgeries, Facebook and by approaching people on the streets across Gwent.
- It was observed that the respondents from the Newport Citizen Panel overtly exhibited sampling bias as the majority of the respondents were from the electoral ward areas which are the least deprived in Newport.
- This study has mainly been performed by only one person, myself, and although I have tried my best to be as objective as possible in its execution and impartial with the findings, trying to be objectively reflective of all of the evidence and representative of everyone's views, there will inevitably be an element of unconscious bias in the interpretation of the findings which will be compounded by the fact that I work in the health sector and not the care or housing sector. To address this issue all of the primary research has been presented in as robust a manner as possible.
- An insurmountable flaw in the study is that the planning and provision of housing schemes takes a long time, so what might appear desirable now might not in the future and the target cohort for this future service provision are not yet old enough to have experienced living with the challenges of later life. Also expectations, culture, technological determinism and fashion will have changed by the time they get to later life. In an attempt to ameliorate this and to improve the validity of the findings, opinions from a much younger cohort - working age adults (i.e. Staff Questionnaires) - were also collected in a type of cross checking future proofing exercise.

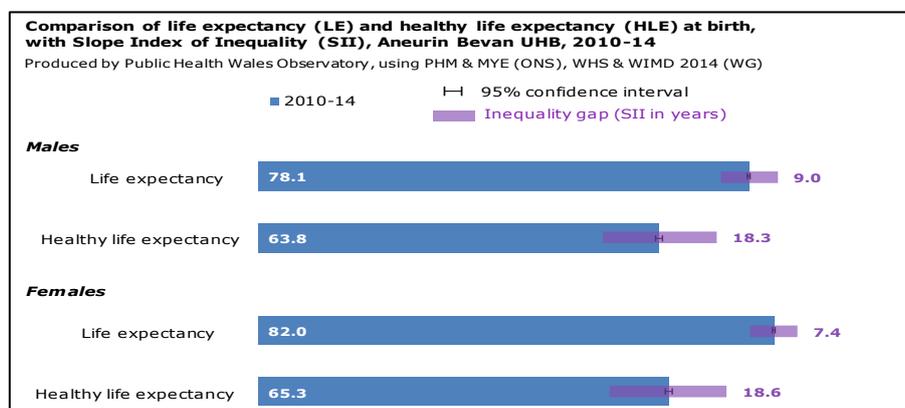
Study Method

The process used for the study to inform the development of aspirational housing options for older people in Gwent to enable them to live happily, healthily, safely and independently in later life



Older People’s Health and Well-being Context

- The older a person gets the more likely they are to suffer from chronic conditions such as those affecting the heart, musculoskeletal and circulatory systems; and to experience poor health.
- It is estimated that between a quarter and a half of people aged over 85 in the UK are frail, which is associated with disability and crisis admissions to hospitals. (Gov.Office for Science 156: 2016)
- There were 18,763 people aged 75 and over with a registerable eye condition in 2017 in Wales: this figure is predicted to be 29,563 by 2035. (PHW 38:2018)
- There are currently between 27,300 to 34,100 individuals over the age of 65 in the Gwent region who have poor eyesight or problems with their bones, joints and muscles: it is estimated that this will rise to between 30,500 and 38,100 by 2038. (PHW Observatory 2018)
- There were 44,275 people over 65 years in 2017 living with dementia in Wales, and by 2035 this could increase to 72,769 (PHW 37: 2018) and is predicted to be 7,768 in the ABUHB area in 2017 and 12,833 in 2035 (Daffodil: 2014).
- Social isolation and loneliness affects 7-17% of older adults in the UK and is becoming more prevalent. (Gov.Office for Science 163: 2016) People with a high degree of loneliness are twice as likely to develop Alzheimer’s as people with a low degree of loneliness. (Gov.Office for Science 203: 2016)
- Approximately one in four adults living in the most deprived fifth of Wales report that they feel lonely compared with one in eight adults living in the least deprived fifth of Wales. (PHW 7: 2018)
- Although life expectancy is increasing in the UK, currently healthy life expectancy is not increasing at the same rate. This discrepancy is known to vary due to socio-economic factors, producing a larger gap between life expectancy and healthy life expectancy in more socio-economically deprived areas than in the less deprived areas. It therefore also varies across the individual Local Authority (LA) areas in the ABUHB area. If the socio-economic circumstances remain the same then the gap is likely to widen.



Geographical Context



Gwent is situated in the south east corner of Wales and consists of five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Gwent has the same geographic footprint as the Aneurin Bevan University Health Board. The topography and socioeconomic context in Gwent vary greatly and include rural countryside areas and urban centres, and towards the north west of the Gwent region is the semi-industrialised urbanised historical South Wales Valley’s Coalfield area.

A description of each LA area is supplied in the “Population Needs Assessment Gwent Region 2017-2020”:

Blaenau Gwent is situated in the valleys of south east Wales and covers approximately 10,900 hectares with a population of **69,674**. The area has accessible green spaces and close community working but it is an area with high levels of unemployment and a high percentage of people who are dependent on benefits.

Geographical Context

Caerphilly has the largest population in Gwent of **179,941**. People are widely dispersed amongst fifty small towns and villages with the main settlements largely reflecting the area's rich coal mining heritage. Caerphilly has an expanding economy and benefits through good transport links to Cardiff but there are significant levels of unemployment and poor health.

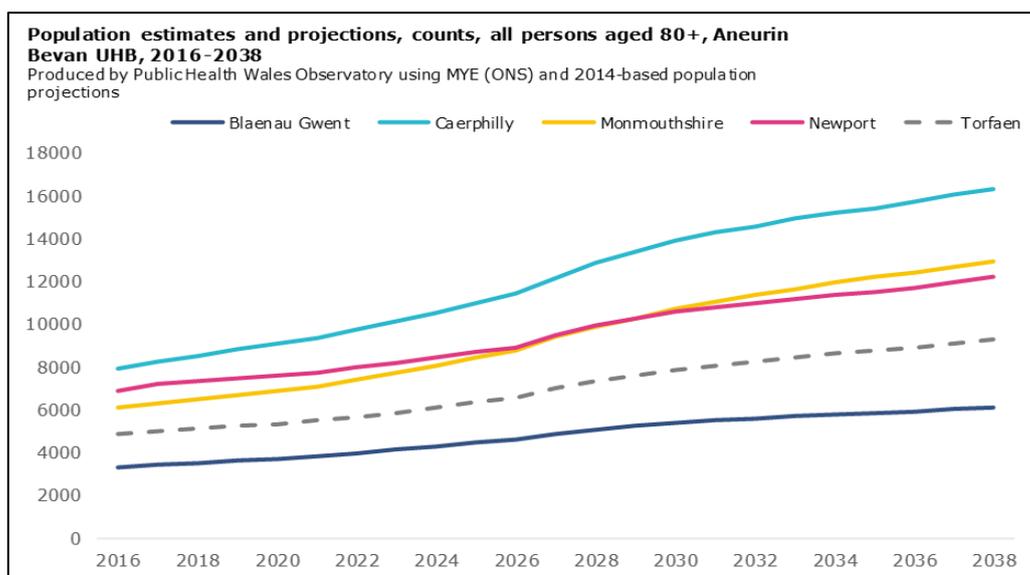
Monmouthshire is classed as a "semi-rural accessible area". There are four major towns, with a total population of **92,336**. Monmouthshire has the lowest level of unemployment in Gwent: however, there are pockets of deprivation as evidenced in north Abergavenny.

Newport is the third largest urban centre in Wales with a population of **146,841**. The city has the second largest number of people from minority ethnic communities of all the Welsh counties (after Cardiff), and this has continued to increase since 2009.

Torfaen is the most easterly of the south Wales urbanised valleys with a population of **91,609**. There are three urban centres: Pontypool, Blaenavon, and Cwmbran. The largest number of traveller caravans was recorded in Torfaen during the January 2016 bi-annual Gypsy and Traveller count with a total of sixty-one, which was **41%** of the Gwent total.

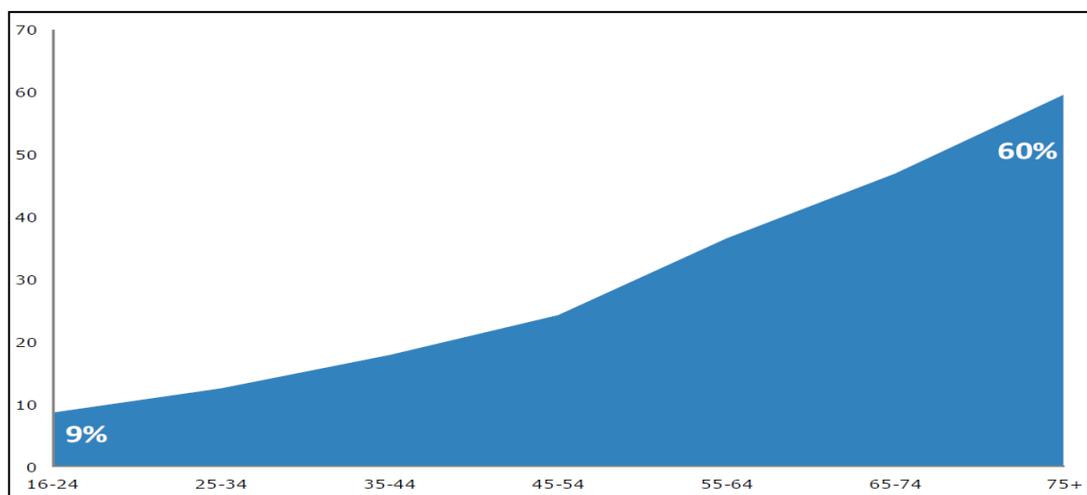
Demographic Context

Due to increased life expectancy in the UK the over 80 population in the ABUHB area is predicted to rise over the next 20 years. However, as can be seen from the graph below, this will be at different rates across the five individual LA areas in the Health Board Area.



Unfortunately, the increased life expectancy is not always in line with increased healthy life expectancy because as people get older they are more likely to suffer from chronic conditions or limiting long term illnesses, all of which can increase a person's risk of frailty, which necessitates an increasing amount of health and social care as they age: currently 60% of people 75 years and older in Wales have at least 2 chronic conditions.

Percentage of the population who have two or more chronic conditions, Wales, by age. (2015) (source: PHW Observatory / WHS 2016)

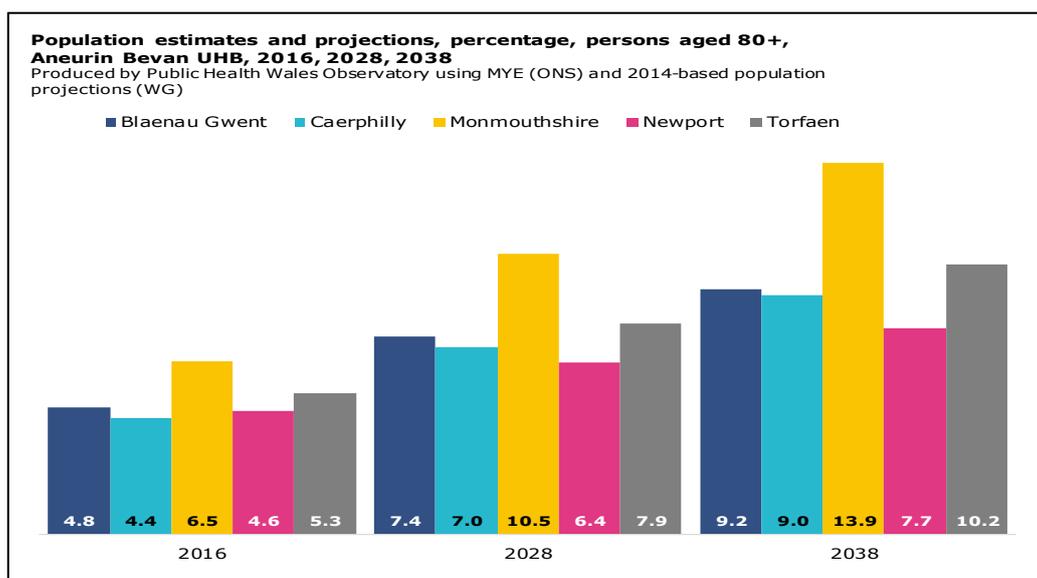


Demographic Context

Much of the care for older frail people living in the community is provided by unpaid carers i.e. family or friends, who are usually younger than the person they are caring for. They are often the grown up children of the older frail person and could be in their 50s, 60s or early 70s. But when these people get older in their turn there will be fewer young people around to help to care for them. This is due to an ageing population profile resulting from historic fertility rates. This change in demography in the ABUHB (Gwent) area is illustrated in the table below:

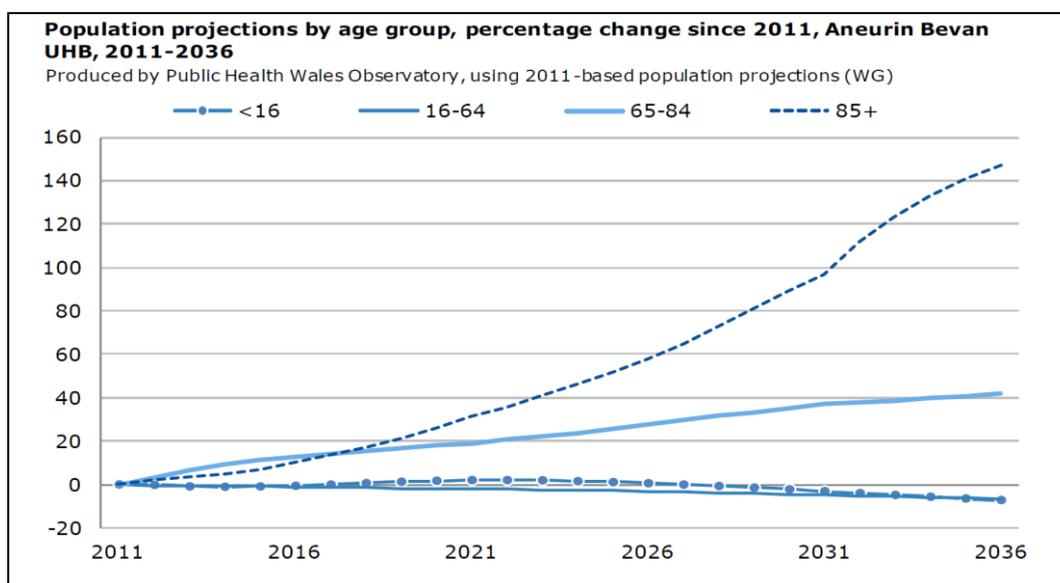
	2018			2028			2038		
	50-69	70-79	80+	50-69	70-79	80+	50-69	70-79	80+
Blaenau Gwent	18,110	6,589	3,501	17,857	6,652	5,077	16,094	8,072	6,113
Caerphilly	46,142	16,443	8,535	45,967	17,953	12,863	43,110	20,604	16,325
Monmouthshire	28,017	10,525	6,509	27,347	11,976	9,879	23,246	14,238	12,927
Newport	35,449	12,079	7,315	35,984	12,866	9,929	33,821	16,388	12,225
Torfaen	24,006	8,613	5,105	23,026	9,450	7,326	20,851	10,934	9,288
Gwent	151,724	54,249	30,965	150,181	58,897	45,074	137,122	70,236	56,878

As can be seen from the graph below, the percentage of over 80 year olds will increase over the next 20 years in all LA areas, and the consequent dependency ratio of older frail people to the rest of the population will increase.



Demographic Context

This increasing number of older people and relative and actual decrease in younger people as depicted in the graph below, will not only mean that there will be fewer unpaid carers in the community but there could also be fewer paid carers for each cohort of older people that need care. A decline in the working-age population relative to the number of pensioners could result in lower tax revenues being collected, placing a strain on the local economy and on the resources needed to provide health and social care.



It also needs to be taken into account that there might be a significant demographic change due to migration policies related to BREXIT, i.e. a net migration from the UK of young adult eastern European workers who currently provide a lot of health and social care in the community. Hence there might be fewer paid carers available to look after the increased proportion of old and frailer people in the community.

Political Context

“What we want is a society where people can look forward to growing old and enjoy life.”

Huw Irranca-Davies AM, Minister for Children, Older People and Social Care at “Building Bridges across the Generations” Intergenerational Conference, 28th June 2018, Newport.

“It is my ambition to make Wales the best place in the world for older people to grow old.”

Helena Herklots CBE, The Older People’s Commissioner for Wales, August 2018.

“Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.”

Welsh Government. A Healthier Wales: Our Plan for Health and Social Care. July 2018.

Strategic Context

There are many current strategies both nationally and locally that are overtly positive and supportive towards collaborative working to ensure the provision of appropriate and aspirational housing that will promote independent living for our older people in Wales.

Welsh Government's **Prosperity for All: The National Strategy 2017** - the national strategy detailing the Welsh Government's key priorities - recognises that "good housing plays a critical role in healthy, independent ageing".

Aging Well in Wales 2014-2019: Ensuring Wales is a good place for everyone to grow old, stresses that "Housing has an important part in the ageing well approach".



Population Needs Assessment (PNA) Gwent Region 2017-2020 states that the three main priority areas for older people should be:

1. Appropriate housing and accommodation for older people.
2. To improve emotional well-being for older people by reducing loneliness and social isolation with early intervention and community resilience.
3. To improve outcomes for people living with dementia and their carers – both of which can be improved with appropriate housing in an age friendly environment.

The Wellbeing of Future Generations (Wales) Act 2015 is joining all public sectors together to deliver a collaborative agenda to deliver a positive change socially, economically, environmentally and culturally for all communities in Wales. This transformational work will be underpinned by the five ways of working set out in the Act. These are:

- Long Term
- Prevention
- Integration
- Collaboration
- Involvement

Under this Act ABUHB has identified and articulated in its Integrated Medium Term Plan (2018), ten well-being objectives which it intends to take forward in partnership: four of them will be taken forward in partnership with the PSBs in Gwent. One of these is "To enable people to age well and for those that need care to receive it in their own home or as close to their home as possible".

Health and Social Care Context

Healthcare services are provided to the population of Gwent by the Aneurin Bevan University Health Board increasingly in line with the Clinical Futures Strategy which is based on a Prudent Healthcare model:

- Delivering most care close to home
- Creating a network of local hospitals providing routine diagnostic and treatment services
- Centralising specialist and critical care services in a purpose build Specialist and Critical Care Centre

Using this model of healthcare delivery, it is intended that people will be able to receive most of the healthcare they need at home, or in some cases in residential care, in line with the ABUHB 'Care Closer to Home' design principles, providing more care in out of hospital settings where appropriate, thereby freeing up hospital beds for those patients who really need them. This will help to maintain the client's independence, preventing them from experiencing unnecessary hospital admissions and supporting early hospital discharge, thereby freeing up hospital beds.

This care will be delivered, depending on the need and residence of the client, by local authority, private or housing association care workers or nurses, social services, district nurses, the Gwent Frailty Team or the Palliative Care Team. To ensure older patients can be provided with the healthcare they need the following healthcare elements have been developed and are being delivered throughout Gwent:

- Transformational model of Primary Care with General Practitioners plus extended roles such as Occupational Therapists, Advanced Nurse Practitioners, Clinical Pharmacists and Advanced Paramedics.
- Place based Integrated Community Teams.
- Frailty services through the Community Resource Teams (CRT) in each Borough including Rapid Response, Reablement (Care and Therapies) and Falls Service.
- Provision of a Community Frailty Unit in community hospitals, providing ambulatory care and short term step up beds.
- Home First Discharge services to assess, supported by (information, advice and assistance) IAA to promote independence and pathways into the CRT.

Health and Social Care Context

- Graduated Care Model of nursing and therapy led beds as well as medical led wards for patients without acute needs.
- Domiciliary Care and Training Academy for Health and Social Care Workforce.

The provision of these domiciliary care services are more likely to be efficacious if the home the patient lives in can accommodate such care, and enable the patient to be healthy and safe in their home, and allow them to live with a certain level of independence despite their frailty.

Housing Context

The last Housing Strategy for Wales, “Improving Lives and Communities”, was produced over 8 years ago in 2010. However, a review into the supply of affordable housing in Wales is currently underway and is expected to report in April 2019.

Each LA area in Gwent is responsible for its own housing strategy and provision, providing housing either directly or indirectly via Registered Social Landlords (RSLs). This applies to General Needs housing for clients as well as Specialist Housing Schemes e.g. Sheltered Housing and Extra Care Housing for older people.

The table below lists figures for 2017-2018 for specialist housing stock specifically designated for older people across the 5 LAs of the Gwent region (including voids) juxtaposed against the Office of National Statistics (projected) population figures for 2018 for over 55 year olds (Newport City Council Housing Department 2018).

LA Area	Sheltered Housing	Extra Care	Total Housing Units	Population 55 + 2018
Blaenau Gwent	752	86	838	22,946
Caerphilly	1,415	152	1,567	58,001
Monmouthshire	1,291	40	1,331	37,171
Newport	1,678	198	1,876	44,192
Torfaen	1,020	90	1,110	31,102
Gwent Total	6,156	566	6,722	195,430

Source: StatsWales. Data is collected via the Welsh Government Social Landlord Stock and Rents data collection.

There are 18 RSLs who provide social housing for older people across Gwent, sometimes with care included. These 18 RSLs, and which LAs they provide their services in, are listed in table below:

Housing Context

Older People Specialist Housing Provision across Gwent – Housing Provider / Local Authority Areas.

Sheltered Housing = Numbers in Purple, Extra Care Housing = Number in Red

Housing Provision	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
Abbeyfield	No	19	16	11	No
Aelwyd	6	16	16	10	13
Baneswell	No	No	No	No	No
Bron Afon	No	No	No	No	830 & 12
Caerphilly CBC	No	964 & 25	No	No	No
Charter	No	(53)	(19)	(37)	(2)
Derwen	No	63 & 25	80	642	No
Elim	No	No	Yes	Yes	No
Henry Burton Almshouses	No	No	20	12	No
Linc Cymru	111 & 41	49	No	14 & 161	33
Melin Homes	108	No	137 & 21	172	144 & 76
Monmouthshire Housing Association	No	No	970	No	No
Newport City Homes	No	No	No	808	No
Rachel Herbert Almshouses	No	No	8	No	No
Roger Williams & Q. Victoria Memorial Almshouses	No	No	No	9	No

Housing Context

Tai Calon	236	No	No	No	No
United Welsh Housing Association	291 & 45	197 & 49	44	No	No
Wales and West Housing Association	No	107	No	No	No
Total	752 & 86	1415 & 152	1291 & 40	1678 & 198	1020 & 90

Source: StatsWales. Data is collected via the Welsh Government Social Landlord Stock and Rents data collection.

Part of the remit of the above mentioned affordable housing review is to look at how housing need is assessed. A new model for assessing need at a national level is likely to be implemented. This will encompass the future housing needs for older people.

Cardiff and Vale of Glamorgan Regional Partnership Board have already done an “Assessment of Older Person’s Housing and Accommodation including With Care and Care Ready” in conjunction with the Housing LIN 2018 which states that:

“When assessing the older peoples housing needs for the future, the following aspects need to be taken into consideration: aspirations of older people for later life, including accommodation choice; demographic and epidemiological predictions for older people and future health and social care provision; and an overall assessment of cost benefit analysis to liberate appropriate funding – on a spend to save basis.”

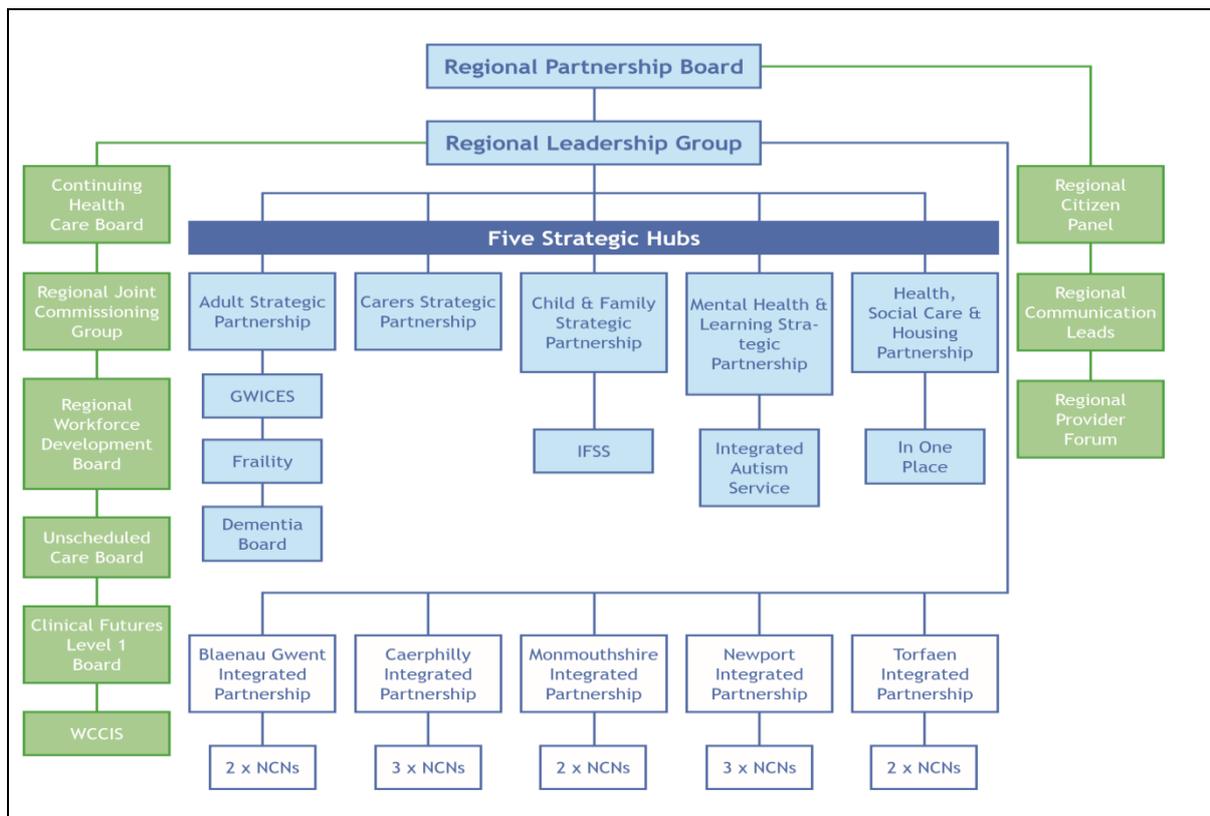
Partnership Context



The Gwent region was a pioneer in establishing a regional housing forum in May 2012, well before the introduction of the Social Services & Wellbeing Act (SSWBA) in April 2016. With the introduction of the SSWBA, that forum became the Gwent Health, Social Care and Housing Partnership, one of five strategic partnerships under the Regional Partnership Board (RPB) set up under part 9 of the Act.

The partnership, which meets quarterly, is chaired by the Chief Executive of the Aneurin Bevan University Health Board and has representation from all of the five Local Authority Housing and Social Services departments along with representation from the RSLs in Gwent and from Public Health.

The Health, Social Care and Housing Partnership is one of the Five Strategic Hubs that feed into the Gwent Regional Partnership Board (RPB) as illustrated in the diagram of the Governance Structure of the RPB below.



Economic Context

Why we should invest in Housing:

Prevents ill health
and reduces health inequalities



Cost effectiveness

good housing will reduce costs to the NHS and demand for its services



Every pound invested in housing adaptations creates a **£7.50 saving** for health and social services



Every pound spent on improving homes **saves the NHS £70 over 10 years** (England)

People stay healthier, more independent and remain at home and in the community for longer
Suitable accommodation for those with complex needs can **save the NHS £50,000** per year for every tenancy



The Importance of Appropriate Housing for Older People

It is recognised that poor housing standards can contribute to preventable diseases and injuries and subsequent costs to the health service for all ages. This is especially so for those at the two ends of the life course i.e. the very young and the very old, as they are much more vulnerable to their surrounding environment.

Not all well-being issues or health problems in the older population can be addressed by the provision of appropriate accommodation, but there seems to be evidence that the following problems can be ameliorated by the provision of suitable housing: memory loss and dementia; excess winter deaths; slips, trips and falls; social isolation and loneliness; and mental health problems. (PHW 44: 2018)

Memory Loss and Dementia

It is known that the older a person gets the more likely they are to suffer from memory loss and dementia, and it is important to ensure that everything is in place to enable these people to be as independent as possible whilst ensuring their safety e.g.

- Contact hobs on cookers
- Temperature controlled hot water
- Taps that turn off after a certain amount of time
- Contact mats to detect movement in and out of bed or in and out of the dwelling
- Digital monitoring systems e.g. buddi bracelets
- Security cameras
- Appropriate lighting and colour schemes to aid visibility

If these features were incorporated into the domestic setting, then they could help to keep some older people living with memory loss or dementia safe, and prevent accidents from happening to them.

Winter Deaths

Ensuring that the homes older people live in are warm enough during the winter months through the provision of sufficient heating and insulation has the potential to reduce the incidence of hypothermia and “excess winter deaths”.

In the 2016 to 2017 winter period, there were an estimated 34,300 excess winter deaths (EWDs) in England and Wales, which represents an excess winter mortality index of 20.9%. (ONS 2018)

The Importance of Appropriate Housing for Older People

Slips Trips and Falls

As people get older and frailer they are more likely to slip, trip or fall due to “balance problems, muscle weakness, poor vision and long term health conditions, such as heart disease, dementia or low blood pressure which can lead to dizziness and brief loss of consciousness: this is exacerbated in people over 65 if they take little or no exercise”. (CHEME 46: 2018)

“Around a third of people aged 65 and over fall each year, increasing to half of those aged 80 and over.” (CHEME 46: 2018)

Falls are a major cause of disability and death in older people in Wales, and are the most common cause of injury in people aged 65 years and older. (CHEME 50: 2018)

Elderly falls account for 11% of all 999 calls to the Welsh Ambulance Service. (Beecham, J. Personal communication. 2019)

Everything possible should be done to prevent falls from happening to older people as these accidents can have a devastating effect on the health and confidence of the patient and also can be very expensive for the health service to treat.

The median length of stay in hospital for each person that has a hip fracture in Wales is 34.1 days. (National Hip Fracture Data-base 2017)

Falls are estimated to cost the NHS in the UK more than £2.3 billion per year. Prevention is key to addressing the cost of falls and requires joint pro-active efforts. (CHEME 8: 2018)

Preventing a fall leading to a hip fracture saves on average £32,000. (CHEME 10: 2018)

To help prevent falls it is essential that the internal infrastructure and outside design of the older person’s home environment is configured and maintained in such a way as not to add to the above risk factors. Appropriate design, planning and installation of adaptations can help to reduce slips, trips and falls.

NICE CG 161 recommends that older people who have received treatment in hospital following a fall should be offered a home hazard assessment carried out by suitably trained healthcare professionals, such as occupational therapists, followed by necessary interventions / modifications. (NICE: 2013)

The Importance of Appropriate Housing for Older People

A Cochrane Collaboration systematic review concluded that if this intervention was carried out by occupational therapists in the homes of people who had fallen previously, it could reduce the rate of repeated falls by 19%. (Gillespie L.D, Robertson M.C, and Gillespie W.J. et. al. 2012)

It is known that many of the falls in older people that result in hip fractures occur in the home. Although the rate of hip fractures in older people in the ABUHB area on average is lower than the all Wales average (see table below), many of them could be prevented by minimising trip hazards in homes and ensuring that all of the appropriate adaptations and aids to prevent people from falling have been installed.

Hip fracture European age-standardised rates (EASR) per 100,000 all persons aged 65 and over, 2016-2017.

	Wales	ABUHB	Blaenau -Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
Count	3719	630	95	177	99	165	94
EASR	597	574	749	584	432	643	516
95% CI	578-616	530-621	605-916	500-678	351-526	594-750	416-630

The relationship between slips, trips and falls, social isolation, loneliness and mental health problems can very often result in a downward spiral of health and well-being as illustrated in the diagram opposite.

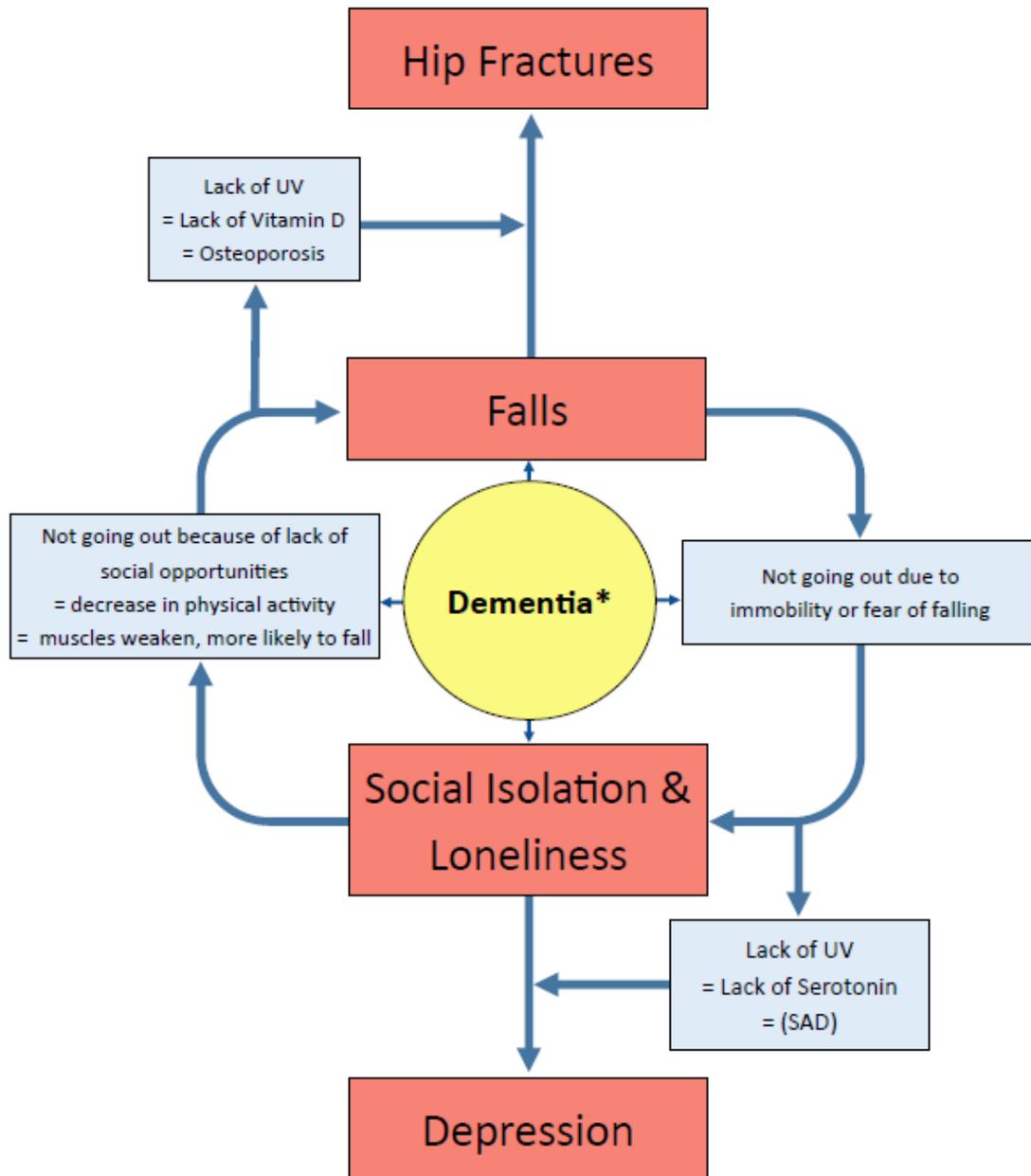
Once a person has fallen they are likely to be less inclined to venture out and socialise, partly because their mobility could have been impaired or because they lose confidence that they will be safe on their feet. Thus they can become socially isolated which can contribute to mental health problems such as depression.

It is very important that everything is done to maintain older peoples' mental health and wellbeing to prevent their quality of life deteriorating as they age.

“Maintaining mental well-being and independence has been cited as a best buy for public health.” (CHEME 7: 2018)

The Importance of Appropriate Housing for Older People

The Downward Spiral of Health and Well-being for Older People



*Dementia is an added risk factor for everything in this downward spiral of health and well-being for older people

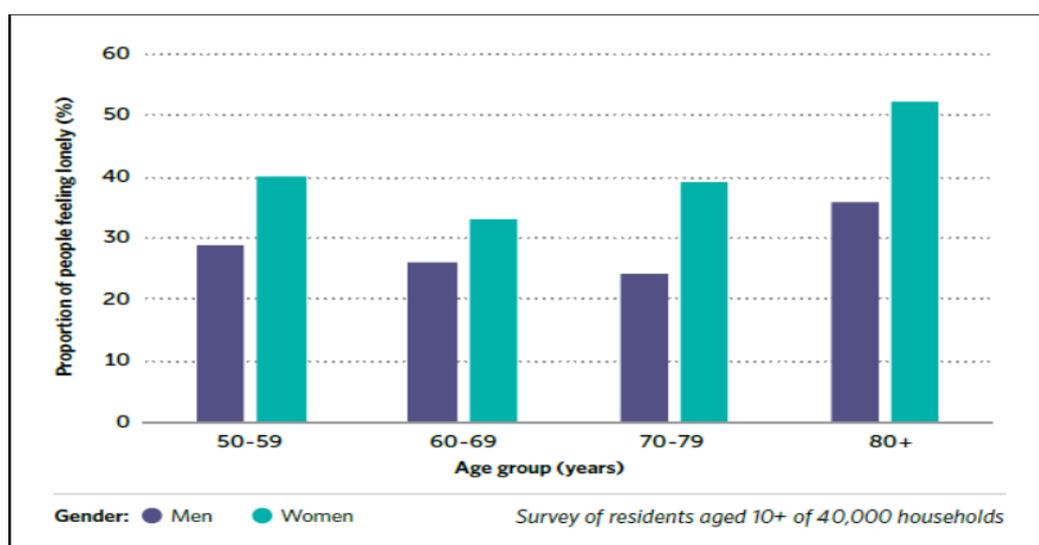
The Importance of Appropriate Housing for Older People

Social Isolation and Loneliness

High levels of social isolation are being reported by an increasing number of people, across the UK. Data from the Cognitive Function and Ageing Study - Wales found that 25.3% of older people in Wales reported being lonely and 26.9% socially isolated. (National Assembly for Wales 9: 2017)

Some groups, such as lone pensioner households, carers and people suffering poor mental health or living with dementia are especially vulnerable to social isolation: this situation is likely to worsen in the next twenty years due to the projected increase of older people in Wales.

A large proportion of older people “feel lonely some of the time or often”, with those in the oldest age groups being most likely to feel this way, as illustrated in the graph below.



Loneliness is now known to have a very detrimental causative and associational effect on mental and physical health. Some of the outcomes related to loneliness are described below. (CHEME 7: 2018)

Older people who are lonely compared with those who are not, on average are:

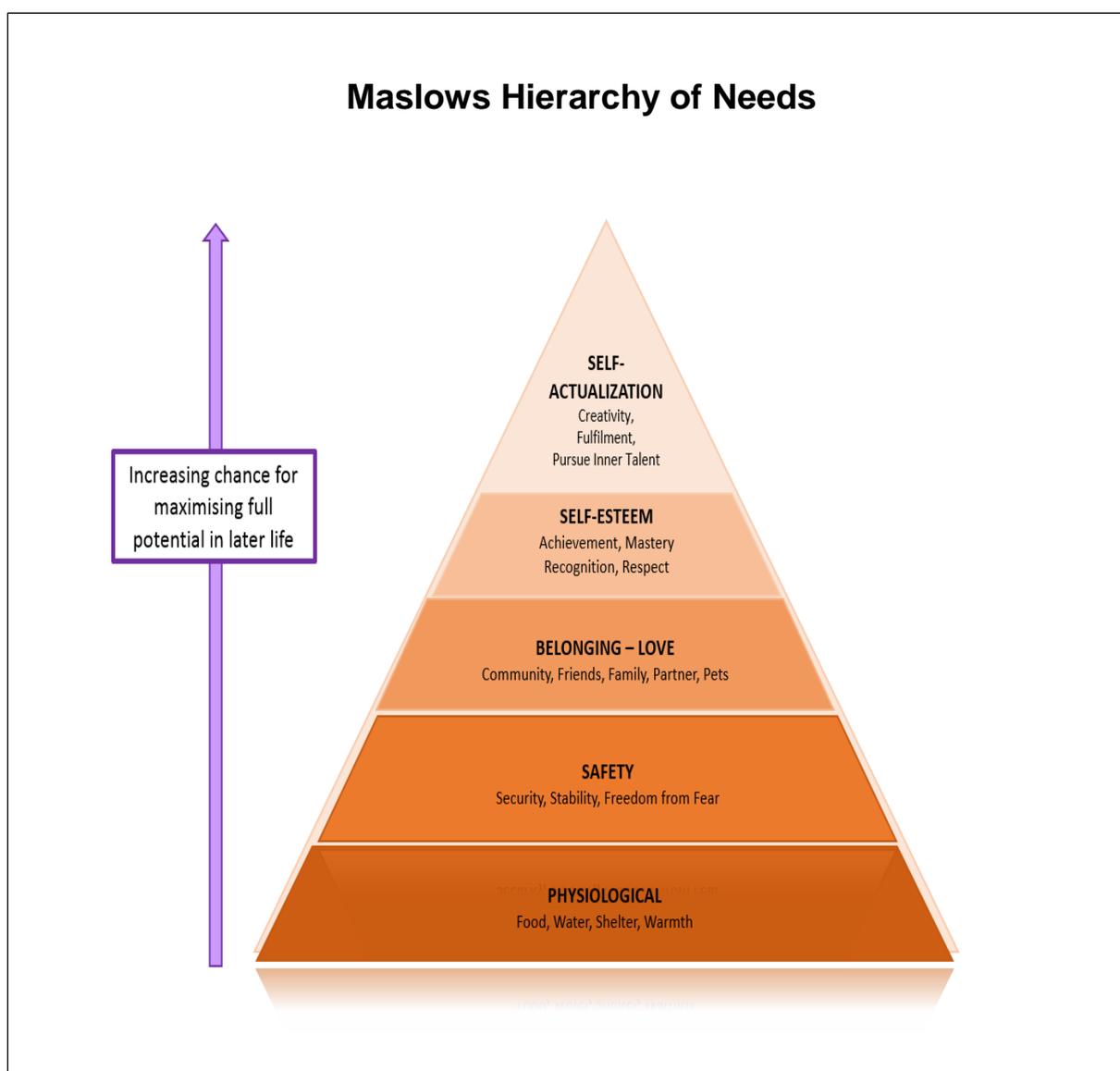
- 3.5 x more likely to live in local authority funded residential care
- 3.4 x more likely to suffer from depression
- 1.8 x more likely to visit their GP
- 1.6 x more likely to visit A&E
- 1.3 x more likely to have emergency admissions to hospital

The Importance of Appropriate Housing for Older People

They also have a 14% increased likelihood of having coronary heart disease, 8% increased likelihood of a stroke and 7% increased likelihood of diabetes.

It is known that factors such as housing, transport, community facilities, health and well-being can all impact on a person's social isolation and loneliness and that this is disproportionately so for older people (National Assembly for Wales 7: 2017).

Appropriate housing for older people should not only provide them with the basic requirements of a safe and comfortable place to dwell, but should also enable them to live a sociable, happy, healthy, and independent later life where it is as easy as possible for them to be able to meet their needs and achieve their full potential, i.e. self-actualization as illustrated in the Figure below – Maslow's Hierarchy of Needs, 1943.



Primary Research

Most of the primary research undertaken for this study was qualitative in nature. Consultation exercises and focus groups were performed throughout Gwent with members of the public and service providers to establish what was considered appropriate and desirable for future housing provision for older people, and what was needed to encourage older people to move to suitable housing in order to enable them to have as good a later life as possible.

Three half day consultation events were organised for over 50 year olds in community venues in Newport, Blaenavon and Usk. The events were promoted using many different communication vehicles and conduits.

The two consultation questions that were used to prompt discussion at the events were:

1. What do you think is the most important consideration when building new homes for older people?
2. What do you think stops older people moving to “age friendly” purpose built or adapted homes for later life?

A specific all Gwent consultation event for carers of over 50 year olds was also organised, which took place in Cwmbran.

1. What issues related to your housing hinder you from carrying out your caring duties and roles in your current home?
2. What are the things that should be considered when developing and providing accommodation for disabled people who live with their carers?

There were also three community groups included in the consultation for the study that voluntarily requested to take part. These were:

- The Cwmbran Over 50s Forum
- The Gwent Dermatological Group
- The Tuesday Luncheon Club

The questions were tailored appropriately for the target audiences.

All consultation events were well attended and lots of feedback was collected for collation and analysis, apart from the Carers Consultation event. Although the event was extensively advertised and promoted and travel expenses and respite care were available to allow the carers to attend, only five people turned up. Despite this, the information gained from this event proved very valuable.

Primary Research

Web-based feedback was also collected from the Newport Citizens Panel and questionnaires designed for those of pre-retirement age were also disseminated to colleagues i.e. staff working for ABGPHT and housing support and health and social care staff working in Gwent, to get the views of people who were not considered old yet. The questions asked were:

1. Please list three desirable (not necessarily essential) things that you would like to have in your ideal home for later life?
2. What reasons would prevent you from moving (if you wanted to), to a place of your own that would be specially designed to enable people to live happily, healthily and independently later in life?
3. Where would you like to live in later life and why?

Consultation activities were also performed with the public to collect feedback on a speculative design plan of a low maintenance, all-on-one-floor accommodation model, specifically designed to be age friendly by DWELL - Sheffield University. This “consultation tool” was used with 3 minority ethnic community groups specifically to help overcome any potential language barriers and proved to be a very effective catalyst for engaging the audience in discussion about housing for older people in later life, producing insightful feedback from all of the groups it was used with.

The groups that this tool was used with were:

- MECHANIC - Minority ethnic communities and service providers group
- Over 50s Newport Forum Attendees Group
- Dostana - Pakistani Male Elders Group
- Coffee 'n' Laughs - Asian Older Women's Group

A Gwent-wide consultation event was undertaken with service providers from housing support, social care and health and an email consultation event was carried out with emergency service providers i.e. Wales Ambulance Service Trust (WAST), Gwent Police and South Wales Fire and Rescue Service. The two discussion questions used were:

1. What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?
2. What do you think are the key considerations that planners should take into account when building homes for older people?

Primary Research

Also two separate focus groups were held using the speculative design tool with:

- Newport District Nurses South West Division
- Newport Community Rehabilitation Team

The responses from all of the public consultations, speculative design model exercise, questionnaires and anonymous demographic details of all participants were collected, collated and analysed along with the responses from the service providers.

Summary of Primary Research

Consultation Activities Gwent Residents	Number of Participants	Owner Occupiers
Over 50s Public Consultation Events		Rounded %
Newport	19	79%
Torfaen	19	74%
Monmouthshire	13	70%
Carers	5	40%
Cwmbran Over 50s	22	82%
Gwent Dermatological Group	7	100%
Tuesday Luncheon Club	18	83%
Total	103	71% (of all)
Web Based Consultation Exercise		
Newport Citizen Panel	187	Not known
Total	187	Not known
Under 50s Public (Staff) Questionnaires		
Aneurin Bevan Gwent Public Health Team	14	86%
Housing Support, Health and Social Care Providers	23	95%
Total	37	97% (of all)
Consultation Activities Gwent Service Providers		
Newport Community Nursing Rehabilitation Team collated email Consultation Responses	5	Not needed
Emergency Services collated email Consultation Responses	8	Not needed
Housing Support, Health & Social Care Providers Consultation Event	21	Not needed
Total	34	Not needed
Speculative Design Consultation / Community Focus Groups		
MECHANIC Group	5	80%
Newport Over 50s Event Participants	8	100%
Pakistani Men`s Elder Group - Dostana	7	100%
Asian Women`s Group - Coffee `n` Laughs	12	100%
Total	32	97% (of all)
Speculative Design Consultation / Service Providers Focus Groups		
Newport District Nurses Team	8	Not needed
Newport Community Reablement Team	8	Not needed
Total	16	Not needed
Total number of participants in Primary Research - Members of the Public TOTAL	359	
Total number of participants in Primary Research - Service Providers TOTAL	50	

Community Consultation Events

Newport (Stow Hill)								
1. No. of participants	19							
2. Men	13							
3. Women	6							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	0	0	8	3	5	3	0
5. Housing Tenure				6. Housing Type				
Privately Owned	15			House		12		
Private Landlord	0			Flat		2		
Social Housing Landlord	4			Maisonette		1		
				Bungalow		1		
Other	0			Supported / Sheltered		1		
				Other		0		

NB: 2 participants not from Newport. There were two 'no responses' to question 6



Community Consultation Events

What do you think is the most important consideration when building new homes for older people?

- Ensuring the community voice is heard in planning and delivery.
- Making homes able to be adaptable to future - “homes for life”.
- Open housing scheme facilities up for general public use e.g. cafes, meeting spaces, community activities - to promote community integration.
- Initiatives to tackle isolation - a risk for other health problems.
- Ensure effort focused on all types of tenure - privately owned, privately rented, social housing etc.
- Having available amenities and good public transport links.
- Safety technologies e.g. alarms.
- Alternative housing models such as Extra Care, Cooperative Housing, Elder Villages, Multigenerational Schemes that focus on peer support / sharing etc.
- Ensuring availability of different accommodation types / options to suit different needs and preferences i.e. 2 bedrooms.
- That access to support is available when needed.
- Services promote and provide gradual support over time to encourage adaptation.
- Safety - inside and outside property.
- Access to community spaces / centres.
- Big support for bungalow pre-fabs in Newport.
- Quality design and suitability for all needs i.e. Dementia Friendly.
- Level access.
- The cost has to be affordable.

What do you think stops older people moving into a more “age-friendly” purpose built or adapted home later in life?

- Denial that they are getting older.
- People are not encouraged to plan for the future.
- Lack of motivation.
- Afraid of change / fear.
- Lack of support.
- Limited enthusiasm for being amongst other older people.
- Emotional attachment to current residence.
- Negative pressure from families can be off-putting.

Community Consultation Events

- People concerned that moving to more supported accommodation will reduce frequency of family visiting i.e. if they only had one bedroom.
- Limited digital access and skills to navigate system to find the accommodation.
- Cost of moving / service charges.
- Experience of trying to move into appropriate accommodation can dissuade many people from attempting to move: long time required, poor customer service, complex systems.
- People unsure how to access information and advice.
- Poor integration between support services e.g. housing and health – professionals in health system could be screening for housing problems, encouraging conversations at early stage about advanced planning for housing (e.g. in over 50s), referring more to housing services when identify health problems related to housing.
- Lack of local options – people do not want to move out of an area with resulting reduction in community contact.
- Poor matching of supply and demand – no availability to meet people’s needs.
- Complex systems to navigate – particularly those for registering / bidding for new homes.
- Properties not pet friendly.
- Unclear how residents can move out of area – poor information and support.

Community Consultation Events

Torfaen (Blaenavon)								
1. No. of participants	19							
2. Men	5							
3. Women	14							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	2	0	0	4	6	5	2
5. Housing Tenure				6. Housing Type				
Privately Owned	14			House	12			
Private Landlord	3			Flat	5			
Social Housing Landlord	2			Maisonette	0			
				Bungalow	2			
Other	0			Supported / Sheltered	0			
				Other	0			



Community Consultation Events

What do you think is the most important consideration when designing / building new homes for older people?

- Accessibility.
- Step-free: access to the front door as important as inside the home.
- Near services and amenities.
- Connected to public transport - but routes need to consider hills (c.f. tube map), buses and trains “step-free”.
- Hand rails and grab rails everywhere.
- Best practice - “Lifetime Homes”: wide doorways, wet rooms, walk-in showers, appropriate electric socket heights - should be done at build stage. Suitable for ALL people, “Right first time”.
- Lifts if more than one level.
- Help for moving home is needed from service providers.
- Near high-street and community - shops, GP etc.
- Not in old-aged ghettos! (one person liked the idea of over 65 only developments).
- Mixed communities.
- Not much vacant / viable space in Blaenavon, just old industrial sites. It`s hilly like Switzerland: there they build into the mountain and have vertical housing blocks. Storage and parking underground.
- Communal bins to free up space for people.
- Need a spare room - allows for carers and family to stay at night.
- Access for cars and would like parking spaces for visitors.
- Plan for residents with dementia.
- A “matching” website could link people with similar needs to help support one another - but c.f. bedroom tax in social housing.
- Someone to help look after you when you get ill or go through a rough patch so you don`t have to go into hospital.

What do you think stops older people moving into an older friendly purpose built home later in life?

- Lack of availability.
- Not many options in right location.
- Needs to appeal - need to be incentives to move.
- Make homes right for **EVERYONE** from day one - being old is irrelevant!
- No one likes being told what to do or what is best for them.

Community Consultation Events

- No financial, space incentives.
- Feels as if you're "giving up on life."
- People want to stay in local community where they have ties and connections and a social life.
- Fear of change.
- What people have is known - what is on offer is only full of potential risks!
- Losing independence.
- Graduated options welcomed but they should not be intrusive or forced if not wanted or needed.
- Houses have memories and define partly who people are.
- Don't want cars but would like parking spaces for visitors.
- Front of housing area should be free of cars!
- Garages are just 21st-century sheds or utility rooms!
- If public transport is not adequate the housing is worthless, regardless of how brilliant the build / design is.
- Storage is a problem in these new places - you need enough to take sentimental things with you.
- Possessions help define you and live what you feel is an important life.
- Culture change.
- People want a bungalow - but actually a flat would serve what they were saying they wanted if it had two bedrooms.
- Need to be able to afford to live there indefinitely.

Community Consultation Events

Monmouthshire (Usk)								
1. No. of participants	13							
2. Men	4							
3. Women	9							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	3	0	3	3	0	2	1	1
5. Housing Tenure				6. Housing Type				
Privately Owned	9			House	10			
Private Landlord	1			Flat	1			
Social Housing Landlord	3			Maisonette	0			
				Bungalow	2			
Other	0			Supported / Sheltered	0			
				Other	0			



Community Consultation Events

What do you think is the most important consideration when designing / building new homes for older people?

- Step-free: access to the front door is as important as inside the home.
- Near services and amenities.
- Public transport crucial - what's the point of the bus pass if we cannot use it!
- Garden is a 50:50 - all people want a nice VIEW but not all want to do the gardening!
- Floor to ceiling windows to see out when sitting in a chair.
- Need more extra care options.
- Low energy lightbulbs are no good when people have macular degeneration – need lots of light.
- Public transport is so important: it can prohibit visits to hospital or to visit friends.
- Spacious enough to allow care at home.
- Have “Care Ready” features such as internal beams for hoists, wider doorways and corridors, conduit trunking for additional cabling access.
- One-level wet-room style bathroom.
- Planning should insist on minimum standards for all builders - private, social or council.
- Public transport should be regulated so it works for people and prioritised to reduce car ownership thus increase liveable space of development sites.
- Give them space to do what they want to do (2nd bedroom, storage).
- Keep older people in their own community including those with dementia.
- Cheap to run.

What do you think stops older people moving into an older friendly purpose built home for later life?

- People want to stay in their own community near friends, activities and shops etc. – having to move away is like “being sent to prison”.
- People feel comfortable and relaxed in your own home - it might not be like that in a new place.
- Cost of moving too great - double rents for one to six months and removal costs.
- People want to leave legacy to children so do not move even if they need or want to.
- Impact on family trying to support older relatives to find and move into suitable accommodation can be very distressing: it is “**never good enough**” for your loved ones.
- People MUST begin these discussions earlier so options can be discussed – “**what if x, y, z happens**”. Even if person wants to stay in own home this may not be possible so they need to have other options available to consider.
- Dementia needs – may not be able to choose etc.
- People can't afford to move!

Community Consultation Events

Gwent Carers Group								
1. No. of participants	5							
2. Men	0							
3. Women	5							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	0	0	1	2	1	1	0
5. Housing Tenure				6. Housing Type				
Privately Owned	2			House		4		
Private Landlord	0			Flat		1		
Social Housing Landlord	2			Maisonette		0		
				Bungalow		0		
Other	1			Supported / Sheltered		0		
				Other		0		

What issues related to your housing hinder you carrying out your caring duties and roles in your current home?

- Lack of coordination between the various services i.e. healthcare, housing and the carers. This causes delays with many things: ***“My mother was discharged from hospital with none of the equipment she was told she needed. In the end I gave up and went out and bought the necessary walking aids for her so she could be safe in the house.”***
- There is not enough space to manage disabled individuals - even though the flats I live in are supposed to be designed for disabled people.
- There is not enough appropriate housing for disabled people where and when it is needed. ***“I am 78 and have lived in Blaenavon all of my life and I have a 48-year-old disabled son who is big and getting more difficult for me to look after - there was a house in Blaenavon that came up on the Home-seekers that would have been perfect for me and my son as it had tracking in it so I could use a hoist - but they took all of the tracking out and gave it to a woman who just needs a stick to walk - and they say all they can give me is a place in Cwmbran - where I do not know anyone.”***

Community Consultation Events

- ***“My daughter is in her 20s. She has learning difficulties and I worry what is going to happen to her when my husband and I who are in our 70s die - it would be good if she could go and live in a shared accommodation scheme with other young adults with learning disabilities with flexible level of support available to her when necessary so she has a chance to settle before we die - but there is nothing available like this for her.”***
- Noise from neighbours in flats causes disturbed sleep.
- Lack of storage facilities - having to store big boxes of continence pads and wheelchair in the living room - no room for visitors.
- Lack of ability to use surrounding outside space. ***“The flat we live in is meant to be for disabled people and yet to go to the garden you have to go down a thin wibbly wobbly path and then down a step to get to the front lawn outside of our living room window - I can't get the wheelchair down there - so my poor son (who is 52) can never go and sit in the garden.”***

What are the things that should be considered when developing and providing accommodation for disabled people who live with their carers?

- Need to be somewhere on the flat near amenities.
- Bungalows – not flats as neighbours can be noisy.
- Easy access to get out to garden – to prevent claustrophobia and loneliness and to get some fresh air.
- Toilets with washing and drying mechanisms in them.
- Grab rails everywhere.
- Construction that allows tracking to be installed easily plus taller doors.
- Push button door openers to allow hands free to manoeuvre the wheelchair.
- Storage space for bulky aids, equipment and caring paraphernalia.
- Enough space to allow easy manoeuvring of wheelchairs – so you do not have to keep putting the chair in reverse to get around the property and into the bathroom.
- When allocating disabled properties to clients do so on need of the client not their position in the queue. ***“I have gone to see many properties where it's advertised with a disabled logo on it (the wheelchair in the circle) only to find it was labelled that because they had a few grab rails and a walk in shower - one even had steps up to it - it was so disappointing and a waste of my time - and yet the perfect property came up near where I have lived all of my life and it went via Home-seekers to someone who could have managed in ordinary adapted accommodation.”***

Specific Group Consultation Events

	Cwmbran Over 50s Forum								Gwent Dermatological Group								TLC							
1. Number of participants	22								7								18							
2. Men	3								0								7							
3. Women	19								7								11							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	0	0	0	1	3	5	13	0	1	1	0	0	2	0	3	0	0	0	1	1	3	3	10
5. Housing Tenure																								
Privately Owned	17								7								15							
Private Landlord	0								0								1							
Social Housing Landlord	4								0								2							
Other	0								0								0							
6. Housing Type																								
House	17								6								12							
Flat	2								0								2							
Maisonette	0								0								3							
Bungalow	2								1								1							
Supported/Sheltered	0								0								0							
Other	0								0								0							

Specific Group Consultation Events

Cwmbran Over 50s Forum

What do you think is the most important consideration when designing / building new homes for older people?

- They should make sure that all of the blocks of flats have two sets of stairs and a lift - so there`s not another “Grenfell”.
- They should not put noisy young people in the blocks of flats where old people live.
- The stairs should be kept cleaner.
- Older people do not want to live with drug addicts - sometimes I`m frightened to come out of my flat if I can hear them out there.
- Older people should be given bungalows to live in with two bedrooms and a small garden so they can have cats and dogs.
- ***“I live in my own house and would not know how to go about getting an older person`s bungalow.”***
- Those walk-in bath come showers are good.
- Someone needs to sort out the insurance companies because they put your rate up or won`t insure you at all if you have a key safe for the carer to come in.
- There needs to be more places like Cwmbran to live - we have everything here easily accessible: covered shopping, tons of buses and a railway station, a library and a cinema - everybody wants to live in Cwmbran and they are even building a new hospital here - so we don`t have to go down to the Royal Gwent any more.
- Planners must remember older people don`t like young people - apart from their grandchildren - so they do not want to live near them.

Gwent Dermatological Group

What is important in planning housing for older people to promote health?

- Need space as people over 50 hoard stuff - and this can worsen in older age.
- Local amenities that are accessible to wheelchairs and have toilets that are accessible for those with disabilities.
- Bungalows - there is a stigma around stair lifts and people feel perhaps more mentally secure in a bungalow knowing they can navigate.
- Increased capacity for home care / carers / care packages.
- Training and recruitment of sufficient carers to provide home care.
- Variety of options (e.g. bungalow communities, other specialist housing) to suit different preferences and needs.

Specific Group Consultation Events

- Tension recognised between what an individual wants and what a health professional thinks they should have.
- Retirement villages have lots of amenities but tend to be entirely private and expensive.
- Flats often lack balconies leaving residents feeling isolated and lacking in natural light. Also cramped - flats for older people should consider this or communal garden area.
- Cost often an issue.
- A static caravan is an option.
- Layout of streets important from planning perspective - for instance cul-de-sacs can promote safety / neighbourliness.
- Access to communal spaces.

What would encourage people to move?

- Recognition that for people with skin conditions housing can have huge impact on health, it can cause huge problems if not appropriate.
- Desperation!
- Welcoming community.
- Appealing setting.
- Proximity to urban setting / a beach / shops / appealing place of interest.

What are the unique aspects to consider when designing housing for older people with skin conditions?

- Walk-in baths are key.
- Reduction in water and heating costs.
- Separate laundry facilities using individualised washing powder.
- Good temperature control.

What prevents people from moving in an anticipatory fashion?

- Social services support moving but minimally - belongings sometimes left in new house without helping sort them out.
- Lack of proactive services to provide support for planning / timing / sorting.
- Families can be unhelpful.
- Having large number of possessions - would not move unless there was a spare room for storage.
- Access to advice re legal / financial support.
- "Virtual reality" property visits - allowing people to see a property via the internet without travelling to it and see it first-hand to begin with, to see if they like the property initially.

Specific Group Consultation Events

Tuesday Luncheon Club (TLC), Newport

- Not aware how to access social housing.
- ***“I would like to have a safe and private home with a warden on site just to check I’m ok now and again - I might fall or anything.”***
- I need wider doors so I can get my mobility scooter in the house so it is safe and dry.
- Having lived in same house since they were a child did not want to move.
- Hard to get out much because you cannot rely on the buses.
- All complained about how complicated the recycling was - ***“I can’t get to the front door sometimes there are so many different boxes”***.
- Much better when it was just one bin at the end of the garden.
- ***“I suddenly remembered it was bin day next day - so I was rushing to get it all done before it started to rain and I tripped and spilt all of the rubbish over the garden and broke both of my wrists - so I then ended up in hospital and was there for weeks because I got a stomach bug when I was there.”***
- Most happy living in their own homes and ***“did not want to be moved”*** into a small flat.
- ***“As long as I had a toilet and one of those walk in wet shower rooms downstairs then I would be able to stay in my own home forever - I could have my bed in my lounge - I wouldn’t like a stair lift as they look a bit dangerous to me and I would not want those handrails everywhere they look messy.”***
- Many were not aware of the fact that they could get help for adaptations as they lived in their own home.

Newport Citizen Panel Email Consultation

Newport Citizen Panel								
1. Number of participants	187							
2. What is your gender?								
Men	98							
Women	84							
Prefer not to say	3							
3. Age Range	24 and Under	25-34	35-44	45-54	55-64	65-74	75+	Prefer not to say
	0	2	8	26	55	58	33	4
4. Do you consider yourself disabled?								
Yes	28							
No	152							
Prefer not to say	5							
5. What area of the City do you live in?								
Electoral Ward	No. of people				% of people			
Allt-Yr-Yn	19				10%			
Alway	8				4%			
Beechwood	12				6%			
Bettws	3				2%			
Caerleon	14				8%			
Gaer	16				9%			
Graig	6				3%			
Langstone	12				6%			
Llanwern	5				3%			
Lliswerry	8				4%			
Malpas	15				8%			
Marshfield	5				3%			
Pillgwenlly	2				1%			
Ringland	5				3%			
Rogerstone	17				9%			
Shaftesbury (Crindau)	6				3%			
St Julians	12				6%			
Stow Hill	10				5%			
Tredegar Park (Duffryn)	5				3%			
Victoria (Maindee)	5				3%			

NB: There were 2 “no responses” to question 2, there was 1 “no response” to question 3, there were 2 “no responses” to question 4.

Upon analysis, using the Welsh Index of Multiple Deprivation Data information, 68% of the responses were found to come from the 10 electoral wards in the least and lesser deprived areas and 32% came from the 10 electoral wards in the most and more deprived areas of Newport.

Newport Citizen Panel Email Consultation

What is the most important special feature that you would like in your home when you are older?

167 responses

STRUCTURE

A retirement village - 2
 A bungalow with small garden - 4
 If a block of flats must have a lift - 1
 Level access all on one floor -11
 Accessibility to and in dwelling - 11

SURROUNDING AREA

Public transport - 2
 Greenery - 2
 Parks - 2
 Quiet - 1
 Somewhere to sit outside - 3
 Garden - 9
 Parking space and garage for campervan - 1

SMART TECHNOLOGY

Smart Technology - 5
 Tele Health - 1
 Movement monitor - 3
 High speed broadband - 4

SPECIAL FEATURE IN THE HOME

Wet room - 1
 Stair lift - 19
 Hand / grab rails - 5
 If house, a toilet on both floors - 2
 Electric points in the right place - 1
 LED lights in passage - 1
 Space - 6
 Storage space for special things - 1
 Natural light -1
 Proper heating and insulation - 7
 Solar heating - 1

SUPPORT

Someone to make sure I'm OK and help if necessary - 1
 Access to support and assistance if needed - 5
 Social Services available to help - 4
 Maid and Handyman available - 2
 Safe and private but a Warden there if needed - 1
 Easy access to medical staff - 2

SERVICES

Service costs reasonable - 3
 Durable construction and finishes - 1
 If communal even temperature throughout the year - 1
 If communal good staff and décor -1

SOCIALISATION

A window to watch the world go by - 1
 Good sense of community - 1
 Be part of a community where I would like to live - 2
 Be able to socialise when I wanted to - 5

SAFETY AND SECURITY

Emergency pull cord with rapid response - 19
 Fire alarm - 1
 Good security from burglars - 5
 Safe environment - 4

Newport Citizen Panel Email Consultation

What do you think is the most important consideration when building new homes for older people?

172 responses

ACCESSIBLE

All on one level - 38
 Always ground floor accommodation - 3
 No steps outside - 4
 Lots of room for movement - 2
"Not cramped"

ACCOMMODATION INTERIORS

Fire safety - 2
 Storage space - 3
 Glass fronted cupboards - 1
 Low level cupboards and shelves - 3
 Variable height kitchen - 6
 Walk in shower - 9
 Two toilets, one up one down if on two levels - 8
 Anti-slip flooring – 1
 Lots of light – 4
 Sound proofed - 1

ANIMALS

Pets should be allowed - 1

ACCOMODATION TYPE

Bungalow - 2
 Two bedroom flats - 5
"A bedroom for the carer"
 Flats no more than 3 floors high with a lift - 1
 Age friendly - 1
 Homes for life so can adapt to assisted living - 4
 Houses built in small groups - 1
 Renovated houses - 1
"Proper council houses near the hospital" and park"

AFFORDABLE

Affordable -11
 Easy and cheap to maintain - 5
 Should be available to non-social housing residents - 2
"Housing for people who own their own homes gets left behind – just because they own their own home does not mean they can maintain it"

AIDS AND ADAPTIONS

Long handled taps for old hands -1
 If two floors large enough to adapt for stair lift -3
 Grab rails everywhere - 3 ***" especially toilet and bathroom"***

Newport Citizen Panel Email Consultation

<p>APPROPRIATE SHARED FACILITIES</p> <p>Parking for visitors and residents - 2 Parking for taxi or minibus - 1 Communal gardens - 6 Easy maintenance gardens with raised vegetable beds - 2 A community room with co-ordinator - 3 <i>“ provide social contact/interaction for single people”</i> Creative classes and social events - 5 A restaurant - 2</p>	<p>ASSISTANCE AND SUPPORT</p> <p>Emergency contact/support/help available if needed - 3 Independence but help if needed - 2 Alarms in residence - 6 Alarms in all rooms - 2 24/7 Warden service - 1 Warden service “OOH” - 1 Concierge/House manager - 2 Trained support staff - 2 Handyman - 1</p>
<p>AREA</p> <p>Safe and secure - 44 <i>“High railings, security ring fenced”</i> Nice area - 5 <i>“Clean and tidy area with good views”</i> Open green spaces - 2 Friendly community - 4 Be part of the community - 23 <i>“Big windows to sit and watch the world go by”</i> Close to town centre - 1 A local community centre nearby - 2 Appropriate location - 11 Near shops and post office -29 Near Doctors, Dentists and Pharmacies - 23 A quiet area – 2 Near public transport provision - 34 Near to friends and family - 1</p>	<p>AGE MIX</p> <p>In an area of people of the same age to support each other - 4 <i>“ not near children and young people as they are noisy”</i> In an area with children to watch them playing - 2 <i>“ even if housebound – from the window”</i> A mixture of ages living together in the community - 5 <i>“ so not in ghetto”</i></p>
<p>ADVANCED PLANNING</p> <p>Plan for technology – 1 Environmentally friendly - 1</p>	

Newport Citizen Panel Email Consultation

What do you think stops older people moving into a more “older friendly” purpose built or adapted home later on in life?

171 responses

LOSS OF

Own space - 1
Pride - 1
Identity - 5
Freedom and independence - 3
Attachment to a place - 2

LEAVING BEHIND

Familiar home and area they have lived in all of their lives - 34
“you need familiarity as you get older”
Friends and family - 23
Doctors and Dentist Practices - 2
Memories - 11
Loyalty to family home - 3

LACK OF CONFIDENCE IN MOVING BEING THE RIGHT MOVE

Worry about being safe in new place - 10
Not knowing what neighbours will be like - 2
Do not want to be with older people - 6
Would want people of same age around them for peace and quiet - 2
Change is harder when you get older - 7
Staying put adaptations and maintenance can be stressful in home - 1

LACK OF MOTIVATION TO CONSIDER MOVING

Happy where they are - 4
Want to stay in own home with right support - 3
Home adaptations are useful - 3
Do not want to think about moving - 2
“ as makes you realise this is the end part of your life”
There is a stigma associated with this type of move - 3
Reluctance and resistance to change - 7
“ change is harder when you get older”

LACK OF MOTIVATION AND ENERGY FOR THE MOVE

Selling property and moving daunting and getting rid of things - 7
Not enough support to help you move, declutter etc. - 4
People get tired as they get older, it's a big disruption and too much effort - 2

LACK OF KNOWLEDGE ABOUT APPROPRIATE PLACES AND PROVISION PROCEDURE

Worry about service charges - 3
Do not understand what is on offer - 3
Never get chance of these homes as private home owner - 1
Lack of knowledge about availability - 1

LASTLY

Brilliant idea ***“Need to move before a crisis happens”*** - 1

Newport Citizen Panel Email Consultation

LACK OF AVAILABILITY OF APPROPRIATE AND DESIRABLE HOMES TO MOVE TO

Lack of availability - 5

No gardens - 2

Can't take pets - 3

"Imagine having to have pets put to sleep because they cannot come with you"

Negative perception of properties available - 1

Most bungalows have 2 bedrooms - 1

"Having to pay bedroom tax"

Lack of appeal -1

No detached properties - 1

Places not attractive or suitable for older people - 6

Not enough room for mobility scooter - 1

Not enough room for carer bedroom - 1

Housing Support, Health & Social Care Providers Consultation Event

Discussion Question 1

What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?

- Damp, spores, rising damp.
- Leaks.
- New boiler systems needed.
- People's memory loss / dementia issues in relation to gas in the home.
- People don't have knowledge of services that can help them.
- Clutter.
- Lack of management of domestic tasks (cleaning).
- Do not always want people to enter their homes.
- Social isolation / ability to get out of doors.
- Difficulty with recycling schemes - having to separate items into the right boxes.
- There might be a lack of knowledge of what they are entitled to.
- Lack of community - not knowing their neighbours.
- Lack of food / clothing.
- Door width too narrow, room sizing too small, electric points not easily accessible.
- Structure: bathroom upstairs.
- Lack of lockable cupboards for medicines.
- Isolation due to physical ability, lack of support network, failure to navigate the health and social care system, minimal contact with carers, digital isolation.
- Housing conditions: damp, cold, disrepair, fuel poverty, old homes lacking modern facilities, lack of funding (both by government and individuals), unable to repair.
- Secure environment often older people leave the door open to allow support workers and health and social care workers into their homes.
- Lack of social capital: no milkman, no paperboy, fewer corner shops, limited local services, libraries and community centres have shut down.
- Transport - limited bus services and access to bus stops.
- Inaccessibility: valleys homes not appropriate as set on steep hills.
- Homes can be badly maintained as people wish for privacy.
- People manage because they have always done so.
- Bad odour urine.
- Nosey neighbours.

Housing Support, Health & Social Care Providers Consultation Event

- Their house could be an absolute tip and absolutely inappropriate for them but they stay for their pets, as they cannot always take them with them if they are moving to an “under one roof” place.

Discussion Question 2

What do you think are the key considerations that planners should take into account when building new homes for older people?

- Affordability.
- Location - create a community with facilities / shop / pub etc.
- Older people want to live somewhere that has access to public transport (older people use their free bus passes) and have accessible transport links.
- Housing where there are carers on site but also a communal space - older people want to be social but also want their own private space.
- Accessible gardens.
- Living space with a view.
- Cater for different sensory impairments and disabilities e.g. dementia, colour schemes.
- “Best Matching” allocation systems based on the tenants need and OT, GP and Social Services reports.
- Floor coverings - non-slip floorings.
- Level access to properties and gardens.
- Location near to doctors’ surgeries and other services.
- Designed with security in mind so people feel safe.
- Lighting inside and outside the property.
- Room for relatives / friends / carers to stay.
- Ability to have your own pets.
- Large door - new health and safety laws.
- Height adjustable in the kitchen.
- An adequate bedroom size.
- Storage space.
- Utility rooms.
- Carports.
- Clusters of houses for carers to visit all in one.
- Choices of tenure - renting, social housing, owner occupier, pet friendly housing.
- Garden - accessible - allotments.

Staff Questionnaires

ABGPHT Staff								
1. No. of participants	14							
2. Men	0							
3. Women	14							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	3	3	4	2	1	0	0
5. Housing Tenure				6. Housing Type				
Privately Owned	12			House	13			
Private Landlord	1			Flat	0			
Social Housing Landlord	0			Maisonette	0			
				Bungalow	0			
Other	1			Supported / Sheltered	0			
				Other	1			

NB: There was one “no response” to question 4

Please list three desirable (not necessarily essential) things that you would like to have with you in your ideal home for later life.

- Terrace or outdoor space. Accessible washing facilities, i.e. walk in shower. No stairs.
- Bungalow, small, safe neighbourhood, access to excellent public transport.
- A garden or outside space, a view, a community with access to facilities - shops, transport, etc.
- Garden, upstairs and downstairs toilets, allocated parking.
- Near to family and friends, easy access should mobility issues arise, including driveway or space nearby to park. Near to amenities to keep my independence.
- Upstairs and downstairs toilet, garden, driveway.
- Bungalow, garden, parking.
- Wi-Fi.
- Somewhere safe to store family treasures.
- No (or very few) steps / stairs. Outdoor space to sit in. Location i.e. surroundings that I feel comfortable in and happy to walk about in, easy access to pleasant walks and facilities such as shops and easy access to public transport in case I can't afford or am unable to drive.
- Close to amenities - shops, GP, post office, pub. Small garden. Easy to navigate the rooms / bathroom / kitchen.

Staff Questionnaires

- My extension will accommodate all my needs, so my desirables would be: a partner / companionship (pet); internet / access to technology; social interaction (groups / hobby classes).
- In later life I would appreciate having the following 3 things: downstairs wet room (toilet & stand in shower); walk in hot tub; large kitchen / diner / living area accessible to ALL.
- Garden and good access to it and involvement in it. Large windows I can open and nice views. Space to receive visitors or shared communal space to be social.
- Everything to be on all one level. Near to public transport. Easy to maintain garden.

What reasons would prevent you from moving (if you wanted to), to a place that was specially designed to enable older people to live happily, safely, healthily and independently in later in life?

- The fact that all my daughter's inheritance would be used up to pay for the accommodation because we have worked all our lives and therefore will be penalised by having to pay full rent, etc.
- I wouldn't want to move to a specially designed place unless I had care needs and this was necessary. The reason for this would be that I believe older people are happier and healthier mentally if they live in a normal community with a variety of ages. I feel that working and living with younger people keeps you more in touch with the changing world. However, I would consider this if my needs changed, as I wouldn't want my children to have to become my carers or have to make room for me to live with them!
- Guilt of leaving my family home. Selling my home.
- Location.
- Financial reasons (lack of money). Wouldn't want to move far from family.
- Money and job.
- Cost, location - distance / access for family and friends.
- Cost, where it is located.
- I do not intend to move as am planning a 2 storey extension to my property, where the ground floor will be a self-contained flat for my use in later years as there will be no stairs to negotiate. I also have a shed which accommodates my hobbies, a large garden as I would like a cat and dog, there is a bus stop outside my front gates so I can commute to town to see friends and attend hobby classes. The remainder of the house would be rented out so that I could afford things like carers, living aids, gardener, window cleaner, maintenance etc.
- Cost.
- Location, would need to be near family.

Staff Questionnaires

Where would you like to live in later life and why?

- Spain because the life is slower and the weather warmer.
- I am thinking about down-sizing as my children have now left home. This would be to live in the same area but in a smaller house, in order to release some money and have a smaller house to manage.
- A home privately owned by me and in Cardiff & Vale.
- In a smaller property, so it would be more manageable.
- Not in Newport, maybe Caerleon or Cwmbran. A quieter street.

Housing and Social Care Staff								
1. No. of participants	21							
2. Men	5							
3. Women	16							
4. Age Range	Under 50	50-54	55-59	60-64	65-69	70-74	75-79	80+
	0	2	4	12	3	0	0	0
5. Housing Tenure				6. Housing Type				
Privately Owned	20			House	18			
Private Landlord	1			Flat	0			
Social Housing Landlord	0			Maisonette	0			
				Bungalow	3			
Other	0			Supported / Sheltered	0			
				Other	0			

Please list three desirable (not necessarily essential) things that you would like to have with you in your ideal home for later life?

- Outdoor space / green space. No noise in the neighbourhood. Off road parking.
- Accessible facilities. Small manageable garden. Good transport links in close proximity.
- Garden or shared outside space. Space for others to stay (family, friends). Easily accessible rooms - large bathroom with shower / wet room.

Staff Questionnaires

- Ground floor bathing amenities. Level access to property. Space to relocate bedroom to ground floor (if required).
- Be able to be mobile safely around my home. Be able to access all rooms upstairs and downstairs. Be able to access the garden.
- Level access. Like minded neighbours. The option of keeping a small dog or cat.
- Pets. All my belongings. Space for family to visit and stay.
- Wheelchair accessible. Study. Own front door.
- Pets.
- Good security. Accessible features (shower, etc.). Good technology.
- No steps. Bigger garage. Flatter drive.
- Level access. Close to amenities. Being able to keep pets.
- Close to family. Close to amenities. A garden.
- Companionship. Laughter. Good health care.
- Garden with outlook. Accessibility. Independent living.
- No steps. Garden. Good neighbours / social activities.
- Level access / wet room facilities. Level access entry to front / rear of property. Driveway.
- Space. Large windows for natural light. Functioning facilities.
- Garden. All on one level. Close to family.
- Garden. Toilet downstairs. An extra bedroom.
- Pets. Space. Light.

What reasons would prevent you from moving (if you wanted to), to a place of your own that would be specially designed to enable people to live happily, healthily, safely and independently later in life?

- Availability of accommodation and anticipated increased costs of such accommodation in other areas of the UK.
- Not being able to keep pets. I would want some sort of garden. It could be very small. Access to facilities would need to be better or equivalent to where I currently live.
- Finances. The ability to do it independently in later years.
- Access, e.g. steps or stairs if my mobility declined. Lack of facilities and long waiting lists.
- If I could not take my cats with me. Finance. If I could not live in an area that I wanted to live in and if my family could not come and stay with me.

Staff Questionnaires

- It's the family home until our youngest moves on.
- Lack of suitable housing that would enable me to stay close to my family.
- Isolation from family. Not able to take pets.
- Cost, family, not being able to take my pets.
- Mobility issues.
- Pets. Having own space - garden - privacy.
- Family commitments.
- A lack of money.
- Not being able to take my pet.
- My dogs.
- Memories.

Where would you like to live in later life and why?

- I'd like a sea view.
- Aspiring to relocate to live nearer to family (son).
- Somewhere closer to community resources and smaller.
- In a bungalow.
- I've lived in Newport throughout my life and would like to move to a different area.

Newport Community Rehabilitation Nursing Team Email Responses

Question 1

What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?

- We encounter social isolation / loneliness with many of our patients.
- Lack of independence because of low mood.

Question 2

What do you think are the key considerations that planners should take into account when building homes for older people?

- Shared living accommodation, similar to what has been available for people with learning disabilities i.e. 4 older persons living together in a standard house, fewer carers for low level care.
- Greater access to "accessible friendly" transport with escorts for hospital appointments, shopping trips etc.
- More day centres to stop the social isolation.
- Mobile shops and libraries.
- Meals on wheels for the social contact rather than frozen meals delivered weekly.
- Pet therapy / therapy dogs.
- Financial assistance towards domestic support rather than personal care.

Emergency Services Email Responses

Welsh Ambulance Service NHS Trust – 020 West Aneurin Bevan Division

Question 1

What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?

- Slip / trip hazards (steps to property, stairs in house, rugs / mats on floor, laminate floor).
- Bedbound patients having no access to a fan / heater.
- Wandering dementia patients.
- Smoking - need to liaise with fire rescue service home teams who provide flame proof bed sheets and other items.
- Tripping in dark trying to find light switch.
- Not able to use the wheelchair inside house, so mobility is poor.

Question 2

What do you think are the key considerations that planners should take into account when building homes for older people?

- Alarm mats to identify when patients get out of bed or open front door (for dementia patients).
- Put in nightlights and automatic lighting which come on when people get out of bed.
- Access for emergency services.
- Wheelchair and hoist access around rooms inside house - so more space.
- Bungalows for elderly, or internal lift access.
- Fire / CO alarm linked to lifeline.
- Induction hobs in kitchen, which only come on when pan is over the hob.
- Option for nest camera / heating system, so relatives can see patients and adjust heating for them.
- Front doorbell video screen - which is recordable.
- Gates / garden fencing to private houses / bungalows to keep pets in (often the only company someone has).
- Non slip shower room flooring in all rooms.
- Temperature limiters on shower / bath to prevent scalding.
- Wheel chair users - have a lower kitchen worktop or one that raises or lowers.
- Ceilings which are strong enough to put in ceiling track hoists.

Emergency Services Email Responses

Safety and Wellbeing Team, South Wales Fire and Rescue Service.

Question 1

What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?

- Isolation.
- Mental confusion and memory loss which tends to manifest itself in confusion over technology.
- Frailty and vulnerability to falls. This prevents or restricts independence.

Question 2

What do you think are the key considerations that planners should take into account when building homes for older people?

- Access and egress. In case of emergency - easier access for emergency workers and elderly exiting the property.

Emergency Services Email Responses

Gwent Police Service - Responses from all over Gwent.

Question 1 - What are the things you become aware of when you go into older people's homes that could or do have a detrimental effect on their well-being?

- Loneliness and isolation ***“Many older people in our community are still living alone with no contact at all. We may be the first people they speak to in a long time and generally this is the case. Also the rise in crime stops them from leaving their homes as they are scared. As officers attending such calls I will be briefing my own team with regards to this.”***
- Cluttered and a potential hazard.
- Lack of adequate cooking facilities.
- Boilers that need replacing.
- Lack of natural light and fresh air.
- Poor lighting and visibility.
- Poor access in and out of the address.
- Access to gardens problematic.
- Limited amount of grips and handles to assist getting around.
- Not enough food.
- Living in flat complexes on upper floors with stair access.
- Living in a complex or area surrounded by younger people and addresses that are visited by police on a regular basis.
- The police turning up at their neighbours' houses all hours of the day and night. Older people find this frightening.
- Older people tend to have a landline telephone and can be plagued by call centres which can worry them.
- No downstairs toilet or bathroom.
- No adaption aids to help them e.g. stair lift.
- The homes can be unclean due to lack of care and this can be a health issue.
- Damaged window locks and door locks not being repaired for a long time.
- Vulnerable older people i.e. with mental health or substance misuse problems being taken advantage of, e.g. acquaintances using their homes for sofa surfing which breaches the security of their home. ***“Safety is the main issue for me, specifically around providing a solution to the exploitation of older people in communities even within sheltered environments. Older people have frequently been targeted by drug users and sex workers who then steal their savings and income.”***

Emergency Services Email Responses

- Inadequate insulation. Some elderly people are concerned with the cost of heating their houses and these concerns could be allayed if their properties are adequately insulated to ensure that they retain heat. ***“Some houses in the winter months only have a fire on in the one main room (lounge) as they cannot afford to have heat on in the other rooms. This encourages them to sleep on the sofa and not to go to bed. In the long run this contributes to lack of sleep and disruption in the sleep pattern.”***

Question 2

What do you think are the key considerations that planners should take into account when building homes for older people?

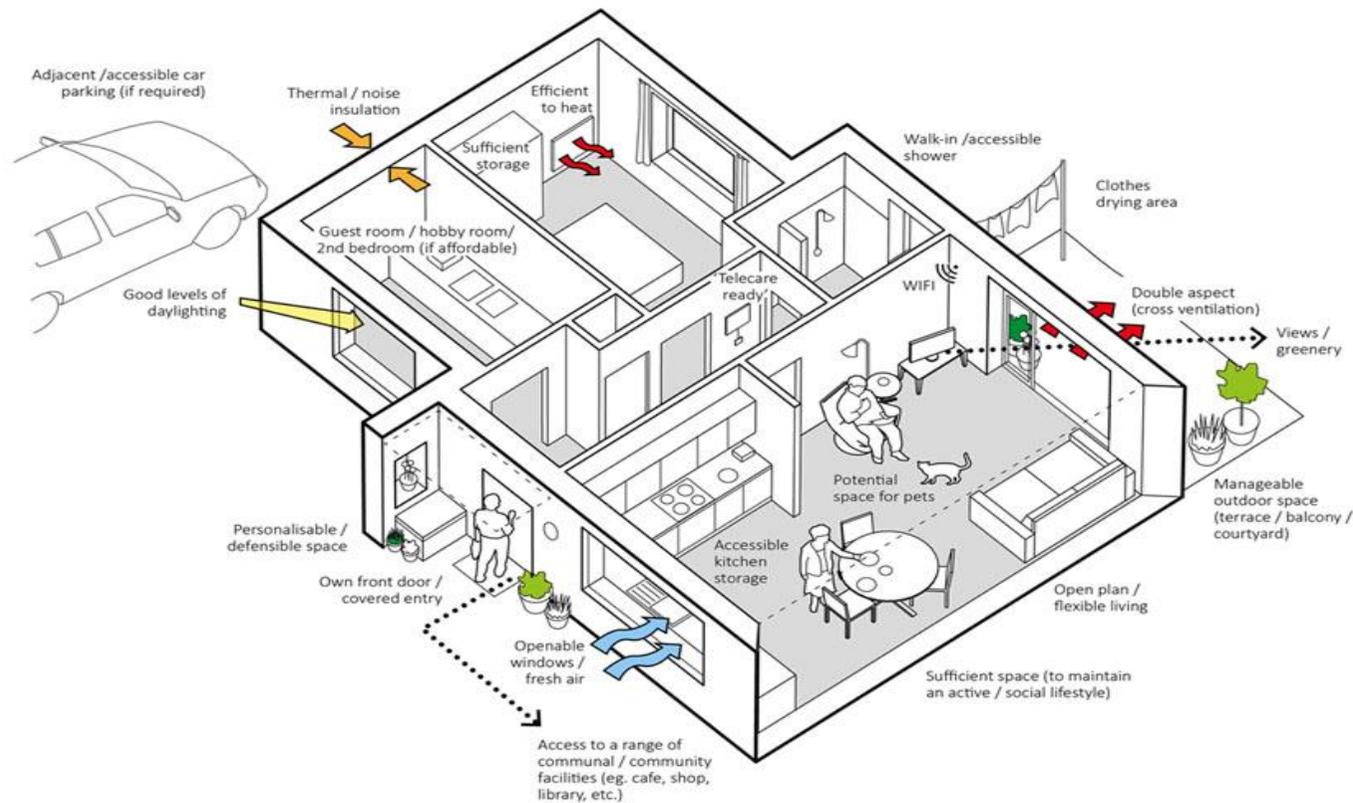
- Making areas / complexes age appropriate to have a community feel and a feeling of safety.
- Having the areas or complexes run by a warden / regular involvement from warden / social services. This should help with lack of care / lack of food and can provide a point of contact for residents.
- Better access in and out of the address, hand rails / ramps.
- Better road access for emergency vehicles.
- Better parking for residents and visitors and emergency vehicles.
- The homes should be on the low floors if in flats due to the stairs or fear of lifts.
- Security and camera coverage.
- Several separated shared areas so different groups can take part in unrelated events.
- Adequate space for mobility aids such as wheelchairs, walking frames, stair lifts, bath lifts and hoists.
- Ensure that there is adequate lighting and that light switches are in a convenient place.
- Assistive technology such as fall detectors, smoke detectors, gas detectors, movement detectors, heat / temperature detectors, personal alarms, memory aids.
- Adequate central heating preferably with a timer system.
- Good insulation.

Emergency Services Email Responses

- ***“Housing developments should give due consideration to the location where they are building these properties i.e. quieter locations away from busy housing estates.”***
- ***“Housing areas should accommodate elderly people and not a mix of elderly and young people. This can cause issues as youngsters are more likely to keep later hours and keep a noisier lifestyle.”***

Consultation on Speculative Design

Older Person's Accommodation Speculative Design Plan



Courtesy of: 'DWELL - The University of Sheffield'

Consultation on Speculative Design

Consultation on Older Person's Accommodation Speculative Design: **MECHANIC** Group



Man	Woman	Age	Owner Occupier Home	Rented Home	Organisation	Would you be happy to live in accommodation like this in later life
1		47	Flat		Terence Higgins Trust	"I think it's fine but not sure about the open plan."
	1	64	House		Ethnic Minorities and Youth Support Team Wales (EYST)	"I would be happy to live there if the kitchen and living room were switched because of cooking smells."
	1	46	House		ABUHB Senior Dietician	"It looks good and well thought out."
	1	35		Flat Social Housing	Community House Ethiopian Church	"It is nice, open plan and spacious."
	1	44	House		Sight Cymru	"It would be better if it were more open plan i.e. no corridor."

Consultation on Speculative Design



Small **MECHANIC** Focus Group at Work

MECHANIC Minority Ethnic Communities Health Alliance Network for Information and Consultation

MECHANIC is an alliance organisation that was established in 2009. It is chaired by Julia Osmond ABGPHT, and its function is to disseminate messages about health to its members and to use the group as a consultation forum for discussing issues relating to health e.g. cancer screening, sexual health, substance misuse, breastfeeding, gambling, healthcare access, primary mental health care programmes and housing etc.

MECHANIC has a membership list of approximately 60 people from various minority ethnic communities and third sector and statutory service providers who work throughout Gwent. The group meets quarterly to discuss issues pertinent to its members.

Consultation on Speculative Design

Consultation on Speculative Older People`s Accommodation Design Plan: Newport Over 50s Information Event

Man	Woman	Age	Owner Occupier Home	Rented Home	Housing Type	Where do you live currently (area)	Would you be happy to live in accommodation like this in later life
1		63	Yes		4 Bedroom House	Ridgeway	“It looks good but I never want to move.” “I`m glad to see you can have pets there - that`s important to a lot of older people.”
1		61	Yes		5 Bedroom House	Stow Hill	“Yes it`s all there - but I do not intend moving.” “The open plan is good and lots of outside light.”
	1	70	Yes		Large House	Bettws	“I am not thinking about moving - but it is ideal for old people.” “It`s lovely, there is a place to dry your washing outside.”
	1	89		Private	Flat	Stow Park Circle	“It looks wonderful but I do not want to move at my age.” “It`s good there is a place for drying washing outside – that`s much healthier than drying it indoors.”
	1	80	Yes		Flat	The Gaer	“It looks good - but I have my own flat - but you can`t dry your washing outside - I miss that - it used to be nice chatting to the neighbours in my old place when hanging the washing out.”
1(H)	1(W)	62 & 64	Yes		5 Bedroom House	Rogerstone	“I think we might find it a little small - we would definitely need one other big room for a study.” “It would be a good idea if the toilet / bathroom were a <i>Jack and Jill</i> style i.e. a door into the bedroom as well – therefore less distance to walk in the night to go to the loo and less chance of falling, but all in all it`s well thought out.”
	1	70	Yes		5 Bed House	Caerleon	“It looks perfect for old people - they have everything they need there - it`s good there is outside space.” “I want to stay in my own house - the children can come and live with me when I`m older - rent free - they live in London now in very expensive rented houses.”

Consultation on Speculative Design

Consultation on Speculative Older People`s Accommodation Design Plan: Newport Over 50s Information Event



Consultation on Speculative Design

Consultation on Older Person`s Accommodation Speculative Design Plan: Dostana – Elderly Pakistani Muslim Men’s Group

Man	Age	Owner Occupier Home	Rented Home	Housing Type	Where do you live currently (area)	Would you be happy to live in accommodation like this in later life
1	38	2 Houses		6 Bedroom 3 Bedroom	Pill	“I have my own house – maybe when I am older if I rent the others out.” “It would be good if the shower room were bigger and had a bidet.”
1	76	2 Houses		4 Bedroom Bungalow	Maindee	“I have a bungalow to retire to – where my children can come and look after me and my wife and do the garden.”
1	78	Yes		4 Bedroom	St. Woolos	“It looks a bit small to me.” “There needs to be parking at the front of the house (so you can keep your eye on your car) as well as the side where carers or visitors could park.”
1	80	Yes		6 Bedroom	Oakfield Road	“I live with my son – I will not have to move.” “It is not too small – a family of six of us lived in two rooms when I was first married and moved here.” “But – the kitchen area should be next to the garden in case there is a pan fire so you can throw it outside easily.”
1	87	Yes: many		?	Bassaleg	“I would not need to live there I have a home.”
1	78	Yes		A House	?	“Yes, it looks nice and it hasn’t got a big garden - that’s good.”

Consultation on Speculative Design

Consultation on Older Person's Accommodation Speculative Design Plan: Coffee 'n' Laughs - Asian Older Women's Group

The kitchen area needs to be on the other side of the main room to let the cooking smells out to the garden or balcony and so the vegetable preparation can be done sitting outside.

It would be better if the kitchen were separate to the living area because of the cooking smells and steam.

It would be nice if there was one of those toilets and bidet combined in the bathroom otherwise when you get older it is very easy to fall after using the toilet and doing your ablutions.

These flats would be good – what we would like, would be say ten of these flats in a block together with a shared washing room and a communal kitchen - for us older women who are widows or divorced, we could all support each other then - it can sometimes be a bit of a strain living with our daughters in law – we would want someone to help us with this we would not know where to begin.

Consultation on Speculative Design



Consultation on Speculative Design

Consultation on Older Person`s Accommodation Speculative Design Plan: Newport District Nurses S. West Division

The nurses thought that in general the design was good. They felt that they would be able to provide good care for an immobile patient living in the home if the walls were partition walls and could be knocked out to make the bathroom ensuite and to combine the two bedrooms to make one large bedroom, and if the ceilings were able to support tracking for a hoist.

One of the things that prevents them from being able to do their job properly is when there is clutter everywhere, so they wondered if there was enough storage.

It was suggested that the bathroom should be bigger as they and the domiciliary care workers are having to deal with an increasing number of bariatric patients who need a large area for washing and bathing.

They liked the fact that there was the possibility of cross ventilation in the living area and lots of light because of the two opposing windows: lack of space and light can be a big issue when providing clinical care in a patient`s home - good light is needed to insert lines, take blood and give medicines safely.

They commented positively on the fact that there was a parking space at the side of the house, as parking places are hard to find near to many of the places they visit. If the residents had their own parking spaces, this might enable the nurses to park outside the patient`s house.

District Nurse: ***“Sometimes I have to spend ages circling around trying to find somewhere to park. I often have to park a long distance from the house I am visiting lugging all of my stuff through the rain to see the patient – it`s such a shame because then I have to dash in and out of the patients home for my next visit - it`s so unfair on the patient.”***

Consultation on Speculative Design



Newport District Nurses S. West Division

Consultation on Speculative Design

Consultation on Older Person`s Accommodation Speculative Design Plan: Newport Community Rehabilitation Team

All of the team who saw the speculative design thought it looked very good.

They commented on the fact that they could not see any electrical plugs or switches on the wall and stated that they would need to be placed at an appropriate level so the resident did not have to stretch or bend over to use them, in order to prevent them falling.

They particularly were pleased to see the dining table for eating meals and pursuing recreational activities - some older people just sit in the same “comfy” chair all day and eat their food on their lap – it is not good to be sitting in the same position all day.

They were also pleased to see the pet as they thought that having pets was essential for many of the older people they visited. Very often they were the only other living beings they saw (apart from the nurses) and gave them a reason for getting up in the morning.

They were also pleased to see the outside area with plants as they all thought that plants and horticulture were positive things for their patients.

Like the district nurses, they mentioned the significance of the private parking space next to the home and also stated that much of the time they could be with the patient is spent driving around looking for a parking space.

They also commented that although this home looks lovely, older people need to get out and about and for this there needs to be good public transport, sheltered bus stops, benches and public toilets in the community. Otherwise, if it is not a pleasant experience going out they end up staying in their home and then they might end up socially isolated and suffer from a lack of physical activity.

Consultation on Speculative Design



Newport Community Rehabilitation Team

Best Practice: Older Persons Housing Guidelines

The 10 HAPPI Recommendations

- 1. Generous / flexible space standards.**
- 2. Natural light including circulation spaces.**
- 3. Avoidance of internal corridors and single aspect dwellings for light and ventilation.**
- 4. 'Care Ready' homes to accommodate emerging technologies.**
- 5. Circulation that avoids institutionalisation and encourages interaction.**
- 6. Lively multi-purpose social spaces that link with the community.**
- 7. Engagement with the street.**
- 8. Energy efficient 'green' buildings.**
- 9. Adequate storage inside and outside home.**
- 10. Homezone design of outside spaces with pedestrian priority.**

The Housing our Ageing Population Panel for Innovation (HAPPI) Report (2009)

Ref: <https://www.housinglin.org.uk/HAPPI/>

Scheme Visits

Accommodation for Older People - Scheme Visits		
Scheme Name	Management and Location	Type of Scheme
Riverside Court	McCarthy & Stone, Abergavenny	Independent Living
Pleasant Court,	Bron Afon, Abersychan	Independent Living
Aneurin Bevan Court	Newport City Homes, Newport	Extra Sheltered Accommodation
The Chocolate Quarter	St. Monica Trust, Keynsham	Independent Living. Care available at cost
Golau Caredig,	Hafod Care, Barry	Independent Living / Extra Care
Woodside Road	Birmingham Municipal Housing Trust. Birmingham	Independent Living, Care Ready Houses

Six visits were undertaken to a selection of accommodation schemes providing a variety of potential residential and *in situ* care options for their residents, ranging from Independent Living for older people with shared communal facilities that offered no generic care function, to Independent Living houses that were built to be “Care Ready” homes where someone could live in in later life if they needed full home care.

These schemes selected for visits were also built at different times and with very different socio-economic cohorts of residents in mind. When they were built however they were all considered to be good examples of accommodation solutions for older people.

When viewing the properties, the HAPPI Recommendations (Best Practice Guidelines for designing and building specialist housing for older people, see previous page) were considered when trying to assess how appropriate the accommodation might be for its function i.e. providing suitable and appealing accommodation for older people. It was found that sometimes these building principles were evident in the construction of the accommodation but were not always apparent in all parts of any individual scheme, and therefore execution was hard to audit. However, there were instances where these best practice details were evident in the design as identified in the following descriptions.

Scheme Visits

Scheme Visit: Pleasant Court.

Location: Lower Abersychan, Pontypool, Torfaen.

Type of scheme: Over 60s Accommodation. Independent Living (former sheltered housing scheme).

Tenure: Rented. Social Landlord: Bron Afon.

Brief description of scheme: A building comprising of 24 one and two bedroom flats situated in a building of one storey and two storey blocks built around a court yard with six adjacent bungalows.

Completed: 1972

Positive features observed:

- Personal large lockable walk in storage cupboards for residents to store possessions, approximately 9 feet deep by 3.5 feet wide by 12 feet high.
- Waste disposal chute.
- A communal fully equipped large bathroom with a hoist which can also be used by social services for outside clients for bathing, podiatry etc.
- Key safe available at the entrance for care providers.
- Individual gardens for ground floor accommodation.
- Communal gardens with extra raised beds, a greenhouse and a gazebo.
- Possibility of keeping pets and having cat flaps in the external door on the ground floor.
- Equipped hair dressing salon which is serviced by visiting hairdressers.
- Gym equipped with cardiovascular equipment which tenant can use at their own risk, with adjacent bath and shower facilities.
- IT suite.
- Communal laundry room.
- An on-site guest room for friends and family to stay for a specified period (determined by Bron Afon) when visiting residents.
- Large lounge for residents with easy chairs, a book corner, piano and a bar.
- Spacious, pleasant reception area with easy chairs and a lift to the first floor of the complex.
- Large key pad for flat owner's numbers at entrance for visually impaired visitors.
- Caretaker serviced.
- Excursions arranged for clients by Bron Afon to the seaside etc.
- Solar panels on the roof and a specific piece of engineering equipment to allow the hot water to be preheated.
- On bus route to local town Pontypool (5 minutes on bus), Cwmbran New Town – flat covered shopping area with cinema etc. (20 minutes on bus).
- Designated car park.

Scheme Visits

Things it lacked: A communal kitchen or dining area.

Things that did not seem to work so well:

- Situated in a steep valley therefore steep slopes to walk to local community amenities including doctors and shops and not much sunlight.
- No one at reception point to meet and greet or to act as an anchor point for client.
- Not all of the facilities are open in the afternoon i.e. lounge, IT suite and hairdressers.
- Trip hazard potentially in reception area with juxtaposition of different types of flooring.

Pictures of scheme:



Client storage cupboards



Raised vegetable beds and greenhouse in scheme courtyard

Scheme Visits

Scheme Visit: Riverside Court.

Location: Abergavenny, Monmouthshire.

Type of scheme: Independent Living for over 60s. Day time house manager on site.

Tenue: Owner Occupier. Managed by McCarthy & Stone.

Description of scheme: A three storey gated complex of one and two bedroom flats with communal facilities.

Completed and opened: May 2017

Positive features observed:

- Situated next to a river in a flat area in a picturesque position on the edge of a rural town with an easy walk to local amenities – shops, market, library, doctors, dentists, podiatrists, opticians, cafes, pubs, cinema, theatre.
- Good transport links i.e. bus station outside complex and railway station 5 minutes taxi drive away.
- Secure designated car park.
- Secure gated site with tele-remote entry control for visitors.
- House manager on site 6 hours a day, Monday – Friday, supported by four volunteer home helpers.
- House manager seemed to have a good rapport with home owners.
- Emergency cords in all private and communal rooms managed by Tunstall.
- All communal areas well maintained and extremely clean.
- Surrounding grounds and gardens are well maintained and equipped with outdoor furniture.
- Large luxurious residents lounge opening on to a large garden patio overlooking the river and park beyond, where many regular weekly communal activities are organised by the home owners: barbeques, fish and chip suppers, coffee mornings, Pimms parties, afternoon cards and exercise classes, and there is a pull down screen to watch films on film night.
- Many external excursions and activities are organised by the home owners.
- There is a large mobility scooter room where several scooters can be stored and charged. This also stores individual's bicycles and, when not full, other people's possessions such as large suitcases (used for cruises) and other bulky possessions which are stored on individually allocated deep temporary shelving.
- There is a large clean refuse room which is set up for recycling and charity shop donations.

Scheme Visits

- There is a large laundry room which is immaculately clean and beautifully equipped with machines placed on a solid stone plinth so they can be used without having to bend over. There are two small tables and chairs placed at either end of the room where the residents are able to sit and chat and have a cup of tea or coffee whilst their washing is being done.

What the scheme lacks:

- A communal kitchen area.
- A bar attached to the communal lounge – the residents store their drink in their flats.
- The individual home owners do not have their own piece of garden and are not encouraged to administer to the communal gardens.

What doesn't seem to work so well:

- You can move into Riverside with your pet as long as it stays in the room. However, if the pet dies and the resident would like another one this request needs to go to the management committee.
- There is an AED at the communal entrance to the complex but only the house manager has been trained to use it.

Resident talking about the communal laundry room: ***“This is where you find out everything that is going on.”***



Communal laundry room

Scheme Visits



Resident: ***“We have some wonderful barbeque evenings here in the summer.”***

Communal outside dining area



Resident: ***“This is my paradise.”***

Garden view

Scheme Visits

Scheme Visit: Golau Caredig.

Location: Broad Street, Barry. Vale of Glamorgan.

Type of scheme: Independent Living with “in house” care and support available for people over 55.

Tenure: Mixed. Managed by Hafod Care.

Description of scheme: Forty-two purpose built one and two bedroom flats with communal facilities.

Built: to achieve BREEAM (Building Research Establishment Environment Assessment Method) Standards.

Positive Features:

- Materials used in construction and finish seem extremely good quality.
- Staff seem to have an excellent rapport with the residents.
- Beautiful view from the roof top garden and dining room which is periodically open to guests and the community on special occasions e.g. bonfire night; there is also a pull down screen at one end of the room to show films.
- All apartments are built to “Care Ready” specifications i.e. wet rooms, beams for hoist etc.
- Domiciliary care and tenant support readily available for those who need it.
- The design of the building is organised so it is based on the progressive privacy design principle i.e. secure staffed front desk at main reception with fob entry for all external doors and lifts etc.
- On the lower ground floor (which is not an attractive site for apartments) are publically accessible facilities e.g. a laundrette, hairdressers and a café / bistro. The mobility scooter and charging room is also on this level as it gives direct access to the pavement.
- Communal facilities include an IT suite and large communal rest and recreational area – which can be used, with permission, by community groups for talks and events, and members of the public, including groups of schoolchildren, for intergenerational activities.
- Medical and social care rooms which can be used to provide services for residents and community members.
- Internally the apartments are accessed by wide walkways around an open four floor atrium situated on split levels - the occupants all have windows opening on to the walkways to give a street feel so they can look out and see the comings and goings of their neighbours, and yet they do not look directly across the space into their opposite neighbours apartment due to the split level configuration.

Scheme Visits

What doesn't work so well:

- Although the location offers superb views to the front of the building of Barry Docks and the Severn Estuary, there is also a busy main road in front of the building and similarly there are superb views from the back of the building over the park, but there is also a Funeral Directors situated in full view at the back of the building.
- There are not many amenities nearby – therefore to access these requires a trip up the hill or along the busy main road.
- There are no designated car parking facilities.

What this scheme lacks:

- Pets are not allowed.
- The apartments do not have any outside space attached to them i.e. gardens or balconies.

Pictures of the scheme:



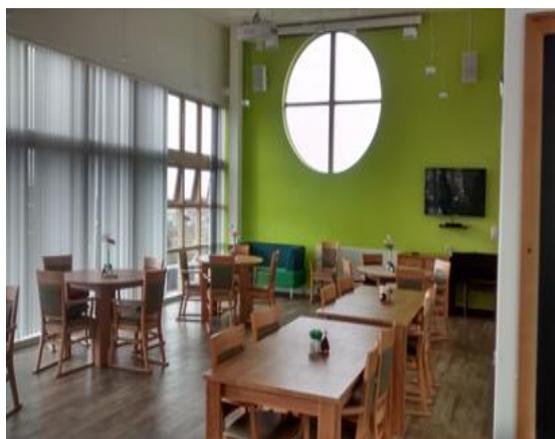
Wide outside landing area



Landings on alternate half levels



Bathroom for assisted washing bathing for disabled clients



Dining room

Scheme Visits



Bedroom with tracking system

Resident: *"I am so happy here, everyone is so helpful."*



Living area

Scheme Visits

Scheme Visit: Aneurin Bevan Court.

Location: Duffryn, Newport.

Type of Scheme: Extra Sheltered Housing.

Tenure: Rented. Social Landlord. Newport City Homes.

Brief Description of Scheme: A two storey building of 59 one bedroom flats built around a courtyard.

Built: 1986

Positive features observed:

- Extremely friendly and happy atmosphere.
- Reasonable amounts of natural light.
- Very wide corridors.
- Residents able to keep their mobility scooters outside of their flat in the corridor.
- Communal laundry room.
- Hobby room.
- Dining hall – where residents' meals are served on a daily basis.
- Large lounge with a bar which hosts: quiz & film nights, coffee mornings, bingo.
- Hairdressers – open one day a week.
- Courtyard garden which includes a water feature and raised beds maintained by residents.
- Barbeque area.
- Pets allowed in flats.
- Care can be provided in the flats, sometimes including End of Life Care.
- Warden on site / available until 10 pm.

Things the scheme lacked:

- Storage space for residents to use.

Things that did not work so well:

- Not all residents wanted a midday meal - however it was part of their cost package.
- The flats are quite small.
- The décor and fittings are dated.
- There are artificial flowers everywhere in communal areas inside (gathering dust) and garden ornaments everywhere in the garden (potential trip hazards).

Scheme Visits

Pictures of Scheme



Part of courtyard garden

Resident: ***"The staff are wonderful to me here."***

Resident: ***"We all look after the garden together - that's why it looks so good."***

Scheme Visits

Scheme Visit: The Chocolate Quarter.

Location: Keynsham, Bristol.

Type of scheme: Independent Living with paid “in house” care and support available for people over 55,

Tenue: Private. Lease Hold. A two bedroom flat costs around £380,000. Service charge £575 + electricity, water and council tax i.e. approx. £850 pcm. Flat must be sold back to St. Monica Trust with up to a 10% handling charge.

Management: St. Monica Trust.

Description of scheme: An old chocolate factory converted into six storey block of 136 one and two bedroom flats, with communal luxury hotel style amenities and a Dementia Care Residential Unit, separate but in the same complex.

Completed: 2017

Positive Features:

- Spa, swimming pool, gym, hairdressers, barbers, bistro and restaurant all accessible to the wider community and a cinema, woodwork room, pottery room, and hobbies room for the residents.
- A range of organised activities – sight-seeing and educational, trips, talks, keep fit, yoga, and a gardening club.
- Communal large beautiful atrium with real plants, a living wall, a grand piano, a band stand, a virtual reality room and a play area for visiting children.
- All areas are wheelchair accessible and there are wide corridors.
- Refuse chutes.
- Emergency cords in every room (but have to subscribe to service).
- Walk in showers with underfloor heating and automatic LED sensor lights.
- All rooms constructed to be able to take adaptations i.e. handrails etc. with low surface temperature heaters.
- Communal roof top sensory gardens. Individual fenced ground floor patios.
- Pets allowed.
- New clients assessed by physiotherapist for provision of aids and adaptations.
- Multi faith room and pastoral carer.
- Concierge / caretaker 24/7 - all first aid trained to be first responders for emergencies.
- Staff support post-move with decoration and furniture. Handyman and porters available.
- A GP surgery next door to the complex.
- On a bus route.
- Allotments for gardening club following a request by a residents' committee.

Scheme Visits

What doesn't work so well:

- No usable green space nearby.
- The public and the private areas do not seem very well demarcated.
- Slightly isolated position i.e. away from any other amenities and yet no need to walk out as all on site - apart from shopping which most of the residents do on line.

What the scheme lacked:

- A motor scooter port and charging area.
- Storage space - not much cupboard space in the rooms and no external storage space on site.
- A communal launderette.

Pictures of Scheme:



Site of Scheme - Old Chocolate Factory



Wide corridor with bold signage and good lighting

Scheme Visits



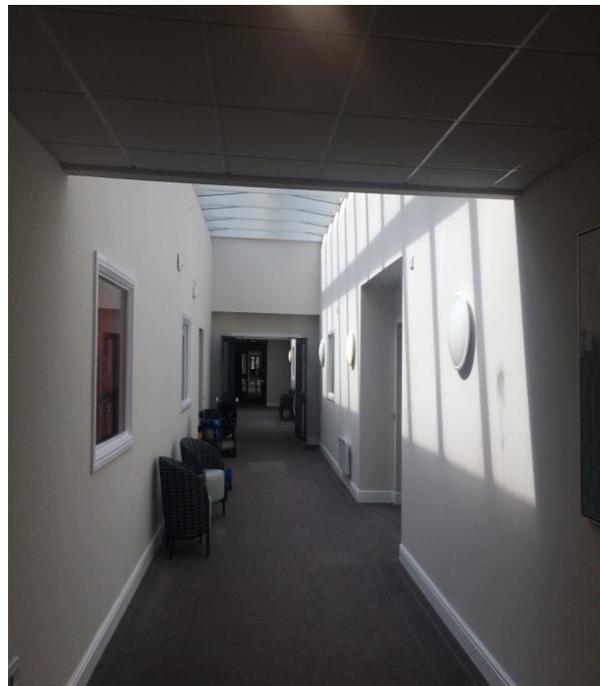
Bistro / Restaurant open to the public



Art room



Residents cinema

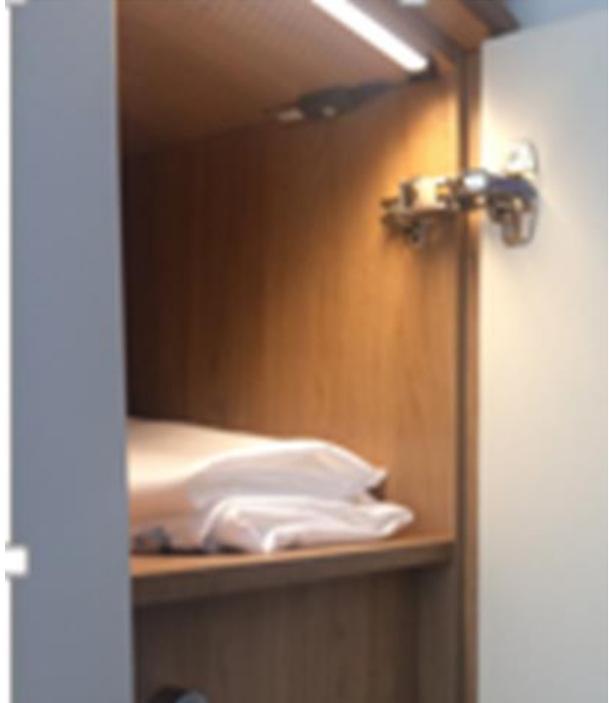


Wide corridor. Blue screen on roof window to prevent overheating

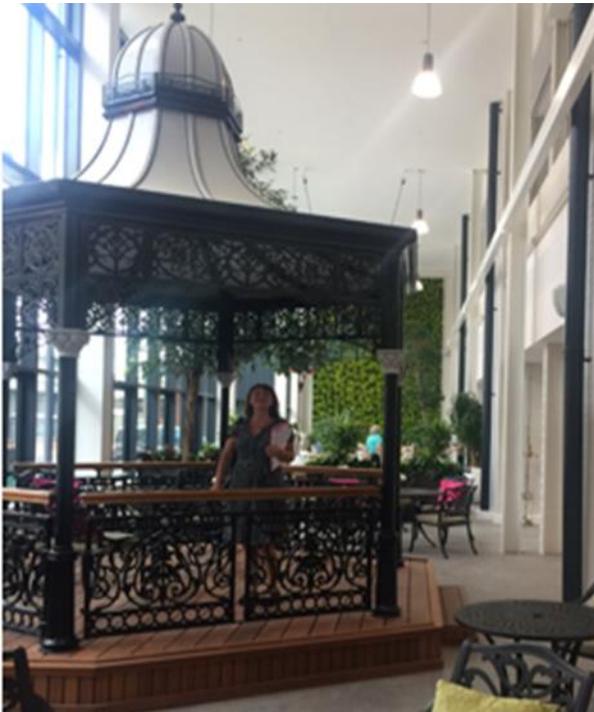
Scheme Visits



Underfloor heating & night LED Lights



Lights in cupboard



Atrium



Living wall at end of atrium

Scheme Visits

Scheme Visit: Birmingham Municipal Housing Trust Properties. – Three sites were visited on this research trip. All of them were designed by the same architects and built using the same contractors with the same high quality design features and standards, but were at varying stages of completion. For the purpose of this study one site will be described.

Location: Woodside Road, Birmingham.

Type of scheme: Independent Living.

Tenue: Rented, Social Housing.

Management: Birmingham Municipal Housing Trust.

Description of scheme: A collection of dormer bungalows arranged in an “alms houses” style.

Completed: 2017

Positive Features:

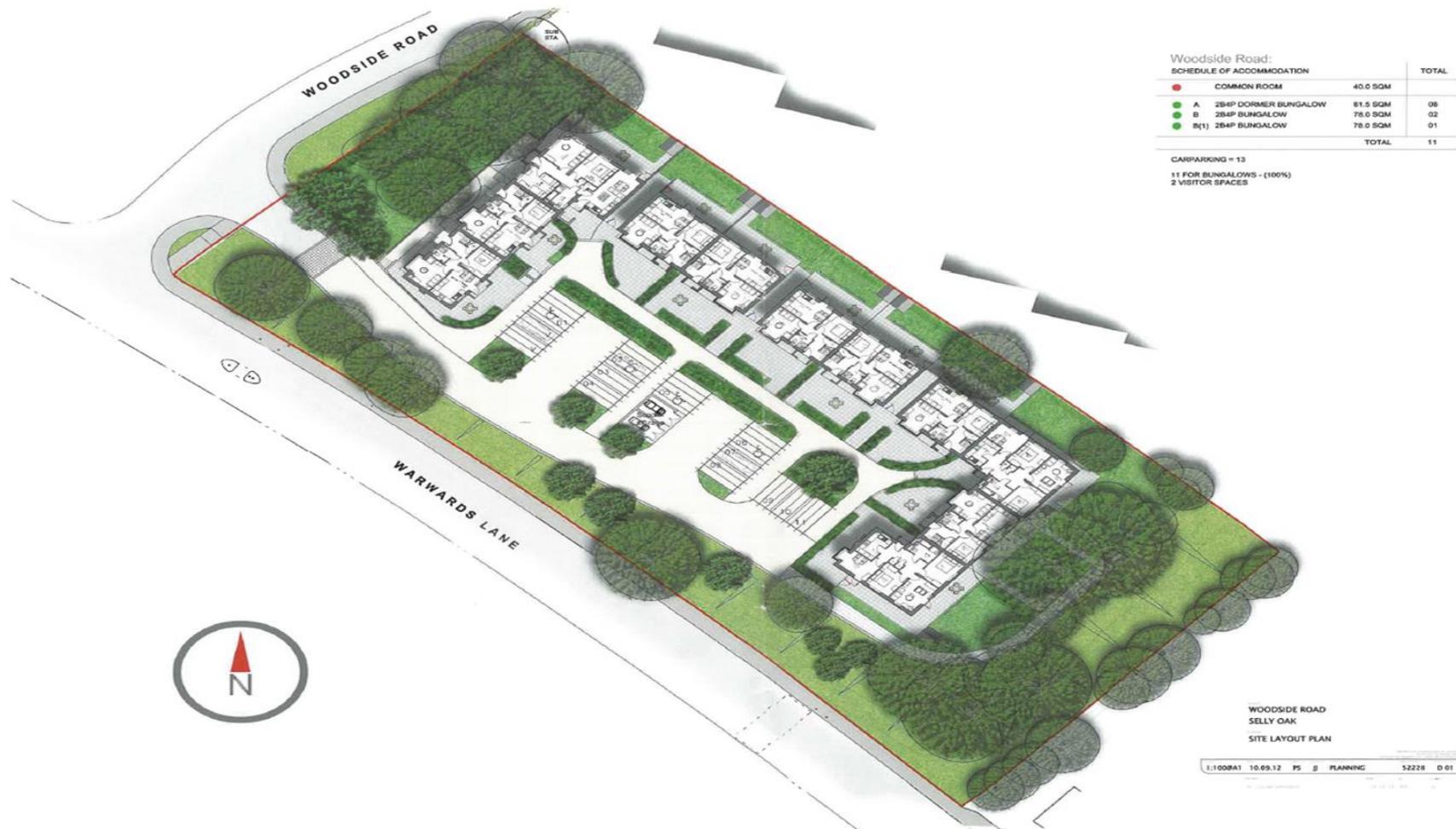
- The spacious and attractive layout, inside and outside of the homes.
- The quality of the finish inside the homes.
- All of the downstairs levels were “care ready” and able to be adapted very easily if necessary i.e. spacious, bathroom / utility room that could be converted to a wet room, wide doors and beams that could take tracking for hoists.
- Upstairs second bedroom and bathroom.
- Space for wheelchair or walking aids under the stairs.
- Appropriate, safe and useful placing of electric light switches and plug sockets.
- Light tunnels on the landings, lots of windows for natural light.
- The gardens were level and mostly south facing - solar panels.
- Roof providing covered area to protect from rain at the front door.
- On a main bus route.
- Visible car and bike parking spaces.
- Many amenities close by.

What doesn't work so well:

- One of the tenants was unhappy because his council tax had gone up two bands.

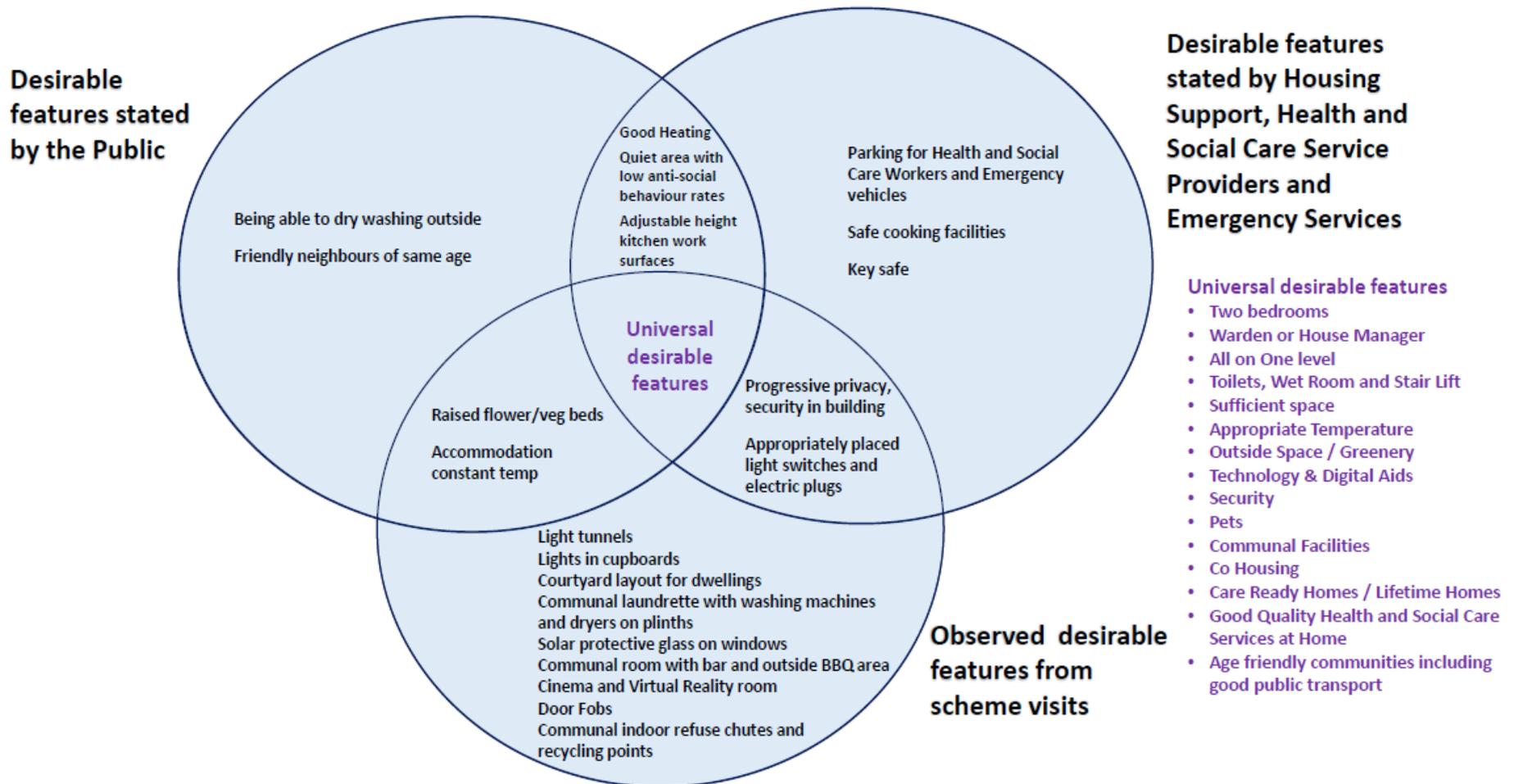
What the scheme lacked:

- General storage space.



Plan of Housing Scheme Woodside Road. Birmingham Courtesy of: BM3 Architects

Synopsis of Stated and Observed Desirable Features for Housing Options for Older People



Study Findings

All of the people in the study were aware of the importance of appropriate housing for older people in later life if they are to be happy, healthy, safe and independent.

The public participants in the study expressed their pleasure at having the chance to contribute to the consultation as all of them thought that it was a very important issue. They also felt that it was vital that the public should be included in having their say on what they think would be appropriate and desirable for future housing for older people in their community, especially as this housing could be for them, their family or friends.

The service providers were also extremely enthusiastic about being able to contribute their suggestions to the study. They had many good ideas about how housing could be made more suitable for the older people and for them to be able to provide their services more effectively for the older residents they visited.

The overwhelming feeling of both providers and potential residents was that there should be a variety of accommodation options for people in later life to suit their different needs, situations and preferences, i.e. different tenures: rented, owned, leased, affordable social housing, private housing; different types of housing: bungalows, flats, houses; different types of setting such as blocks, cul-de-sacs, streets arranged around courtyards; and accommodating different types of social arrangements: co-sharing, communal, and private.

Many of the desirable accommodation features suggested by the older people in the study relate to space and connectivity, both of which are essential for residents to pursue their self-actualisation needs. The overall preference was for older people to be housed in a community with all of the necessary amenities, but preferably with other older people, not necessarily in a multigenerational situation.

It was also made very clear by all of the responses in the study that it is not just appropriate accommodation (“bricks and mortar”) that is needed for a good later life, there also has to be easy access to an “age friendly” community, with suitable infrastructure to be able to remain in contact with family, friends and relevant services. There also needs to be easy access to “good quality care and support to keep older people out of hospital”.

The working-aged adults and older people and service providers in this study suggested many desirable features for future housing provision for older people, and some were observed in reality on scheme visits. Although some of these features might currently be considered to be a challenge to provide, especially from a resource perspective, they could help to prevent many potential harmful outcomes for future residents. The key “desirable reported and observed features of accommodation for older people” from the study are discussed below.

Key Findings: Desirable Reported and Observed Features of Accommodation

Two Bedrooms

In the study the most frequently mentioned desirable feature for accommodation for older people in later life was a second bedroom.

Although building and maintaining a property with a second bedroom is more expensive, if the following points are taken into consideration the addition of this feature could make personal and economic sense and promote good outcomes.

Although many of the people consulted said that they were worried about the possibility of paying bedroom tax if they had a second bedroom, it was still something nearly every person said they would want in a home for later life for the following reasons:

If the resident had friends and relatives visiting from away they would have somewhere to sleep.

Having friends and family to stay is very important for people who have moved from their community as it ensures that friendships and family connections can be maintained and can therefore help prevent loneliness.

Blaenavon resident, Man 80+: *“I’d have to have at least two bedrooms if I moved for when my sister comes to stay – she can’t sleep on the settee, she’s 87.”*

Somewhere for a partner to sleep if one of the couple is ill or restless thus preventing the other person from sleeping.

Lack of sleep can have adverse effects on health, and can cause confusion, irritability, apathy and an inability to cope. Lack of sleep has also been highlighted as a factor which hinders recovery in older people. (Eds. Kydd, A., Duffy, T., and Duffy, F. 290: 2009)

Gwent Dermatological Group, Woman 70+: *“It is so important to be able to get a good night’s sleep if you have to look after someone who is prone to bouts of bad health.”*

A bedroom where grandchildren can sleep when visiting or being “looked after”.

Key Findings: Desirable Reported and Observed Features of Accommodation

Most older people like having their grandchildren to visit, and many provide unofficial child care services for their own children when they are working or busy. A second bedroom enables this culturally established activity to continue when an older person moves into appropriate accommodation for later life.

The value of childcare contributions that grandparents (50+) make equates to £325 million in Wales per annum. (CHEME 6: 2018)

A room for an unpaid / paid carer to rest in whilst providing care at night.

An ageing population is likely to be accompanied by an increase in the number of carers - who might need somewhere to sleep when performing their caring duties, if the person they are caring for needs round the clock observation / support / care. Supporting these carers by ensuring that they have somewhere comfortable and convenient to rest at night is potentially an effective investment in reducing the pressure on health and social care services.

In Wales, nearly 1 in 3 people over 50 are informal carers. The amount of care provided by unpaid older carers annually saves the Welsh economy an estimated £1.88 billion and is predicted to rise to £2.44 billion by 2030. (CHEME 17: 2018)

Strategic Aim 6 of the Gwent Palliative Care Strategy 2015-2018 is to promote patient choice and facilitate Preferred Place of Care and Preferred Place of Death. It notes that research shows that most people have a preference to be cared for and die at home (Gnomes et. Al. 2013) - hence the necessity for a paid carer or relative or friend to be with the patient continuously in the later stage of their life. This would be made easier if there were a separate bedroom for them to rest in.

The room can provide a space for pursuing hobbies and learning in the home.

Learning can stimulate or maintain mental well-being by providing new challenges and self-fulfilment. Continuous learning throughout life can bring people a range of benefits. Education and training improve mental capital, which in turn can increase resilience in later life. Learning can also help improve physical and mental health, reducing pressure on family and community resources. (Gov. Office for Science, 61: 2016)

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Leisure or interest-related learning can increase life satisfaction and decrease depression in women. (Gov. Office for Science, 68: 2016) One of the strategic aims of “Ageing Well in Wales 2014-2019” is to ensure that the experience of older people in Wales is optimised through continued learning and employment.

It can be used as a work space. Many older people need or want to work – it can help improve and maintain their financial resilience and wellbeing.

Working from home allows people to provide unpaid care for a dependent family member while pursuing a paid occupation. In the future, home-working is likely to become more common. Older people are particularly likely to work from home. In a survey it was found that the percentages of UK workers using their home as a workplace in 2014 by age group were: 5.1% - 16-24 age group; 12.3% - 25-49 age group; 18.3% - 50-64 age group; and 38.3% - 65+ age group. (Gov. Office for Science, 61: 2016). That means that:

Approximately 1 in 5 of older people between the age of 50-64 who work and just over 1 in 3 aged over 65 who are still working work from home.

To enable this work to be more satisfying and to be carried out more efficiently and safely it would usually be better to have a separate space for it i.e. another room away from the daily function of the home.

It allows extra space for the storage of bulky items.

To ensure the living room is as clutter free as possible (thereby preventing accidents) items such as large boxes of continence pads (very often delivered to the home in large amounts on a three or six-month contract), wheelchairs, Zimmer frames, toys for the grandchildren and treasured possessions could be stored out of harm’s way. This could help to prevent accidents such as trips and falls around the part of the home where most of the domestic activity takes place.

Therefore, if we want older owner-occupiers to move into more appropriate accommodation, to enhance their chance of a happy, healthy, safe and independent life, it appears that these properties will need to have two bedrooms to act as “a pull factor”. An analysis of moves by older households in the previous five years (2007-2012) in England within the private sector (rent or owner occupier) shows that 87% moved into a dwelling with two or more bedrooms. (Joseph Rowntree Foundation, 2012)

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Warden or House Manager

Many of the people in the consultation events said they would like to have a warden linked to the scheme if they were to live in one.

Tuesday Luncheon Club, Newport, Woman 80+: *“I would like to have a safe and private home with a warden on site just to check I`m ok now and again – I might fall or anything.”*

On the scheme visits where wardens were present they appeared to be valued and performed a useful function. In the private Independent Living schemes visited it could be seen that the house managers not only managed the effective running of the establishment but offered a lot of informal support to the residents, which they seemed to welcome. In one scheme there were also volunteer “helpers” which seemed to work very well.

All on One Level – Inside and Out

All service providers and members of the various communities stressed the importance of both the inside and outside of homes for older people being all on one level with no steps.

Blaenavon Resident, Woman 73: *“What’s the point in having a purpose built home for an older person – when you have to crawl up a load of steep steps to get to the door.”*

Many residents said the ideal level accommodation would be an easy to maintain bungalow in a flat area. However most of them appreciated that there was not enough building land available for this luxury in every case and said they would not mind the thought of being in an apartment as long as the block was no more than three storeys high, and there was a lift and more than one easy route to the ground floor i.e. a second flight of stairs, in the wake of the Grenfell Disaster.

Living all on one level is a good idea for older people as they are less likely to have slips, trips and falls and if necessary would be able to use a wheelchair and walking aids more easily. Also living in an apartment complex would mean that they would be less likely to be socially isolated.

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Toilets, Wet Rooms and Stair Lifts

All of the service providers and most of the community members in the study considered that if the premises for the older person had more than one storey there should be a toilet and wet room on the ground floor and at the first sign of need a stair lift should be installed.

Tuesday Luncheon Club Member, Woman 60+: *“As long as I had a toilet and one of those walk in wet shower rooms downstairs then I would be able to stay in my own home forever – I could have my bed in my lounge - I wouldn't like a stair lift as they look a bit dangerous to me and I would not want those handrails everywhere - they look messy.”*

The aspiration of having a downstairs wet room fitted in their home to enable them to “stay put” was echoed as a preferred option by many residents who lived in their own two storey homes.

Many of the older people in the study had strong views about the criteria for the design of the toilet facilities in the accommodation. Most considered that it was essential to have two toilets in their dwelling, if the home had two storeys. One toilet should be upstairs and one downstairs. The family carers expressed how useful a “wishy washy” toilet was when looking after a person and providing their personal hygiene care, as this facility allowed the dignity of the person they were looking after to be maintained whilst “saving their back”. It also prevented the patient from falling over whilst standing up to be washed. Many of the older Muslim women stated that they would be very keen on having a “wishy washy” toilet or a bidet in their bathroom for their ritual ablutions.

Most people agreed that having plenty of grab rails at appropriate heights in the toilet and wet rooms and in the rest of the home were an excellent idea to help prevent slips and falls.

Also most were also quite receptive to the idea of having a stair-lift put in their homes. For many people who are attached to their home and community, staying put and having all of the necessary adaptations made to keep them as safe as possible in their “general needs home” might be the right decision e.g. for those living with mild dementia; as the surroundings will be familiar to them and hence easier to navigate and utilise, or older people who have strong social links, facing disability: as this option might help prevent social isolation and loneliness in such cases.

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Bespoke Doors

A number of issues relating to the need for appropriate provision and placement of doors were mentioned.

Some of the district nurses and carers flagged up the fact that they were increasingly having to provide care for bariatric patients, and getting them through doorways for their daily care routines was sometimes extremely difficult. Therefore, they thought it would be better if the doors were wider and also opened both ways, making it easier, for example, to be able to rescue someone who might have fallen behind the door in the bathroom.

A two door system (“Jack and Jill”) was flagged up as a good idea to be used with the “en suite” toilet for the bedroom by an older couple in the study so it could be accessed by visitors when not being used by the resident from the bedroom, and also so there would be less distance to travel to the toilet at night and therefore less likelihood of falling. The “Jack and Jill” concept was also considered a good idea by the healthcare providers as it would be easier to get to the patient should they fall.

The need for the doors to open both ways and to be lightweight so they did not have to struggle with them when they were pushing a wheelchair was also highlighted by one of the elderly carers:

Carer, Torfaen, Woman 78: *“What happens is the fire doors are so heavy and awkward that people wedge them open – then apparently that makes them no good even when they are closed because this loosens their hinges and this can let smoke in if there is a fire. I have asked for a push button opener but that can’t be fitted because of health and safety – but they don’t understand my son is a big man and I find it a nightmare to get him out of the flats unless there is someone with me. Lord only knows what I would do if there were a fire, it worries me.”*

Ensuring safety in emergency situations was considered a priority by many of the service providers consulted:

South Wales Fire and Rescue Services: *“Easy access and egress in case of emergency - easier access for emergency workers and elderly exiting the property.”*

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Adequate Light

Availability of adequate light was a major necessity that was brought up by the potential residents and service providers.

In one of the schemes visited the wet rooms had low level LED lights for finding the way at night if the resident does not want to switch the main lights on. This helps to prevent falling on the hard surfaces in a bathroom.

Very often older people do not want to put the light on at night for fear of waking themselves or someone else up, or because the light switch is not near their bed. In these circumstances it is a good idea to make sure that there is LED low level lighting in the corridor or bathroom to prevent trips and falls.

The inappropriate placing of light switches was an issue that had been brought to the notice of the Emergency Services on many occasions when they had attended “a fall”, along with plug sockets, both of which can be the cause of falls both directly and indirectly.

Welsh Ambulance Service NHS Trust Officer: *“Tripping in dark trying to find light switch – put in nightlights / automatic lighting which comes on when people get out of bed.”*

As people age their eyesight deteriorates and this can have many negative health consequences for them in their home: they are more likely to have accidents such as slips, trips and falls, scalds and burns. Also they will be less able to engage in leisure pursuits e.g. reading and arts and crafts etc. Although extra light does not restore their vision it does make things easier to see. Great care has to be taken with light to ensure that it is not dazzling however, when providing appropriate accommodation for people with dementia, because this can be very confusing for them.

Also it is known that low levels of artificial and natural light can negatively affect both mental and physical health. (Gov. Office for Science 114: 2016) During the day a lot of light can be provided in the home by large windows. If designed appropriately, i.e. low level windows, these can also provide a place for the older person to sit and pass the time and see what is going on in the neighbourhood, giving them a sense of place.

Caerphilly Woman 50 +: *“My mother, who had very bad arthritis used to sit in the window all day just watching what went on in the road - she knew everything that was going on - she was like MI5 - she loved it.”*

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An adequate light supply is also essential when providing health and social care in patients' homes. Many of the District Nurses in the study said how difficult it was carrying out procedures like putting in PICC lines and taking blood from patients in poor lighting conditions, especially where patients relied on low energy bulbs.

District Nurse Newport: *"I have had to use my mobile phone torch app on more than one occasion to see to put a line up or take blood."*

If the person does have sleep problems, then it is best if the LED lights are orange in colour rather than the usual blue colour as the latter tends to wake people up.

In one of the schemes visited which consisted of a terrace of Care Ready dormer bungalows, light was provided to the upstairs landing by a "light tunnel". This system illuminated the stairs from directly above in the day time, helping to prevent slips, trips and falls.

In another scheme there were lights in all of the fitted cupboards and drawers which automatically came on when they were opened – which was proving to be very helpful to all of the residents in the scheme, even those who did not have any eyesight problems.

In their consultation response the police stressed the importance of there being good light outside and at the entrance to the residence, not just as a security feature but again to prevent slips, trips and falls when leaving or returning to the home.

Sufficient Space

Many of the residents said if they were to move they would like to have enough space in their new accommodation for storage and to be able to move around easily. The health and social care providers stressed the need for sufficient space to be able to deliver their care safely, easily and effectively.

District Nurse, Newport: *"You end up having to crawl over boxes of continence pads to check a patient's drip because frankly there is often no other place to store them except in the patient's bedroom."*

Carer, Blaenau Gwent: *"I have known it when we have needed two of us to turn a patient and we could hardly both get in the room it was so small – it's so easy to do your back in in those situations."*

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Sufficient space is an important factor: homes built recently in the UK are smaller than in the past. (Gov. Office for Science, 120: 2016) In comparison with the UK, other Western European countries build larger new homes: for example, an average new home in Denmark, the Western European country with the largest new homes, is 80% bigger than in the UK. (Gov. Office for Science, 137: 2016)

Space is important so the resident can move around freely, maintaining their balancing agility, rather than moving by holding on to the furniture. Also if the resident does have mobility problems and requires mobility aids, there should be enough room in the home for them to be used safely.

People also need sufficient space to be able to receive guests in their home, an important factor in preventing social isolation.

Residents also need enough storage space for domestic and leisure equipment and for their treasured possessions.

Monmouthshire Resident, Woman 60+: *“I would have to have somewhere I could put all of my stuff – otherwise I would not move. That stuff might look like junk to other people but it is very important to me – my children`s teddies, and the things they made for me at school, my husband`s beer mug collection – things like that.”*

One of the social housing Independent Living schemes visited had very large walk-in individual lockable storage cupboards, which was a very popular feature with the residents. However, another Independent Living scheme (private) had hardly any storage facilities at all, a cause of a large amount of discontent amongst the residents once they had moved into the property.

Appropriate Temperature

All of the service providers mentioned that it was essential that any housing provision should be easy and efficient to heat. Many of the older people also stated they wanted a place that could be kept cool in the summer.

Monmouthshire Resident, Woman 60+: *“I`d like a place that was nice and warm in the winter and nice and cool in the summer.”*

It is known that as people get older they are less able to adapt to extremes of temperature. In the UK historically it has usually been low temperature extremes that have affected the well-being of older people, often due to the difficulty of staying warm during the winter months. This may be due to fuel poverty, particularly in rural areas

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where there is a greater reliance on expensive solid fuel. This factor can cause a lot of unnecessary suffering for the affected older people and it contributes to the Excess Winter Deaths which are seen in the older population annually in the UK.

Gwent Police Officer: *“Some older people in the winter months only have a fire on in the one main room (lounge) as they cannot afford to have heat on in the other rooms. This encourages them to sleep on the sofa and not to go to bed. In the long run this contributes to lack of sleep and disruption in the sleep pattern.”*

Also if their home is not warm enough it does not encourage them to move about freely within the home which can have the effect of reducing a person’s mobility due to loss of muscle strength and balance. It is very important that their rooms are kept warm in the winter months. Ideally there should be underfloor heating in the bathroom / wet rooms which can facilitate more comfortable mobility and minimise jerky movements caused by cold patches of floor: this, along with grab rails and non-slip surfaces, could help prevent many of the falls experienced by older people in their homes.

Due to climate change and higher summer temperatures, older people are also experiencing, and are predicted to experience, greater morbidity and mortality as a result of excessive high temperatures.

Heat related deaths are predicted to show an increase from a crude rate of 2.4 per 100,000 in 2000 to a crude rate of 10.6 per 100,000 in 2080.

Cold related deaths are predicted to decrease from 83.9 crude rate per 100,000 in 2000 to 48.7 crude rate per 100,000 in 2080.

PHW Observatory using Health Protection Agency figures in Futures for Wales (52: 2018)

These high temperatures can be reduced in a home if there is good ventilation, i.e. cross ventilation as depicted in the DWELL Speculative Design Plan used in the consultation, and by the use of Solar Protective Glass as used in two of the complexes seen on the scheme visits.

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Outdoor Space and Greenery

Most older people in the study wanted some type of outdoor space, but not all of them wanted to be responsible for a garden: some were happy with an outdoor communal sitting area or a balcony if they lived in an apartment.

Many of the people in the community consultations said that they would be happy with a communal garden or an allotment nearby. “Less than 30 minutes of allotment gardening can result in improvements in self-esteem and mood through reductions in tension and depression.” (Wood, C. and Griffin, M. 336: 2016)

Gardening is a very good form of exercise for older people especially if they are tending to appropriate height raised beds, good examples of which were seen in the court yards of the two Social Housing and Sheltered Housing schemes visited. Laying the accommodation out around a courtyard, as in these two schemes, not only provided greater access to light in the building but provided the accommodation blocks with an outside facility which was shared in the warmer months by most of the residents giving them an opportunity for social interaction.

It is good for older people to go outside as it gives them a chance to meet people and socialise, and enjoy the sunlight for limited periods this can be beneficial for a persons health.

Exposure to daylight is good for people of all ages: it contains Ultra Violet (UV) light which can produce Vitamin D in the body and this helps prevent osteoporosis which can cause brittle bones. It also stimulates the pineal gland in the brain to produce serotonin which is a natural biological mood enhancer and can help prevent depression.

It is important that all older people are encouraged to spend time outdoors so they can reap the benefits mentioned above. Their accommodation must therefore facilitate this.

Carer, 78, Living in Social Housing: *“The flat we live in is meant to be for disabled people and yet to go to the garden you have to go down a thin wibbly wobbly path and then down a step to get to the front lawn outside of our living room window - I can't get the wheelchair down there - so my poor son (who is 52) can never go and sit in the garden.”*

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Newport Resident, Woman 80 +: *“I have a beautiful flat, it’s perfect. I have wonderful views and a balcony to sit on - but the only trouble is I am not allowed to dry my clothes outside, they won’t let me - it’s not right drying your clothes inside - you can get TB from it and I used to love talking to my neighbour out in the garden when hanging the washing out finding out what was going on - she’s dead now and I’ve moved to these flats.”*

Technology and Digital Aids

Digital solutions for safety, security, alarm call systems and monitoring were strongly advocated by many of the service providers and some of the community members – however it was acknowledged that they were only useful if used properly.

Although Information Communication Technology (ICT) and the Internet of Things are not a feature in every older person’s home, it is certain that they will be more prevalent in the future as an inevitable consequence of technological determinism and economic pressures. Although many older people are beginning to use ICT to remain in contact with friends and family e.g. Skype and Facebook, ICT is not a tool used by all older people. In 2014, of the 6.4 million people in the UK (13% of the population) who had not used the internet, 5.6 million were aged 55 and over. (Gov. Office for Science, 223: 2016) This is due to the fact that:

- Many older adults perceive ICT to be a luxury and are reluctant to spend money on items that need continual updates and maintenance. (Gov. Office for Science, 227: 2016)
- Many older adults fear that using ICT will have a negative effect on their sense of privacy and personal security. (Gov. Office for Science, 70: 2016)
- There are also accessibility issues with some types of technology physically, and lack of technological competence can also prevent uptake. (Gov. Office for Science, 70: 2016)

Age Cymru Manager Gwent: *“Some of the older people we help do not have any IT skills and yet everything is done on the internet these days – it really makes them feel inadequate when they have to ask for help with things like filling in forms on line for benefits and housing etc.”*

Although it should be remembered that ICT could lead to the breakdown of traditional forms of social interaction, and is often used to reinforce existing social contacts, rather than to build new ones, (Gov. Office for Science, 70: 2016) communication technology

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can offer one very important benefit to older people in the form of emergency call systems.

Emergency call systems with rapid response were something that most of the people in the study wanted, however, this was usually in the form of a pull cord system.

In all of the schemes visited there were a varied provision of accessible emergency pull cords attached to a Tunstall Hub – in some of the schemes however the residents had to pay extra if they wanted this service activated in their personal accommodation.

Smart home technology can enable remote monitoring of patients, and could turn the home into a place of healthcare, providing residents and carers with a greater degree of flexibility and choice about where the patient receives their healthcare, as providers would be able to provide treatment instructions or advice in the home via technology. Other potential benefits include healthcare professionals providing treatment or advice in the home via technology, lowering the frequency of costly emergency visits and unnecessary hospitalisation.

Although predicting the nature and impact of future technologies is challenging and there is uncertainty about its current cost-effectiveness there is significant potential for future savings in health spending. (Gov. Office for Science, 117: 2016)

Below are some of the key benefits of digital change from a resident's perspective that Meeting Expectations with Digital Care (Appello and Maisling LIN 13: 2018) found in their study:

- **Telecare Apps** - enabling alarms and video calls to be placed from anywhere in a home.
- **Video Door Entry** - adds security as users can see who's outside without having to open the door.
- **Smart Lights** - can be set to automatically turn on / off at certain times, helping to avoid falls, for example when a resident gets up in the night.
- **Smart Blinds and Heating** - introduces convenience for residents, enabling them to be opened or closed with ease from the comfort of anywhere in the home.
- **Video Calling** - reduces loneliness, creating community environments and improving independent living.
- **Voice Activation** - enabling convenience through devices being controlled remotely.

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Apart from the voice activation tools, all of the above were frequently flagged up during community consultation as potentially good technological devices that could be useful in accommodation for older people. However, it was the voice activation devices that were heralded as the way forward especially as a more effective substitute for emergency alert devices, at the last two conferences on older people and housing that I have attended :

Age-Friendly Housing and Communities Conference. Housing & Care 21. Birmingham, 18/10/18.

Live Smart, Live Well - Housing LIN Cymru Symposium. Newport, 7/11/18.

Security

Feeling secure and safe was something that the public thought was an essential part of any desirable home.

Home is commonly associated with protection from both physical threats and mental pressures, a place of privacy. (Osmond, T., 2012)

Many people stated that they would not live in an area where there was a high level of antisocial behaviour as this would put them off going out. This in turn could lead to social isolation, loneliness and mental health problems, as well as a lack of physical activity which could cause muscle wastage and an increased risk of osteoporosis due to lack of exposure to sunlight which in turn is likely to increase the possibility of hip fractures if a fall occurs. This phenomenon is very common amongst older Asian women in the UK.

Police Officer, Newport: *“With older people the fear of crime is a big problem – there is only so much we can do to help with this as we are so under resourced.”*

Sadly, even if older people do not go out due to fear of being robbed or mugged they can still be victims of criminal activity.

Age Cymru Manager Gwent: *“What can happen is an older person who does not go out due to fear or frailty might ask someone they know who comes to their house to provide them with support to do their banking for them. They give them their bank details and card and the person that they trusted to do this (very often paid) task for them they steal money from their account – this can have a devastating effect on their mental health and trust of people.”* Especially as “Home” is commonly associated with protection from both physical threats and mental pressures, and a place of privacy. (Osmond,T., 2012)

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The older people in the study thought that good street lighting in the evening was not only essential to prevent slips, trips and falls, but also to enable older people who had a fear of crime to be less frightened, thereby encouraging them to remain socially active. It could also help to prevent crime itself.

Police Officer, Monmouthshire: *“Security that prevents criminal intrusion to the home can vary a lot with older people: some are very trusting and leave their door unlocked on a regular basis for the carers to make their calls - others won’t even open the door to the police.”*

Many of the participants in the consultation groups thought front door cameras were a good and reassuring idea for older people so they could see who was at the door before they opened it.

It is very important that older residents are not burgled as this often proves to be something that they find hard to put behind them.

The health and social care workers in the study thought that external key safes are a good idea. However, there have been some concerns from older people recently that insurers will charge them more if there is a key safe in use at their property.

At an Independent Living - Extra Care scheme visited, which consisted of apartments, communal spaces and business, the latter two facilities were accessible to both the public and to residents: the security was managed using a “progressive privacy policy” operated by fobs owned by the residents. This fob allows the resident to go anywhere in the block whilst restricting entry by outsiders to certain communal areas without the permission of the management, or entry to the apartments if admitted by residents using an intercom system. These fobs are very easy to use and are helpful for people with manual dexterity problems - unlike traditional keys.

Communal Social Facilities

Most of the people in the study who said they might be interested in moving to accommodation specifically designed for older people, or who thought such a move would be a good idea for other older people, considered that there should be a communal lounge or a “hub” for social activities.

For the study five out of six schemes visited were “under one roof” schemes all of which had a communal lounge which was used for various activities providing varying levels and different varieties of cognitive, psychological and physical fulfilment for the residents, e.g. Residents Committee meetings, art classes, quiz nights, family history lessons, parties, fish and chip suppers, barbecues, Tai Chi, strength / balance exercise classes, film nights.

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The exercise classes are a particularly good idea as there is strong evidence that such activities help prevent falls in older people. The film nights are also very good if the films are from a familiar era for the audience as this can stimulate and help older people with memory loss and communication difficulties to engage in meaningful communication with their peers, which is good for their self-esteem and dignity.

The staff in the places visited with the communal lounges all said they were well used and seemed very popular with the residents for group activities, which appeared to help to prevent social isolation and loneliness.

Although the available evidence base is weak it has been suggested that “offering social activity and / or support within a group format and where older adults are active participants are characteristics of integrative interventions that are likely to be more effective” in addressing issues of loneliness and isolation. (PHW 2017)

Only two out of the five communal lounges visited had a licensed bar. Paradoxically in this setting not having a bar that sells alcohol could be considered to be a bad thing – as it was found that where there was no bar the residents would drink in their own rooms or bring bottles of drink down to the lounge very often to share with others.

Private Independent Living Scheme Resident: Woman 74: *“I`m glad we have not got a bar here it`s so much easier and cheaper having your own drink and not having to go up to the bar all the time... we have some brilliant nights here.”*

It is lovely that older people are enjoying themselves, but it is known that:

- The more accessible, available and affordable alcohol is the more it is likely to be misused.
- Currently older people are less aware than the rest of the adult population of guidelines for safe drinking.
- The older a person gets the less likely they are to be able to detoxify the alcohol in their blood stream.
- Alcohol is a key cause of slips, trips and falls.
- Alcohol is a key contributor to dementia, cancer, high blood pressure and mental health problems.
- Alcohol can interact with medication.
- Alcohol can lead to unfriendly, unsociable and uninhibited behaviour – the social consequences of which are hard to escape from in a semi closed community.

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Also people 65 and over have the highest rates for drinking on five or more days with 24 per cent of men and 13 per cent of women partaking compared to other age groups. (Local Government Association 3: 2018)

Not everyone wants to be involved in prescribed and organised social activities, but it is important that accommodation is planned that will enable residents to have some social contact with other people and not be totally socially isolated. If the accommodation is “under one roof” then the provision of communal features and service utilities can provide this function e.g. gardens, peripatetic hairdressers, beauticians, laundrettes and refuse and recycling collection points.

During the consultation events neither communal laundrettes or refuse / recycling facilities were mentioned as a desirable feature by any of the groups and yet on the scheme visits their popularity as a place to meet neighbours and have a chat was evident

Communal laundrettes

Independent Living Scheme Resident Woman 80+: *“This is where I find out what is going on.”*

In one of the schemes visited there was a communal laundrette which was particularly well designed as it had the washing machines and tumble dryers on a solid plinth, which meant that there was no bending required when loading or unloading the washing machines or tumble dryers, reducing the possibility of toppling over or straining muscles.

The house manager at this site said that the laundrette was the real social hub of the complex, and that because it was visited by all but one person in the scheme it ensured that everyone had some type of natural social contact when they first arrived, which often developed into friendships.

The provision of this facility also frees precious space up in the residents’ accommodation which can be used for storage.

Communal laundrettes will not be suitable for all residents living in accommodation schemes designed for older people, and flexible solutions should be available for such residents e.g. those with dermatological problems and allergies, faecal incontinence or some with phobias or obsessional compulsive disorders relating to cleanliness. However, for many residents of the schemes visited this facility appeared very popular, especially when comfortable chairs and tea and coffee making equipment are provided for the residents.

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Communal Indoor Refuse and Recycling Collection Points.

Where present, these facilities meant that residents did not have to take all of the rubbish outside in the cold and wet. Again the refuse and recycling points were a place for natural social interaction, usually for the men where couples were concerned.

In two of the schemes visited there were refuse chutes for the upstairs residents which meant that they did not have to carry bags of rubbish too far, thus decreasing the risk of slips, trips and falls while preserving their independence and dignity.

Many of the older people in the study who lived in their own homes said that “putting the rubbish out” was something that they often found difficult physically and practically with all of the different recycling requirements.

For some of these older people, living on their own and putting the rubbish out seemed quite a dangerous occupation as many of them had fallen while doing so.

Newport Resident, Woman 83: *“I suddenly remembered it was bin day next day – so I was rushing to get it all done before it started to rain and I tripped and spilt all of the rubbish over the garden and broke both of my wrists – so I then ended up in hospital and was there for weeks because I got a stomach bug when I was there.”*

Pets

Being able to have pets living with them in their home was a very important accommodation requirement for many of the participants in the study.

All of the Community Reablement Team that took part in the study focus groups agreed that pets are really important for some older people as often they were the only companions they had, and gave many older people a reason to get up in the mornings.

Evidence from many psychology studies show that “animals have the potential to contribute significantly to our well-being and quality of life”. (Wells, D. 2011: 172) According to the BMJ “Over 90% of pet owners regard their pet as a valued family member. Pets may be of particular value to older people”. (BMJ 2005; 331: 1252)

A good deal of thought has to be put into an “under one roof” accommodation scheme where some of the residents might want their pets to live with them. It is unfair to inflict pets on residents who are allergic to animals or do not like having pets around e.g. many south Asian people do not like having pets in the home, especially dogs. The participants in the study thought that pets should only be allowed in ground floor flats and not in communal areas and that some schemes available should always be pet free

Key Findings: Desirable Reported and Observed Features of Accommodation

Co-Housing

Although the term “co-housing” was not used by many of the participants in the study the concept was frequently discussed as a viable option.

Very often leading on from debate about what should and should not be allowed in accommodation schemes the concept of “co-housing”, i.e. sharing accommodation with like-minded people who could support each other, was discussed as a positive housing solution for older people.

Speculative Design Engagement Exercise Older Asian Women`s Group “These flats would be good - what we would like, would be say ten of these flats in a block together with a shared washing room and a communal kitchen - for us older women who are widows or divorced, we could all support each other then - it can sometimes be a bit of a strain living with our daughters in law - we would want someone to help us with this we would not know where to begin.”

Care Ready Homes / Lifetime Homes

Many of the people in the study said that if they did move they would want to move to somewhere where they could stay for the rest of their lives if they became ill.

It was thought that if older people were to “move on” then it would be best for them to be able to move to a “Care Ready Home” that had design features incorporated into it which also meant that it was dementia friendly e.g. appropriate lighting and colour schemes, glass doors on cupboards etc. The health and social care providers echoed this, and also said that it would make sense if all new properties were “Care Ready” i.e. hazard free with walls and ceilings constructed to be able to house hoists and tracking, downstairs shower rooms that could be turned into wet rooms, extra wide doors, appropriately placed light switches and plugs, adjustable height kitchens and cupboards and level floors. Such houses could be “grown into” and adjusted as necessary to meet the health and social care needs of the older person, thereby enabling them to receive as much of their care closer to home as possible and avoiding unnecessary hospital admissions. Many had said in the consultations that all homes should be built to such standards i.e. Lifetime Home Design Criteria (Park, J. and Prteus, J. 22: 2018), so that they were ready to cater for many potential situations throughout the life course e.g. the ability to accommodate the use of pushchairs and wheelchairs, convert downstairs toilets to wetrooms etc. to prevent people having to move at different stages in their lives.

Key Findings: Desirable Reported and Observed Features of Accommodation

Provision of Good Quality Health and Social Care Services at Home

The importance of good health and social care services delivered closer to home was acknowledged by everyone in the study.

All of the study participants agreed that if you are to have a healthy later life, as well as appropriate accommodation you might often require care and support when needed due to the fact that as you get older the more likely it is that your health will deteriorate, and at times you might need some extra care and support at home to prevent you from getting so ill that you have to be admitted to hospital for specialised treatment.

Blaenavon Resident, Man 81: *“When you live on your own and you get a bout of illness what you really need is someone to help look after you to get you through the rough patch so you don’t have to go into hospital – once you go in there you’ll never come out – they’ll find all types of things wrong with you – especially at my age.”*

A key issue that was discussed about the provision of health and social care services for older people in their homes was the fact that when the carers/nurses visited the patients they did not spend long enough with them, which was considered a shame because for many of these older people these carers/nurses were the only people these they might see all day. Many of the care providers consulted for the study said that they usually had very busy schedules and that a lot of time was wasted trying to find somewhere to park when going to see the patient. Only a few of the people (however all of the Asian people) in the study flagged up the need for their own parking space, although some did mention parking spaces for visitors. This however was important to the service providers so they did not have to spend time trying to park and then often have to carry heavy bags a long way to the patients home. This plea was also made by the emergency services who said they cannot always get as close as they need to the person’s house when dealing with an emergency.

The provision of easier parking arrangements for service providers might enable the improvement of the quality of care and other services provided to people in their own homes, along with improving the job satisfaction of these service providers.

Key Findings: Desirable Reported and Observed Features of Accommodation

Age Friendly Communities Including Good Public Transport

All of the people involved in the consultation events stated that as well as appropriate housing and care, it was also important that the accommodation should be situated in an area which was dementia and age friendly .

Currently there are many things that hinder this aspiration of age friendly communities locally, especially the built environment and lack of public transport.

After the need for two bedrooms in any accommodation the next biggest issue to be raised by the public and service providers was lack of appropriate public transport – even though the consultation was about appropriate housing provision for later life.

If an older person cannot get out and about locally, they are at risk of becoming “a prisoner in their own home”.

(Inclusive Design for Getting Outdoors 2011)

Usk Resident, Woman 61: “Transport is crucial: what’s the point in having a bus pass if you cannot use it?”

For every £1 invested in community transport £3 is saved.

(CHEME 20:2018)

The lack of appropriate and well maintained pathways, safe pavements and safe road crossings were also raised – these issues prevented many people from going out and walking.

“In the UK, older people represent around 23% of the population, cover 19% of all trips and miles walked, yet account for around 44% of all pedestrians killed”. (Gov. Office for Science 217: 2016)

An associated complaint is the paucity of appropriately placed benches and public toilets.

A Help the Aged study found that:

- 80% of respondents did not find it easy to locate a public toilet
- 78% found public toilets not open when they needed them
- 52% agreed that the lack of provision prevented them from going out as often as they liked

(CHEME 27: 2018)

Key Findings: Desirable Reported and Observed Features of Accommodation

Going out is important for many reasons including providing older people with a way of improving their mental well-being by incorporating “The Five Ways to Well-being” into their daily routine. “The Five Ways to Well-being” also recognises the growing evidence that contact with the natural environment is both a buffer against mental ill health and an enhancer of mental health. (New Economics Foundation:2008)

The Five Ways to Well-being



Connect



Be active



Take notice



Keep learning



Give

Going out also provides older people with a way of being able to improve their physical health by taking exercise: “Older People should aim to be active daily. Over a week, activity should add up at least to 150 minutes (2.5hours) of moderate intensive activity in bouts of 10 minutes or more e.g. 30 minutes on a least 5 days a week”. (The British Heart Foundation 2011)

Getting out and about is very important also for older people to maintain a fulfilling social life and helps to prevent social isolation. The surrounding environment and community where they live should be one that encourages and enables them to get out and stay physically and socially active.

Older People`s Commissioner. Newport (2018): *“What we need are environments that enable people rather than disable people.”*

All of the local authority areas in Gwent are signed up to the Dublin Declaration (Blood, I et. al. 16: 2015), to be WHO Age Friendly Communities (2008), the focal elements of which are illustrated in the WHO Age Friendly Communities logo below.

Key Findings: Desirable Reported and Observed Features of Accommodation



<https://www.ifa-fiv.org/wp-content/uploads/2015/03/2-Dublin-Declaration-on-AFC-2013.pdf>

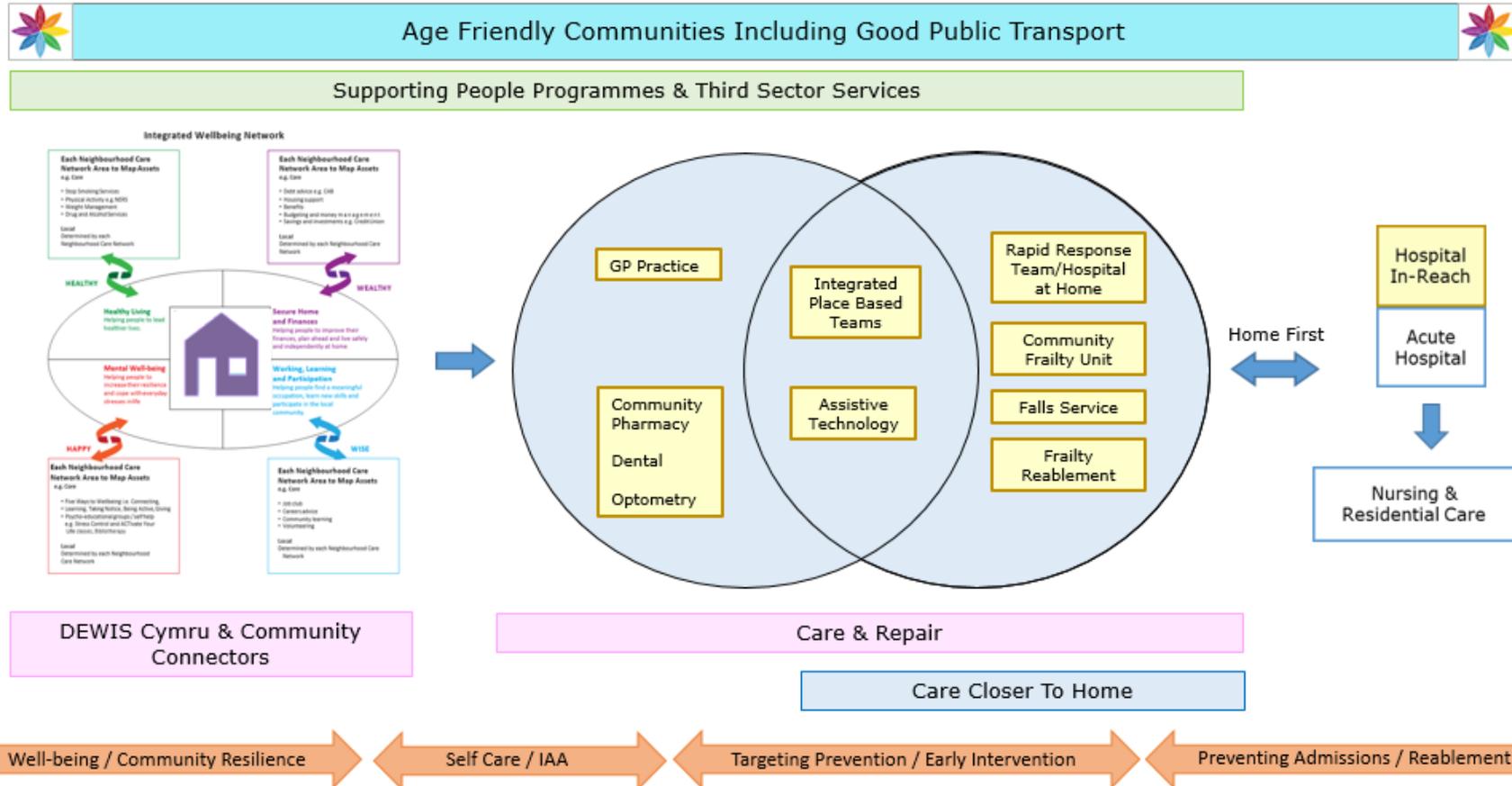
As Wales has a policy of an “ageing in place” approach to housing for our older people (Public Policy Institute for Wales 3: 2015), whether they choose to “age in place” by staying put or “age in place” by moving on to appropriate designed accommodation for older people, it is very important, as highlighted by the consultation, that the community and environment that older people live in is as age friendly as possible, in order to maximise their later life potential.

Many of the older people in the consultation who had stayed put had had adaptations made to their homes by “Care and Repair” and had had help to enable them to stay in their home from Supporting People Services. Both of these services are highly valued by the older people themselves and by other service providers, as they enable many older people to stay in their established home to “age in place”, which is currently very often the preferred option for many older people in Gwent and can very often be the best option for those with memory loss or the first stages of dementia.

The pre-requisites identified in this study that could enable older people to “age in place” and have a happy, healthy, safe and independent later life are illustrated in the diagram opposite.

The Necessary Service Provision to Maintain Health, Independence and Well-being for Older People

 Appropriate Housing for Older People either Lifetime Homes standard if General Needs Housing or HAPPI standards if Specialist Housing



RIGHTSIZING or Staying Put

This section of the study reports on the findings of issues related to older people moving on to (downsizing) or not moving on to (staying put) appropriate accommodation in later life.

There is evidence that “downsizing”, especially to housing with care available, can improve the quality of life, physical health and social well-being of older people.

Unfortunately, not many older people actually do move on, and if they do, they usually do it at the most inappropriate time, i.e. when they become ill or lose their partner or when it is too late to make the most of the new accommodation .

Independent Living Scheme. House Manager: *“It is usually when they are too old to make the most of their new surroundings and be able to socialise and make new friends.”*

The fact that older people don` t usually move on to more appropriate accommodation in a timely manner is illustrated by the following: “In England 85% of homes with three bedrooms or more are released by older people due to death rather than a move to a smaller house”. (Joseph Rowntree Foundation. 2012)

This study, which was predominantly one of private owner-occupiers (approximately 71% overall) over 60 years old, found the following reasons for not wishing to “downsize” in preparation for later life: all of which had been found in other similar studies.

- Attachment to their home (and the possessions in it).
- Perceived loss of identity.
- Not wishing to leave their family, friends and community.
- Do not want to be without their pets.
- Negative connotations of and perception of “downsizing”.
- It`s not for them: it`s something sensible for other older people to do.
- Owner occupiers not knowing that appropriate accommodation is available to them or how or where to get information or help with this.
- Fear of change and the unknown.
- The mental and physical effort of moving.
- Financial reasons.
- Lack of desirable or appropriate accommodation available to move to.

If older people are to move on (downsize) to more appropriate accommodation for later life, then these issues need to be considered and if possible addressed using information, advice and assistance in a very respectful and sensitive way. These issues are highlighted in the following pages.

RIGHTSIZING or Staying Put

Attachment to their home (and the possessions in it)

A home can be considered a place or setting for dwelling, which contains emotional as well as physical elements. Place in its most simplistic form is “a space that people have made meaningful”. Consequently, for home to exist, it requires an emotional attachment from the individual. (Osmond, T., 2012)

Their home was obviously a very important aspect of their lives for nearly all of the people included in the study. They made it clear that home was much more than just a house to live in.

Newport Resident, Woman 60: *“My son was brought home there when he was born and still comes home there - I know there`s no way I could leave that behind.”*

Blaenavon Resident, Man 82: *“My brother and I have lived in our house all of our lives and we still keep the front room just as my mother used to keep it - for best.”*

Loss of Identity

The physical dwelling in which home is created offers a source of personal identity and status. (Osmond, T., 2012)

Blaenavon Resident: Man 60+: *“Houses have memories and partly define who people are.”*

Home can be an expression of one’s identity and sense of self as the notion is a subjective concept, created within the mind of the individual, feeding upon their circumstances and surroundings. (Osmond, T., 2012)

Monmouthshire Resident Woman 60+: *“There`s no way I would want to leave my home, my husband and I have worked hard over the years to get it just as we want it - so much of us has gone into the house - the house is part of us now and we are part of the house.”*

Not wishing to leave their friends, family and community

For many people the social bonds that they have established while living in a particular place can be an overwhelming reason for not wanting to move anywhere else.

RIGHTSIZING or Staying Put

Cwmbran Over 50s Forum Member, Woman 70+: *“I’ve got lovely neighbours all around me - there is no way I would want to leave there because of them - even though I realise my home is not really suitable for me anymore with the stairs and the hill.”*

Do not want to be without their pets.

Most of the housing schemes specifically designed for older people do not allow pets because they can be unhygienic, noisy and potentially a trip hazard, and some people might have allergies to them.

However, for many people this is the reason why they will not move out of their homes into more appropriate older person’s Independent Living or Sheltered Living accommodation schemes.

Newport Resident: *“Having to have your pets put to sleep because they can’t come with you.”*

Many of the participants said that they would be reluctant to move unless they could take their pets with them, so provision of some pet friendly older people’s accommodation is necessary.

Negative connotations and perception of “downsizing”.

Throughout the consultation many themes emerged repeatedly. One was the negative perception of downsizing, not just “conceptually” but also “semantically”, as can be seen from the quotes below. This applied even when the concept was considered a good idea, albeit “for older people” and not often for the person themselves.

Dostana Group, Man 73: *“Downsizing - what down into the ground when you are dead? - that’s the only type of downsizing I want to do.”*

Dostana Group, Man 76: *“Oh dear, downsizing that sounds so negative - it hardly encourages you to think about it in a positive way does it.”*

Gwent Dermatological Group Member, Woman 65: *“I actually think the name (downsizing) makes people feel sad - it’s like they do not need anything anymore as they are not important anymore.”*

If we are to encourage older people to move to more appropriate accommodation so they can be happy, healthy, safe and independent in later life, we need a cultural (i.e. a way of thinking, feeling and behaving) paradigm shift around the perception of moving to more appropriate housing.

RIGHTSIZING or Staying Put

The words we use can have a big effect on the way we feel and think about things and consequently our resulting behaviour. (Williams, N. 129: 2004)

Therefore, I suggest, as I have also seen proposed in some other texts, that “downsizing” should not be used as the word to describe the process of older people moving on to more appropriate accommodation. Instead I would suggest that “rightsizing”, a more positive word, could be used instead.

This semantic change could also be a catalyst for a change of practice in our society and eradicate the prevalent cultural negative attitudes towards downsizing for older people. This could lead to a change to people moving on at the right time, and not in a crisis. This would enable them to make a more positive informed choice about their move if they were provided with all of the relevant information, advice and assistance they needed at the time, which would hopefully increase the chance of their move being a positive experience with a positive long-term outcome.

Downsizing = No choice of action (reactive move) + wrong time + not necessarily the right place = less chance of a positive experience and outcome.

Rightsizing = Right choice of action (proactive decision) + right time + right place = a greater chance of a positive experience and outcome.

A small impromptu focus group discussion was held with 8 ABGPHT staff, the demographic profile of which can be seen below, to discuss their thoughts on adopting the use of the term RIGHTSIZING (see table below).

Focus Group – ABGPHT Participants Discussing the use of “Downsizing Vs Rightsizing”

Woman	Age	Owner Occupier	Type of Accommodation
1	57	Yes	Semi Detached House 3 Bedrooms
1	53	Yes	Detached House 4 Bedrooms
1	32	Yes	Detached House 4 Bedrooms
1	59	Yes	Semi Detached House 4 Bedrooms
1	51	Yes	Terraced House 3 Bedrooms
1	57	Yes	Semi Detached House 3 Bedrooms
1	63	Yes	Detached House 4 Beds
1	38	Yes	Terraced House 4 Bedrooms

RIGHTSIZING or Staying Put

The word RIGHTSIZING was considered unanimously by the group to be better and far more suitable than “downsizing” for encouraging older people to consider moving to appropriate accommodation for later life.

Woman 63: *“The word “down” itself does not have many positive associations at all, whereas right usually does apart from things like blood pressure or inflation.”*

Woman 52: *“Down is bad - and right is the right thing to do!”*

Although the findings from this informal and impromptu focus group cannot be considered to be robust, as there were many caveats relating to the selection criteria for the task, they can be used as an indicator that the above suggestion has some validity.

Also it is fair to assume that a lot of research went into the choice of the word in the marketing strategy for a very successful private accommodation supplier for older people - which supports the argument about the linguistic value of the word **“RIGHTSIZING”**.

McCarthy & Stone
***Lifestyle Living - low maintenance, properties
intelligently designed to maximise space and light
not about compromise it`s about rightsizing - forget
the burdens of a large family home***

It`s not for them, it`s something sensible for other older people to do.

Most people in the study thought that rightsizing was a very good idea for older people - but not for them.

For many of the older people involved in the consultation, they were not doing anything about rightsizing because they do not like to admit to themselves that they are getting older - like other people.

Newport Resident: Man 64: *“I don`t want to think about moving... as it makes you realise this is the end part of your life.”*

RIGHTSIZING or Staying Put

Unfortunately, if they do not think about and plan for their accommodation for older life at a younger age, and choose between “Rightsizing” or “Staying Put” with the necessary adaptations in place, the chances are that they might have to move at a time when they are dealing with other unpleasant issues such as bereavement or illness in their lives. It is therefore prudent to encourage people to start thinking about this future health promoting measure.

The MECC (Making Every Contact Count) approach could be used by trained service providers who come into contact with middle aged and older people, to provide information and advice to enable people who could benefit from a move to appropriate accommodation for later life to contemplate the possibility of RIGHTSIZING. As part of this MECC approach the individual could then be signposted to a service that provides information, advice and assistance for Rightsizing.

As Lorraine Morgan, Independent Ageing Consultant involved in the production of the Welsh Government’s AGEnda study, pointed out in a meeting held to inform this study (Newport ABUHB April 2018): “Care and Repair are brilliant with the services they provide to older people in their homes and will chat to them about the advantages of moving to more appropriate housing if they can see the older person is beginning to struggle in their home – the Care and Repair staff usually have very good relationships with their clients and are trusted by the older people so they usually listen to what they say”.

Owner occupiers not knowing that appropriate accommodation is available to them or how or where to get information or help with this.

As Dr. Sarah Hillcoat-Nalletamby (Public Policy Institute for Wales, 2: 2015) points out:

“The majority of people over 65 in Wales are home-owners - the likelihood of moving in later life decreases as we age, and is primarily in response to changing needs for support, or anticipated events such as loss of a partner or the onset of illness. The increase in the likelihood of residential relocation around the pre-retirement phase in Wales could provide a window of opportunity for intervention or prevention programme initiatives, and broaden options and choices for ageing in place (‘staying put’) or relocating (‘moving on’).”

Many of the owner occupiers in the study thought that only people living in social housing were entitled to social housing designed specifically for older people. Also many thought they were not entitled to Care and Repair services.

RIGHTSIZING or Staying Put

They also said they would not know how to go about being considered for older people's accommodation.

Newport Resident, Man 50+: *"People are unsure how to access information and advice."*

And with the people that were aware that they could access more appropriate accommodation to live in, there was an overall feeling that it is a difficult process.

Newport Resident, Woman 70+: *"Experience can dissuade people from attempting – long time required, poor customer service, complex systems."*

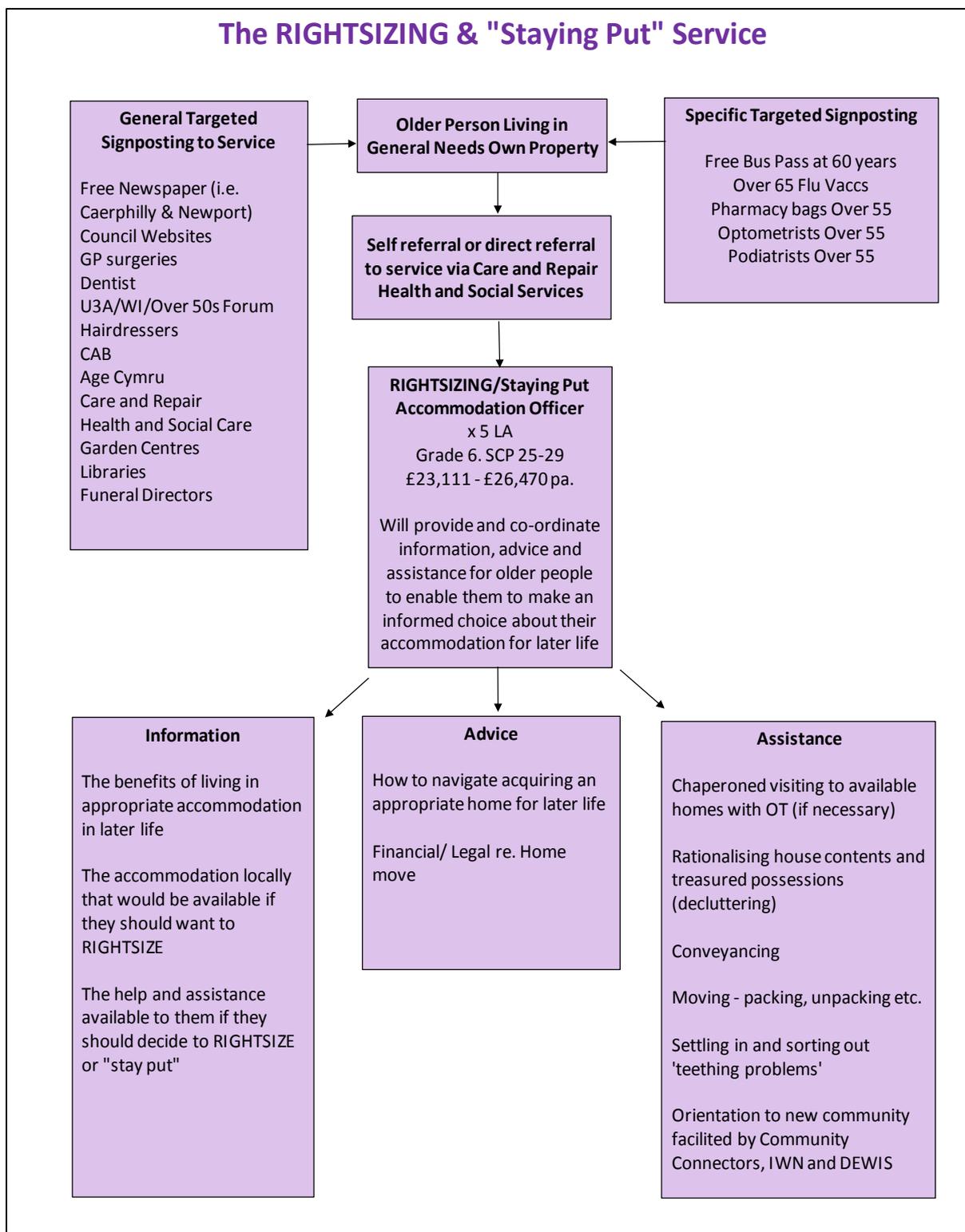
To address this issue, a service could be set up in every local authority area to inform, advise and assist clients who had self-referred or had been referred by other service providers involved with the older person's well-being. An outline of the proposed **RIGHTSIZING or Staying Put Service** can be seen overleaf.

To encourage referrals to the service, MECC (Making Every Contact Count) techniques could be used to encourage the client "to make the healthy choice" i.e. move to appropriate accommodation for later life as mentioned above.

The proposed "RIGHTSIZING and Staying Put Service" could also be advertised to the target cohort using the following methods:

- Information leaflets in prescription bags of over 55 year olds.
- Information leaflets given to over 55 year olds by podiatrists or in waiting rooms.
- Information leaflets given to over 55 year olds by optometrists or opticians.
- Information leaflets in libraries, leisure centres, garden centres, bingo halls, public houses, cafes, hairdressers, GPs, dentists etc.
- Information provision to 60 year olds when collecting their bus passes from their designated Local Authority. This could produce a steady flow of interested clients as can be seen from the table below of "Population estimates by local authority area and age".

RIGHTSIZING or Staying Put



RIGHTSIZING or Staying Put

Population estimates by age for each local authority area of the Gwent Region in Mid 2017

Local Authority Area Mid 2017	Aged 59	Aged 60	Aged 61	Average number people reaching their 60 th birthday	
				per year	per month
Blaenau Gwent	852	889	820	854	72
Caerphilly	2,224	2,276	2,153	2218	185
Monmouthshire	1,309	1,344	1,222	1292	107
Newport	1,770	1,697	1,535	1667	139
Torfaen	1,233	1,109	1,094	1145	95

<https://statswales.gov.wales/v/DvGF> - accessed 28-08-2018

- Information provision at flu vaccination sessions for 65 year olds and over. As the flu vaccine is given in the autumn and winter there might be less interest in considering moving at this time of the year. However, there would be a big cohort of people receiving information about the service in each local authority area by this method, so even if only a small proportion of this group were to access the service this could still yield a large uptake.

Summary of flu immunisation uptake in Gwent general practices for ages 65+. 2017/18

Local Authority Area	Denominator	Immunised	Uptake %
Blaenau Gwent	14,313	9,491	66.3%
Caerphilly	36,265	24,273	66.9%
Monmouthshire	24,104	17,701	73.4%
Newport	26,507	18,856	71.1%
Torfaen	18,997	13,570	71.4%
Total	120,186	83,891	69.8%

RIGHTSIZING or Staying Put

All of these proposed targeting methods have been discussed with the relevant professionals and with a certain amount of effort and in line with “The Five Ways of Working” (Well-being of Future Generations (Wales) Act 2015) would be achievable and could be effective.

The information, advice and assistance about RIGHTSIZING or Staying Put needs to be given by a person who is knowledgeable about the benefits of “rightsizing” for older people, the current housing market / stock of appropriate accommodation for older people, the legal and financial implications, and be able to describe to the client the services available, to help them to enable the client to make an informed choice. They would also need to be fully empathetic to the clients they work with, as for many people RIGHTSIZING or having adaptations made to their home might be a frightening physical and emotional ordeal that they would rather not have to deal with. So they might need to be emotionally supported and kept motivated throughout the whole process.

The assistance that might be necessary to help a person to RIGHTSIZE is:

- Letting the person know realistically what is available on the market for them to rent, lease or buy that might be appropriate for their needs i.e. “Best Matching”.
- Taking them to view the property, with an occupational therapist if necessary.
- Assisting with the financial and legal transactions of the home sale and new contract.
- Helping and supporting the client to de-clutter if necessary.
- Help with moving out of their home and moving in to the new place, hands-on if needed rather than just sorting out the logistics.
- Support with the orientation and operating of the new home at the client’s pace.
- Providing information about the new location and arranging for a community befriender to visit or meet up with the new client if they wish.

RIGHTSIZING or Staying Put

Fear of change and the unknown

Many of the older people in the study said they would not want to move because they did not know if they would like their new home or their new neighbours.

It is very important that older people are happy in their home because “it has been estimated that people aged 70 and over spend 80% of their time in their home or in the near vicinity”. (Phillipson, C. 2015)

Monmouthshire Resident, Woman 60+: *“Feeling comfortable and relaxed in your own home – might not be like that in new place.”*

Newport Resident: *“You need familiarity as you get older.”*

Blaenavon Resident, Man 60 +: *“What people have is known: what is on offer is full of potential risks.”*

Hopefully if the right choice of accommodation in the right community is made with help from a RIGHTSIZING Officer, then the older person will be able to realise the benefits of moving to appropriate accommodation for their future needs.

The mental and physical effort of moving

Moving is physically and psychologically hard work for most people and especially so for older people.

Newport Resident: *“People get tired as they get older, it’s a big disruption and too much effort.”*

Older people have less appetite for change and are physically weaker than younger people. Also during their lives, they have usually accumulated many “precious” possessions which need to be sorted out before moving into a place which is usually smaller than the one they are moving from.

Sorting out and rationalising possessions for a move was considered a big barrier to moving.

Newport Resident: *“Not enough support to help you move, declutter etc.”*

This type of help could potentially be organised by the RIGHTSIZING Officer.

RIGHTSIZING or Staying Put

Financial reasons

The actual process of moving, regardless of the price of the new property, usually costs a significant amount of money: removal vans and connection costs etc. and if the move involves selling or buying properties there are also legal costs. These costs are usually compounded by redecorating or refurbishment, which many people undertake to make the home feel that it is their home. These costs were a frequently mentioned reason for not moving.

Cwmbran Over 50 Forum Member, Man 70+: *“Even if I wanted to move I could not afford it with the solicitor fees and all the hidden costs that come out of nowhere.”*

Although many older people might own their own home and therefore be “equity rich” they may well not have access to expendable cash. Also those who bought their home under the “right to buy scheme” in the 1980s are increasingly in the position where their properties are coming to the age where they need a lot of maintenance and have to deal with a big financial burden and yet still do not have a home that is suitable to live in in later life. Many older people post retirement age do not have the same flexibility of financial options that a younger person might have, i.e. their pensions are usually a fixed income and it is difficult for them to borrow money, unless they do it through an equity release loan against their property. However, many older people like to hold on to their property so it can be passed to the next generation so many remain in a home that is not suitable for their ageing needs.

Lack of desirable or appropriate accommodation available to move to

Unfortunately, this complaint was mentioned repeatedly throughout the study. There is some evidence to support this from some of the housing associations in Gwent who have claimed that they have many “voids” in their accommodation stock that could be suitable for some older people. There are some accommodation schemes for older people in Gwent that are extremely popular, and what is needed is more of these, especially with the anticipated increase in the older population in the future. Also many of the public in the consultations made it clear that all housing built should be of a good standard and structurally flexible to the residents needs so they would not have the upheaval of having to move in later life.

Finally

For people to be able to RIGHTSIZE at the right time there must be enough appropriate housing options available to them in the right place. Also, once living in the right place, in order to fully maximise their health and well-being in later life it must be remembered that it is not just the provision of appropriate housing that is necessary to achieve this ideal: service providers need to work together to ensure that the necessary services and environments are provided to maintain independence and well-being for older people in their own homes so they can happily “age in place” and have the chance to maximise their “longevity dividend”.

Recommendations

The demographic, epidemiological and economic information in this study, along with the Welsh Government Regional Affordable Housing (needs mapping) Study, which is to be undertaken in 2019, should be used to help justify additional resources for the provision of sufficient appropriate housing for older people in Gwent.

The findings of this study should be used to inform accommodation design and surrounding infrastructure provision, to achieve appropriate and aspirational housing solutions for older people to enable them to live happily, healthily, safely and independently in later life.

Any new accommodation built for older people in Gwent should aspire to HAPPI design principles and be 'Care Ready', and a significant proportion of general needs housing constructed should be built to Lifetime Home standards, in preparation for older people in the future.

The future possibilities for use of assistive technology in older peoples accommodation should be investigated to ensure ways of maximising health and well-being outcomes for residents, and efficient use of resources for service providers.

All accommodation built specifically for older people should have at least two bedrooms and easy access both inside and out, lots of light and space, be safe and secure, be easy to maintain and to keep at a comfortable temperature, have some outside space, allow pets if possible, have a convenient parking space for visitors and care providers, and be situated in Age Friendly Communities which facilitate connectivity with good quality care and support available closer and in the home when needed.

Ensure that the community infrastructure is "age friendly" and encourages older people to go out and about e.g. "Section 106 monies" could help fund public toilets, benches, bus shelters with seats for good public / community transport.

To add to the good work that is already being performed by the voluntary and statutory sector, (e.g. Care and Repair, WAST / ABUHB Falls Response Service, Community Reablement Teams, the Royal Gwent Hospital Discharge Co-ordinator Team, Age Cymru Hospital Discharge Scheme, Gwent Supporting People, Home First), a range of good quality housing support services, domiciliary and social care support should be available either permanently or at specific times, to enable older residents to stay happily and safely in their home when chronically ill, or to return to their home as soon as possible after a hospital admission.

Facilitate, at pace and scale, a standardised recruitment and accredited programme for care and support workers across Gwent, to enable their older residents to stay in their own homes when ill or frail if they do not clinically need to be hospitalised.

Recommendations

Standardized training should be provided to all housing service providers and support workers on falls awareness prevention and bone health, sight loss, dementia, mental health and alcohol misuse, all of which are significant health issues that need to be addressed when promoting positive outcomes through appropriate and effective service provision for older people.

Encourage the use of the positive word “rightsizing” instead of the negative word “downsizing” for the concept of older people moving on to more appropriate accommodation for later life.

As members of the population become older, they should be encouraged by health, social care, housing, and third sector workers, using MECC (Make Every Contact Count) techniques to think about their future housing needs and to find out the options available to them from a non-profit making, reliable source of information.

The option and feasibility of having a RIGHTSIZING / Staying Put for Life housing service in each Local Authority area should be explored. This would provide older people with information, advice and assistance to enable them to choose the best accommodation solution for their later life, thereby enabling them to take some responsibility for their own accommodation-related future health and well-being.

A standardised graduated scale of disability provision should be displayed when advertising potential homes to clients, i.e. a one to five wheelchair symbol system, to allow carers or disabled people to make appropriate choices for viewing properties.

The adoption of the “Best Match” accommodation allocation scheme throughout Gwent should be considered.

Measures need to be taken to ensure that community and other stakeholder engagement and consultation is performed at every stage of housing provision for older people in Gwent, including the design stage, in the planning process, for health impact assessments, post-occupancy evaluations and on the very sensitive occasions when re-housing has to take place due to closure or demolition of social housing schemes where older people live.

Building on the good relationships within the Gwent Health, Social Care and Housing Partnership, ensure sufficient training is provided within each sector at all levels regarding the function and duties of the other two sectors to enable the three sectors to work efficiently and symbiotically together, so that appropriate health, social care and housing solutions can be delivered to the older person “seamlessly”.

Recommendations

The possibility should be investigated of the partners of the Health, Social Care and Housing Partnership sharing, donating or making easily available to their partner organisations information, resources, assets, and infrastructure that will benefit the agenda of providing sufficient appropriate accommodation for the older population in Gwent, e.g. using land for providing various Independent Living options and sheltered or extra care accommodation schemes.

The Gwent Health, Social Care and Housing Partnership should maintain good links with the Housing LIN as they are an excellent source of good quality information and resources for addressing the needs and aspirations of older people and accommodation.

Consideration

Rather than the use of the word “Independent” which is frequently used when discussing future housing needs for older people, using the word “Interdependent” might be more appropriate. We do not want older people to be functioning on their own in social isolation, instead we would like them to be using their Longevity Dividend to be full giving and taking members within their families and communities.

Glossary

Ageing population	Rise in the median age of population.
Excess winter deaths	Deaths directly related to cold weather in people who generally have underlying health problems but would not be expected to die during this period. It is calculated by comparing the average number of deaths during the winter period (December to March) with the average number of deaths during the preceding August to November and the following April to July.
Frailty	An elevated risk of catastrophic declines in health and function, usually among older adults.
General needs housing	General needs housing applies to general family housing and dwellings for singles and couples. The accommodation is normally provided in self-contained bungalow, house, flat or maisonette form.
HAPPI	Design principles/recommendations for older peoples housing from the Housing our Ageing Population Panel for Innovation Report 2009
Healthy life expectancy	The average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born, applied throughout their lives.
Inclusive design	Design aiming to enable everyone to participate equally, confidently and independently in everyday activities.
LED lights	Super energy efficient lights, using approximately 85% less energy than halogen or incandescent lighting.
Life expectancy	An estimate of the average number of years a person can expect to live based on the year of their birth, their current age and other demographic factors including gender. The estimate assumes that current mortality rates for the area in which they were born applied throughout their lives.
Lifetime Homes	The Lifetime Homes Standard is a series of sixteen criteria intended to make homes more easily adaptable for lifetime use at minimum cost. www.lifetimehomes.org.uk/index.php

Glossary

Longevity Dividend	The sum of health, social and economic benefits that result from slower aging.
Old Person	Welsh Government – 50 and over Housing system – 55 and over The Older People’s Commissioner – 60 and over Dept. of Work and Pensions - 65-67 (depending on birth year) and over NHS - 65 and over
Owner occupier	Accommodation that is lived in by the person who owns it outright (or is paying for it with a mortgage).
PICC line	Peripherally Inserted Central Catheter i.e. a long, thin, flexible tube called a catheter. It is used to administer chemotherapy and other medicines.
Resilience	An individual’s successful adaptation and functioning in the face of stress or trauma. Psychological resilience is that feature of a personality that allows an individual to bounce back.
Smart home	A dwelling incorporating a communications network that connects the key electrical appliances and services, and allows them to be remotely controlled, monitored or accessed.
Social care	A range of services to help people maintain their health and independence in the community including home and personal care, day services, respite care and residential and / or nursing care.
Social housing	Housing owned by local authorities and private registered providers, for which guideline target rents are determined through the national rent regime.
Specialised housing	A group of dwellings intended for older people and served by a resident or non-resident warden / scheme manager with specific responsibility for the group.
Telecare	Remote care, usually using a network of sensors throughout a property to react to untoward events and raise an alarm automatically.
Tele-monitoring	The use of information technology to monitor patients at a distance.
WHO	World Health Organisation

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APPENDIX 1

Literature Search

Topic: Housing and older people	
Question What literature is available on the housing needs of older people and the impact that good housing has on their health, wellbeing and its role in supporting other determinants of good health?	
For: Julia Osmond,	
By: Isabel Puscas, Evidence Service, CQ2	
Date: 13 th October 2017	
Updated:	
1.Methodology	
Search terms:- Keywords, Free text	Elderly Pensioners Senior friendly Home Housing needs Living conditions
Database subject headings:- Embase	Accommodation Housing Health Independence Independent living "Quality of life" Wellbeing
Social Care online	Housing Older people Ageing Needs

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	Housing conditions Independent living Planning Quality of life Wellbeing Health
Limits	
• Publication types	Exclude: editorials, letters,
• Study design	All
▪ Language	English
▪ Dates covered	2000-February 2017
▪ Geographical location	UK
• Setting	
• Population group	
Filters	

2. Sources	
(i) Core databases	Date searched
BNI	
CINAHL	
Cochrane Library	
CRD databases	
Embase	10/10/2017
HMIC	
Library catalogue & knowledge base	

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Medline	
NHS Evidence	
NICE	
PsycINFO	
Public Health Wales Document database	

(ii) Other sources	
Databases	Date searched
Social Care Online	5/10/2017
Websites	

(iii) Topic specific websites	Date searched
Age UK	6/10/2017
Chartered Institute of Housing	6/10/2017
Housing and Ageing Alliance	9/10/2017
Housing Lin	9/10/2017
National Housing Federation	6/10/2017

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(iv) Meta search engines	Date searched
Google/Google Scholar	

Reports

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Available at: <https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2016/reports/Fendt-Newlin-et-al-2016-Living-well-in-old-age.pdf> [Accessed: 10th Oct 2017]

Age UK (2014). ***Housing in later life.***

Abstract: This report outlines some of the challenges and opportunities for older people's housing with recommendations for action. One key action is to make sure that older people themselves are at the forefront of the housing debate. Offering control, independence and housing solutions that fit with changing lifestyles and aspirations is essential. To help do that, we need to deal with the risks and unpredictability that often undermine new housing developments.

Available at: <http://www.ageuk.org.uk/Documents/EN-GB/Political/Age%20UK%20ID201813%20Housing%20Later%20Life%20Report%20-%20final.pdf?dtrk=true> [Accessed: 6th Oct 2017]

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Abstract: Good housing is essential to health and wellbeing. It also plays a crucial role in supporting other determinants of good health such as educational attainment, employment prospects and social interaction. There is a strong case to be made for prevention through core housing improvements. This briefing note adds to our wider understanding of the close relationship between poor housing for older people and demands on NHS care. It builds on the previous publication by BRE (The cost of poor housing to the NHS) and provides much needed evidence that can be used by local government and health services in respect of older people. It is very relevant to the preparation of Joint Health and Wellbeing Strategies, through using this new information to help build a strong cross-agency housing dimension to health plans and for understanding the returns on investment that can be made across sectors.

Available at: https://www.bre.co.uk/filelibrary/Briefing%20papers/86749-BRE_briefing-paper-PHE-England-A4-v3.pdf [Accessed: 10th Oct 2017]

BRE. (2017). **The cost of poor housing to the NHS**

Abstract: Based on the 2011 English Housing Survey and 2011 indicative NHS costs, the paper widens the definition of 'poor housing' to include all 'sub-standard' housing. It also provides an updated estimate of the cost of poor housing and provides readers with the economic justification for investing in improving the existing housing stock. This briefing containing the improved and revised estimates, include in the calculations for the first time both category 1 and 2 hazards and are particularly important. The focus on improved data on excess cold is vital at a time when there have been delays in the publication of regulations under the Energy Act 2011 concerning energy efficiency standards in the private rented sector.

The new information presented in Table 4 places the costs to the NHS of substandard housing into the context of other common health hazards - and suggests that the quality of people's housing has a similar impact on health as does smoking or alcohol.

Available at: <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf> [Accessed: 10th Oct 2017].

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Dementia Care. (2015). **Housing options for people with dementia**.

Abstract: Dementia Care has developed a model of small group, independent supported living for people with middle to late stage dementia and, in most cases, through to end-of-life. This is an alternative to a residential care home and for more people, negates the need to move to a nursing home for end-of-life care.

Available at: <http://www.dementiacare.org.uk/wp-content/uploads/2015/08/Housing-options-for-people-with-dementia.pdf> [Accessed: 10th Oct 2017]

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Housing Lin (2014). **Safe, warm, decent housing for older people – why it really matters.**

Viewpoint 64.

Available at:

https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint64_TonyWatts.pdf [Accessed: 9th Oct 2017]

Institute for Public Policy Research. (2014). **For future living. Innovative approaches to joining up housing and health.** Newcastle Upon Tyne: IPPR North.

Abstract: This report outlines a range of possible policy measures designed to ensure that the current and future stock of housing for older people is more effectively focussed on supporting their health requirements.

Available at: https://www.ippr.org/files/publications/pdf/for-future-living_Oct2014.pdf [Accessed: 6th Oct 2017]

Local Government Association. (2017). **Housing our ageing population. Learning from Councils meeting the housing need of our ageing population.** London: Local Government Association.

Abstract: The suitability of the housing stock is of critical importance to the health of individuals and also impacts on public spending, particularly social care and the NHS.

This report sets out in more detail what is required to meet the housing needs and aspirations of our ageing population drawing on work by councils that already have a clear vision and/or are seeking to achieve this objective.

Includes case studies

Available at: https://www.local.gov.uk/sites/default/files/documents/5%2017%20-%20Housing%20our%20ageing%20population_06_WEB.PDF [Accessed: 6th Oct 2017]

National Housing Federation. (2011). **Breaking the mould.** London: NHF.

Available at: <http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Breaking-The-Mould.pdf>

Accessed: [6th Oct 2017]

National Housing Federation. (2017). **On the pulse: How housing is critical to better health and social care for older people.** London: NHF.

Abstract: This report explores how housing associations can work with health and social care commissioners to enable older people to manage changes in their health, to maximise independence and reduce the need for more costly care and support. It features analysis and six innovative case studies spanning support for patients with dementia, telecare, home from hospital services, short-term intermediate housing and end of life care.

Available at:

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/OnThePulse.pdf>

[Accessed: 6th Oct 2017].

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Available at:

https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/housing_needs_and_aspirations_of_older_people.pdf [Accessed: 6th Oct 2017]

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Studies

Ceci C, Purkis ME & Bjornsdottir K. (2013). **Theorizing accommodation in supportive home care for older people**. *Journal of Aging Studies* 27(1): pp: 30-7

Abstract: This paper examines the issue of what thinking is necessary in order to advance a notion of accommodation in the organization and provision of supportive home care for older people.

Accommodation in this context is understood as responsiveness to the singularity of older adults, and we consider how this idea might be used to support opportunities for (independent) living for elders as they age and become frailer. To elaborate the question we draw on examples from our empirical work - ethnographic studies of home care practice undertaken in Canada and Iceland - and consider these examples in light of critical philosophical and social theory, particularly Agamben's (1993) work, *The Coming Community*. This is a relevant frame through which to consider the potential for the accommodation of the unique needs of older adults in home care because it helps us to problematize the systems through which care is accomplished and the current, dominant terms of relations between individuals and collectives. We argue that giving substance to a notion of accommodation contributes an important dimension to aligned ideas, such as patient-centeredness in care, by working to shift the intentionality of these practices. That is, accommodation, as an orientation to care practices, contests the organizational impulse to carry on in the usual way

Cochrane A et al. **Home-care re-ablement services for improving and maintaining the functional independence of older adults: A cochrane review**. *Irish Journal of Medical Science.Conference: 62nd Annual and Scientific Meeting of the Irish Gerontological Society, IGS 2014.Galway Ireland.Conference Publication: (var.pagings)*, 183 (7 SUPPL.#1), September

Abstract: Background: The cost of long-term care for people aged over 65 years living in OECD countries is expected to double or even triple by 2050. Therefore, many developed countries have actively promoted a shift from residential to home-based care as a potentially more effective and financially sustainable approach to meeting the health and social care needs of older adults. Importantly, most older people prefer to "age in place", and, therefore to remain in their own homes for as long as possible, provided they have appropriate levels of support to meet their (changing) needs. 'Re-ablement' represents one innovative approach to home-care provision. The focus is on a reorientation away from treating disease and creating dependency to maximising independence by offering intensive and time-limited (typically 6-12 weeks duration), multidisciplinary, person-centred, and goal-directed home-care services Methods: A systematic review of randomised controlled trials, cluster randomised trials and quasi-randomised controlled trials of 're-ablement' when compared to 'usual domiciliary care' or wait-list control group. The primary outcomes are: (1) functional status including independent living, and ability to complete activities of daily living; and (2) adverse events

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including mortality and hospital (re)admission. Results: The preliminary results of the review, albeit with only a limited number of trials included for analysis, suggest that the intervention appears to reduce the need for ongoing social care. Further analysis is ongoing. Conclusions: Whilst several previous Cochrane reviews have examined a range of home-based programmes, there has not as yet been a systematic review that has specifically focused on the effectiveness of 're-ablement'-based interventions. In the absence of appropriate evidence, important questions about the effectiveness and costeffectiveness of these types of interventions remain unanswered. Thus, this review will address an important gap in our knowledge

Connolly S. (2012). **Housing tenure and older people**. *Reviews in Clinical Gerontology* 22(4): pp: 286-92

Abstract: Housing tenure takes a variety of forms, the most common of which are rental and owner-occupation. Currently, in the United Kingdom (UK), approximately 70% of older people live in owner-occupier properties, with the majority of the remainder renting from a public or private landlord. Research has consistently shown higher levels of morbidity and mortality among renters compared with owner-occupiers. However, it is unclear whether this is due to tenure acting as a proxy for other indicators of socio-economic status, such as income, which directly influences health, or whether other characteristics associated with tenure, including housing quality and location, explain the association. Untangling these competing influences of tenure on health is important, as it may provide clues on tackling health inequalities at older ages. Tenure too, appears to be related to the risk of long-stay care admission, with owner-occupiers significantly less likely to leave their home than renters; more work is required to identify why this is the case, as it may provide some insights on facilitating ageing in place.

Ekstrom, H, Schmidt SM & Iwarsson S. (2016). **Home and health among different sub-groups of the ageing population: a comparison of two cohorts living in ordinary housing in Sweden**. *BMC Geriatrics* 16: 90.

Abstract: BACKGROUND: At present a majority of older people remain in their ordinary homes. Research has generated knowledge about home and health dynamics and increased the awareness of the complexity of housing as related to ageing. As this knowledge is based mainly on research on very old, single-living people in ordinary housing there is a need to study other sub-groups of the ageing population. Thus, the aim of the present descriptive study was to compare a younger old cohort with a very old cohort living in ordinary housing in Sweden in order to shed new light on home and health dynamics in different sub-groups of the ageing population. METHODS: Cross-sectional study of two population-based cohorts: one aged 67-70 years (n = 371) and one aged 79-89 years (n = 397) drawn from existing Swedish databases. Structured interviews and observations were conducted to collect data about socio-demographics, aspects of home, and symptoms. Besides descriptive statistics we computed tests of differences using the Chi-squared test and Mann-Whitney U-test. RESULTS: Accessibility was significantly lower in the very old cohort compared to the younger old cohort even though the former were objectively assessed to have fewer environmental barriers. Those in the very old cohort perceived aspects of their housing situation as worse and were more dependent on external influences managing their housing situation. Although a larger proportion of the very old cohort had more functional limitations 22% were independent in ADL. In the younger old cohort 17% were dependent in ADL. CONCLUSIONS: Keeping in mind that there were cohort differences beyond that of age, despite fewer environmental barriers in their dwellings the very old community-living cohort lived in housing with more accessibility problems compared to those of the younger old cohort, caused by their higher prevalence of functional limitations. Those in the very old cohort perceived themselves in a less favourable situation, but still as satisfied with housing as those

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in the younger old cohort. This kind of knowledge is indicative for prevention and intervention in health care and social services as well as for housing provision and societal planning. Further studies based on truly comparable cohorts are warranted. Available at:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4847359/pdf/12877_2016_Article_265.pdf [Accessed: 10th Oct 2017]

Kottorp A et al. **Housing for ageing LGBTQ people in Sweden: a descriptive study of needs, preferences, and concerns.** *Scand J Occup Ther* 23(5): pp:337 – 346.

Abstract: BACKGROUND/AIM: With an increasing number of ageing people who identify themselves as lesbian, gay, bisexual, transgender, or queer (LGBTQ), there is a risk that traditional housing for older people fails to meet the needs of these people. The aim of this study was to describe LGBTQ people's needs, preferences, and concerns according to ageing and housing. MATERIALS AND METHODS: Based on a survey (n=487), and six focus-group discussions (n=30), with LGBTQ persons, quantitative and qualitative approaches were used to analyse the findings. RESULTS: When comparing the ranking of preferences (in terms of activity options, environmental features, and staff competence) in a senior housing setting between the LGBTQ people (n=200) and heterosexual matched controls (n=198), only minor differences were detected. The findings from the focus groups included: (1) a dilemma between segregation and openness, (2) the importance of safety associated with ageing together with persons with similar experiences, and (3) networks of persons at different ages connected through close friendship supported participation in activities in LGBTQ-profiled senior housing. CONCLUSION AND SIGNIFICANCE: The findings provide knowledge to improve awareness of sexual orientation when it comes to needs and preferences in relation to ageing and housing in a Swedish context

Lee Y et al. (2012). **Housing alternatives to promote holistic health of the fragile aged.** *Indoor and Built Environment* 21:pp:191-94

Abstract: The purpose of this study was to provide research-based argument for a better housing for the dementia elderly within the apartment complex neighbourhood. Six case study's designs are included to illustrate the types of facilities that could be possible that would provide a better environment for the care of elderly and older people with dementia. Literature was analyzed to give the perspectives of "sustainable and aging society," "social integration" and "natural environment that promotes health." Small group workshop was carried out with experienced professionals to discuss the concepts and features of the developed housing alternatives plans to validate the proposal to integrate local residents and promote holistic health for the fragile aged. The findings illustrate the vision for the shared space community, a community home for the dementia elderly, with appropriate scale for easy management and being connected with local community and with affluent green environment for healing and natural environment that would ease local residents' aversion towards elderly housing. These housing alternatives would enable the elderly to age in place and with the most natural social integration available to local people, with a proper spatial planning to promote holistic health of the fragile aged.

Mortenson WB, Sixsmith A & Beringer R. **No place like home? Surveillance and what home means in old age.** *Can J Aging* 35(1): pp:01

Abstract: New surveillance technologies like those included in ambient assisted living - such as body-worn and passive environmental sensors, smart interfaces, and communications networks - are being developed to improve the security and safety of "at risk" older people, but ethical questions have been raised about the extent to which they compromise the rights and privacy of the people being monitored. The qualitative study we conducted was designed to help us understand the ways these novel surveillance technologies would influence individuals' everyday experiences of home.

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Participants felt new forms of surveillance would influence their sense of security, autonomy, and self-confidence, and would alter perceptions of home. The findings emphasize the need to improve our understanding of how ambient assisted living will affect the lives of those being monitored.

Orrel A et al **The relationship between building design and residents' quality of life in extra care housing schemes.** *Health and Place* 21: pp: 52-64

Abstract: Well-designed housing is recognised as being an important factor in promoting a good quality of life. Specialised housing models incorporating care services, such as extra care housing (ECH) schemes are seen as enabling older people to maintain a good quality of life despite increasing health problems that can accompany ageing. Despite the variation in ECH building design little is known about the impact of ECH building design on the quality of life of building users. The evaluation of older people's living environments (EVOLVE) study collected cross-sectional data on building design and quality of life in 23 ECH schemes in England, UK. Residents' quality of life was assessed using the schedule for the evaluation of individual quality of life-direct weighting (SEIQoL-DW) and on the four domains of control, autonomy, self-realisation and pleasure on the CASP-19. Building design was measured on 12 user-related domains by means of a new tool; the EVOLVE tool. Using multilevel linear regression, significant associations were found between several aspects of building design and quality of life. Furthermore, there was evidence that the relationship between building design and quality of life was partly mediated by the dependency of participants and scheme size (number of living units). Our findings suggest that good quality building design in ECH can support the quality of life of residents, but that designing features that support the needs of both relatively independent and frail users is problematic, with the needs of highly dependent users not currently supported as well as could be hoped by ECH schemes.

Robinson K., Ghosh A & Halcomb E. (2016). **Manufactured home villages in Australia-a melting pot of chronic disease?** *Aust J Prim Health* 23(1): pp: 97-103

Abstract: Manufactured home villages (MHVs) are an increasingly popular housing option for older Australians. This paper reports a cross-sectional survey that sought to describe the health status and health service access of MHV residents. The survey tool comprised demographic and health status items, primary healthcare access perceptions and the World Health Organization Quality of Life tool (WHOQOL-BREF). One-hundred-eighty-six MHV residents from regional NSW completed the survey. Hypertension (54.8%) and arthritis (46.5%) were the most prevalent chronic diseases reported. Overall, respondents expressed a high level of satisfaction with the sense of safety and security (82.8%), neighbours (69.4%) and the overall location of the villages (66.7%). There was good to excellent internal consistency of all four WHOQOL-BREF domain scores, with a comparatively lower sample mean score for the 'Physical' and 'Psychological' domains. MHV residents are a significant cohort of older people with high rates of chronic disease and reasonably poor access to transport services, which affects their capacity to access health services. They also have comparatively low levels of quality of physical and psychological life along with low levels of satisfaction with their health

Sixsmith J et al. (2017). **Ageing well in the right place: partnership working with older people.** *Working with Older People*, 21: pp:41-48

Abstract: Purpose: The provision of home and community supports can enable people to successfully age-in-place by improving physical and mental health, supporting social participation and enhancing independence, autonomy and choice. One challenge concerns the integration of place-based supports available as older people transition into affordable housing. Sustainable solutions need to be developed and implemented with the full involvement of communities, service organizations and older people themselves. Partnership building is an important component of this process. The purpose of this paper is to detail the intricacies of developing partnerships with low-income older people, local

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service providers and nonprofit housing associations in the context of a Canadian housing development.

Design/methodology/approach: A community-based participatory approach was used to inform the data collection and partnership building process. The partnership building process progressed through a series of democratized committee meetings based on the principles of appreciative inquiry, four collaboration cafés with nonprofit housing providers and four community mapping workshops with low-income older people. Data collection also involved 25 interviews and 15 photovoice sessions with the housing tenants. The common aims of partnership and data collection were to understand the challenges and opportunities experienced by older people, service providers and nonprofit housing providers; identify the perspectives of service providers and nonprofit housing providers for the provision and delivery of senior-friendly services and resources; and determine actions that can be undertaken to better meet the needs of service providers and nonprofit housing providers in order to help them serve older people better.

Findings: The partnership prioritized the generation of a shared vision together with shared values, interests and the goal of co-creating meaningful housing solutions for older people transitioning into affordable housing. Input from interviews and photovoice sessions with older people provided material to inform decision making in support of ageing well in the right place. Attention to issues of power dynamics and knowledge generation and feedback mechanisms enable all fields of expertise to be taken into account, including the experiential expertise of older residents. This resulted in functional, physical, psychological and social aspects of ageing in place to inform the new build housing complex.

Originality/value: The findings confirm that the drive toward community partnerships is a necessary process in supporting older people to age well in the right place. This requires sound mechanisms to include the voice of older people themselves alongside other relevant stakeholders. Ageing well in a housing complex requires meaningful placemaking to include the functional, physical, psychological and social aspects of older people's everyday life in respect to both home and community

Sixsmith J et al. (2014). **Healthy ageing and home: The perspectives of very old people in five european countries.** *Social Science and Medicine*. 106: pp:1-9

Abstract: This paper reports on in-depth research, using a grounded theory approach, to examine the ways in which very old people perceive healthy ageing in the context of living alone at home within urban settings in five European countries. This qualitative study was part of a cross-national project entitled ENABLE-AGE which examined the relationship between home and healthy ageing. Interviews explored the notion of healthy ageing, the meaning and importance of home, conceptualisations of independence and autonomy and links between healthy ageing and home. Data analysis identified five ways in which older people constructed healthy ageing: home and keeping active; managing lifestyles, health and illness; balancing social life; and balancing material and financial circumstances. Older people reflected on their everyday lives at home in terms of being engaged in purposeful, meaningful action and evaluated healthy ageing in relation to the symbolic and practical affordances of the home, contextualised within constructions of their national context. The research suggests that older people perceive healthy ageing as an active achievement, created through individual, personal effort and supported through social ties despite the health, financial and social decline associated with growing older. The physicality and spatiality of home provided the context for establishing and evaluating the notion of healthy ageing, whilst the experienced relationship between home, life history and identity created a meaningful space within which healthy ageing was negotiated.

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Tomsone S et al. **Aspects of housing and perceived health among ADL independent and ADL dependent groups of older people in three national samples.** *Aging Clin Exp Res* 25: pp: 317-28
 Abstract: Aims: Good housing solutions are important for the ageing population in order to promote health and maintain functional ability. The objective of this study was to investigate whether and how objective and perceived aspects of housing were related to perceived health among ADL independent and ADL dependent groups of older, single-living people within three national samples. Methods: The current study was based on national samples (German, n = 450; Latvian, n = 303; Swedish, n = 397) from the European ENABLE-AGE Project, using data on ADL dependence, perceived health, objective and perceived aspects of housing. Descriptive statistics, correlations and multivariate ordinal regression models were used to analyze the data. Results: The participants in the ADL dependent groups generally were older, had more functional limitations and perceived their health as poorer compared to ADL independent groups. With regard to perceived housing, usability as well as meaning of home indicators was often lower in the ADL dependent groups, housing satisfaction was at the same level while housing-related external control beliefs were higher. The differences among the national samples were highly significant for both ADL groups, for all variables except number of outdoor environmental barriers in the ADL independent groups. The relations between perceived health on one hand and objective and perceived aspects of housing on the other show great diversities among the ADL groups and the national samples. Conclusions: The results serve to alert health care practitioners that it is important to draw attention to how older people perceive their housing situation and to the fact that different levels of functional independence demand different interventions. Available at: [http://skat.ihmc.us/rid=1NQCTT4NB-TRDL2K-4JX/Tomsone%20\(2013\)%20Aspects%20of%20housing%20and%20perceived%20health%20among%20ADL%20independent%20and%20ADL%20dependant%20groups%20of%20older%20people%20in%20three%20national%20samples.pdf](http://skat.ihmc.us/rid=1NQCTT4NB-TRDL2K-4JX/Tomsone%20(2013)%20Aspects%20of%20housing%20and%20perceived%20health%20among%20ADL%20independent%20and%20ADL%20dependant%20groups%20of%20older%20people%20in%20three%20national%20samples.pdf) [Accessed: 10th Oct 2017]

Viggers H et al. (2013). **Warm homes for older people: aims and methods of a randomised community-based trial for people with COPD.** *BMC Public Health*, 13:176
 Abstract: Chronic Obstructive Pulmonary Disease (COPD) is of increasing importance with about one in four people estimated to be diagnosed with COPD during their lifetime. None of the existing medications for COPD has been shown to have much effect on the long-term decline in lung function and there have been few recent pharmacotherapeutic advances. Identifying preventive interventions that can reduce the frequency and severity of exacerbations could have important public health benefits. The Warm Homes for Elder New Zealanders study is a community-based trial, designed to test whether a NZ\$500 electricity voucher paid into the electricity account of older people with COPD, with the expressed aim of enabling them to keep their homes warm, results in reduced exacerbations and hospitalisation rates. It will also examine whether these subsidies are cost-beneficial. Participants had a clinician diagnosis of COPD and had either been hospitalised or taken steroids or antibiotics for COPD in the previous three years; their median age was 71 years. Participants were recruited from three communities between 2009 to early 2011. Where possible, participants' houses were retrofitted with insulation. After baseline data were received, participants were randomised to either 'early' or 'late' intervention groups. The intervention was a voucher of \$500 directly credited to the participants' electricity company account. Early group participants received the voucher the first winter they were enrolled in the study, late participants during the second winter. Objective measures included spirometry and indoor temperatures and subjective measures included questions about participant health and wellbeing, heating, medication and visits to health professionals. Objective health care usage data included hospitalisation and primary care visits. Assessments of electricity use were obtained through electricity companies using unique customer numbers. This community trial has successfully enrolled 522 older people with COPD. Baseline data showed that, despite having a

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chronic respiratory illness, participants are frequently cold in their houses and economise on heating.

The clinical trial registration is <http://NCT01627418>.

Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3608967/pdf/1471-2458-13-176.pdf>

Zhang Q et al. (2013). **Determination of Activities of Daily Living of independent living older people using environmentally placed sensors.** *Conference proceedings. Annual International Conference of the IEEE Engineering in Medicine and Biology Society. IEEE Engineering in Medicine and Biology Society. Annual Conference*, 2013 (pp 7044-7047), 2013

Abstract: The rapid increase in the ageing population of most developed countries is presenting significant challenges to policymakers of public healthcare. To address this problem, we propose a Smarter Safer Home solution that enables ageing Australians to live independently longer in their own homes. The primary aim of our approach is to enhance the Quality of Life (QoL) of aged citizens and the Family Quality of Life (FQoL) for the adult children supporting their aged parents. To achieve this, we use environmentally placed sensors for non-intrusive monitoring of human behaviour. The various sensors will detect and gather activity and ambience data which will be fused through specific decision support algorithms to extract Activities of Daily Living (ADLs). Subsequently, these estimated ADLs would be correlated with reported and recorded health events to predicate health decline or critical health situations from the changes in ADLs