



Ministry of Housing,
Communities &
Local Government

What older people want

A rapid evidence assessment on what older people want,
and can afford, when it comes to their housing choices when
looking to move

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Foreword

This report outlines the findings of a study which the Department commissioned in order to support the work of the Older People's Housing Taskforce, which was launched in May 2023. Led by Professor Julienne Meyer, its terms of reference were to look at options for the provision of greater choice, quality and security of housing for older people. The Taskforce's objectives were to examine enablers to increased supply and improving the housing options for older people in later life, and to explore ways to unblock any challenges.

Following a request from the Taskforce, the Department commissioned an evidence review, authored by Professor David Robinson at the University of Sheffield and Professor Ian Wilson from the Centre for Regional Economic and Social Research at Sheffield Hallam University.

I am very grateful to the authors for their insightful work on this topic. The authors have also asked me to record their thanks for the contributions from the wider team from the Centre for Regional Economic and Social Research at Sheffield Hallam University who supported the delivery of the study including: Ed Ferrari, Gail Hallewell, Emma Smith, Emerald Tofte and Sarah Ward.

The Department is also very grateful to all those in the Ministry for Housing, Communities and Local Government and the Older People's Housing Taskforce who helped guide, inform and support this study. In particular thanks are due to: Caroline Jackson, Graham Kinshott, Alan Millward and Urmi Solanki at the Ministry of Housing Communities and Local Government, as well as Professor Julienne Meyer and Les Mayhew from the Older People's Housing Taskforce. We would also like to acknowledge the support from the wider group of advisors to the Older People's Housing Taskforce who provided insight, access to grey material as well as comment on drafts of the report.

Without these kind contributions and input the study would not have been possible.

Stephen Aldridge
Director for Analysis and Data & Chief Economist
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List of acronyms and abbreviations

CaCHE	Collaborative Centre for Housing Evidence
DFG	Disabled Facilities Grant
MHCLG	Ministry of Housing, Communities and Local Government
EAC	Elderly Accommodation Counsel
EHS	English Housing Survey
ELSA	English Longitudinal Survey of Ageing
LGBTQ+	Lesbian, gay, bisexual, transgender, queer and other
ONS	Office of National Statistics
OPHTF	Older People's Housing Taskforce
USoc	Understanding Society

Executive Summary

The Ministry of Housing Communities and Local Government (MHCLG), on behalf of the Older People's Housing Taskforce (OPHTF), commissioned Sheffield Hallam University and the University of Sheffield to complete a rapid piece of desk-based research into older people's housing preferences and choices. The explicit aim was to explore what older people want, and what they can afford, when it comes to their housing choices when looking to move. Whether that is dedicated older people's housing or 'right-sizing' to another mainstream home.

The research involved three work strands:

- A review of existing research on older people's housing preferences when moving;
- Desk analysis of existing data in order to segment older people by for example, income, wealth, age, health/frailty;
- An assessment of the affordability of specialist older people's housing options based on a comparison of the emerging evidence against information held by the OPHTF on the current types of older people's housing and their typical cost/payment models.

The following findings emerged:

Profile of the older person population

- There are an estimated 18.4 million people aged 55 years and over in England, including 5.5 million who are aged 75 years and over;
- Concentrations of older people are unevenly distributed across England;
- The population of older people is projected to grow substantially, suggesting the supply of older people's housing options will need to increase to maintain the current level of supply for the population. This is before any additional growth in supply that is needed to meet higher levels of demand for specialist housing options within the population of older people;
- A high proportion of older people have characteristics which suggest specialist older people's housing could be appropriate;
- Income and wealth situations differ significantly by age, with older old people generally reporting lower levels of wealth and/or income.

Housing priorities, aspirations and preferences

What housing do older people want to live in?

- There is a preference amongst older people for remaining in their current home, although this is to an extent conditional upon the current home supporting their housing priorities (for example independence and safety). This preference for staying put is the

product of a complex mix of material, financial, psychological, social, health and environmental factors. Some people are willing to consider moving to more suitable housing if circumstances demand;

- Housing priorities highlight being 'at home' and centre on the interaction between experiences, emotions and needs with the particulars of the dwelling;
- Priorities include maintaining independence and wellbeing in the home, control and choice, safety, a sense of community and belonging, social networks and interactions;
- Older people want to live in housing that provides ready access to amenities, leisure facilities and green space, and is close to friends and family;
- There is a clear preference for home ownership; people who are currently owner occupiers (the large majority of older people) want to continue to own their own home;
- Adequate living space and spare bedrooms are important to older people, for example, allowing them to host visits from family members or a carer, pursue hobbies or store personal belongings;
- Preferences and priorities vary by age, health and socioeconomic status, which also impact on the choices that people make and whether these are out of necessity or choice.

What specialist housing do older people want to live in?

- The availability of on-site care and support attracts many older people to specialist older people's housing. But they also want to live in specialist housing that meets their wider priorities, such as choice and control, safety and security, a sense of community and belonging, social interactions, and maintaining independence;
- There is limited awareness of certain specialist housing options amongst older people. There are also some common misconceptions and a tendency to confuse specialist housing with care homes;
- There is some evidence that the social opportunities and amenities provided by retirement villages appeal to younger old people. Although understanding related to this is limited by a tendency for research to focus on particular segments of the older population;
- There is limited evidence about how to increase the appeal and relevance of specialist housing. There is also a lack of access to independent advice and information to help inform decision making.

What aspects or dimensions of housing do older people prioritise?

- A number of priorities inform attitudes to housing opportunities, including maintaining independence and wellbeing, accessibility, safety and support, sense of community and belonging, proximity to family and friends, and affordability; opportunities for social contact is an increasingly important consideration in older age.

- It is unclear how these different factors interact to inform aspirations and actions. There is a tendency toward cross-sectional / snap-shot analysis rather than longitudinal studies of the interaction between life events and housing preferences, priorities and actions.

Available housing options

What specialist housing is available?

- There is a shortfall in the supply of specialist housing for older people in England;
- There is a variable geography to this shortfall that is not related to need, with the gap between supply and demand tending to be greater in the North and Midlands;
- Some areas are heavily dependent on older local authority and housing association sheltered provision, which mainly provide social rent or shared ownership options;
- Other areas are more reliant on more recent private sector provision, these tend to be for leasehold or private rental;
- There is a lack of provision catering for 'middle income' households who do not meet needs criteria to access social provision and cannot afford private sector provision. Quantifying the extent of this gap from the existing literature is difficult;

What opportunities exist for older people to move into mainstream housing that is more suitable by virtue of size, location, design, price and so forth?

There is a reported shortage of appropriate options for downsizing that are affordable and meet the housing aspirations of older people. This relates to the tenure, size, design, cost, accessibility and location of available options.

Awareness of and attitudes to different housing options

How aware are older people about different forms of specialist housing?

- There is limited awareness and understanding about different specialist housing options;
- There is a lack of accessible information and advice about specialist housing options;
- There is uncertainty as to how effective different forms of advice services are in promoting awareness and changing perceptions of different housing options. Although there is some evidence that generic advice is less well received.

What views, opinions and perspectives do older people have about specialist housing?

- Some people confuse specialist housing with care homes. Consequently, negative perceptions of care homes can impact on perceptions of specialist housing;
- Affordability (capital and revenue costs) is a common concern about specialist housing;

- Perspectives on specialist housing vary and people view different aspects of provision positively or negatively depending upon their own circumstances.

How aware are older people about opportunities for moving into more appropriate mainstream housing?

- Qualitative evidence suggests that older people would welcome more advice and support about options for moving to more appropriate mainstream housing but, as with specialist housing, there is little evidence as to how effective this may be in improving their housing situation;
- Far more people express an interest in moving to more appropriate housing than actually move, reflecting the numerous barriers to moving in older age;

What views, opinions and perspectives do older people have about moving to mainstream housing that is more appropriate to their needs by virtue of size, design, price or location?

- Older people tend to be aware of the potential benefits of moving within mainstream accommodation, including downsizing;
- There is evidence older people are willing to pay more for homes with adaptations, such as step free access and level access showers.

What views, opinions and perspectives do older people have about staying put?

- There is strong attachment to staying put and ageing in place (regardless of housing);
- Being 'at home' is more important to older people than the type of housing they live in.

How aware are older people about help and assistance with staying put and ageing in place?

- Many older people recognise that they will need support to age in place, reflecting concerns about managing changes in functionality, health and emerging personal care needs;
- There is limited awareness of adaptation services (including advice, support, funding) and provision is uneven across the country.

Moving home

Who moves home in older age, into mainstream and specialist housing?

- A small minority of older people move each year; far more people express an intention or interest in moving than actually move;
- Most moves are local and longer moves are often for personal reasons such as to be near family.
- Most moves are into mainstream housing. Social tenants are overrepresented among moves into specialist housing.

- The moving population can be segmented into those making relatively autonomous moves – often younger older people, more financially affluent households moving for lifestyle reasons – and those moving as a result of events or crises – often older movers, with declining health, a need for care and support, renters, or people with changing household circumstances.

Are there older people who want to move but are struggling to move house?

- More people are interested or open to moving than actually move; estimates vary as to the size of this group, but it could be as large as four million people aged 55 years and over.

What barriers prevent older people from moving home?

- There is some evidence that the cost of moving dampens residential mobility, particularly in high value regions (for example London);
- Some sources report that a lack of affordable options across all tenures limits moves for people with moderate wealth/income (especially specialist housing options).
- Personal factors are cited as a common barrier; for example, attachment to home and a desire to leave an inheritance to relatives;
- Little is known about the relative importance of different factors and how they interrelate.

Why do people move home in older age, into mainstream and specialist housing?

- A minority of moves in older age involve downsizing;
- A minority of moves aim to improve quality of life or address future care needs;
- Most moves are local and into mainstream housing.

Reasons for moving into mainstream housing are understudied in the literature, but appear to include (in no particular order in terms of their relative importance): reducing housing costs, moving closer to family, and reluctance to consider alternatives (including specialist housing).

Reasons for moving into specialist housing include (in no particular order in terms of their relative importance): access to personal care for current or anticipated needs; availability of on-site amenities and services; opportunities for social interaction; help with maintenance; and the location of the development.

What experiences do older people have of moving home?

Moving because of a crisis or unforeseen event can feel rushed, especially for private renters. Moving can represent a major upheaval and the 'effort' of moving can serve as a barrier to moving for some people.

What works in supporting older people to make informed choices to move home?

There is little evidence about what works in supporting older people to move or make informed choices. Some older people make proactive moves, but it is not well understood why some make proactive moves and others do not.

Survey evidence on moving reveals that mobility (actual and aspirational) is low and decreases with age and health.

Main reasons for moving were as follows:

- Younger older people move for lifestyle reasons such as to live in a better area or move to suitable/better housing;
- Older old people move for a more suitable home (more likely to be age-related) and to be nearer to family and/or friends, but not often in with family or friends;
- Health is a reason but not often the main reason cited for moving;
- Financial reasons are rarely a main reason for moving.

Older people who move, particularly those in older cohorts, disproportionately move into retirement accommodation. 12% of older people who had moved in the past five years consider their housing to be 'retirement housing' which is significantly more than people who had not moved in the past five years (3%).

Approximately two fifths of moves that took place amongst the older person population were unexpected.

Analysis on the affordability of leasehold specialist older people's housing options

The study used survey evidence to assess what percentage of older person households aged 75 years and over in England can afford current specialist older people's housing archetypes based on a set of affordability assumptions.

Housing with support is the most affordable specialist older people's housing option. One-bed units of housing with support were estimated to be affordable for 61% of couple, and 40% of single, older person households aged 75 years and over. Two-bed units, which the evidence review suggested many households would prefer, were assessed as being affordable for 50% of couple, and 26% of single, older person households aged 75 years and over.

Other specialist older people's housing options were assessed as unaffordable for the majority of households. The least affordable options were two-bed units of housing with care and two-bed units in integrated retirement communities or villages. These were assessed as affordable for 24% and 27% of older person households aged over 75 years respectively.

Analysis of why households were assessed as not being able to afford the housing options revealed it can be due to insufficient income; insufficient wealth; or insufficient income and

wealth. This suggests efforts to significantly increase the percentage of older person households who can afford specialist older people's housing options will need to consider price models which reduce both the cost of the initial purchase price and the ongoing charges.

1 Introduction

Overview of the research

- 1.1 The Ministry of Housing and Communities (MHCLG), on behalf of the Older People's Housing Taskforce (OPHTF), commissioned Sheffield Hallam University and the University of Sheffield to complete a rapid piece of desk-based research into older people's housing preferences and choices.
- 1.2 The explicit aim was to explore what older people want, and what they can afford, when it comes to their housing choices when looking to move; whether that is to dedicated older people's housing or 'right-sizing' to another mainstream home. This question has been raised as part of the OPHTF's work in the context of discussions on consumer demand, affordability, stimulating supply, and uptake of various models of older people's housing.
- 1.3 It should be noted that the study did not explicitly focus on the supply of older people's housing. This means aspects such as the location of supply, types of older people's housing and the specification of older people's housing were outside of the scope of the study.
- 1.4 The research involved three work strands:
 - A review of existing research on older people's housing preferences when moving;
 - Desktop research and analysis of existing data in order to segment older people by, for example, income, wealth, age, health/frailty;
 - An assessment of the affordability of specialist older people's housing options based on a comparison of the emerging evidence against information held by the OPHTF on the current types of older people's housing and their typical cost/payment models.
- 1.5 The following sections provide background to the review of existing research (Section 1.2) and the desk analysis of existing data (Section 1.3), which underpin the three work stands.

Review of existing research

- 1.6 The review of existing research involved a scoping study of published and unpublished research on older people's housing choices, what older people are

looking for from their housing in older age, and what drives the decision to move or stay.

1.7 The review was organised into two key stages:

- Searches of academic and grey literature;
- Reviewing the evidence and presenting the findings.

1.8 For stage one a search protocol was developed using the SPIDER tool (Cooke et al, 2012). SPIDER is more adept than other similar search strategy tools at engaging with abstracts (the focus of search strategies) which do not conform to the norms of form, structure and content that prevail within the health sciences - from where most search tools originate. As a result, it supports search activities interested in qualitative and mixed method research strategies, as well as quantitative research studies. This increases the range of studies likely to be identified during initial searches. Table 1.1 below highlights the key dimensions of the SPIDER tool and provides examples of how key search areas were initially conceptualised.

Table 1.1: The SPIDER search tool

Spider	Explanation	This study
S – Sample	Relates to the study population or sample of qualitative research, which analysis does not seek to generalise beyond; and the interest of quantitative research in broader populations.	Study sample: older people; rent(ers); homeowner(s); specialist housing (extra care, sheltered, retirement, age-designated etc.)
P I – Phenomenon of Interest	Encompasses behaviours, experiences and interventions that are the focus of qualitative research; and the interest of quantitative analysis in instances, occurrences, variability and commonality.	Study P/I: house(s) / housing / home; choice; preference; aspiration; decision(s); strategy(ies); moving; cost; affordability; design; size; location; staying put
D – Design	The design of a study (including theoretical framework), which can inform the robustness of the study and analysis.	Study design: All
E – Evaluation	This includes the observable, concrete outcome measures of quantitative research, and the more unobservable and subjective outcomes of qualitative research.	Study Evaluation: understand(ings); perception(s); behaviour(s); motivation(s); view(s); opinion(s); attitude(s); experience(s)
R – Research Type	Qualitative, mixed-methods and quantitative research strategies.	Study Research Type: All

Source: Cooke et al, 2012

- 1.9 The study set basic quality criteria for inclusion through the deployment of a search process that focused on peer-reviewed articles in academic journals and grey literature published by authoritative institutions in the field. The search exercise centred on two key forms of evidence: academic literature and grey literature.
- 1.10 There were three key elements to the search of academic literature:
1. Searches were initially conducted in two bibliographic databases: Scopus and Web of Science. Searches were conducted against the kinds of themes highlighted in Table 1.1. Initial searches prompted some refining of search terms to reduce the range of and number of outputs captured and to increase relevance to the studies focus. The search was also refined to focus on United Kingdom and outputs published since 2010. Subsequently, duplicates were removed. The result was several citations for title screening.
 2. Targeted searching supplemented the initial search. These topic searches (in the title, abstract or keywords of the publication) combined sub-topics and terms and were conducted within Web of Science. The first 50 returns were ranked by relevance and any additional studies added to the existing list of references. This served to enhance the robustness of the search approach and minimise the potential for relevant studies to be missed.
 3. Recognising that some important and highly relevant publications might not returned in database searches (for example, having only recently been published) a 'hand search' of key journals was undertaken.
- 1.11 A number of targeted Google Scholar searches were also undertaken to identify relevant grey literature. Given the high volumes of returns for Google Scholar searches, screening was limited to the first 40 publications returned by relevance. In addition, a targeted search of the websites of key organisations and institutions with a record of research and analysis in the field was also undertaken and email contact was made with key organisations to identify and seek access to significant unpublished work.

Reviewing the evidence and presenting the findings

- 1.12 Following title screening to establish potential relevance, the abstracts of the remaining 565 outputs were reviewed to identify publications that were relevant to the thematic focus of the review. This resulted in the identification of 84 key outputs for review. These 84 outputs were reviewed and categorised under a series of criteria including: four broad subject themes (housing options; preferences, aspirations and priorities; awareness of different options; moving home); methodological approach (qualitative, quantitative, mixed methods, review); population focus; geographical focus; quality (strength, robustness and objectivity of that research).

1.13 Full analysis then proceeded, organised under the four subject themes and focusing on 18 questions, as presented in Table 1.2. Findings were written up under these four themes and answers were provided to each of these 18 questions. This included reference to key points of understanding and learning, points of contention or disagreement and gaps or silences in knowledge.

Table 1.2: The themes and questions framing and focusing analysis

Themes	Questions
Options	<ul style="list-style-type: none"> • What specialist housing is available? • What opportunities exist for older people to move into mainstream housing that is more appropriate by virtue of design, size, location etc.?
Aspirations, preferences and priorities	<ul style="list-style-type: none"> • What housing do older people want to live in? • What specialist housing do older people want to live in? • What aspects or dimensions of housing issues do older people prioritise?
Awareness of and attitudes to different options	<ul style="list-style-type: none"> • How aware are older people of different forms of specialist housing? • How aware are older people about opportunities for moving into more appropriate mainstream housing? • How aware are older people about help and assistance with staying put and ageing in place? • What views, opinions and perspectives do older people have about specialist housing? • What views, opinions and perspectives do older people have about moving to mainstream housing that is more appropriate to their needs by virtue of size, design or location? • What views, opinions and perspectives do older people have about staying put?
Moving home	<ul style="list-style-type: none"> • Who moves home in older age (into mainstream and specialist housing)? • Why do people move house in older age (into mainstream and specialist housing)? • Are there older people who want to move but are struggling to move home? • What barriers prevent older people from moving home? • What factors can help support older people to move home? • What experiences do older people have of moving home? • What works in supporting older people to make informed choices / to move home?

Analysis of existing datasets

1.14 The analysis of existing datasets aimed to explore four themes:

- What is the profile of the older person population?
- Who has moved recently or wants to move?
- Why do older people move?
- What factors affect if, and where, older people move?

1.15 The first task was to review key datasets to scope and appraise what data were available to respond to the themes. A proforma was developed to standardise this review which collated the following types of information for each dataset: dataset name; population/sample covered; latest data and frequency; sample size including the number of older persons; structure of data (for example, administrative, cross-sectional longitudinal); relevant themes covered; strengths; and limitations.

1.16 This review identified two key survey datasets: the English Longitudinal Survey of Ageing (ELSA) and Understanding Society (USoc). The study then proceeded to access, collate and analyse the data from these sources. As best as was possible the analysis included segmentation to understand differences and variations across the older person population. This included consideration by the following subgroups: age, health/frailty, wealth/income, housing tenure, locality and household composition.

Structure of the report

1.17 The remainder of the report is structured as follows:

- Chapter 2 profiles the older person population in England;
- Chapter 3 considers older people's housing priorities, aspirations and preferences;
- Chapter 4 sets out the available housing options to older people;
- Chapter 5 considers older people's awareness of, and attitudes to, different housing options;
- Chapter 6 presents evidence from the review of the existing evidence base on moving home;

- Chapter 7 in turn presents evidence from the analysis of existing data sources on moving home;
- Chapter 8 assesses the affordability of specialist older people's housing options;
- Chapter 9 provides summary reflections.

2 A profile of the older person population in England

Introduction

- 2.1 This chapter profiles the older person population in England with respect to factors which affect their housing and housing mobility choices and aspirations. It draws on population estimates and projections from the Office of National Statistics (ONS) as well as survey evidence from the English Longitudinal Survey of Ageing (ELSA) and Understanding Society (USoc).
- 2.2 As is expected the information presented reveals the older person population is far from homogeneous. Most of the characteristics considered are shown to vary by age cohort in the older person population. Furthermore, although the analysis focused on bivariate relationships of characteristics and age it is important to recognise that many factors overlap and intersect. This affects the likelihood of desired and actual housing mobility outcomes as well as the benefits that can be realised from moving, or not.

What is the size of the older person population

- 2.3 The latest ONS's mid-year population estimates (for 2022) reveal there were an estimated 18.4 million people aged 55 years and over in England, including 5.5 million who were aged 75 years and over. Concentrations of older people are unevenly distributed across England. Analysis by local authority reveals the percentage of the population aged 75 years and over ranged from just 2% in Tower Hamlets to 17% in Rother (in East Sussex) and North Norfolk (in Norfolk). Eight of the ten authorities with the lowest concentrations of older people aged 75 years and older were within London. Conversely, all of the ten local authorities with the highest concentrations were rural.
- 2.4 The older person population is expected to see a large growth in the future. The latest ONS population projections suggest the number of people in England aged 55 years and over is expected to grow by 14% by 2040, from 18.4 million to 21.0 million. The growth is projected to be larger for older age groups, for example:
 - The population aged 75 years and over is expected to grow by 35%, from 5.5 million to 7.4 million;
 - The population aged 85 years and over is expected to grow by 55%, from 1.5 million to 2.3 million.

- 2.5 This scale of population growth means the supply of older people's housing options will need to increase substantially to maintain the current level of supply for the population. This is before any additional growth in supply that is needed to meet higher levels of demand for specialist housing options within the population of older people.

Household compositions

- 2.6 The proportion of older people in single person 'financial units' increases with age. Evidence from ELSA shows 58% of older people aged 85 years and over were in single person 'financial units.' This is statistically significantly higher than the proportion of older people aged 75-84 years (34%), 65-74 years (23%) and 55-64 years (23%).
- 2.7 Multi-generational living is not commonplace (ELSA): only 3% of older people aged 55 years and over lived in a household with grandchildren. There is evidence to suggest multi-generational living was less common for older old people.

Health and wellbeing

- 2.8 Older people aged 55 years and over, have lower levels of good health and higher levels of disability compared to younger people. Within the older person population, health worsens significantly with age. For example, 14% of older people aged 85 years and over reported having poor health compared to 7% of those aged 55 to 64 years (USoc). Related to this, evidence reveals the proportion of older people who cannot manage multiple daily tasks increased significantly with age, as does the proportion in receipt of care (ELSA).
- 2.9 Analysis of loneliness and wellbeing in the older person population revealed:
- Loneliness generally increased with age, from 23% of those aged 65-74 years to 32% of older people aged 85 years and over (ELSA).
 - Wellbeing of people over 65 years - as measured by the ONS' life satisfaction measure - decreases with older age (ELSA);
 - 18% of those aged 65 to 74 years had 'medium' or 'low' life satisfaction;
 - This percentage increased to 23% of older people aged 75 to 84 years and to 30% for older people aged 85 years or over.

Housing and place

- 2.10 Approximately 85% of older people were owner occupiers, compared to just under 10% who were social renters (ELSA and USoc). These levels are not statistically

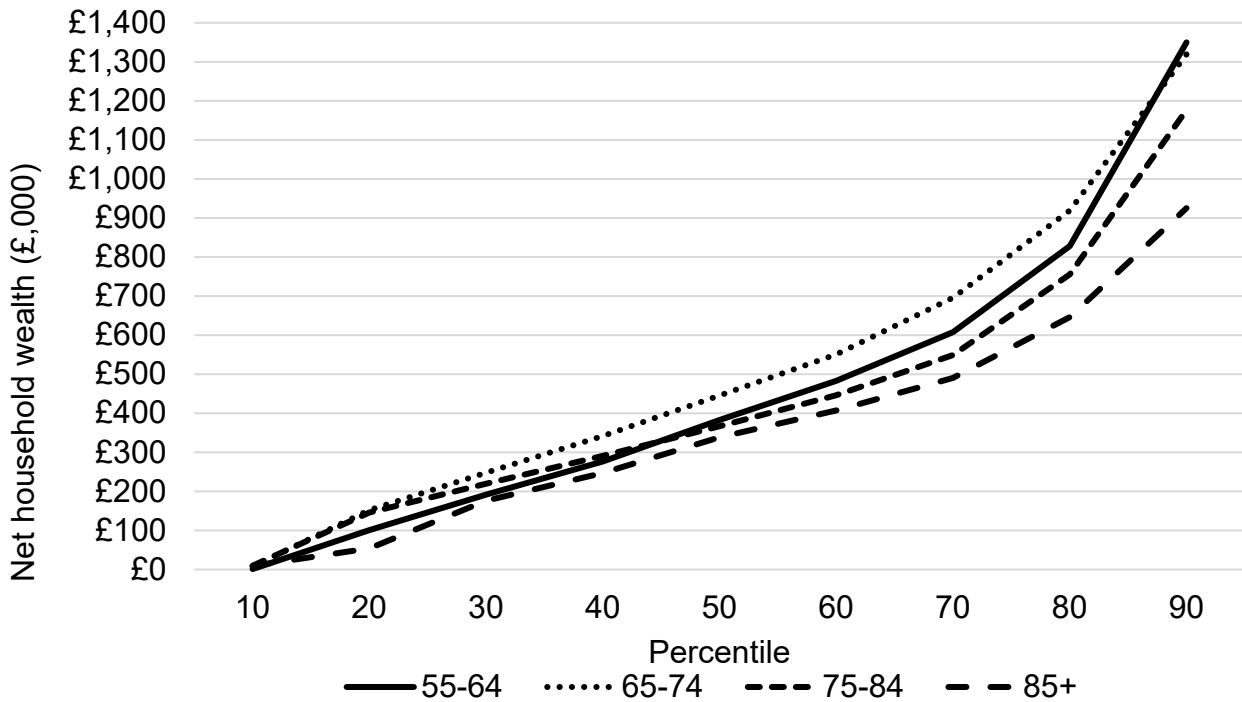
different across the age bands considered. Although there was greater outright ownership in older age bands.

- 2.11 Differences in tenure emerged when considering other characteristics such as health, income and wealth. For example, owner occupation was statistically significantly lower (ten percentage points) among older people with health conditions compared to those without health conditions (ELSA).
- 2.12 Most older people lived in general needs, mainstream accommodation. Even for the oldest age band considered, evidence from ELSA suggests only one in ten older people aged 85 years and over self-reported living in 'retirement accommodation.' This is at least double the level for younger age bands.
- 2.13 Home adaptations for health reasons were more common, especially for older old people. Two fifths of those aged 85 years and over had a home adaptation for health reasons. This was ten percentage points higher than for those aged 75-84 years, and over double the level for younger old people.
- 2.14 Older people have a high level of attachment to place/neighbourhood which alongside levels of social cohesion increased with age.

Income and wealth

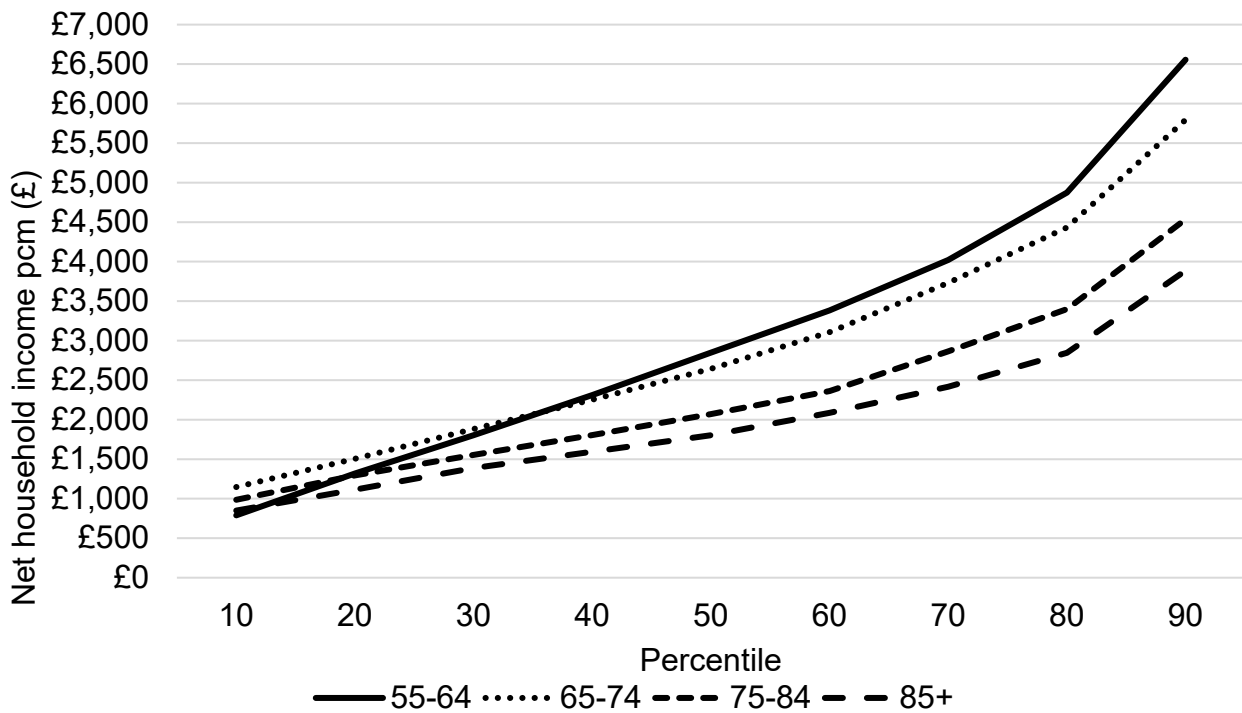
- 2.15 The income and wealth situations of older person financial units varied considerably across the population and by age. Figures 2.1 and 2.2 show wealth (Figure 2.1) and income (Figure 2.2) distributions by broad age-band for older person households in England. This is based on net income and net wealth data from wave nine of ELSA, which has been updated to 2023 prices using GDP deflators.
- 2.16 Analysis of income and wealth typology groupings underline how situations differed by age, with older old people generally reporting lower levels of wealth and/or income. For example, 44% of financial units aged 85 years and over had below median income and wealth. This was statistically significantly higher than the proportion of financial units aged 55-64 years (31%) and 65-74 years (30%). Conversely the proportion with higher than median income and wealth was lower by a statistically significant amount.

Figure 2.1: Net financial unit non-pension wealth distribution by broad age-band



Source: ELSA

Figure 2.2: Net financial unit income distribution by broad age-band



Source: ELSA

3 What older people want: housing priorities, aspirations and preferences

Introduction

3.1 This chapter explores the evidence base regarding the housing priorities, aspirations and preferences of older people. The focus here is on what older people ‘want.’ Chapter 5 explores what older people ‘know’ about different housing options.

Overview of the evidence base reviewed

3.2 Table 3.1 summarises the evidence based that was reviewed for this chapter. A total of 57 outputs were reviewed: 30 academic studies and 27 other studies, including reports by campaign charities, representative bodies and private providers.

Table 3.1: Summary of the evidence base

Study Type	Number reviewed
Studies using qualitative methods	17
Studies using quantitative methods	18
Studies using a mix of different methods	16
Studies that review existing evidence	6
Academic studies (peer reviewed)	30
Other studies (not peer reviewed)	27
Number of outputs reviewed*	57

* Some of the studies were multi-method approaches so the numbers do not sum to 57.

Insights from the evidence

Preferences and priorities

3.3 The evidence is clear that most older people want to live independently in their own home for as long as possible. This majority preference is consistent across the older population, regardless of disability, ethnicity and level of need (Boyle and Thomason, 2007; Croucher, 2008; Pannell et al., 2012a; Read et al., 2019; The Centre for Ageing Better, 2023). Mulliner et al. (2020: 8) surveyed people aged 55

years and over about their housing preferences in later life and found that 63% of respondents expected to 'stay put in their current home.'

- 3.4 However, it is possible that such findings mask important nuances in older people's perceptions about staying put. For example, Mulliner et al. (2020) report an even stronger attachment to the concept of independence, with 90% of respondents expressing a desire to 'live independently as long as possible.' This helps explain why some older people are willing to consider a move to housing that is deemed more appropriate by virtue of size, design or location, and some people make moves to improve their lifestyle (especially people around retirement age with financial capacity, see Chapter 6).
- 3.5 But whether people 'stay put' or move, evidence suggests that older people place great emphasis upon being 'at home' and priorities centre on emotional attachments and the use-value of housing. The one exception is the clear preference for home ownership; the vast majority of older people are, and want to remain, owner occupiers (Pannell et al., 2012a).
- 3.6 Older people prioritise aspects, or dimensions, of housing that support aspirations to age in place. This includes aspirations to live independently, maintain wellbeing, exercise choice and control, be an active member of society, contribute to family life, not feel like a 'burden', and have good relationships with neighbours (Arrigoitia and West, 2021; Davies et al., 2021; Bäumker et al., 2012; Hillcoat-Nalletamby and Off, 2014; Luff et al., 2021; Park and Ziegler, 2016; Porteus, 2018; The Government Office for Science, 2016).
- 3.7 Priorities for the physical dwelling and its location are considered in relation to how they meet these higher-order aspirations (for example, independence, wellbeing, social relations). Evidence suggests that older people tend to be risk averse when evaluating whether different housing options will meet these fundamental aspirations. With the current home seen as more likely to meet aspirations than moving, which is seen to an extent as an 'unknown' (Pannell et al., 2012a).
- 3.8 When considering the location of their housing preferences, older people frequently cite the social benefits that arise from a sense of community and belonging, access to social networks and being close to family and friends (Aitken et al., 2019; Bevan, 2010; Gopinath et al., 2021; Mayhew, 2022; McCall et al., 2020; Park and Ziegler, 2016). Proximity to amenities, especially local shops and health services, and accessible transport routes, are also an important priority to fulfil cultural, religious and practical needs (Aitkens et al., 2019; Gopinath et al., 2021; McCall et al., 2020). There is case study evidence suggesting people moving to retirement villages value the balance provided by being proximate to a peaceful countryside setting, whilst being able to access the amenities of the wider village or town. However, this is a single study restricted to people who had self-selected into moving to the case study area. It is thus limited in detailing the location preferences of older people more generally (Pacione, 2012).

- 3.9 Older people recognise the value of living in housing that can accommodate changes in physical and cognitive functioning as they age. For example, single-floor dwellings (such as bungalows) and properties with stair free access are recognised as making a property more accessible and safer for older people. This is a common priority when moving in older age (Age UK, 2019; Boyle and Thomson, 2013; House of Commons, 2018; Muncie, 2021). A minority of older people downsize each year into smaller properties, or consider doing so. The evidence is clear that many older people value spare bedrooms, for example to host visiting relatives (Burgess and Quinio, 2021; Price et al., 2014; see Chapter 4).
- 3.10 Adapting the current home can help manage the changing relationship between people and their home environment as they age. The available evidence suggests that older people are willing to make adaptations to their dwelling, particularly if doing so allows them to remain at home for longer (Fyfe and Hutchinson, 2021; Price et al., 2014; see Chapter 5). There is some evidence that certain factors undermine interest in adaptations, including: the perceived stigma attached to some forms of care related adaptations; the time, cost and disruption of more significant changes to the property; the loss of space involved; and the viability of adapting some properties (McCall, 2022; Wang et al., 2022).
- 3.11 Issues have also been raised regarding the unsuitable housing conditions encountered by a proportion of households living in the private rented sector (a small but growing tenure among the old). This includes exposure to poor quality and unsafe living conditions (for example, damp, mould, and fall and fire hazards), but also the consequences of requesting adaptations such as fears of 'no fault' eviction, and difficulties of securing permission from the landlord (Aitken et al., 2019; CBRE Research, 2023; Independent Age, 2023).
- 3.12 Housing aspirations can be distinguished from preferences, where aspirations are desires for future housing outcomes including those that are relatively optimistic. Whereas preferences are 'wants' for particular forms of housing among the available choices (Preece et al., 2019). Housing costs and affordability, therefore, inevitably inform older people's housing preferences by influencing what they can express a want for. Older people's preference for staying put should be seen in the context of many households facing significant financial barriers to moving into alternative accommodation that would improve quality of life (Hammond et al., 2016; Mayhew et al., 2024; Stirling and Burgess, 2021; see Chapter 6).
- 3.13 More recently, rising living costs are reported to be further restricting the housing options and influencing the preferences and priorities of older people, particularly households on low or median incomes (Mayhew et al., 2024). However, as detailed elsewhere in this report, more research is needed as to how, and to what extent, reducing financial barriers to moving, and improving the affordability of housing options (for example, specialist housing), would change older people's housing preferences.

- 3.14 It is currently difficult to determine the relative importance of the different dimensions of housing highlighted above as well as how different concerns intersect and are prioritised, other than in specific circumstances. For example, proximity to family often emerges as a priority that people are willing to move from their current location to attain, particularly when people are currently living further away from family members. However, the literature is relatively sparse on how this interacts with other factors (for example, size, accessibility and affordability of available options) to shape preferences more holistically (Arrigoitia and West, 2021; Bäumker et al., 2012; Buckland and Tinker, 2020).

What specialist housing do older people want to live in?

- 3.15 The appeal of 'staying put' is to an extent contingent upon how the current home meets preferences at different stages in the life-course, including in anticipation of future health and wellbeing needs (Boyle and Thompson, 2007; Croucher, 2008; Roy et al., 2018; see Chapters 5 and 6). As such, some older people recognise that in certain circumstances a move into specialist housing might become a preferred, or necessary, option.
- 3.16 Most older people are aware of specialist housing as an option. Although it appears common for people to mix up specialist housing and care home provision. Evidence suggests that awareness of the specifics of different forms of specialist housing is more limited (see Chapter 6 for a detailed discussion). It is also difficult to compare and contrast studies because of the different definitions and terminology used when discussing specialist housing and older people. Nonetheless, there is qualitative and survey evidence that younger older people, who are open to moving, see retirement communities / villages as a potential option.
- 3.17 Such evidence reports that the availability of leisure facilities, amenities and opportunities for socialising align with aspirations to remain independent, stay active and feel part of a community (Octopus Real Estate, 2021; Pacione, 2012). King et al.'s (2021) national survey of over 1,500 adults found that 69% would consider living in a retirement village in old age. However, it is worth noting that some of these studies have limitations relating to sample bias (Octopus Real Estate, 2021) and the finding that people are open to retirement villages does not imply respondents would necessarily prefer a retirement village to staying put. Moreover, the evidence tends to be skewed toward the views and perspectives of the sub-section of older people able to afford to consider moving into a retirement community.
- 3.18 Some of the evidence-base points to personal and system benefits that can accrue following a move into extra care housing. King et al. (2021) found that 55% of respondents to a national survey would consider extra care in old age. Buckland and Tinker (2020) report that people often had low expectations about extra care housing upon first moving into the sector, but numerous benefits were reported

following such a move. These include improvements in health and wellbeing, increased independence, greater social interaction and an improved sense of safety and security. Such evidence may suggest that preconceptions regarding specialist provision can be addressed through the process of moving. Although whether this effect would extend to people more stringent in their opposition to moving is unknown. In addition, there is little research on the effectiveness of interventions to increase the appeal or relevance of specialist housing to older people.

- 3.19 The evidence base is clearer that existing specialist housing residents value various distinctive features of specialist housing. In particular the availability of on-site care and support (ProMatura, 2019). Residents also place a value on aspects of housing that are not specific to specialist housing – including accessible services and amenities, and the nature and quality of the neighbourhood – but these are either less consistently found to appeal to residents, or appeal only to a segment of residents (Aitken et al., 2019; Croucher, 2008; Pacione, 2012). An evaluation of moves into extra care schemes (Bäumker et al., 2012) found that flexible onsite care and support, the security of the scheme, and accessible living arrangements and bathrooms were cited by over 90% of residents as influencing their decision to move.
- 3.20 A survey of residents in retirement communities across the UK asked why respondents had moved into specialist accommodation. The most important factors in order were: less need for property maintenance, the availability of 24-hour support and care on-site, and access to communal facilities (ProMatura, 2019). It is worth noting that homeowners were overrepresented in this survey sample, and for social renters 'less need for maintenance' was not viewed as important (although still the fourth most important reason). Instead, social renters rated the availability of on-site care as the most important reason (ibid.). As this evidence suggests, the availability of care and support is one of several priorities people have in relation to specialist housing. But for many of its residents it is a key feature of specialist housing that makes it more able to meet their preferences and priorities than mainstream accommodation.

Reflections on the evidence base

- 3.21 Available evidence usefully isolates a number of dimensions of housing that people prioritise in older age. However, a number of weaknesses remain in relation to our understanding of what housing older people want to live in and what aspects or dimensions of housing are viewed as priorities.
- 3.22 First, little is known about the relative importance of these different factors and how they interact to inform aspirations and actions. In part, this reflects a lack of attention to the older person's voice within attempts to understand complexity and nuance within the housing preferences of older people.

- 3.23 Second, more needs to be known about how the importance of these factors varies through the life-course. Available evidence suggests that younger older people tend to prioritise material considerations, including neighbourhood facilities and amenities (including green space) and the design, quality and space in their home. Older age groups tend to focus more attention on experiences in and around the home, maintaining their independence, ensuring quality of life (including safety in the home) and promoting human contact (CBRE Research, 2023; Croucher, 2008; Mulliner et al., 2020).
- 3.24 Third, there is a need to recognise diversity and difference in the population of older people (Beech et al., 2022; Burgess and Quinio, 2021). The choice of remaining at home or making a move either into alternative mainstream housing or specialist housing involves the convergence of a range of factors, including socioeconomic, health status, cultural perspectives, experiences through the life course and how these relate to available options. Given these complexities it is encouraging that some of the literature recognises this heterogeneity and attempts to segment the preferences of the older person's population (Aitken et al., 2019; Hammond et al., 2012; Pannell et al., 2012a; see Chapters 5 and 6). However, there remains a tendency in some of the evidence to view factors influencing preferences, and different housing options, in isolation.
- 3.25 Fourth, older people are sometimes moving into alternative forms of provision, including co-housing schemes (Arrigoitia and West, 2021) and park homes. Some light has been cast upon the appeal of such alternatives to particular groups (see Chapter 4). However, due to the small number of studies it is difficult to comment with confidence on attitudes toward specific forms of alternative housing beyond the small minority of people that occupy existing schemes.
- 3.26 Fifth, there is a lack of sensitivity to the variable geography of housing options and how this impacts on preferences and priorities. For example, how does the reported shortage of specialist housing in the North of England (Robinson and Wilson, 2022) impact on attitudes and actions of older people?

4 Available housing options

Introduction

4.1 This chapter summarises evidence on housing options available to older people. In particular the specialist housing that is available, as well as opportunities to move into mainstream housing that is more suitable by virtue of size, location and design.

Overview of the evidence base reviewed

4.2 Table 4.1 summarises the evidence base that was reviewed for this chapter. A total of 41 outputs were reviewed (26 academic studies and 16 other studies, including reports by campaign charities, representative bodies and private providers).

Table 4.1: Summary of the evidence base

Study Type	Number reviewed
Studies using qualitative methods	7
Studies using quantitative methods	13
Studies using a mix of different methods	15
Studies that review existing evidence	6
Academic studies (peer reviewed)	25
Other studies (not peer reviewed)	16
Number of outputs reviewed*	41

* Some of the studies were multi-method approaches so the numbers do not sum to 41

Insights from the evidence

What specialist housing is available?

4.3 Specialist housing for older people has a long history in England. Robinson and Wilson (2023) summarise this recent history, identifying three key phases characterised by different approaches to provision. First, during the 1970s and 80s, central government started promoting the development of specialist provision by local authorities. This provision typically took the form of sheltered housing for rent; self-contained accommodation with its own front door in a development where other residents are older people and practical assistance is provided via an on-site warden, floating support or an on-call service. At this time, housing associations were also formed with the specific purpose of providing housing for older people and started developing sheltered housing.

- 4.4 Second, during the 1980s housing associations emerged as the government's preferred developer of new social housing and became the largest providers of new specialist housing. This period saw a reduction in the scale and a shift in the form and focus of new developments. Attention increasingly focused on the development of extra care housing, which was championed as providing improved housing quality, promoting independence and delivering savings for health and social care.
- 4.5 Extra care housing is provided in a range of building types and different tenures and is characterised by independent living in a home of your own within a scheme or development where services are on hand if required, and might include care, support, domestic help, and social and community services. At the same time, older sheltered provision was increasingly decommissioned or redesignated as age-exclusive housing.
- 4.6 Third, during the 1990s, a reduction in new build and improvement programmes at a time of rising demand resulted in social landlords focusing increasingly on housing the most vulnerable older people. Choice was limited for the majority of older people who were owner occupiers. Into this gap stepped the private sector as specialist divisions of major housebuilders emerged as major providers of new specialist housing, mainly providing homes for owner-occupation (Bernard et al., 2007; Mayhew, 2022; Robinson and Wilson, 2023).
- 4.7 Originally, private developments resembled sheltered housing, but soon attention focused on the development of larger units and higher specifications with emphasis on leisure and lifestyle. According to Mayhew (2022), 71,000 retirement properties were built between 2010 and 2019; an average of about 7,100 properties a year. Consequently, specialist housing provision for older people in England is the result of this mixed economy of development over multiple decades.
- 4.8 Robinson and Wilson (2023) profile the provision of specialist housing across England. They define specialist housing as: purpose-build developments providing individual dwellings with their own front door that can be available to rent and own; restrict access to older people; are purposefully designed to promote independence, minimise risk and support healthy ageing; often provide communal areas and onsite amenities; typically have some form of housing management and support service; and varying levels of care and support.
- 4.9 Their analysis draws on the Elderly Accommodation Counsel (EAC) database, which identified 519,000 units of specialist housing for older people in 2017. Nearly three-quarters (73%) of these properties were available to rent from a social landlord and one-quarter (25%) were owner-occupied. Shared ownership and private renting together were reported to account for less than 2% of provision. Mayhew (2022) reports a similar tenure profile in analysis of 'retirement living,' with social renting reportedly accounting for 73% of all retirement accommodation, owner occupation (including leasehold) accounting for 26% and private renting and other tenancy types comprising only 1%.

- 4.10 Sheltered housing is the principal form of specialist housing provision, accounting for 87% of all dwellings; with sheltered housing provided by social landlords accounting for almost two-thirds (63%) of all specialist housing. Around 10% of specialist provision is housing with care - typically extra care housing (Robinson and Wilson, 2023). In addition to this specialist provision, there are 116,800 units of age-exclusive housing for older people, the majority (85%) being available to rent from a social landlord (ibid.).
- 4.11 The vast majority of specialist housing (95%) takes the form of self-contained accommodation in flat developments, while estates usually comprising bungalows and groups of dwellings account for 3.5% of provision (Mayhew, 2020). From the turn of the century onwards there has been a trend towards larger specialist housing developments with more amenities per development, with around four-fifths of developments being in urban locations (Mayhew, 2022).
- 4.12 Recent years have witnessed the emergence of what have been referred to as 'retirement villages.' These are large sites offering sheltered and extra care facilities, often with the opportunity to step up into nursing care. Mayhew (2020) reports that of the 140 villages in the EAC database, 131 were constructed after 1980 and account for 10% of all retirement properties developed since 2000.
- 4.13 Robinson and Wilson (2023) estimate a shortfall of 258,000 units of specialist housing in England, with 285 out of 326 (87%) local authority areas having less supply than expected demand. Other studies have also revealed a notable gap between supply and demand (Pannell et al., 2012a and 2012b; Centre for Ageing Better, 2023; House of Commons, 2018; Park and Ziegler, 2016). This is reported to reflect increasing demand in the context of population ageing and issues with supply.
- 4.14 These supply issues include: the loss of stock through the decommissioning and redesignation of older social rented stock; a reduction in new supply by housing associations in the context of funding constraints; and the fact that the private sector has tended to focus on particular market segments – typically provision targeted at more affluent, independent older people – rather than building at volume to meet wider needs (Archer, 2018; House of Commons, 2018; Burgess and Stirling, 2021; Mayhew, 2020; Robinson and Wilson, 2023). Questions have also been raised about the sensitivity of provision to demographic changes in the population of older people. For example, it has been suggested that demand for single person accommodation will increase as a result of a rising divorce rate (Government Office for Science, 2016). An increase in male life expectancy could result in increasing demand from couples and single men, who have tended to be under-represented in the sector (Beach, 2021).

- 4.15 Robinson and Wilson (2023) report larger average shortfalls in supply in the North and Midlands. Regression modelling revealed a statistically significant relationship between five contextual factors and the local provision of specialist housing:
- Social rented provision is still important in many areas; on average, local authority areas with larger numbers of social rented specialist units had smaller deficits or a surplus in provision;
 - For reasons that are unclear, local authority areas with higher levels of owner occupation reported larger deficits in the provision of specialist housing;
 - On average, areas with higher levels of older people with long-term limiting illness, who might benefit from a move into specialist housing, had larger deficits in provision, suggesting a disconnect between need and provision;
 - Rural local authority areas were found to on average have a larger deficit in provision compared to urban areas, a finding consistent with recognised challenges meeting the needs of more dispersed populations;
 - On average, local authority areas in the South East, South West and Eastern regions of England had a smaller deficit in supply, likely reflecting lower levels of health-related need for specialist accommodation, combined with relatively high levels of private sector provision and household wealth in these regions.
- 4.16 Other studies have also noted geographical variation in supply. Stirling and Burgess (2021) suggested that the development of new sites is most viable in London and the South East, where moving households tend to have higher levels of equity to release (see also Wood, 2014).
- 4.17 Ball and Nanda (2013) argue that to meet future need for specialist housing provision the private sector will need to take a larger role in provision. However there are distinct viability challenges in developing new specialist schemes due to higher construction and land costs relative to mainstream housing (Stirling and Burgess, 2021). The clear consensus within the evidence base is the need to increase the supply of specialist housing, with modelling by Archer et al. (2018) suggesting need for an 80% increase in provision by 2035.
- 4.18 Qualitative case studies have explored the growth of alternative forms of older people's housing that appeal to particular market segments. Examples include park homes which are marketed as a relatively luxurious downsizing option for people constrained by financial factors but seeking an alternative to flats (Bevan, 2010). Park homes are estimated to accommodate around 160,000 people in the UK, of which 68% are aged 60 plus (ibid.). Co-housing developments founded on a principle of mutual aid provide another alternative form of provision, which case study evidence suggests may appeal to people with a history of housing activism and social movement participation (Arrigoitia and West, 2021). However, the extent

of demand for these alternative forms of provision is difficult to estimate and these sectors remain nascent.

What opportunities exist for older people to move into mainstream housing that is more suitable by virtue of size, location and design?

- 4.19 It is estimated that four million older people are actively seeking to move home but only a fraction of these people move each year (Centre for Ageing Better, 2023). There is considerable interest in the potential for older people to move and downsize. This could release family homes and help tackle problems of housing availability and affordability. However, there needs to be sufficient supply of suitable housing for older people to move into. Available evidence suggests that a significant proportion of older people are interested in moving, and that roughly a third of moves by older people are motivated by wanting to downsize (English Housing Survey (EHS), 2021; see Chapter 7).
- 4.20 Yet many people who want to either move or downsize are put off by the lack of suitable alternatives, especially in the areas where they currently live (Mayhew, 2020). It is also important to recognise that suitable housing does not necessarily mean smaller housing. There can be good reasons why older people prioritise space and spare bedrooms. This includes having family and friends to stay, having visiting support and storing health and medical equipment (Davies, 2014). New build dwellings in England are the smallest in western Europe, with the EHS data suggesting that the average floor area of new housing has decreased over time.
- 4.21 Opportunities to move to housing more suitable by virtue of design is limited by the fact that most housing fails basic accessibility tests. According to EHS data from 2018-19, in only 9% of English homes are a full set of four key housing design features that promote accessibility present: level access, flush thresholds, sufficiently wide doors and a downstairs bathroom (EHS, 2020). The proportion of accessible homes has grown over time, in part due to new homes having to meet these accessibility requirements from 2015 onwards. Yet the proportion of accessible homes in the owner-occupation sector remains as low as 7%, compared to 20% among the housing association stock (ibid).
- 4.22 There are also major problems with house conditions and energy efficiency. 15% of households headed by someone aged 65 year and over living in a non-decent home (EHS, 2021). 15% of households aged 65 years and over live in a home with an energy efficiency rating of SAP band E or lower, and as many as 9% of older tenants in the private rented sector suffer from excess cold (ibid.).
- 4.23 Opportunities for moving within mainstream housing are particularly limited for those aged 65 years or older who lived in rented housing. Given pressures on social housing, many of these people have no option other than private rented housing if they want to move in older age. However, the private rented sector is more insecure than other tenures (23% of older private renters left their last home

due to an eviction). The sector has also witnessed notable increases in rent levels in recent years resulting in affordability problems for those on a pension. It also has the highest levels of poor quality and hazardous housing (Independent Age, 2023).

- 4.24 A lack of opportunities has also been identified for people with moderate wealth and average incomes. This has been described as falling into a ‘rightsizing gap:’ unable to make an active choice to move home as a means of improving their quality of life (Hammond et al., 2018). Park and Ziegler (2016) suggest that wealthier groups have more options by virtue of financial resources and the ability to move longer distances to meet their housing needs. Conversely, social tenants are most likely to be able to access specialist accommodation when moving. In between these two groups are people who have few options other than to remain in their current home - regardless of its suitability - due to the insufficient supply of options in the market that are affordable given their financial constraints (ibid).
- 4.25 However, the evidence is limited as to the extent of the ‘rightsizing gap.’ The literature is also limited as to how the gap is defined, for example at what level of household income and wealth their options become constrained. Park and Ziegler claim that potentially around 60% of the population of people over 50 years of age may have constrained choices in the market – a claim repeated in Hammond et al. (2018). However this figure comes from an extrapolation of Ball and Nanda’s (2013) forecasting of potential future demand for specialist housing, which was itself based upon effectively arbitrary assumptions.¹ In short, it is reasonable to conclude that households in the middle ranges of the income and wealth distributions lack affordable options that improve quality of life. But available estimates of the size of the ‘rightsizing gap’ should be treated with caution. This is supported by the analysis in Chapter 7.

Reflections on the evidence base

- 4.26 There is a robust evidence base profiling specialist housing supply, although projections of future demand are inherently uncertain due to modelling assumptions. In addition, more research is needed to systematically map the affordability of older people’s housing options. The use of different definitions and labels can serve to confuse and limit opportunities for comparability. But a consensus remains that supply is insufficient, irrespective of the uncertainty inherent to estimates of demand.

¹ Ball and Nanda (2013) model potential future demand for specialist housing based upon forecasted demographic trends in ageing and health status. In doing so they assume that 35% of homeowners will have insufficient home equity to purchase specialist housing, and that 15% of homeowners will be sufficiently asset and income rich to have effectively unconstrained choice. Ball and Nanda acknowledge that their modelling assumptions may be critiqued as arbitrary, but their aim is less an infallible prediction than to point out that the *potential* demand for specialist housing could far outstrip supply. Regardless, this underlines that estimates of the affordability of available housing options based upon these assumptions are highly uncertain.

4.27 There are some further limitations to this evidence base. There are only a few studies that touch upon the relevance of current provision to the increasing diversity of older people, for example in terms of ethnicity and sexual orientation (Beech et al., 2022; King et al., 2021). The older population is also increasingly diverse in relation to lifestyle preferences, experiences of ageing, and health and social care needs. Finally, there is a need for more fine-grained analysis on the challenges affecting the development of new specialist housing in particular locations and types of place, for example rural areas (Porteus, 2018).

5 What older people know: awareness of, and attitudes to, different housing options

Introduction

5.1 This chapter explores the evidence base regarding older people’s awareness of, and attitudes to, different housing options. The focus is on what older people ‘know’ about different housing options. As discussed in Chapter 3, most older people want to ‘stay put’ and age in place. However, older people tend to be realistic about the fact that maintaining independence and wellbeing within their current home may become difficult as they age (Buckland and Tinker, 2020; Crouch, 2008). As reported in Chapter 6, many older people consider moving into more suitable accommodation as they age, provided they can identify accessible and affordable alternatives (Hammond et al., 2021). Survey evidence suggests that independence is especially salient in decision making for the very old (Fyfe and Hutchison, 2021). In short, there is a strong attachment to staying put for as long as is feasible, but a realisation that at some point a move to more appropriate housing might be necessary. This Chapter explores awareness of options for staying put and for moving to more appropriate mainstream or specialist housing.

Overview of the evidence base reviewed

5.2 Table 5.1 summarises the evidence base that was reviewed for this chapter. A total of 40 outputs were reviewed: 21 academic studies and 19 other studies, including reports by campaign charities, representative bodies and private providers.

Table 5.1: Summary of the evidence base

Study Type	Number reviewed
Studies using qualitative methods	15
Studies using quantitative methods	9
Studies using a mix of different methods	12
Studies that review existing evidence	4
Academic studies (peer reviewed)	21
Other studies (not peer reviewed)	19
Number of outputs reviewed*	40

* Some of the studies were multi-method approaches so the numbers do not sum to 40.

Insights from the evidence

Adaptations to current housing

- 5.3 Several (mostly qualitative) studies have explored perspectives on adaptations to the existing home to support independence and wellbeing into old age; which can provide an alternative to moving. Price et al. (2014) interviewed older couples on the topic of financial planning for later life. They found that couples were generally aware that maintenance costs may increase if they stayed put and their mobility or health declined. They also often accounted for adaptations to the home within their financial planning (for example, a downstairs toilet or stair lift). Many of the people in the study by Aitken et al. (2023) reported that adapting their current home was preferable to relocating. As highlighted in Chapter 3, evidence suggests people generally prefer avoiding the installation of adaptations that appear 'clinical' or reminiscent of hospital equipment (Wang et al., 2022).
- 5.4 Awareness that there may be a need to adapt the home in the future does not appear to be matched by an awareness about how to access advice, guidance and support to make adaptations to the home; although this evidence base is limited (Robinson et al., 2020). An insight into unmet demand for help with adaptations was provided by a survey of over 1,500 older social tenants that found that 29% required adaptations that were currently outstanding; although it is not clear whether adaptations had been already requested (Boyle and Thomson, 2013). A proportion of older people have been revealed to be unaware of the help and support available locally with adaptations; although the evidence is limited to a small number of small-sample studies (Beech et al., 2022; Muncie, 2021).
- 5.5 Findings from evaluations of home adaptation services suggest that direct engagement with older people can raise awareness of how to access support and identify trusted trade people to undertake adaptations work. Aitken et al. (2023) report that people who have had help with adaptations reported feeling more confident about accessing further support in the future. However, awareness is not the only barrier to accessing help with adaptations. While some local authority areas benefit from a comprehensive home adaptations service, some have no Home Improvement Agency (HIA) and provision is limited to Disabled Facilities Grant (DFG) provision (Robinson et al., 2020). The uneven geography of provision impacts on the ability of older people in some places to maintain their quality of life in their current home and live independently (Robinson et al., 2020).

Mainstream housing

- 5.6 More older people are open to the idea of moving within mainstream accommodation than actually move (Beach, 2016; Centre for Ageing Better, 2023). Evidence from a qualitative study on financial planning in old age found that older households are aware of the potential benefits of moving to more suitable

mainstream housing - including equity release - and couples in the study openly discussed downsizing as a potential option in later life (Price et al., 2014). Respondents in this study reported preferring the idea of downsizing to pursuing equity release in their current home. It reported that equity release products often had a poor reputation.

- 5.7 Multiple studies report that older people are likely to benefit from, and would be open to, receiving further guidance and advice on their options for moving within mainstream housing (Bailey et al., 2018; Croucher, 2008; Park and Ziegler, 2016). It is suggested that this could help address the risk averse approach many people adopt towards moving (Pannell et al., 2012a). However evaluations of the effectiveness of such support are scarce.
- 5.8 Despite awareness of the potential benefits of moving and openness to receiving information and advice about moving, it is suggested that some people view the policy focus on downsizing as frustrating because it deprioritises their wellbeing (Pannell et al., 2012a). The notion of 'ageing in the right place' has emerged as something of a counter to this agenda. This places older people's wellbeing at the centre of housing decisions, whether that be to stay put or move (McCall et al., 2020).
- 5.9 Perspectives on what the 'right place' might be are varied and reflect the diversity of the population of older people (Burgess and Quinio, 2021). Insights into this diversity are limited. There is little research comparing and contrasting perspectives on moving in older age with more general housing aspirations and associated priorities (for example, affordability, safety, space, proximity to amenities and social networks).
- 5.10 One exception is a study of preferences for homes with adaptations (Aitken et al., 2022). This study sampled people aged 50 years and over who intended to move within two years (n=67). It used a stated choice experiment to analyse their preferences and willingness to pay for particular accessibility and adaptability features in new homes. The study found that older people preferred bungalows to houses, and houses to flats. Furthermore, participants were willing to pay more for homes with step free access at the entrance, and a home where a level access shower could be installed easily.²

² The study could not provide an exact monetary amount for how much more older people were willing to pay for these features. 'Willingness to pay' was measured by asking participants for a percentage they would be willing to pay above their budget, where budget was defined as "the sum you are intending to pay for your new property". Participants were on average willing to pay 4% more than their budget for step free entrances, and 5.1% more than their budget for an adaptable shower.

Specialist housing

- 5.11 A number of studies have explored awareness of different forms of specialist housing employing a variety of different methods. Quantitative studies have revealed that the majority of people are aware of specialist housing for older people. In a survey of people aged 55 years and over, 60% agreed that they were 'aware of the different specialist housing options for older people' (Mulliner et al., 2020). However, their sample was not necessarily representative of the general population – for instance, none of their respondents lived in extra care housing – and the specifics of this knowledge were not explored.
- 5.12 King et al. (2021) asked a representative sample of the 'English public' across the age profile whether they were aware of several different forms of housing with care and support. They report that 94% were 'definitely' or 'probably' aware of care homes; 81% were equally aware of retirement villages; 60% were equally aware of extra care; and 59% were equally aware of supported living. Specific findings for older people are not reported. This study also reported that many people first consider specialist housing options at a point of crisis, which can lead to decisions being rushed, or reliant upon help from family members to navigate the process (King et al., 2021).
- 5.13 Much of the evidence base employs qualitative methods to explore the perspectives of older people and housing stakeholders. A common view expressed by specialist housing stakeholders is that the proliferation of different specialist housing options for older people and the labelling of these options have created a confusing marketplace (Beach, 2021; CBRE Research, 2023; Stirling and Burgess, 2021). Multiple studies suggest that older people often confuse specialist housing with care homes (Buckland and Tinker, 2020; Octopus Real Estate, 2021). The evidence points to three key consequences arising from this complexity and conflation.
- 5.14 Firstly, older people's perspectives on specialist accommodation are likely to be informed by their views about care homes (Archer et al., 2018; see below for more detail). Secondly, more niche forms of specialist accommodation can struggle to distinguish themselves and generate sufficient demand, in part, due to a lack of public awareness, as demonstrated by case study research into older people's co-living communities (Quinio and Burgess, 2019). Thirdly, some reports claim there is an increased need for advice and support for older people to help them navigate available options (Archer et al., 2018; MHCLG, 2023).
- 5.15 Focus groups of older people in Greater Cambridge discussing their housing needs found that many considered the available advice on specialist housing options to be ad hoc, inaccessible, or targeted only at the most vulnerable. This was a geographically specific study, and it is not clear whether advice in other areas is more, or less, effective. However other studies have also suggested that older people would value more advice about housing options, including those within specialist accommodation. Although it is reported that services providing generic

advice can feel disempowering to older people, in contrast to tailored advice provided through repeat interactions (Harding et al., 2020).

- 5.16 Available evidence highlights several widely held concerns about specialist housing. These include: the quality of care and support; cost and affordability; and a particular concern among some groups about the accommodation of diversity. As mentioned above, a recurring theme is that perceptions of specialist housing are affected by the common confusion with care homes (Jones et al., 2010). Frequently cited concerns with care homes that affect perceptions of specialist accommodation include: that it is only for the very old - whereas many people aged 55 plus do not consider themselves old (Burgess and Quinio, 2021) - and anxieties induced by cases of abuse reported in the media (Jones et al., 2010).
- 5.17 However, differences are apparent in attitudes to moving into a care home and different forms of specialist housing. For example, in the survey by King et al. (2021), 54% of respondents stated that fear of abuse and neglect was their top concern about moving into a care home, compared to 33% for retirement villages, 33% for extra care housing, and 22% for supported living. Furthermore, the availability of on-site care is cited as one of the main attractions of specialist housing for people residing in the sector (ProMatura, 2019; see Chapters 4 and 7). These findings suggest that anxiety about care co-exist alongside a recognition that care can be a necessity in later life.
- 5.18 A further concern with specialist housing commonly cited in the literature is anxiety around affordability and the cost of care and support that is integral to many schemes (Ota, 2015). In the survey by King et al.'s (2021), 56% of respondents reported 'cost and affordability' as their top concern about moving into extra care and retirement villages. The evidence flags some issues or concerns that are particular to certain groups of older people. A qualitative study of a women's co-living scheme found that many chose to move into co-living because they felt it would be a more tolerant environment than more traditional retirement communities, especially for lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) women (Arrigoitia and West, 2021). This finding is consistent with evidence that some LGBTQ+ older people fear having to 'go back in the closet' in specialist housing (King et al., 2021).
- 5.19 As mentioned in Chapter 3, older people's priorities in relation to specialist housing are difficult to reduce to a singular factor. Instead, they often combine a preference for accessible support and care with assessments of the quality of the dwelling and neighbourhood. Recognising the diversity of older people's attitudes, Aitken et al. (2019) suggest that a productive approach is to segment older people into four broad perspectives or positions in relation to specialist housing:
- Adaptation and care seekers, who prioritise the provision of care and accessibility features of specialist housing;

- Care-indifferent luxurians, attracted to the luxury lifestyle afforded by extensive amenities;
- Connected separatists, valuing a distinct older person's environment that remains connected to public transport routes;
- Independent engagers, who want to maintain independence in old age whilst engaging with the social opportunities provided in specialist housing and retirement villages.

5.20 The general lesson that Aitken et al. (2019) draw from their research is that certain features of specialist housing 'may simultaneously attract and repel different groups of older people' (p770). As such, a diversity of housing options to appeal to a variety of market segments may be necessary.

Reflections on the evidence base

5.21 It is difficult to generalise about older people and awareness of, and attitudes to, different housing options. There is an extensive evidence base, including qualitative and quantitative studies. However, differences in definitions of older people and specialist housing, sampling strategies, the specifics of the questions asked, and the nature and rigour of the methods deployed limit comparability and opportunity to generalise from these findings.

5.22 There are some notable exceptions in relation to rigour – such as the stated choice experience by Aitken et al. (2022) and the use of Q-methodology³ by Aitken et al. (2019) – but the lack of complementary studies mean that it is not possible, for example, to comment on the distribution of the population of older people across the market segments proposed by Aitken et al. (2019). It is difficult to generalise study findings to the general population of older people and to disaggregate findings on the basis of demography or geography.

5.23 Two prominent gaps are apparent within the evidence base reviewed in this chapter. First, there is a relative scarcity of evidence about perspectives on moving in older age within mainstream housing. This includes attitudes to downsizing, insofar as this may differ from people's general housing preferences. Second, there is little evidence on the effectiveness of interventions attempting to influence the attitudes and awareness of older people towards home adaptations or opportunities to move.

³ A methodology that combines qualitative and quantitative methods to investigate the subjective views of those directly involved in a particular topic.

6 Moving home: review of the existing evidence base

Introduction

6.1 This Chapter provides evidence from a review of the existing evidence base on older people's experiences of moving home.

Overview of the evidence base reviewed

6.2 Table 6.1 summarises the evidence base that was reviewed for this chapter. A total of 52 outputs were reviewed: 24 academic studies and 28 other studies, including reports by campaign charities, representative bodies and private providers.

Table 6.1: Summary of the evidence base

Study Type	Number reviewed
Studies using qualitative methods	12
Studies using quantitative methods	20
Studies using a mix of different methods	14
Studies that review existing evidence	6
Academic studies (peer reviewed)	24
Other studies (not peer reviewed)	28
Number of outputs reviewed*	52

* Some of the studies were multi-method approaches so the numbers do not sum to 52.

Insights from the evidence

How many older people move?

6.3 Only a minority of older people move home each year, and many of these moves do not involve downsizing (Burgess and Quinio, 2021; Fiori et al., 2019; Pannell et al., 2012a). Data from the EHS found that around 511,000 (7%) households headed by someone aged 65 years or over had moved in the past three years (EHS, 2021). Hammond et al. (2018) reported similar findings when focusing on people aged 50 years and over. It also found that less than half of the moves made involved downsizing. One explanation provided for why so few moves involved downsizing was that many older movers already lived in homes that were smaller than average.

- 6.4 Several studies report that many more older people are open to the possibility of moving than actually move (Centre for Ageing Better, 2023; Hammond et al., 2018; Kopanidis et al., 2014; Mayhew, 2022). The survey analysis findings in Chapter 7 are consistent with this picture. It is suggested by some reports that up to a third of older people are interested in moving (Age UK, 2019; House of Commons, 2018), but the methodologies used to derive this figure are unclear. Analysis of national survey data by Armitage et al. (2023) suggested that there are over four million people aged 55 years and older with a stated preference for moving from their current home. However, remaining within the current home is the preference of the large majority of older people (see Beech et al., 2022).

Barriers to moving

- 6.5 Evidence of latent demand for moving amongst older people suggests there are barriers inhibiting residential mobility. Analysis has grouped these barriers under three themes: lack of supply, financial barriers, and personal reasons (MHCLG, 2023; Stirling and Burgess, 2021).
- 6.6 Insufficient affordable supply within both mainstream and specialist accommodation is a frequent finding in the literature (King et al., 2021; Robinson and Wilson, 2023; Robinson et al., 2020). The housing options available to many older people do not represent a substantial improvement upon their current living situation when considering cost, accessibility, and location (Armitage et al., 2023). There is a limited supply of some of the most highly sought after forms of housing in old age (such as bungalows) across all tenures (Boyle and Thomson, 2013; House of Commons, 2018).
- 6.7 Also, as detailed in Chapter 4, the majority of existing homes lack basic accessibility features for people with reduced mobility. Older people's specialist accommodation is more accessible by design, but there is a notable shortfall in supply (Mayhew, 2020; Robinson and Wilson, 2023). As discussed in Chapter 4, new schemes often face viability challenges due to higher construction and land costs, and regional variation in household wealth to stimulate demand (Stirling and Burgess, 2021).
- 6.8 Analysis of financial barriers has noted that wealth and income vary across the older persons population (especially wealth), with some households constrained in their ability to purchase a new home in older age and meet future living costs (Mayhew et al., 2024; Mayhew, 2022; Wood, 2014). Previous reviews have argued that financial barriers exist particularly for households in the middle of the wealth and income distributions (King et al., 2021; Mayhew et al., 2024; Park and Ziegler, 2016). Research in recent years highlights that a proportion of households fall within the 'rightsizing gap,' where housing options supporting a better quality of life are neither available nor accessible (Government Office for Science, 2016; Hammond et al., 2016; Stirling and Burgess, 2021; see Chapter 4 for definition and discussion). Ball et al. (2011) analysed data on sales of owner-occupied retirement

housing from 2007-10 and found that the equity held by homeowners in the bottom two quintiles of the house price distribution would be insufficient to purchase a retirement home without additional funds.⁴

- 6.9 Similarly, Wood (2014) estimated that between 40-50% of owner-occupiers aged 65 and over would not be able to purchase a retirement property outright using their net housing wealth. However, the studies concerned with financial barriers are often focused on moves into specialist accommodation only, and a more systematic mapping of the affordability of available options to older people is lacking.
- 6.10 The financial barriers that exist in terms of funding the purchase of a home are compounded by the associated costs of moving, and the potential costs of meeting future care needs. The costs of moving include estate agent fees, legal costs, removal costs, and Stamp Duty Land Tax. The estimated average cost of moving in the UK is £8,451.49 (House of Commons, 2018). But this will vary according to the prices of home being sold and purchased, with substantial variation between regions.
- 6.11 Mayhew et al. (2024) use Stamp Duty transactions to compare regions in terms of moving costs and residential mobility. They found that London was an outlier as it had on average much higher Stamp Duty costs per transaction, and a lower rate of Stamp Duty transactions as a percentage of the population. This suggests the costs of Stamp Duty may have a dampening effect on residential mobility in high value locations (Mayhew et al., 2024). As such, previous evidence reviews have concluded that moving costs are primarily a barrier to households experiencing high Stamp Duty costs or needing to release large amounts of equity to purchase a new home (MHCLG, 2023). Similarly, the survey analysis in Chapter 7 found that respondents in London were less likely to have moved recently.
- 6.12 Even if a household has sufficient income and wealth to purchase and move into a new home, there are further financial obstacles in terms of predicting and funding future care needs. The cost of potential future care is inherently uncertain, and people often avoid financial planning for care in later life (Price et al., 2014). Qualitative evidence suggests that the equity that could be released by downsizing is not typically seen as a way of funding future care costs. Rather downsizing is framed in terms of improving quality of life and maintaining personal identity (ibid.). Yet households within the 'rightsizing gap' are unlikely to qualify for means-tested care provision. Their cost of care within an extra care or retirement setting could be as high as £1,000 a week, which may present a particular barrier to moves into specialist accommodation (Stirling and Burgess, 2021).

⁴ It is worth noting this finding comes with the caveat that the data came from only one retirement housing supplier, and so it may not be representative of the affordability of retirement housing at large.

- 6.13 Principal among the personal barriers to moving is a strong sense of emotional attachment to the current home and place (Croucher, 2008). In a survey of older people, 39% of people aged 75 years and older cited their emotional attachment to their home as an important factor in not wanting to move to downsize (Beach, 2016). Similar evidence has been found in surveys of older social renters (Family Mosaic, 2017). Existing homes often hold sentimental value (Beach, 2016). They also provide useful resources such as extra bedrooms for visiting family members or the ability to transfer wealth intergenerationally (Burgess and Quinio, 2021; Pannell et al., 2012b). In contrast, moving home is associated with disruption for many older people.
- 6.14 A survey of people aged 55 years and over found that 29% reported the 'nuisance' of moving as a barrier (Beach, 2016). This was higher, 40%, for those aged 75 years and older. Nuisances included packing up and discarding belongings, and searching for properties. Despite emotional attachment to home and place presenting as a barrier, it is also a consistent finding that a high level of satisfaction with the current home can be combined with an intention to move.
- 6.15 This suggests that many older people are open to multiple options that may sustain or improve quality of life, especially when they feel they have control over their housing options if they decide to move (Fyfe and Hutchison, 2021; Hillcoat-Nallétamby and Ogg, 2014; Pannell et al., 2012b). Furthermore, their connection to aspects of their current home may be contingent upon the wellbeing it provides at particular points in the life-course. For instance, qualitative evidence suggests that older homeowners may value the access to a garden their current home provides. But also understand that as their mobility declines they will value this less and be more open to moving (Visser, 2018).

Who moves and why?

- 6.16 There is a consensus that residential mobility is often related to key transitions, events or crises that occur throughout the life-course (Beach, 2021; Pannell et al., 2012a). It is estimated that 40% of moves by older people are not planned in advance (Hammond et al., 2018). A finding supported by survey analysis in Chapter 7. Key transitions or events include those related to:
- Health status, with health crises or the anticipation of future care needs associated with moves into retirement accommodation and extra care schemes (Bäumker et al., 2012; Buckland and Tinker, 2020; Gopinath et al., 2021; Muncie, 2021; Thompson et al., 2022; Vlachantoni et al., 2016);
 - Age, with moving reported to be more common among younger old people (for example pre-retirement) and the very old (Hammond et al., 2021; see Chapter 7 for similar findings, albeit with only a slight increase in moves among those aged 85 and over);

- Household status, including divorce, bereavement, or children leaving the home (Centre for Ageing Better, 2023; Independent Age, 2023; Fiori et al., 2019).
- 6.17 There are also differences between tenures. Private renters move more frequently (MHCLG, 2021; see Chapter 7), whilst also being more likely to make rushed moves into less suitable accommodation (Independent Age, 2023; see Chapter 4).
- 6.18 There is relative consensus that concerns with the condition, accessibility and ongoing maintenance of the current home are associated with intent to move (DLUHC, 2023; Fyfe and Hutchison, 2021; Hillcoat-Nallétamby and Ogg, 2014; Price et al., 2014). However, only one of the studies in the literature review provided evidence that such issues are directly associated with an actual move (ProMatura, 2019). Notably, the survey evidence in Chapter 7 suggested that property related factors were the most common reasons for recent moves among older people, suggesting this may be a more important factor than previous studies suggest.
- 6.19 A note is necessary to reconcile the findings reported above, which identifies health status as being related to moving, to the finding in Chapter 7 that suggests health reasons are often not the primary reason why older people move. These divergent findings may be explained in part due to studies focusing on different types of moves. Many existing studies focus only on moves into specialist housing providing on-site care where health status is likely to be an important factor (Bäumker et al., 2012; Thompson et al., 2022; Vlachantoni et al., 2016). This contrasts to the finding in Chapter 7 that refer to all moves.
- 6.20 Furthermore, there are differences in methodology. Qualitative studies highlight the indirect role of health status in influencing people’s assessments of what is suitable housing (Buckland and Tinker, 2020; Gopinath et al., 2021). But are less able to rank factors in order of importance than the survey analysis presented in Chapter 7. Similarly, some of the evidence suggests people make moves in anticipation of future health needs, which may not be reflected in surveys focusing on present health status or disability (Gopinath et al., 2021; Muncie, 2021).
- 6.21 Vlachantoni et al.’s (2016) study also provides important nuance on the relationship between health and moving. Their quantitative longitudinal study on moves into sheltered accommodation amongst people aged 65 years and over found that health service usage – how many times someone had visited a general practitioner in the past year, whether someone had started accessing the services of a health visitor between survey waves – was a stronger predictor of moving than actual health status. This may suggest that the relationship between health and moving is moderated by older people’s willingness to engage, and ability to navigate, systems of support. Regardless, the combined findings of this chapter and Chapter 7 indicate that there are complexities in the relationship between health and moving that are difficult to capture through singular studies or methods.

- 6.22 There is mixed evidence about financial benefits, including downsizing, as a reason for moving. As mentioned above, only a small fraction of households actually downsize each year. Burgess and Quinio (2021) also found the release of equity was often not the primary driver for moving home; being less important than relationship changes or the desire to be closer to children. Yet, they did find downsizing was more common among those aged 55-64 years, and for households moving within a region where house prices were relatively high. Similarly, of the respondents to the EHS who were aged 65 years and over who had moved in the past three years, 29% cited downsizing as a reason for moving. Downsizers in the EHS sample were also more likely to move locally (EHS, 2021).
- 6.23 Further evidence from the UK Wealth and Assets Survey suggests that downsizing is positively associated with both the price of the home being sold, and the ratio of a household's debt-to-income. This suggests that downsizing may be more common among households that have the potential to reduce their financial burden by selling a higher value home (French et al., 2018). In summary, it may be that the financial benefits are not the most important factor in stimulating moves across the older age population as a whole. But the financial benefits may be an important driver for particular segments of older households – for example, indebted households, households seeking a change in lifestyle as they enter retirement, or households seeking to move locally – that crucially also have the opportunity to benefit due to the high price of their current home.
- 6.24 Reflecting on the range of factors affecting moves in older age, two related points are often stressed within relevant studies. Firstly, multiple factors have to converge for a move to occur. There include a mismatch between the current home and aspirations or needs, a willingness to sell the current home, the identification of alternatives that will improve quality of life, and those alternatives being both accessible and affordable (Armitage et al., 2021; Beach, 2021; Hammond et al., 2021). Secondly, the factors that converge to stimulate a move will vary, reflecting the fact that older age movers are a heterogeneous group (Burgess and Quinio, 2021). This heterogeneity has resulted in an array of typologies emerging in attempts to segment older movers (Gopinath et al., 2021; Hammond et al., 2021; Pannell et al., 2012a).
- 6.25 Distinctions made by such typologies include:
- Lifestyle movers seeking an improved quality of life; planners moving in anticipation of increased needs and crisis movers (Pannell et al., 2012a);
 - Moves driven by availability (movers seeking a home that meets their aspirations within their available options); and moves driven by accessibility (moves motivated by problems, such as health issues, divorce, issues with the current home) and constrained by the accessibility of options that resolve them (Hammond et al., 2021);

- Moves seeking to secure at-risk capabilities (for example, mobility around the home); moves seeking to expand valued capabilities (for example, social interactions); and moves to acquire new capabilities (for example, home security) (Gopinath, 2021).

- 6.26 Although these typologies do not map perfectly onto one another, there is arguably a common theme in that they place movers along a continuum in terms of the degree of autonomy they exert over the decision to move. Although it is worth reiterating this is a relative difference, as all segments are constrained by available housing options. Exerting greater autonomy are lifestyle movers, planners, availability driven moves, and moves expanding valued or new capabilities.
- 6.27 By contrast, crisis movers, accessibility driven moves, and moves securing at-risk capabilities are of greater urgency as they are often initiated by events or health issues. There are also common trends across typologies in terms of their socio-demographic composition. For example, more autonomous moves tend to be made by households at the younger end of the older age spectrum and owner-occupiers (Hammond et al., 2021; Pannell et al., 2012a; see Chapter 7 for similar findings). Whereas less autonomous moves tend to be made by older households, people with a disability or health condition, and renters (both social and private) (ibid.; Independent Age, 2023).

Moving destination

- 6.28 Moving destination can be analysed in terms of distance (whether a move is local or to a new neighbourhood and/or region) and in terms of housing type (whether into mainstream or specialist accommodation). As mentioned above, most moves made by older people are local, but there is some variation between different sections of the older person population (see Chapter 7 which presents similar findings). Among respondents to the EHS aged 65 years and over who had recently moved, 26% had moved more than 50 miles, and this was most common among people who had moved for 'personal or family reasons' (EHS, 2021).
- 6.29 Moving destination may also be shaped by local housing markets and moves away from densely populated urban areas in later life. For instance, Burgess and Quinio (2021) note that while downsizers were more likely to move locally, movers who either purchase a similar sized property or upsize were more likely to move to a different region with lower house prices. Rural and coastal areas tend to have comparatively lower house prices, and Office for National Statistics (ONS) data shows that the areas with the highest rates of net internal migration from people aged 65 years and older are rural and coastal areas, in contrast to urban metropolitan areas that tend to have net outflows of older people (Whitty, 2023).
- 6.30 Mapping the evidence on moving distance onto the typologies analysed above shows autonomous movers are more likely to move further from the current property, and more likely to move into a similar sized property. Whereas, less

autonomous movers are more likely to move to smaller properties or within the existing neighbourhood (Hammond et al., 2018; Pannell et al., 2012a).

Nonetheless, residential mobility among the older age population is generally lower in the UK than in many comparator countries. Banks et al. (2012) found that UK households headed by someone aged 70 years and over moved far less than those in the USA, and this was in part explained by greater spatial variation in the distribution of key amenities in the USA (for example, warm weather), which incentivised moving by providing more opportunities for an improvement in quality of life.

- 6.31 The majority of older people's moves are into mainstream accommodation. Analysis of longitudinal national data shows that even for those aged 70 years and over only 24% of moves are into specialist accommodation (Hammond et al., 2018). The reasons why moves into mainstream accommodation are more common are relatively understudied. Reasons discussed in the literature include: a general shortage of supply of specialist accommodation, less awareness of certain types of specialist accommodation provision (for example, extra care), and anxiety about the standards of service and costs associated with specialist accommodation (which is in part affected by the common conflation with care homes) (Buckland and Tinker, 2020; King et al., 2021; Robinson and Wilson, 2023). There is also qualitative evidence that some older people associate specialist accommodation with a loss of independence (Arrigoitia and West, 2021).
- 6.32 Much of the research on moves in later life has been commissioned by specialist housing providers who are interested in understanding why people move into specialist accommodation. As mentioned above, a common reason for moving into specialist housing is the role of events or health crises (Bäumker et al., 2012; Thompson et al., 2022). Some of the reasons are associated with tenure. Social renters are more likely to move into specialist accommodation earlier in the life course than other tenures, and to do so for health reasons (ProMatura, 2019).
- 6.33 Social renting is also far more common within specialist housing than within the wider population of older people (Ball and Nanda, 2013; Pannell et al., 2012a). However, it is worth noting that in Chapter 7 we find that social renters are also more likely to be 'trapped movers: they would prefer to move but do not expect to. A potential reconciliation of these findings is that because specialist housing is under-supplied, and existing supply is both rationed and unevenly distributed across geographies (Robinson and Wilson, 2023), therefore social renters with priority need are more likely to move into specialist housing where it is available. While simultaneously many other social renters are unable to move from their current home.
- 6.34 There are also some distinctive 'pull' factors associated with proactive moves into specialist accommodation. As discussed in Chapters 3 and 4, preferences regarding the features and design of specialist housing are heterogeneous. But potential pull factors include the accessibility of care and support, the security of the

scheme, accessible living arrangements, the quality of the local environment, opportunities for social interaction, and less need for property maintenance (Aitken et al., 2019; Bäumker et al., 2012; Pacione, 2012; ProMatura, 2019).

- 6.35 A survey of residents in retirement communities across the UK found that the most frequently cited factor for why respondents had moved was 'it seemed sensible to make the move before I was too old.' This was true of both owner-occupiers and social renters (ProMatura, 2019). This suggests that, despite the barriers to moving, some older people do make proactive moves into specialist accommodation in order to access the amenities provided and in anticipation of increasing care needs. However, it should be noted that the evidence tends to focus on people who have already moved into specialist accommodation. As a result, it sheds little light on what differentiates these proactive movers from people in similar circumstances who do not move.
- 6.36 An obvious point is that there is opportunity (for example, presence of supply) and capability (for example, financial resources or eligibility). However, many households are in similar situations and what differentiates proactive movers from non-movers remains a critical gap in understanding. One factor may be personal biography - qualitative evidence of moves into a women only co-living development suggested that it was common to make proactive moves where people had a history of care for elderly relatives, and subsequently wanted to avoid becoming a burden on their own relatives (Arrigoitia and West, 2021). Another may be social reinforcement. Kopanidis et al. (2014) found intention to move was positively predicted by family approving of a move (although notably the study only looked at intent, not actual moves). Regardless, the reasons older people make proactive moves before the onset of crises is an area that requires further research.

Reflections on the evidence base

- 6.37 A voluminous literature exists on the motivations and drivers of moving home in older age. It covers the importance of numerous demographic, economic, social and housing factors which have been spotlighted by research rooted in different disciplinary traditions and employing different methodological approaches. These include: large econometric studies viewing the issue through the lens of finances and consumer preferences (for example, Banks et al., 2012; French et al., 2018); small sociological studies focusing on the emotional attachments to home or personal biographies that motivate people to move into niche forms of specialist accommodation (for example, Arrigoitia and West, 2021; Visser, 2018); and studies that adopt a mixed-methods approach attesting to the heterogeneity of older people's moving preferences (Burgess and Quinio, 2021). Despite the significant attention paid to this topic and the generation of a list of key factors informing residential mobility in older age, it is difficult to comment on the relative importance of these factors or how they interact and inform moving behaviours in different circumstances and situations.

6.38 There are some clear gaps in the existing evidence base that limited the ability of this review to confidently answers some of the key questions about moving house in older age that served to focus the review. Key is a lack of research that evaluates the effectiveness of interventions to encourage or facilitate moving, including evaluations featuring a relevant counterfactual. As such, there are gaps in knowledge as to:

- Why people self-select into making proactive moves;
- Whether similar moves can be encouraged through policy interventions;
- What works in supporting older people into making informed choices.

7 Moving home: analysis of existing data sources

Introduction

7.1 This Chapter provides evidence from the analysis of existing data sources – the English Longitudinal Survey of Aging (ELSA) and Understanding Society (USoc) – on older people’s experiences of moving home.

Moving experiences, expectations and desire

Characteristics of recent movers

7.2 Table 7.1 provides the proportion of older people who had moved recently, who expected to move and who wanted to move, broken down by age band. It shows levels of residential mobility were low: only 6% of older people had moved home in the last 5 years (ELSA). Residential mobility also decreased by age. For example, evidence from ELSA shows, 8% of those aged 55-64 years had moved in the last five years compared to 4% of those aged 75 years and over. Furthermore:

- Expectation for moving is low, 5% of older people aged 55 years and over expected to move in the next year (USoc) and 36% expected to move in the future (ELSA);
- 20% currently wanted to move home (USoc);
- Expectations and wanting to move decreased with age: 26% of older people aged 55-64 years currently wanted to move compared to just 9% of those aged 85 years and over (USoc).

Table 7.1: Proportion of older people who have moved recently, who expect to move and who want to move, broken down by age band

	Moved in the past year ¹	Moved in the past 5 years ²	Expect to move in the next year ¹	Expect to move in rest of life ²	Want to move ¹
55-64	3%	8%	7%	46%	26%
65-74	2%	6%	4%	36%	18%
75-84	2%	4%	3%	26%	12%
85+	2%	5%	3%	24%	9%
55+	2%	6%	5%	36%	20%

Source: ¹Understanding Society (USoc) ²English Longitudinal Survey of Aging (ELSA)

- 7.3 Analysis of those who had moved recently by other socio-demographic factors reveals:
- 7.4 People living in privately rented housing were most likely to have moved recently, with 18% of private renters having moved in the past five years (USoc). This compared to: 5% of outright owners, 8% of mortgaged owners, and 8% of social renters. The prominence of the private rental sector among recent movers was consistent across age categories.
- 7.5 Older people who had moved in the past five years were more likely to consider their housing to be 'retirement housing' (12%) than people who had not moved in the past five years (3%) (ELSA). This association increases with age, with 27% of people aged 75 years and over who had moved in the past five years considering their housing to be 'retirement housing' compared to 5% of non-movers. The indication here is older people who move, particularly those in the older cohorts, disproportionately move into retirement accommodation.
- 7.6 Older people were statistically more likely to have recently moved house if they had high wealth and high income (USoc). However, the absolute difference in the percentage who had moved recently was small across households with different wealth and income combinations.
- 7.7 There is limited evidence that health status was associated with moving. For example, the proportion of movers in the past five years among older people whose health difficulties impacted on their ability to complete multiple activities of daily living was not statistically different compared to the proportion of people whose daily living was less, or not, affected by health problems (ELSA).

7.8 In terms of wanting to move:

- Wealth and income distributions are higher for those who expected to move in the future; however, those with 'high wealth and high income' are least likely to have wanted to move;
- Having a health condition was associated with being less likely to want, or expect, to move; however, they were more prevalent for those who had moved.

Geography and moving:

7.9 Analysis of the geography of who had moved in the previous year reveals:

- The proportion of respondents who had moved in the previous year varied by region with respondents living in London being the least likely to have recently moved (USoc);
- Among respondents who had moved in the previous year, 69% moved into a home in an urban area (USoc) and this proportion did not vary significantly across age bands and was broadly similar to the overall urban-rural distribution of older people;
- The majority of moves took place over a relatively short distance. Just over two thirds of respondents who had moved in the previous year (USoc) moved within 20 km of their previous home (68%), including a third who moved within three km of their previous home (33%);
- However, just under 1-in-5 moves were long distance: over 100 km. This distribution was similar for both the 55-74 and 75 years and over age bands.

Reasons for moving

7.10 Analysis of the primary reasons given for moving by older people who had moved in the last 5 years reveals the following four points (ELSA). First, property-related factors were the most common reason for a move amongst older people. In particular, the most common primary reason for moving was the need for a more suitable property, with respondents highlighting factors such as size (both upsizing and downsizing), property type, and value for money.

7.11 Second, a statistically significantly higher proportion of respondents aged 75 and over cited being nearer to family or friends as the primary reason for a move compared to younger age bands. However, a low proportion of respondents across all age bands reported moving in with family or friends.

- 7.12 Third, 6% of respondents cited health-related factors as the main reason for moving, indicating that health is not a very common primary reason for moving among older people. However, it may be a secondary reason incorporated into other primary factors such as moving into a more suitable property (see Chapter 6 for further reflections).
- 7.13 Finally, moving to a better area was more common among younger old person age-bands. This is consistent with other evidence that aspirational moves based upon lifestyle occur earlier in the life course (Hammond et al., 2021).

Trapped and unplanned movers

Trapped movers

- 7.14 Around 1-in-7 older people were ‘trapped movers’ (USoc), meaning they would prefer to move but do not expect to move in the next 12 months (15%). The likelihood of being a trapped mover decreased with age: 20% of respondents aged 55-64 years were trapped compared to just 6% of those aged 85 years and over.
- 7.15 Being a trapped mover was also more likely among:
- People with a disability or health condition (16%) compared to those without (14%);
 - People living in a high-cost region such as London (20%);
 - People living in urban areas (16%) compared to rural areas (11%);
 - People with low wealth (17%);
 - Social housing residents (20%) or mortgaged homeowners (19%).

Unplanned and forced moves

- 7.16 Evidence suggested around two fifths of moves that took place amongst the older person population were unexpected (USoc). Between Waves 12 and 13 of Understanding Society, 242 people aged 55 years and over moved home. Of these, 39% had not previously expected to move in the next year.

8 How affordable are specialist older people's housing options?

Introduction

- 8.1 This chapter assesses the affordability of existing specialist older people's housing options for older people in England.
- 8.2 The analysis is based on evidence provided by the OPHTF (from the EAC) on the costs of specialist older people's housing options and evidence from ELSA on the income and wealth of older person households in England. This evidence is used to assess what percentage of older person households aged 75 years and over can afford specialist older people's housing archetypes based on a set of affordability assumptions. The following three points should be noted about the analysis.
- 8.3 First, it focused on the affordability of specialist older people's housing options for older person households in England with a survey reference person aged 75 years and over. This reflects evidence suggesting that most movers into specialist older people's housing options are aged 80 years and over, as well as needing to ensure the sample size for the survey analysis was sufficiently large to provide robust results.
- 8.4 Second, it concentrated on the affordability of existing leasehold schemes in England, using archetypes. This reflects the current focus of the specialist older people's housing market and their payment models. Also, pragmatically it is challenging to assess the affordability of other products given the balance of income, benefits and wealth will be more fluid. For example, financial support in the form of housing benefit will be available to most tenants who access social and affordable rent products, making these more affordable. Whilst market rent and shared ownership products will likely be funded by more complex combinations of income and wealth.
- 8.5 Third, affordability assumptions, which are detailed in the sections below, were applied to facilitate the analysis. These assumptions, and approach taken, create limitations to the analysis. In turn this affects the precision of the results, especially when considering the affordability of a given unit in a particular scheme. However, the general interpretation will hold true.
- 8.6 Appendix 1 provides further information about what the analysis of the affordability of specialist older people's housing options does, and does not do.

Cost of specialist older people's housing options

- 8.7 The evidence provided by the OPHTF revealed a large variation in the costs of specialist older person's housing options across providers, products and geography. This relates to the initial purchase amount as well as the nature and composition of charges that residents may face; these include service charges, ground rents and deferred management fees. There are also interdependences between costs which mean it is not possible to sum average cost components. For example, many providers apply deferred management fees, at different levels, to reduce ongoing service charges.
- 8.8 Consequently, the affordability analysis that follows is based on the cost of archetypes which are broadly reflective of the typical costs of existing specialist older people's housing options in England. These are based on data provided by the OPHTF and EAC. For each type of specialist older people's housing option considered we have used the typical costs for one- and two-bedroom units that are representative of 'medium-price' cost options. This approach factors in the use of deferred management fees to reduce ongoing costs. Table 8.1 provides a summary of the costs of the archetype specialist older people's housing options. The costs considered include:
- The purchase price of the housing option;
 - Other purchase costs, which include conservative estimates of Stamp Duty Land Tax, sales fees and moving costs;
 - Ongoing costs which include service charges and ground rents.

Table 8.1: Summary of costs of specialist older people’s housing options by type and beds; leaseholder products only

	One-bed units	Two-bed units
Housing with support (retirement/sheltered)		
Purchase price	£290,000	£380,000
Other purchase costs (conservative estimate)	£15,000	£20,000
Ongoing costs, per calendar month	£280	£400
Estimated wealth required (see assumptions in Section 8.3, based on retaining at least £50,000 in additional wealth)	£355,000	£450,000
Estimated income required per calendar month (see assumptions in Section 8.3)	£700	£1,000
Housing with care (extra care)		
Purchase price	£280,000	£390,000
Other purchase costs (conservative estimate)	£15,000	£20,000
Ongoing costs, per calendar month	£675	£875
Estimated wealth required (see assumptions in Section 8.3, based on retaining at least £50,000 in additional wealth)	£345,000	£460,000
Estimated income required per calendar month (see assumptions in Section 8.3)	£1,688	£2,188
Integrated Retirement Communities / Villages		
Purchase price	£300,000	£400,000
Other purchase costs (conservative estimate)	£15,000	£20,000
Ongoing costs, per calendar month	£780	£780
Estimated wealth required (see assumptions in Section 8.3, based on retaining at least £50,000 in additional wealth)	£365,000	£470,000
Estimated income required per calendar month (see assumptions in Section 8.3)	£1,950	£1,950

Income and wealth of older person households

8.9 Section 2.6 presented the income and wealth situations of older person households in England. The current analysis focused on households with a survey reference person aged 75 years or over. It also used GDP deflators to put the household income and wealth evidence from ELSA⁵ into 2023 prices so that they are comparable to the cost data for specialist older people’s housing options.

⁵ The evidence is based on responses to the 2018/19 wave of ELSA.

- 8.10 Understanding the combination of income and wealth that older person households need to afford leaseholder specialist housing options is complex. Therefore, to simplify the analysis the following five assumptions were made. First, initial purchase costs are paid by existing wealth. These costs include the purchase price, Stamp Duty Land Tax, sales fees and moving costs.
- 8.11 Second, following a purchase the analysis considered the implication of households choosing to retain different levels of additional wealth after the purchase costs. This reflects moves being made to release equity and/or households retaining residual non-housing wealth which is then available to support their lifestyle and other costs, such as for care. The analysis considered households retaining: no additional wealth, at least £50,000 of additional wealth, and at least £100,000 of additional wealth.
- 8.12 Third, ongoing housing costs are covered by net household income. Fourth, to be affordable it is assumed that ongoing costs should not exceed 40% of a household's net income. This is a higher level than is used in typical affordability assessments, reflecting that some standard household expenses (for example, meals) are provided within service charges and less income will be required for later life savings. Using the 40% level also allows for the fact that some households may use household wealth to pay for the ongoing costs while still maintaining sufficient income for their desired standard of living. Note increasing this to 50% was not found to make a large difference to the results.
- 8.13 Fifth, income and wealth resources for exit costs (including deferred management fees to reduce ongoing costs) have not been considered as it is assumed these will be taken from the sale value of the property.

The affordability of specialist older people's housing options

- 8.14 This section assesses the affordability of specialist older people's housing options. When interpreting the findings it is important to note the points made in the introduction to this chapter and Appendix 1 regarding the approach, its limitations and what the analysis did and did not consider. For example:
- It did not compare the affordability and value for money of specialist housing options to older people's existing homes;
 - It is based on existing specialist older people's housing archetypes available for leasehold;
 - It did not consider locality differences;
 - It considered affordability for the population of older person households aged 75 years and over in England and did not focus on specific household types, such

as those who are more likely to reside in specialist older people's housing options.

- 8.15 Table 8.2 provides estimates for the proportion of older person households who can afford each of the archetype specialist older people's housing options based on the assumptions outlined above. The table provides estimates based on households retaining at least £50,000 in additional wealth after purchase costs. Alternative estimates based on retaining no additional wealth and at least £100,000 of additional wealth are provided in Appendix A1.1 and A1.2 respectively. However, there are relatively small differences between the estimates based on these assumptions.
- 8.16 The table shows one-bed units of housing with support were the most affordable specialist older people's housing option for leasehold. One-bed units of housing with support were estimated to be affordable by 61% of couple households and 40% of single person households in England. Two-bed units, which the evidence review suggested many households would prefer, were affordable for 50% of couple, and 26% of single person, households aged 75 years and over.
- 8.17 The one-bed, housing with care (for example extra care housing) archetype was estimated to be affordable for 40% of older person households aged 75 years and over. As expected, the level of affordability was highest for couple (57%) compared to single person (25%) households. Just under one-in-four households (24%) aged 75 years and over were assessed as being able to afford the two-bed housing with care archetype. This comprised 39% of couple households and 12% of single person households.
- 8.18 The assessment of the affordability for units in integrated retirement communities or villages revealed:
- One-bed units were affordable for 34% of older people households aged 75 years and over; this included 51% of couple and 19% of single person households;
 - Two-bed units were affordable for 27% of older people households aged 75 years and over; this included 42% of couple and 14% of single person households.
- 8.19 Analysis of why households were assessed as not being able to afford units suggests there is no clear pattern. Across all specialist older people's housing types and sizes there are households with sufficient income but insufficient wealth; with insufficient income but sufficient wealth; and some households having both insufficient income and wealth. This suggests efforts to significantly increase the proportion of households aged 75 years and over who can afford specialist housing options will need to consider new pricing models which reduce both the initial purchase price and the ongoing charges.

Table 8.2: Proportion of older person households assessed as being able to afford each of the archetype specialist leasehold older people’s housing options

	Single person	Couple	All households
Housing with support (retirement /sheltered)			
1-bed unit	40%	61%	50%
2-bed unit	26%	50%	37%
Housing with care (extra care)			
1-bed unit	25%	57%	40%
2-bed unit	12%	39%	24%
Integrated retirement communities / villages			
1-bed unit	19%	51%	34%
2-bed unit	14%	42%	27%

Note: based on households retaining at least £50,000 in additional wealth after purchase costs

Recommendations for further consideration and research

- 8.20 The following four aspects need to be considered or explored in further research. First, it is important that specialist older people’s housing options remain affordable for households over their lifetime, especially if there is a change in their household or health care status. For example, affordability was assessed as being lower for single person compared to couple households. However single person households are known to be more prevalent in older age cohorts.
- 8.21 Second, there is a sizable difference in the assessed level of affordability between housing with support and other specialist older people’s housing options. This confirms the need for spectrums of specialist older person housing options to meet the affordability needs of older person households. It is also important to consider whether other models with care exist which can be provided as a similar cost to housing with support.
- 8.22 Third, further work is needed to consider differences in affordability by locality and for specific older person households, such as those who want to move into specialist housing options. Fourth, further work is also required which considers the interrelationship between the relative cost and affordability of specialist older people’s housing options alongside the use, cost and affordability of health and social care for older person households.

9 Reflections

9.1 This rapid evidence assessment has considered what older people want, and can afford, when it comes to their housing choices when looking to move. The following bullets summarise the key findings:

- A small minority of older people move each year. Intentions and interest in moving are more common but still not a large proportion of the older person population.
- There is limited awareness and understanding about different specialist housing options. This relates to a lack of accessible information and advice about specialist housing options, including: what products are available, what services they provide, how much it costs, how it can be paid for and what benefits residents may gain. There are also issues relating to the geographic variation in the supply of specialist housing options.
- Older people tend to be more aware of the potential benefits of moving within mainstream accommodation. These include downsizing, releasing equity and moving nearer to family for support.
- When considering moving there is often a strong attachment to ageing in place. Older people preferences often include: maintaining home ownership; having adequate living space and spare bedrooms; having ready access to amenities, leisure facilities and green space; and being close to friends and family. However, preferences and priorities vary by age, health and socioeconomic status, which also impact on the choices that people make, and whether these are out of necessity or choice.
- The older person moving population can be segmented into those making relatively autonomous moves – often younger, more financially affluent households moving for lifestyle reasons – and those moving as a result of events or crises – often older movers, with declining health, renters, or people with changing household circumstances. Evidence suggests unplanned moves may constitute as many as two fifths of moves that take place amongst the older person population.
- Evidence on the reasons why older people move has its limitations as it rarely considers the importance of the combined effect and interplay between multiple reasons which likely account for moves. This is likely to understate the importance of contributing factors such as future health and care expectations and releasing equity. The available evidence suggests:

- 'younger' older people tend to move for lifestyle reasons: better area, more suitable/better home.
- 'older' old people tend to move for a more suitable home (more likely to be age-related) and to nearer to family and/or friends (not in with).
- There is evidence that older old people were significantly more likely to move into 'retirement accommodation' compared to younger old people. But such moves were not the majority.
- Analysis of the affordability of leasehold specialist older people's housing options revealed one-bed units of housing with support were the most affordable option, for 50% of households aged 75 years and over. Other options were assessed as unaffordable for the majority of households aged 75 years and over. The least affordable option is two-bed units of housing with care, which was assessed as affordable for 24% of older person households aged 75 years and over. The analysis suggests efforts to significantly increase the proportion of households aged 75 years and over who can afford specialist older people's housing options will need to consider new pricing models which reduce the initial purchase price and the ongoing charges.

Appendix 1: Further information about the analysis of the affordability of specialist older people's housing options

The following bullets provide more information about what the analysis of the affordability of specialist older people's housing options:

- The analysis does not assess affordability for specific household types or sub-populations. This reflects the study's aim: to assess whether specialist housing options are affordable for the older person population rather than for specific household types or in given scenarios.
- Due to the data that were available it was not possible to assess affordability in specific localities. Hence the focus is on the population of older people in England and the typical prices for specialist older people's housing options. It is known that household income and wealth distributions vary by place across England. For example, areas of London and the South East have higher concentrations of households with higher income and wealth compared to the rest of the country. However, the price of specialist older people's housing options also vary across localities, with the highest prices typically charged in areas where household income and wealth are highest.
- The analysis does not estimate the price at which specialist older people's housing options would be affordable for given proportions of the population based on their income and wealth.
- The analysis does not estimate the affordability of future products, including innovative pricing which may improve the affordability of older people's housing options.
- The analysis does not compare the relative affordability of specialist older people's housing options to the existing housing that older people reside, or to mainstream general needs alternatives. For some older person households, it may be the case that their current housing is not affordable and/or offers low value for money once all housing running and maintenance costs are included.
- The analysis does not consider the lifetime affordability of specialist older people's housing options for older person households. The future affordability of specialist housing options for a given household will be affected if they experienced a change to their household income (or expenditure) or if the ongoing costs of specialist housing options increase by amounts greater than their household income.

- Finally, the analysis does not consider the impact of specialist older people's housing options on the cost and affordability of personal care, either from an older person's perspective or for other funders such as the public sector.

Appendix 2: Supplementary affordability tables

Table A1.1: Proportion of older person households assessed as being able to afford each of the archetype specialist leasehold older person housing options

	Single person	Couple	All households
Housing with support (retirement /sheltered)			
1-bed unit	46%	67%	56%
2-bed unit	30%	56%	42%
Housing with care (extra care)			
1-bed unit	28%	63%	44%
2-bed unit	13%	43%	27%
Integrated retirement communities / villages			
1-bed unit	21%	55%	37%
2-bed unit	16%	45%	30%

Note: based on households retaining no additional wealth after purchase costs

Table A1.2: Proportion of older person households assessed as being able to afford each of the archetype specialist leasehold older person housing options

	Single person	Couple	All households
Housing with support (retirement /sheltered)			
1-bed unit	34%	55%	44%
2-bed unit	22%	43%	32%
Housing with care (extra care)			
1-bed unit	21%	52%	36%
2-bed unit	11%	34%	22%
Integrated retirement communities / villages			
1-bed unit	17%	46%	31%
2-bed unit	12%	36%	24%

Note: based on households retaining at least £100,000 in additional wealth after purchase costs

Bibliography

Age UK (2019). Age UK: Later life in the UK. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf

Aitken, D., Wilson-Menzfeld, G., Hodgson, P. & Bailey, C. (2023). Recipient perspectives on the impact of home adaptations in later life in England. *Journal of Housing and the Built Environment*. 38, 629–649. doi: 10.1007/s10901-022-09959-9

Aitken, D., Cook, G. & Lawson, A. (2019). Housing options for the future: Older people's preferences and views on villages with care and support. *Health & social care in the community*. 27(5), e769–e780. doi: 10.1111/hsc.12805.

Aitken, D., Willis, K., & Gilroy, R. (2022). Do older homebuyers prefer dwellings with accessibility and adaptability features? Findings from an exploratory study. *Housing Studies*. 39(3), 608–630. doi: 10.1080/02673037.2022.2060944

Anchor (2021). Fragmented UK: Reconnecting people by creating communities where people love living in later life. <https://anchorv3dev.s3.eu-west-2.amazonaws.com/documents-pdfs/Anchor%20Fragmented%20UK%20report.pdf>

Archer, T., Green, S., Leather, D., McCarthy, L., Wilson, I., Robinson, D., & Tait, M. (2017). Older people's housing, care and support needs in Greater Cambridge 2017-2036. <https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/07/older-peoples-housing-care-support-greater-cambridge.pdf>

Armitage, H., Dagnell, N., Dempsey, J., Denovan, A., Hammond, M., Holden, S., Lee, D., O'Leary, C. & Walsh, S. (2023). Finding the right place to grow older: Improving housing choices for older people. Centre for Ageing Better. <https://ageing-better.org.uk/sites/default/files/2023-08/finding-the-right-place-to-grow-older.pdf>

Arrigoitia, M. F. & West, K. (2021). Interdependence, commitment, learning and love: the case of the United Kingdom's first older women's co-housing community. *Ageing and society*, 41(7), 1673–1696. doi: 10.1017/S0144686X19001673.

Bailey, C., Forster, N., Douglas, B., Webster Saaremets, C. and Salamon, E., (2019). Housing voices: using theatre and film to engage people in later life housing and health conversations. *Housing, Care and Support*. 22(4), 181-192.

Ball, M. and Nanda, A. (2013). Household attributes and the future demand for retirement housing. *International journal of housing markets and analysis*, 6(1), 45–62. doi: 10.1108/17538271311306002.

- Ball, M., Blanchette, R., Nanda, A., Wyatt, P., & Yeh, J. (2011). Housing markets and independence in old age: expanding the opportunities. Henley University of Reading. <https://centaur.reading.ac.uk/24443/1/HousingMarketsinOldAge.pdf>
- Banks, J., Blundell, R., Oldfield, Z. & Smith, J.P. (2012). Housing Mobility and Downsizing at Older Ages in Britain and the USA. *Economica*. 79, 1-26. doi: 10.1111/j.1468-0335.2011.00878.x
- Bäumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A. & Towers. A. (2012). Deciding to move into extra care housing: residents' views. *Ageing and society*. 32(7), 1215–1245. doi: 10.1017/S0144686X11000869.
- Beach, B. (2021). What we want: Future-proofing retirement housing in England. International Longevity Centre UK. <https://ilcuk.org.uk/wp-content/uploads/2021/02/ILC-What-we-want-FINAL-5.pdf>
- Beach, B. (2016). Generation Stuck: Exploring the reality of Downsizing in Later life. McCarthy and Stone & International Longevity Centre UK. <https://ilcuk.org.uk/wp-content/uploads/2018/10/Generation-Stuck.pdf>
- Beech, L., Copeman, I., & Ghadiali, D. (2022). Older People from Ethnic Minorities from Kirklees: Housing Needs and Preference Study. Housing LIN. https://housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HLIN_Kirklees_OPEM_Report.pdf
- Bevan, M. (2010). Retirement lifestyles in a niche housing market: park-home living in England. *Ageing and society*. 30(6), 965–985. doi: 10.1017/S0144686X10000176.
- Boyle, F. & Thomson, C. (2013). Housing an ageing population: Implications for managing the social housing stock. Proceedings 29th Annual Association of Researchers in Construction Management Conference, ARCOM 2013.
- Buckland, M.J. & Tinker, A. (2020). Extra care housing: exploring motivations, expectations and perceptions. *Housing, Care and Support*. 23(1), 15-26.
- Burgess, G. & Quinio, V. (2021). Unpicking the downsizing discourse: understanding the housing moves made by older people in England. *Housing Studies*. 36(8), 1177-1192, doi: 10.1080/02673037.2020.1754346
- Burgess, G., & Muir, K. (2020). The increase in multigenerational households in the UK: The motivations for and experiences of multigenerational living. *Housing, Theory and Society*. 37(3), 322-338.
- Cartagena Farias, J., Brimblecombe, N. & Hu, B. (2023). Early onset of care needs in the older population: The protective role of housing conditions. *Health & Place*. 81, 103007. doi: 10.1016/j.healthplace.2023.103007.

CBRE Research (2023). UK Senior Living Survey. CBRE Research.

Centre for Ageing Better (2022). The State of Ageing 2022. <https://ageing-better.org.uk/state-of-ageing>

Centre for Ageing Better (2023). Locked Out. <https://ageing-better.org.uk/sites/default/files/2023-08/locked-out-presentation.pdf>

Centre for Ageing Better. (2021). Good Homes for All. A Proposal to Fix England's Housing. <https://ageing-better.org.uk/resources/good-homes-for-all-proposal-to-fix-englands-housing>

Croucher, K. (2008). Housing choices and aspirations of older people: Research from the New Horizons programme. Ministry of Housing, Communities and Local Government. (MHCLG) http://www.cpa.org.uk/cpa/new_horizons_research.pdf

Davies, L. E., Brittain, K., Wilkinson, H., Lewis, S., Robinson, L., & Kingston, A. (2022). Describing transitions in residential status over 10 years in the very old: results from the Newcastle 85+ Study. *Age and Ageing*. 51(3), afac056.

Ministry of Housing Communities and Local Government (MHCLG) (2023). Downsizing and the English housing market. DLUHC internal report.

English Housing Survey (EHS) (2020). English Housing Survey 2018-19: Accessibility of English homes. Ministry of Housing, Communities and Local Government (MHCLG). https://assets.publishing.service.gov.uk/media/5f044f27e90e075c53dfcf01/2018-19_EHS_Adaptations_and_Accessability_Fact_Sheet.pdf

EHS (2021). English Housing Survey, Older people's housing, 2020-21. MHCLG. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1088802/EHS_Older_people_s_housing_2020-21.pdf

Finney, N., & Marshall, A. (2018). Is migration in later life good for wellbeing? A longitudinal study of ageing and selectivity of internal migration. *Area*. 50(4), 492-500.

Fiori, F., Graham, E. & Feng, Z. (2019). Household changes and diversity in housing consumption at older ages in Scotland. *Ageing & Society*. 39(1), 161-193.

French, D., McKillop, D. & Sharma, T. (2018). What determines UK housing equity withdrawal in later life? *Regional science and urban economics*. 73, 143–154. doi: 10.1016/j.regsciurbeco.2018.09.003.

Fyfe, A. & Hutchison, N. (2021). Senior housing in Scotland: a development and investment opportunity? *Journal of property investment & finance*. 39(6), 525–544. doi: 10.1108/JPIF-10-2020-0119.

Gopinath, M., Entwistle, V., Kelly, T. & Illsley, B. (2021). Moving residence in later life: Actively shaping place and well-being. *International journal of ageing and later life*. 15(1), 127–161. doi: 10.3384/ijal.1652-8670.1539.

Government Office for Science (2016). Future of an ageing population. Government Office for Science.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816458/future-of-an-ageing-population.pdf

Hammond, M., Walsh, R. & White, S. (2018). Rightsizing: Reframing the housing offer for older people. Greater Manchester Combined Authority (GMCA)/PHASE @ Manchester School of Architecture. https://e-space.mmu.ac.uk/621554/1/Rightsizing_MSA_Final2.pdf

Harding, A.J.E., Hean, S., Parker, J. & Hemingway, A. (2020). 'It Can't Really be Answered in an Information Pack...': A Realist Evaluation of a Telephone Housing Options Service for Older People. *Social Policy and Society*. 19(3), 361-378. doi:10.1017/S1474746419000472

Hillcoat-Nallétamby, S. & Ogg, J. (2014). Moving beyond 'ageing in place': older people's dislikes about their home and neighbourhood environments as a motive for wishing to move. *Ageing and society*, 34(10), 1771–1796. doi: 10.1017/S0144686X13000482.

House of Commons (2018). Housing for older people: Second report of session 2017-19. House of Commons.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>

Independent Age (2023). Hidden renters: the unseen faces of the rising older rental wave. Independent Age. https://www.independentage.org/sites/default/files/2024-01/Hidden_renters_report_by_Independent_Age.pdf

John, E. E., Astell-Burt, T., Yu, P., Brennan-Horley, C., & Feng, X. (2023). Green space type and healthy ageing in place: An Australian longitudinal study. *Urban Forestry & Urban Greening*, 84, 127903.

Jones, A., Bevan, M. & Quilgars, D. (2010). Cautiously optimistic? UK households' perceptions of old age, retirement and the role of housing equity. *Teorija in Praksa*, 47(Part 5), 994-1010.

King, E., Luff, R., Sheikh, S. & Templeton, F. (2021). A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people: Commission on the Role of Housing in the Future of Care and Support. Social Care Institute for Excellence. <https://www.scie.org.uk/housing/role-of-housing/place-we-can-call-home/>

Kopanidis, F. Z., Robinson, L. J. & Reid, M. (2014). State of Inertia: Psychological Preparation of Single Australian and UK Baby Boomer Women for Retirement Housing Change. *Journal of women & aging*. 26(3), 280–297. doi: 10.1080/08952841.2014.889447.

Lloyd, J. & Parry, W. (2015). Older owners: Research on the lives, aspirations and housing outcomes of older homeowners in the UK. Strategic Society Centre.
<https://strategicsociety.org.uk/wp-content/uploads/2015/10/Older-Owners.pdf>

Mayhew, L., Galvin, J., & Stoneham, S. (2024). Housing and finance in later life: A briefing paper by Les Mayhew, John Galvin and Sunena Stoneham for the Older People's Housing Task Force Report for older people's taskforce (confidential).

Mayhew, L. (2022). The Mayhew Review: Future-proofing retirement living: Easing the care and housing crises. International Longevity Centre UK. <https://ilcuk.org.uk/wp-content/uploads/2023/05/ILC-FP-Retirement-RPT-Mayhew-Review.pdf>

Mayhew, L. (2020). Too Little, Too Late? Housing for an ageing population. Centre for the Study of Financial Innovation.
https://www.bayes.city.ac.uk/__data/assets/pdf_file/0008/541664/too-little-too-late-june-2020.pdf

McCall, V. (2022). Adapting the adaptations process: Tackling the barriers within policy and practice. UK Collaborative Centre for Housing Evidence.
https://housingevidence.ac.uk/wp-content/uploads/2024/02/Adaptations-The-Gap-Between-Policy-and-Practice-web_ready_final-1.pdf

McCall, V., Ziegler, F., Robertson, J., Lovatt, M., Phillips, J., Porteus, J., McIntyre, Z., Rutherford, A., Sixsmith, J., Woolrych, R. & Eadie, J. (2020). Housing and Ageing: Let's get serious - "how do you plan for the future while addressing immediate chaos?" Social Inclusion. 8(3), 28-42. doi: 10.17645/si.v8i3.2779

Family Mosaic (2017). Take-up on downsize: How to improve housing mobility in social housing. Family Mosaic. <https://www.peabodygroup.org.uk/media/rabm1ves/family-mosaic-take-up-on-downsize.pdf>

Mulliner, E., Riley, M. & Maliene, V. (2020). Older People's Preferences for Housing and Environment Characteristics. Sustainability. 12, 5723. doi:10.3390/su12145723

Muncie, S. (2021). Housing Needs of Older People in Scotland – Panel Research. Scotinform & Age Scotland.
https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Report_AgeScotlandHousingNeedsOlderPeopleScotlandPanelResearch1.pdf

Octopus Real Estate (2021). Unlocking the retirement opportunity in a post-pandemic world. Octopus Real Estate. <https://octopus-realestate.com/wp-content/uploads/sites/19/2021/04/Retirement-Report-Unlocking-the-retirement-opportunity-in-a-post-pandemic-world.pdf>

Office for National Statistics (ONS) (2020). Living longer: changes in housing tenure over time. ONS.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglonger/changesinhousingtenureovertime>

Ota, S. (2015). Housing an Ageing Population (England). House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/CBP-7423/CBP-7423.pdf>

Pacione, M. (2012). The Retirement Village as a Residential Environment for the Third Age – The Example of Firhall, Scotland. *Scottish Geographical Journal*. 128(2), 148-168. doi: 10.1080/14702541.2012.721895

Pannell, J., Aldridge, H., & Kenway, P. (2012a). Market assessment of housing options for older people. New Policy Institute: London, UK. https://npi.org.uk/files/5213/7485/1289/Market_Assessment_of_Housing_Options_for_Older_People.pdf

Pannell, J., Aldridge, H., & Kenway, P. (2012b). Older People's Housing: Choice, Quality of Life, and Under-occupation. York: Joseph Rowntree Foundation. https://www.npi.org.uk/files/9113/7485/1998/Housing_for_older_people_-_Choice_Quality_of_Life_and_Under-Occupation_1.pdf

Park, A., & Ziegler, F. (2016). A home for life? A critical perspective on housing choice for “downsizers” in the UK. *Architecture_MPS*, 9(2), 1-21.

Porteus, J. (2018). Rural housing for an ageing population: preserving independence. APPG Housing and Care for Older People. https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HA_PPI-4-Rural-Housing-for-an-Ageing-Population.pdf

Price, D, Bisdee, D., Daly, T., Livsey, L. & Higgs, P. (2014) Financial planning for social care in later life: the ‘shadow’ of fourth age dependency. *Ageing and society*. 34(3), 388–410. doi: 10.1017/S0144686X12001018.

ProMatura (2019). UK Retirement Communities: Customer Insight Report 2019. ProMatura / ARCO / LaingBuisson.

Quinio, V. & Burgess, G. (2018). Is co-living a housing solution for vulnerable older people. Cambridge Centre for Housing & Planning Research: Cambridge, UK. https://nationwidefoundation.org.uk/wp-content/uploads/2019/11/Final-report-coliving-_web-version.pdf

Read, J., Cable, S., Löfqvist, C., Iwarsson, S., Bartl, G. & Schrag, A. (2019). Experiences of health services and unmet care needs of people with late-stage Parkinson’s in England: A qualitative study. *Plos one*. 14(12), p.e0226916.

Robinson, D. & Wilson, I. (2023). Specialist housing for older people in an era of neoliberal transformation: exploring provision in England. *Housing Studies*. 38(9), 1662-1680.

Robinson, D., Green, S., & Wilson, I. (2020). Housing options for older people in a reimagined housing system: A case study from England. *International Journal of Housing Policy*, 20(3), 344-366.

Roy, N., Dubé, R., Després, C., Freitas, A. & Légaré, F. (2018) Choosing between staying at home or moving: A systematic review of factors influencing housing decisions among frail older adults. *PloS one*, 13(1), e0189266–e0189266. doi: 10.1371/journal.pone.0189266.

Stirling, P. & Burgess, G. (2021). Understanding supply, demand and investment in the market for retirement housing communities in England. Cambridge Centre for Housing & Planning Research.
https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Report_UnderstandingSupplyDemandInvestmentMarketRetirementHousingCommunitiesEngland.pdf

Thompson, J., Hill, M., Bainbridge, L., Cowie, D., & Flowers, E. (2022). Evidence assessment and narrative synthesis of the key characteristics of older people living in service-integrated housing facilities, and their 'accommodation journey'. *Housing, Care and Support*. 25(1), 31-45.

Visser, R. (2018). Homemaking, Temporality and Later Life. *Home cultures*. 15(3), 289–307. doi: 10.1080/17406315.2018.1690295.

Vlachantoni, A., Maslovskaya, O., Evandrou, M., & Falkingham, J. (2016). The determinants of transitions into sheltered accommodation in later life in England and Wales. *Journal of Epidemiology & Community Health*. 70(8), 771-777. doi: 10.1136/jech-2015-205462

Wang, Y., Gibb, K. & McCall, V. (2022). Evidence Review of home adaptations in the UK and other OECD countries. UK Collaborative Centre for Housing Evidence.
https://housingevidence.ac.uk/wp-content/uploads/2024/02/220510-Evidence-Review-of-Home-Adaptations_final.pdf

Whitty, C. (2023). Chief Medical Officer's Annual Report 2023: Health in an Ageing Society. Department of Health and Social Care.
<https://assets.publishing.service.gov.uk/media/65562ff2d03a8d000d07faa6/chief-medical-officers-annual-report-2023-web-accessible.pdf>

Wood, C. (2014). The affordability of retirement housing: An inquiry by the All Party Parliamentary Group on Housing and Care for Older People. DEMOS.
https://demos.co.uk/wp-content/uploads/2014/11/Demos_APPG_REPORT.pdf

Yazdanpanahi, M. & Hussein, S. (2021). Sustainable ageing: supporting healthy ageing and independence amongst older Turkish migrants in the UK. *Sustainability*, 13(18), 10387.