



Older under-occupying owners, will they ever move? Is the decision to relocate a moving target, more difficult than the move itself? How Can FreeSpace schemes help?

Hot on the heels of the All Party Parliamentary Group on Housing and Care for Older People inquiry report on the affordability of retirement housing, this case study for the Housing Learning and Improvement Network (LIN) considers these decision-making processes and FreeSpace schemes and the scope to facilitate and support home owners in moving if they so wish, in ways that would enable them to retain their initial home, without the responsibilities attached to owning or letting.

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1. Introduction

Media headlines such as “Homes used as cash machines”¹ whip up animosity towards older homeowners and reinforce false beliefs that they need little or no assistance with housing issues.² However, in reality, when older homeowners consider downsizing, the number and complexity of relocation issues can result in decision-making denial or inertia. It can affect the stability of any decision that is made to relocate. Age itself is a vulnerability factor in decision-making stability. Intention to move in older people is no predictor at all of actually doing so.³ So how can we help older people with complex life transition decision-making around home and relocation?

Hot on the heels of the All Party Parliamentary Group on Housing and Care for Older People inquiry report by Demos⁴, this case study considers these decision-making processes; how to help individuals to focus on the ‘big issues’ from within the maze of peripheral push and pull variables; why we shouldn’t act as if owning a home equates to total self-sufficiency in either decision-making or other relocation support needs.

Discussed here is the need to provide opportunity for downsizers through greater policy flexibility, innovation and commitment to advice and support services. In failing to be proactive we are not only severely limiting more complete solutions to improve the wellbeing of older people but we are failing to make better use of the nation’s housing stock. Most importantly we are failing to address a growing public health issue. Isolation and unsuitable housing environments for older people have a causal relationship, through chronic stress, with diseases that are endemic in our older population.⁵

This case study explains a research proposal to understand the personality characteristics that affect emotional and practical resilience in making decisions and taking action; also how these combine with the social and practical factors we already know about. It will measure biomarkers for chronic stress associated with the lack of perceived ability to move home. The impact of FreeSpace as an innovative housing/public health intervention will be assessed in the research. FreeSpace aims to facilitate relocation and the associated benefits by taking the pressure out of relocation decision-making, moving and settling in. It treats each case as unique and each person as an individual. It aims strategically to contribute to increasing housing resources for both older people and families in need.

2. Facilitating decision-making for older downsizing homeowners.

There are many variables affecting relocation decision-making and therefore the stability of any decisions made. Reasons given by older under-occupying homeowners for moving or staying-put range from the purely practical to the highly personal and emotional.

We are not good at determining the ‘big issues’ from the peripheral. Therefore, we are likely to be giving greater emphasis and resources to things that, whilst they are genuine ‘push or pull factors’, will tend to confuse the issue. The presenting issues may not be the most important, not the big issues, not the main barriers. They may simply be the most obvious to cite and may

¹ The Daily Telegraph (20 October 2014)

² East 7 (2014)

³ Hanson & Gottschalk (2006)

⁴ Wood, C (2014)

⁵ McEwen, B.S and Seeman, T.E (2009)

be so numerous that they create a complex befuddling maze. This makes decision-making overwhelming. It can result in inertia or the owner and support services choosing costly short-term interventions and practical fixes. These leave owners less dissatisfied, however, only marginally less unhappy.⁶ At the same time, they will feel less motivated to do anything about moving because they have been provided with what are seen as 'solutions', albeit costly and incomplete.

Moving is a series of stepped changes that cannot happen without multiple levels of consideration and often having 'worked up to the move [owners] are deterred at the last step'.⁷ The actual move, particularly as people become older, often never happens.

Support is likely to be needed at each decision-making stage for those who are vulnerable to decision-making inertia. It seems that support must more fully meet some largely un-researched requirements of older people and be readily available at the optimal time for effective relocation decisions to be made.

As explained in *Being Mortal*⁸ we still have a tendency to lose sight of the psychological aspects when battling the economic and strategic difficulties of providing high standard appropriate alternatives. This is a burning issue for us because we are now more aware, through research, of what older people are telling us they desire as a reasonable alternative to their present homes. However, we have no guarantee that they will take up this accommodation in large numbers.

Homeowners give us a range of 'must have' 'pull' factors for accommodation they would move to, which may be unrealistic. Psychologically, when older homeowners tell us the type of property that would be acceptable are they really thinking about it for 'someone else'; not relating it to the reality of them actually moving but rather to a more ethereal notion of what seems perfect in a property for a certain age group or for them at some indeterminate time in the future? The Demos report, *The Top of the Ladder*⁹ (p.38) refers to a retirement development having to be sold with 30% discount. Once built it was considered undesirable by purchasers in the older market it was designed for.

Based on observation and practitioner experience across a growing international body of research on relocation decision-making and stress, it is clear that some older people move quite readily but many others feel they never could. In the 2013 Demos report (p.32), which surveyed 1,500 UK older homeowners, of those who decided they did *not* want to move 5% thought no properties were available to move to and 25% didn't know where to start. Of those who *did* want to move 26% thought there were no properties to move to and 4% didn't know where to start. This underlines the importance of effective advice and information to decision-making one way or the other. When lack of suitable alternative housing and lack of information are left out of the analysis, at least 70% in each group still had 'other factor' affecting their decisions.

Decision-making may be more stressful for some individuals than the actual move itself, which is already acknowledged to be a key stressor.¹⁰ The decision can fluctuate on a daily, if not hourly basis, making the role of personal supporters, service providers and scheme developers

⁶ Herzberg, F.I. (1968)

⁷ JRF in Wood, C (2013)

⁸ Gawanda, A (2014)

⁹ Wood, C (2013)

¹⁰ Lutgendorf, S.K. (1999a; 1999b)

very difficult. This indecisiveness could lead to the exclusion of some of the neediest and most stressed older clients from the opportunity to learn about and benefit from appropriate housing options.

In turn, this could lead to a reluctance for housing providers and developers to produce and support schemes that are dependent on a clear decision-making commitment from older people. The 2013 Demos report (p.27), also explains that older people cannot be expected to purchase off-plan as they have more personal needs. Unlike younger people, they cannot just move-on if the property turns out not to be to their liking. So, advance deposits can't necessarily contribute to the scheme viability as they do with a younger market.

So, as more desirable retirement and extra-care housing developments *are* beginning to be built we need to consider in good time whether older under-occupiers will successfully take them up in large enough numbers to make a strategic difference. This will of course depend on decisions about the desirability of the accommodation and the practical support at the moving phase. However, it will also be linked to the whole concept of the person's identity, their status, their perceptions and attitudes linked to their home and their remaining lifespan. This is what needs to be researched and understood more fully.

I am not making a case here for putting-off would be developers of retirement housing but explaining that decision-making has a biological and psychosocial basis with individual differences, and unique situational contexts.¹¹ We need to start fully understanding the human processes involved. The psychobiological aspects have not been studied as much as the practical and the social aspects. Important links remain unmade. That is why a FreeSpace housing intervention, designed to assist with decision-making, practical and social support before during and after relocation, may help fill this gap and inform how we work.

3. Strategic moves - housing for older people

Numbers of people over 65 are set to increase from 17% to 25% of the population within 10 years (2013 Census). 77% of older people occupy 33% of all owned property. 82% of this is owned outright and is under occupied including 49% by 2 bedrooms or more. Under-occupying renters are significantly more likely to downsize, despite the fact that 36% of the most revenue poor older people on benefits, are homeowners who by virtue of that ownership are often automatically excluded from help and left to their own devices. Many health and wellbeing issues for older owners and often their carers, could be resolved by moving to a more suitable location but the process can be seen as limiting or overwhelming.

FreeSpace, described fully in section 5 below, could possibly make a positive difference as a housing option. It enables older under-occupying owners to downsize and retain their original home for leasing to an RP.¹² If it became a standard recognised option, FreeSpace could produce a steady trickle of happy relocators. It has the added benefit that their former home is let to a family in need, which in turn reaps further gains from chain lets.¹³ There are regeneration benefits too as the properties are brought nearer to a Decent Homes standard,¹⁴ using equity release, before letting by the RP. For the full (bio-psychosocial) benefits to older

¹¹ Golant, S.M. (2011)

¹² RP = Registered Providers who act in partnership with Local Authorities to house applicants.

¹³ Chain lets are the resulting vacancies that occur when a tenant is moved on to another property this can involve several moves if the first vacancy is a large property, remedying a number of overcrowded households overall.

¹⁴ Decent Homes – is a government. minimum standard e.g. up to date facilities and home energy rating.

individuals and the community to be measured, FreeSpace type schemes and partnerships need to be scaled up and tested¹⁵ and the benefits to health and wellbeing of 'FreeSpace' downsizers better understood.

Financial modelling suggests that appropriate individually tailored support at transitional stages will also give a better return on investment for providers of health and care services.¹⁶ Interventions like FreeSpace that may help reduce future ill health, will help meet the duty to provide an integrated response, as well as reducing the additional costs arising from the Social Care Act 2012 in respect of public health.¹⁷ In addition, these interventions could help meet The Care Act 2014 requirements¹⁸ as stated in the government guidance to provide: -

“services that prevent care needs becoming more serious and that provide high quality advice and information to service users and their carers in order for them to make good decisions about matters affecting future health and wellbeing”.

Addressing advice and support needs should also enhance the viability of developing retirement and extra care schemes by reducing poor decision-making with its associated risks of delay and 'changes of heart'.

Underlying all of this, as highlighted in the recent APPG report¹⁹, is the need to build more desirable homes for older people to downsize into, in a way that removes connotations of reduced status; homes that will meet life time homes standards²⁰ and avoid the need for additional moves in later life. It has been suggested in the media that 'staying put' in larger property is blocking the progress of younger people.

Whilst FreeSpace could result in an increase in numbers of relocators, it should come as no surprise by now that older people generally don't want to move from large homes to bedsits. So it is important to note that downsizers would at present be competing with the younger population for the same size i.e. 1 or 2 bedroom mainstream accommodation. Therefore, older people who stay put are not blocking the progress of younger people. A sudden influx of 'downsizers' in the current market would in fact cause an over-demand on smaller property in competition with singles and younger couples.²¹ This is the case even allowing for the movement of some larger families from smaller housing to the vacancies provided by downsizers. This market impact again demonstrates the need to increase the number of desirable homes appropriate for older people wishing to downsize. These should be central to community or neighbourhood planning and situated in the heart of the community.²²

Relocation is likely to be particularly difficult in the higher end of the older person age range.²³ This suggests the need for a different approach in the exploration of downsizing for different age ranges of older people, as age itself is just one variable related to the psychology of moving.

¹⁵ Shapps, G (2012)

¹⁶ Best, R and Porteus, J (2012); Berrington, J (2013); Wood, C (2013)

¹⁷ Simpson, M (2013)

¹⁸ Murray, P (2014)

¹⁹ Wood, C (2014)

²⁰ Lifetime Homes standard requires that properties should be built to be easily adaptable to meet current and future disability requirements of occupiers.

²¹ Pannell, J et al (2012) p5-11

²² Ball, M et al (2011); Institute of Public Care (2011)

²³ Lofqvist, C (2013)

Viewed strategically in terms of future care needs, costs and housing market churn, transitional support should include a focus on seemingly younger, healthier and ‘capital-wealthier’ older people than Local Authorities and their partners have sought to assist in the past, i.e. should include the younger end of the older person age ranges. This is the age range that will be ‘staying-put’ for longer if no decision to move is made, or no thought is given to moving during the 10 - 20 years that follow. After this, we know, the likelihood of moving is further reduced due to health and logistical reasons.²⁴

At the older end of the age range the impact of ‘staying-put’ becomes more costly to manage for individuals and for services but is obviously less strategically important in terms of churn in the housing market since the property is likely to be back in circulation within a shorter period due to reduced lifespan.²⁵

The caveat must always be that for some, the choice to ‘stay put’ is the very best option even if they are under-occupying. Sometimes an older person’s home, even if technically too large, is actually what keeps them going. As pointed out in research conducted for Care and Repair England,²⁶ staying-put can be the best decision, provided it is an informed one. Provision should always be in place for adaptations and changing circumstances²⁷ with as much control and autonomy as realistically possible.

The need for advice and practical support at relocation stages, whilst recognised and despite a series of government measures, is not consistently provided for locally. There are many examples of good practice but it is not always perceived to be necessary or viable at the earliest stages, or to people other than the more obviously vulnerable (i.e. those already receiving some level of care). Some less obvious psychological aspects are not recognised or fully understood and when limited to some stages of the process and not others, results in discontinuity.

Clearly there are potential savings to the public purse to developing more relevant and integrated personal support alongside desirable housing options. The opportunity to use budgets more holistically needs to be taken. Ring fencing is often the reason why some budget holders are reticent when their spending activity results in savings to the budgets of other service areas or to the public purse generally. They need to be recognised for this (e.g. the cost of prevention) rather than only for making savings required of them directly to their own budgets.

There needs to be a collegiate and integrated approach...

A recent mhp/health report (April 2014) revealed that one in five (21%) of joint strategic needs assessments (JSNA) do not recognise the key role of housing at all and many others (73%) do not consider housing as part of their integrated care services.²⁸

The NHS guidance relating to the Social Care Act 2014 emphasises the role of early intervention and prevention (ch2).²⁹ This includes:

²⁴ Pannell, J et al (2012) p8.15

²⁵ Pannell, J et al (2012) p9

²⁶ Hambly, M and Adams, S (2003)

²⁷ Skidmore, C & Porteus, J (2012)

²⁸ *Source, Housing LIN*

²⁹ 5 year Forward View NHS England Oct. 2014

- A general duty to promote wellbeing including suitable accommodation
- Include housing related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need
- Information and advice should reflect housing options, as part of a universal service offer
- Care and support delivered in an integrated way with cooperation with partner bodies, including housing.

4. Health & Wellbeing

We already know of some potential health and wellbeing benefits for older people receiving relocation support.³⁰ The idea of suitable support, advice and individualised personal facilitation³¹ sits alongside the current understanding of what is considered to be desirable and suitable accommodation for older people to move to.³²

Schemes such as FreeSpace, fully described in section 5 below, it is claimed may provide more complete and integrated support resulting in timelier and more stable decision-making for older residents over their housing options. If so, this in turn could reduce chronic stress levels that are caused by a. wanting to move when there is felt to be no option and/or b. needing to move but denying the situation. The value of this type of intervention needs to be more fully established at a medical (biological), psychosocial and economic level.

My research examines facts about chronic stress and relocation and how these interact with an individual's main social and practical factors to impact on health and wellbeing. It looks at how this can be clinically measured when linked to a housing option intervention.

Identifying and supporting older people who are personally, psychologically more vulnerable to decision-making chronic stress at transitional life stages, such as relocation, is likely to be helpful in regulating cortisol levels that are associated with negative health effects. Understanding and reducing these hidden disease pathways is important for older homeowners. However, home-ownership often results in them being left to their own devices.

All decision-making is based on context, personality and previous experience. Biological responses to decision-making learned at a time of anxiety are retained in the memory and affect the decision-making process when future complex decisions are required. At these times the memories of 'response to fear' are triggered. Chronic stress is therefore likely to be present for older people who want to relocate but feel they can't. In turn dysregulated cortisol production, due to long-term worry, adversely and often severely affects the immune system. This exacerbates the symptoms of and reduces the recovery from, a wide range of disabling disease. It is a causal factor in dementia, cancers, Type 2 diabetes, obesity and depleted bone mineral mass.³³ Treatment of these diseases is the most costly to society, often the most distressing for patients and, importantly, their carers,³⁴ who frequently also suffer ill health as a result, compounding the suffering and the costs involved.

³⁰ Hambly, M & Adams, S (2003)

³¹ EAC FirstStop; Thetford, C and Robinson, J (2007); Sutherland, J (2013); Hambly, M & Adams, S (2003)

³² O'Shea, N (*2012); Simpson, M (2013); The Housing and Ageing Alliance (2013)

³³ McEwen, B.E and Seeman, T.E (2009); Lutgendorf, S.K (2003); Herbert, J (2006)

³⁴ Kiecolt-Glaser, J.K et al (1991)

5. FreeSpace - background

Some findings from the research will be generalised to any 'handholding' interventions that assist with downsizing and decision-making, including for social tenants. However, FreeSpace is unique in some ways and is a targeted approach for older under-occupying homeowners.

FreeSpace, was designed in 2011/12 as a housing intervention and the detail developed in the London Borough of Redbridge where it was successfully trialed with one applicant. Advertisements for the scheme generated 50 expressions of interest but changes in personnel, other under-occupation demands arising at the time from Welfare benefit changes and budget pressures mean that the scheme has not been fully implemented or impact assessed. It remains a strategic aspiration there and in other boroughs.

The borough in question had an estimated 17,000 under-occupiers over 60 who owned their property outright and like all London boroughs a significant number of homeless families requiring accommodation that is suitable for the Authority in which to discharge its Housing Act duty to rehouse. Feedback from residents in a small door knocking exercise quickly showed that a large number of older owners wanted to move to more suitable property but felt there were limited options. The process seemed daunting to them, there was a lack of trust in commercial agents or equity release and a concern about reducing their status and having nothing to leave the children.

In essence, the idea was to facilitate and support home owners in moving if they so wished, in ways that would enable them to retain their initial home, without the responsibilities attached to owning or letting. This would be by leasing it to the council for letting to a family in need, thereby reducing use of B&B and other temporary accommodation. Alternatively this could be used for overcrowded tenants in social housing - thereby creating further so termed 'churn' and 'chain let' opportunities.

How FreeSpace works...

The local authority or RSL partner acquire the under-occupied property on a long term lease in exchange for 'handholding' the owner through each stage of decision-making, de-cluttering, finding and moving to alternative, smaller accommodation in the tenure and location of their choice, be that private or social rented or purchased. Each case will be individual.

Financial support is given for relocation and upgrading the property ready for letting via an interest free secured grant, repayable only when the property is sold. Owners can even use it together with savings to repurchase e.g. in a cheaper area.

The council (or its RSL partner) acts as landlord, although the rental agreement is between the incoming tenant and the owner (assured shorthold tenancy). The council manages and lets the property to a family in need. The owner receives the rent and the house reverts to their estate with vacant possession within a few months of their death or at the end of the long-term lease (minimum 10 years with break clauses and options for 5 year extensions up to 40 years).

Advice and information:

The key is to look at the benefits for the Local Authority in each case and to the homeowner. Initially comprehensive housing-options advice, including the options of staying put with adaptations (now or in the future) must be explored.

For many homeowners retaining the property appeals for many reasons including that to sell

and repurchase is not viable given the on-costs involved. In areas where rents are lower FreeSpace could be less attractive because the income from the property will be lower. Even so the owner's new outgoings may still be covered and if they benefit in other ways from the move they may feel it is right for them.

Independent financial capability advice must be provided to model the financial situation – which in the pilot was carried out by DABD experts – a charitable organisation based in Barking.

Regarding the agreements, legal advice must be independently accessed – the cost of which can be added to the equity release loan if necessary.

RSLs rather than councils could of course operate these schemes; especially those who currently specialise in sheltered and extra care rather than general needs housing.

There are no restrictions as to where the owner moves to, or what type of tenure they take – it is of course subject to acceptable options being available. There is no reason why councils cannot acquire and manage FreeSpace property outside their boundary if it is an acceptable distance for their families in need to be placed, or there is an agreement for the authority in that area to allocate a family. Where the FreeSpace property is further away, it can be managed by housing providers in that area on an agency or partner basis. Where an offer is required in another area reciprocal lettings arrangements can be made. This flexibility could be particularly beneficial e.g. in the case of older people wishing to move to retirement areas and those having previously moved away wishing to move back (not an uncommon scenario).

In keeping with the Care Act 2014, equity from the owned property as well as income from the rent could contribute or fully cover the cost of residential care or home care provision in the event of this being necessary.

National mobility would obviously increase with more councils/RSLs taking part. This is one of the cases for instigating the schemes through public sector networks. Older people also express issues of trust and concern about the transient nature of high street or other private agencies. For a range of variations see Appendix 1.

6. The Research

As a professional, instrumental in developing FreeSpace and with an interest in both housing and psychology, I can see the benefits of combining the knowledge for a deeper understanding and more enlightened outcome. I intend to add to the understanding of how chronic stress impacts decision-making and inertia in life-transitional phases for older people; the relevance and value of 'handholding' interventions at different stages in the whole process of relocating from decision making to taking action and post-move support. Also, how this differs in type and level from the lower end of the older age range to the higher age end, allowing for differences in competence and personality. Currently, my suggested split is 60 – 74 years, 75 years and above but my findings may change this view.

The research aims are:

1. To evaluate the effectiveness of FreeSpace as a housing intervention for older people who might otherwise not make, or see through that life changing decision, irrespective of the choices made available by housing providers.
2. Examine the decision-making process and interaction between cognitions, social and emotional aspects that affect the decision-making and planning behaviours of older people, including a focus on wellbeing outcomes.

3. To inform practice and policy in the provision of housing and support services for older people relating to relocation-decision-making and settling in.

Objectives include:

1. To measure and understanding the participants' attitudes, beliefs and behaviours in respect of relocation decision-making and isolate the big issues from peripheral dissatisfaction.³⁵
2. To identify the bio-psychosocial effects and associations with health and wellbeing.
3. To add to the literature on disease pathways and sub clinical effects in older people associated with loneliness, isolation and depression through lack of control of lifestyles, in particular housing situations.
4. To contribute to the current understanding of the effectiveness of measuring chronic stress through assays of hair cortisol concentration (HCC).³⁶

Do you want to be part of this research?

I am grateful to Jeremy Porteus at the Housing LIN for providing a platform for highlighting FreeSpace.

We would also be interested to hear from anyone else who wants to be part of this research.

... because you already improve the lives of older people by providing housing options - (must be London & Home Counties areas but you don't have to already have a FreeSpace type scheme). Due acknowledgements and citations will be given.

Do you want more information on FreeSpace?

... and the variations on the concept that might help you to provide more creative options for older people?

in order to ...

- a. Develop FreeSpace as an option and/or
- b. Help find participants for the research

Participants for the study – Can you help?

Needed:

Women aged 60 and over who previously owned or currently own their property in the London and Home Counties and are:

1. about to move,
2. have very recently moved or
3. have approached you about moving.

³⁵ Cox et al (2000)

³⁶ (This method is innovative in its use for measuring stress. It has not previously been used to measure stress in humans at all stages of relocation. It is an improvement on previously available bio measures, being more appropriate for chronic stress monitoring and far more practical and less invasive than previous methods. Its development is significant in the assessment and monitoring of signs of disease.)

You don't have to have a FreeSpace or similar scheme but those are of particular interest.

Subject to usual ethical considerations around introduction and confidentiality etc.

Interested in the research or running a FreeSpace scheme?

Contact Gail Lincoln: glin57@aol.com

For general discussion and comments on this article please use the Housing LIN discussion www.housinglin.org.uk/HousingRegions/London/discuss/forum/?forumID=82#post

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APPENDIX 1

Variations

- The Local Authority can use flexible tenancies or non-secure lets for the owner or for direct letting to incoming tenant instead of the owner and tenant arranging an AST.
- A limit to the cost of work to bring the property to a lettable standard has to be applied. In the pilot, if work was above £25k a referral was made to the London Rebuilding Society [Industrial and provident society] who provide intensive support and a funding system for owners with no means of dealing with very dilapidated property.
- Empty property policy and practice – i.e. Private Sector Renewals Policy, can be integrated in practical terms.
- An annual general maintenance float is held – e.g. for gas safety checks.
- Some authorities may charge a management fee or use their existing resources for free
- Some may charge a small fixed interest rate on the equity release grant.
- Social lettings offered can be affordable or market rents, could be secure or flexible
- Local authorities are well placed to run these schemes through existing services and resources i.e. existing housing management role, home improvement agencies and tenancy sustainment or under-occupation staff, social workers, in house expertise in property survey, housing standards and repairs grant mechanisms, in-house private lettings agencies, accounting systems.
- RSLs rather than councils could operate these schemes, including those who currently specialise in sheltered and extra care rather than general needs housing.
- Some allocations policies would need to incorporate priority to FreeSpace applicants to allocate desirable properties and let the owner specify certain occupancy conditions for their tenants. Decisions will have to be made about criteria such as medical and financial means, and support capabilities so that the most vulnerable, rather than those with a good business sense, take up the scheme, first. 40% - 50% of homeowners are in the low-income bracket, rising to 65% over 65 years of age.
- In keeping with the Care Act 2014, equity from the owned property as well as income from the rent could contribute or fully cover the cost of residential care or home care provision in the event of this being necessary.

Note

The views expressed are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and to participate in our shared learning and service improvement networking opportunities, including 'look and learn' site visits and network meetings in your region, visit: www.housinglin.org.uk

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