

KING'S FUND CARE SERVICES ENQUIRY

THE HOUSING DIMENSION

**David Leather
Peter Molyneux**

**King's Fund
February 2005**

Introduction

In December 2004, the King's Fund commissioned from Peter Molyneux and David Leather an analysis of available data to provide support to the King's Fund Enquiry into Care Services in the capital.

This data, it was envisaged, would be drawn from available sources to inform an understanding of housing issues that impact on peoples' ability to make choices about their care and their way of life.

The report is presented under the following headings :

- 1 What do we need to know ?
- 2 Housing equity
- 3 Interventions to help people stay at home
- 4 Supported housing options
- 5 Mobility of older Londoners
- 6 Older peoples' housing strategies

The authors would particularly like to thank Nigel Appleton of Contact Consulting for his generosity in making material available for this rapid review. Thanks are also due to Prof Phil Leather of the Centre for Urban and Regional Studies for his time and for providing access to data for the study.

KING'S FUND LIBRARY 11-13 CAVENDISH SQUARE LONDON W1G 0AN	
Class mark	Extensions
QH Led	Lea
Date of receipt	Price
3/2/06	KFPUB

1 What do we need to know ?

The purpose of this section is to outline the tenure that people are living in and to outline any significant variations both in tenure and the amenities to which residents have access and to draw out any significant variations between inner London, outer London and elsewhere.

In order to do this we have relied primarily on Census data from the 2001 Census. The section is sub-divided as follows :-

- a) Current population by age range;
- b) Population projections;
- c) Tenure;
- d) Amenities / State of Repair

a) Current Population by age range

Current pop 2001 census (000s)			
	Inner London	Outer London	England
Total	2766.1	4406.0	49138.8
Males	1340.6	2128.2	23922.1
Females	1425.5	2277.8	25216.7

(Source ONS 2001 Census Click Licence CO2W0003323)

Current pop 2001 census 50+ (000s)				
		Inner London	Outer London	England
Total	50-64	339.0	677.7	8560.0
	65-74	153.4	314.7	4102.8
	75+	130.8	292.8	3705.2
Males	50-64	163.6	328.9	4231.2
	65-74	72.8	146.1	1921.5
	75+	48.7	106.0	1361.3
Females	50-64	175.4	348.8	4328.8
	65-74	80.6	168.6	2181.4
	75+	82.1	186.8	2343.9

(Source ONS 2001 Census Click Licence CO2W0003323)

2001 census, % of population aged:			
	Inner London	Outer London	England
50+	22.5	29.2	33.3
65+	10.3	13.8	15.9
75+	4.7	6.6	7.5

(Source ONS 2001 Census Click Licence CO2W0003323)

		Older cohorts 2001 census (000s)		
		Inner London	Outer London	England
Total	50-54	135.9	274.9	3382.7
	55-59	106.0	217.0	2785.4
	60-64	97.1	185.8	2391.8
	65-69	81.7	166.2	2154.0
	70-74	71.7	148.5	1948.8
	75-79	58.6	126.7	1645.2
	80-84	38.8	86.5	1105.9
	85+	33.4	79.6	954.0
	All 50+	623.1	1285.2	16368.0
Males	50-54	66.0	133.5	1677.3
	55-59	50.2	105.4	1379.5
	60-64	47.3	90.0	1174.5
	65-69	39.7	79.5	1034.7
	70-74	33.1	66.7	886.8
	75-79	24.5	51.6	687.3
	80-84	14.7	32.0	409.0
	85+	9.4	22.4	265.0
	All 50+	285.0	581.0	7514.0
Females	50-54	69.9	141.4	1705.4
	55-59	55.8	111.6	1406.0
	60-64	49.7	95.8	1217.4
	65-69	42.0	86.7	1119.4
	70-74	38.6	81.9	1062.0
	75-79	34.0	75.1	957.9
	80-84	24.1	54.5	697.0
	85+	24.0	57.2	689.0
	All 50+	338.1	704.2	8854.0

(Source ONS 2001 Census Click Licence CO2W0003323)

Full cohorts Inner London		Census 2001	
Age Range	Total	Males	Females
0 - 4	190110	96821	93289
5 - 9	165390	83895	81495
10 - 14	154600	78160	76440
15 - 19	153070	76354	76716
20 - 24	241829	112253	129576
25 - 29	335249	160147	175102
30 - 34	309676	153671	156005
35 - 39	255678	127328	128350
40 - 44	192271	95921	96350
45 - 49	145147	71060	74087
50 - 54	135912	66007	69905
55 - 59	106019	50237	55782
60 - 64	97053	47311	49742
65 - 69	81668	39651	42017
70 - 74	71682	33117	38565
75 - 79	58573	24538	34035
80 - 84	38782	14718	24064
85 - 89	22382	6861	15521
90 and over	11023	2577	8446
Totals	2766114	1340627	1425487

(Source ONS 2001 Census Click Licence CO2W0003323)

Full cohorts Outer London			
Census 2001			
Age Range	Total	Males	Females
0 - 4	288077	146919	141158
5 - 9	286398	146826	139572
10 - 14	280802	143940	136862
15 - 19	263736	135690	128046
20 - 24	289175	141771	147404
25 - 29	356904	171613	185291
30 - 34	386329	187416	198913
35 - 39	378276	183706	194570
40 - 44	318706	156718	161988
45 - 49	272377	132529	139848
50 - 54	274903	133502	141401
55 - 59	217011	105427	111584
60 - 64	185803	89977	95826
65 - 69	166179	79462	86717
70 - 74	148538	66671	81867
75 - 79	126741	51620	75121
80 - 84	86457	31988	54469
85 - 89	53321	16357	36964
90 and over	26244	6034	20210
Totals	4405977	2128166	2277811

(Source ONS 2001 Census Click Licence CO2W0003323)

Full cohorts England			
Census 2001			
Age Range	Total	Males	Females
0 - 4	2926238	1498073	1428165
5 - 9	3122529	1599800	1522729
10 - 14	3229047	1653034	1576013
15 - 19	3032604	1550800	1481804
20 - 24	2952719	1468846	1483873
25 - 29	3268660	1603484	1665176
30 - 34	3785611	1857054	1928557
35 - 39	3881013	1915826	1965187
40 - 44	3460887	1719334	1741553
45 - 49	3111565	1541933	1569632
50 - 54	3382697	1677289	1705408
55 - 59	2785431	1379458	1405973
60 - 64	2391830	1174457	1217373
65 - 69	2154023	1034653	1119370
70 - 74	1948818	886797	1062021
75 - 79	1645194	687316	957878
80 - 84	1105941	408968	696973
85 - 89	637701	193583	444118
90 and over	316323	71439	244884
Totals	49138831	23922144	25216687

(Source ONS 2001 Census Click Licence CO2W0003323)

b) Population Projections

London GOR projections (000s)						
	2003	2008	2013	2018	2023	2028
Total	7387.9	7613.6	7857.9	8105.4	8330.8	8522.8
Males	3648	3793.3	3941.2	4087.6	4219.5	4330.7
Females	3739.8	3820.3	3916.7	4017.9	4111.3	4192.1

(Source ONS 2001 Census Click Licence CO2W0003323)

Total projected population 50+ (000s) for London GOR							
		2003	2008	2013	2018	2023	2028
Total	50-64	1026.8	1099.9	1197.3	1352.1	1472.4	1495.3
	65-74	467	457.5	500.4	541.2	561	634.2
	75+	425.1	427.7	440.5	458.4	513.5	559.8
Males	50-64	496.1	533.4	588.6	679.3	756.9	786.1
	65-74	219.8	214.3	232.6	251.9	263.9	303.8
	75+	159.6	170	183.3	194.2	219.8	240.6
Females	50-64	530.6	566.6	608.7	672.7	715.6	709.3
	65-74	247.1	243	267.8	289.4	297.3	330.4
	75+	265.5	257.6	257.2	264.2	293.7	319.2

(Source ONS 2001 Census Click Licence CO2W0003323)

Projections for London GOR, % of population aged:						
	2003	2008	2013	2018	2023	2028
50+	26.0	26.1	27.2	29.0	30.6	31.6
65+	12.1	11.6	12.0	12.3	12.9	14.0
75+	5.8	5.6	5.6	5.7	6.2	6.6

(Source ONS 2001 Census Click Licence CO2W0003323)

Total projected population 50+ (000s) for London GOR							
		2003	2008	2013	2018	2023	2028
Total	50-54	388.8	413.9	488.9	553.5	553.1	523.5
	55-59	362.1	360.4	383.9	452.5	511.3	510.9
	60-64	275.9	325.6	324.5	346.1	408	460.9
	65-69	248.7	242.4	287.8	287.4	306.9	362.3
	70-74	218.3	215.1	212.6	253.8	254.1	271.9
	75-79	178.8	177.5	179.8	180.7	217.6	218.4
	80-84	138.2	130.6	134	140.2	143.5	175
	85+	108.1	119.6	126.7	137.5	152.4	166.4
	All 50+	1918.9	1985.1	2138.2	2351.7	2546.9	2689.3
Males	50-54	188.8	203.5	245.2	285.4	292.7	283
	55-59	175	174.4	188	226	262.4	268.8
	60-64	132.3	155.5	155.4	167.9	201.8	234.3
	65-69	119.5	114.1	135.2	135.6	146.8	176.7
	70-74	100.3	100.2	97.4	116.3	117.1	127.1
	75-79	75	78.5	81.2	80.4	97	98.1
	80-84	52.6	51.3	56.2	60.2	60.9	74.6
	85+	32	40.2	45.9	53.6	61.9	67.9
	All 50+	875.5	917.7	1004.5	1125.4	1240.6	1330.5
Females	50-54	199.9	210.5	243.7	268	260.4	240.5
	55-59	187.1	186	195.9	226.5	249	242.1
	60-64	143.6	170.1	169.1	178.2	206.2	226.7
	65-69	129.2	128.2	152.6	151.8	160.2	185.6
	70-74	117.9	114.8	115.2	137.6	137.1	144.8
	75-79	103.8	99	98.6	100.3	120.6	120.4
	80-84	85.6	79.2	77.8	80	82.6	100.4
	85+	76.1	79.4	80.8	83.9	90.5	98.4
	All 50+	1043.2	1067.2	1133.7	1226.3	1306.6	1358.9

(Source ONS 2001 Census Click Licence CO2W0003323)

SE GOR projections (000s)						
	2003	2008	2013	2018	2023	2028
Total	8080.3	8299.9	8526.9	8765.2	9004.8	9222.1
Males	3957	4078.5	4201.3	4325.4	4445.8	4552.6
Females	4123.3	4221.4	4325.6	4439.7	4559	4669.5

(Source ONS 2001 Census Click Licence CO2W0003323)

Total projected population 50+ (000s) for SE GOR							
		2003	2008	2013	2018	2023	2028
Total	50-64	1455.5	1549.2	1597.8	1726.6	1805.4	1746
	65-74	677.6	707.5	844.7	923.5	911.9	994.3
	75+	652.1	689.5	741	812.1	972.1	1081.5
Males	50-64	718.9	763.9	787.9	851.3	886.3	859.7
	65-74	320.3	340.5	407.8	443.7	439.3	482
	75+	243.9	271.9	307.2	347.8	424.9	473.1
Females	50-64	736.4	785.3	810	875.3	919.1	886.3
	65-74	357.3	367.1	437	479.8	472.6	512.3
	75+	408.3	417.5	433.6	464.3	547.3	608.2

(Source ONS 2001 Census Click Licence CO2W0003323)

Projections for London GOR, % of population aged:						
	2003	2008	2013	2018	2023	2028
50+	34.5	35.5	37.3	39.5	41.0	41.4
65+	16.5	16.8	18.6	19.8	20.9	22.5
75+	8.1	8.3	8.7	9.3	10.8	11.7

(Source ONS 2001 Census Click Licence CO2W0003323)

Total projected population 50+ (000s) for SE GOR							
		2003	2008	2013	2018	2023	2028
Total	50-54	517.4	527.7	597.3	643.7	606.3	534.7
	55-59	540.1	503.8	515.6	585.3	632.4	597.2
	60-64	398.0	517.7	484.9	497.6	566.7	614.1
	65-69	356.6	377.9	492.4	463.1	476.9	544.6
	70-74	321.0	329.6	352.3	460.4	435	449.7
	75-79	266.5	277.9	292.2	315.8	415	394.2
	80-84	213.8	208	223.3	241.5	264.9	351.3
	85+	171.8	203.6	225.5	254.8	292.2	336
	All 50+	2785.2	2946.2	3183.5	3462.2	3689.4	3821.8
	Males	50-54	256.0	262.8	297.1	317.8	296.8
55-59		267.7	247.5	255.1	289.7	311.3	291.9
60-64		195.2	253.6	235.7	243.8	278.2	300.3
65-69		172.3	183.6	239	223.3	232	265.7
70-74		148.0	156.9	168.8	220.4	207.3	216.3
75-79		113.7	123.6	134.9	147	193.4	183
80-84		80.3	83.5	94.5	106.5	117.9	156.9
85+		49.9	64.8	77.8	94.3	113.6	133.2
All 50+		1283.1	1376.3	1502.9	1642.8	1750.5	1814.8
Females		50-54	261.3	264.9	300.3	325.9	309.4
	55-59	272.4	256.3	260.5	295.6	321.2	305.3
	60-64	202.7	264.1	249.2	253.8	288.5	313.8
	65-69	184.3	194.3	253.5	239.8	244.9	279
	70-74	173.0	172.8	183.5	240	227.7	233.3
	75-79	152.8	154.3	157.2	168.8	221.6	211.1
	80-84	133.6	124.4	128.8	135	147	194.4
	85+	121.9	138.8	147.6	160.5	178.7	202.7
	All 50+	1502.0	1569.9	1680.6	1819.4	1939	2006.8

(Source ONS 2001 Census Click Licence CO2W0003323)

c) Tenure

own outright													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
165083	12316	11187	12195	23549	12220	2650	14188	14274	14952	26109	16187	5256	Inner London
620680	32715	36552	43327	94337	52968	12426	41043	47277	53257	107460	73805	25513	Outer London
8091477	430047	522189	604817	1253821	679706	139379	533675	642715	713468	1392140	903395	276125	England

(Source ONS 2001 Census Click Licence CO2W0003323)

own with mortgage or loan													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
106719	20724	12742	9046	7240	2375	507	21452	13167	7773	7057	3531	1105	Inner London
352106	74066	48381	27864	20368	7269	1678	72714	42158	22286	20384	11405	3533	Outer London
4076103	916005	586729	318688	216094	76779	15862	847517	493424	241984	213850	114094	35077	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Shared ownership													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
3559	598	291	280	346	194	46	550	328	228	356	244	98	Inner London
4948	716	454	342	434	222	62	802	497	378	464	410	167	Outer London
59603	6754	4916	4063	6313	3860	874	7143	5112	4292	7697	6343	2236	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Rented from council													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
181659	15160	12461	13406	23238	13405	2860	16966	14964	14856	26421	20592	7330	Inner London
135451	10316	8452	8490	14996	11213	3080	11750	10054	9688	20205	19426	7781	Outer London
1937126	144780	122212	122657	237945	167033	35899	152479	131820	136719	304225	283390	97967	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Other social rented													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
79071	7704	6125	5887	8887	4845	1137	8664	6653	6475	11244	7935	3515	Inner London
65318	5137	3953	3832	6786	4853	1374	6064	4844	4601	9420	9588	4866	Outer London
793838	56397	46517	45932	90160	66890	17743	60315	50384	52579	122511	128467	55943	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Private rented													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
61927	7360	5635	4850	6872	4239	1286	6234	4886	4122	6999	6366	3078	Inner London
64640	8519	6062	4604	6404	3766	1455	7107	5039	4046	6818	6943	3877	Outer London
694228	92191	69974	52896	71849	41392	12609	77198	58069	44945	74399	67081	31625	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Living rent free													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
13024	1386	1158	1084	1422	703	237	1394	1157	965	1506	1330	682	Inner London
17235	1397	1080	1033	1541	1246	539	1415	1231	1087	2196	2846	1624	Outer London
316573	19900	17389	17483	25712	26808	10373	20284	18173	17411	43550	66743	32747	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Living in a communal establishments													
All	Males						Females						
50+	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+	
12052	759	638	563	1214	1275	715	457	353	371	890	1914	2903	Inner London
24819	636	493	485	1267	2071	1777	506	484	483	1637	5167	9813	Outer London
399010	11215	9532	7921	19556	33816	32283	6797	6276	5975	23019	85338	157282	England

(Source ONS 2001 Census Click Licence CO2W0003323)

d) Amenities / State of Repair

Missing amenities by tenure (not available by age other than 'pensioner') B&S = bath shower; CH = central heating

	All households			
	All			
	All households	One person: pensioner	One family: all pensioner	Other households: all pensioner
Inner London	1219855	143070	38014	4084
Outer London	1796138	239016	123919	7165
England	20451429	2939465	1826453	82384

(Source ONS 2001 Census Click Licence CO2W0003323)

All households				All households				
With B/S but no CH				Without B/S but with CH				
All households	One person: pensioner	One family: all pensioner	Other household: all pensioner	All households	One person: pensioner	One family: all pensioner	Other household: all pensioner	
100411	21883	5072	805	11032	1105	60	16	Inner London
122792	32167	10418	1086	9485	1849	123	36	Outer London
1711405	355977	139539	11632	66706	13508	1311	245	England

(Source ONS 2001 Census Click Licence CO2W0003323)

All households without B/S and without CH				
All households	One person: pensioner	One family: all pensioner	Other household: all pensioner	
7511	1203	93	23	Inner London
3928	763	67	24	Outer London
32741	6000	663	192	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Owner occ				Owner Occ				
All				B/S but no CH				
All households	1 person: pensioner	1 family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	1 family: all pensioner	Other hshld: all pensioner	
484106	43370	19183	1752	28012	6495	2221	349	Inner London
1220611	146325	102912	5399	65307	18161	7185	736	Outer London
14054122	1710656	1483472	58376	960452	208072	96702	7562	England
Owner Occ				Own / Occ				
No B/S but with CH				No B/S and no CH				
All hshlds	1 person: pensioner	1 family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
876	120	25	7	413	144	18	6	Inner London
1646	197	92	12	359	134	26	8	Outer London
12512	1850	827	105	5588	1918	345	106	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Council rented				Council rented				
All				with B&S but no CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
308427	52757	11283	1376	20493	4232	908	135	Inner London
207813	45103	10928	881	15671	3675	990	103	Outer London
2702484	626485	189002	13193	271625	53383	19264	1627	England
Council rented without B&S but with CH				Council rented No B/S and no CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
2297	471	11	5	506	61	12	3	Inner London
2036	944	14	17	175	40	4	5	Outer London
14173	6618	226	73	1663	309	50	16	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Other soc rented				Other soc rented				
All				with B&S but no CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
155461	24928	3675	395	15547	3102	551	60	Inner London
118669	24237	4806	358	7590	1866	478	42	Outer London
1238246	298350	75831	4572	71245	15322	4608	415	England
Other soc rented without B&S but with CH				Other soc rented No B/S and without CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
1775	161	5	4	402	60	3	0	Inner London
1322	484	6	4	291	87	3	3	Outer London
9401	3082	100	30	1189	262	19	4	England

(Source ONS 2001 Census Click Licence CO2W0003323)

Private rented or rent free				Private rented or rent free				
All				with B&S but no CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
271861	22015	3873	561	36359	8054	1392	261	Inner London
249045	23351	5273	527	34224	8465	1765	205	Outer London
2456577	303974	78148	6243	408083	79200	18965	2028	England
Private rented or rent free without B&S but with CH				Private rented or rent free No B/S and without CH				
All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	All hshlds	One person: pensioner	One family: all pensioner	Other hshld: all pensioner	
6084	353	19	0	6190	938	60	14	Inner London
4481	224	11	3	3103	502	34	8	Outer London
30620	1958	158	37	24301	3511	249	66	England

(Source ONS 2001 Census Click Licence CO2W0003323)

It is obviously difficult to generalise about what is a very complex and adaptive system and a system where small changes can have significant intended and unintended consequences. However, it is possible to draw a number of conclusions :-

- i) There are significant differences in the strength of the upper age range of older people and lower age range of older people cohorts. This is particularly marked in inner London where you have significant concentrations of older older people;
- ii) these older older people in Inner London would not appear to be living in particularly poor quality housing;
- iii) there seem to be fewer younger older people living in Inner London and fewer people in their 50's to follow on. This seems to be because of increasing property prices and an under investment in affordable housing meaning that we are more young people moving in;
- iv) in outer London, there is a similar but slightly different profile. You have a significant number of older older people but they are living in poorer quality housing;
- v) there are also fewer people in young old age. However, it would appear that this is because they are moving out either at retirement or prior to retirement;
- vi) this means that in both areas you have a generational bubble of older older people with limited choice because discretionary moves are unlikely.

2 Housing Equity

We were asked to provide data on housing equity. In particular we were asked to address the value of housing equity owned by older Londoners, the value of the available equity in relation to the cost of a place in extra care housing, the effectiveness of equity release schemes (from different stakeholder perspectives) and whether new flexibilities could be used to fund (or for people to self-fund) support at home or care in different settings. The text on equity release has been adapted from Appleton, N (2003) Ready, Steady But Not Quite Go, www.jrf.org.uk.

Value of housing equity

The data available does not allow easy analysis by age group of vendors and figures are only available for Greater London. It will tend to be the case that older people will be more strongly represented in older properties and this may indicate that the average sale price for any property formerly occupied by an older person would be slightly below the whole market average. The figures from the Land Registry are generally regarded as the most reliable available. This is because they are not distorted by things that may be included in the price such as 'white goods' or carpets.

The tables below show the average value by type of dwelling and the number of transactions in the quarter on which the average is based. Although there is no generally agreed yardstick for what constitutes affordability in the purchase of 'retirement homes' social housing providers (e.g. local authority, Registered Social Landlord and charitable providers) tend to take the average selling price of a semi-detached house in the given local authority as their benchmark.

Land Registry figs for property values

Property prices Jul-Sep 2004 (latest available from Land Registry)

Average Price & Volume of Sales by District

Data last updated: Nov 2004

Region/area	Detached		Semi-detached		Terraced		Flat/maisonette		All	
	Av price £	Sales	Av price £	Sales	Av price £	Sales	Av price £	Sales	Av price £	Sales
Greater London	570342	1677	327576	6298	301585	12217	241347	19500	287470	39692

(Source: Land Registry)

England/Wales (prices only)	Detached		Semi-detached		Terraced		Flat/maisonette		All	
	Av price £		Av price £		Av price £		Av price £		Av price £	
	284,145		170,816		143,771		172,196		187,971	

(Source: Land Registry)

Equity Release

Equity Release products

To those who do wish to draw on the equity in their property there are a range of products that will allow them to do so. All have conditions attached and the choice of the appropriate product may as often be a matter of 'comfort' for the borrower as fitness for purpose judged by financial criteria alone. Some may be more comfortable with the security of knowing how much they will owe at the conclusion of the loan, while others will prefer the comfort of knowing they are minimising the cost of borrowing.

Equity release mechanisms (ERMs) are financial schemes, normally mortgage or reversion based, which enable a householder to draw down some of the equity in the house. The minimum value of any equity in the property is £45k - which is not usually a problem in London. The minimum loan amount for all schemes currently available is £30k. The average cost of administration is £1,000.

The amount drawn down is repaid when the houseowner dies or moves out of the house. Repayment can be deferred until the death of the plan holder or a surviving spouse, or the point at which they dispose of the property. In some schemes interest is paid each year, but in others interest (or equivalent capital appreciation) is rolled up and paid when the capital is repaid. With most ERMs the scheme can be transferred to another house if the owner moves.

Different Forms of Equity Release

Re-mortgaging with regular repayment of capital and interest

This is the product with which most home-owners are familiar as many will have originally acquired their property with such a mortgage. Standard mortgage conditions apply - the term will commonly be between five and twenty years with interest at a variable rate. For those who have a reasonable level of income but want to release a lump sum (typically 30% of the value of the property) to finance repairs or improvements, or a major purchase this may be an appropriate method. The advantages are that it is familiar and 'main-stream' which will be attractive to some borrowers.

Interest-only loans

This is the simplest method for those whose income may be too limited to service a repayment mortgage. No repayments of capital are made by the borrower until their death, when the capital sum is settled through the estate, or if they sell the house against which the loan is secured.

Interest-only mortgages are more affordable for older people than a normal repayment loan but they may still be too expensive for many on low incomes. Those in receipt of benefits in addition to their state pension may be able to secure assistance with interest payments for loans taken out for qualifying purposes, such as to fund repairs.

Home income plans

The most common form of home income plan involves a secured loan that is used to purchase a lifetime annuity that provides a fixed payment at regular intervals until death. The amount of the payments will depend upon life expectancy when the plan is taken out and the rates of return available on annuities at the time of purchase.

The income from the annuity is intended to make the payments of interest and provide a surplus that is available for any purpose the plan holder chooses. Home income plans are restricted to people over 70 as only in these cases do the actuarial calculations provide a sufficient return to meet the interest payments and provide a surplus. Poor rates of return have made it difficult for new entrants to secure a return that does more than service the interest payments.

The plans came into disrepute in the late 1980s when some used alternative mechanisms to invest the funds raised via the loan, in order to secure a higher return than an annuity purchase could provide. As is generally the case, higher returns carried higher risks and in adverse conditions some schemes were unable to generate sufficient income to meet interest payments, still less to provide a surplus. Some plan holders were left with unsupportable and mounting debts leading them into negative equity and, in some extreme cases, re-possession of their homes.

Reverse mortgages or interest roll-up

These are mortgages on which neither capital or interest is repaid during the life of the loan but interest is added to the capital sum outstanding. The major draw-back to this product is that the amount owed can rise very quickly with the total outstanding doubling in around eight years. This product is generally considered only to be appropriate for those over 75 years of age.

In the late 1980s a fall in house values and rise in interest rates led to some borrowers finding themselves in negative equity. For some this resulted in re-possession of their property. Most lenders currently offering this type of product offer a 'no negative equity' guarantee so that even if the balance of capital and rolled-up interest exceeds the value of the house it will not be re-possessed. The amount to be repaid from the borrower's estate or on their sale of the property will not exceed its current market value. If the value of the property exceeds the amount of capital and interest to be repaid the balance belongs to the borrower or their estate.

Shared equity and shared appreciation mortgages

These products provide for loans at nil interest or interest below the market rate. The margin of interest that the lender foregoes is met by the assignment of a share of future equity appreciation. Rather than a share in the whole property the investor receives a share, if any, of the increase in property value during the life of the loan, plus the sum originally advanced.

While the product, when first offered, was popular with borrowers it is less attractive to the money markets, as the lending cannot be readily securitised and for this reason is not currently being offered. Some advisors would warn borrowers against it as in a time of high increase in property values the return achieved by the lender will exceed what might otherwise be regarded as a reasonable rate of interest.

Home reversion

This is not a mortgage but a sale with conditions. The older home owner sells all or part of their property to an investor but retains the right to continue living in the property for their lifetime. The price at which the purchase is made represents a discount on the full market value to reflect that continuing right of occupancy. The level of the discount will depend upon the age and life expectancy of the home owner. There is a degree of 'wager' involved for the home owner. If they die soon after entering the arrangement they may in effect have sold their house at a substantial discount for a limited benefit.

Issues around Equity Release

At present, a lack of fit between products and the potential market is the most fundamental deficiency in equity release. The threshold on the minimum value of property is too high, the draw-down levels are too inflexible, and administrative expenses are too costly.

Many older people are looking for a simple line of borrowing that they can draw on by borrowing relatively modest amounts to finance lifestyle items such as a holiday, a new car, a new kitchen, a conservatory or replacement doors or windows. Even those who wish to finance more fundamental works of repair or improvement to their homes need access to sums of a few thousand pounds at a time.

Others may wish to fund an operation or other episode of care, even here the need is for smaller sums than those generally offered as the minimum advance. For smaller sums especially, the administrative costs associated with these loans seem costly.

Very many older people live in lower value properties: often they will be among those who might see the greatest benefit in access to this type of product but the value of their property is too low to qualify. There is still little known about what motivates consumers to enter a contract for an equity release product. The ratio of enquiries to contracts completed is high.

Greater attention might be given to the circumstances that trigger an application. Anecdotally it seems, for example, that a significant number of applicants are widows whose circumstances have deteriorated significantly on the death of their spouse. A better understanding of this and other scenarios would allow products to be refined to better match the needs and priorities of potential consumers.

Different Stakeholder Views

The folk memory of bad outcomes from the late 1980s is still strong. The knowledge that products that released equity led people into negative equity, re-possession and financial disaster creates apprehension for many older people. Some of these cases are still not resolved and are from time to time picked up and highlighted by the press. Organisations such as the Consumers' Association are committed to keeping this issue alive.

To lay this ghost some believe that a gesture is needed from the lenders to settle outstanding cases, perhaps by foregoing all claims beyond the current value of the

property, or the value at the point the borrower died. If the introduction of regulation by the Financial Services Agency (FSA) is to act as a springboard for the re-building of public confidence then the gesture to settle all outstanding contentious cases should come before regulation arrives.

Nonetheless, there is a widespread expectation that both providers and consumers will draw comfort from the introduction in Autumn 2004 of regulation by the Financial Services Agency - especially as reversions are to be included. For providers it allows them to market equity release products as 'safe' and respectable.

For consumers it indicates that these are mainstream financial products in which they may have the same confidence as in more familiar forms of mortgage. There have been widespread concerns about the position of reversions and Government has proposed that these should in future enjoy a comparable standard of regulation to that for mortgage-based products.

In many quarters there is a perception that the balance of risk in the operation of equity release products still favours providers. Whilst consumers may be protected against negative equity if the market declines with some products they may suffer disadvantage where the property appreciates steeply.

In these circumstances they may find themselves surrendering a proportion of the improved value that represents an astronomic effective rate of interest. In these circumstances there may be an argument for limiting such windfall returns in a sharply rising market.

Local authorities and home improvement agencies

Local authorities are required to respond to the flexibilities offered them in the Regulatory Reform Order on Housing Renewal 2002 by producing a strategy statement setting out how they will use a mixture of grants and equity based loans to encourage repair and improvement in housing stock within their area. The promotion of borrowing as an alternative to grants for older home-owners will only start to bite in most areas in 2004/5 and thereafter as local authorities work through the detail of the schemes through which they will offer appropriate forms of loan.

In many cases it is the Home Improvement Trust that has been cited in strategies and success will depend on their ability to gear up to a potentially high level of enquiry in the months following the simultaneous implementation of strategies in many local authorities.

In rolling out an equity loan based strategy to finance repairs in the homes of older people home improvement agencies are expected to play a key role. There is little evidence that the majority of HIAs are really geared up to deal with their end of the process. Foundations, the co-ordinating body for HIAs in England, is still preparing for the role it may need to play in supporting agencies.

How might equity release money be spent to fund low level support?

The current range of equity release products does not provide a cost effective route to funding low level support. There will need to be much more flexibility in products to allow draw down of small sums over an extended period. There are currently two developments that may change the operation of the market :

- i) The development of flexible release lifetime mortgages that retain the minimum loan amount of £30k but which allows for draw down of small amounts over an extended period and where interest only accrues on amounts that are actually drawn down;
- ii) In Wales work is progressing on the creation of an intermediary body that would draw substantial advances from commercial lenders and distribute these through Credit Unions or local agencies such as Home Improvement Agencies with a subsidised mechanism for managing the transaction costs.

3 Interventions to help people stay at home

Equipment and adaptations

Although the Integrated Community Equipment Services Team (a team, managed by Ian Salt, funded by the DoH under guidance issued in 2001 to encourage greater co-ordination by PCTs and Local Authorities on the delivery of equipment in the community. The London team member is Bernadette Edwards at Ealing). They have collated information on the spend within local authority areas on community equipment they do not place much reliance on the data. Returns are inconsistently calculated and many are incomplete. They are continuing to work on this but at present there are no reliable figures for the spend on equipment.

So far as Adaptations are concerned the situation is even less clear. Whilst it would be possible, with additional work, to establish the spend on Disabled Facilities Grant this is not the only source of funding. Many Social service departments provide "top-up" or hardship funding and the total spend from all sources is not collated. This would be a valuable piece of work but is beyond the range of this exercise.

Handyperson schemes

The difficulties faced by older people, and those within other vulnerable groups, in securing assistance with very small works of maintenance, repair, adaptation and security has been recognised for more than two decades. The very early developments of the Care and Repair model aimed to address some of these concerns. As Home Improvement Agencies were seduced into concentrating more and more on grant aided work the response to very small jobs became marginalised. Care and Repair England sought to focus attention on this deficit through promoting handyperson small repair schemes in collaboration with Anchor Housing Trust and using Sainsbury funding. This initiative was reported in Adams 1992.

In 1995 the Joseph Rowntree Foundation commissioned a review of Handyperson schemes from Contact Consulting. The study canvassed local authorities and Home Improvement Agencies in England and Wales, identifying sixty three schemes. Three principal areas of service were identified: small repairs, minor adaptations and home security work. The report of the study: "Handyperson Schemes - making them work" was published in 1996.

Since 1996 there have been two main developments:

- i) policy and guidance documents from the ODPM and the Department of Health have frequently cited the value of such services in responding flexibly to a range of needs;
- ii) the number of schemes has greatly increased.

The availability of Handyperson services has not been documented since the JRF study. Discussions are currently underway with the Change Agent Team at the Department of Health to arrange a "benchmarking" event involving key stakeholders to try to make an assessment of where these services have got to.

Home Care figures

Contact Hours provided and Households Receiving Home Help and Home Care by Sector

Social Services Authority	All Sectors		Local Authority		Independent	
	Contact Hours	Households	Contact Hours	Households	Contact Hours	Households
England	3,113,100	362,800	1,043,200	149,500	2,069,800	226,500
London	477,000	52,600	113,500	13,000	363,500	41,400
<u>Inner London</u>						
Camden	21,780	2,730	4,460	500	17,320	2,410
Greenwich	18,530	1,720	3,320	220	15,210	1,550
Hackney	17,420	1,310	8,030	620	9,400	710
H&F	15,820	2,000	3,960	590	11,860	1,470
Islington	14,220	1,360	12,400	320	1,820	1,140
K&C	12,440	1,430	3,930	550	8,510	990
Lambeth	15,120	1,800	3,610	290	11,510	1,540
Lewisham	16,920	2,240	3,300	430	13,620	1,880
Southwark	16,660	2,000	0	0	16,660	2,000
Tr Hamlets	19,490	2,630	5,190	870	14,300	1,770
Wandsworth	22,820	2,460	5,590	640	17,230	2,020
Westminster	19,290	2,290	60	20	19,240	2,270
City	1,090	120	530	110	570	20
<i>Total</i>	<i>211,600</i>	<i>24,090</i>	<i>54,380</i>	<i>5,160</i>	<i>157,250</i>	<i>19,770</i>
<u>Outer London</u>						
Barking	11,730	970	2,940	350	8,790	660
Barnet	14,820	1,450	0	0	14,820	1,450
Bexley	9,410	1,580	100	30	9,300	1,560
Brent	16,620	2,000	0	0	16,620	2,000
Bromley	18,660	1,910	6,230	650	12,420	1,460
Croydon	18,080	2,140	4,470	710	13,610	1,520
Ealing	15,010	1,400	2,590	340	12,420	1,070
Enfield	14,740	1,250	3,870	350	10,870	930
Haringey	12,520	1,190	3,360	340	9,160	850
Harrow	11,510	1,340	380	30	11,130	1,310
Havering	15,000	1,630	2,720	410	12,280	1,270
Hillingdon	14,140	1,430	4,870	560	9,260	880
Hounslow	11,740	1,010	2,970	250	8,770	760
Kingston	7,910	930	2,340	370	5,570	570
Merton	12,300	1,310	3,860	650	8,450	720
Newham	16,150	1,940	4,070	700	12,090	1,370
Redbridge	13,710	1,280	1,950	220	11,760	1,080
Richmond	8,260	980	2,860	540	5,400	500
Sutton	8,380	1,250	2,260	400	6,120	910
Waltham Forest	14,700	1,520	7,300	990	7,400	780
<i>Total</i>	<i>265,390</i>	<i>28,510</i>	<i>59,140</i>	<i>7,890</i>	<i>206,240</i>	<i>21,650</i>

4 Supported Housing Options

How has Extra Care grown in last five years?

There is a difficulty in tabulating the growth of Extra Care housing as there is no single definition. Much of what is promoted by providers as Extra Care is, in reality, enhanced sheltered housing.

For this and other reasons the DH has been working to develop a consensus amongst Commissioners about a series of minimum thresholds that are required before a scheme is referred to as being an Extra Care Scheme. These criteria are set out in the publication "Extra Care Housing for Older People - and Introduction for Commissioners" (Appleton, 2003 DH).

Specialised accommodation is principally of four kinds:

- Conventional sheltered housing
- Very Sheltered or Extracare housing
- Residential care, whether provided by the local authority or by commercial or voluntary organisations
- Nursing Homes

There is also a possible fifth category - Enhanced Sheltered Housing - which provides facilities additional to those found in conventional sheltered housing but does not meet all the criteria for Very Sheltered or Extracare housing. For an explanation of each of these categories please go to Annex 1.

Extracare Housing

It is important to distinguish between Enhanced Sheltered Housing and a fully worked Extracare model. Appleton highlights six features that should feature in such a scheme:

- Occupation on the basis of a tenancy.
- Allocation through an inter-disciplinary panel operating to agreed criteria.
- Dedicated care arrangements integrated with the management of the scheme as a whole.
- Facilities and programmes to emphasise learning, personal growth and peer support.
- Individual accommodation designed to enhance independence and privacy.
- A range of social and recreational facilities.

A Very Sheltered scheme should represent a balanced community of those with varying degrees of need for care. The scheme should be capable of providing care up to and including high levels of nursing care.

Extracare Charitable Trust is widely recognised as providing a benchmark for new developments of this kind. They are currently pursuing a policy of developing larger schemes in the belief that the economies of scale make it possible to include a more sophisticated range of communal facilities and that larger schemes provide a pool of residents capable of supporting a wide range of activities. In recent schemes Extracare have included units for sale, either outright or on a shared equity basis, with rented units (Appleton, N (2005) Template for Estimating Care Needs of Older People, DH - forthcoming).

What part have private and public sectors played?

The current expansion of Extra Care housing is largely driven by local authorities responding to funding opportunities from the Department of Health working with RSL and voluntary sector partners. There is also some evidence of charitable money being used to enable providers to enhance the quality of schemes and to make rents more affordable both in London and outside of London.

Although the private sector is moving strongly to increase the volume of retirement housing for sale this is generally only in areas where there are high concentrations of older owner occupiers and, usually, without provision or capacity to support people with high dependency levels. Hence, despite emerging signs of the private sector's willingness to move in that direction it is only in areas where there are significant concentrations of older owner occupiers that Extra Care Schemes and / or retirement villages are an attractive option to private developers.

How far does supply meet demand

Supply does not currently meet demand, especially in the owner-occupied sector.

What will future of Extra Care look like?

Too often in the past the built form has been provided without sufficient thought being given to the characteristics of those who will live in a development, what their aspirations and needs will be in the present, let alone the future. As the Audit Commission pointed out in 1998 the current pattern of provision is "entirely historic and not related to any identifiable levels of need or demand".

The major watershed has been from housing based provision, in either general or specialised housing, to residential or nursing care. Falling capacity to perform essential tasks in one area has precipitated a move that made all other surviving capacity redundant. The consequence has been accelerated dependency and deterioration in personal capacity, autonomy and quality of life.

Even advanced old age is not a uniform picture of decrepitude and high service usage. If we take some of the numbers that are normally presented negatively and invert them we begin to see a rather different picture. Even in advanced old age most of us retain the capacity to maintain our independence and to be largely active and able:

- 78% of those 85+ have no cognitive impairment,
- 79% of those 85+ are able to bathe themselves,
- 98% of those 85+ can get around their home successfully if it is on a single level.

For the majority, throughout their old age, the quality of their life will depend as much upon the opportunity of living independently, enjoying leisure and recreational pursuits, having an active social life with a high degree of personal autonomy.

The autonomy that older people aspire to includes the freedom to choose their own life style. Traditional forms of accommodation and care have implied a degree of conformity: to fit in, to live conventionally, to join in with communal activities. No loud parties and an assumption of celibacy for the single. Older people increasingly wish to assert their distinctiveness: in the decoration and furnishing of their living space, in their choice of relationships, in the ways in which they spend their leisure time, and so on.

There is too a concern about eventual access to care. That the accommodation they occupy may be suitably designed and equipped that when the need for care arises it does not necessarily precipitate a move. That the care they require can be provided without a complete surrender of privacy, autonomy and lifestyle. If older people are to find their aspirations met we shall need to provide accommodation and care options for them that will:

- Give them a choice of tenure;
- Offer them value for money in the accommodation and services we provide
- Provide adequate private space to accommodate their private life and chosen lifestyle;
- Recognise their desire to find opportunities for leisure, recreation and personal growth;
- Give them opportunities to participate in the shaping of the communities in which they live;

- Share with them our expectations about what will happen if their circumstances change;
- Have systems in place to respond to care and health needs in ways that are tailored to individual circumstances and to change over time.

The decision to move to an Extra Care development is in some senses no different to housing decisions made at any other time of life: when setting up home, when looking to accommodate a growing family, when increasing prosperity offers the possibility of choice. A range of both "push" and "pull" factors will influence the decision.

Extra Care provides an opportunity to include sufficient space in the private accommodation to house a reasonable amount of furniture and personal belongings. To accommodate social life in private. To accommodate the normal functions of domestic living within the private space, whether by a kitchen large enough to include a washer drier or a bathroom designed to facilitate the provision of assistance when required without recourse to an "assisted bathing" facility.

Extra Care housing will increasingly become a pivotal part of the economy of accommodation and care for older people. Providing a mix of private space, imaginative facilities to support an enriching life style and care when required. All this in the context of a diverse community, offering the possibility of peer support and high levels of participation in

Borough	Rented	Leasehold
----------------	---------------	------------------

the direction of the community's life.

All of this needs to be offered on the basis of a variety of tenures. Specialised accommodation for older people has been dominated by rented sheltered housing and institutional provision occupied on the basis of licence. The levels of home ownership now being seen among older people will drive a shift in this pattern. Some will wish to maintain their status of home ownership, buying accommodation within a complex that will support their lifestyle requirements and their existing or eventual care needs. Some will transfer from other forms of rented accommodation. Some owners will choose to transfer to renting, using the capital released to fund their lifestyle choices or care needs. Others, through choice, or necessity driven by the relatively low value of their existing property, will look for forms of shared equity purchase. Diversity of tenure with older people using their housing equity to exercise choice will re-shape the pattern of provision.

Adapted from Template for Estimating Care Needs of Older People by Nigel Appleton to be published by the DH Change Agency Housing LIN in 2005.

How might Villages grow?

There is a conventional wisdom growing that extra-care villages cannot work in London because i) the size of site required is not easily acquired and ii) the land values are too high. Certainly, those schemes that have been developed with good space standards and a broad range of facilities have required a significant degree of charitable investment to make the business case stack up - if some units are to be provided at an affordable rent.

Barking	1402	106
Barnet	1907	854
Bexley	2721	874
Brent	1268	245
Bromley	2490	1075
Camden	1849	47
City of London	18	0
Croydon	2292	592
Ealing	1894	327
Enfield	1585	647
Greenwich	1770	173
Hackney	1664	65
Hammersmith	1807	0
Haringey	2547	0
Harrow	1217	777
Havering	1456	503
Hillingdon	1510	317
Hounslow	1195	253
Islington	920	17
Kensington and Chelsea	1074	80
Kingston	1290	286
Lambeth	2511	93
Lewisham	3038	148
Merton	808	278
Newham	1088	0
Redbridge	1224	880
Richmond	901	222
Southwark	1530	33
Sutton	1472	476
Tower Hamlets	941	0
Waltham Forest	1567	245
Wandsworth	1950	45
Westminster	2069	30

However, there is some sign that new models are about to emerge. Through schemes such as LIFT it might be possible to develop joint venture approaches to providing a combination of specialist and generic facilities. Hence, a series of small schemes across a designated geographical area could provide the necessary economies of scale to support necessary staffing levels. Such accommodation could support additional facilities designated for older people both from the scheme and from the wider neighbourhood and / or be co-located with facilities designed for the community as a whole such as healthy living and / or leisure facilities. Whilst first, second and third wave schemes have thus far focussed primarily on health care facilities there are now signs that by including a broader range of partners in the supply chain (e.g. RSLs) that new types of provision, such as extra-care schemes, could be developed.

How sheltered housing is distributed

The table below shows the distribution of sheltered housing by London Borough. We have broken it down by rented and by leasehold. Whilst there is a relatively even distribution of rented accommodation there are significant variations in levels of leasehold available.

Source : Contact Consulting adapted from figures supplied by Elderly Accommodation and Care

Analysis of supply of residential and care home places

Barking: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	38	43	91	172
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	38	43	91	172
Residential Care with Nursing 65+	-	-	266	266
Residential Care with Nursing EMI	-	-	71	71
Totals	-	-	337	297

Barnet : UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	44	846	675	1565
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	111	16	127
Residential Care Learning Disability 65+	-	-	13	13
Totals	44	957	704	1705
Residential Care with Nursing 65+	-	269	407	676
Residential Care with Nursing EMI	-	-	95	95
Totals	-	269	502	771

Bexley: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	398	22	420
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	122	-	122
Totals	-	-	-	542
Residential Care with Nursing 65+	-	-	378	378
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	378	378

Brent: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	140	43	183
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	10	-	-
Totals	-	150	-	183
Residential Care with Nursing 65+	-	97	377	474
Residential Care with Nursing EMI	-	-	42	42
Totals	-	97	419	516

Bromley: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	267	602	869
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	10	6	16
Residential Care Learning Disability 65+	-	-	12	12
Totals	-	277	620	897
Residential Care with Nursing 65+	-	204	547	751
Residential Care with Nursing EMI	-	-	-	-
Totals	-	204	547	751

Camden: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	217	56	273
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	217	56	273
Residential Care with Nursing 65+	-	-	-	-
Residential Care with Nursing EMI	-	24	-	24
Totals	-	24	-	24

Croydon: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	354	132	1706	2192
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	98	98
Residential Care Learning Disability 65+	-	-	26	26
Totals	354	132	1830	2316
Residential Care with Nursing 65+	-	-	913	913
Residential Care with Nursing EMI	-	-	61	61
Totals	-	-	974	974

Ealing: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	39	313	207	559
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	19	19
Residential Care Learning Disability 65+	-	-	11	11
Totals	39	313	237	85
Residential Care with Nursing 65+	-	-	231	231
Residential Care with Nursing EMI	-	-	161	161
Totals	-	-	392	392

Enfield: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	166	45	837	1048
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	166	45	837	1048
Residential Care with Nursing 65+	-	-	526	526
Residential Care with Nursing EMI	-	-	32	32
Totals	-	-	558	558

Greenwich: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	218	31	249
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	218	31	249
Residential Care with Nursing 65+	-	-	416	416
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	416	416

Hackney: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	52	53	-	65
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	52	53	-	65
Residential Care with Nursing 65+	-	113	24	137
Residential Care with Nursing EMI	-	-	-	-
Totals	-	113	24	137

Hammersmith: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	37	19	-	56
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	37	19	-	56
Residential Care with Nursing 65+	-	92	99	191
Residential Care with Nursing EMI	-	-	-	-
Totals	-	92	99	191

Haringey : UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	30	172	37	212
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	92	92
Residential Care Learning Disability 65+	-	37	8	45
Totals	30	209	137	159
Residential Care with Nursing 65+	-	68	40	108
Residential Care with Nursing EMI	-	69	-	69
Totals	-	137	40	177

Harrow: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	151	242	393
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	151	242	393
Residential Care with Nursing 65+	-	74	607	681
Residential Care with Nursing EMI	-	-	14	14
Totals	-	74	621	695

Harving: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	-	385	385
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	-	385	385
Residential Care with Nursing 65+	-	39	557	596
Residential Care with Nursing EMI	-	-	-	-
Totals	-	39	557	596

Hillingdon: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	48	355	403
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	48	355	403
Residential Care with Nursing 65+	-	25	225	250
Residential Care with Nursing EMI	-	-	106	106
Totals	-	25	331	356

Hounslow: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	34	42	60	136
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	26	-	26
Totals	34	68	60	162
Residential Care with Nursing 65+	-	61	212	273
Residential Care with Nursing EMI	-	-	122	122
Totals	-	-	-	-

Islington : UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	31	98	-	129
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	12	-	12
Totals	31	110	-	141
Residential Care with Nursing 65+	-	50	253	303
Residential Care with Nursing EMI	-	30	-	30
Totals	-	80	253	333

Kensington & Chelsea: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	103	163	-	266
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	-	-	266
Residential Care with Nursing 65+	-	-	96	96
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	96	96

Kingston: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	36	186	222
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	14	14
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	-	200	236
Residential Care with Nursing 65+	-	-	244	244
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	244	244

Lambeth: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	162	60	222
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	53	53
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	162	113	275
Residential Care with Nursing 65+	-	166	298	464
Residential Care with Nursing EMI	-	-	60	60
Totals	-	166	358	524

Lewisham: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	68	127	195
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	68	68
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	68	195	263
Residential Care with Nursing 65+	-	52	655	707
Residential Care with Nursing EMI	-	-	-	-
Totals	-	52	655	707

Merton: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	176	76	252
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	25	15	40
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	201	91	292
Residential Care with Nursing 65+	-	28	385	413
Residential Care with Nursing EMI	-	46	34	80
Totals	-	74	419	493

Newham: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	67	22	146	235
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	67	22	146	235
Residential Care with Nursing 65+	-	57	146	203
Residential Care with Nursing EMI	-	-	140	140
Totals	-	57	286	343

Redbridge: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	215	188	403
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	43	-	23	66
Residential Care Learning Disability 65+	-	-	-	-
Totals	43	215	211	469
Residential Care with Nursing 65+	-	95	371	466
Residential Care with Nursing EMI	-	18	120	138
Totals	-	113	491	604

Richmond: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	232	367	599
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	232	367	599
Residential Care with Nursing 65+	-	221	89	310
Residential Care with Nursing EMI	-	-	-	-
Totals	-	221	89	310

Southwark: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	7	127	-	134
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	7	127	-	134
Residential Care with Nursing 65+	-	125	237	362
Residential Care with Nursing EMI	-	-	120	120
Totals	-	125	357	482

Sutton: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	72	282	218	572
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	41	-	52	93
Residential Care Learning Disability 65+	-	-	28	28
Totals	113	282	298	693
Residential Care with Nursing 65+	-	-	377	377
Residential Care with Nursing EMI	36	-	96	132
Totals	36	-	473	509

Tower Hamlets: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	81	-	81
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	81	-	81
Residential Care with Nursing 65+	-	-	126	126
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	126	126

Waltham Forest: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	137	-	487	624
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	137	-	487	624
Residential Care with Nursing 65+	-	-	154	154
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	-	-

Wandsworth: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	204	11	215
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	59	-	59
Residential Care Learning Disability 65+	-	-	-	-
Totals	-	264	11	274
Residential Care with Nursing 65+	-	446	334	780
Residential Care with Nursing EMI	-	97	117	214
Totals	-	543	451	994

Westminster: UnitsxProviderxRegistration Category

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	79	69	-	148
Residential Care EMI	-	-	-	-
Residential Care Mental Health 65+	-	-	-	-
Residential Care Learning Disability 65+	-	-	-	-
Totals	79	69	-	148
Residential Care with Nursing 65+	-	-	110	110
Residential Care with Nursing EMI	-	-	-	-
Totals	-	-	110	110

Older people's reactions

There have been a number of reports identifying the changing needs and aspirations of older people. What follows is adapted from a JRF study published in 2003 entitled Planning for the Majority.

Every choice of a house is a compromise. The team who drafted the original categories for the study that led to the Housing Options for Older People (HOOP) project identified six (J. Phillips et al., 1999):

- size and space: having enough room inside and out and not too much to care for
- location: being in a neighbourhood that suits you
- comfort: including layout, noise levels, warmth and feeling safe
- cost: of housing and heating – including maintenance, insurance and value for money
- condition: is the property in good repair inside and out?
- control: including tenure, freedom to do as you please, control over what is done, responsibility and ease of moving if you wish.

Accessibility

The accessibility of the main facilities of the home and of the major living areas is a basic requirement for maintaining an independent lifestyle. Today, designing with only the young and fit as target users and buyers of homes is a narrow and short-sighted approach. Designing with the needs of later life in mind extends consumer choice and widens the potential client group – which makes good business sense and provides a challenge to architects and designers. Older people do not generally become more mobile and active than they were when younger, but a product or element designed to suit an older person will generally be just as useful to a younger person. (Kelly, 2001, p. 55).

The experience of providers of specialised schemes for older people shows that successful developments are those that go beyond the standard requirements and provide creative design solutions to improve accessibility and adaptability in the home (Thomas and Roose, 1998). However the same review found that as many older people take a pride in being able to cope without certain aids. They should therefore be able to choose which aids, if any, they wish to see fitted in their homes.

Does size matter?

The assumption that has informed design decisions for many years has been that as age increases our need for space decreases. It should be no surprise that resistance to moving into sheltered housing is often grounded in a desire not to relinquish the majority of a lifetime's possessions and to move into accommodation in which friends and family members cannot be comfortably accommodated. Room for storage is a major issue in smaller accommodation. For many the activities and social patterns of old age require at least as much space as lifestyles in early parts of the life cycle. Room may be needed to accommodate hobbies, whether sewing or computing, or room to accommodate guests, whether new friends met on overseas holidays or grandchildren visiting. This desire of older people to secure accommodation that gives the space to accommodate guests or to pursue their hobbies is supported by the findings of Askham and colleagues in their survey:

"Size of house or flat, or of rooms within the home, was frequently mentioned (by just under half the people in South London, where homes were bigger, and a third of those in Leeds and Hants). The reason given varied, but were mainly to do with the activities in which they wanted to engage. Often this was the need for space for children or grandchildren to visit or to stay or for the activities which they themselves wanted to do. There were many of these, illustrating the use of the home for recreation and pastimes". (Askham et al., 1999, p. 22)

In advanced old age couples may find it more convenient to occupy separate bedrooms to avoid disturbing each other with broken sleep patterns. As frailty increases room may be needed to accommodate a sleep-in carer or just to make space for equipment such as hoists and wheelchairs. Tenants in sheltered housing have been frequently surveyed. The findings of such surveys may be instructive in understanding what the main design considerations may be. Riseborough and Niner (1994), for example, in their survey of Anchor tenants, found that warmth, security, size, layout and design and the ability to keep the place clean were the things that people liked most about their flat (see Table).

What people liked about their flat

	Things liked	%
1	Warm	37
2	Easy to keep clean	25
3	Size	24
4	Layout/design	23
5	Secure	20
6	No worry over repairs/maintenance	13
7	Neighbours	7
8	Other (including aspects such as location of flat in the building, view and comfort.	31
9	Everything liked	16
10	Nothing liked	3
11	Don't know	2

Source: Riseborough and Niner (1994). Base = all respondents (755)

Home security

In addition to concerns about the safety of their neighbourhood, discussed in the preceding section, feeling secure in their own home is a major concern for very many older people. The police in many parts of the country have active schemes to advise older people of the ways in which they can make their homes more secure. There are also specialised services provided for older homeowners such as the Help the Aged 'Man with a Van' scheme and the 'Bobby' scheme provided by Safe Partnerships (formerly the McCarthy Foundation). The schemes have much in common, providing an assessment of risk and the provision of improved door locks, window locks, door chains and other equipment. Evaluations of these schemes have shown them to be effective both in reducing the fear of crime among older people and in having an impact upon re-victimisation rates (Appleton, 2001).

Dailey looks forward to the deployment of more sophisticated technology as attitudes, and possibly levels of crime, change: The dwelling As already indicated, one response is to improve the safety of one's home through burglar alarms, window locks and perhaps – by the time the baby boomers retire – closed-circuit TV, but another is to move to a safer neighbourhood or housing environment. Fears about security of the home may be of greater importance in future if crime increases. Alternatively, the baby boomers who have already grown up with house and car alarms may see it less as a problem of old age and more as a way of life. (Dailey et al., 1997, pp. 149–51)

Housing based models of care for dementia

Dementia in all its forms affects 1 in 20 people over the age of 65. One quarter of people over 85 develop dementia. With an ageing population, it is likely that these numbers will increase. Arguably, we are moving from a world dominated about concerns related to chronic disease to one dominated by concerns related to neurological disease.

For people living with dementia the most fundamental housing issue is that which faces everyone who has to consider their housing situation in the light of changing circumstances, or the prospect of changing circumstances: should I stay or should I go. Of course, how long it will be possible to stay, and when and where to move are not questions unique to those living with dementia. However, in these circumstances they are raised in a particularly acute way.

Whilst most older people say that they would rather avoid the need for residential care, it has often been seen as the only option for people at advanced stages of dementia. Although space standards and arrangements to preserve privacy, independence and autonomy have improved there is no disguising the reality that, in these circumstances, the quality of accommodation is being traded for access to care.

Many sheltered housing schemes are able to accommodate existing residents who exhibit symptoms of dementia. However, most will find difficulty in successfully integrating new arrivals with pre-existing conditions. As a result, access to sheltered housing for a person exhibiting more than the mildest forms of dementia is likely to be highly problematic as many providers, both local authority and housing association, have allocation policies that screen out people with dementia.

There are new patterns of housing based provision emerging. Drawing on the design principles enunciated by the Dementia Services Development Centre Unit at Stirling University and exemplified by such developments as the Seven Oaks scheme operated by Fold Housing Association in Londonderry new forms are beginning to emerge. Traditionally we have relied upon a caring spouse to support a person with dementia in their existing housing situation for as long as possible. When that arrangement has broken down we have transferred both into residential or nursing care, commonly in different locations. We need some flexible forms between those two ends of the scale. Schemes like Seven Oaks provide bungalows on site in which carer and cared for may continue to live together, in

which individual flats and an empowering regime emphasise remaining capacity rather than incapacity.

There have been a number of schemes that have sought to maximise independent living for people with dementia within extra care housing. These tend to focus on specific aspects of design or on the use of assistive technology. The following examples provide a good indication of the current range of responses.

Deben View, Woodbridge – Orwell Housing Association

Deben View is a scheme in Woodbridge, Suffolk which resulted from a partnership between Orwell Housing Association, Suffolk District Council and Suffolk Social Services. There are 32 self-contained one and two bedroom flats each with its own front door, bedroom(s), lounge, kitchen and shower room (including WC). In one wing, eight of the flats provide an extra care service either for people suffering from dementia or those with a functional mental health problem.

The eight Extra-Care flats are built to the same design as the rest of the scheme. In addition, these flats have been installed with assistive technology and motion detectors. Residents can freely move from the wing to other parts of the scheme and a an enclosed garden - although there are alarms on the doors.

The Extra Care has a higher staff ratio with one staff member per four residents on each shift. Residents with some form of cognitive impairment are encouraged to have the same expectations as other residents. Through careful care mapping and Lifestyle Agreements that are developed with each resident they are able to build up a picture of someone's needs and respond appropriately.

Seven Oaks Dementia Care Unit, Fold Housing Association

The Seven Oaks Scheme in Derry, Northern Ireland is an extra care purpose designed dementia care unit. It currently has 30 residents each with their own en-suite bedroom and offers i) a high dependency area that offers support for problems with wandering and incontinence; ii) a homely environment for people with mild dementia; iii) five two bedroom bungalows that enable couples to continue living together when dementia might otherwise force a separation; and v) a re-ablement service that works with people to return to their homes after a hospital stay.

The layout of the scheme is based on the town of Derry and uses familiar landmarks and street names to facilitate navigation. The unit is built around a central courtyard garden with circular corridors leading around it. As well as individual rooms with en-suite bathrooms, there are several shared sitting rooms, dining rooms and a pub. One street has shops including a grocers, hairdressers and a chemist often using the names of streets in Derry. The decoration is 'homely' and old items such as manual sewing machines and gramophones are used to provide a sense of familiarity.

Extra Care is preferable to institutional care for someone who develops dementia provided that higher levels of care or necessary specialist input is available and, where necessary, funded by social services. If someone moves in early in their dementia they may, with appropriate support be able to live there for life.

People should move into extra care as early as possible whilst they still have some understanding of what they are entering into, still have the capacity to develop relationships and are able to adapt to new surroundings - albeit with support. Location within a neighbourhood in which the person with dementia is well known and is likely to be cared for or returned to home is a significant benefit.

It is helpful if people have early specialist assessments and diagnosis so that they can plan and prepare for the future. It is preferable to get as much of their life story, likes and dislikes from the individual themselves rather than from friends and family.

It is important to optimise familiarity with the environment. A well designed and safe environment has benefits for the person with dementia and their carers. Small schemes, that will support a couple living with dementia in a flexible way, offer positive directions for future development.

There is a wide range of assisted technology on the market, including door sensors or wandering bracelets which, with appropriate protocols and proper staffing can replace

closed doors. ICT can play an important part but it is the interaction with staff and other people that 'unlocks' someone's skills and abilities.

Agencies and professionals involved in Supporting People will need to understand these positive options for people with dementia and how they may be accessed. It is important that providers are allowed to assess the levels of need that a scheme can cope with – there is an understandable desire on the part of commissioners to want to increase levels of dependency in schemes to get "best value". The trouble is they impose more pressures on schemes than they can sustain.

The above text is adapted from An Introduction to Extra Care Housing and Dementia published by the DH Change Agency Housing LIN in 2004. The reference is Molyneux, P (2004) An Introduction to Extra Care Housing and Dementia, DH : London.

4 Mobility of Older Londoners

The following tables show the mobility of older Londoners by age range (40 - 45, 60 - 64, 65 - 74, 75 - 79 and 80+). To enable comparison we have also shown the figures for all Londoners.

Movement/migration of total population and older people (from 2001 census figures)

In area = within same location (i.e. inner or outer London or England). NB: for England, outside area but in UK means Scotland, Wales or NI) Retired (at right-hand end of table) just means that they were retired at time of census. Cannot infer from this whether they moved when they retired.

All people							
	Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK
Inner London	2282928	239920	51567	123583	68116	147553	-23970
Outer London	3870831	282649	48118	151502	52877	180254	-28752
England	43124923	5156645	400374	96378	360511	100770	-4392

45-59							
	Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK
	360659	13799	3266	5413	3941	11297	-5884
	727036	20874	3825	8921	3635	15851	-6930
	8747174	460160	38639	7115	26605	11549	-4434
60-64							
	Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK
	92417	2565	712	789	570	2463	-1674
	179458	3644	714	1553	434	3885	-2332
	2287582	91461	7456	1414	3917	2790	-1376

65-74							
Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK	
147879	3150	919	883	519	3101	-2218	Inner London
305942	5211	1010	2072	482	4799	-2727	Outer London
3954859	130941	11042	2098	3901	3190	-1092	England

75-79							
Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK	
56749	1123	263	295	144	1142	-847	Inner London
123018	2223	382	958	160	1511	-553	Outer London
1585721	52998	4532	816	1127	1001	-185	England

80+							
Lived same address	Lived elsewhere in area 1yr ago	No usual address 1yr ago	Inflow lived outside area but in UK	lived outside UK 1yr ago	Outflow Moved out of area but within UK	Net migration within UK	
69169	1930	409	547	132	2209	-1662	Inner London
157811	5411	691	1949	160	3136	-1187	Outer London
1934030	115968	7297	1447	1223	1538	-91	England

%s given are of the total population for that particular cohort, at time of 2001 census. However, percentages are not really worth using as they are so small, most values come out as 0.

5 Housing for Older People Strategies

To What Extent do Housing Options for Older People Feature in GLA Planning and Development Priorities ?

"Older people have been neglected by policy-makers for too long, despite the enormous contribution that older people make both economically and socially. Particularly in areas like transport, planning and policing, my strategies will have a great impact on older people in London and it is crucial that the older people take a full role in the decision-making process" (Ken Livingstone 13-11-2001).

Despite the Mayoral statements above the Plan does not seem to adequately address the housing needs of older people. The submission of Age Concern to a draft of the London Plan highlighted this gap - although their concerns do not seem to have been heeded in the final version of the Plan. One therefore may consider that the Plan does not provide a mechanism to facilitate the social inclusion of this demographic group. There are three specific references to older people.

Age Concern's Response to the London Plan

In a response to a draft of the London Plan, Age Concern stated that "there is not enough recognition in the Plan about the need to look beyond averages and to acknowledge that needs for affordable housing may look different across London, reflecting different balances in the age, ethnicity and affluence of local populations".

Age Concern continue to state that "there is a clear need to relate plans for affordable housing to the figures in the Mayor's recent report, 'London Divided'. It shows that 36% of pensioners in inner London live in income poverty, after housing costs are taken into account. This is far higher than similar figures in the rest of the country, and should play a key part in analyses of housing need in inner London".

Age Concern further states that "...the London Plan should ensure that local authorities, as part of wider housing needs assessments, actively develop their older people's housing strategy, using guidance in 'Preparing Older People's Strategies: linking housing to health, social care and other local strategies'

They go on to list a number of key points in relation to older people:

Older people need not only affordable housing, but a wide range of housing options.

"Access to, and conditions of, private sector housing can be a particular problem for older people. In London 13% of lone pensioners are private tenants in furnished accommodation, with a further 3.9 per cent in unfurnished accommodation - 68,900 people. Many of these suffer abuse and harassment at the hands of their landlord, and some remain in unsuitable private rented accommodation because of the lack of other accommodation with affordable rents, or failure to provide property in locations safe for a particularly cultural group, near to cultural facilities".

Planning affordable housing should mean planning for housing fit for people of all ages.

Age Concern believes that far too much housing allocated for older people is based on outmoded and stereotypical assumptions about how they want to live.

The key reference is para 3.65 which states that twelve per cent of London's population is aged 65 or over and three per cent of London's total population is over the age of 80. It recognizes the contribution that older people make to the wealth of London's society "through sharing their experience and skills, through work, volunteering and their role in extended families and, often, their disposable income contributes to London's growing leisure economy". In terms of housing options the Plan recognises that "many people will seek to leave the city when they no longer need to live there for work reasons". It goes on to say that "one of the reasons ... is that older people are disproportionately affected by housing of low quality and often feel that social and health care does not meet their needs" and that "many older people would be more predisposed to remain in London after retirement if London's environmental quality was higher, and the provision of basic facilities

such as accessible places to meet, public toilets and street furniture were greater".

Older Persons' Housing Strategies

We were asked to analyse to what extent London boroughs have developed Older Persons' Housing Strategies and what themes / priorities are evident. The following table shows the results of a telephone survey carried out in the first week of January 2005. All authorities were rung and where we were directed to other sections within the authority these were rung also. A full web search was also undertaken to see whether there were strategies published on the net or whether there were discussion ongoing within the authority.

Themes and Priorities

Borough	OPHS	Progress
Barking and Dagenham	Yes	-
Barnet	Yes	Contained within Housing Strategy
Bexley	-	Information not available from Council
Brent	No	"Not heard of OPHS" but found planned meeting on website
Bromley	Yes	-
Camden	Yes	-
Corporation of London	-	Information not available from Council
Croydon	No	Actions planned but no specific documents
Ealing	Yes	-
Enfield	-	Information not available from Council
Hackney	-	Information not available from Council
Hammersmith and Fulham	Yes	OPHS is can be seen on the net
Haringey	Yes	"Just embarked on it"
Harrow	No	Council are working on it – end of 2005
Haverling	No	Council are working towards one
Hillingdon	Yes	-
Hounslow	No	Consultants formulating it – April 2005
Islington	-	Information not available from Council
Kensington and Chelsea	-	Information not available from Council
Kingston upon Thames	-	Information not available from Council
Lambeth	-	Information not available from Council
Lewisham	No	"Not heard of it" - Sheltered 60+ housing instead
Merton	No	-
Newham	-	Information not available from Council
Redbridge	Yes	Currently being updated
Richmond upon Thames	No	But planning to do so
Southwark	-	Information not available from Council
Sutton	No	"Older persons strategy for housing, social & healthcare" in place instead.
Tower Hamlets	No	-
Waltham Forest	-	Information not available from Council
Wandsworth	No	Reviewing accommodation for older people, expected that review will inform preparation and production of housing strategy for older people

After analysing those Strategies that were accessible or available it is possible to draw out a number of themes and priorities that are driving the strategic direction of accommodation and care for older people:

- The majority of older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to cope with their homes.

- An increasing proportion of older people are homeowners (around 75-80% in most places) and they will be reluctant to transfer into rented accommodation in old age and see the value of their equity they have in their homes eroded.
- Much specialised accommodation is in sheltered housing, some of which is now quite old, lacks the space standards and facilities that are now accepted as normal.
- The average age of those living in such accommodation has moved upwards very rapidly in the last two decades, bringing higher levels of need for support that the design of these buildings does not always allow.
- Some sheltered schemes have seen the retreat of amenities, such as shops, access to doctors and pharmacy, proximity to public transport, disappear making independent life for their residents more difficult.
- New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age.
- Local authority residential care provision is generally housed in buildings that are now showing the limitations of their design concepts, even when the fabric is in good condition. Whilst dedicated staff add enormous value to the lives of those who live in such homes the pattern is inherently institutional. Local authorities have generally found the continuation of the direct provision of such homes by them to not be feasible.
- In the private sector the provision of traditional residential care in relatively small units is financially precarious and many providers continue to leave the market.
- Whilst the nursing home sector continues to provide a context for the care of the more physically dependent and mentally confused older people the steadily rising cost makes it imperative that other solutions are explored.
- The significant growth of the oldest section of the older population brings with it marked increases in the number of those with dementias and other forms of cognitive impairment. For them there is a desire to provide something more than the alternative of being cared for at home or going straight into a nursing home. Whilst the support of older people with such conditions in sheltered housing is sometimes difficult there are housing based models, often involving the use of new technology to manage risk, where a good quality of life can be achieved.
- Expectations among older people will continue to increase, both in relation to their physical surroundings and access to facilities but also their right to be consulted and to participate in decisions that affect their lives.

Needs of BME elders

Whilst the demographic profile of the major Black and Minority Ethnic communities is generally younger than the general population there are now significant numbers of elders in these communities research indicates that specialised accommodation will generally only be appropriate to those in mid and advanced old age (that is to say 75 years and above). Indian, Pakistani and Caribbean communities have significant numbers of people in early old age and research suggests that, through a mixture of factors that include work and health histories, their needs for service may be higher than equivalent cohorts in other communities. In other words, they exhibit a need for service at a younger age.

In advanced old age, within most London Boroughs, all BME communities will count their elders in the oldest cohort (85+), where need for service is likely to be most acute, in not much more than single figures.

In some boroughs there are viable populations for planning specialised services, but their spatial distribution is uneven. Within some wards there are sufficient numbers of elders within each BME community to provide a critical mass for the development of specialist services and accommodation. Throughout the rest of most boroughs the distribution is likely to be such that specialist services will, except on a very small scale, not be sustainable. There are, therefore, particular challenges in providing appropriately for elders from small communities and those who are in areas in which they form a very small minority.

It is also clear that expectations change over time and provision for the current generation of elders within BME communities may not be appropriate to future cohorts who have spent greater proportion of their lives here, accommodated to prevailing cultural patterns and expectations and have English as their language of choice. Within Indian and Pakistani communities in particular options will need to include those for purchase to reflect community preferences for owner-occupation.

What role might public sector have in assembling land?

We were asked to look at the opportunities for putting together land packages. We have looked at the London Plan and current good practice on planning obligations.

No specific mention is made in the London Plan of mechanisms or a process to facilitate the purchase of land / property for older people. The London Plan states that "developers have to engage local stakeholders (including those who represent or work with the most disadvantaged communities and groups, such as women's organisations, disabled people's organisations, older people's organisations) in considering the social and economic impacts of the proposed development on their neighbourhoods".

On individual private residential and mixed-use sites, the Plan envisages that boroughs will use development appraisals in order to maximise the amount of affordable housing provision. It is recognised that some small sites may be developed entirely for social housing and intermediate housing, funded mainly from Housing Corporation or local authority grant.

Sharing the Benefits: a good practice guide to how planning obligations can provide community benefits – ALG, June 2004) sets out the ways in which Section 106 can be used to provide a range of community benefits, including residential developments. The ODPM Consultation of the Draft Revised Circular on Planning Obligations proposes to i) strengthen the opportunity to argue for the provision of additional health care and facilities related to new developments; ii) take account of the cumulative effect of a number of schemes; and iii) encourages public sector infrastructure providers to work together to ensure planning obligations covers all appropriate needs. It is important that the circular promotes joint working between public sector infrastructure providers as providing opportunities for integrated services and co-located facilities relating health and social care with other elements of public service provision or civic infrastructure where appropriate.

Some sites may become available through the re-provision of health and social care facilities. Others may be acquired through the re-provision or remodelling of outmoded sheltered housing schemes. However, the main route is likely to be through PFI / LIFT programmes or through planning obligations. Traditionally, health and social care providers have been slow to engage with the planning system. The new requirements of the Town Planning and Compulsory Purchase Act (e.g. the new Spatial Planning system) provide new opportunities to balance social, environmental and economic considerations and could, if all parties negotiate effectively, provide a good route to provide facilities such as an Extra Care Scheme.

Definitions of Sheltered Housing

Conventional Sheltered Housing

Conventional Sheltered Housing is a term used to describe a block of flats or development of bungalows designed specifically for exclusive occupation by older people with communal facilities and, generally, support provided by a warden who lives on site. The description Category Two Sheltered Housing arises from the Ministry of Housing and Local Government circular 82/69 which defined the two principal categories of sheltered housing then being developed by local authorities and emerging housing associations.

This has been a most popular form of provision and from the late 1960s to the mid 1980s large numbers of such schemes were developed throughout the country. The United Kingdom has around half a million such units for rent.

The enormous popularity of sheltered housing to rent was followed from the mid-1970s onwards by the development of leasehold sheltered housing in which owner-occupiers, often excluded from sheltered housing to rent, could purchase a long lease and pay a service charge for warden and estate services.

From the peak of its popularity in the late 1970s sheltered housing for rent has experienced something of a reversal in fortunes. Some schemes have proved difficult to let and in others existing facilities and patterns of service have been found to have limitations in coping with the needs of an ageing and increasingly frail tenant population.

One response has been to radically alter the role of the warden. From providing background cover against emergencies and informal care in the style of a good neighbour the role of the warden has been transformed to become that of partner in the care process. New styles of working for wardens will generally involve working office hours, in many cases living off site and acting as liaison and advocate alongside health and social care colleagues in securing and monitoring the support provided to tenants.

Conventional sheltered housing is still directed principally toward those older people able to live independently and with only light or occasional need for care that can be accessed on the same basis as for older people living in general housing.

Demand for conventional sheltered housing in some areas appears to be driven by social rather than care needs: the desire to overcome isolation and loneliness, to feel more secure, and so on. This may argue for the designation of some sheltered housing schemes being reconsidered to reflect the actual profile of need within the scheme.

Most commentators expect the stock of conventional sheltered housing for rent to decline in the coming decade. This is in the face of four main factors:

- The small size of many of the flats, including many bedsits.
- Increased opportunities for remaining in existing housing.
- Higher age and greater frailty at transfer from existing housing moves directly to more supportive housing, missing out conventional sheltered housing.
- The increase in home ownership among older people makes renting sheltered housing less attractive.

Sheltered housing for rent will however remain an important option for many older people and sheltered schemes provide potential bases for activities open to the general community and for care teams serving the area in which they are set.

Enhanced Sheltered Housing

We use this term to distinguish some schemes from conventional sheltered housing on the one hand and from full Very Sheltered or Extra Care sheltered schemes on the other. Confusingly many of these schemes will be referred to by providers as Very Sheltered or Extra Care sheltered housing.

In Enhanced Sheltered Housing the role of the warden will have been developed along the lines described above. Arrangements may have been entered into for a dedicated care team to be based in the scheme to achieve efficiency and flexibility in the match of care resources to changing needs among tenants. Additional facilities will normally have been provided for assisted bathing and possibly a treatment room. Meals may be provided as a matter of course. In schemes, new built for this purpose, additional facilities may have been incorporated in the design of individual flats, level access showers for example in place of baths.

Allocation to this accommodation will generally be through protocols and procedures agreed with the housing authority and social services. Most providers will wish to maintain some balance in the scheme between those needing these additional facilities and services and those able to live, on admission, generally independent lives. Maintaining this balance poses problems in smaller schemes where the viability of dedicated care arrangements depends upon a critical mass of need for care.

Some Enhanced Sheltered schemes have been developed by the modification of existing sheltered housing and these will generally be around 35 to 40 units. Many of the schemes now built for this purpose will be of a slightly larger size.

Among the perceived advantages in this style of provision is the separation of housing costs and care costs. Those tenants not able to meet the full cost of their housing and related services will receive assistance through Housing Benefit. The Social Service authority will meet care costs on the same basis as in general housing. Where an older person receives care in this context, rather than in residential care whether in the public or private sector, there is a significant saving to Social Service budgets. It may be argued that this is merely cost shunting but evidence produced by Baker in his study for Cambridgeshire County Council indicated that there was also an overall saving to the Public Purse in most circumstances.

Further provision of Enhanced Sheltered Housing may play a significant part in offering an alternative option for those who might otherwise move to residential care whilst extending the viability of independent living for existing sheltered housing tenants. In the Peterborough situation it can offer an alternative use for a proportion of the older sheltered schemes.

References

- Appleton, N. (2001) *Bobby: A Project Whose Time Has Come*. Oxford: Old Chapel Publishing.
- Askham, J. et al. (1999) *To Have and to Hold: The Bond Between Older People and the Homes They Own*. York: Joseph Rowntree Foundation.
- Appleton, N. (2003) *Planning for the Majority*. Joseph Rowntree Foundation. York.
- Dalley, G. et al. (1997) *Baby Boomers Ageing in the 21st Century*, London: Age Concern England.
- Fisk, M. (2001) 'The implications of smart homes technology', in S. Peace and C. Holland (eds) *Inclusive Housing in an Ageing Society: Innovative Approaches*. Bristol: The Policy Press.
- Kelly, M. (2001) 'Lifetime homes', in S. Peace and C. Holland (eds) *Inclusive Housing in an Ageing Society: Innovative Approaches*. Bristol: The Policy Press.
- Leather, P. (2000) *Crumbling Castles: Helping Owners to Repair and Maintain Their Homes*. York: Joseph Rowntree Foundation.
- Leather, P. et al. (1996) 'Evaluation of the Moving On project', unpublished report to the Anchor Trust.
- Phillips, M. et al. (1999) *Involving Older People in Upheaval and Change to Their Housing Environment*. Beaconsfield: Housing 21.
- Riseborough, M. and Niner, P. (1994) *I Didn't Know You Cared! A Survey of Anchor's Sheltered Housing Tenants*. Oxford: Anchor Housing Trust.
- Terry, R. (1999) *Developing Equity Release Schemes*, Staines: Hanover Housing
- Thomas, C. and Roose, T. (1998) *Building for Choice*. London: Housing Corporation.
- Toffaletti, C. (1997) *The Older People's Initiative: Giving Older People a Say – Acting Locally to Improve*.



80025 75540

King's Fund



54001001343899



