

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Accommodation for older people in Wales - The foundations for the future Final synthesis report

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1 Introduction

The Welsh Assembly Government published the first ever strategy for older people in 2003. It recognised that the changing demographic profile of Wales meant that future policies and programmes had to reflect the needs of an ageing society. It also stressed the important role that housing, domiciliary care and support plays in ensuring future independence and quality of life for older people.

This was followed up by a review of housing for older people in Wales conducted by the Social Justice and Regeneration Committee of the Assembly, which recommended that:

"The Welsh Assembly Government should urgently commission a baseline study to provide information on the current provision, category and distribution of sheltered housing and other specialised accommodation for older people in Wales. The study should also examine the capacity of the various categories of sheltered housing (and residential care) to provide support to older people with different levels of need so that a more precise view may be developed of the current and future purpose and role of each style of provision."¹

This study was commissioned as a result of this recommendation.

1.1 Purpose of the project

The purpose of this study has been to help ensure that future policy stands the greatest chance of guiding accommodation provision and associated medical, care and support services for older people in a way that meets their age-related requirements. For this study specialist accommodation for older people has been defined as dwellings that have been specifically designed or adapted to meet age related requirements. 'Older people' refers mainly to people aged 65 or more, although some data sources start at 60.

The study has examined the capacity of the various categories of sheltered housing (and residential care) to provide support to older people with different levels of need so that a more precise view may be developed of the current and future purpose and role of each style of provision. The brief asked for a consideration of people's future aspirations and their likely ability and willingness to fulfil their needs, through review of existing evidence and secondary analysis of surveys.

¹ Social Justice and Regeneration Committee, National Assembly for Wales (July 2004) *Housing for older people* Cardiff: National Assembly for Wales

A key objective of this work was also to create an up-to-date database of accommodation providers for older people in Wales, as nothing currently exists for service users, potential users, commissioners or policymakers. Starting with the database of housing and care schemes held by the Elderly Accommodation Counsel, we have expanded this to create a database with over 2,000 providers of specialist accommodation for older people.

The research has also explored geographical variations in current demands for various forms of public and private accommodation and analyses specific rural issues, particularly how needs and patterns of provision differ between rural and urban areas.

To set the context for the project, a historical overview from a literature review² was carried out.

1.2 History of specialist accommodation for older people

Historically, sheltered housing for rent dominated provision of housing for older people from the late 1950s to the mid-1980s. Defined mainly by physical facilities, schemes were divided into Category One schemes, often bungalows with limited communal facilities and no resident warden, and Category Two schemes, which were generally blocks of flats with a range of communal facilities and a resident warden.

In the 1980s, some schemes became more difficult to let, the average age of tenants increased, leading to more support needed for this ageing and consequently more frail population, and there were increasing variations in the services offered. This led some major providers to develop 'housing-with-care schemes' that had additional facilities and services, such as a meals service and facilities for assisted bathing. These schemes were generally referred to as very sheltered housing and then increasingly extra-care housing. Some used the designation 'Category two and a half', implying that such schemes sat in a continuum between conventional Category Two sheltered housing and Part Three residential care, provided under the National Assistance Act 1948.

In conventional sheltered schemes considerable effort has been put into modernising the role of the warden, by seeking to establish a more professional role as intermediary between tenants and health and social care professionals. There have also been moves to replace variable hours working with 'office hours' and to move to non-resident staff. In many places the debate about the role of the warden (more often now called scheme manager) has often been conducted without reference to questions of definition of purpose. A scheme focused on the needs of moderately to severely frail older people in

² Contact Consulting (2006) *An historical introduction to specialised housing for older people* Unpublished report for WAG

advanced old age will have a very different requirement to one aimed at younger independent older people.

In the wider context, long-stay hospital provision for older people was being wound down and concerns about the cost, capacity and fundamental appropriateness of residential care were growing with an emphasis on the delivery of care into the community. Pioneering schemes, such as that carried out by Wolverhampton City Council from the early 1990s, have set about the total re-provision of residential care with a very sheltered or extra-care model.

In England there has been considerable growth in the development of extra-care schemes, promoted in part by support and some funding from the Department of Health. In Wales some schemes have been developed, with a marked increase in funding bids for extra-care schemes in recent years. This is partly in response to the funding priorities of the Assembly Government's social housing grant programme and the publication of guidance. A number of schemes were funded last year and the current round has just closed with submissions from every local authority.

Alongside these developments in specialised housing there has been the growth of Care and Repair services to support older owner-occupiers. The majority of older households in Wales are homeowners and this is expected to continue rising. The general development of Care and Repair services in Wales developed from the late 1980s, achieving national coverage within the last few years through the initiative of the Assembly Government. The Assembly Government has embraced Care and Repair in a wholehearted way not entirely replicated anywhere else in the United Kingdom.

While the capital and revenue consequences of re-shaping the pattern of provision of specialist housing must have priority within emerging strategies to meet the future housing and care needs of older people in Wales, these must always be seen within the context of the majority tenure and those services that seek to support older owner-occupiers.

All these developments have operated without clear definition of purpose for the various forms of provision and with little strategic vision for the whole system that will embrace services for those in general housing, through the various forms of sheltered housing, to residential and nursing home care. The development of the older persons' strategy in Wales, the review of housing for older people in Wales conducted by the Social Justice and Regeneration Committee of the Assembly and the commissioning of this study provides the opportunity for these fundamental deficiencies to be addressed.

1.3 Methods

To meet the research aims, the following tasks were undertaken:

- a review of the definitions of accommodation for older people in Wales through two workshops with participants from local authorities, RSLs and Age Concern;
- a detailed survey of 548 providers of accommodation for older people in Wales (representing a response of 31%), asking about the scheme, its facilities, residents and staff;
- in-depth case study visits to 19 schemes or homes representing all types of accommodation for older people, in urban and rural areas, and with public and private providers. At each visit, we interviewed the scheme manager and staff from the managing organisation and ran a focus group with residents;
- an analysis of demographic data to forecast the future need for housing, care and support;
- a review of literature on the historical development of accommodation for older people in Wales and on the housing aspirations of older people; and
- interviews with 12 key stakeholders to enhance the final recommendations.

This project also links to two others being carried out for the Assembly Government, to be completed in 2007:

- the production of national strategic guidelines to help local authorities plan their housing and related services for older people (ECOTEC Research & Consulting and Contact Consulting); and
- mapping the provision of housing-related goods and services and advice to older people in their homes (Centre for Sustainable Urban and Regional Futures, University of Salford).

1.4 Structure of this report

We have produced a series of mini-reports from the above tasks which provide more detailed discussion of the evidence collected:

- a report on the findings of a questionnaire to accommodation providers, *Providers and residents of specialist accommodation for older people in Wales*;
- *Specialised accommodation for older people in Wales: Report on the case studies*;
- a more substantial report containing extensive demographic information, *"The future housing and care needs of older people in Wales"*;

- a review of literature, *An historical introduction to specialised housing for older people*; and
- a short paper on aspirations of older people.

This synthesis report brings together the key evidence from these and draws out conclusions and recommendations. The rest of this report looks at:

- existing provision of accommodation for older people in Wales;
- current and future demand for accommodation;
- implications for the future supply of accommodation;
- policy recommendations; and
- glossary of key terms.

2 Existing provision of specialist accommodation for older people

This section analyses the current provision of specialist accommodation across Wales. This is informed mainly by responses to the questionnaire, but also focus groups, case study visits and the literature review. After outlining the main forms of accommodation for older people, the section considers their features, services and some spatial variations and outlines the funding situation.

2.1 Providers of specialist accommodation for older people

By accommodation category, almost half (47%) of the schemes that responded to the questionnaire were from conventional sheltered housing (Table 2.1), reflecting the predominance of this form of housing across Wales. Designated housing and residential care were the next largest providers of accommodation, each representing fewer than 18% of respondents.

Table 2.1 Questionnaire respondent numbers and percentage by accommodation category

Accommodation category	Responding schemes	Percentage of total
Designated housing	96	17.5%
Conventional sheltered housing	255	46.5%
Abbeyfield	20	3.6%
Extra-care in sheltered housing	38	6.9%
Mixed dependency extra-care housing	1	0.2%
High dependency extra-care housing	3	0.5%
Residential care	97	17.7%
Nursing home	12	2.2%
None specified	26	4.7%
All	548	100.0%

Source: Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*, Table 1.2

These eight categories of accommodation, with the addition of one form of housing (lifestyle extra-care) identified through the definitional workshop but not evidenced through our research, have the following characteristics:

- **Designated housing:** general stock for rent, generally bungalows, designated for independent older people.

- **Conventional sheltered housing:** a generally independent population housed in self-contained units, generally rented but with some leasehold, but sharing communal facilities and staffed by a scheme manager.
- **Abbeyfield houses:** a distinct form of sheltered housing, all units rented, including a house manager and cleaning and catering staff, with a predominantly older female, but more independent, population.
- **Extra-care in sheltered housing:** a form of sheltered housing with additional care facilities to cater for a population with mixed dependencies, usually with other services and activities provided.
- **Mixed dependency extra-care housing:** similar to the above type of extra-care housing but with a mixed population, roughly split a third with no current care needs, a third with low to moderate care needs and a third with moderate to high care needs.³
- **Lifestyle extra-care housing:** an aspirational form of extra-care housing providing for a mixed dependency population but providing a diverse programme of recreational, social and cultural activities.
- **High dependency extra-care housing:** a form of extra-care housing where the majority of residents, older than in other settings, have moderate to high levels of care needs.
- **Registered care homes:** accommodation and staffing that meets the standards of the Care Standards Inspectorate for Wales (CSIW) to house a population with care needs short of nursing homes.
- **Nursing homes:** licensed facilities that provide nursing or personal care services to people who are infirm or chronically ill, though not necessarily an older population, again meeting CSIW standards.

Although this categorisation appears very neat, the reality is less clear. Some schemes fall between categories or include services or facilities usually found in a different type of accommodation. For example, two designated housing schemes indicated in the

³ Past experience of sheltered housing has been that average and aggregate dependency levels rise over time. The potential for this to happen in extra-care housing is even more pronounced. While schemes may be initially commissioned with a population distributed equally between those with no care needs, those with medium levels of need for care and those with high care needs, the balance may drift toward a higher concentration of those with high care needs. Experience in longer established extra-care schemes has shown that this drift is not inevitable but managing that tendency requires a strong commitment to a mixed community expressed through assessment and allocation policy and practice. As those who remain in the scheme age and move up the scale of dependency a high proportion of new allocations will need to be made to those who have low or medium levels of care need. This will be challenged by those who argue that people with the greatest need of care should be the first priority in allocating this scarce resource. However, if that argument is conceded, the unique nature of the extra-care model will be compromised: to maintain its character as an attractive place for people to live and receive the care they need the continuation of a balanced community is essential.

questionnaire that they included spas. During the case study visits, it was apparent that accommodation providers lacked generally agreed definitions of their purpose. This meant that it was unclear which types of older people were best suited to each type of scheme.

The development of this range of provision is not atypical of that in England and Wales since the Second World War, both in type of provision and in the increasing support needs of residents. The ad hoc nature of this development has made it increasingly difficult for users, providers and commissioners to have an accurate knowledge of provision and options available.

2.2 Accommodation features

Across all categories of accommodation reported in the questionnaire, the overwhelming majority of units were rented, representing 80% of stock, followed by shared ownership (15%) and leasehold (just 5%)⁴.

There were almost three times as many flats as bungalows in respondent schemes (73% flats compared with 27% bungalows). This typifies the construction of much specialist provision for older people, often with accommodation connected to central common areas. However, looking at the accommodation category, bungalows were more common in designated housing than all types of scheme, accounting for almost half (46%) of units.

By size, one-bedroom units were the most common type of accommodation, accounting for almost two-thirds (65%) of stock. However, 12% of units across Wales were bedsits, which are often the least favourite and therefore hardest type of unit to let. On the other hand, 23% of units had two or more bedrooms, particularly suited to couples with different health needs and to single people with frequent visitors.

People's mobility generally decreases as they grow older, so having accessible accommodation is an important consideration. We asked about three types of accessibility standard in our survey: Care Standards Inspectorate for Wales (CSIW) standards; wheelchair access; and standard access. The CSIW regulates social care in Wales, including standards for care homes for older people. These standards are the highest of the three listed and, for properties, include detailed provisions about space and furnishing for individual rooms, communal areas, accessible toilets and washing facilities, and adaptations and equipment, for example, ramps and grab rails.

⁴ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales* and also the source of the following material in this sub-section

Across Wales almost half (49%) of units had just standard access, though over a third (35%) met CSIW standards. By accommodation category, nursing homes and residential care had the highest proportion of units meeting CSIW standards; this can be linked to the fact that the commission regulates accommodation with higher levels of care. However, accessibility was higher than average in extra-care in sheltered housing, with 46% meeting CSIW standards and a further 20% accessible by wheelchair. Accessibility was worst in conventional sheltered housing and designated housing, though high dependency extra-care housing and Abbeyfields had higher than average proportions of wheelchair access units.

Across Wales the average vacancy rate for specialist accommodation for older people was just below 6%⁵, almost double the rate of vacancies for all dwellings across England and Wales in 2001⁶. The lowest rate, and below the England and Wales average, was in designated housing (just 3% of all units). The highest vacancy rates were found in Abbeyfield, extra-care in sheltered housing and nursing homes, where about 10% of units were void. This demonstrates capacity for more residents in these forms of accommodation, potentially due to low demand from potential residents. This is surprising for extra-care housing, which is considered a future model of housing and therefore one deemed to be popular.

From the case studies, demand for all forms of sheltered housing was generally reported to be strong but with some individual schemes being hard to let. The strength of demand seemed often to arise from the lack of a more suitable alternative: sheltered housing being offered as the only alternative to those who are over 55 years of age and seeking accommodation. In addition, for many schemes their strongest feature seemed to be location. A good location seemed to sustain a scheme that had little else to commend it in design, facilities or flat size.

Almost a fifth (19%) of units had some form of telecare installed⁷. By accommodation category, telecare was installed in almost all units in nursing homes and the majority of units in high dependency extra-care housing. Both types of accommodation had residents with high levels of care, so this form of technology is important. Designated housing also had a large share of units with telecare, representing 41% of all units, necessary as the

⁵ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*

⁶ Office of National Statistics (2003) 'Census 2001 - People and their homes in England and Wales' online

⁷ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*. Our survey asked about the extent to which telecare systems and equipment had been adopted within schemes. The nature of the enquiry precluded definition of precisely what we meant by "telecare" and the resulting data may therefore reflect a variety of understandings of the equipment and systems that might be included.

staff presence was lower there than in all other forms of provision. Levels of telecare in conventional sheltered housing and extra-care in sheltered housing were low, although close to the average for all schemes.

2.3 Services offered by accommodation providers

Homes and schemes provide a wide range of facilities, from dining-related to leisure activities to household and care facilities. The most common facility across all questionnaire respondents was 24-hour response, though on-site alarms were also very common. Alongside this emergency contact, a common room and common room toilets were particularly common. However, communal facilities in the case study visits, even in those schemes that were considered to be more than “standard” sheltered housing, were generally poor and lacking in imagination. Hobbies and activities were the least common group of facilities, particularly a spa, exercise room and IT suite.

With such a diverse mix of accommodation types, there was great variation in the facilities provided. Designated housing was more likely than all schemes to have no facilities specified but also more likely to have dispersed alarms. A dining room was particularly common in Abbeyfields and more common than across all schemes. Conventional sheltered housing was the most likely of all types of specialist housing to have guest accommodation. Extra-care in sheltered housing was more likely than across all categories to have assisted bathing facilities, mobility bath or shower and leisure activities. Facilities in residential care and nursing homes were fairly similar, both commonly having dining rooms and assisted bathing facilities, unlike the average for all forms of accommodation. However, none of the nursing homes that responded had guest accommodation.

Staffing levels varied hugely according to accommodation category. In general, staff hours per resident increased the higher the level of care, with designated housing having the lowest average staff hours per resident (1 hour a week) and nursing homes the highest (34 hours). Abbeyfields are an exception to this trend, as they had relatively high average hours for the warden or scheme manager. Unsurprisingly, those categories offering a lot of care had the highest level of care hours: both residential care and nursing homes had on average of 21 care hours per resident a week. These two types of accommodation also had the highest average levels of catering staff per resident (3 and 4 hours a week respectively, compared with less than 1 hour in all other categories), demonstrating the volume of catering services offered within these settings.

Scheme managers play an important role and affect the atmosphere of schemes and homes. Their role extends beyond property maintenance and into community

development. From the case study visits, managers who encouraged independence ran schemes with active residents and pleasant atmospheres. They also had residents who were actively involved in decisions about their scheme, whether related to the colour of carpets, to how to allocate maintenance funds.

2.4 Spatial variations

The highest proportion of schemes was in south-east Wales⁸, according to our database, representing 38% of all schemes (Table 2.2), though this region also has the highest population overall. A further 31% of schemes was in north Wales.

Table 2.2 Schemes in database and percentage by region

Region	Number of schemes	Percentage of total
South-east Wales	676	37.9%
North Wales	550	30.9%
South-west Wales	389	21.8%
Mid Wales	167	9.4%
All	1,782	100.0%

Source: New analysis of data from Ecotec Research & Consulting (Oct 2006) Foundations for the future: Providers and residents of specialist accommodation for older people in Wales

There is some geographical variation by accommodation features, according to our survey. All units in Carmarthenshire, Denbighshire, Merthyr Tydfil, Powys and Rhondda Cynon Taf were rented, suggesting a lack of tenure choice for older people in these areas⁹. Gwynedd, in comparison, had a very high proportion of shared ownership, representing 89% of all units. Leasehold was a more common tenure in Conwy and Vale of Glamorgan, where 38% and 29% of units respectively fell within the tenure.

Bungalows were more common in schemes in north and mid Wales and least common in south-east Wales. In north Wales, for example, 42% of units were bungalows while just 18% were in south-east Wales. However, mid Wales also had 18% bedsits, compared with 12% across the country. North Wales had a particularly high proportion of two-bedroom units, representing 29% of all units, compared with just 22% across Wales. At local authority level, there were more bungalows in Anglesey than in other areas, double the Wales average, while in Newport and Vale of Glamorgan at least 90% of units were flats.

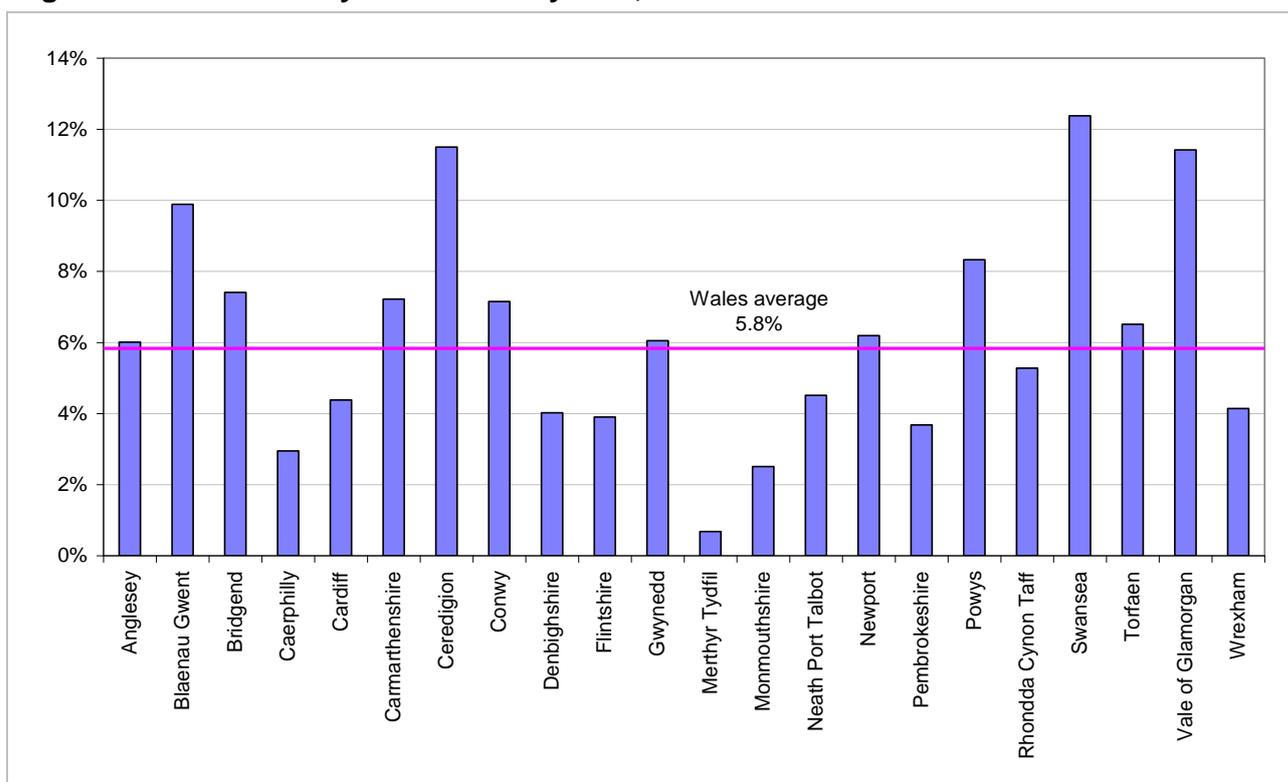
⁸ South-east Wales comprises Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Merthyr Tydfil, Monmouthshire, Newport, Rhondda Cynon Taff, Torfaen, Vale of Glamorgan; north Wales comprises Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham; south-west Wales comprises Carmarthenshire, Neath Port Talbot, Pembrokeshire, Swansea; and mid Wales comprises Ceredigion, Powys.

⁹ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales* and also the source of the following material in this sub-section

Units were most likely to meet CSIW standards in south-east Wales than any other region, representing 39% of all units, and least likely in north Wales, where just 30% did. However, a high proportion of units in mid Wales were accessible by wheelchair, representing 30% of all units compared with 16% across Wales. At a local level, a high proportion (71%) of units in Anglesey had standard access; schemes in Bridgend and Monmouthshire both had high proportions – around two-thirds – of units meeting CSIW standard.

The number of vacant units of any scheme can be used as an indicator of demand, although the data is only a snapshot in time and vacancies can be caused by a range of factors. Nevertheless, there is a clear difference in vacancy rates by region. Across Wales, the average vacancy rate was just below 6% (Figure 2.1), while schemes in north and south-east Wales had about half the level of voids than schemes in south-west and mid Wales (5% compared with 9% and 11% respectively). There was also some clear variation at local authority level, with schemes in Ceredigion, Swansea and Vale of Glamorgan all having vacancy rates above 10%, while those in Merthyr Tydfil had less than 1% vacant units (just 2 voids out of 295 units).

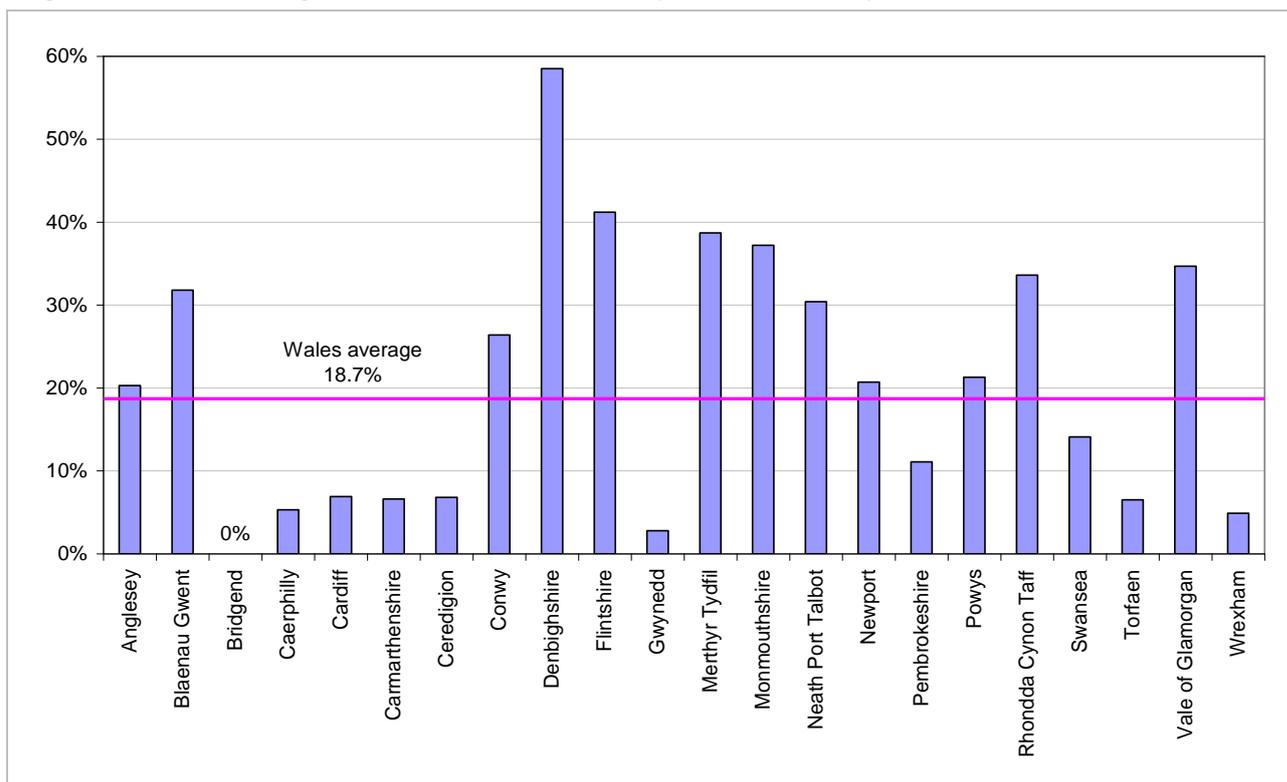
Figure 2.1 Void rates by local authority area, 2006



Source: Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*, Figure 3.1

Almost a fifth (19%) of units in schemes had telecare installed, as reported by respondents to the questionnaire. However, schemes in north Wales were most likely to have telecare, representing 22% of all units, and twice as likely as those in mid Wales, where just 11% had it installed. The variation across local authority areas is also significant (Figure 2.2). Respondents in Denbighshire had the highest proportion of units with telecare (58%), while respondents in Bridgend had no units with telecare.

Figure 2.2 Percentage of units with telecare by local authority



Source: Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*, Figure 4.1

2.4.1 Rural issues

There was little difference between vacancy levels in rural and urban areas. Bungalows, particularly those with just one bedroom, were slightly more common among schemes in urban than in rural areas¹⁰. Units were more likely to be meet CSIW standards in rural than in urban areas, representing 42% of all units compared with 33% respectively. Schemes in urban areas were more likely to have telecare than those in rural areas, representing 21% of all units against 15%.

¹⁰ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*

Access to services is a particular concern with rural living for all age groups. For older people, a local GP surgery, shops, pharmacy and library, ideally accessed by a level route, are particularly important. One of the case study schemes representing designated housing was set in a rural locality but *with* access to services. In other case studies, the lack of local services or their inaccessibility created a sense of isolation for residents. In most rural schemes visited, most residents came from the local area.

2.5 Funding for accommodation

Funding has been an important driver of accommodation for older people, indeed this project can be seen in the context of increased bidding for funds for extra-care housing. Although it appears easier to obtain funding for extra-care schemes in the current climate, accommodation must represent value for money for those funding the services when compared to alternative provision for the same person. The difficulty of finding sufficient funds to make improvements to meet new standards, although highly significant, is not the main consideration. The key is appropriate allocation and flexible responses to changing care needs.

One of the advantages claimed for very sheltered housing over residential care is that the tenant is left with a higher level of disposable income. However, funding arrangements should be fair to the tenant without any loading of costs to the disadvantage of self-financing tenants. Thus a scheme that is viable only with very high levels of rent or with a raft of additional charges will not be fair for those tenants who are not eligible for benefit.

Like sheltered housing, residential care in the private sector also has a long history. Until the 1980s much of the residential care provided in the private sector was for those able to meet their own care costs. The unintended consequence of changes in regulations in the early 1980s, so that financial support from public funds was available to those cared for in private residential care homes, was an enormous increase in the sector. Some homes are almost wholly dependent upon residents funded by the local authority and most would say that their fee levels are heavily influenced by local authority levels.

Both nationally and locally some contraction is apparent in the private residential care home sector. Within the sector many would argue that artificially depressed levels of payment by local authorities are forcing many homes out of business. In some areas the development of alternative services is having an impact on demand. Many older people and their families will delay a move to a residential care home for as long as possible because of the financial implications for those with additional income, savings or assets such as their own home.

2.6 Summary of evidence

- There were almost three times as many flats as bungalows in respondent schemes (73% flats compared with 27% bungalows). However, bungalows were more common in designated housing than across all categories, accounting for almost half (46%) of units.
- One-bedroom units were the most common type of accommodation, accounting for almost two-thirds (65%) of stock. However, 12% of units across Wales were bedsits, which are often the least favourite and therefore hardest type of unit to let. On the other hand, 23% of units had two or more bedrooms, particularly suited to couples with different health needs and to single people with frequent visitors.
- Across Wales almost half (49%) of units had just standard access, though over a third (35%) met CSIW standards. Nursing homes and residential care had the highest proportion of units meeting CSIW standards. Accessibility was higher than average in extra-care in sheltered housing. Accessibility was worst in conventional sheltered housing and designated housing.
- Across Wales, the average vacancy rate was just below 6%, while schemes in north and south-east Wales had about half the level of voids than schemes in south-west and mid Wales (5% compared with 9% and 11% respectively). There was little difference between vacancy levels in rural and urban areas.
- Demand for all forms of sheltered housing was generally reported to be strong but with some individual schemes being hard to let. The strength of demand seemed often to arise from the lack of an alternative: sheltered housing being offered as the only alternative to those who are over 55 years of age and seeking accommodation. In addition, for many schemes their strongest feature seemed to be location. A good location seemed to sustain a scheme that had little else to commend it in design, facilities or flat size.
- Almost a fifth (19%) of specialist units had telecare installed. However, schemes in north Wales were most likely to have telecare, representing 22% of all units, twice the proportion in mid Wales.
- With such a diverse mix of accommodation types, there was understandably great variation in the facilities provided.
- In general, total staff hours increased the higher the level of care, with designated housing having the lowest average hours per resident (1 hour a week) and nursing homes the highest (34 hours).
- Managers who encouraged independence ran schemes with active residents and pleasant atmospheres.

- Access to services is a particular concern with rural living, for all ages. For older people, a local GP surgery, shops, pharmacy and library, ideally accessed by a level route, are particularly important.

3 Current and future demand for accommodation

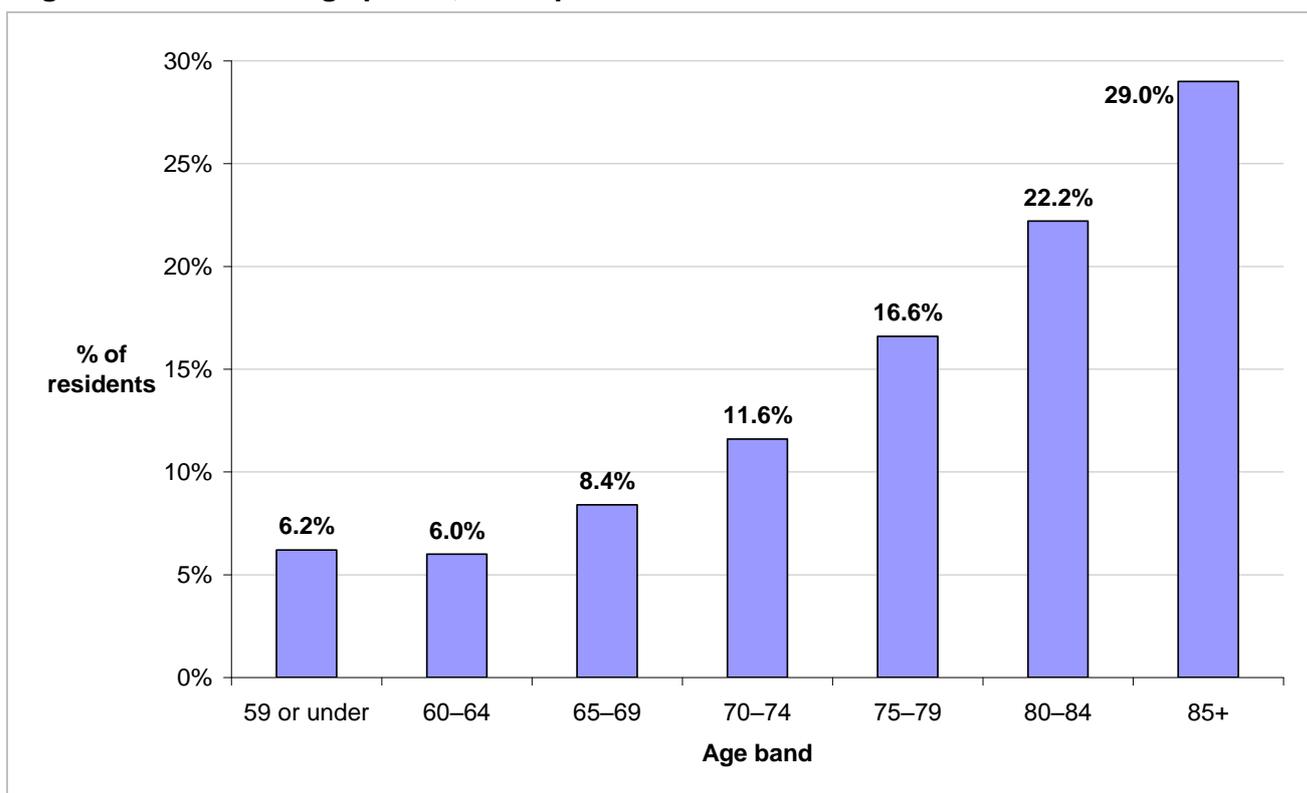
This section shows the current population in specialist accommodation for older people in Wales, derived from the detailed questionnaire of providers. It also summarises demographic information, trends and key issues from the report on future housing and care needs, and summarises older people's aspirations from the literature review.

3.1 Current demand for specialist accommodation

There were around 14,700 residents living in the 548 schemes and homes that responded to the questionnaire, averaging 27 residents in each¹¹. Across Wales over half (51%) of residents were aged 80 or more, although responding schemes also housed a fair proportion of relatively young residents: 6% were younger than 60 (Figure 3.1). In general, the oldest populations were found in settings with higher levels of care, with the exception of Abbeyfield homes, which housed an unusually high proportion (66%) of people aged 85 or more but had no levels of care. In contrast, designated housing and conventional sheltered housing had more evenly distributed populations by age group.

¹¹ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales* and also the source of most of the material in this sub-section

Figure 3.1 Resident age profile, all respondents



Source: Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*, Table 2.2

The ethnicity of residents across all schemes that responded to the questionnaire was overwhelmingly white, with less than 1% from black or minority ethnic (BME) communities, though this was similar to the proportion of BME people among the wider population aged 60 or over in 2001¹².

Across all categories of accommodation, single females represented almost two-thirds (62%) of all households, while single males just a quarter. Couples, in contrast, represented the smallest proportion of households, just 12% of these housed by all respondents. However, those settings with the oldest populations also had the highest proportion of single females, reflecting the fact that women outlive men and need housing, care and support for longer.

Most residents required help with housekeeping, personal care or both. This is unsurprising as this project focused on specialist forms of accommodation for older people, where support and care are targeted. However, the majority of residents in designated housing, Abbeyfields and conventional sheltered housing could all cope without help. This is notable for Abbeyfields as the population was particularly old

¹² NOMIS, 2001 census theme table T13 online

compared to the other two forms of housing. Whilst most residents in the two predominant forms of extra-care housing required some form of help, most required help with housekeeping only rather than personal care or both.

Schemes housed residents with a wide range of (sometimes multiple) impairments. More than a third (36%) of all residents had mobility problems, which was the most common type of impairment. It was most common within almost all local authority areas and types of accommodation. Mental illness and dementia were the two least common types of impairment. However, dementia still affected almost 1,500 residents – more than 10% of the resident population in responding schemes – and similar levels to dexterity and transfer problems. In residential care, though, dementia was the fourth most common type of impairment, suggesting residents with this condition are over-represented in such settings.

3.1.1 Spatial variations

The resident population was youngest in north and south-east Wales, where around 53% of residents were aged under 80, but older in south-west and mid Wales, where 52% and 63% respectively were aged 80 or more. There is some variation when looking at the resident profile at local authority level. Over half of residents were aged 85 or more in Pembrokeshire and Powys, while large proportions of residents in Blaenau Gwent, Merthyr Tydfil, Newport and Vale of Glamorgan were in the youngest age band (59 or under).

When comparing the ethnicity of scheme residents with the wider older population, only schemes in Newport and Rhondda Cynon Taf had a higher representation of black and minority ethnic residents – of Chinese origin in both cases – though this is due to the inclusion in the research of specialist housing providers for this ethnic group.

The pattern of impairments was similar for schemes in all local authority areas, with mobility problems the most common type of impairment. Sensory impairment was most common in Ceredigion and continence problems most common in Powys.

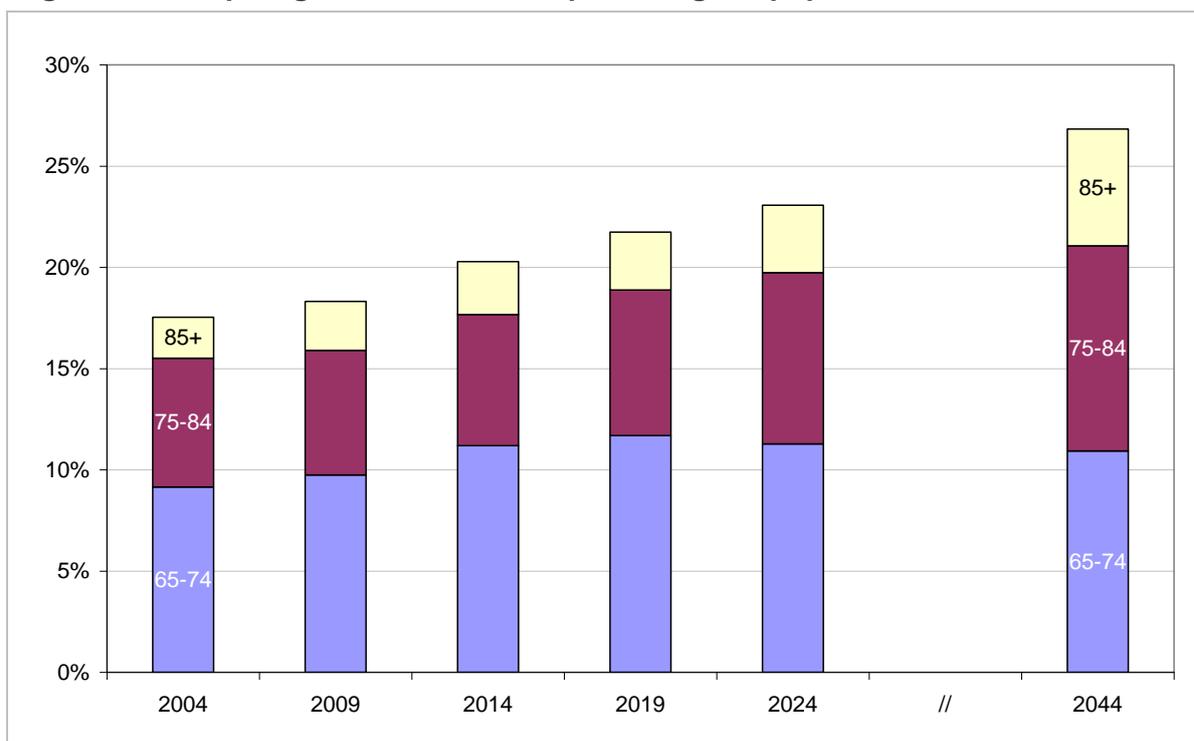
The resident population in respondent schemes was older in rural authorities than in urban ones¹³, with 55% of the population aged 80 or more in rural areas but only 45% in urban authorities. However, the resident population of schemes in the urban areas represented almost three-quarters (73%) of all residents. The pattern of impairments was similar for schemes in urban and rural authorities, with the prevalence of mobility problems representing a considerable problem for schemes in rural areas.

¹³ Rural authorities are Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire, Powys; the remaining authorities are urban (source: Welsh Rural Observatory (undated) 'Poverty and social exclusion in rural Wales' presentation, Table 2)

3.2 The changing demographic picture

The total number of people in Wales over 65 is projected to rise from 518,000 in 2004 to 885,000 in 2044, an increase of 71% (Figure 3.2)¹⁴. However, the number of people aged 85 or more will rise by 217% to 190,000. Well over half (57%) of this older population will be women.

Figure 3.2 People aged 65 or over as a percentage of population 2004-2044



Source: ECOTEC Research & Consulting and Contact Consulting (2006) *The future housing and care needs of older people in Wales, Figure 2*

Household projections show the results of population ageing. The number of households with a household representative aged 65 or more is projected to increase by 151,000 or 43% over the 2003-26 period to 505,000. By 2026, households headed by an older person will account for a third of all households in Wales.

Broadly, the proportion of older people is lower in the more urban areas in the south and in Wrexham, and higher in the more rural areas of mid, west and north Wales. In all regions the greatest growth is among those of retirement age. In mid Wales, this group is projected to grow by 36%, compared to 30% in north Wales, 27% in south-west Wales and 25% in south-east Wales. The policy response at a national level must therefore provide scope for

¹⁴ ECOTEC Research & Consulting and Contact Consulting (2006) *The future housing and care needs of older people in Wales* and also the source of the material in this sub-section

local priorities and adjustments to reflect local circumstances, though acknowledging an ageing population in all regions.

3.3 Age-related housing and care needs

From 2004 to 2044 older age groups will show a substantial increase. How are the needs of this greatly increased population of people in advanced old age to be met? If this is not to result in a large and expensive increase in provision of care through residential and nursing care then credible alternatives are needed. These will need to provide a good quality of life for the individual older person, an adequate response to the risk to which they are exposed, and sustainable levels of care.

The current aspiration for many people approaching old age is to remain in their own homes, which means remaining in owner occupation for the vast majority of people and not moving to sheltered – therefore social – housing. As such, the proportion of social rented sector tenants aged 65 or more is projected to decline from 26% to 21% from 2001 to 2026¹⁵. However, this drop in the proportion of social rented tenants will not be matched by a fall in the absolute number of social tenants, as the number of older households is projected to rise across all tenures. Social rented tenants do not have access to equity, but can expect attention to repairs, the provision of adaptations and better housing management from their landlord, including access to purpose-built housing for older people.

In relation to housing, the evidence from Living in Wales 2004¹⁶ does not, unlike previous national surveys, highlight older people as a whole as being significantly more likely to experience poor housing conditions than younger groups. However, previous surveys which broke down condition data for age groups within the older population have suggested that within this population it is the very oldest (85+) who are most likely to experience the poorest conditions. Yet older people were generally more satisfied that their accommodation was in a good state of repair, less likely to feel that they were affected by poor conditions where they existed, and less likely to feel that their accommodation was in need of renovation.

The tendency to live alone rather than with another older person increases sharply with age, especially following the death of a partner; for the over 75 age group almost half lives alone. This has clear implications for the provision of care, as the potential for independent living or informal care weakens for those living alone than for those living with other older

¹⁵ ECOTEC Research & Consulting and Contact Consulting (2006) *The future housing and care needs of older people in Wales* and also the source of the material in this sub-section

¹⁶ Welsh Assembly Government (2005) *Living in Wales 2004* online

people. However, male life expectancy is rising, and at a faster rate than for females. This is likely to mean that there will be more older couples and that the period when many women live alone after the death of a partner will occur at a later age.

In terms of health and social care needs, older people are significantly more likely to suffer from some form of long-term illness which limits their activities and requires some form of care or support, or adaptation to their dwelling. The prevalence of a range of conditions – including heart disease, cancer, respiratory illness, mental illness, diabetes, stroke, back pain, arthritis, varicose veins, difficulties with hearing and sight, and proneness to accidents – all increase markedly with age, especially for those aged 75 or more.

However, there are likely to be some improvements in the health of older people over the next 20 years arising from a range of causes including changes in the occupational structure, better lifestyles and improvements in medical care. Yet for the oldest age groups (85+), personal care is most prominent. So despite expected improvements to health, the oldest age group will still be most in need of additional care and support needs in future.

3.4 Older people's aspirations

Alongside the changing demography and changing care needs, the aspirations of future generations of older people are also changing. Research¹⁷ identifies a wide range of elements in the emerging aspirations of older people:

- more spacious accommodation, particularly the capacity to accommodate guests, greater storage space, more spacious kitchens, and the space to pursue hobbies within their own accommodation rather than in communal space;
- choice of tenure and location within a known community;
- the opportunity to maintain a high degree of privacy in their personal life;
- accommodation that is secure from both actual and perceived threats of crime and intrusion;
- easy maintenance of both accommodation and gardens, or maintenance delegated to others at an affordable rate;
- access to private transport: whether through continued car ownership or the use of a pavement scooter;
- access to a range of quality facilities for shopping, banking, healthcare, and so on;
- access to facilities for a wide range of educational and cultural pursuits;
- access to facilities to maintain personal fitness; and

¹⁷ Appleton, N (2002) *Planning for the majority: The needs and aspirations of older people in general housing* York: Joseph Rowntree Foundation; Oldman, J (2006) *Housing choice for older people* London: Help the Aged

- opportunities to participate in the shaping of facilities and services that impact upon their quality of life.

3.5 Summary of Evidence

The resident population in specialist accommodation for older people in Wales had the following characteristics:

- 51% of residents in the schemes that responded to the questionnaire were aged 80 or more, 6% were younger than 60. In general, the oldest populations were found in settings with higher levels of care. Designated housing and conventional sheltered housing had more evenly distributed populations by age.
- Less than 1% of residents in specialist accommodation were from black or minority ethnic communities, a similar proportion to the wider population.
- 62% of all households were single females, 25% were single males and 12% were couples.
- 36% of all residents had mobility problems, which was the most common type of impairment. Mental illness and dementia were the two least common types of impairment across all respondents. However, dementia still affected almost 1,500 residents, over 10%, across all respondents, and similar levels to dexterity and transfer problems. In residential care, dementia was the fourth most common type of impairment.
- The resident population was youngest in north and south-east Wales, where around 53% of residents were aged under 80, but older in south-west and mid Wales, where 52% and 63% respectively were aged 80 or more. The resident population in respondent schemes was older in rural authorities than in urban ones.

Projections for older people show:

- The number of people in Wales over 65 is projected to rise from 518,000 in 2004 to 885,000 in 2044, an increase of 71%. However, the number of people aged 85 or more will rise by 217% to 190,000.
- By 2026, households headed by an older person will account for a third of all households in Wales.
- In mid Wales, the population of retirement age is projected to grow by 36%, compared to 30% in north Wales, 27% in south-west Wales and 25% in south-east Wales.

- The proportion of social rented sector tenants aged 65 or more will decline from 26% to 21% from 2001 to 2026, as the current cohort of owner occupiers grow older but continue in private housing.
- Almost half of the over 75 age group live alone. However, increasing male life expectancy is likely to mean that there are more older couples and that the period when many women live alone after the death of a partner will occur at a later age.
- Despite expected improvements to health, those aged 85 or more will still be most in need of additional care and support needs in future.

Emerging aspirations for older people include:

- More space; tenure choice; high degree of privacy; security from crime and intrusion; easy or affordable maintenance; access to private transport; access to community services; and opportunities to participate in the shaping of facilities and services that impact upon their quality of life.

4 Implications for the future supply of accommodation

This section analyses the supply of different categories of accommodation including a perceived oversupply of sheltered housing and the role of owner occupation. It is informed by the forecasting work, case study visits, questionnaire and literature review.

Information available indicates that the housing requirements of older people will increasingly not be matched by accommodation and services currently available. In terms of demographics: people are living longer, male and female life expectancy is converging; longer lives are likely to mean increasing physical support requirements. In terms of tenure, people will want to remain in their own homes as long as possible. For an increasing number of older people this means homes they own and have to maintain. In regard to expectations of standard of living, older people generally want more private space than is normally provided in specialist accommodation, and wish to maintain the lifestyle of social contacts and leisure activities that they have become used to.

4.1 Re-modelling services to meet changing aspirations

The increasing number of older people and their changing aspirations mean that the current level of specialist accommodation and the services provided will both have to adapt to meet the demand from future generations of older people.

In contrast to the commonly held view, conventional sheltered housing recorded average levels of voids compared to all responding schemes and designated housing particularly low levels, according to the questionnaire. This shows that there is still current demand for these forms of housing. However, most commentators expect the stock of conventional sheltered housing for rent to decline in the coming decade.

Where demand is currently weak, or where research shows that it is becoming weak, in the more remote locations and for older sheltered stock with the most limited space standards, local authorities should consider modifying the role of conventional sheltered stock.

The increase in male survival rates shown in the convergence in life expectancy between men and women implies an increase in the survival of two-person households among people in advanced old age. This has a clear implication for those providing specialised housing in which the overwhelming majority of accommodation is designed for single persons with modest space requirements.

Demand for enhanced forms of sheltered housing is expected to increase as existing tenant populations age and average age at allocation increases. The development of both medium sized and large (village) extra-care schemes is expected to continue. However, there is a danger that local authorities will see extra-care housing as a form of accommodation suitable for all, when it is not suitable for everybody.

The future viability of extra-care schemes will depend on their ability to offer more than a response to dependency. One clear gap in the provision of specialist accommodation is lifestyle extra-care housing. For example, hobbies and activities¹⁸ were the least common group of facilities¹⁹ from questionnaire respondents, particularly a spa, exercise room and IT suite. Lifestyle extra-care models can be developed through pioneering new schemes or through enhancing current forms of extra-care housing with additional services or facilities.

Demand for all categories of specialised housing on the basis of outright purchase or shared ownership will grow as high levels of owner occupation reach into the oldest age cohorts. This will fuel the requirement for leasehold sheltered housing from both commercial and RSL providers and for enhanced and extra-care forms to be offered on the basis of mixed tenure.

Residential care, whether current or former local authority provision or from private sector providers, is expected to be squeezed between the increase in housing-based forms and the demand for higher levels of care to meet the needs of extremely frail older people and those with mental confusion or mental illness. The withdrawal of smaller providers, seen over the past decade, is expected to continue and those that remain will move toward more specialised services that attract higher fees.

Recorded dementia was low in all categories of accommodation except for residential care and nursing homes, where over 40% of residents were affected by the condition²⁰. This suggests that other forms of accommodation are not equipped to deal with dementia, even though there will be a growing number of people with the condition in future. This implies unmet demand for services to address the condition among many types of specialist accommodation.

¹⁸ Hobbies and activities comprised: hobbies or craft room, IT suite, library, exercise room, conservatory, hairdresser and spa.

¹⁹ Other groups of facilities comprised: common room; dining-related; guest accommodation; alarm systems; laundry facilities; hygiene and treatments; and staff facilities.

²⁰ Ecotec Research & Consulting (Oct 2006) *Foundations for the future: Providers and residents of specialist accommodation for older people in Wales*

4.2 Maintaining quality housing

Unless there is a dramatic decline in national economic prospects, it is reasonable to expect that conditions in the stock overall will continue to improve further. In the social rented sector, the Assembly Government has set a target of bringing all local authority dwellings up to the Welsh Housing Quality Standard by 2012. The pressure to meet this standard is encouraging many authorities to consider transferring their stock to registered social landlords, which can bring new investment into the sector.

4.2.1 Problems in owner occupation

Although the focus of this project has been on specialist forms of accommodation for older people, which are mainly in the social sector at present, the majority of older people live in their own homes (77% of households headed by someone in the 60-74 age group are owner occupiers), levels of homeownership are projected to rise²¹.

However, it seems likely that there will continue to be significant numbers of older households in the owner-occupied sector who experience problems with repair, maintenance and improvement. People in early old age (from age 65) tend to want to remain in their existing homes for longer and receive support and adaptations to let them do so. Problems will be most significant for older homeowners who live in low value or older properties, or those on the lowest incomes, in the poorest health and in the oldest age groups.

Yet in the private sector, the most significant factor leading to improving property conditions has been investment by private owners themselves. While owners, especially outright owners, have the advantage of wealth stored in the value of their home, accessing this requires either a move to rented or rent-free accommodation, a move to a less expensive property or the take-up of one of the various equity release mechanisms on the market.

The estimated median equity held by older homeowners in Wales in 2005 was around £120,000²². But many owners are reluctant to tap into this source or regard schemes for helping them to do so as poor value for money. However, this equity is not evenly distributed and many older homeowners have much less. It is likely that these are the households which need to spend most on repair and upgrading, limiting the scope for tapping into this resource.

²¹ ECOTEC Research & Consulting and Contact Consulting (2006) *The future housing and care needs of older people in Wales*

²² ECOTEC Research & Consulting and Contact Consulting (2006) *The future housing and care needs of older people in Wales*

The evidence available on needs for adaptation presents challenges of varying difficulty. The infrastructure to meet the perceived need for community alarms is already in place but there are issues about the viability of smaller providers, the economic and efficient operation of such services and their potential to offer extended services through the addition of new devices. The means of responding to the need for small adaptations such as handrails already exists through handyman services allied to Care and Repair schemes. There are policy questions to be addressed in the whole area of provision of equipment and adaptation, especially to those with low to medium levels of need.

Responding to requirements that involve more major building works – whether widening doorways, providing a water closet at the living level of the dwelling or converting bathing facilities – is more problematic. Again, the Care and Repair service provides a means of delivering these adaptations but funding the identified level of potential demand, whether by grant or by the encouragement of investment by owners, will present a challenge.

4.3 Summary

- The increasing number of older people and their changing aspirations mean that the current level of specialist accommodation and the services provided will both have to adapt to meet the demand from future generations of older people.
- Increased male life expectancy means that provision for couples is likely to increase in demand, as will that for enhanced forms of sheltered housing as the age at allocation increases.
- The future viability of extra-care schemes will depend on their capacity to meet the changing aspirations of older people including those relating to lifestyle.
- The low occurrence of dementia in the surveyed schemes implies unmet demand for the condition among many types of specialist accommodation.
- The majority of older people live in their own homes (77% of households headed by someone in the 60-74 age group are owner occupiers). In future, levels of homeownership are projected to rise.
- Higher levels of owner occupation among ageing cohorts mean that there will likely be increased demand for outright or shared ownership as a form of tenure in specialist accommodation.
- People in early old age (from age 65) may wish to live within their existing homes for longer and receive suitable support and adaptations to let them do so. Problems will be most significant for older homeowners who live in low value or older properties, or those on the lowest incomes, in the poorest health and in the oldest age groups.

- The evidence available of needs for adaptation presents challenges of varying difficulty. The means of responding to the need for small adaptations such as handrails already exists. Responding to requirements that involve more major building works is more problematic.

5 Policy recommendations

This study has examined the capacity of the various categories of sheltered housing (and residential care) to provide support to older people with different levels of need so that a more precise view may be developed of the current and future purpose and role of each style of provision. This section sets out the key challenges on housing for older people and offers ten recommendations for improving the planning, commissioning and delivery of specialist accommodation for older people.

The demographic projections are stark. The number of people aged over 65 in Wales is projected to rise from 518,000 in 2004 to 885,000 in 2044, an increase of 71%. By 2044, the number of people aged 85 is projected to rise by around 217% to 190,000. By 2026, households headed by an older person will account for a third of all households in Wales.

Specialist accommodation for older people has historically been dominated by conventional sheltered housing, which still represented almost half of schemes in our research. Although demand for this form of housing is still strong, most commentators expect the stock to decline in the coming decade. In some locations, a lack of alternatives leads older people into sheltered housing when alternative forms of accommodation would be better suited.

Other provision is fragmented and has not developed in a planned way for local needs. Almost all specialist forms of accommodation are rented with limited involvement from the private sector. In contrast, recent new developments have been in extra-care models of housing, primarily from the public and registered social landlord sector. There are various models of extra-care housing, based on levels of dependency and on the services and facilities provided. While practitioners are looking to extra-care models, its evolving role and the possibility of meeting changing lifestyle choices is still somewhat unclear.

The majority of older people currently live in their own homes, and levels of owner occupation are projected to rise in future, as more people choose to remain in their own homes for longer. However, it seems likely that there will continue to be significant numbers of older owner occupiers who experience problems with repair, maintenance and improvement in the future, let alone care and support requirements. These problems will be most significant for older homeowners who live in low value or older properties, or those on the lowest incomes, in the poorest health and in the oldest age groups.

The proportion of older people varies by region, demonstrated through national surveys and through this project. Broadly, the proportion is lower in the more urban areas in the south and in Wrexham, and higher in the more rural areas of mid, west and north Wales.

However, there is a general lack of understanding of the needs and aspirations of future generations of older people at a local level.

Mental illness and dementia were the two least common types of impairment across all research respondents. However, dementia still affected more than 10% of residents, and similar rate to dexterity and transfer problems. In residential care, though, dementia was the fourth most common type of impairment, suggesting residents with this condition are over-represented in such settings.

5.1 Recommendations

Ten recommendations are proposed for the improvement of planning, commissioning and delivery of specialist accommodation for older people, though recognising that the capacity to implement them will be constrained by the availability of resources and heavily influenced by competing priorities.

- 1 Through the provision of guidance the Assembly Government should encourage the use of the definitional matrix of specialist forms of accommodation for older people²³ to assist commissioners and providers at a local level to agree a set of definitions. This should be done within nine months of publication of this report. This will help to develop understanding between providers and for practitioners, policymakers and potential residents to appreciate the role played by each scheme.
- 2 The Assembly Government should encourage the development of targets for provision of various categories of accommodation for older people through the preparation of local authority older persons' accommodation strategies. This should take place alongside promotion of the definitional matrix, to be done within nine months of publication. This would provide a wider choice of accommodation for older people and ensure that services were provided strategically.
- 3 Local authorities should plan housing provision in their area by matching forecasted need with people's aspirations. This could also feed into the database created for this project and should take place alongside the development of any accommodation strategy for older people and wider household survey. Only with an understanding of the future needs and desires of older people will provision provide the services demanded by future generations.

²³ Found in Contact Consulting and ECOTEC Research & Consulting (2006) *Specialised accommodation for older people in Wales: Report on the case studies*

- 4 The Assembly Government should provide guidance within 12 months of publication on the definition, role and management of designated housing for older people, to ensure that services dedicated to this age group are being allocated appropriately.
- 5 Through guidance, the Assembly Government should discourage the letting of sheltered housing to people who, by age or the nature of their support needs, might be more appropriately housed in other accommodation. Such guidance should be completed within 12 months of publication. The consequences of this guidance should be worked through to performance measurement and inspection regimes, to be developed within 15 months of publication. This would ensure that residents are housed in settings with adequate levels of care and those without additional needs have the opportunity to move to sheltered housing.
- 6 The Assembly Government should encourage the preparation by local authorities of option appraisals for all social rented sheltered housing, providing guidance and training as appropriate. This should tie in with the above recommendation, delivered between 12 and 15 months of publication. This will ensure providers understand any decisions to re-model, including for example enlarging smaller bedsits into two-bedroom units.
- 7 The Assembly Government should not encourage, through the provision of funding, the development of high dependency models of extra-care but should seek to encourage the alternative models that promote mixed dependency populations. These former models build in a redundancy, with worsening levels of dependency, and offer much less scope for peer support among residents.
- 8 In all forms of accommodation for older people the Assembly Government should seek to encourage the community development role of scheme-specific staff so that a more lively, relevant and attractive programme of activity may be provided in all specialist accommodation for older people. This should take place on a rolling basis, starting within nine months of publication and delivered by providing guidance and training, and will help to improve the services and facilities available to older people.
- 9 The Assembly Government should create a working group to examine what encouragement can be given to private developers to share in meeting the needs of older owner occupiers for a range of options to meet their accommodation and care needs. This should take place within 12 months of publication and would include representatives from the private sector. With very low rates of provision currently, engaging the private sector would bring in new capital investment and help provide for the projected increase in owner occupation.

- 10 To maintain high quality housing in the private sector, the Assembly Government should encourage, through appropriate literature, investment in their homes by older people and those approaching old age. This should take place within 12 months of publication and could be developed alongside Care and Repair Cymru. In addition, initiatives and grants should be targeted at vulnerable groups of owner occupiers to help maintain a decent quality of housing and to limit the need for additional care and support in the longer term.

6 Glossary

Abbeyfield houses A distinct form of sheltered housing, including a house manager and cleaning and catering staff, with a predominantly older female, but more independent, population.

Accessibility standards Our survey asked about three types of accessibility standard: Care Standards Inspectorate for Wales, wheelchair access and standard access.

Adaptation Adjustments to the physical fabric of properties to accommodate changed physical and mental health needs, such as grab rails, bathroom conversions and lifts.

Care and Repair Care and Repair services offer advice and assistance with housing repairs, adaptations and improvements, so that people's homes can remain suitable for their needs.

Care Standards Inspectorate for Wales The CSIW regulates social care in Wales, including standards for care homes for older people. These standards are the highest of the three listed and, for properties, include detailed provisions about space and furnishing for individual rooms, communal areas, accessible toilets and washing facilities, and adaptations and equipment (eg ramps and grab rails).

Category One schemes Sheltered housing schemes usually bungalows with limited communal facilities and no resident warden.

Category Two schemes Sheltered housing schemes that are generally blocks of flats with a range of communal facilities and a resident warden.

Conventional sheltered housing The most common type of specialist accommodation for older people. A generally independent population housed in self-contained units, generally rented but with some leasehold, but sharing communal facilities and staffed by a scheme manager.

Definitional matrix The matrix of different forms of specialist accommodation for older people, developed during this project.

Designated housing General social rented stock, generally bungalows, designated for independent older people.

Dispersed alarms An alarm service that provides peace of mind for people who feel at risk in their own homes. It is a 24 hour 365 day monitoring service giving the freedom to

live independently knowing that assistance is at hand when needed. Also known as community alarms.

Elderly Accommodation Counsel The EAC aims is to help older people make informed choices about meeting their housing and care needs. This includes a database of housing and care providers.

Extra-care in sheltered housing A form of sheltered housing with additional care facilities to cater for a population with mixed dependencies, usually with other services and activities provided.

High dependency extra-care housing A form of extra-care housing where the majority of residents have moderate to high levels of care needs.

Housekeeping support Services to help people maintain their homes, such as cleaning.

Lifestyle extra-care housing An aspirational form of extra-care housing providing for a mixed dependency population but providing a diverse programme of recreational, social and cultural activities.

Mixed dependency extra-care housing Similar to the extra-care in sheltered housing but with a mixed population, roughly split a third with no current care needs, a third with low to moderate care needs and a third with moderate to high care needs.

Nursing homes Licensed facilities that provide nursing or personal care services to people who are infirm or chronically ill, though not necessarily an older population, again meeting CSIW standards.

Older people This refers mainly to people aged 65 or more, although some data sources start at 60.

On-site alarms An alarm service that is built in to specialist accommodation, for example to provide cover overnight. A message will be sent to a monitoring centre that is staffed 24 hours a day. The monitoring centre will know the address of the call and will either try to speak to the resident or will alert a neighbour, family or the emergency services.

Personal care Services that include assistance with dressing, feeding, washing and toileting, as well as advice, encouragement and emotional and psychological support.

Registered care homes Accommodation and staffing that meets the standards of the CSIW to house a population with care needs short of nursing homes.

Telecare The continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living by use of wireless device linked via a home gateway to a Monitoring and Response Centre or direct to carers.

Welsh Housing Quality Standard A common standard for the physical condition of housing in Wales, whereby social landlords in Wales must bring their properties up to the standard by 2012. The standard requires that all homes should be adequately heated, fuel efficient and well-insulated.