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Housing for Older People in Wales: An Evidence Review

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Summary

- Wales has an increasing and increasingly diverse ageing population. This presents a challenge for Welsh housing.
- The majority of people over 65 in Wales are home owners – the likelihood of moving in later life decreases as we age, and is primarily in response to changing needs for support, or unanticipated events such as loss of a partner or the onset of illness.
- The increase in the likelihood of residential relocation around the pre-retirement phase in Wales could provide a window of opportunity for intervention or prevention programme initiatives, and broaden options and choices for ageing in place or relocation.
- Wales does not collect core data on the profile of its tenants. As a result, we have very limited information on the finer detail of tenure and household type and cannot determine the number of older people currently living in extra care, specialist or sheltered housing. Tools such as SHOP (the Strategic Housing for Older People analysis tool) may help to fill this evidence gap.
- Currently, housing options in Wales range from general needs housing with or without some degree of support (adaptations, telecare, floating support) to sheltered housing, extra care housing and nursing and residential care homes, with some limited development in co-operative and co-housing models.
- A rapidly ageing population represents an excellent opportunity for those involved in the property development sector to develop innovative living environment models, incorporating “age sustainable”, “lifetime” and “smart” design features. However, the barriers that developers and commissioners face to the expansion of retirement housing are a limiting factor. Given the strong link between better housing and better health, it is important to consider how planning regulations and charges for residential stock could influence supply gaps in the future
- Wales follows an ‘ageing in place’ approach to housing older people and our commitment to improving the quality of life and independence of older people is widely recognised across Europe as unique and innovative. The challenge for Wales is to ensure that we increase the supply of suitable and affordable accommodation and service options, whether it be so that older people can choose to age in place and “stay put”, or age in place by “moving on”.
- An ageing population provides opportunities and challenges for the housing, health and social care sectors; effective planning, resource management and service delivery will therefore require widespread integration of activities and partnership working across community stakeholder groups – including older citizens - and policy areas.



Introduction

Owing to medical advances and longer life expectancies, Wales is experiencing an increasing, and increasingly diverse older population (Baxter & Boyce, 2011). The well-being of older citizens is important to economic development and social cohesion for two reasons. Firstly, poor health in later life creates significant costs for health and social services (Davies, 2014) and can severely impinge on individual well-being. Secondly, older people provide enormous economic and civic contributions to society, taking part in unpaid voluntary work and providing a significant amount of unpaid care (Harding, 2008; ONS, 2013a).

The housing environments in which we age can play a determining role in ensuring that people remain engaged in their local communities and maintain a sense of autonomy and independence (IPC, 2012). A home with difficult steps to negotiate, no practical parking or public transport access for example, may mean that trips to the local shopping centre and social engagement with others become prohibitive. A house which is poorly insulated may mean risks of hypothermia if heating costs become unmanageable or retrofit measures cannot be put into place. Furthermore, houses with inadequate lighting which do not respond to increasing age-related sensory, physical or cognitive impairment will be conducive to falls and other domestic accidents. Poor housing for older citizens therefore presents significant costs for public spending in Wales each year due to factors such as thermal inefficiency (Burholt & Windle, 2006), damp and mould (WHO, 2009) and falls caused by poor housing design (Parrot, 2000; Thomas Pocklington & RNIB, 2010). There can also be significantly diminished social outcomes if their ability to engage in community life is compromised.

Population ageing therefore poses an unprecedented challenge to policy makers and planners alike in Wales, and requires us to think “outside the box” if we are to provide older citizens with real choice of appropriately designed, adapted and affordable housing and community living environment options. This could mean:

- seeking service solutions which enable older people to down-size or relocate to more supported living environments if they wish (Hillcoat-Nallétamby & Sardani, 2015) or;
- thinking ahead and planning for “lifetime-smart” homes so that housing stock can be built to become *age-sustainable* rather than catering to age-specific needs or;
- finding alternative solutions to financing and organising communal living arrangements such as those offered through co-housing or co-operative models.

Forward thinking and planning about the housing provision and housing support needs and preferences of an ageing population therefore means recognising the serious impact that inadequate housing stock will have on the well-being of older citizens and on the state of public finances. This document sets the scene for discussion on how we can meet the housing needs of an ageing population in Wales. It begins by defining what we mean by an ‘older’ person and explaining how older people are an extremely heterogeneous group. It provides a background to the current and projected demographic profile of the population in Wales (including limited information on housing tenure), thus providing an important insight for planning ahead. In addition, this document details the current policy and funding context for housing in Wales, as well as the building and planning regulations. The perspectives of older people and the accommodation options currently available for them in Wales are also discussed. Finally, this

document considers the bigger picture, drawing on cross-sector perspectives on the importance of an integrated approach towards managing the opportunities and challenges of an ageing population in Wales.

Definitions and Demographic Background

Definition of an older person

There is no universal agreement on when old age begins. Our perception depends largely on context and our own age. For example, an ONS opinion survey found that, on average, the younger generations think age 54 marks the start of old age, whilst conversely those over 80 class the beginning of old age at 68 years (DWP, 2012). The age of retirement is often used as the marker of old age (which in the UK is currently age 65 though this is being phased out). However, the Welsh Government's Strategy for Older People in Wales defines older people as aged 50 and over, although this has been the subject of much discussion (Welsh Government, 2013). Given unprecedented improvements in life expectancies, the increasing complexity and heterogeneity of populations in terms of their age structure is also reflected in the distinction now often made between the Third and Fourth ages, or "young-old", "old-old" and "oldest old" groups (Phillips, Ajrouch & Hillcoat-Nallétamby, 2010). For the purpose of this report old age, unless otherwise stated, is defined as aged 65 and above.

Older people: Generalities and diversity

Compared to the younger population, older people are exposed to higher risks of increasingly poor health, disability and frailty, thus they are more likely to experience trips and falls, medical conditions caused by damp, cold and mouldy environments and reduced mobility (IPC, 2012; Burholt & Windle, 2006; WHO, 2009; Parrot, 2000). Reduced mobility (ONS, 2013a) also partially explains the increased amount of isolation experienced by older people. Loneliness is also sometimes an issue for those who have been widowed or whose family and friends have died or moved away. These factors can have a significant impact on health and well-being. All in all, as we age, the likelihood of needing more help with health, social care and social requirements will increase. In addition, whilst some older sources suggest that older people are at higher risk of income poverty than other adult age groups (Shelter, 2007), data from the Family Resources Survey suggests that older people are now much less likely to be living in low income households (below 60% of median household income) than younger age groups in Wales. Unlike working-age adults, relatively few low-income older people have a very low income (below 40% of median household income). Indeed, evidence suggests that the proportion of older people living in low-income households has fallen from an average of 26% in the late 90s to an average of 18% in the years 2006-2009¹. Finally, and perhaps most importantly, older people spend 70-90 % of their time at home, thus a warm, secure environment that meets individual requirements is crucial (ODMP, 2006).

Despite these generalities, older people are not a homogenous group. There are significant differences in income (DWP, 2006), class and ethnic grouping, as well as in age, sexual orientation, and support needs. Older people also live in both rural and urban settings and in

¹ See <http://www.poverty.org.uk/w64/index.shtml>

different household types and tenures, with correspondingly different problems and opportunities. For example, more older people are in receipt of guaranteed Pension Credit in 'The Valleys' than elsewhere (except for Torfaen)². The challenges of an ageing population are not unique to Wales. However, the rural nature of many Welsh communities makes for the added challenge of tackling isolation and accessibility to services. In 2011, almost 30% of its rural population was aged 60 or more, compared to 21% for urban areas (ONS, 2013b). Wales' rural population is also ageing, and more so, in comparison to urban-dwelling residents. The median age of usual residents in rural areas (England and Wales combined) increased from 42 in 2011 for example, to 45 in 2011, whilst the proportion of the rural population aged 60-74 increased by 4.1% over the inter-censal period, compared to less than 1% in urban areas for the same age group (ONS, 2013b).

Population projections by age group

Wales has a larger proportion of their population over retirement age than England, Scotland and Northern Ireland (Baxter & Boyce, 2011; Welsh Government, 2014). Based on the most up to date Welsh Government population projections, in 2012 19% of the population was over 65; by 2037 this is expected to rise to over 26%³. The table below shows the ONS population projections for Wales broken down by age group in 2012 and 2037⁴. The table shows that in 2012, 38% of the population was aged 50 or over. In 2037 this is expected to increase to 42%. The table also shows that in 2037 there will be more of the 'oldest old' living in Wales, with the proportion of the population aged 80 and over increasing from 5% to almost 10%.

Table 1: ONS population projections for Wales by age (figures represent thousands)²

	2012 figures	2012 % of total population	2037 projected figures	2037 % of total population projection
Aged 50-59	395	12.85%	359	10.81%
Aged 60-69	376	12.23%	367	11.05%
Aged 70-79	247	8.04%	363	10.93%
Aged 80-89	130	4.23%	230	6.93%
Aged 90-99	27	0.88%	81	2.44%
Aged 100+	1	0.03%	6	0.18%
Total aged 50+	1173	38.16%	1406	42.34%
Total population	3074	100.00%	3321	100.00%

² See <http://www.poverty.org.uk/w64/index.shtml>

³ Calculation based on figures found at <https://stats.wales.gov.uk/Catalogue/Population-and-Migration/Population/Projections/National/2012-Based/PopulationProjections-by-Year-Gender>. In 2012 the total population of Wales was projected at 3,074,067 of which 585,878 individuals (19%) were aged over 65. In 2037 the projected population of Wales is 3,321,393 of which 878,144 (26%) individuals are projected to be over 65 years of age.

⁴ Calculations based on figures found at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcM%3A77-318453#tab-Wales>

Table 2: Welsh Government population projections by local authority based on 2011 data⁵

	2012 aged 65 and over	2012 all ages	% of total population aged 65 and over in 2012 (based on 2011 projection)	2036 aged 65 and over	2036 all ages	% of total population aged 65 and over in 2036 (based on 2011 projection)
Wales	585,149	3,076,656	19.02%	869,846	3,333,536	26.09%
Isle of Anglesey	16,277	69,963	23.27%	22,199	68,053	32.62%
Gwynedd	25,990	121,803	21.34%	33,377	131,847	25.31%
Conwy	29,179	115,461	25.27%	40,725	115,307	35.32%
Denbighshire	20,539	94,309	21.78%	30,368	101,507	29.92%
Flintshire	28,452	153,038	18.59%	44,775	154,538	28.97%
Wrexham	24,002	136,337	17.60%	38,804	163,500	23.73%
Powys	31,709	133,382	23.77%	49,515	134,628	36.78%
Ceredigion	16,343	75,446	21.66%	22,209	79,246	28.03%
Pembrokeshire	27,827	122,933	22.64%	39,495	126,242	31.29%
Carmarthenshire	39,649	184,888	21.44%	58,683	204,441	28.70%
Swansea	44,335	239,936	18.48%	62,024	269,929	22.98%
Neath Port Talbot	26,881	140,081	19.19%	38,034	142,108	26.76%
Bridgend	25,940	140,141	18.51%	41,535	151,023	27.50%
The Vale of Glamorgan	24,196	127,138	19.03%	38,473	133,727	28.77%
Cardiff	46,932	349,536	13.43%	76,684	458,544	16.72%
Rhondda, Cynon, Taf	41,565	234,648	17.71%	59,202	235,439	25.15%
Merthyr Tydfil	10,112	59,079	17.12%	15,796	62,434	25.30%
Caerphilly	30,839	179,212	17.21%	47,923	182,334	26.28%
Blaenau Gwent	12,862	69,684	18.46%	17,631	65,209	27.04%
Torfaen	17,019	91,326	18.64%	24,938	92,204	27.05%
Monmouthshire	20,014	91,624	21.84%	31,820	90,334	35.22%
Newport	24,489	146,690	16.69%	35,638	170,941	20.85%

⁵ See <https://stats.wales.gov.uk/Catalogue/Population-and-Migration/Population/Projections/National/2012-Based/PopulationProjections-by-Year-Gender>

Population projections by local authority

Based on the most up to date Welsh Government population projections⁶ as shown in Table 2 above, we can see that there is considerable variation in the proportion of older people living in different local authorities and this is projected to continue⁷.

Marital status

According to the 2011 Census analysis for England and Wales, 57% of people aged 65 and over were married or in a civil partnership, 29% were widowed or a surviving partner from a civil partnership and 6% were single (ONS, 2013a). The remaining 9% were divorced or formerly in a civil partnership now dissolved. This means that between 2001 and 2011, the proportions of the population aged 65 and over who were widowed and single both declined, while married and divorced proportions both increased (ONS, 2013a). These changes relate to increased life expectancy resulting in marriages surviving longer, but also an increased likelihood of divorce. Another factor may be the decrease in the large number of widows created by the Second World War who are now reaching the end of their lives. The number of older people cohabiting has also risen and this is likely to reflect higher rates of divorce (ONS, 2013a).

Life expectancy and geographical inequalities

Life expectancy is increasing. Based on ONS population projection figures, the life expectancy of men and women aged 65 in 2012 was 73 and 76 respectively. For those born in 2012 in Wales, life expectancy is 78 and 82 years of age for men and women respectively. In 2036, this is expected to increase to 84 for men and 87 for women⁸. These national figures are almost identical to the UK averages⁹. The increase in male and female survival rates implies an increase in two person households in advanced old age which might have an impact on housing needs in the future.

The geographical inequality gap in life expectancy has slightly widened in Wales. These changes are happening against the backdrop of improving health in all groups. Life expectancy has increased more slowly in the most deprived areas compared to the least deprived in Wales (Public Health Wales NHS Trust, 2011). There are substantial geographical variations in all types of life expectancy. For example, healthy life expectancy in males ranges from 57 years in Blaenau Gwent to 68 years in Monmouthshire, a difference of around 11 years (Public Health Wales NHS Trust, 2011). For females the largest difference is around 10 years.

If patterns continue, healthy life expectancy is also expected to increase with men aged 65 currently expected to spend on average 58% of the rest of their lives in good health and women

⁶ See <https://statswales.wales.gov.uk/Catalogue/Population-and-Migration/Population/Projections/National/2012-Based/PopulationProjections-by-Year-Gender>

⁷ Calculations based on figures found at <https://statswales.wales.gov.uk/Catalogue/Population-and-Migration/Population/Projections/Local-Authority/2011-Based/PopulationProjections-By-LocalAuthority-Year>

⁸ Based on figures found at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-318453#tab-Wales>

⁹ Based on figures found at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-318453#tab-UK>

aged 65 currently expected to spend on average 59% of the rest of their lives in good health¹⁰. For those born in 2011, men are expected to live 82% of their lives in good health whilst women are expected to live 80% of their lives in good health. Again, these figures are almost identical to the UK averages but vary substantially across geographical areas in Wales (Public Health Wales NHS Trust, 2011). National inequalities are particularly wide in healthy life expectancy. The gap between the most and least deprived areas is 19 years for males and 18 years for females (Public Health Wales NHS Trust, 2011). These results confirm that, although life expectancy overall has increased, inequalities in both life expectancy and quality of life in Wales have persisted if not slightly increased (Public Health Wales NHS Trust, 2011).

Disability free life expectancy is also increasing for both men and women¹¹, just over half (52% average for England and Wales combined) of those aged 65 and over living in households in 2011 reported a long term health problem or disability which limited their daily activities (ONS, 2013a). This proportion has increased slightly from 2001 (ONS, 2013a).

Dementia

In 2013 there was an estimated 45,529 people living with dementia in Wales. Of those people, only 17,661 had received a formal diagnosis. By 2021 it is estimated that over 55,000 people in Wales will have dementia (Ageing Well in Wales, 2014). A higher proportion of older people living in residential care are reportedly affected by dementia than in any other form of specialist housing (Welsh Government, 2014b; Welsh Government, 2006) which suggests that other forms of older people's housing are not suited to people with dementia.

Tenure and household type

According to the 2011 ONS Census Data¹², in 2011 77.6% of people over the age of 65 in Wales owned or had shared ownership of their property (this includes ownership with a mortgage and part owned, part rented). This has increased from an average of 68% in 2001 (ONS, 2013a). This fits with UK wide findings that a higher proportion of older people than younger people are home owners/owner occupiers (Shelter, 2012; ONS, 2013a). Indeed, areas with a high proportion of households owning their homes outright also had high proportions of people aged 60 and above (ONS, 2013a). The ONS Census data also revealed that 8.8% of people over the age of 65 in Wales had a social rented tenure and 6.5% were living in the private rented sector or living rent free. Unlike England, Wales does not collect core data on the profiles of its tenants. As a result, we have very limited information on the finer detail of tenure and household type and cannot determine the number of older people currently living in extra care, specialist or sheltered housing. Information is available on the total social rented stock for Welsh social landlords by local authority area and by the number of sheltered housing and extra care housing units of accommodation¹³ but this does not tell

¹⁰ Based on figures found at

<http://www.ons.gov.uk/ons/search/index.html?newquery=disability+free+wales>

¹¹ Based on figures found at <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Disability-free+Life+Expectancy#tab-data-tables>

¹² Based on figures found at

https://www.nomisweb.co.uk/census/2011/DC2403WA/view/2092957700?rows=c_ten huk11&cols=c_age

¹³ Figures available at <https://statswales.wales.gov.uk/Catalogue/Housing/Social-Housing-Stock-and-Rents/totalstock-by-year-providertype-accommodationtype>

us how many units are occupied. The most recent data suggests that there are 189,905 units of general needs housing stock, 34,277 units of supported including sheltered stock and 2,041 units of extra care stock.

Good Practice Case Study One

Llys Jasmine, in the heart of Mold, Flintshire, is one of the first Welsh sites to feature dedicated apartments for people with dementia within the extra care housing facility. One quarter of the purpose-built apartments are specifically designed for people with dementia. Flintshire Council engaged a consultant in extra care provision who explored the options for segregated and integrated provision for people with dementia and decided the site should have discreet and specialist dementia provision for those moving in who already had significant support needs relating to their dementia.

Design features that assist people with dementia to settle in Llys Jasmine include:

- Apartment layouts that help people to find key places (e.g. the toilet can be seen by a person lying in bed);
- Décor and colour schemes that aid calmness and reminiscence;
- A dedicated lounge and dining area where bespoke activities can also take place (residents in these flats are also able to use general communal facilities);
- A clearly identified pathway that leads around the ground floor area and into the garden with no confusing dead ends;
- Assistive technology that enables people to be as independent as possible whilst supporting a safe environment – from door entry and exit systems to flood alarms, the environment is designed to support people to live active and meaningful lives to the best of their ability.

The site was shortlisted in last year's development of the year at the Housing Awards, the only specialist housing scheme to be shortlisted. A lot can be learnt from this case study about how to facilitate people with dementia to maintain some level of independence.

(Yates, 2014).

Residential mobility patterns

Although it is generally the case that the likelihood of residential relocation decreases with age, in Wales (and in other countries), there is evidence of a "blip" in this trend around the pre-retirement phase (Hillcoat-Nallétamby & Ogg, 2009), which suggests that some are taking proactive steps in thinking about their future living arrangement and support requirements. This could provide a window of opportunity for intervention and prevention programme initiatives to encourage people to consider either "staying put" or exploring options of moving home.

Household composition

Based on the 2006-based projections of household published by the Statistical Directorate of the Welsh Government in 2009, it is possible to estimate the household composition of people over 65 in 2026 (Holmans & Monk, 2011).

Table 3: Household types in 2006 and 2026 (adapted from Holmans & Monk, 2011)

	2006					2026 projections				
	'Couple'	One-person	Lone-parent	Other	Total	'Couple'	One-person	Lone-parent	Other	Total
65-74	89 (52.0%)	70 (40.9%)	1 (0.58%)	11 (6.40%)	171 (100%)	134 (56.07%)	93 (38.9%)	2 (0.84%)	10 (4.18%)	239 (100%)
75-84	50 (35.97%)	77 (55.40%)	1 (0.72%)	11 (7.91%)	139 (100%)	79 (38.3%)	116 (56.31%)	2 (0.97%)	9 (4.37%)	206 (100%)
85 +	6 (10.71%)	32 (69.57%)	0 (0%)	5 (10.87%)	46 (100%)	16 (18.39%)	65 (74.71%)	1 (1.15%)	5 (5.74%)	87 (100%)
Total aged 65 +	145 (40.7%)	179 (50.28%)	2 (0.56%)	27 (7.58%)	356 (100%)	229 (43.05%)	274 (51.5%)	5 (0.94%)	24 (4.51%)	532 (100%)
Total population	709 (55.7%)	390 (30.66%)	97 (7.63%)	76 (5.97%)	1,272 (100%)	753 (48.86%)	569 (36.92%)	154 (9.99%)	65 (4.22%)	1,541 (100%)

*Figures in brackets denote % of total household type

In 2006, 50% of people over 65 were living alone and 41% were living as a couple. Disaggregating this data into age groups, it is unsurprising that there are more people over 85 living alone (69.57%) than those aged 75-84 (55.40%) and those aged 65-74 (40.9%). This is because the older old are more likely to be widowed. Looking to the 2026 projections of household type, there is a slight increase projected in the proportion of people over 65 living alone (51.5%) and in the number living as a couple (43.05%). Once again, disaggregating this data into age groups the pattern is the same. It is projected that there are going to be more people over 85 living alone (74.71%) than those aged 75-84 (56.31%) and those aged 65-74 (38.9%). These projections do not match the expectation that more divorces but also more marriages and more cohabitation will lead to more two person households amongst the over 65s. However, these findings and projections reflect the generalisation in the UK that single older people rarely live with other people, such as their children or other family members. However, household composition varies across ethnic groups. Older Asian people (including Indian, Pakistani and Bangladeshi people) are less likely to live alone than other older people (DWP, 2005).

Housing supply and demand

Wales might benefit from introducing a tool such as SHOP (the Strategic Housing for Older People), a free online analysis tool used to help local authorities and providers identify potential demand for different types of specialist housing in England¹⁴. This tool would help to ensure Wales makes informed decisions that reflect future local demand and supply.

Summary

Wales has an increasing and increasingly diverse ageing population. From the available evidence we know a reasonable amount about what this ageing population will look like. Past trends and future projections suggest that life expectancy and healthy life expectancy are

¹⁴ See

<http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?>

increasing for both men and women (Public Health Wales NHS Trust, 2011). However, the gap in life expectancy and healthy life expectancy between deprived and more affluent areas is still a problem in Wales (Public Health Wales NHS Trust, 2011) and a challenge for the future. We know that there are a higher proportion of over 65s living in North Wales local authorities and in rural areas and this is expected to continue. This knowledge might help when planning new developments and managing resources. We know that the number of those married but also divorced and cohabiting over 65 is increasing (ONS, 2013a). This might suggest that the number of two person households amongst the over 65s is set to increase. However, this is not reflected in Holmans and Monk's (2011) projections which suggest that the number of two person households amongst over 65s is set to decrease slightly. In Wales, the majority of people over 65 are home owners and the trend in home ownership over 65 is increasing (ONS, 2013a). The increase in the likelihood of residential relocation around the pre-retirement phase in Wales might provide a window of opportunity for an intervention and prevention programme initiative to encourage people to consider options of "staying put" or moving home (Hillcoat-Nallétamby & Ogg, 2009).

Wales does not collect core data on the profile of its tenants. As a result, we have very limited information on tenure and household type and cannot determine the number of older people currently living in extra care, specialist or sheltered housing. This causes a challenge when it comes to planning for the future. Introducing more detailed questions into large scale surveys and tools such as SHOP, currently in operation in England, might help Wales to make informed decisions that reflect local demand and supply in the future. Now that we understand the demographic landscape of our ageing population the next section of this document will consider the policy and funding context.

Policy and Funding in Wales

Wales has a track record of innovative achievements in advancing the rights of older people which has been recognised by the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) as exemplary (Ageing Well in Wales, 2014). Wales' achievements in this area include the Strategy for Older People (a three phase strategy 2003-2023), the Statutory Older People's Commissioner (a world first), a Declaration of Rights for Older People, a National Partnership Forum of Older People, Older People's Strategy Coordinators in Welsh Local Government, Older People's Champions and 50+ Forums in all 22 Local Authorities. Wales is recognised as having a unique approach and the commitment to ensuring older people's issues have a high profile and are recognised across a broad range of policy areas at local and national level. All of this saw Wales awarded the highest 3* Reference Site status by the European Commission in 2013 (Ageing Well in Wales, 2014).

Successive Welsh Governments have followed a policy of enabling older people to maintain their independence and stay in their own home for as long as possible. This policy is known broadly as 'Ageing in Place'. This perspective is reflected in many of the relevant policies and funding schemes applicable to older people, some of which are summarised in Appendix 1. It is interesting to note, however, that of the 16 individual indicators used to monitor the progress against the Welsh Government's Strategy for Older People the only indicator to show a clear deterioration was the one which monitored the rate of older people (aged 65+) helped to live at home (Leake, 2012). It is also worth noting that despite the recognised benefits of ageing-

in-place, there is a growing body of international evidence to suggest that it may not be ideally suited to all. Indeed, in Wales, there is some evidence to suggest that, given the opportunity and appropriate support services, older people may well be prepared to move home (Hillcoat-Nallétamby & Ogg, 2013).

Planning and Building Regulations in Wales

A rapidly ageing population represents a great opportunity for those involved in property development for retirement homes. However, the barriers that developers and commissioners face to the expansion of retirement housing pose limitations. Across the UK, 65% of planning applications to build retirement homes are initially rejected (The Economist, 2014).

Even with planning permission, the market for land makes it extremely difficult to build for homebuilders looking to build retirement homes and specialist housing for the older people. This is because most residential developments are subject to costs levied by local planning authorities through planning obligations (Section 106 agreements) designed to mitigate the impact of new development on local communities. Planning obligations fund necessary site specific works in infrastructure and affordable housing (Housing LIN, 2012). In addition, many local authorities have a Community Infrastructure Levy (CIL). A CIL sets a flat-rate charge against which planning applications can be assessed and is based on the total amount of the development's floor space. Specialist older people's housing is more expensive to develop than mainstream general needs housing, principally because it provides more communal space which requires more land per unit but does not generate revenue (Monk et al., 2012). Furthermore, the fact that retirement developments need to be close to existing facilities means competition for sites from both residential and commercial developers that do not have the same levels of additional cost through the Code for Sustainable Homes and contributions to affordable housing. Finally, schemes built for home-ownership are capital intensive. This is because a lot of older people like to see the property, the communal facilities and meet the staff before they buy. In addition, developments with the highest levels of care often receive most of their income over the life of the development rather than through the outright sale of units. A considerable amount of up-front working capital is required before revenues come on-stream (Housing LIN, 2012).

It is clear that the retirement housing sector provides a big growth opportunity for specialist companies and for other housing developers wishing to enter the market. However, the planning system sets significant hurdles in the way.

Given the strong link between better housing and better health, it is important to consider how planning regulations and charges for residential stock could influence supply gaps in the future. This could bring a big saving to the public purse and the additional social benefit of older people downsizing, thus freeing up larger stock, CIL does not as yet differentiate between retirement housing and new homes in general. However, CIL charges can be levied at different levels, depending on the intended uses of development, where there is a viable justification for doing so (Housing LIN, 2012). One solution to this would be to force councils to prioritise homes for older people, perhaps by loosening requirements for infrastructure contributions.

The Perspectives of Older People

Much research has been done to understand older people's attitudes and preferences about their living environments and how these can help promote independence, autonomy and well-being in later life (Hillcoat-Nallétamby, 2014; Shelter, 2012). Generally, research finds that older people want to stay in their current home for as long as possible because they have strong emotional ties to their home, possessions or neighbourhood (Shelter, 2012; Davies, 2014), but there is a growing body of research indicating that if given the opportunity, some would consider moving (Hillcoat-Nallétamby & Ogg, 2013; Peace et al., 2011). Concurrent with this, evidence shows that older people highly value practical support and adaptations that enable them to live well in their own homes (Clough, Manthorpe, Raymond, Sumner, Bright & Hay, 2007), or have benefitted from services which help them with the process of moving (Hillcoat-Nallétamby & Sardani, 2015). Most older people only move late in life or at a time of crisis, for example when care needs or health problems become unmanageable (Shelter, 2012). However, some of this reluctance to move might be caused by the fact that many older people are unaware of their housing options, or simply perceive that there are no suitable homes available for them (Shelter, 2012). Indeed, research suggests that a third of older people are interested in the idea of retirement housing but that they are often unaware of their housing options (Shelter 2012).

Regarding preferences, research suggests that older people prioritise being close to shops, services and transports links, being somewhere safe and secure and being close to family and friends (Davies, 2014). They generally desire an extra bedroom for guests or storage and prefer a manageable garden and easy to manage, cost effective central heating (Davies, 2014).

The 'Quality of Life Model' looks at what older people have said they need to stay safe, as healthy and independent as possible and to lead lives that have value, meaning and purpose. They say this is true when they feel safe and are listened to, valued and respected; are able to get the help they need, when they need it, in the way that they want it; live in a place that suits them and their lives, and are able to do the things that matter to them (Ageing Well in Wales, 2014). Housing is vitally important to this.

Accommodation Options for Older People in Wales

General needs housing and adaptations

Most older households are characterised by couples or single people living alone in general needs housing (Shelter, 2012). Older home owners typically have at least two spare bedrooms and many older people want to stay in their current homes (Shelter, 2012). This attitude fits with the Welsh Government's policy of 'Ageing in Place'. In light of these preferences and the current policy context, measures taken to enable people to stay in their own homes safely and prevent accidents are both cost effective and have positive effects on individual well-being (Windle, Wagland, Forder, D'Amico, Janssen & Wistow, 2009). Indeed, Allen and Glasby (2010) write that 'low-level practical support initiatives can have dramatic outcomes – both in terms of increased quality of life and in terms of lower use of formal services and institutional

forms of support'. Care & Repair agencies across Wales offer support to older people to help them to carry out home improvements to meet their needs. The Care & Repair service is expected to save millions of pounds for Health and Local Authority services (Clark, 2011). Adaptations to the home and equipment provided for people to use can make staying put a feasible option where existing accommodation would otherwise have become unsuitable. They can help prevent the 'slips, trips and falls' and other household injuries such as burns that can be especially dangerous to older people. Indeed, research into the costs and benefits of adaptations concluded that they represent good value for money (ODMP, 2006). There is also some pilot work which has recently been undertaken in North Wales (supported by the Intermediate Care Fund) to explore the relative advantages of providing a new and innovative service which helps with the decision-making process and practicalities of moving home for older people. The pilot has provided important insights into what could potentially be a "latent demand" for relocation to appropriate supported living accommodation when the right support services are in place (Hillcoat-Nallétamby & Sardani, 2013).

Specialist accommodation options

The term 'specialist housing for older people' is used to refer to range of housing options built to assist older people with their accommodation and support needs in later life. Key features include individual dwellings with their own front door (whether for rent, sale or shared ownership), communal areas such as lounges and restaurants, scheme manager (or other types of support service) and varying levels of personal care and support (Housing LIN, 2012).

1. Sheltered or retirement housing

Residents have their own flat, bungalow or small house. Residents retain the privacy and independence offered by having their own front door, but have the security of knowing that there is a 24 hour alarm system to alert someone should they need help. Some schemes have a communal lounge area for socialising and other facilities. The benefits of moving to sheltered accommodation can include improved health and alleviation of stress and worry. For those individuals who do leave their general needs homes or require care, UK evaluations of retirement schemes have largely shown positive outcomes for older people (Shelter, 2012). According to the Welsh Government 2014 Annual Social Landlord Stock Returns Wales has 27,094 units of sheltered housing. Carmarthenshire, Flintshire and Wrexham each have over 2,200 units and Conwy, Denbighshire, Swansea, Cardiff, RCT, Caerphilly, Monmouthshire and Newport each have over 1,000. The remaining local authorities each have less than 1,000 units, the lowest number being found in Torfaen which has just 189. This provides no illumination on how many of these units are occupied or the demand to expand. Based on outdated research from 2004, approximately 47% of specialist accommodation is made up of conventional sheltered housing (defined as 'a generally independent populated housed in self-contained units, generally rented but with some leasehold, but sharing communal facilities and staffed by a scheme manager') (Welsh Government, 2006).

Good Practice Case Study Two

RCT Homes is a not for profit community mutual housing association that manages 10,200 properties in the borough of Rhondda Cynon Taf. The way RCT Homes Sheltered Housing Stock has modernised its sheltered housing and support service for older people is an example of good practice in Wales. RCT Homes aims to ensure housing of an excellent quality to help residents maintain their independence and engagement in the community. In order to check the quality of its service, RCT Homes recently carried out a review of its accommodation and services to ensure all good practice guidelines, funding requirements and government regulations were satisfied. Prior to the review, demand for RCT Homes was low as housing quality was poor.

During the review they involved multi partners from the outset including Supporting People, Older People's Services and RNIB Cymru. This resulted in many changes including incorporating the RNIB's Visibly Better accreditation into their design. Tenants were consulted all of the way through the review process and supported during the subsequent refurbishments. They have also revised their service model to ensure that it is needs rather than tenure led. Pilots of the new services are now underway and showing promising signs. By 2016 all of RCT Homes' sheltered housing complexes will have been refurbished.

This case study demonstrates the value of reviewing accommodation and involving different stakeholders, including tenants, in doing so.

(Karadogan, 2015).

2. Extra Care housing

Extra care housing schemes provide a higher level of support and care than other sheltered and retirement housing. For example, meals may be provided and care staff can offer support with dressing and bathing. One of the advantages of extra care housing over residential care is the possibility of a high level of disposable income for the resident. This is because their housing equity is released by selling their property resulting in more cash. According to the Welsh Government 2014 Annual Social Landlord Stock Returns Wales has 1,812 units of Extra Care housing. Gwynedd, Conwy, Denbighshire, Flintshire, Carmarthenshire, Swansea, Cardiff, Caerphilly and Newport each have over 100 units whilst Powys, The Vale of Glamorgan and RCT have zero. According to an outdated report, 7% of specialist accommodation for older people is made up of extra-care places in sheltered housing, 0.2% is mixed dependency extra care housing and 0.5% is high dependency extra care housing (Welsh Government, 2006).

The aim of extra care is that older people will be enabled to live for longer 'at home' whilst calling on a range of care and support services thereby potentially promoting their health, quality of life and well-being and reducing social isolation. In this way it is assumed that extra care housing schemes can be adapted to the needs of fit and frail older people (Burholt et al., 2010). However, Burholt et al. (2010) found that extra care provides for proportionally fewer frail older people than other care environments. Respondents to their survey suggested that

complex care needs (especially cognitive care needs) are not likely to be catered for within the facilities. People with cognitive care needs were typically systematically excluded from these living environments through assessment and admissions processes that deem these living environments as inappropriate for those 'who may pose a risk to themselves or others'. There was no difference in the levels of loneliness between extra care respondents, those in residential care and those people receiving care in the community. This suggests that although social interactions are increased in extra care environments the interactions do not necessarily lead to high quality and emotionally satisfying social relationships. Social resources appear to be fairly superficial in nature, and consist of encounters in the communal living areas in the facilities rather than in the private confines of the residents' flats. Yet, they also found that compared to in residential care facilities, extra care managers sought to provide sufficient care for residents to engage in the community (all Burholt et al., 2010).

The overall message from this, and other evidence, is that extra-care can provide a supported living environment which meets the needs of older people who may no longer wish to live alone, without any direct support mechanisms in place in their immediate living context. This said, extra-care may also have its limitations if needs for complex care and support arise.

Good Practice Case Study Three

Family Housing Association Wales Ltd, a registered social landlord, has managed to make Hazel Court, a 120 unit extra care housing scheme in Swansea an integral resource for the wider community. Hazel Court was designed to be an asset to the community and a valuable resource to enable tenants and the wider community to establish and maintain hobbies and interests. Indeed, the scheme has a range of facilities, such as a community hall, gym therapy room and meeting room which are available for hire by both the tenants and the wider community. For example, a local church holds their youth group in the Community Hall. They found that forging relationships with stakeholder groups across the local community led to greater ownership of the scheme by tenants and the wider community. Hazel Court also has a Community Activity Co-ordinator and the work of this person has proved invaluable in establishing link with the community. Hazel Court has firmly established itself as a key 'community hub' with over 100 organisations and community groups using the facility over the past year. In addition, during the course of 2013-14 over 80,000 people from across the community have used the range of facilities including its on-site restaurant.

This case study showcases the potential for older people's housing complexes to be an integral part of the community. It demonstrates the importance of partnerships and involving stakeholder groups, interior design (ensuring environments lend themselves to engaging with the local community as well as being safe and secure for the tenants) and designated communities engagement roles.

(Miles & Williams, 2014).

3. Registered Care and Nursing homes

Care homes are designed for older people who require a higher level of support than can be provided in their own home or in retirement housing. The term 'care home' describes communal accommodation that offers personal and medical care. Social services and the NHS are sometimes required to pay for all or a proportion of the costs of living in a care home. Although outdated, a paper published in 2004 estimated that about a third of the population entering a care home could have moved to a form of housing with care as a viable alternative, with a further proportion who could have managed in such housing had they moved at some time earlier in their care history (Kerslake & Stilwell, 2004). According to an outdated report, 18% of specialist accommodation for older people is made up of residential care home places and 2% is made up of nursing home places (Welsh Government, 2006).

Summary of the most up to date information on specialist accommodation

Of the existing provision of specialist accommodation for older people, the overwhelming majority of units are rented (private or social) (80%) (Welsh Government, 2006). The second most common option is shared ownership (15%) followed by leasehold (just 5%). There are almost three times as many flats as bungalows, a finding which typifies the construction of much specialist housing for older people (Welsh Government, 2006). One-bedroom units were the most common type of accommodation, accounting for almost two-thirds (65%) of stock (Welsh Government, 2006). Across Wales, 49% of specialist accommodation units had standard access and 19% had some form of telecare installed (Welsh Government, 2006). There were some vast geographical differences in these averages (Welsh Government, 2006).

Single females represented 62% of all specialist accommodation housing provision, whilst couples represented 12% (Welsh Government, 2006). With the increasing survival rates and life expectancy of men there may be more demand for couples based specialist accommodation in the future. 36% of all residents sampled had mobility problems which was observed to be the most common type of impairment (Welsh Government, 2006). Recorded dementia was low in all categories of accommodation except for residential care and nursing homes which suggests that other forms of accommodation are not equipped to deal with such individuals. With the number of individuals suffering from dementia expected to grow specialist provision beyond residential and nursing care might need to be equipped in this way in the future. In 2006, there was reportedly a gap in provision for life-style extra-care housing (Welsh Government, 2006) which included more hobby facilities.

The Bigger Picture

The importance of community

Physical housing conditions may be a determining factor of health, but there is evidence that the wider neighbourhood – the level of antisocial behaviour, fear of crime and opportunities for contribution for example – are also important (IPC, 2012). In light of this we need to approach housing for older people from a broader perspective. We need to consider the role of the community context in meeting the needs of an ageing population in a sustainable way.

These aims are reflected in Wales' Community Cohesion Strategy (Welsh Government, 2009) and Vibrant and Viable Places (Welsh Government, 2013). The following initiatives also emphasise this perspective:

1. Age Friendly Cities and Age Friendly Communities

The concept of Age-Friendly Cities was launched in 2007 with the publication of the Global Age-Friendly Cities Guide by the World Health Organisation (WHO). The Guide identified eight domains of city life that might influence the health and well-being of older people: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services.

In practice, an Age-Friendly community is one where local people have decided their priorities to better support people as they age. This can include physical design, promoting better access and mobility, promoting people's social engagement and developing support and relationships between the generations. The most important aspect is that it is an integrated approach to thinking about the places where people live and how best to promote older people's well-being and engagement with their physical and social environments.

As part of the process for Wales to be recognised as an Age-Friendly Nation, all 22 of Wales' Local Authorities have signed up to the Dublin Declaration; a true achievement for Wales, showing real commitment at local levels to creating communities that are inclusive and supportive for all, regardless of their age (Ageing Well in Wales, 2014). However, little is written about what this will mean practically.

2. Dementia friendly communities

A dementia supportive community is any community that shows a high level of public awareness and understanding of dementia (for example, a local or national organisation such as a shop, bank or corporation, or a village, town or city). Such communities are more inclusive of people with dementia, and improve their ability to remain independent and have a voice, choice and control over their lives. Creating dementia supportive communities requires a social movement: one that mobilises all sections of society to act, respond and give their time, inspired by the ambition to make their community more dementia friendly. The aim for Dementia Friendly Communities is emphasised in the Ageing Well Programme and fits with the Welsh Government's National Dementia Vision for Wales (Welsh Government, 2011).

An integrated approach to housing, health and social care

There is now a wealth of evidence linking health and housing, much of which has been presented in this document (see for example IPC, 2012). Well-designed housing options for older people could reduce the number of hospital admissions from slips, trips and falls and health conditions caused by cold, mould and damp. It could also reduce the level of admissions into residential care for housing related reasons (IPC, 2012). The connections between housing, health and well-being need to be recognised and practical actions taken (Porteus, 2015). For example, there are a number of different organisations whose involvement in the delivery of housing could help ensure that the needs of older people are met more effectively. Naturally, housing providers have a critical role to play by contributing

their knowledge of local populations and their support needs as tenants. In addition, General Practitioners should be aware of how their patients can access housing aids and adaptations which could contribute to planning and coordinating their care (IPC, 2012). Importantly, older people and their carers should be involved in designing and evaluating housing and support services too. Furthermore, when preparing local plan policies and when reviewing planning applications for specialist housing for older people, local authorities may want to consider some of the financial complexities of bringing forward schemes of this type. They may also want to consider the benefits of this type of housing for the local area, for the local NHS and on reducing overall local government spend (Housing LIN, 2012).

Conclusion

Older people make significant contributions to Welsh society and its economy. Even after accounting for costs relating to pensions, welfare and health, it has been estimated that older people make a net contribution worth over £1billion a year to the Welsh economy, almost £3million a day (Ageing Well in Wales, 2014). A 2011 study suggests that by 2030 older people will benefit the UK economy by around £291.1billion, compared to projected welfare costs of £216.2billion (WRVS, 2011). As a result, the health and well-being of our older population is vitally important.

In the next 22 years, Welsh Government population projections suggest that the proportion of the population aged 65 and over will increase from 19% of the population to over 26%. There is also expected to be an increase in the life expectancy of men and women, the number of years spent in good health but also the number of individuals suffering from dementia and other chronic conditions. In Wales, we currently lack much of the data required to estimate supply and demand for specific types of older people's housing but we do know that demand for older people's housing is set to increase.

Wales has thus far adopted an ageing in place approach to addressing the housing needs and aspirations of its older citizens, but there is also some evidence to suggest that "ageing in place" does not have to preclude moving to accommodation more suitable to later life needs. The commitment in Wales to improving the quality of life and independence of older people is widely recognised across Europe as unique and innovative. There are some areas of good practice in Wales that we would do well to learn from, for example the approach taken to housing people with dementia by Llys Jasmine in Mold or the 'community hub' at Hazel Court in Swansea. The challenge for Wales is to ensure that we increase the supply of suitable and affordable accommodation options, whether it be so that older people can choose to age in place and "stay put", or age in place by "moving on".

Taking a look at the bigger picture, an ageing population provides opportunities and challenges for the housing, health and social care sectors. Population ageing will therefore require widespread integration of activities and partnership working across community stakeholder groups – including older citizens – and policy areas.

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Appendix 1

Strategies, frameworks and standards

1. Older Person's Strategy for Wales

The Strategy for Older People in Wales 2013-2023 (Welsh Government, 2013) is the third phase of a strategy which aims for all people in Wales to feel valued and supported, whatever their age. The vision is that 'all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face.' The Strategy explicitly acknowledges the challenges of an ageing population and aims to ensure 'older people have access to housing and services that supports their needs and promotes independence.' The Strategy is widely recognised and acclaimed and has contributed to several national milestones, including the introduction of free prescriptions for all, free travel passes for older people and the establishment of the World's first Older People's Commissioner (WLGA, 2011).

2. Fuel Poverty Strategy

Fuel poverty is experienced when a household cannot afford to keep their home warm at a reasonable cost. In Wales a household is said to be in fuel poverty if they spend more than 10% of the household income on energy costs. Older people are particularly vulnerable to illnesses caused by cold and damp conditions (IPC, 2012) hence it is important that they live in thermal efficient homes and do not have to spend large proportions of their income on energy. Wales' Fuel Poverty Strategy (Welsh Government, 2010) recognises the impact fuel poverty can have on the health and well-being of older people and aims to reduce it. The aim is for no household to live in fuel poverty past 2018. As a result the Welsh Government offer a number of home energy efficiency schemes for households in need, such as the Nest¹⁵ and Arbed Schemes¹⁶. In addition, people born before July 1952 are automatically eligible to receive Winter Fuel Payments from the UK government as a non-means tested direct transfer to help pay heating bills¹⁷.

3. Framework for Integrated Health and Social Care

The Welsh Government's Framework for Integrated Health and Social Care (Welsh Government, 2014b) aims to support the needs of older people and improve sustainability. The idea is that integrated services will ensure easy and rapid access to services and support that are effectively co-ordinated and simple to use. The focus is on older people with complex needs including those with dementia and chronic conditions. Greater support in community settings will enable more older people to maintain independence.

¹⁵ See <http://www.nestwales.org.uk/>

¹⁶ See <http://gov.wales/topics/environmentcountryside/energy/efficiency/arbed/?lang=en>

¹⁷ See <https://www.gov.uk/winter-fuel-payment/eligibility>

4. Lifetime Homes Standard

All new homes (both publically funded social housing and private sector new builds) have to meet the Lifetime Homes standard, a series of sixteen design criteria intended to make homes more easily adaptable for lifetime use at minimal cost (Baxter & Boyce, 2011). The sixteen criteria include factors ranging from wheelchair access to stair lifts and entrance level bed space to adaptable bathrooms which would make mobility, safety and comfort a great possibility for older people in their own homes.

Legislation

1. Housing (Wales) Act 2014

The new Housing (Wales) Act 2014 aims to put in place an effective combination of legislation, funding, policies and programmes across housing, planning and regeneration areas in Wales. One of the key elements of the Act relevant to older people's housing is the new element to assist the provision of housing by Co-operative Housing Associations which may provide an innovative housing option for older people.

2. Sustainable Social Services/Social Services and Well-being (Wales) Act

Sustainable Social Services/Social Services and Well-being (Wales) Bill became law in May 2014. It provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

Programmes and service provision

1. Care and Repair

Care & Repair agencies across Wales offer support to older people to help them to carry out home improvements to meet their needs. This might include home adaptations, managing building work and advice on reputable contractors. The Rapid Response Adaptations Programme (RRAP), funded by the Welsh Government, provides minor improvements that are needed to allow people to return home after hospital or to prevent future admissions: small ramps, home access and door entry, community safety alarms, hand rails or hand grips, access to toilet facilities, levelling paths and so on. It is currently only available to older owner-occupiers and private rented sector tenants. To obtain grant assistance referrals must come from a Health or Social Service Professional e.g. an Occupational Therapist. The Care & Repair service is expected to save millions of pounds for Health and Local Authority services (Clark, 2011).

2. Extra Care Housing

Extra care housing schemes (supported living environments/ assisted living environments) provide independent living with a range of levels of support and care. The growth of extra care in recent year reflects an increasing ageing population and a market demand for retaining independence and living at home with suitable later life care arrangements, as an alternative to residential care.

3. Ageing Well in Wales

The Ageing Well in Wales Programme is a partnership approach across local and national government, the NHS, the third sector and importantly older people themselves. The programme focuses on preventative action and intervention to help older people remain independent. It is described as a 'cost containment programme' (Ageing Well in Wales, 2014, p. 9) which will reduce costs to the NHS and other third sector providers. The aims of the programme are to:

- make Wales a Nation of age friendly communities; to support older people to reduce their risk of falling; promoting dementia supportive communities;
- ensure the experience of older people in Wales is optimised through continued learning and employment;
- reduce levels of loneliness and isolation and their negative impact on health and well-being as experienced by older people in Wales (Ageing Well in Wales, 2014).

Practically speaking, this programme of work supports the Care & Repair scheme, Healthy Home Checks and a national training strategy for telecare services.

4. Supporting People Programme

Housing related support is funded through the Supporting People Programme (SPP). The Welsh Government invests £136 million in the SPP annually. It supports more than 50,000 people each year to live as independently as they can. The programme aims to prevent problems by providing help as early as possible. Of those helped by the programme, a significant proportion are older people. The SPP is supposed to provide help regardless of what type of accommodation they live in, so can help private tenants, home owners and tenants of social housing. Indeed, the Aylward Review (2010) of Supporting People recommended the eligibility criteria for older people receiving Supporting People funds should be based on need rather than tenure (WG, 2015). However, emerging findings from research in this area suggest that a large majority of services are provided to social housing tenants (52% was within sheltered housing schemes and 31% within housing allocated to older persons). These services appeared to have been identified as being in accordance with the Aylward recommendation because support was provided only to those assessed by the service as needing it. Providers were therefore providing needs based services, albeit not on a tenure neutral basis (WG, 2015).

Grants and funding

1. Physical Adaption Grants and Disabled Facilities Grants

Physical Adaptation Grants provide the means for Registered Social Landlords (“housing associations”) to undertake adaptation works to the homes of tenants who need them, where identified as being needed by an occupational therapist. They are funded from the Welsh Social Housing Grant and can include adaptations such as installation of stair lifts, level access showers and other accessibility works. In some cases, major works are required which can include structural changes to the property such as extensions and through floor lifts.

2. Housing finance grants

The Welsh Finance and Government Business Minister, Jane Hutt, has allocated £5.8m from the government’s 2014/2015 Supplementary Budget to build more homes for rent in the social housing sector (Housing LIN website).

3. Independent living grant

During 2011-2012, the Welsh Government funded £1.5million for the provision of facilities for people with disabilities. The funds were allocated to Care & Repair Cymru and used to provide mid-level cost adaptations (that is to say those between £1,000 and £10,000) under the banner of the Independent Living Grant (ILG). Evaluation of the ILG suggested that the scheme achieved its aim to enhance independence and offer speedy adaptations to help people being discharged from hospital to return home (Appleton, Leather & Mackintosh, 2012).

4. Intermediate Care Fund

The Welsh Government announced a further £20m in the Intermediate Care Fund in 2015/16 to continue projects which have proven to be successful in helping older and vulnerable people remain in their own homes (Housing LIN, 2015). The recurring revenue fund will support schemes which improve out-of-hospital care and helping people to return home from hospital, help reduce pressure on unscheduled care services and hospital admissions and add vital new resources to care in the community. The allocation also includes £2.5m to identify those areas of good practice within the regional partnerships and ensure they are spread across Wales (Housing LIN, 2015).

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